

PATIENT MATTERS MANUAL FOR PUBLIC HEALTH ORGANISATIONS
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Where a number appears at the bottom of an amended page [e.g. 252(17/09/15) – amendment number, date] an alteration has been made or new section included. The amendments as indicated reflect the provisions of Policy Directives/Guidelines/Information Bulletins:

- **Chapter 4– PD2016_050** **Eligibility of Persons for Public Oral Health Care in NSW**
- **Chapter 4 - IB2016_021** **Notification of Obsolete Policy Directive - Denture Provision (PD2010_014)**
- **Chapter 4–PD2016_018** **Oral Health Fee for Service Scheme**
- **Chapter 4 - IB2016_023** **Oral Health Fee for Service Schedule of Fees 2016**
- **Chapter 4 - GL2015_017** **Oral Health Patient Record Protocol**

as notified by Strategic Relations and Communications on

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The Manuals and complete amendments are available on the Internet at

<http://www.health.nsw.gov.au/policies/manuals/Pages/default.aspx>

If you choose to print the amendment, ensure you print it double sided.

If you are missing any amendments please email cgrm@doh.health.nsw.gov.au They can be emailed to you in an electronic version.

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CHAPTER 4 – DENTAL CARE

	PD/IB/GL NUMBER
Eligibility Of Persons For Public Oral Health Care In NSW	PD2016_050
Notification Of Obsolete Policy Directive - Denture Provision	IB2016_021
Oral Health Fee for Service Scheme	PD2016_018
Oral Health Fee For Service Schedule Of Fees For 2016	IB2016_023
Oral Health Patient Record Protocol	GL2015_017
Oral Health Specialist Referral Protocols	PD2011_071
Dental Amalgam – Its Clinical Use and Disposal	GL2011_002
Oral Health Chart & Referral Form for Medical Emergency Departments	GL2010_008
Pit and Fissure Sealants: Use of in Oral Health Services NSW	PD2013_025
Early Childhood Oral Health Guidelines for Child Health Professionals, 3 RD Edition	GL2014_020
Early Childhood Oral Health (ECOH) Program: The Role of Public Oral Health Services	PD2013_037
Prevention of Osteonecrosis of the Jaw (ONJ) in Patients on Bisphosphonate Therapies	GL2010_010
Priority Oral Health Program and List Management Protocols	PD2008_056
Smoking Cessation Brief Intervention at the Chairside: Role of Public Oral Health/Dental Services	PD2015_030
Oral Health: Cleaning, Disinfecting and Sterilising	PD2013_024
Oral Health: Post-Operative Care for Dental Extractions	PD2013_026

ELIGIBILITY OF PERSONS FOR PUBLIC ORAL HEALTH CARE IN NSW (PD2016_050)

PD2016_050 rescinds PD2009_074

PURPOSE

This Policy Directive establishes the eligibility criteria for NSW residents who wish to access NSW Health public oral health services. This document replaces PD2009_074.

MANDATORY REQUIREMENTS

Public Oral Health Services managed by NSW Local Health Districts (LHD) must provide oral health care to persons who meet the eligibility criteria set out in this document.

At each appointment, staff of NSW Public Oral Health Services must ensure a person meets the eligibility criteria set out by this document prior to providing care.

IMPLEMENTATION

The NSW Ministry of Health is responsible for ensuring the requirements of this policy and attached procedures are monitored and acted on accordingly, and that the eligibility criteria are openly communicated to the public.

LHD Chief Executives are responsible for ensuring the public oral health services in their LHD provide oral health care to eligible persons in accordance with this document.

Oral Health Managers, Clinical Directors and staff of public oral health services are responsible for ensuring compliance with the eligibility criteria set out in this policy and attached procedures, and that the eligibility criteria are openly communicated to the public.

This Policy Directive should be read in conjunction with the following NSW Health policies:

- [Priority Oral Health Program and List Management Protocols](#)
- [Oral Health Fee for Service Scheme \(OHFFSS\)](#)
- [Oral Health Specialist Referral Protocols](#)
- [Oral Health Chart & Referral Form for Medical Emergency Departments](#)

1 BACKGROUND**1.1 About this document**

NSW Public Oral Health Services provide a range of dental care services through funding provided or managed by the NSW Government. To ensure available resources are used efficiently, NSW Health limits access to these services to those populations at higher risk of dental disease or who are less able to afford dental care through private providers. This is achieved through the setting of eligibility criteria through this Policy Directive.

Section 2 sets out the criteria for a person to be eligible to receive dental care through NSW Public Oral Health Services. Public Oral Health Services managed by NSW Local Health Districts (LHDs) must provide oral health care to persons who meet these criteria.

Staff of NSW Public Oral Health Services must ensure a person meets the eligibility criteria set out by this document prior to providing care (section 2.3).

Section 3 provides additional detailed information on how staff from public oral health services should manage the delivery of patient care. It provides information on variations and exceptions to eligibility criteria, including patients admitted to hospital for other health care, ineligible patients, and patients who are accessing care outside their LHD.

The NSW Ministry of Health is responsible for ensuring the requirements of this policy and attached procedures are monitored and acted on accordingly, and that the eligibility criteria are openly communicated to the public (section 4).

LHD Chief Executives are responsible for ensuring the public oral health services in their LHD provide oral health care to eligible persons in accordance with this document.

Oral Health Managers, Clinical Directors and staff of public oral health services are responsible for ensuring compliance with the eligibility criteria set out in this policy and attached procedures, and that the eligibility criteria are openly communicated to the public (section 4).

1.2 Key definitions

An episodic course of care is defined as a limited course of care provided with the intent of only addressing the patients presenting condition in relation to an urgent need

An emergency is defined as dental trauma or injury; severe bleeding in the mouth; swelling of the face; swelling in the neck or mouth; or acute difficulty opening jaw and / or mouth.

2 ELIGIBILITY

2.1 Eligibility of Adults for Non-admitted Oral Health Care Services

For an adult to be eligible for free public oral health services they must:

- Be normally resident within the boundary of the providing LHD , **and**
- Be eligible for Medicare, **and**
- Be 18 years of age or older, **and**
- Hold, or be listed as a dependent on, one of the following valid Australian Government¹ concession cards:
 - ⇒ Health Care Card
 - ⇒ Pensioner Concession Card
 - ⇒ Commonwealth Seniors Health Card.

Note that holders of the State Seniors Card are not eligible for care unless they also hold one of the other concession cards listed above.

2.2 Eligibility of Children and Young Persons for Non-admitted Oral Health Care Services

For a child or young person to be eligible for free public oral health services they must:

- Be normally resident within the boundary of the providing LHD , **and**
- Be eligible for Medicare, **and**
- Be less than 18 years of age.

Additional eligibility criteria may apply for some specialist oral health care. These are detailed in the *Oral Health Specialist Referral Guidelines*.²

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¹ Includes Centrelink and the Department of Veterans Affairs.

² http://www0.health.nsw.gov.au/policies/pd/2011/PD2011_071.html

2.3 Confirmation of Eligibility

At each visit the patient is responsible for proving their eligibility prior to receiving treatment, by showing a valid Medicare card and, for adults, a valid concession card. Electronic versions of cards may be used through the Centrelink mobile app on a smart phone. If a valid concession card cannot be produced, the patient must seek a temporary concession card to establish that they are eligible for treatment, except where the person requires emergency treatment. An emergency is defined as dental trauma or injury; severe bleeding in the mouth; swelling of the face; swelling in the neck or mouth; or acute difficulty opening jaw and/or mouth.³ Relief of pain (e.g. toothache) is not considered an emergency.

The patient may also be asked to produce secondary identification such as a drivers licence to confirm their identity. A formal letter of identification from a homelessness agency is also acceptable as a secondary identification (see also point 6).

Where programs exist that involve partnerships and referral pathways between Oral Health Services and Aboriginal Community Controlled Health Services or LHD Aboriginal Service, LHDs may apply discretion to waive eligibility requirements for the clients of these programs. This may also be extended to client's partners and children.

3 PATIENT CARE

3.1 Inter-district agreements

Due to funding and reporting arrangements, dental care will normally be provided by the LHD in which a patient lives. However, LHD's may have inter-district arrangements that allow for patients to receive care in a bordering LHD to facilitate accessibility to an appropriate service.

3.2 Admitted or Day Only Oral Health Care Patients.

Where a patient's oral health treatment requires them to be treated as an inpatient, they may be treated as:

- Non Chargeable Patients
- Compensable Patients
- Private Patients.

Standard LHD procedures for processing and charging patients should be followed, in accordance with Section Two of the NSW Health Fees Procedures Manual⁴.

3.3 Patients Admitted for Other than Oral Health Treatment

Free oral health care will only be provided to adult patients admitted for care other than oral health treatment where:

- The oral health treatment is an emergency (as defined in point 3), or
- The oral health treatment is an essential part of the surgical or medical management of the patient, and
- They hold, or are a listed dependent of the holder of, a current concession card (see section 1).

Treatment of hospital inpatients referred for oral health care will be negotiated with the LHD Oral Health Clinical Director if the oral health treatment is not an intrinsic part of their medical treatment. Patients who do not hold, or are not listed dependents on, a current concession card may be charged for services. The treatment sought will need to be prioritised in adherence with current LHD and NSW Health prioritisation policies for access to public oral health care.

Note that private admitted patients must pay for oral health care provided.

³. See Policy Directive *Priority Oral Health Program and Waiting List Management Implementation*.

⁴ <http://www.health.nsw.gov.au/policies/manuals/Pages/fees-manual.aspx>

3.4 Services Provided to Ineligible Patients at Oral Health Clinics or at an Emergency Department

Persons not meeting the eligibility criteria set out above, including interstate visitors, may receive emergency treatment only and should see their own private general dental practitioner for all other treatment. Emergency treatment (as defined in section 2.3) may be provided to such patients who present at either a public oral health clinic or at a hospital emergency department.

