Justice Health and
Forensic Mental Health Network

Justice Health NSW Policy

Oral Health Services

Issue Date: 02 November 2023

Together for
Healthier Tomorrows

Oral Health Services

Policy Number 1.130

Policy Function Continuum of Care

Issue Date 02 November 2023

Next Review Date 02 November 2026

Risk Rating High

Summary The Oral Health Services policy describes the provision of Oral Health services throughout NSW Correctional Centres, Youth Justice Centres, Long Bay Hospital and the Forensic Hospital.

Responsible Officer General Manager, Primary Care

Applies to
☒ Administration Centres
☒ Community Sites and programs
☒ Health Centres - Adult Correctional Centres or Police Cells
☒ Health Centres - Youth Justice Centres
☒ Long Bay Hospital
☒ Forensic Hospital

CM Reference POLJH/1130

Change summary
- Updated hyperlinks to related documents and policies
- Addition of Teledentistry

Authorised by Chair, Policy Steering Committee

Revision History

#	Issue Date	Number and Name	Change Summary
8	November 2023	1.130 Oral Health Services	• Updated hyperlinks to related documents and policies • Addition of Teledentistry
7	May 2019	1.130 Oral Health Services	• Updated hyperlinks to related documents and policies • Updated denture approval criteria • Addition of Titanium electronic record system • Change of policy title
6	December 2015	1.130 Dental Services	• Reconfigureation to align with the current policy template

			• Updated links to related documents and policies • Updated to include external service provision by Justice Health & Forensic Mental Health Network
5	July 2012	1.130 Dental Services	• Dental provision regarding DIAC identified patients • Removal of dental equipment lists • Inclusion of The Forensic Hospital • Removal of the Denture Form
4	May 2009	1.130 Dental Services	• Minor edits
3	April 2006	1.130 Dental Services	• Title change • Minor edits
2	June 2005	1.130 Dental Attendance & Waiting Lists	• Minor edits
1	September 2000	1.130 Dental Attendance & Waiting Lists	• New policy

PRINT WARNING

Printed copies of this document, or parts thereof, must not be relied on as a current reference document.

Always refer to the electronic copy for the latest version.

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1. Preface

This policy outlines the oral health services provided by Justice Health and Forensic Mental Health Network (Justice Health NSW) and the terms of their provision.

Justice Health NSW provides high quality and equitable oral health services to patients throughout New South Wales (NSW) Correctional Centres, Youth Justice Centres, Long Bay Hospital and the Forensic Hospital. These services are equivalent to those provided in public oral health clinics managed by Local Health Districts (LHDs).

2. Policy Content

2.1 Roles and Responsibilities

2.1.1 Chief Executive (CE) and General Manager Primary Care (GMPC)

- Has overarching responsibility for the development, review and implementation of this policy

2.1.2 Clinical Director Oral Health (CDOH)

- Responsible for the clinical management of the Oral Health Service.
- Provides support and mentorship to the Dental Officers (DOs) and Visiting Dental Officers (VDOs).
- Works closely with the Operations Manager Primary Care Services & Programs (OMPC-S&P) to ensure clear clinical procedures are in place to facilitate the implementation of NSW Ministry of Health (MoH) Oral Health Policy Documents, advise Justice Health NSW Executive on clinical strategies for service delivery and conduct quality assurance activities to ensure that clinical assessment procedures and timeframes are adhered to.
- Assess and approves applications for dentures, liaises with DOs regarding requests for non-routine oral health services and provides advice regarding dental emergencies.

2.1.3 Operations Manager Primary Care – Services & Programs (OMPC-S&P)

- Responsible for the operational management of the Justice Health NSW Oral Health Service.
- Works closely with the CDOH to ensure clear administrative procedures are in place to facilitate the implementation of MoH Oral Health Policy Directives, conducts quality assurance activities to ensure that triage and waitlist management procedures and timeframes are adhered to.
- Ensures excellent customer service practices are in place to facilitate effective and timely communication with Health Centre staff and that all patients are treated with respect and dignity. The OMPC–S&P, determines the schedule of frequency and duration of dental clinics (unless pre-determined by contractual obligation); and is responsible for the management and resolution of complaints in consultation with the CDOH.

