

## Oral Health Access

**Summary** This Policy Directive provides the framework by which Local Health Districts and Specialty Networks manage the oral health of patients and the general dental care waiting lists in NSW public oral health services.

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## Oral Health Access

### Policy Statement

NSW Health provides a safety net public oral health system for eligible patients.

Local Health Districts and Specialty Networks must ensure clinically appropriate, consistent and equitable management of patient access to NSW public oral health services.

### Summary of Policy Requirements

Eligible patients seeking access or referred to public dental clinics for dental care are triaged through the Priority Oral Health Program (POHP). The POHP outlines how patients are prioritised for dental care to ensure all patients are seen in a timely manner.

Patients are generally triaged through an oral health contact centre using a standardised dental triage questionnaire that determines whether a patient has an urgent dental need, has relevant medical considerations, belongs to a priority population, and/or is requesting any other oral health care.

Based on the outcome of the questionnaire, all patients are assigned one or more priority code(s). Priority codes are grouped into 4 dental care pathways. It is possible for a patient to be placed on more than one dental care pathway at the time of triage.

Depending on their priority, patients may be offered a limited course of care to address any urgent dental needs, and/or a comprehensive course of care to address their current dental needs. Public oral health services provide clinically appropriate care to all eligible patients.

The Ministry of Health is responsible for establishing the expected service delivery and performance requirements and monitoring performance across the state.

Local Health Districts and Specialty Networks are responsible for the management of their waiting lists, ensuring patients are prioritised appropriately in alignment with the Priority Oral Health Program criteria, and meeting performance and statewide reporting requirements.

### Revision History

Version	Approved By	Amendment Notes
PD2024_034 October-2024	Deputy Secretary, Population and Public Health & Chief Health Officer	Structural and content review to clarify requirements and streamline processes. Title of the policy has been updated. Assessment and treatment waiting lists have been streamlined into one waiting list. Priority codes and recommended maximum waiting times have been redefined. Governance and system performance responsibilities for the Ministry of Health and LHDs/SNs have been defined.
PD2017_023 July-2017	Chief Health Officer and Deputy Secretary, Population Health	Policy revised with a focus on contemporary best business practices and updated clinical terminology. Replaces PD2008_056.
PD2008_056 September-2008	Deputy Director- General, Population Health	Priority Codes C and D were modified to align to 2008 Commonwealth Dental Health Program strategy. Replaces PD2008_047.
PD2008_047 August-2008	Deputy Director- General, Population Health	New policy directive.

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## 1. Background

NSW Health provides a safety net public oral health system to eligible patients. Eligibility for public oral health care is outlined in NSW Health Policy Directive *Eligibility of Persons for Public Oral Health Care in NSW* ([PD2017\\_027](#)). Patients seeking dental care at a public oral health service must be prioritised to ensure all patients are seen in a timely manner.

### 1.1. About this document

This Policy Directive ensures clinically appropriate, consistent and equitable management of access for emergency and general dental care in NSW public oral health services. Access to specialist oral health services is outlined in the NSW Health Policy Directive *Oral Health Specialist Referral Protocols* ([PD2011\\_071](#)).

This Policy Directive provides the framework by which Local Health Districts (LHD) and Specialty Networks (SN) manage access and prioritisation of patients through the Priority Oral Health Program.

Access is typically via patients contacting an oral health contact centre for a dental-related issue through a single statewide contact number. Patients who call about a dental issue but who may require other health advice or urgent medical care, will be advised to contact other services such as the Emergency Department, Healthdirect Australia or their General Practitioner to seek care.

