

CLP-MTFPrivileges

Dental officers are expected to be fully capable of providing ALL GENERAL DENTISTRY Core Privileges noted below. NOTE: Minimal sedation/anoxiolysis (oral only) single agent is no longer a core privilege. Dentists must provide documentation to support this request. Certificates of training within 7 years OR documentation of continuous care such as on the job training ALONG WITH support from the SDE and HSWL SERVCEN SDE vouching for the anoxiolysis privilege request OR letters from certified providers who can unequivocally attest to the quality of care mandated.

General Dentistry (N)
ITEMIZED
Core Privileges

Comprehensive dental examination, consultation, and treatment planning including the use of radiographs, photographs, diagnostic tests, impressions, jaw relation records, and diagnostic casts

* requires SUPP. Docs >

* It is important to select the "ITEMIZED" radio button, then to de-select the "Minimal Sedation/anoxiolysis" privilege. DOs desiring "anoxiolysis" as a supplemental privilege request should consult with their SDE and HSWL SC SDE for necessary concurrence.

Privilege(s)	YES	NO
Preliminary diagnosis, initial treatment, or stabilization of oral manifestations of systemic disease	<input checked="" type="radio"/>	<input type="radio"/>
Management of odontogenic infections and diseases through pharmacologic means and incision and drainage <u>Incision and Drainage</u>	<input checked="" type="radio"/>	<input type="radio"/>
Post mortem dental exam for purposes of identification	<input checked="" type="radio"/>	<input type="radio"/>
Preventive dentistry services <u>Athletic mouthguards; implant maintenance; occlusal sealants; Occlusal Treatment Appliances; preventive resin restorations; scaling/root planing</u>	<input checked="" type="radio"/>	<input type="radio"/>
* requires SUPP. Docs > Minimal sedation/anoxiolysis (oral only) (single agent) (patients over 12 years old)	<input type="radio"/>	<input checked="" type="radio"/>
Restorative dentistry: inlays, onlays, amalgams, composites, bonding, veneers, pin or post retention <u>Amalgam and resin</u>	<input checked="" type="radio"/>	<input type="radio"/>
Pulp caps, pulpotomy, pulpectomy <u>Vital pulp therapy</u>	<input checked="" type="radio"/>	<input type="radio"/>
Occlusal adjustment (limited)	<input checked="" type="radio"/>	<input type="radio"/>
Provisional splinting <u>includes Stabilization of subluxated tooth</u>	<input checked="" type="radio"/>	<input type="radio"/>
Occlusal splint	<input checked="" type="radio"/>	<input type="radio"/>
Root planing	<input checked="" type="radio"/>	<input type="radio"/>
Apexification and apexogenesis	<input checked="" type="radio"/>	<input type="radio"/>
Gingivectomy and gingivoplasty	<input checked="" type="radio"/>	<input type="radio"/>
Gingival curettage	<input checked="" type="radio"/>	<input type="radio"/>
Complete or partial dentures; new, reline, rebase, repair, immediate (uncomplicated)	<input checked="" type="radio"/>	<input type="radio"/>
Crown, retainer, and pontic (uncomplicated) services not increasing the vertical dimension of occlusion <u>Cast Restorations ; Ceramic/ Polymer restorations</u>	<input checked="" type="radio"/>	<input type="radio"/>
Post and core procedures	<input checked="" type="radio"/>	<input type="radio"/>
Tooth extraction (routine) including vertical or mesioangular, high partially encapsulated third molars <u>Extraction, simple</u>	<input checked="" type="radio"/>	<input type="radio"/>
Post trauma replantation <u>Replantation of avulsed tooth</u>	<input checked="" type="radio"/>	<input type="radio"/>
Alveoplasty concurrent with extractions	<input checked="" type="radio"/>	<input type="radio"/>
Repair traumatic wounds (less than 2 cm and not crossing vermillion border)	<input checked="" type="radio"/>	<input type="radio"/>
Soft tissue excision/biopsy <u>Biopsy</u>	<input checked="" type="radio"/>	<input type="radio"/>
Foreign body removal in the treatment of acute trauma <u>Tx of simple traumatic wound</u>	<input checked="" type="radio"/>	<input type="radio"/>
Osteitis and pericoronitis treatment	<input checked="" type="radio"/>	<input type="radio"/>
Complete uncomplicated, nonsurgical root canal therapy for permanent teeth <u>Non-surgical root canal therapy</u>	<input checked="" type="radio"/>	<input type="radio"/>
Bleaching of discolored teeth	<input checked="" type="radio"/>	<input type="radio"/>
Space maintenance	<input checked="" type="radio"/>	<input type="radio"/>
Removable orthodontic appliances to effect minor tooth movement or habit correction	<input checked="" type="radio"/>	<input type="radio"/>
Local anesthesia	<input checked="" type="radio"/>	<input type="radio"/>

COAST GUARD CORE PRIVILEGES CONTINUED:
Resin-bonded fixed partial denture; Nonsurgical management of temporomandibular disorders; Maintenance of dental implants (to include removal and reinsertion of implant restorations); Tooth extraction (routine) including vertical or mesioangular, high partially encapsulated third molars; Hemisection, bicuspidization and root amputation; Alveoplasty concurrent with extractions: Replaced Flap Procedures; Hawley retainers; Overdentures.