2.1.4 Dental Officer (DO) and Visiting Dental Officer (VDO)

- Provides emergency and routine general oral health services to patients in dental clinics within adult and adolescent health centres, using mobile dental equipment or remotely via teledentistry.
- Display a high level of competence in general dental work and in undertaking a broad range of advanced and complex dental procedures.
- Demonstrate highly advanced skills in managing difficult clinical situations, complex medical histories and patients with disabilities and/or additional needs.
- As part of the dental clinical team, they are responsible for ensuring compliance with infection prevention and control standards.
- Arrange continuing care, ensure prompt and appropriate referrals to specialist services and liaise with other Justice Health NSW staff to optimise provision of clinical services.
- Responsible for recording all dentaltreatment notes in the patients' Titanium clinical record and for complying with the procedures and clinical criteria set out in this Policy.

2.1.5 Dental Assistant (DA)

- Provide assistance to the clinician in patient care including preparation of the patient, equipment, instruments and materials for each dental procedure; instrument transfer and moisture control; management of the patient's wellbeing; and provides appropriate oral health instructions as required.
- Responsible for ensuring compliance with infection prevention and control standards, monitoring supplyof stock and dental equipment and performing routine Work Health and Safety workplace inspections.
- Assists in the delivery of Oral Health Promotion activities and with the training of new Oral Health staff.

2.1.6 Lead Dental Assistant (LDA)

- As well as being accountable for all DA responsibilities, the LDA is responsible for ensuring compliance with infection prevention and control standards, monitoring the purchasing of dental consumables and equipment, and investigating any damaged/lost/missing orders or equipment.
- Rresponsible for the coordination of repairs and/or replacement of dental and sterilisation equipment, and maintenance of equipment state wide.
- Assists the OMPC–S&P in the operational management of dental clinics state-wide, coordinating teledentistry clinics and with the recruitment, orientation, training and mentoring of DAs.

2.1.7 Administration Manager Primary Care – Services & Programs (AMPC-S&P)

- Assists the OMPC–S&P in determining the schedule of dental clinics; maintains and communicates clinic rosters to the Oral Health team and Health Centres.

- Oversees the day to day operations of the 'Dental Hotline' (see 2.2) and acts as the point of contact for all enquiries regarding the Titanium system (see 2.8), Justice Health NSW's comprehensive electronic oral healthrecord and information system.
- Supervises and assists the Oral Health Administration Team in their daily work practice.

2.1.8 Oral Health Administration Team

- Triage patients in accordance with PD2017_023 *Priority Oral Health Program (POHP) and Waiting List Management* and ensure that all patient encounters are conducted with respect; and are documented accurately and appropriately.
- Responsible for booking of patient appointments and the communication of scheduled clinics with health centre staff; and the provision of statistical data reports to the CDOH and OMPC-S&P.
- Nursing Unit Manager (NUM)
- Responsible for managing the Health Centre. If a patient is transferred to a local Emergency Department for emergency dental care, it is the responsibility of the NUM to inform the Oral Health Administration Team via [redacted] (see 2.6).

2.2 Routine Oral Health Services

The equitable provision of high quality dental care aims to render patients free of oral pain, oral disease and assist in their holistic care.

Dental services for Justice Health NSW patients are equivalent to those available to the general public through public health services in accordance with the Ministry policies and procedures. These include preventive services, direct restorations, extractions; periodontal treatment; endodontic treatment (root canal therapy) of anterior teeth and some removable dentures (see Appendix 1).

Routine dental services do not need prior approval and are initiated by an individual DO/VDO. In health centres where the Justice Health NSW Oral Health Service is unable to provide these services, treatment can be delivered in private dental practices under the NSW Health PD2024_025 *Oral Health Fee for Service Scheme* (OHFFSS), or by Non-Government Organisations (NGO's; for example The Royal Flying Doctors Service) and LHDs by way of Service Level Agreement (SLA).

The clinical services provided by Justice Health NSW DO/VDO are classified as routine free dental services, and are provided to all patients in accordance with MoH policies, directives and guidelines such as PD2017_023 *Priority Oral Health Program (POHP) and Waiting List Management* and PD2024_025 *Oral Health Fee for Service Scheme* (OHFFSS). Dental services will be provided as specified in the *Registration Standards* of the Dental Board of Australia.

The Justice Health NSW Oral Health Service will ensure that staff and patients are aware of the dental services available. Oral Health staff will promote and educate patients on oral health and hygiene in line with oral health evidence based practice.