Unless covered by an inter-district agreement, residents of NSW who are outside of their LHD of residence, but are otherwise eligible for free public oral health care, should only be provided with an episodic course of care and / or an Oral Health Fee For Service voucher if required. An episodic course of care is defined as a limited course of care provided with the intent of only addressing the patients presenting condition in relation to an urgent need. Additional dental care may be provided at the discretion of the clinical director, taking into account any additional personal circumstances of the patient.

In consultation with the patient, the LHD that provides this episodic care should make arrangements for the patient to receive any follow-up treatment required from the patient's LHD of residence.

Urgent oral health treatment, comprising of an episodic course of care, may be provided to a person who is unable to prove eligibility because they are experiencing homelessness or are seeking asylum on humanitarian grounds. The person must be referred to the Oral Health Service by an established agency and the requirement for proof of eligibility may be waived in these circumstances.

Compensable patients are to be charged at the compensable rate for an occasion of service (see Fees Procedures Manual). These patients should be advised that oral health treatment does not attract Medicare rebates and may not attract private health insurance rebates.

4 COMMUNICATION STRATEGY

Eligibility criteria and information on how eligible persons can access NSW Public Oral Health Services is made available through the NSW Health website at <http://www.health.nsw.gov.au/oralhealth/Pages/eligibility.aspx>.

The Centre for Oral Health Strategy, NSW Health has developed brochures that identify the eligibility criteria and process for accessing public dental care. The brochures that are available include 'Public Dental Services' and 'Oral Health Fee for Service Scheme'. These brochures can either be downloaded from Centre for Oral Health Strategy website (<http://www.health.nsw.gov.au/oralhealth/Pages/resources.aspx>) or, alternatively, be ordered free of charge from Better Health Centre – Publications Warehouse 02 9887 5450.

**NOTIFICATION OF OBSOLETE POLICY DIRECTIVE - DENTURE PROVISION
(PD2010_014) (IB2016_021)****PURPOSE**

The purpose of this Information Bulletin is to inform Local Health District and Professional Dental Associations that Policy Directive, *Denture Provision* (PD2010_014) has been made obsolete.

KEY INFORMATION

The State Oral Health Executive and the Centre for Oral Health Strategy NSW are removing this policy based on the reasons below:

- The Policy Directive (PD2010_014) is no longer valid because the direction regarding quality of dentures and pricing for the target audience within Local Health Districts and private practitioners, who provide this service for Local Health Districts, is identified in the Policy Directive *Oral Health Fee for Service Scheme* (PD2008_056) and Information Bulletin *Oral Health Fee for Service Schedule of Fees 2016* (IB2015_063).
- In-house service provision of dentures is monitored through the Australian Council on Healthcare Standards (ACHS) oral health clinical indicator for unplanned returns for the same condition – denture remakes (indicator 1.4). This monitoring is carried out at a local and national level.
- The Policy Directive (PD 2008_056) is currently under review and will include direction on the quality and pricing of outsourced dentures.

ORAL HEALTH FEE FOR SERVICE SCHEME (PD2016_018)**PD2016_018 rescinds PD2008_065****PURPOSE**

This Policy Directive establishes a clear, patient focused, referral pathway that ensures a care management focus between public oral health services and private practitioners who participate in the scheme.

MANDATORY REQUIREMENTS

Local Health Districts and participating private dental businesses and practitioners must establish business rules that address the requirements in this policy's procedures and change from a paper based administration system to the NSW Health web-based administration system.

IMPLEMENTATION

The responsibilities of the key parties to ensure the mandatory requirements and standards of this policy are monitored and acted on accordingly.

Chief Executives:

Assign responsibility and personnel to implement the policy.

Oral Health Clinical Directors and Oral Health Managers:

Ensure timely and open communication to establish a patient focused outsourcing dental program with participating private practitioners.

All Local Health District Staff and contracted Private Dental Practitioners and Businesses:

Comply with the policy directive and actively participate in establishing efficient patient referral processes and effective dental care.

1 BACKGROUND

The Oral Health Fee for Service Scheme (Scheme) provides a framework by which Local Health Districts (LHDs) may engage private dental practitioners (practitioners) and associated dental businesses (businesses) to provide care to public oral health service patients.

This document provides an overview of the Scheme and outlines the processes for:

- Web based administration
- Approving businesses and practitioners to participate in the Scheme
- Utilisation and payment for services under the Scheme
- Terms and conditions, and
- Governance of the Scheme.

1.1 Key definitions

In this document the term:

- **Must** – indicates a mandatory action required that must be complied with.
- **Should** – indicates a recommended action that should be followed unless there are sound reasons for taking a different course of action.

The following is clarification of key terms used throughout the document:

Episodic dental care voucher	Is the voucher type for emergency or acute course of care that is associated with a limited examination (013).
General dental care voucher	Is the voucher type for a general course of care (excludes dentures) that is associated with a full examination (011).
Denture provision voucher	Is the voucher for full or partial dentures and is associated to a limited examination (013) for dentists and consultation (014) for dental prosthetists.
Business	Is a facility where dental services are rendered either by a single dental practitioner or a group of dental practitioners, and/or, a business purely associated with an ABN that has been identified as a place for payment of services.
Practitioner	Is a dental practitioner registered with the Dental Board of Australia in the appropriate division (dentist, dental therapist, dental hygienist, oral health therapist and dental prosthetist) under the Health Practitioner Regulation National Law http://www.dentalboard.gov.au/Registration.aspx
Clinical Director	Is an LHD/Speciality Network clinician who is employed as an Area Clinical Director Level 1 – 3, or is a LHD delegated senior clinician.

1.2 Regulatory and legislative framework

The regulatory and legislative framework within which this procedure operates is set out in the *Health Practitioner Regulation National Law (NSW)* (<http://www.legislation.nsw.gov.au/maintop/view/inforce/act+86a+2009+cd+0+N>), and further information in relation to the registration of practitioners can be sourced from the Dental Board of Australia and the Australian Health Practitioner Regulation Agency.

1.3 Related NSW Ministry of Health policies, guidelines and information bulletins

The implementation of this procedure should be read in conjunction with the following NSW Ministry of Health policy directives, guidelines and information bulletins as updated from time to time:

- Clinical Procedure Safety
- Complaint Management Policy
- Complaint or Concern about a Clinician - Management Guidelines
- Complaint or Concern about a Clinician - Principles for Action
- Complaints Management Guidelines
- Consent to Medical Treatment – Patient Information
- Employment Checks – National Criminal Record Checks and Working with Children Checks
- NSW Health Privacy Manual for Health Information
- OHFFSS Schedule of Fees
- Oral Health - Eligibility of Persons for Public Oral Health Services in NSW
- Oral Health Record Protocols
- Oral Health: Cleaning, Disinfecting and Sterilizing
- Priority Oral Health Program and Wait List Management

NSW Ministry of Health policy directive, guidelines and information bulletins are public documents and are available on their website. (<http://www.health.nsw.gov.au/policies/pages/default.aspx>)

2 SCHEME OVERVIEW

The Scheme allows LHDs to engage private businesses and practitioners to provide dental care for eligible child and adult patients that have requested care from the LHD directly. LHD representatives will issue a voucher to eligible patients. Vouchers can be redeemed by patients at a business approved to participate in the Scheme. Once the patient's treatment is completed, the business or practitioner, forwards the voucher to the LHD for payment. The principal of the business and practitioner agrees to a set price schedule and the terms and conditions as listed in the current OHFFSS Schedule of Fees. The Schedule of Fees is updated annually and is indexed against the Department of Veterans Affairs fee schedule for dental care - <http://www.dva.gov.au/Pages/home.aspx>.

2.1 Participating Practitioners

All dental practitioners registered with the Dental Board of Australia are encouraged to apply to be approved practitioners under the Scheme.

All dentists and oral health practitioners must only provide dental services within their scope of practice under the OHFFSS.

The LHD may indicate to the patient the practitioner type most suitable for the treatment required.

2.2 Service Types

The OHFFSS provides the opportunity for referred public dental patients to receive dental care through the following service types:

- Episodic care for children and adults
- General care for children and adults
- Dentures
- Domiciliary, and
- Specialist services such as oral surgery and periodontics.

2.3 OHFFSS Voucher

An OHFFSS voucher can only be provided through the Priority Oral Health Program triage questionnaire, which assesses the patient's oral health need, or an authorised mechanism approved by NSW Health.

There are three types of vouchers that may be issued, these are:

1. Episodic care – The intent of this voucher is to address the most urgent treatment needs of a patient
2. General care – A voucher that covers comprehensive care identified by a full examination of a patient
3. Denture provision – A voucher that specifically includes denture care.

2.3.1 Voucher expiry timeframes

An OHFFSS voucher has an expiry date from the date of issue. The expiry timeframes for the three voucher types are:

- One (1) month for episodic care, and
- Three (3) months for general care and dentures.

2.4 Specific conditions related to the provision of dental treatment under the Scheme.

- The items claimable are restricted by the voucher type (refer to Point 2.3) and the Schedule of Fees.
- Generally dentures will be acrylic, unless specified by the LHD. If a patient wishes to have a chrome denture that is not specified or approved on the voucher, or any other additional feature, the business and/or practitioner may enter a private agreement with that patient to cover the additional expense.
- Dentures are to comply with the Therapeutic Goods Administration (TGA) Standards (<http://www.tga.gov.au/>).
- Surgical removal of tooth needs to be supported by a pre-surgical radiograph
- The provision of pulp extirpation and Root Canal Therapy (RCT) is limited to those vouchers where the need for this item is specifically recorded/authorised.
- The provision of orthopantomogram radiographs (OPGs) is limited to those vouchers where the need for this item is specifically recorded/authorised.

2.5 Recording of dental treatment provided under the Scheme.

The recording of dental care items for the Scheme is to be in accordance with the Australian Schedule of Dental Services and Glossary (<http://www.ada.org.au/publications/schedule.aspx>).

3 OHFFSS ADMINISTRATION PROCESSES**3.1 Web Based System**

To participate in the Scheme a business and practitioner must agree to the OHFFSS conditions of access (Attachment A) and establish an electronic profile within the OHFFSS web based administration system (System) that is located at <http://ohffss.health.nsw.gov.au/>

This web based participation process is divided into two profile pathways - business and practitioner - each containing mandatory requirements (Point 5).

