

## LIST OF CLINICAL PRIVILEGES – OPERATIVE DENTISTRY

**AUTHORITY:** Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

**PRINCIPAL PURPOSE:** To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

**ROUTINE USE:** Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from military service.

**DISCLOSURE IS VOLUNTARY:** However, failure to provide information may result in the limitation or termination of clinical privileges.

### INSTRUCTIONS

**APPLICANT:** In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign and date the form and forward to your Clinical Supervisor.

**CLINICAL SUPERVISOR:** In Part I, using the facility master privileges list, enter Code 1, 2, 3, or 4 in each VERIFIED block in response to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign, date and forward the form to the Credentials Office.

**CODES:** 1. Fully competent within defined scope of practice.

2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience.)

3. Not approved due to lack of facility support. (*Reference local facility privilege list. Use of this code is reserved for the Credentials Committee/Function.*)

4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

**CHANGES:** Any change to a verified/approved privileges list must be made in accordance with Service Specific Credentialing and Privileging Policy.

**NAME OF APPLICANT**

**NAME OF MEDICAL FACILITY**

**ADDRESS**

**Dental providers requesting privileges in this specialty must also request privileges in General Dentistry.**

I Scope		Requested	Verified
<b>P390654</b>	The scope of privileges in operative dentistry includes the ability to evaluate, diagnose, consult, treat and prevent diseases or trauma to teeth. Operative dentists treat patients of all ages with dental caries, malformed, worn, discolored or fractured teeth with the goal of restoring proper tooth morphology, function, esthetics and harmonious relationship with the surrounding tissues. Operative dentists may assess, stabilize, and determine disposition of patients with dental diseases and replace or repair existing restorations.		
Diagnosis and Management (D&M)		Requested	Verified
<b>P390658</b>	Sialography		
<b>P390191</b>	Interceptive orthodontic treatment		
Procedures		Requested	Verified
<b>P390662</b>	Direct compacted gold restorations		
<b>P390214</b>	Surgical placement of endosteal implant		
<b>P390210</b>	Complete occlusal adjustment		
<b>P390667</b>	Tooth transplantation		
<b>P390669</b>	Repair soft/hard tissue defect		
<b>P390671</b>	Restoration of multiple anterior dental implants		
<b>P390673</b>	Implant supported/retained removable partial denture		
<b>P390675</b>	Implant supported/retained complete denture		
<b>P390224</b>	Vestibuloplasty		
<b>P390677</b>	Excision of soft tissue tumor (> 1 cm)		
<b>P387197</b>	Restoration of multiple posterior dental implants		
<b>P387002</b>	Jaw relations records		
<b>P387006</b>	Nonsurgical management of temporomandibular disorders		
<b>P387010</b>	Occlusal analysis		
<b>P387012</b>	Minor tooth movement		
<b>P387139</b>	Nitrous oxide for anxiolysis		
<b>P387141</b>	Minimal oral sedation / anxiolysis (single agent) (patients over 12 years old)		
<b>P387145</b>	Ceramic labial veneer		

**LIST OF CLINICAL PRIVILEGES – OPERATIVE DENTISTRY (CONTINUED)**

<b>Procedures (Cont.)</b>		<b>Requested</b>	<b>Verified</b>
<b>P387157</b>	Inlays, Onlays, Crowns (Ceramic or Metal)--Machined		
<b>P387173</b>	Gingivectomy		
<b>P387185</b>	Provisional splinting		
<b>P387193</b>	Restoration of single posterior implant		
<b>P387195</b>	Restoration of single anterior implant		
<b>P387203</b>	Resin bonded fixed partial dentures		
<b>P387245</b>	Fixed and removable retainers		
<b>P387211</b>	Implant abutment placement		
<b>Other (Facility or provider-specific privileges only):</b>		<b>Requested</b>	<b>Verified</b>
<b>SIGNATURE OF APPLICANT</b>		<b>DATE</b>	

**LIST OF CLINICAL PRIVILEGES – OPERATIVE DENTISTRY (CONTINUED)**

**II CLINICAL SUPERVISOR'S RECOMMENDATION**

RECOMMEND APPROVAL

RECOMMEND APPROVAL WITH MODIFICATION  
(Specify below)

RECOMMEND DISAPPROVAL  
(Specify below)

STATEMENT:

CLINICAL SUPERVISOR SIGNATURE

CLINICAL SUPERVISOR PRINTED NAME OR STAMP

DATE