Adult patients can access dental services through the Corrective Services NSW (CSNSW) Offender Telephone System (OTS) Common Auto Dial List (CADL). This 'Dental Hotline' is a self-referral system, where patients are triaged according to their symptoms and placed onto the relevant waiting list. Alternatively, JUS060.710 *Oral Health Triage Questionnaire Form* can be completed by Justice Health NSW staff and emailed to [redacted]

All patients are triaged and placed on the Oral Health Waitlist in accordance with PD2017_023 *Priority Oral Health Program (POHP) and Waiting List Management*.

2.3 Non-Routine Oral Health Services (at patient's cost)

Non-routine oral health services are services that cannot be provided by a Justice Health NSW DO/VDO (e.g. crown and bridge work, occlusal splints, sleep apnoea devices, implants, orthodontics, bleaching and the endodontic treatment of posterior teeth).

If a patient requests non-routine oral health services and the procedure is not itemised on the routine free dental services table, some specialist services may be obtained at the Sydney Dental Hospital or Westmead Centre for Oral Health; subject to criteria and waiting times.

A patient may also elect to be treated by a private dentist of choice at the provider's surgery in cases where a Justice Health NSW DO/VDO is unable to provide the necessary treatment due to policy restrictions or scope of practice. In such cases, the patient is responsible for organisation and payment of all dental treatment and associated escort costs.

A Justice Health NSW DO/VDO, in consultation with the CDOH, must assess the clinical needs of the patient prior to the private service being organised between the patient and Corrective Services NSW (CSNSW) and Youth Justice NSW (YJNSW). Approval for external escorts is required from CSNSW/YJNSW, not from Justice Health NSW, according policy 1.253 *Access to Private Health Services*.

2.4 Teledentistry

Teledentistry is used in Justice Health NSW to connect patients, DOs and other health professionals who are located remotely from one another. Teledentistry allows for more expeditious dental consultations, improved accuracy of triaging and earlier initiation of preventative advice, pharmacological treatment or specialist referral where required.

A DA or health centre nurse facilitates teledentistry clinics at the "patient-end", by operating the audio- visual equipment, assisting in the transfer of information between the patient, DO and health centre staff, operating the intra-oral camera, and, where appropriate, take intra-oral radiographs. The DO is the provider-end, performing the oral health consultation remotely. Patients assessed to require onsite dental treatment are then booked into a clinic or placed on a waitlist accordingly.

The teledentistry service is provided in accordance with PDGL2020_019 Teledentistry and activity recorded in Titanium.

2.5 Dentures

2.5.1 Approvals for New Dentures

Acrylic dentures will be provided to eligible Network patients as per the following process:

- All denture requests must have written approval on the JUS060.705 Assessment & Application for Supply of Dentures or Denture Repairs form prior to the commencement of any new denture or repair.
- All patients will be assessed on a needs basis with the application form completed by the assessing DO/VDO.
- All applications for partial dentures must designate: the missing teeth; the condition of the remaining teeth, and; the adult general dental treatment waiting list code (in accordance with the PD2017_023 *Priority Oral Health Program (POHP) and Waiting List Management*.
- Section two of the application form must be completed and signed by the patient.
- The assessing DO/VDO must complete section three of the form and advise the patient to call the Dental Hotline to check on the progress of the approval in 2 weeks' time.
- The application form must then be sent to the Oral Health Administration Team email [redacted] to determine eligibility of the patient.
- Once the application has been assessed and approved the outcome will be entered in the patient notes section in Titanium, the electronic oral health patient information management system, and the patient is to be placed on the denture waiting list by the Oral Health Administration Team.
- All patients awaiting approval outcome are to contact the Dental Hotline two weeks after the application submission.
- The Oral Health Administration Team manages the Dental Prosthetist PAS waitlist, notifies medical appointments unit (MAU) of booked appointments, and requests a JUS200.020 Medical Hold form within two weeks of the initial prosthetist clinic appointment.
- The patient will be provided with a Prosthodontic Authority Voucher upon issue of new dentures or repaired dentures. The patient must sign the Voucher to confirm that the dentures have been received.

  Note: New denture work up will not commence until the patient has completed all restorative and preventive treatment required, (i.e. is deemed "dentally fit") by the assessing DO/VDO.

2.5.2 Criteria for Dentures

Justice Health NSW will provide dentures to maintain basic dental, physical and psychological health. The following criteria will be taken into consideration when a patient applies for dentures:

a) The patient must be 'dentally fit.' That is; have completed all restorative and preventive dental treatment; including complete healing of soft tissues following extractions.

b) The patient must have a minimum of six months prior to release to allow for the complete construction of the denture.