These two pathways support the process of the business profile allocating practitioner(s) to their services, nominating the service type and LHD(s) of their choice. The practitioner's profile independently maintains their contact details and relevant mandatory requirements (refer to Point 5).

Upon receipt of the mandatory information (refer to Point 5) and subsequent processing by the relevant LHD(s) and/or OHFFSS State-Wide Coordinator, all businesses and practitioners will be notified of their participation status as accepted or not accepted via a system email.

3.1.1 Conditions of Access

To start a business and practitioner profile, or to login as an existing participant, the conditions of access (refer to Attachment A) must be agreed to.

3.1.2 Conditions of Use

To access the System authorised LHD staff must agree to conditions of use (refer to Attachment B).

3.1.3 System Security

All business and practitioner information uploaded to the OHFFSS online profile will be stored securely and only authorised Local Health District staff, OHFFSS and Scheme administrators will have access to this information. Business and practitioner information will only be used and disclosed for the purposes of the OHFFSS.

The LHD must only allocate authorised staff to the System. The LHD must also ensure that any staff who have left the employment of the LHD have their profile to access the System made obsolete.

3.1.4 Confidentiality

To ensure confidentiality businesses and practitioners will only be able to view and edit their profile. Businesses and practitioners maintain responsibility for the username and password of their profile, including changing the password regularly and ensuring proper use and access.

Authorised LHD staff and OHFFSS State-Wide Coordinator must comply with NSW Health Privacy Manual for Health Information.

3.1.5 Finding a Participating Practitioner

The web-based System provides easy access for NSW residents and LHD staff to find a current participating OHFFSS practitioner, dental clinic contact details, type of service/s provided, scope of practice and other services such as languages spoken and disability access.

3.1.6 Mandatory Expiry Date Alerts

The System will send businesses and practitioners a reminder email twenty one (21) days, fourteen (14) days and seven (7) days prior to the expiry date, and on the expiry date of the mandatory requirements identified in Point 5.

If the associated information has not been updated, the business and/or practitioner name will be suspended from the OHFFSS and patient referrals will be postponed until this has been rectified. After 30 days from the expiry date the business and/or practitioner profile will be made obsolete. If this occurs the business and/or practitioner will be required to contact either the LHD or OHFFSS State-Wide Coordinator to reactivate their profile.

3.2 NSW Ministry of Health Caveat

NSW Health and/or the relevant LHD/s retain discretion with regards to accepting a business or practitioner for approval to the Scheme. A business or practitioner may be denied approval for a number of reasons, including and not limited to:

- Not providing the required documentation
- Concerns about service standards, or the practitioner's registration with the Dental Board of Australia
- Infection control standards are inadequate and/or
- No demand for the Scheme in the geographical region where the practitioner or business are located.

3.3 Complaints and Disputes

Complaint/dispute handling processes are to follow NSW Ministry of Health policies and guidelines.

Complaints can be managed:

- At the point of service
- Through a staged process, or
- Through referral to an external body/agency or NSW Health OHFFSS Governance Committee (refer to Point 3.3.2).

If a dispute cannot be satisfactorily resolved or the business and/or practitioner does not comply with the terms and conditions of this policy NSW Health and/or the relevant LHD retain discretion to remove a business or practitioner from the Scheme.

3.3.1 Complaint/Dispute Issues

Complaint/dispute issues may include but are not limited to:

- Receipt of a complaint from a patient, family member or person external to the NSW Health System
- Complaints or concerns raised by other clinicians
- Coronial Inquiries or Health Care Complaints Commission (HCCC) investigations
- Investigation of an incident
- Concerns about questionable claims or the quality of care, or
- Compliance with Code of Conduct and Scope of Practice.

3.3.2 OHFFSS Governance Committee

The OHFFSS Governance Committee is to be established and will meet on an as needs basis to provide the following functions:

- Review clinical treatment procedures or manage waiting lists/times
- Provide a forum where issues can be discussed in a confidential manner
- Mediate unresolved disputes concerning the nature/quality or application of the OHFFSS
- Provide recommendations/actions for unresolved disputes to the Chief Health Officer and Chief Executives of LHDs, and
- To allow opportunities for a complainant to contact the Chair regarding their grievance.

The membership of this Committee consists of:

- A NSW Health Manager (Chair),
- NSW Chief Dentist
- An LHD Clinical Director
- One representative of the Australian Dental Association NSW Branch and/or the Australian Dental Prosthetists Association and/or the Australian Dental and Oral Health Therapists Association, as relevant to the issues being discussed, and
- A minimum of two community representatives.

3.4 Leave Notification

Businesses and practitioners may either withdraw or have periodic leave from the Scheme at any time by using the 'leave request' functionality in the System.

It is preferable to give two weeks written notice to the relevant LHD. Any outstanding claims must be forwarded to the relevant LHD(s) prior to their withdrawal date.

4 NSW HEALTH AND LOCAL HEALTH DISTRICT CONTACT DETAILS**4.1 OHFFSS State-Wide Coordinator**

NSW Health provides a state-wide administration service for the implementation of the Scheme, complaints/dispute handling and support to businesses, practitioners and LHDs in relation to the System.

Contact details are:

Centre for Oral Health Strategy NSW
1 Mons Road, Westmead NSW 2145
Phone: 1800 938 133 (toll free)
Email: WSLHD-ohffss@health.nsw.gov.au
Fax: (02) 8821 4302.

4.2 Local Health Districts OHFFSS Coordinators

Each LHD employs an OHFFSS Coordinator whose role is to implement the Scheme and to respond to businesses or practitioners inquiries regarding clarification of patient dental history, patient's treatment, approval status or non-payment.

Contact details for LHD OHFFSS Coordinators can be located in the OHFFSS System or oral health call centre numbers at www.health.nsw.gov.au/oralhealth.

5 BUSINESSES AND PRACTITIONERS**5.1 Mandatory Participation Requirements****5.1.1 Businesses**

- Company/Trading name
- Australian Business Number (ABN)
- Relevant bank details
- Certification of Public liability insurance to the value of \$20 million*
- Relevant Workers Compensation Insurance policy*
- Radiation Management Licence* (excluding Dental Prosthetists), and
- Completed Health Share vendor form*. (<http://www.healthshare.nsw.gov.au> / or ring the Master File Maintenance Team on 1300 477 679 option)

5.1.2 Practitioners

- Australian Health Practitioner Regulation Agency (AHPRA) registration number and conditions of registration
- Certification of Professional indemnity insurance of \$20 million*, and
- Working with Children Check number. (www.kidsguardian.nsw.gov.au)

Key: * indicates documents requiring uploading into the System.

5.2 Terms and conditions

5.2.1 Proof of Documentation

All mandatory documentation (*) must be certified by an appropriately authorised person before being uploaded on the OHFFSS System.

5.2.2 Environmental Protection Agency

For those practitioners who offer OPGs under the Scheme, evidence of a current Environmental Protection Agency (EPA) licence (<http://epa.nsw.gov.au/>) will be required and uploaded into the OHFFSS System.

5.2.3 Maintaining Participation

To maintain approval to participate in the Scheme:

- Businesses must update their profiles on changes to: their contact and banking details; practitioner(s), service delivery type(s) and LHD(s); and the annual renewals of:
 - Public Liability Insurance certificate*
 - Workers Compensation Insurance policies*, and
 - Radiation Management Licence*.
- Practitioners must immediately update their profiles with any changes of their AHPRA registration status including AHPRA registration number and any conditions on registration; contact details; banking details (if applicable); and also the renewal of:
 - Professional indemnity insurance annually*, and
 - Working with Children Check (WWCC) every five (5) years.

5.2.4 Patient Care

All practitioners are required to:

- Review and be satisfied with the patient's medical history
- Review the treatment proposed (if provided) and if necessary to adjust the treatment plan according to the current condition, first consult with the LHD for approval
- Document the informed consent from the patient before carrying out any treatment that is covered by the voucher
- Complete all the required details of treatment provided on the voucher form (i.e. tooth number, surfaces, denture teeth replaced, and date of service)
- Ensure that the patient signs the voucher at completion of treatment verifying that they have received the treatment claimed, and
- Provide post-treatment instructions and any reasonable after care management.
- All practitioners understand they:
 - must fully discuss any treatment that is not covered by the voucher with the patient for which they will be charged (as part of a private agreement);
 - they may be asked to provide radiological evidence for all surgical extractions, and any pre-approved endodontic treatment;
 - they must provide at least three or more denture adjustments, as necessary, following the issue of a denture(s).

5.3 Businesses and Practitioners Joint Roles and Responsibilities

- All businesses and practitioners are required to:
 - Be compliant with current infection control standards (<http://www.nhmrc.gov.au/guidelines-publications/cd33>)
 - Cooperate with the LHDs in resolving complaints from patients and disputes about claims
 - Check that vouchers have not exceeded the expiry date and, if expired, contact the relevant LHDs prior to commencement of the treatment
 - Check the patient's identity, current Medicare Card, and Centrelink concession status if the patient is an adult before treatment is started

5.3.1 Processing of Vouchers

- To ensure payment the following must occur:
 - The patient must provide an original OHFFSS voucher that has been approved by a LHD (refer to Point 6)
 - The dental care outlined on the voucher must have been completed by the expiry date on the voucher, unless otherwise agreed with the LHD
 - All details of the voucher must be completed
 - The voucher must be forwarded to the LHD within 30 days after completion of treatment, and
 - The treatment must have been authorised by a LHD staff member.
- If payment is greater than the maximum entitlement, as identified in the Schedule of Fees, it must be approved by the LHD Manager or Clinical Director before the treatment is carried out
- If goods and services tax (GST) is to be claimed a tax invoice is to be submitted for processing as per LHD policy and procedures.
- Non-payment of a voucher may result if:
 - Dentures provided are non-compliant with TGA standards
 - There has been a surgical removal of a tooth that is not supported by a pre-surgical radiograph
 - A pulp extirpation has been provided where the voucher has specifically stated 'No Root Canal Therapy (RCT)'
 - The voucher is received after 30 days from the date treatment is completed
 - Treatment items have been provided after the voucher expiry date (unless prior authorisation has been obtained from the LHD)
 - Services have been provided by a business or practitioner not currently approved to participate in the OHFFSS
 - Treatment has been provided that is over and above that recommended
 - The treatment provided is not of a required standard, or
 - If treatment items used are not identified in the Schedule of Fees

6 LOCAL HEALTH DISTRICTS

6.1 Administration Requirements

Once a business or practitioner is approved in one LHD, other LHDs can engage that business or practitioner. Businesses and practitioners should therefore be advised that authorised officers from all LHDs and System administrators can access their profiles.

