

LIST OF CLINICAL PRIVILEGES – PERIODONTICS

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 answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form 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 SUBSPECIALTY MUST ALSO REQUEST PRIVILEGES IN GENERAL DENTISTRY

I Scope		Requested	Verified
P390208	The scope of privileges in periodontics includes the prevention, diagnosis, and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes for patients of all ages; the maintenance of the health, function and esthetics of these structures and tissues as they relate to the oral cavity and systemic health; and the replacement of lost teeth and supporting structures by grafting or implantation of natural and synthetic devices and materials. Practitioners may provide care to patients in the operating room setting in accordance with MTF policies.		
Procedures		Requested	Verified
P390210	Complete occlusal adjustment		
P390212	Tooth reimplantation		
P390214	Surgical placement of endosteal implant		
P390216	Sinus augmentation		
P390218	Therapeutic drug injection		
P390220	Hard tissue biopsy		
P390222	Removal of benign tumor, cyst, or neoplasm		
P390224	Vestibuloplasty		
P390226	Oroantral repair		
P390228	Partial ostectomy / sequestrectomy		
P387173	Gingivectomy		
P387175	Mucogingival flap procedure / apically positioned flap		
P387177	Osseous surgery / crown lengthening		
P387181	Guided tissue (including bone) regeneration procedures (GTR, GBR)		
P387183	Soft tissue graft		
P386895	Extraction of soft and hard tissue impaction (include surgical removal of soft tissue implants only)		
P386897	Sequestrectomy		
P386904	Ridge augmentation and contouring (hard and soft tissue)		
P386906	Osseointegrated implants		

CLINICAL PRIVILEGES – PERIODONTICS (CONTINUED)

Procedures (Con't)		Requested	Verified
P386956	Vestibuloplasty, mucogingival surgery		
P387012	Minor tooth movement		
P387139	Nitrous oxide for anxiolysis		
P387141	Minimal oral sedation / anxiolysis (single agent) (patients over 12 years old)		
P387163	Root amputation / hemisection		
P387179	Bone replacement graft		
P387185	Provisional splinting		
P387187	Ridge preservation		
P387189	Local delivery of antimicrobials		
P387211	Implant abutment placement		
P387219	Surgical removal of erupted tooth		
P387225	Surgical removal of residual roots		
P387227	Surgical exposure of unerupted tooth		
P387229	Removal of exostosis		
P387233	Partial ostectomy		
P387235	Removal of foreign body		
P387237	Frenectomy		
P387239	Soft tissue biopsy		
P387241	Excision of soft tissue tumor (< 1 cm)		
P390181	Nonsurgical management of orofacial pain		
P390183	Occlusal analysis and adjustment (complete)		
Other (Facility- or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

CLINICAL PRIVILEGES – PERIODONTICS (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