### 1.2. Key definitions

<b>Comprehensive care</b>	An appointment or series of appointments to provide clinically appropriate care to address a patient’s current dental needs with the aim of getting the patient dentally fit.
<b>Dental practitioner</b>	A qualified clinician registered with the Dental Board of Australia in the appropriate division (dentist, dental therapist, dental hygienist, oral health therapist, dental prosthetist, specialist dentist).
<b>Dental triage questionnaire</b>	A process to determine a patient’s dental needs and the urgency of their dental needs using a standardised questionnaire based on the Priority Oral Health Program criteria (see <a href="#">section 6</a> ). This may be done via a telephone or face to face interview, or through review of a referral.
<b>Healthdirect Australia</b>	A virtual health information service that provides free, trusted health information and advice, 24 hours a day, 7 days a week.
<b>Oral Health Contact Centre</b>	A call centre that manages inbound and outbound calls from the public for dental-related enquiries via a single state-wide number (1800 679 336).

<b>Priority code</b>	The priority a patient is assigned based on the dental triage questionnaire. Priority codes are grouped into dental care pathways.
<b>Priority Oral Health Program (POHP)</b>	The Priority Oral Health Program provides the framework for access to NSW public oral health services. It is a combination of the dental triage questionnaire, the dental care pathways, the priority codes, and the waiting list structure.
<b>Recommended maximum waiting times (RMWT)</b>	Maximum recommended time that a patient spends on the waiting list.
<b>Urgent care</b>	A limited course of care provided with the intent of addressing a specific clinically urgent patient presentation.
<b>Waiting list</b>	A list that contains the names and details of all patients waiting to receive general dental care through the Priority Oral Health Program.
<b>Waiting time</b>	The time a patient spends on the waiting list.

## 2. The Priority Oral Health Program

### 2.1. Dental triage

Requests for dental care are initiated through a dental triage. In most cases, patients are triaged via a Local Health District/Specialty Network (LHD/SN) oral health contact centre using a standardised dental triage questionnaire. Oral health contact centre staff are typically non-clinical staff. The role of the contact centre is to determine the type of request for care and to prioritise patients for care using standardised criteria outlined in the Priority Oral Health Program (see [section 6](#)).

The dental triage questionnaire is a series of standard questions that determines whether a patient:

- has an urgent dental need
- has relevant medical considerations
- belongs to a priority population, and/or
- is requesting any other oral health care.

Priority is given to patients with urgent dental conditions or specific medical considerations. All patients must be asked whether they would like a dental check-up at triage and placed on a comprehensive care list where appropriate.

## 2.2. Assigning a priority code

Based on the outcome of the dental triage questionnaire, all patients will be assigned a priority code. Each priority code has a defined recommended maximum waiting time which reflects the urgency of the condition.

The Priority Oral Health Program criteria defines the priority codes for adults and children (outlined in [Appendix A](#) and [Appendix B](#) respectively). Priority codes are assigned according to the patient's highest priority condition.

The priority codes are grouped into 4 dental care pathways defined in the table below.

Dental care pathway	Overview
Dental Emergency	Patients experiencing a dental emergency, for example, facial swelling of suspected dental origin, recent dental trauma, or persistent bleeding of dental origin.
Urgent Dental	Patients experiencing dental pain or pain from a denture; and patients with an oral lesion or ulcer of suspected dental cause.
Medical considerations	Patients referred from a medical specialist for dental assessment prior to receiving life-saving medical care; patients advised to seek dental care by their medical practitioner for reasons defined in the Priority Oral Health Program criteria; and pregnant patients.
Comprehensive Care	Routine care for all patients.

Patients can only be placed on one urgent dental care pathway and one medical considerations or comprehensive care pathway simultaneously.

After triaging the patient, the contact centre staff must:

- inform the patient and/or carer of the outcome of triage
- place the patient on the appropriate waiting list(s), and in some circumstances, organise an appointment, or provide the patient with a voucher in accordance with the NSW Health Policy Directive *Oral Health Fee for Service Scheme* ([PD2024\\_025](#)), and
- inform the patient to contact the oral health service or Healthdirect Australia if their condition changes or deteriorates, or they become concerned while waiting for care.

If a patient re-contacts the oral health service because their condition has deteriorated or changed, they must be re-triaged. The original waiting list date must be maintained so the patient is not disadvantaged.