LHDs are required to:

- Use the OHFFSS System to process and communicate with private businesses and practitioners to approve participation in the Scheme
- Ensure that there is a designated employee who is responsible for the implementation of the Scheme
- Confirm via email that the business or practitioner has been approved to participate in the Scheme
- Ensure that all fields in the System have been completed
- Provide an explanation to the business or practitioner if they are not approved
- Request an Environmental Protection Agency (EPA) licence for those practitioners who have offered to provide OPGs
- Provide accurate and complete information to patients about the Scheme and the patient's right to choose an approved practitioner
- Issue voucher(s) with or without undertaking a clinical assessment
- Either post the voucher to the patient or hand to the patient at the time of the appointment
- If an initial appointment is not made for the patient by the LHD, the patient should be advised to make an appointment within ten working days
- Maintain a process of auditing and governing the efficient use of the Scheme, including periodic audits of relevant businesses and practitioners records. This auditing should encompass the following areas:
 - Financial accountability (errors of accounting and claiming) and
 - Clinical auditing (ensuring the quality of clinical care is within a reasonable standard and that accurate and complete medical records are kept for each patient and each visit).

Note that: NSW Health agencies may not apply for or pay for WWCCs on behalf of individuals (Section 5.3 Employment Checks – National Criminal Record Checks and Working with Children Checks PD 2013_028)

6.2 OHFFSS Voucher

The OHFFSS voucher is a combined authority, claim form, and treatment plan.

- The LHD must use the OHFFSS voucher that is required to have:
 - An oral health IT system unique ID authority number and bar code
 - Patient details
 - Date of issue
 - Maximum amount of the voucher as per Schedule of Fees, and
 - Treatment required (if applicable).

- The public dental practitioner should include on the voucher information relevant to the patient's clinical need:
 - Assessed treatment need and related tooth numbers,
 - Whether an OPG is authorised for the patient,
 - Number of teeth required for a denture, or
 - Indicate pre-prosthetic mouth preparation for clasps and rests if required.

6.2.1 Payment

- To ensure payment the following must occur:
 - Payment for one (1) diagnostic service per authorised voucher (episodic, general and denture) as per the Schedule of Fees
 - Issue of the appropriate voucher type for the service type required
 - The voucher was submitted for payment by an approved business or practitioner, and
 - The business or practitioner has complied with the policy's roles and responsibilities (refer to Point 5).
- The following may result in non-payment of the voucher:
 - The business and practitioner has not complied with the policy's roles and responsibilities (refer to Point 5)
 - Vouchers received more than 30 days after the treatment has been completed
 - Vouchers with treatment items that were provided after the voucher expiry date (unless prior authorisation has been obtained from the LHD)
 - Services provided by a business or practitioner that is not currently approved to participate in the OHFFSS
 - Treatment over and above recommendation
 - Treatment not to a required standard, or
 - Treatment items not included in Schedule of Fees.
- Once the above procedures have been followed, the LHD are required to:
 - Return any radiograph(s) supplied by the business or practitioner unless double radiographic films have been used, and
 - Forward the claim to the relevant LHD Manager, or nominee, for authorisation and HealthShare payment processing.

6.3 Quality Assurance

LHDs are accredited institutions and therefore undertake quality assurance activities on a regular basis. The operation of the OHFFSS and the care provided under the Scheme is included in these accreditation processes.

The NSW Ministry of Health, the Australian Dental Association NSW Branch and the Australian Dental Prosthetist Association NSW support the use of quality assurance measures.

The evaluation of the Scheme may include relevant Australian Council of Healthcare Standards clinical indicators and other quality activities.

Attachment A: Conditions of Access to Web-based Oral Health Fee for Service Scheme

The conditions of access set out below need to be read in conjunction with the Oral Health Fee for Service Scheme Implementation Procedures. Non-compliance with the conditions of access set out here and in that Policy Directive could lead to suspension or removal from the OHFFSS.

1. Access to the facility is via a user name and password. The user is responsible at all times for the proper use of an allocated password and for all access under the password, which should be changed regularly to prevent misuse.
2. To protect both business and practitioner personal information that is uploaded onto the OHFFSS web based system, users will only be able to view and edit their own profile.
3. It is the policy of NSW Health (the administrator of the Oral Health Fee for Service Scheme) that:
 - Access to the web-based scheme be monitored on an ongoing, continuous basis to guard against intentional inappropriate use and
 - Records of access are maintained and routinely audited to ensure appropriate use of the web based system.

Personal information – In agreeing to be registered with the OHFFSS, you acknowledge that your personal information will be stored and backed up securely and that only authorised Local Health District or OHFFSS administrators will have access to the information. Your personal information will only be used and disclosed for the purposes of the Oral Health Fee for Service Scheme or as lawfully required.

If at any time you have concerns about how your personal information is being used, accessed or disclosed, please contact the Local Health District's Privacy Liaison Officer or State-Wide OHFFSS Coordinator on 1800 938 133 or WSLHD-ohffss@health.nsw.gov.au.

Acceptance

In accepting entry I confirm that I have read, understood and will comply with the NSW Health Policy Directive on the Oral Health Fee for Service Scheme and Schedule of Fees, and agree to the conditions and requirements set out in that Policy Directive and Schedule of Fees. I agree that my use of the web-based administration tools will be in accordance with the conditions and requirements set out in the conditions of use and the Policy Directive. I understand and accept that my access and usage is liable to be monitored on an ongoing and continuous basis. I understand and accept that my registration on the OHFFSS may be suspended or removed if I breach the Policy Directive or the conditions of access.

If I provide dentures I will comply with the Therapeutic Goods Administration Standards (<http://www.tga.gov.au/>). I understand and accept that my participation in the Oral Health Fee for Service Scheme will be monitored on an ongoing and continuous basis.

To read the Oral Health Fee for Service Scheme Policy and Schedule of Fees, click on **Read** for the Policy and click on **Read** for the Schedule of Fees.

Click **Accept** to comply and to access the Oral Health Fee for Service Scheme and Schedule of Fees.

If you click on **Reject** it means that you do not wish to comply and you will not be able to proceed any further.

Attachment B: Conditions of Use to Web-based Oral Health Fee for Service Scheme

These conditions of use apply to staff of the relevant Local Health District and the NSW Ministry of Health who as part of their role, have access to the Web-based Oral Health Fee for Service Scheme system.

All staff are required to comply with the *Health Records and Information Privacy Act (HRIP) 2002* to protect the privacy of health information in NSW. All staff are also required to comply with the *Privacy and Personal Information Protection (PPIP) Act 1998* which covers other personal information such as employee records.

NSW Health is committed to safeguarding the privacy of patient, employee and personal information and has implemented measure, to comply with these legal obligations.

Guidance for staff in relation to their legal obligations is provided in the *NSW Health Privacy Manual for Health Information*. All staff are also bound by a strict code of conduct to maintain confidentiality of all personal and health information which they access in the course of their duties.

In addition to the legislative and policy related obligations, staff must comply with the following conditions of access:

1. Staff may only access patient/employee, personal or health information where this is required in the course of their employment.
2. Access to the OHFFSS web-based system is by staff employee number and password. The user is responsible at all times for the proper use of an allocated password and for all access under the password, which should be changed regularly to prevent misuse.
3. Personal and health information contained in the OHFFSS web based system must not be used or disclosed for improper purposes.
4. To protect both business and practitioner personal information that is uploaded onto the OHFFSS web based system LHD staff, unless approved to have super users rights, will only view and edit records of businesses and practitioners who are participating in the OHFFSS within their LHD.
5. It is the policy of NSW Health, the administrator of the Oral Health Fee for Service Scheme, that:
 - Access to the web-based scheme be monitored on an ongoing, continuous basis to guard against intentional inappropriate use and
 - Records of access are maintained and routinely audited to ensure appropriate use of the web based system.

If at any time you have concerns about how system information is being used, accessed or disclosed, please contact the State-Wide OHFFSS Coordinator on 1800 938 133 or [WLSLHD-ohffss@health.nsw.gov.au](mailto:whslhd-ohffss@health.nsw.gov.au).

Acceptance

In accepting entry I confirm that I have read, understood and will comply with the NSW Health Privacy Manual for Health Information, the Code of Conduct (PD2015_049), the OHFFSS Policy Directive and these Conditions of Use. I understand and accept that my access and usage will be monitored on an ongoing and continuous basis.

To read the NSW Health Privacy Manual for Health Information

(<http://www.health.nsw.gov.au/policies/manuals/Documents/privacy-manual-for-health-information.pdf>), click on **Read** and click on **Read** for the Code of Conduct PD2015_049.

(http://www0.health.nsw.gov.au/policies/pd/2015/pdf/PD2015_049.pdf)

Click **Accept** to comply with NSW Health Privacy Manual for Health Information and Code of Conduct PD2015_049. If you click on **Reject** it means that you do not wish to comply and you will not be able to proceed any further.

ORAL HEALTH FEE FOR SERVICE SCHEDULE OF FEES FOR 2016 (IB2016_023)**IB2016_023 rescinds IB2014_078****PURPOSE**

This Information Bulletin is to inform Local Health Districts (LHD) Chief Executives, Oral Health Managers and oral health clinicians of the new Oral Health Fee for Service Scheme (OHFFSS) 'Schedule of Fees' for 2016.