Cases may be considered on an individual basis outside these criteria with the approval of the CDOH or OMPC-S&P.

2.5.3 Replacement Dentures

Dentures may be replaced if deemed clinically necessary or in extenuating circumstances following approval by the CDOH at no cost to the patient. Dentures must be at least 5 years old from the date of issue unless special circumstances are taken into consideration.

2.5.4 Denture Repairs

All reasonable denture repairs are available at no cost to patients following CDOH approval.

2.5.5 Dentures and Denture Repairs at Patient's Cost

Justice Health NSW will provide acrylic dentures to eligible patients. A patient may opt to pay for the cast portion of metal dentures if preferred and clinically indicated. Funds are to be made available before work is undertaken.

If a patient does not meet the criteria for dentures or denture repairs, arrangements can be made to supply the patient with a private quotation from an authorised dental prosthetist, provided the patient is sentenced. The patient must agree to meet the cost and arrange for the funds to be made available to Justice Health NSW before work is undertaken. Alternatively, a patient may elect to be treated by a private provider of their choice (see 4.3).

2.6 Dental Emergencies

PD2017_023 *Priority Oral Health Program (POHP) and Waiting List Management* defines the following as oral health emergencies:

- Dental trauma or injury
- Significant bleeding in the mouth
- Swelling of the face, neck or mouth
- Acute difficulty opening the jaw or mouth

Please note that pain in itself is not considered an oral health emergency.

When a oral health emergency arises and the oral health team is not unavailable onsite; advice and assistance should be sought from the CDOH or OMPC-S&P via [redacted] (during business hours).

After hours, advice and assistance is to be sought from the Remote On-Call After Hours Medical Services (ROAMS) or the After Hours Nurse Manager (AHNM,) on [redacted] (see 1.300 *Remote Off-site After Hours Medical Services and After Hours Clinical Services*)

In these emergency situations patients must be transferred to the local Emergency Department for assessment and treatment if they are deemed likely to deteriorate quickly.

On return to the centre following patient transfer for dental emergencies, the patient details and relevant information must be emailed to [redacted] to arrange follow up care with Justice Health NSW Oral Health Service. A review will be organised for the patient at the health centres next scheduled dental clinic

At times it may be necessary for adult patients to be transferred to Long Bay Correctional Complex for assessment and emergency dental care if local arrangements cannot be facilitated.

2.7 Specialist Referal

When specialist treatment is required that cannot be provided in-house by Justice Health NSW clinicians, patients will be assessed by a DO/VDO and referred to an external agency. The DO/VDO will generate, complete and sign the NSW Oral Health Specialist Referral Form via Patient Administration System (PAS), and send to the Medical Appointments Unit (MAU) for processing.

Some non-routine elective and specialist dental services that cannot be provided within Justice Health NSW include:

- Treatment of dental tumours
- Removal of impacted or semi-impacted wisdom teeth
- Jaw fractures

2.8 Documentation

The maintenance of an accurate and comprehensive patient health record is an essential element of patient care, as per outlined in the Justice Health NSW 9.001 *Clinical Documentation Guidelines* document. Patient's oral health records are to be accurately maintained in the Titanium oral health record system. This system is specific for Oral Health staff use. To ensure continuity of care, practice improvement initiatives and complaints management, all dental records are to comply with the NSW Health GL2015_017 *Oral Health Patient Record Protocol*.

At the initial face-to-face dental consultation, every patient will be provided with a complete dental examination, which will include full mouth charting and x-rays (if indicated). Patients will be accurately identified as being the correct person and the correct procedure and site will be verified, prior to any dental work being undertaken, as per Justice Health NSW Policy 1.096 *Clinical Procedure Safety*.

All patients must be arrived in Titanium and the following information must be entered into the patient record:

- Correct identification of the patient as per Justice Health NSW Policy 1.096 *Clinical Procedure Safety*.
- Medical History Form should be completed at the first visit and at subsequent visits checked for currency and updated as required, including any health conditions, allergies, document current medications noting source of information. All Health conditions must be entered on the Justice Health Electronic Health System (JHeHS).
- Patient alerts (e.g. interpreter) and updated in PAS if required.
- Dental Charting; this can be on the odontogram by the DA during the examination of the patient, but must be confirmed for accuracy by the DO/VDO.
- Clinical findings, including the results of intraoral radiographs and any other diagnostic tests performed.