Other Privileges

▲ Symbol indicates **CG CORE**. **NO** supplemental documentation is required; however all **CG dentists must select these items (YES)** as part of full core privileging.

	YES	NO
Tooth extraction (including fully-encapsulated third molars not requiring sectioning or bone removal)	<input type="radio"/>	<input type="radio"/>
Extraction, partial bony impacted third molars	<input type="radio"/>	<input type="radio"/>
Minor tooth movement (fixed appliances)	<input type="radio"/>	<input type="radio"/>
Root-end resection and root-end filling (uncomplicated anterior)	<input type="radio"/>	<input type="radio"/>
▲ Resin-bonded fixed partial denture (Coast Guard Core Dental Privilege)	<input checked="" type="radio"/>	<input type="radio"/>
▲ Nonsurgical management of temporomandibular disorders (Coast Guard Core Dental Privilege)	<input checked="" type="radio"/>	<input type="radio"/>
Prosthetic restoration of dental implants (limited to single tooth restorations)	<input type="radio"/>	<input type="radio"/>
! Minimal sedation/anoxiolysis inhalation sedation with nitrous oxide/oxygen (single agent) NOT AUTHORIZED	<input type="radio"/>	<input checked="" type="radio"/>
Extraction of full bony impacted third molars	<input type="radio"/>	<input type="radio"/>
▲ Maintenance of dental implants (to include removal and reinsertion of implant restoration) CG Core Privilege	<input checked="" type="radio"/>	<input type="radio"/>
▲ Tooth extraction (routine) including vertical or mesioangular, high partially encapsulated third molars. (Coast Guard Core Dental Privilege)	<input checked="" type="radio"/>	<input type="radio"/>
▲ Hemisection, bicuspidization and root amputation. (Coast Guard Core Dental Privilege)	<input checked="" type="radio"/>	<input type="radio"/>
▲ Alveoloplasty concurrent with extractions. (Coast Guard Core Dental Privilege)	<input checked="" type="radio"/>	<input type="radio"/>
▲ Replaced Flap Procedures (Coast Guard Core Dental Privilege)	<input checked="" type="radio"/>	<input type="radio"/>
▲ Hawley retainers (Coast Guard Core Dental Privilege)	<input checked="" type="radio"/>	<input type="radio"/>
▲ Overdentures (Coast Guard Core Dental Privilege)	<input checked="" type="radio"/>	<input type="radio"/>
Closed reduction of jaw dislocation	<input type="radio"/>	<input type="radio"/>
Extraction of full bony impacted 3rd molars	<input type="radio"/>	<input type="radio"/>
Tooth extraction, partial bony impacted 3rds	<input type="radio"/>	<input type="radio"/>
Thin, less than 2mm, free soft tissue autograft	<input type="radio"/>	<input type="radio"/>
Guided tissue regeneration of periodontal defects	<input type="radio"/>	<input type="radio"/>
Implant maintenance to include insertion and removal of crowns	<input type="radio"/>	<input type="radio"/>
Guided tissue regeneration of periodontal defects	<input type="radio"/>	<input type="radio"/>
Root end resection and root end filling (uncomplicated anterior)	<input type="radio"/>	<input type="radio"/>
! Interceptive orthodontics NOT AUTHORIZED	<input type="radio"/>	<input checked="" type="radio"/>
! Transitional dentition orthodontic NOT AUTHORIZED	<input type="radio"/>	<input checked="" type="radio"/>

NOTE 1: The OTHER PRIVILEGES above are NOT intended to be an exhaustive list of supplementals for general dentists or specialty providers. Requesting providers must appropriately select unique supplemental privileges based on their education and credentials.

! Denotes NOT Authorized in USCG

All dental officers must select the YES radio button for each of the following privileges :

▲ Symbol indicates **CG CORE**.

NO supplemental documentation is required; however ALL CG dentists must select these items (YES) as part of full core privileging.

- Resin-bonded fixed partial denture
- Non surgical management of TMJ disorders
- Maintenance of dental implants (to include removal and reinsertion of implant restorations)
- Tooth extraction (routine) including vertical or mesioangular, high partially encapsulated third molars
- Hemisection, bicuspidization and root amputation
- Alveoloplasty concurrent with extractions
- Replaced Flap Procedures
- Hawley retainers
- Overdentures

NOTE 2 : Dental Officers, SDOs and SDEs are expected to exercise great care before officially requesting (indicating YES) or endorsing supplemental privileges. Supplemental requests require documented support to include certificates of training (within seven [7] years) OR documentation of continuous care and support such as on the job training based on clear oversight OR letters from certified specialty providers who can unequivocally attest to the quality of care regarding each privileging request.