KEY INFORMATION

The OHFFSS Schedule of Fees IB 20154_063 requires the removal of item number 730 as the Australian Schedule of Dental Services and glossary 10th and 11th Edition defines this number as 'A code number for Department of Veterans; Affairs use only'.

This Information Bulletin is to be read in conjunction with the OHFFSS Policy Directive. The OHFFSS Schedule of Fees for 2016 is benchmarked to Department of Veteran Affairs (DVA) 1 June 2014 for episodic and general treatment (dentist rate) and 1 November 2013 for dentures (dental prosthetist rate).

Please note that the payment prices for the OHFFSS have not increased due to the Federal Government placing a freeze on DVA dentist and dental prosthetist schedule of fees.

This Information Bulletin includes amendments to the Schedule of Fees issued in IB2013_061 and also amends Section 16 'Maximum Entitlements' for:

- The maximum ceiling payment of an authorised episodic care voucher is **\$377.05**. LHDs can lower the ceiling payment to be reflective of current LHD policy and procedures
- The maximum ceiling payment of an authorised general care voucher is **\$750.00**. LHDs can lower or increase the ceiling payment to be reflective of current LHD policy and procedures
- The maximum ceiling payment for an authorised full (upper and lower) denture voucher is **\$1,587.70**. The ceiling amount includes the provision for the consultation item number (014) and is only claimable for registered dental prosthetist as identified in the OHFFSS Schedule of Fees.

Local Health Districts are to implement the new OHFFSS Schedule of Fees 2016 and maximum ceiling payments from 1 month after the Information Bulletin is published.

The OHFFSS Schedule of Fees will not be revised until 1 January 2017.

Schedule of Fees

CATEGORY 000 DIAGNOSTIC SERVICES			
EXAMINATIONS			
Description	Item	Caveat	Fee \$(Excl. GST)
Comprehensive Oral examination	011	Limit of 1 per provider per patient once every two years after previous 011 (general voucher)	53.55
Oral examination limited	013	Limit of 3 per 3 month period (episodic voucher)	27.95
Consultation (<i>dental prosthetist only</i>)	014	Limit of 1 per denture voucher (denture voucher)	38.90
RADIOLOGICAL EXAMINATION AND INTERPRETATION			
Description	Item	Caveat	Fee \$(Excl. GST)
First exposure only	022	Limit of 6 per day (one initial and five subsequent exposures)	37.65
<i>Each subsequent exposure (on same day)</i>	022	Limit of 4 per tooth undergoing endodontic treatment.	30.95
Panoramic radiograph - per exposure	037	Radiograph must be taken at the practitioners surgery (general voucher)	95.80
OTHER DIAGNOSTIC SERVICES			
Description	Item	Caveat	Fee \$(Excl. GST)
Pulp testing - per visit	061	No fee available part of an examination	0.00

CATEGORY 100 PREVENTIVE SERVICES			
DENTAL PROPHYLAXIS			
Description	Item	Caveat	Fee \$(Excl. GST)
Removal of plaque and /or stain	111	Limit of 1 per patient per 6 month period (general voucher)	54.70
Removal of Calculus - first visit	114	Limit of 1 per patient per 6 month period (general voucher)	91.20
Removal of Calculus - subsequent visit	115	Limit of 2 per patient per 12 month period (general voucher)	59.35
REMINERALISING AGENTS			
Description	Item	Caveat	Fee \$(Excl. GST)
Topical application of remineralising agent - one treatment	121	Limit of 1 per 6 months (general voucher)	35.15
Concentrated remineralising agent, application - single tooth	123	(general voucher)	27.50
OTHER PREVENTIVE SERVICES			
Description	Item	Caveat	Fee \$(Excl. GST)
Oral hygiene instruction	141	Where a full appointment of at least 15 minutes is used. Limit of one (1) per patient per 12 month period. (general voucher)	50.30
Fissure sealing - per tooth	161	(general voucher)	46.85
Desensitizing procedure - per visit	165	(general voucher)	27.50

CATEGORY 200 PERIODONTICS			
Description	Item	Caveat	Fee \$(Excl. GST)
Treatment of acute periodontal infection - per visit	213	Limit of 2 visits per 12 month period	70.90
Root planning & subgingival curettage - per tooth	222	Limit of 10 per visit, maximum 20 per 12 month period (general voucher)	26.50

CATEGORY 300 Oral SURGERY			
EXTRACTIONS			
Description	Item	Caveat	Fee \$(Excl. GST)
1st tooth extracted from each quadrant ¹	311	All items are inclusive of local anaesthesia and routine post-operative care. <i>Note: LHDs' need to carefully consider the type of primary tooth/teeth being referred for extraction</i>	133.55
<i>Step down fee for second and subsequent teeth in same quadrant</i>	311		84.15
1st tooth extracted from each quadrant ²	314		170.65
<i>Step down fee for second and subsequent teeth in same quadrant or exfoliating</i>	314		112.70
SURGICAL EXTRACTIONS			
Description	Item	Caveat	Fee \$(Excl. GST)
1st tooth permanent extracted from each quadrant ³	322	All items are inclusive of local anaesthesia and routine post-operative care. <i>Other surgical procedures require prior approval.</i>	216.70
<i>Step down fee for second and subsequent permanent teeth in same quadrant</i>	322		144.15
1 st permanent tooth extracted from each quadrant ⁴	323		247.50
<i>Step down fee for second and subsequent permanent teeth in same quadrant</i>	323		177.30

CATEGORY 300 ORAL SURGERY			
Description	Item	Caveat	Fee \$(Excl. GST)
1st permanent tooth extracted from each quadrant ⁵	324	All items are inclusive of local anaesthesia and routine post-operative care. <i>Other surgical procedures require prior approval.</i>	332.90
<i>Step down fee for second and subsequent permanent teeth in same quadrant</i>	324		219.45
Incision and drainage of abscess ⁶	392	Procedure includes insertion of sutures, normal post-operative care and suture removal	98.50

¹ Removal of a tooth or part(s) thereof

² Sectional removal of a tooth

³ Surgical removal of a tooth or tooth fragment not requiring removal of bone or tooth division

⁴ Surgical removal of a tooth or tooth fragment requiring removal of bone

⁵ Surgical removal of a tooth or tooth fragment requiring removing both removal of bone and tooth division

⁶ Procedure includes insertion of sutures, normal post-operative care and suture removal

CATEGORY 400 ENDODONTIC			
PULP and ROOT CANAL TREATMENTS			
Description	Item	Caveat	Fee \$(Excl. GST)
Pulpotomy	414	Can only be claimed for primary dentition in teeth anticipated to last greater than 12 months	77.35
Complete chemo-mechanical preparation of 1 root canal	415	A maximum of 4 radiographs are payable per course o endodontic treatment. <i>Item fees include all other radiographs.</i> (general voucher)	217.80
Complete chemo-mechanical preparation for additional root canal	416		103.75
Root canal obturation of 1 root canal	417		212.15
Root canal obturation for additional root canal	418		99.20
Extirpation of pulp or debridement of root canal (s) - emergency or palliative	419		140.25

CATEGORY 500 RESTORATIVE SERVICES			
METALLIC RESTORATIONS - DIRECT			
Description	Item	Caveat	Fee \$ (Excl. GST)
Metallic restoration - one surface	511		106.00
Metallic restoration - two surfaces	512		129.95
Metallic restoration - three surfaces	513		155.10
Metallic restoration - four surfaces	514		176.80
Metallic restoration - five surfaces	515		201.80
ADHESIVE RESTORATIONS - ANTERIOR TEETH - DIRECT			
Description	Item	Caveat	Fee \$ (Excl. GST)
Adhesive restoration - one surface - anterior tooth	521	Limit of 5 single-surface adhesive restorations (521/531) per day	117.40
Adhesive restoration - two surfaces - anterior tooth	522		142.55
Adhesive restoration - three surface - anterior tooth	523		168.80
Adhesive restoration - four surfaces - anterior tooth	524		195.10
Adhesive restoration - five surfaces - anterior tooth	525		229.30
ADHESIVE RESTORATIONS - POSTERIOR TEETH - DIRECT			
Description	Item	Caveat	Fee \$ (Excl. GST)
Adhesive restoration - one surface - posterior tooth	531	Limit of 5 single-surface adhesive restorations (521/531) per day	125.40
Adhesive restoration - two surfaces - posterior tooth	532		157.45
Adhesive restoration - three surfaces - posterior tooth	533		189.25
Adhesive restoration - four surfaces - posterior tooth	534		213.25
Adhesive restoration - five surfaces - posterior tooth	535		246.30
OTHER RESTORATIVE SERVICES			
Description	Item	Caveat	Fee \$ (Excl. GST)
Provisional (intermediate/temporary) restoration	572	Not claimable with endodontic items except 419. <i>Limit of 3 per three month period.</i>	49.60
Metal Band	574		41.75
Pin retention - per pin	575	Limit of 3 per tooth. Limit of 6 pins payable.	28.55
Metallic crown	576	No other crown item number to be claimed on same tooth within 6 months (general voucher)	261.40
Cusp capping -per cusp	577	Limit of 2 cusps per tooth	30.80
Restoration of an incisal corner - per corner	578	Limit of 2 per tooth	30.80
Recementing of inlay/onlay	596		80.55

CATEGORY 600 CROWN AND BRIDGE			
CROWN AND BRIDGE REPAIRS AND OTHER SERVICES			
Description	Item	Caveat	Fee \$(Excl. GST)
Recementing crown or veneer	651		104.90
Recementing bridge or splint - per abutment	652	(general voucher)	102.40

CATEGORY 700 PROSTHODONTICS			
DENTURES AND DENTURE COMPONENTS ⁷			
Description	Item	Caveat	Fee \$(Excl. GST)
Complete maxillary denture	711	(denture voucher)	873.45
Complete mandibular denture	712	(denture voucher)	873.45
Metal palate or plate	716	additional to 711, 712 and 719 Laboratory casting invoice required. <i>Maximum amount payable \$430.55</i> (denture voucher)	FBN
Complete maxillary and mandibular denture	719	(denture voucher)	1548.80
Partial maxillary (721) or partial mandibular (722) denture – resin base ⁸	721/722	(denture voucher)	
1 tooth		(denture voucher)	366.25
2 teeth		(denture voucher)	418.25
3 teeth		(denture voucher)	489.45
4 teeth		(denture voucher)	550.05
5-9 teeth		(denture voucher)	651.15
10-12 teeth		(denture voucher)	752.75
Partial maxillary (721) or partial mandibular (722) denture – cast metal ⁹	727/728	(denture voucher)	
1 tooth		(denture voucher)	825.75
2 teeth		(denture voucher)	905.20
3 teeth		(denture voucher)	987.05
4 teeth		(denture voucher)	1017.90
5-9 teeth		(denture voucher)	1171.85
10-12 teeth		(denture voucher)	1292.60
Retainer – per tooth	731	Additional to items 721 and 722 (denture voucher)	40.25
Occlusal rest	732	Additional to items 721 and 722 (denture voucher)	19.65

⁷ If claims submitted by private providers include item numbers that attract laboratory and/or casting fees (eg. 716, 761, 762 763,764, 765 and 767) then a copy of the invoice must be attached to the claim form for validation.