- Diagnosis and management options discussed with the patient. All dental treatment must be recorded by the DO/VDO using *Approved Clinical Abbreviations for Clinical Documentation*.
- Completed Consent E-Forms as required (i.e. extraction of tooth).
- Tooth number identifying each tooth/teeth and the coinciding treatment.
- Type and amount of local anaesthetic administered.
- Names of any medicaments and dental restorative products used.
- Any printed or film radiographs must be clearly marked with the patients name, MIN, date and tooth number and attached to the patient's health record.
- Sterilisation cycle barcode must be scanned or manually entered with each course of care.

The DO/VDO must provide handover to the relevant health centre staff and emai[redacted] at the completion of the clinic, highlighting any patients requiring analgesia, antibiotics, special diet or follow-up care and include any treatment recommendations for further appointments and a general dental treatment waiting list code (see PD2017_023 *Priority Oral Health Program (POHP) and Waiting List Management*). The DO/VDO must also advise of any newly identified alerts or health conditions.

The DO/VDO must enter a progress note into JHeHS for each patient dental appointment; summarising the treatment they have provided and any follow-up plans such as waitlists or referrals. This will be in addition to clinical notes entered into Titanium and the health centre handover form.

2.9 Dental Software and Equipment

All Justice Health NSW dental clinic Personal Computers (PC's) have particular dental software installed, as well as additional specific equipment attached. These PC's therefore are not interchangeable with any other PC's within the Health Centre. Dental clinic PC's must not be removed from set locations as this will result in loss of preinstalled software and possible malfunction of the attached equipment.

2.10 Titanium Downtime

In the event of oral health staff being unable to access Titanium or if equipment is not functional (e.g. signature pads), the Administration Manager Primary Care Services & Programs must be contacted at [redacted] or by phone. All dental clinics have been provided with Downtime Packs for use in this instancec.

Forms provided in Downtime Pack:

- JUS060.700 Dental Clinical Record
- DS30 Request / Consent Oral Health Treatment
- DS31 Substitute Consent for Oral Health Treatment
- DS32 Request/ Consent for Oral Health Treatment

Following downtime, all forms must be sent to at [redacted] before leaving the dental clinic.

2.11 Management of Waiting Lists and Statistics

Waiting lists are managed as per PD2017_023 *Priority Oral Health Program (POHP) and Waiting List Management*.

The Oral Health Administration Team monitors dental and prosthodontic waiting lists on a day-to-day basis. Statistical analysis of waitlists and reporting of activity and key performance indicators are completed by OMPC-S&P and CDOH to ensure suitable service provision across the state.

3. Definitions

Must

Indicates a mandatory action to be complied with.

Patient Health Record

A hybrid record of paper-based and electronic information pertaining to the health of the patient

Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

4. Related Documents

Legislations	*Health Practitioners Regulation (Adoption of National Law Act) 2009*
Justice Health NSW Policies, Guidelines and Procedures	1.096 *Clinical Procedure Safety* 1.253 *Access to Private Health Services* 1.300 *Remote Off-site After Hours Medical Services and After Hours Clinical Services* 9.001 *Clinical Documentation Guidelines*
Justice Health NSW Forms	JUS060.710 *Oral Health Triage Questionnaire Form* *JUS060.705 Assessment & Application for Supply of Dentures or Denture Repairs* *JUS060.700 Dental Clinical Record* *JUS200.020 Medical Hold*
NSW Health Policy Directives and Guidelines	PD2013_025 *Pit and Fissure Sealants: Use of in Oral Health Services NSW* PD2016_018 *Oral Health Fee for Service Scheme (OHFFSS) NSW*

	PD2017_023 *Priority Oral Health Program (POHP) and Waiting List Management* PD2024_025 *Oral Health Fee for Service Scheme* PD2017_036 *Clinical Procedure Safety* PD2013_024 *Oral Health: Cleaning, Disinfecting and Sterilizing* GL2020_019 *Teledentistry Guideline* PD2021_016 *Smoking Cessation Brief Intervention in Oral Health Settings* PD2012_042 *Aboriginal and Torres Strait Islander Origin - Recording of Information of Patients and Clients* GL2015_017 *Oral Health Patient Record Protocol*
Other documents and resources	*Registration Standards* of the Dental Board of Australia *Approved Clinical Abbreviations for Clinical Documentation*