## 2.3. Escalation for urgent medical conditions

If any red flag symptoms are identified during triage as defined in the Priority Oral Health Program criteria (see [section 6](#)), the oral health contact centre staff member must advise the patient to seek urgent medical care and assist where they can. This may include:

- advising the patient to hang up and phone 000, or
- transferring the patient to Healthdirect Australia on 1800 022 222.

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If an oral health contact centre staff member is unsure if the patient requires urgent medical attention, they must transfer the patient to Healthdirect Australia.

## 3. Provision of Care

### 3.1. Types of care for dental care pathways

The dental care pathway determines the scope of care that will be provided to a patient. Dental treatment will only be provided if it is determined to be clinically appropriate by the treating dental practitioner. New dentures and replacement dentures will only be provided if the treating practitioner determines this is clinically appropriate and there is a clinical benefit for the patient.

Where possible, all children should be offered a comprehensive course of care after being appointed from triage.

#### 3.1.1. Dental emergency and urgent dental

Patients with urgent conditions are prioritised on a dental emergency or urgent dental care pathway and must be offered care to address their urgent issue if an urgent clinical condition is identified by the treating dental practitioner.

If a patient requests comprehensive care at their urgent care appointment, or the dental practitioner determines that comprehensive care would benefit the patient and the patient has not already been placed on a comprehensive care waiting list at triage, the patient can be placed on a comprehensive care waiting list at this time.

#### 3.1.2. Medical considerations

The medical considerations dental care pathway ensures appropriate prioritisation of patients with relevant medical considerations.

##### *Patients referred from a medical specialist (or other medical practitioner in consultation with a senior dental officer)*

Patients referred from a medical specialist for a dental assessment prior to commencing life-saving medical treatment are prioritised. The referral must contain adequate and accurate information including patient demographics, the reason for referral, and details of the referring service, to ensure prompt and appropriate communication can be made.

Patients referred from a general or medical practitioner for other conditions of equal significance may be considered in consultation with a senior dental officer.

Patients must be offered all necessary dental care that may impact their medical treatment or medical condition, that can be provided within an appropriate timeframe. Where this is not possible, the treating dental practitioner can consult with the referring practitioner.

##### *Patients advised to seek dental care by their medical practitioner*

Patients who are advised to seek dental care by their medical practitioner are prioritised if they meet specific criteria in the Priority Oral Health Program criteria (see [section 6](#)). Patients



must be offered all necessary dental care that may impact their medical treatment or medical condition, that can be provided within an appropriate timeframe. Where this is not possible, the treating dental practitioner can consult with the patient's medical practitioner.

If the person completing the triage is unsure whether the patient meets the criteria, the LHD/SN must have appropriate escalation pathways in place to ensure the patient is prioritised appropriately.

In exceptional circumstances, Local Health Districts/Specialty Networks (LHD/SN) can prioritise a patient who does not meet the criteria if a delay to the patient's dental care may significantly impact their medical condition. This must be done in consultation with a senior dental officer.

If the treating dental practitioner determines the patient does not meet the criteria of this pathway, they have the discretion to re-prioritise the patient onto an appropriate waiting list.

### *Pregnant patients*

Patients who are pregnant are prioritised and must be offered a comprehensive course of care.

### **3.1.3. Comprehensive care**

Comprehensive care is offered to all patients who are seen from an appropriate waiting list as outlined in the Priority Oral Health Program criteria (see [section 6](#)).

Some patients may be referred directly to an LHD/SN as part of a targeted program. LHDs/SNs must have processes in place to manage patients referred through these programs and to ensure these patients are seen in the recommended timeframe. These patients may be offered urgent care or a comprehensive course of care depending on the specific program.

### **3.2. Recall**

In most circumstances, patients will not be recalled, and patients must be re-triaged to address any future treatment needs. In exceptional circumstances, an LHD/SN may utilise a recall list for review of a patient with a specific clinical need within a defined timeframe.