⁸ The number of teeth and the tooth/teeth number for each individual partial denture must be specified in the invoice

⁹ The number of teeth and the tooth/teeth number for each individual partial denture must be specified in the invoice

CATEGORY 700 PROSTHODONTICS			
DENTURES AND DENTURE COMPONENTS ⁷			
Immediate tooth replacement – per tooth	736	(denture voucher)	8.25
Resilient lining	737	This will only be paid with item number 737 with a new denture or items 737 and 743 together for an existing denture; and items 737 and 744 for an existing partial denture (denture voucher)	173.10
Wrought bar	738	(denture voucher)	161.30
Adjustment of pre-existing denture ¹⁰	741	Will not be paid for full or partial dentures within 12 months of provision or relining	47.80
Relining - complete denture – processed	743 ¹¹	Will not be paid within 2 years of provision or relining (except for immediate dentures which can be relined once within 2 years of their provision – please specify immediate denture reline on the voucher). (denture voucher)	304.85
Relining – partial – processed	744 ¹²		259.80
Cleaning and polishing of pre-existing dentures	753	Domiciliary visits only – limit of 1 per 2 year period per denture (denture voucher)	38.80
Reattach undamaged tooth or clasp to denture	761	(denture voucher)	132.15
Replacing clasp on denture	762	(denture voucher)	137.90
Repair broken denture base of complete denture	763	(denture voucher)	132.15
Repairing broken base of a partial denture	764	(denture voucher)	132.15
Replacing first tooth on denture	765	(denture voucher)	137.90
Any repair or tooth replacement in addition to other repairs, alternations or other modifications for same denture on same day	767	(denture voucher)	54.40
Adding tooth to partial denture to replace an extracted or decoronated tooth	768	(denture voucher)	139.55
Tissue conditioning preparatory to impressions	771	Limit of 5 per 3 month period (upper and lower must be specified) (denture voucher)	63.30
Impression where required for denture repair/modification	776	(denture voucher)	42.05
Identification	777	Limit of 1 per denture (denture voucher)	33.70

¹⁰ Upper or lower denture number must be specified in the invoice as well as partial denture to include number of teeth and the tooth/teeth

¹¹ Upper or lower denture must be specified in the invoice as well as partial denture to include number of teeth and the tooth/teeth. For soft linings use 743 and 737

¹² For 744 soft linings use 744 and 737

CATEGORY 900 GENERAL SERVICES			
MISCELLANEOUS			
Description	Item	Caveat	Fee \$(Excl. GST)
Palliative care	911	If 2 or more emergency treatments have been paid in the previous six months, LHDs' must review all further claims for emergency or general treatment for that patient prior to payment and prior approval is required. Not to be claimed with an extraction, endodontic or restorative treatment on same tooth	69.50
Travel to provide services ¹³	916	For episodic and general vouchers	67.95
<i>Travel to provide services (at dental prosthetist rate)</i>	916	<i>(denture vouchers)</i>	61.05
Splinting and stabilization - direct - per tooth	981		98.50
Post-operative care where not otherwise included	986	Limit of two (2) per 12 month period.	71.70

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¹³ A kilometer allowance may be paid to, dentists and dental prosthetists, in addition to a fee for item 916 if you are required to travel from your normal place of business to visit an entitled person at home or in an institution. The allowance will not be paid for the first 10 kilometers traveled. The allowance will be paid on the basis of the distance traveled, including between patients, not the number of entitled persons attended. To claim the allowance the number of kilometers must be identified on the OHFFSS voucher against each individual patient.

ORAL HEALTH PATIENT RECORD PROTOCOL (GL2015_017)

GL2015_017 rescinds PD2008_024

PURPOSE

The Oral Health Patient Record has been updated to assist oral health care providers within NSW Health maintain records that meet the Dental Board of Australia Guidelines on Dental Records (July 2010).

(<http://www.dentalboard.gov.au/Codes-Guidelines/Policies-Codes-Guidelines.aspx>)

KEY PRINCIPLES

The Oral Health Patient Record has been reviewed and updated to reflect a contemporary view of patient centred care. The guideline applies to dentists, dental therapists, dental hygienists, oral health therapists, dental prosthetists and dental specialists.

USE OF THE GUIDELINE

The Oral Health Patient Record will result in a review of current work practices in such areas of odontogram, charting techniques and abbreviations. This will ensure that all Oral Health practitioners create and maintain a high level of quality in record keeping including detailed documentation of relevant patient information, both current and historical.

These practices are to serve the best interests of NSW residents who access public oral health services and that contribute to their safety, confidentiality and continuity of dental care. This guideline describes the base line requirements for oral health patient records whether they are in paper-based or electronic form.

1 BACKGROUND**1.1 About this document**

The Oral Health Record Procedures provides a standard of documentation in clinical dentistry with a list of commonly accepted abbreviations and charting symbols for both paper based and electronic software programs across NSW. Electronic software programs will differ in charting methods and symbols. It is however prudent that these charting methods and symbols provide a clear definition of presenting condition(s), treatment required and treatment provided.

This document provides an overview of the key elements of an oral health clinical record:

- Medical history
- Examination and treatment planning
- Primary and permanent odontograms and
- Charting symbols and definitions.

1.2 Key definitions

Examination	Includes the examination of both soft and hard tissues, and findings are recorded using an odontogram and/or text. The charting needs to comply with the World Dental Federation (FDI) system and should include: (i) restored teeth (tooth code, surface/s involved and materials used) (ii) sound and unrestored teeth (iii) missing teeth (iv) hard tissue and soft tissue abnormalities (v) occlusion, including tooth mobility (vi) periodontal status including periodontal pocket depth, supra-gingival calculus, sub-gingival calculus and oral hygiene status and type of prosthetic appliances present.
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1.3 Evaluation framework

LHDs to put in place an audit process to ensure compliance with the minimum requirements of this guideline.

1.4 Associated NSW Health policies and guidelines

It is the role and responsibility of treating dental practitioner and supporting dental staff to read the Oral Health Patient Protocol guideline in full and implement them accordingly. This guideline is to be read in conjunction with:

- Clinical Procedure Safety
- Consent to Medical Treatment – Patient information
- Health Care Records – Documentation and Management
- Privacy Manual
- Record Management – Department of Health
- Records_ Disposal Authority (DA 25) (Use of functional) by NSW Department of Health
- State Health Forms
- Student Training and Rights of Patients

Ministry of Health policies and guidelines are public documents and are located on NSW Health website. www.health.nsw.gov.au/

2 KEY ELEMENTS

2.1 Patient identification

Patient identification by the dental practitioner needs to be in compliance with NSW Health Clinical Procedure Safety policy.

To ensure compliance the dental practitioner and clinical team must undertake the time out procedure and note accordingly in patient's progress notes with relevant signatures.

2.2 Medical History

The patient dental record should document a medical history as taken by the dental practitioner. A medical history should include the following elements:

- Positive and negative responses
- Any adverse reactions, allergies, or events

- Medical history updates are to be completed at the beginning of each course of care. Check verbally, and if there are:
 - No changes, document 'medical history checked, no update' (MH – nil update)
 - Amend changes to the existing history or if necessary document a new medical history.
- Each dental practitioner has to ensure and sign off that the medical history is completed to their satisfaction.

2.3 Consent for treatment

Obtaining consent for treatment needs to be in compliance with the NSW Health 'Consent to Medical Treatment – Patient Information' and Multilingual Health Resources by AHS, DoH and NGOs Funded by NSW Health (Guidelines for Production).

2.4 Emergency Care

Clinical notes should indicate the following elements:

- Chief complaint/reason for attendance
- Diagnostic data
- Clinical findings
- Radiograph(s) taken
- Results of investigations – imaging, vitality tests etc
- Management plan or treatment given.

2.5 Examination and Treatment Plan for a Course of Care

Clinical notes should indicate the following elements:

- Presenting complaint
- Past dental history
- Full dental charting of dentition on examination when providing a full course of care
- A separate charting of treatment required (which may be amended to note the progress of treatment)
- Notes regarding:
 - Soft tissues,
 - Extra-oral findings,
 - Intra-oral findings,
 - Periodontal health,
 - Preoperative and postoperative risks and treatment options,
 - Sterilization tracking labels, and
 - Brochures, fact sheets and Oral Health Fee for Service vouchers provided, if required.
- A treatment plan of appropriate detail.