Appendix 1

Item	Diagnostic Services
011	Examination – Comprehensive Limit 1per 2yrs
012	Examination – Periodic Limit 1 per 6 months
013	Examination – Limited Limit 3 per 3months
015	Consultation (Interpreter) Limit 1 per month
019	Referral
022	Peri apical or Bitewing Radiograph - Single
037	Panoramic Radiograph – (OPG)
061	Pulp testing – per visit
927	Provision of a medicament or medication (e.g. CHX pre rinse, medicament into socket following extraction or prescription)
Item	Preventative, Prophylactic Services
111	Removal of Plaque/ Stains
113	Re-contouring of existing restoration
114	Removal of Calculus – first visit Limit 1 per 6 months
115	Removal of Calculus – subsequent visit Limit 2 per year
121	Topical Application of fluoride – one treatment per 6 months
123	Concentrated re-mineralising agent per tooth (e.g. Duraphat)
141	Oral Hygiene Instruction
131	Dietary Advice
161	Fissure sealant per tooth
165	Application of Desensitising Agent (e.g. Tooth Mousse)
171	Odontoplasty per tooth (Re-contouring chipped tooth)
191	Smoking Cessation Advice
Item	Periodontics
213	Treatment of acute periodontal infection (periodontal abscess)
222	Root planning, sub gingival curettage per tooth. Limit 10 per visit
281	Non surgical periodontal treatment (eg Irrigation with CHX using syringe applicator after deep scaling) Limit 1 per year
282	Review of periodontal treatment. Limit 3 per year
Item	Oral Surgery
986	Post-Operative Care (treatment of Dry Socket)
311	Removal of tooth or tooth parts - Simple Extraction
386	Splinting of displaced tooth/ teeth
392	Drainage of abscess or cyst
399	Control of post operative haemorrhage
Item	Endodontics *RCT on Posterior Teeth require written approval
411	Direct Pulp Capping ($CaOH_2$ or Ledermix cement)
412	Incomplete endodontic therapy as tooth not suitable for further treatment as fractured on non restorable)
414	Pulpotomy - Permanent Tooth
415	Complete chemo-mechanical preparation of root canal one canal - Anterior tooth with one canal
416	Complete chemo-mechanical preparation of root canal _ each additional canals. N.B. RCT on posterior teeth requires prior written approval
417	Root Canal Obturation – one canal
418	Root Canal Obturation – additional canal
419	Extirpation of pulp or debridement of root canal(s) - emergency
455	Additional visit for irrigation/dressing of a root canal within 3 months items 415 and 416
Item	Restorative Services
521	Glass Ionomer / Adhesive Restoration - 1 surface Anterior tooth
522	Glass Ionomer / Adhesive Restoration - 2 surface Anterior tooth
523	Glass Ionomer /Adhesive Restoration – 3 surfaces Anterior tooth
524	Glass Ionomer / Adhesive Restoration- 4 surfaces Anterior tooth
525	Glass Ionomer / Adhesive Restoration- 5 surfaces Anterior tooth
531	Glass Ionomer / Adhesive Restoration – 1 surface Posterior tooth
532	Glass Ionomer / Adhesive Restoration- 2 surfaces Posterior tooth
533	Glass Ionomer / Adhesive Restoration – 3 surfaces Posterior tooth
534	Glass Ionomer / Adhesive Restoration – 4 surfaces Posterior tooth
535	Glass Ionomer / Adhesive Restoration – 5surfaces Posterior tooth
572	Provisional restoration (Fiji VII)
578	Restoration of incisal corner – per corner
596	Re-cementing of Inlay/Onlay
651	Re-cementing Crown
652	Re-cementing Bridge
Item	Prosthodontics
700	Acrylic Denture

314	Sectional Removal of a tooth – The removal of a tooth involving the deliberate section of the tooth in sections for its complete removal. Bone removal may also be necessary
322	Surgical Removal of a tooth or tooth fragment not requiring removal of bone (e.g. envelope flap)
323	Surgical Removal of a tooth or tooth fragment requiringremoval of bone
324	Surgical Removal of a tooth or tooth fragment requiringboth removal of bone and tooth division
331	Alveolectomy
377	Removal or repair of soft tissue (eg suturing)

Item	General
741	Adjustment of a denture
916	Travel from home base work clinic to provide dental service at another clinic in correctional centres. Itemfor full time and part time salaried dental officers
927	Provision of a medicament or medication (e.g. CHXpre rinse, medicament into socket following extraction or prescription)
986	Post-Operative Care (e.g. treatment of Dry Socket)
922	Custom NSW Code - Teledentistry