

LIST OF CLINICAL PRIVILEGES – GENERAL 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 the Air Force.

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, or 4 in 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 facility master Strawman. Use of this code is reserved for the Credentials 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

I Scope		Requested	Verified
P387000	The scope of privileges in general dentistry includes the evaluation, diagnosis, consultation, management, and provision of therapy and treatment for patients of all ages presenting with conditions or disorders involving the oral cavity and its associated structures. Dentists may assess, stabilize, and determine disposition of patients with dental diseases and disabilities or dysfunctions. They order and interpret radiographs and diagnostic tests to determine the type and extent of dental diseases. Dentists restore health and function of carious, fractured, otherwise defective teeth and perform routine preventive, periodontal, oral surgery, endodontic, and prosthodontic treatments.		
Diagnosis and Management (D&M)		Requested	Verified
P387002	Jaw relations records		
D&M Advanced Privileges (Requires Additional Training)		Requested	Verified
P387004	Cephalometric radiograph analysis		
P387006	Nonsurgical management of temporomandibular disorders		
P426599	Order and interpret small Cone Beam CT scans in accordance with Service Policy		
P426600	Order and interpret medium Cone Beam CT scans in accordance with Service Policy		
Prosthodontics		Requested	Verified
P387010	Occlusal analysis		
Orthodontics		Requested	Verified
P387012	Minor tooth movement		
P387245	Fixed and removable retainers		
P387243	Habit correction appliances		
Pediatric Dentistry		Requested	Verified
P387014	Aversive behavioral management		
Procedures		Requested	Verified
P387018	Dental prophylaxis		
P387020	Topical fluoride treatment		
P387022	Maintenance of dental implants		

CLINICAL PRIVILEGES – GENERAL DENTISTRY (CONTINUED)

Procedures (Con't)		Requested	Verified
P387024	Dental sealant		
P387026	Emergency temporary restoration		
P387073	Direct restorations (amalgam / composite / glass ionomer)		
P387075	Metal / ceramometal / ceramic (crown / inlay / onlay)-- fabricated		
P387077	Stainless steel crown (primary/permanent tooth)		
P387079	Post and core		
P387081	Vital bleaching procedure		
P387083	Internal bleaching		
P387085	Enameloplasty / microabrasion		
P387087	Pulpectomy (permanent tooth)		
P387089	Pulpotomy (permanent tooth)		
P387091	Endodontic therapy (permanent tooth)		
P387093	Scaling and root planing		
P387095	Periodontal maintenance		
P387097	Minor gingival procedures (Gingivoplasty, fiberotomy, mini-flap)		
P387101	Complete denture		
P387103	Removable partial denture		
P387105	Fixed partial denture		
P387107	Simple extraction		
P387109	Osteitis and pericoronitis treatment		
P387111	Intraoral incision and drainage		
P387113	Treatment of avulsed tooth		
P387115	Treatment of alveolar fracture / stabilization of tooth		
P387119	Closed reduction of TMJ dislocation		
P387121	Alveoloplasty		
P387123	Emergency treatment of fixed appliances (Removal or replacement of bands, brackets, ligatures, elastics, or wires)		
P387125	Repair or replacement of removable appliance		
P387129	Occlusal splint / orthotic device		
P387131	Occlusal adjustment (limited)		
P387135	Local/topical anesthesia		
P387333	Regional nerve block anesthesia		
Procedure Advanced Privileges (Requires Additional Training)		Requested	Verified
P387139	Nitrous oxide for anxiolysis		
P387141	Minimal oral sedation / anxiolysis (single agent) (patients over 12 years old)		
P388406	Moderate sedation		
P387145	Ceramic labial veneer		
P387147	Obstructive sleep apnea appliance		
P387149	Dry needling		
P387151	Soft tissue intraoral use of laser		
P390389	Repair of complex intraoral / extraoral soft tissue lacerations		
P387155	Acupuncture for the treatment/management of Orofacial Pain, Xerostomia or nausea		
P387157	Inlays, Onlays, Crowns (Ceramic or Metal)--Machined		
P387159	Injections (complete trigeminal system to include: tendon and myofascial trigger point therapy, nerve blocks and Intraarticular injections in the cervical and upper thoracic)		

CLINICAL PRIVILEGES – GENERAL DENTISTRY (CONTINUED)			
Endodontics		Requested	Verified
P387161	Apexification and apexogenesis		
P387163	Root amputation / hemisection		
P387165	Intentional replantation		
P387167	Treatment of obstructed canal		
P387169	Endodontic re-treatment (uncomplicated)		
P387171	Internal repair of perforation		
Periodontics		Requested	Verified
P387173	Gingivectomy		
P387175	Mucogingival flap procedure / apically positioned flap		
P387177	Osseous surgery / crown lengthening		
P387179	Bone replacement graft		
P387181	Guided tissue (including bone) regeneration procedures (GTR, GBR)		
P387183	Soft tissue graft		
P387185	Provisional splinting		
P387187	Ridge preservation		
P387189	Local delivery of antimicrobials		
Prosthodontics		Requested	Verified
P387193	Restoration of single posterior implant		
P387195	Restoration of single anterior implant		
P387197	Restoration of multiple posterior dental implants		
P387201	Complete and partial overdentures		
P387203	Resin bonded fixed partial dentures		
P387205	Immediate dentures		
P387209	Repair of dental implant prosthesis		
P387211	Implant abutment placement		
Maxillofacial Prosthodontics		Requested	Verified
P387213	Facial moulage		
P384974	Earmold fabrication, fitting and modification		
Oral Surgery		Requested	Verified
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)		
P386895	Extraction of soft and hard tissue impaction (include surgical removal of soft tissue implants only)		

CLINICAL PRIVILEGES – GENERAL DENTISTRY (CONTINUED)			
Pediatric Dentistry		Requested	Verified
P387247	Pulpectomy (deciduous tooth)		
P387249	Root canal therapy (deciduous teeth)		
P387251	Space maintenance		
P390244	Pulpotomy (deciduous tooth)		
Oral and Maxillofacial Pathology		Requested	Verified
P387253	Postmortem examination/forensic identification		
Other (Facility- or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

LIST OF CLINICAL PRIVILEGES – GENERAL 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