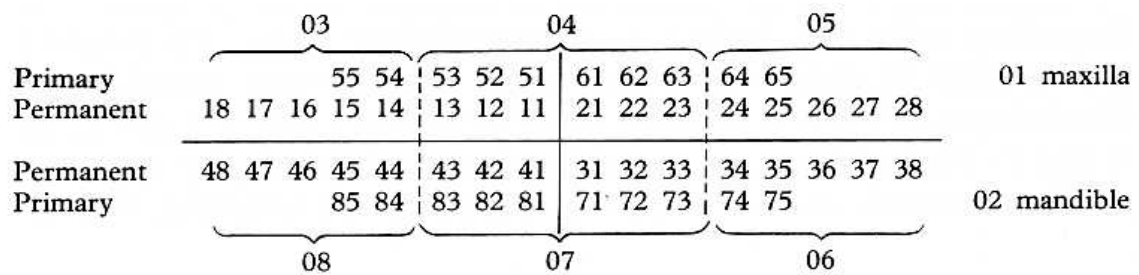
2.6 Charting and Tooth Identification

The Federation Dentaire Internationale (FDI) notation for recording tooth number is to be used (Refer to Diagram A), as follows:

Two digit codes for the jaws and sextants of the mouth are:

- 00 indicates the mouth
- 01 indicates the maxilla
- 02 indicates the mandible
- 10 to 40 indicate the quadrants in clockwise order starting on the top right.

Diagram A

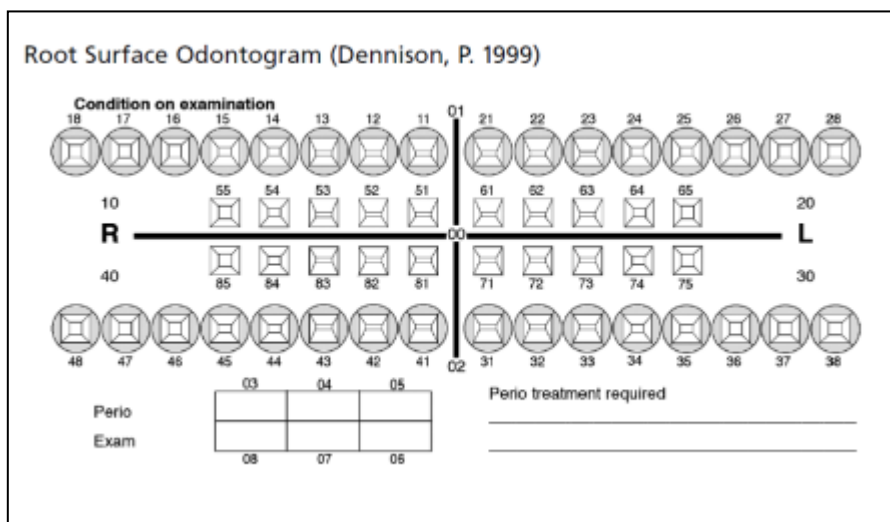


2.6.1 General Odontogram

The odontogram for permanent teeth may have root surfaces and a primary odontogram should be available where applicable (refer to Diagram B).

Diagram B

Dennison, P (1999) 'A Modified Odontogram to enable Root Surface Charting' Community Oral Health and Epidemiology, Westmead Centre for Oral Health, Faculty of Dentistry University of Sydney Australia.



2.6.2 Periodontal Charting

When a periodontal charting is required it should include the recording of:

- Recession
- Pocket depth
- Suppuration
- Bleeding on probing
- Furcation involvement
- Mobility.

2.7 Anaesthetics

Clinical notes should indicate the following elements:

- Type of anaesthetic used
- Amount of anaesthetic used
- Type of injection given
- Any adverse reactions, allergies, or events.

2.8 Restorations

Clinical notes should indicate the following elements:

- Tooth involved
- Surface/s involved
- Base/linings used
- Restoration material and shades used
- Unusual depth or other features
- Pin placement, if used
- Pulp exposure (size, location, mechanical/carious), if this has occurred.

2.9 Exodontia

Clinical notes should indicate the following elements:

- Tooth to be extracted
- Reasons for extraction
- Tooth extracted
- Radiographic evidence to support decision for extraction
- Any complications
- An indication if post-operative instructions were given
- An indication if haemostasis has been achieved
- Need for review, as required.

2.10 Minor Oral Surgery

Clinical notes should indicate the following elements:

- Reason for procedure
- Procedure undertaken including technique used
- Supporting test/data/symptoms
- Any complications
- An indication if haemostasis has been achieved
- An indication if post-operative instructions were given
- Need for review, as required.


2.11 Medication

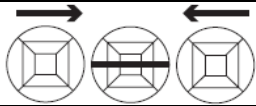



Clinical notes should indicate the following elements:






- The type of medication prescribed
- Reason for administration of prescription
- The dose of medication and indication of the method of delivery
- If antibiotic prophylaxis is used, the time of administration and the time of commencement of treatment
- Any adverse reactions, allergies, or events
- Results of antibiotic sensitivity testing, as required
- Discussions with the patient's medical practitioner.


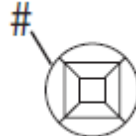
3 TERMS, ABBREVIATIONS AND SYMBOLS



Abbreviations and symbols may vary depending on the patient record type (paper or electronic).

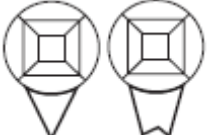
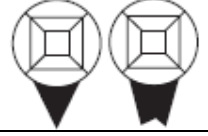
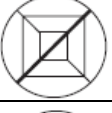

TERM	ABBREVIATION	charting notation (if required)	explanation (if required)
ANATOMY			
Anterior	Ant		
Arrested Caries	AC		
Bilateral(ly)	bilat		
Buccal	B		
Cardiovascular System	CVS		
Caries Free	CF		
Cemento-enamel junction	CEJ		
Central Nervous System	CNS		

TERM	ABBREVIATION	charting notation (if required)	explanation (if required)
Centric Occlusion	CO		
Centric Relation	CR		Contextual note
Distal	D		
Drifted Tooth			
Incisal	I		
Labial	Lab		
Lateral	Lat		
Left			
Left Hand Side	LHS		
Lingual	L		
Lower Left	LL		LL – not to be used when referring to teeth
Lower Right	LR		LR - not to be used when referring to teeth
Maxillo-Mandibular Relationship/record	MMR		
Mesial	M		
Mesial-occlusodistal	MOD		Sample of combination for tooth surfaces
Missing tooth			
Occlusion (notes)	Occl		
Occlusal Vertical Dimension	OVD		
On Examination	O/E		
Over Retained	O/R		
Overbite	O/bite		
Overjet	O/jet		
Palatal	P		
Partially erupted	PE		
Posterior	Post		



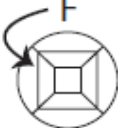
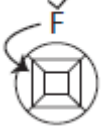
TERM	ABBREVIATION	charting notation (if required)	explanation (if required)
Quadrant	Q		
Quadrant, lower left	Q3		
Quadrant, lower right	Q4		
Quadrant, upper left	Q2		
Quadrant, upper right	Q1		
Secondary Caries	2°C	2°C 	
Retained Root	RR	RR 	
Retruded Position	RP		
Right			
Right Hand Side	RHS		
Supernumery			
Temporo-mandibular joint	TMJ		
Unerupted	UE	UE 	
Upper Left	UL		
Upper Right	UR		
Vertical Dimension	VD		
EXAMINATION			
Assessment	Assess		
Bite Wing radiograph/s or film/s	BW		
Cephalometry/ic	Ceph		
Cerebro-Vascular Accident	CVA		
Chief Complaint	CC		
Cigarettes	Cigs		




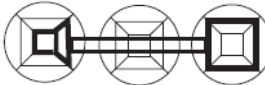


TERM	ABBREVIATION	charting notation (if required)	explanation (if required)
Community Periodontal Index of Treatment Needs	CPITN		
Complains (ing) of	C/O		
Cone Beam Imaging	CBCT		
Consultation	Consult		
Decrease (d) (ing)	↓		
Dental History	DH		Contextual note
Diagnosis	Dx		
Differential Diagnosis	DDx		
Division	Div		
Emergency	Emerg		
Examination	Exam		
Extra-oral	E/O		
Family History	FH		
Family and Social History	F/SH		
Father	⊙ F		
Female	♀		
Fracture	#	# 	Fractured tooth – contextual note
		# 	Fractured root
General Dental practitioner	GDP		
General Medical Practitioner	GMP		
History of Present Complaint	HPC		
Increase (d) (ing)	↑		



TERM	ABBREVIATION	charting notation (if required)	explanation (if required)
Intra-Oral	I/O		
Lateral Cephalometric radiograph	LCeph'		
Male	♂		
Medical History	MH		
Mother			
Motor Vehicle Accident	MVA		
No Abnormalities Detected	NAD		
Non Vital	NV		
Occlusal radiograph/s or film/s	Occl		
On Examination	O/E		
Orthopantomogram	OPG		
Past Medical History	PMH		
Periapical Film/s or Radiograph/s	PA		
Periodontal screening and recording	PSR		
Prognosis	Px		
Provisional Diagnosis	PDx		
Social History	SH		
Tender to Percussion	TTP		
Toothache	T/ache		
Treatment	Tx		
Treatment Plan	TP		
Within normal limit(s)	WNL		
ANAESTHESIA			
Inferior Alveolar Dental Block	IANB		

TERM	ABBREVIATION	charting notation (if required)	explanation (if required)
Infiltration	Infilt		
Local Anaesthetic	LA		
Nitrous Oxide	N ₂ O		
Relative Analgesia	RA		
ENDODONTIC			
Cotton Pellet	CP		
Endodontic (s)	Endo		
Ferric sulphate	FeSO		
Gutta Percha	GP		
Hydrogen Peroxide	H ₂ O ₂		
Ledermix	led		
Master Apical File	MAF		
Number, size, gauge of endo file	No.		
Root Canal Therapy	RCT		
Root Filling			Root filling required
			Root filling present
Sodium hypochlorite	NaOCl		
Working length	WL		
ORAL SURGERY			
Black Silk Suture	BSS		
Extraction or Exodontia	Exo		Tooth to be extracted
			Tooth extracted