## **4. Administrative Processes**

### **4.1. Managing patients waiting for care**

Local Health Districts and Specialty Networks (LHD/SN) must put processes in place to audit waiting lists regularly to remove patients that are:

- no longer eligible for care
- no longer reside in the LHD
- no longer require care as they have sought care elsewhere, or
- have completed their care.

When offering care to a patient, all reasonable attempts must be made to contact the patient. If a patient is not contactable, an alternate mode of communication must be used, where practicable. If a patient is not contactable following at least 2 different modes of communication where available, this must be documented, and the patient can be removed from the waiting list.

There must be a clear audit trail that can identify:

- any changes made to a patient's waiting list status and type
- patients that have been removed from the waiting list
- duplicate waiting list entries, and
- whether waiting times are within timeframe.

## **4.2. Managing cancelled or missed appointments**

### **4.2.1. Cancelled appointments**

When a patient notifies the oral health service that they are unable to attend prior to the appointment, the reason should be documented, and the service must offer to reschedule the appointment. If a patient does not wish to immediately reschedule their appointment, the patient must be advised to contact the service to reschedule their appointment. Patients who repeatedly reschedule their appointments may have their course of care discontinued.

If the oral health service cancels an appointment, they must offer to reschedule the appointment for the patient.

### **4.2.2. Missed appointments**

A patient who fails to attend multiple appointments during a course of care may have their course of care discontinued. Such patients may be required to be re-triaged by the oral health service to assess their current dental needs.

The oral health service should exercise discretion on a case-by-case basis to avoid disadvantaging patients in cases of a genuine hardship, misunderstanding and other unavoidable circumstances.

## **4.3. Movement of patients between local health districts and specialty networks**

Oral health care is usually provided by the LHD/SN in which a patient lives. LHDs/SNs may have inter-district arrangements that allow patients to receive care in another district to facilitate accessibility to an appropriate service.

If a patient requires dental emergency or urgent dental care and they are not currently in their home LHD, the LHD in which the patient is currently present must offer the patient care where appropriate.

When an oral health service becomes aware that a patient has moved to a locality serviced by another LHD/SN they must advise the receiving LHD/SN of the patient's current waiting list status and listing date, including if the patient is currently receiving a course of care. The

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patient must be re-listed with the receiving LHD with the same number of days waiting, or provided an appointment as soon as possible if they are currently receiving a course of care, to avoid disadvantaging the patient.

## **5. Governance and System Performance**

The Ministry of Health is responsible for:

- establishing the expected service delivery and performance requirements, and
- monitoring performance across the state.

Local Health Districts and Specialty Networks (LHD/SN) are responsible for:

- the management of their waiting lists
- ensuring patients are prioritised appropriately in alignment with the Priority Oral Health Program criteria
- meeting performance and statewide reporting requirements, and
- the quality and safety of the services provided by their facilities, staff and contractors and maintaining systems to ensure the quality of care provided.

## **6. Appendices**

1. Appendix A: Priority Oral Health Program Criteria for Adult Dental Patients
2. Appendix B: Priority Oral Health Program Criteria for Child Dental Patients