TERM	ABBREVIATION	charting notation (if required)	explanation (if required)
Haemostasis Achieved	HA		
Inter-maxillary Fixation	IMF		
Interrupted Cat Gut Suture	ICGS		
Oral & Maxillo Facial Surgery	OMFS		
Oral Surgery	OS		
Post-operative instructions given	POIG		
Removal of sutures	ROS		
Surgical removal	SR		
ORTHODONTIC			
Cross bite	X-bite		
Full Fixed Orthodontic Appliance	FFA		
Index of Orthodontic Treatment Needs	IOTN		
Mandibular Removable Orthodontic Appliance	LRA		
Maxillary Anterior Crowding	UAC		Upper
Maxillary Removable Orthodontic Appliance	URA		
Orthodontics	Ortho		
Rapid Maxillary Expansion	RME		
PAEDIATRIC			
Paediatric dentistry	Paedo		
Pulpectomy	Pulpect		
Pulpotomy	Pulpot		
Stainless Steel	SS		
Stainless Steel Crown	SSC		
To-be-left	TBL		
PERIODONTIC			

TERM	ABBREVIATION	charting notation (if required)	explanation (if required)
Acute Necrotising Ulcerative Gingivitis	ANUG		
Bleeding on Probing	BOP		
Hand Scale	H/Scale		
Loss of Attachment	LOA		
Mucogingival junction	MGJ		
Periodontics	Perio		
Root Planing	RP		Contextual comment
Subgingival	Subging		
Supragingival	Supraging		
PREVENTIVE			
Acidulated phosphate fluoride	APF		
Fissure Sealant	FS	FS 	Fissure Sealant required
		✓ FS 	Fissure Sealant present
Fluoride	F	F 	Fluoride application required
		✓ F 	Fluoride application given
Mouthguard	M/guard		
Oral Health Promotion	OHP		
Oral Hygiene	OH		
Oral Hygiene Instruction	OHI		
Preventive Resin Restoration	PRR		
Prophylaxis	Prophy		

TERM	ABBREVIATION	charting notation (if required)	explanation (if required)
Scale & Clean	S+C		
Sodium Fluoride	NaF		
Stannous Fluoride	SnF ₂		
Toothbrushing Instruction	TBI		
PROSTHETICS FIXED			
Acrylic Dentures	Acr		
Acrylic Jacket Crown	AJC		
Crown			Crown required
			Crown present (insert other examples)
Crown and Bridge	C+B		Crown and bridge required
			Crown and bridge present
Full Gold Crown	FGC		
Implant	Implant		
Metallo-ceramic restoration/metal ceramic crown	MCC		
Porcelain Jacket Crown	PJC		
Post core	P/core		
PROSTHETICS REMOVABLE			
Addition	Add		
Chrome Cobalt	CrCo		
Full Denture, Mandibular Only	-/F		
Full Denture, Mandibular and	F/F		

TERM	ABBREVIATION	charting notation (if required)	explanation (if required)
Maxillary			
Full Denture, Maxillary only	F/-		
Immediate Denture	Immed		
Partial Denture, Mandibular Only	-/P		
Partial Denture, Mandibular and Maxillary	P/P		
Partial Denture, Maxillary only	P/-		
Primary Impression	1° Imp		
Prosthetic	Pros		
Secondary Impression	2° Imp		
RESTORATIVE			
Amalgam	Amal		
Calcium Hydroxide	Ca(OH) ₂		
Class	Cl		
Composite Resin	CR		
Glass Ionomer Cement	GIC		
Interim Restoration	Temp		
Intermediate restorative material	IRM		
Overhang	o/hang		
Resin Modified Glass Ionomer	RMGI		
Restoration	Rest		Restoration required – outline entire surface where lesion is identified (eg. is two surfaces)
Vitrebond	Vbond		
Zinc Oxide Eugenol	ZOE		
Zinc Phosphate	Z _n PO ₄		
OTHER			

TERM	ABBREVIATION	charting notation (if required)	explanation (if required)
Adjustment	Adj		
Alginate	Alg		
Biopsy	Bx		
Carbon Dioxide	CO ₂		
Chlorhexidine	CHx		
Impression	Imp		
Issue	Iss		
Management	mgt		Contextual note
Not Caries Free	NCF		
Post-operative (1y)	Post-op		
Post-Operative Instructions given	POIG		
Pre-operative	Pre-op		
Prescribe	Rx		
Rubber Dam	RDam		
Advise	Adv		
Appointment	Appt		
Date of Birth	DOB		
Dental Assistant	DA		Contextual note
Dental Hygienist	DH		Contextual note
Dental Officer	DO		Contextual note
Dental Prosthetists	DP		Contextual note
Dental Therapist	DT		Contextual note
Oral Health Therapist	OHT		
Fail to attend	FTA		
Further appointment made	FAM		
New Patient	N/P		
Next Visit	N/V		

TERM	ABBREVIATION	charting notation (if required)	explanation (if required)
Patient	Pt		
Primary Oral Care	POC		
Priority Oral Health Program	POHP		
Recall	R/C		
Refer	Ref		
Relief of Pain	ROP		
Required	Req		
Review(ed)	Rev		
School Assessment Program	SAP		
Unable to attend	UTA		
Visiting Dental Officer	VDO		
Waiting list	W/L		

PREVENTION OF OSTEONECROSIS OF THE JAW (ONJ) IN PATIENTS ON BIPHOSPHONATE THERAPIES (GL2010_010)

GL2010_010 rescinds GL2008_010.

PURPOSE

The NSW Centre for Oral Health Strategy recognises that there has been growing concern regarding the number of patients who take bisphosphonate agents, thereby placing them at potential risk for developing osteonecrosis of the jaws, especially following invasive dental/oral surgical procedures such as extractions. This document provides a consensus based guideline, drawing on current documented best practices, for the undertaking of invasive dental/oral surgical procedures on patients taking bisphosphonate agents so as to minimise the risk, or prevent the development of osteonecrosis of the jaws.

KEY PRINCIPLES

1. An increasing number of patients are taking bisphosphonate agents that act to down-regulate bone turnover. The majority of patients take orally administered bisphosphonates for the treatment and prevention of osteoporosis. Multi-dose intravenous bisphosphonates are generally used in patients with cancer. (Section 3.1)
2. A small number of patients, predominantly those taking intravenous bisphosphonates have developed localised death and destruction of sites in the bone of mandible and maxilla (“osteonecrosis”) following invasive dental treatment such as extractions that can be associated with considerable pain and morbidity. (Section 3.2)
3. The causal link of Bisphosphonate usage and ONJ is not yet fully understood, and there is no known treatment that is proven to prevent this from occurring. Ideally, patients should be fully dentally fit and invasive dental procedures should be completed before patients commence bisphosphonate therapy (Section 4.1.2). This is not always practical, and so called “spontaneous” cases of ONJ have been reported in some patients on bisphosphonate therapies that have not been associated with invasive dental procedures or surgery.
4. Prevention of the need to undertake invasive dental procedures to address oral health problems, through good oral hygiene and early dental treatment, is extremely important in patients taking bisphosphonates. (Section 4.1)
5. For the greater majority of patients, who are taking **oral** bisphosphonates requiring routine dental treatment, including extractions under local anaesthetic in the dental chair, **do not require any special precautions**. (Section 4.1.3)
6. Select patients who have been on a long term course of **intravenous** bisphosphonate therapy for the treatment of cancer may benefit from a pre- and post-operative course of a suitable antibiotic, such as clindamycin, in combination with regular (4x/daily) anti-microbial mouthwash, such as chlorhexidine. (Section 4.1.4)

All patients taking bisphosphonates and needing invasive dental treatment should be provided with proper, informed consent advising them of the potential risk of developing ONJ. (Sections 4.1, 4.1.3 and 4.1.4)

These guidelines have been developed through the consensus agreement of the following NSW Public Oral Health Clinicians, convened by Dr Mark Schifter, (Staff Specialist Oral Medicine/Oral Pathology, Sydney West Area Health Service (SWAHS)):

- Dr Malcolm Coombs, Sydney South West Area Health Service (SSWAHS)
- Dr Anastasia Georgiou (SWAHS)
- Dr Peter Kramer (SSWAHS)
- Dr Alan Reid (SSWAHS)
- Dr Sue-Ching Yeoh (SSWAHS).

Consultation has also involved the Australian Dental Association Inc., through meetings with members of the *Therapeutic Guidelines: Oral and Dental* Expert Group, and the NSW Medicines Information Centre.

USE OF THE GUIDELINE

The intended audience for these guidelines is NSW Health Public Oral Health Practitioners. As has been previously acknowledged, this workforce is made up of a mix of dental professionals with a great range of training and experience. It needs to be acknowledged that that public dental sector provides services to populations who may not be fully informed of the need and benefits of regular and/or timely dental check-ups and treatment, particularly in reference to the commencement of bisphosphonate therapy. These guidelines take into account these issues specific to the public sector.

Dental practitioners, particularly those who are not working within the NSW Public Oral Health sector, should be aware of other existing guidelines and treat individual patients using their best clinical judgement. These guidelines include, but are not limited to;

- Therapeutic Guidelines: Oral and Dental guidelines (developed in consultation with the Australian Dental Association Inc.)
- Journal of Oncology Practice: Practical Guidelines for the Prevention, Diagnosis, and Treatment of Osteonecrosis of the Jaw in Patients With Cancer
- Updated recommendations for managing the care of patients receiving oral bisphosphonate therapy: An advisory statement from the American Dental Association Council on Scientific Affairs
- American Association of Oral and Maxillofacial Surgeons, Position Paper on Bisphosphonate-Related Osteonecrosis of the Jaw - 2009
- Canadian Consensus Practice Guidelines for Bisphosphonate Associated Osteonecrosis of the Jaw

Medical practitioners who prescribe bisphosphonate therapies should be aware and ensure their patients are aware of the potential risk of Bisphosphonate Related Osteonecrosis of the Jaw, and should ensure that patients have a dental check and necessary treatment before commencing treatment (when practical). For patients commencing bisphosphonate therapies, it is also vital that medical and dental practitioners provide advice on maintaining good oral hygiene and making lifestyle changes which reduce oral health risk factors (eg. smoking cessation). (Section 4.1)

The Guideline can be downloaded at http://www.health.nsw.gov.au/policies/gl/2010/GL2010_010.html

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