## 6.1. Appendix A: Priority Oral Health Program Criteria for Adult Dental Patients

Dental Care Pathway	Criteria	Sub-code	RMWT	Care type
	<p>Red flag symptoms for facial swelling:</p> <ul style="list-style-type: none"> <li>Feeling very sick (such as: fever or shivering, vomiting or diarrhoea, severe muscle/joint aches), or getting very sick, very quickly</li> <li>Difficulty breathing or breathing very quickly</li> <li>Difficulty opening mouth or swallowing</li> <li>Confusion, dizziness</li> </ul>	<p>Red flag symptoms for dental trauma:</p> <ul style="list-style-type: none"> <li>Loss of consciousness or altered consciousness at time of injury</li> <li>Non-dental injuries (for example, head trauma)</li> </ul> <p>Red flag symptoms for bleeding:</p> <ul style="list-style-type: none"> <li>Significant bleeding that does not stop (for example, following dental surgery such as tooth extraction)</li> </ul>	<b>Refer to Emergency Department or Healthdirect Australia</b>	Urgent medical care may be required
<b>Code 1 Dental Emergency</b>	<p>Patient reports any of the following symptoms with <b>no red flag symptoms</b>:</p> <ul style="list-style-type: none"> <li>Persistent bleeding following dental surgery such as tooth extraction</li> <li>Facial swelling of suspected dental cause</li> <li>Recent dental trauma</li> </ul> <p><i>*Further advice for patients who are unable to be seen on the same day:</i></p> <ul style="list-style-type: none"> <li><i>If bleeding: patient should be advised to go to the Emergency Department or call Healthdirect Australia</i></li> <li><i>If facial swelling of suspected dental cause: patient should be advised to go to the Emergency Department or call Healthdirect Australia if their condition deteriorates, or they are concerned while waiting for care</i></li> <li><i>If recent dental trauma: patient may need to be advised to go to the Emergency Department</i></li> </ul>	<b>Code 1</b>	1 day*	Provision of urgent dental care
<b>Code 2</b>	Dental pain disturbing sleep (with no facial swelling).	<b>Code 2.1</b>	7 days	

<b>Urgent Dental</b>	Oral lesion or ulcer of suspected dental cause for 2 weeks or more* (excluding from a denture) <i>*If not of suspected dental cause, refer to General Practitioner</i>			Provision of urgent dental care
	Dental pain during waking hours (not disturbing sleep).	<b>Code 2.2</b>	30 days	
	Pain or ulcer from a denture. Issue from a denture made in the previous 12 weeks by the public dental service. Unresolved issue from a denture made in the previous 12 weeks by an Oral Health Fee for Service Scheme (OHFFSS) provider.	<b>Code 2.3</b>	30 days	
<b>Code 3 Medical Considerations</b>	Dental referral from a medical specialist for patients requiring specific life-saving care, such as heart surgery, cancer treatment, organ transplant. Dental referral for a current in-patient with an urgent dental issue. <i>Dental referral from a medical or general practitioner for other conditions of equal significance may be considered in consultation with a senior dental officer.</i>	<b>Code 3.1</b>	7 days	Provision of all necessary dental care that may impact their medical treatment or medical condition
	Patient advised by their medical practitioner to seek dental care for one of the following reasons: <ul style="list-style-type: none"> <li>commencing specific medical treatment for osteoporosis or cancer</li> <li>has had a previous organ transplant</li> <li>previous heart infection or valve replacement.</li> </ul> If in doubt, the person completing the triage must consult a senior dental officer. Other conditions of equal significance may be considered in consultation with a senior dental officer.	<b>Code 3.2</b>	90 days	
	Pregnant.	<b>Code 3.3</b>	90 days	
<b>Code 4 Comprehensive care</b>	Missing upper front teeth with no current denture. Missing upper front teeth and cannot wear existing denture.	<b>Code 4.1</b>	270 days	Provision of comprehensive care
	Patient has the following living conditions: <ul style="list-style-type: none"> <li>homeless</li> <li>boarding house, refuge, rehabilitation facility</li> <li>institution/group home</li> </ul>	<b>Code 4.2</b>	365 days	

	<ul style="list-style-type: none"> <li>care facility (hospice/aged care/mental health inpatient).</li> </ul> <p>Aboriginal and/or Torres Strait Islander. Refugees and Asylum Seekers. Physical or intellectual disability. <i>Other priority populations may be considered.</i></p>			
	<p>Routine dental care for all other patients.</p>	<b>Code 4.3</b>	545 days	

## 6.2. Appendix B: Priority Oral Health Program Criteria for Child Dental Patients

Dental Care Pathway	Criteria	Sub-code	RMWT	Care type
	<p>Red flag symptoms for facial swelling:</p> <ul style="list-style-type: none"> <li>Parent feels like their child is very sick or that something is seriously wrong, or getting very sick (such as: fever or shivering, vomiting and/or diarrhoea), very quickly</li> <li>Difficulty breathing or breathing very quickly</li> <li>Difficulty opening mouth or swallowing</li> <li>Swelling affecting the eye</li> <li>Refusing fluids</li> </ul>	<p>Red flag symptoms for dental trauma:</p> <ul style="list-style-type: none"> <li>Loss of consciousness or altered consciousness at time of injury</li> <li>Non-dental injuries (for example, head trauma)</li> </ul> <p>Red flag symptoms for bleeding:</p> <ul style="list-style-type: none"> <li>Significant bleeding that does not stop (for example, following dental surgery such as tooth extraction)</li> </ul>	<b>Refer to Emergency Department or Healthdirect Australia</b>	<i>Urgent medical care may be required</i>
<b>Code 1 Dental Emergency</b>	<p>Patient reports any of the following symptoms with no red flag symptoms:</p> <ul style="list-style-type: none"> <li>Persistent bleeding from the mouth (for example, following dental surgery such as tooth extraction)</li> <li>Facial swelling of suspected dental origin</li> <li>Dental pain with fever and/or refusing fluids</li> <li>Recent dental trauma</li> </ul> <p><i>*Further advice for patients who are unable to be seen on the same day:</i></p> <ul style="list-style-type: none"> <li><i>If bleeding or facial swelling: patient should be advised to go to the Emergency Department or call Healthdirect Australia</i></li> <li><i>If dental pain with fever and/or refusing fluids: patient should be advised to go to the Emergency Department or call Healthdirect Australia if their condition deteriorates, or they are concerned while waiting for care</i></li> </ul>	<b>Code 1</b>	1 day*	Provision of urgent dental care and offered a comprehensive course of care

	<ul style="list-style-type: none"> <li><i>If recent dental trauma: patient may need to be advised to go to the Emergency Department</i></li> </ul>			
<b>Code 2 Urgent Dental</b>	Dental pain disturbing sleep (with no facial swelling). Swelling in the mouth such as; gum boil. Oral lesion or ulcer of suspected dental cause*. <i>*If not of suspected dental cause, refer to General Practitioner</i>	<b>Code 2.1</b>	3 days	Provision of urgent dental care and offered a comprehensive course of care
	Dental pain during waking hours (not causing disturbed sleep).	<b>Code 2.2</b>	14 days	
	Symptoms of suspected dental origin, such as non-mobile over-retained primary tooth, broken tooth or filling, decayed teeth.	<b>Code 2.3</b>	60 days	
<b>Code 3 Medical Considerations</b>	Referral from a medical specialist for patients requiring specific life-saving care, such as heart surgery, cancer treatment, organ transplant. Dental referral for a current in-patient with an urgent dental issue. <i>Dental referral from a medical or general practitioner for other conditions of equal significance may be considered in consultation with a senior dental officer.</i>	<b>Code 3.1</b>	7 days	Provision of all necessary dental care that may impact their medical treatment or medical condition and offered a comprehensive course of care
	Patient advised by their medical practitioner to seek dental care as the patient has a serious medical condition.	<b>Code 3.2</b>	30 days	
<b>Code 4 Comprehensive Care</b>	Patient has one of the following living conditions: <ul style="list-style-type: none"> <li>homeless</li> <li>Out of Home Care.</li> </ul> Department of Communities and Justice Referrals. Pregnant.	<b>Code 4.1</b>	90 days	Provision of a comprehensive course of care
	Patient has one of the following living conditions: <ul style="list-style-type: none"> <li>Boarding house, refuge, rehabilitation facility</li> <li>Institution/group home</li> <li>Care facility (hospice/mental health inpatient).</li> </ul> Child 0-5 years of age.	<b>Code 4.2</b>	180 days	



	Aboriginal and/or Torres Strait Islander. Refugees and Asylum Seekers. Physical or intellectual disability. <i>Other priority populations may be considered.</i>			
	Routine dental care for all other patients.	<b>Code 4.3</b>	365 days	