

**December 2025
edition**



Mouthpiece

Contents

Scottish Government PCAs	2
Claims	2
Error Code (E000853): Time-bar for Extensive Clinical Examination	2
Periodontal assessment and treatment.....	3
Dentures.....	3
Errors referring to tooth annotation, surface and/or material	4
List number and location changes (claims management)	6
Duplicate claims	10
Reminder: Extensive Clinical Examination Frequency	10
Scottish Dental Reference Service (SDRS).....	11
Dental Reference Officer (DRO) Appointments	11
DRO reports	11
Post Treatment D4 forms and D150R Feedback forms.....	11
Prior approvals	12
Tips for successful prior approval (general dentistry).....	12
Tips for successful prior approval (Orthodontic).....	16
Study Models.....	18
Intra-Oral Scans	19
Prior approval error: submission returned as electronic evidence could not be appended	20
Patient details	20
Updating patient details – GP287	20
Patient registrations.....	20
Lifetime registration	20
Online reports	21
Checking patient registrations.....	21
Practitioner profiles.....	25
eSchedule contacts leaving a practice.....	25
Administrative processes	25
NHS email addresses.....	25
Reminders on PSD administrative processes	26

Scottish Government PCAs

[PCA\(D\)\(2025\)1](#) advises on updates to Determination XIII – Recruitment and Retention Allowance update and a non-SDR coordinating change to the Scottish Dental Access Initiative.

[PCA\(D\)\(2025\)2](#) advises on the 2025–28 Quality Improvement (QI) cycle, including details for the first project available to complete from 1st August 2025. Further information can be found on our [website](#).

[PCA\(D\)\(2025\)03](#) advises on a 4% increase in general dental practitioner and orthodontic fees; an increase to the prior approval limit from £600 to £660; a 4% increase to the commitment payment; and a 4% increase to the amount of General Dental Practice Allowance of 4% to a maximum of £22 880 per quarter.

[PCA\(D\)\(2025\)04](#) advises of Amendment No. 168 to the SDR including updates to Item 1-(c) Unscheduled Care Assessments and Treatment to update conditions/treatments to the list of potential reasons for the appointment; and Item 2-(b) Fissure Sealants to reflect changes to the SDCEP guidance on fissure sealants as a primary preventative measure.

Claims

Error Code (E000853): Time-bar for Extensive Clinical Examination

Error code (**E000853**) will be updated as of 11 December 2025 to include more items of service codes that have time-bar restrictions in the SDR. This update will address the large number of claims received where item 1-(a) Extensive Clinical Examination is time-barred. This is one of the most common reasons for non-payments and subsequent adjustment forms (283 forms).

From 11 December 2025, any claim that fails the 11 complete calendar month time-bar for 1-(a) Extensive Clinical Examinations will be returned with error code **E000853** with the wording below.

E000853	You have claimed more than the maximum number of treatments allowed within a given period for this patient.	Item 1-(A) has been time barred against previous 1 occurrence of item 1-(A) for the same patient within an 11-month period
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This will allow you to review the details on your claim and re-submit a valid claim for payment. This will also reduce administrative time spent on the completion and submission of 283 adjustment forms for practices.

Please note that you may receive error E000853 for other items with a time-bar rule in the SDR. Please read the **full** error message carefully to identify the item of service time barred.

Please refer to [the SDR](#) for the exact wording of all time bars and details of the recall frequency for item 1-(a).

Periodontal assessment and treatment

Incomplete treatment

There is no item available in the SDR to claim a fee for incomplete periodontal assessment and treatment started under items 2-(c) [code B003] or 2-(d) [code B004].

Items 2-(c) and 2-(d) should be claimed only **once treatment has been completed** and is subject to the narrative conditions stated in the SDR.

However, if the narrative conditions to items 2-(c) or 2-(d) have been satisfied, including all the required periodontal assessment recordings and chartings which must be detailed in the clinical records, if the patient fails to return to complete active treatment then a claim under item 2-(c) or 2-(d) can be made.

A claim for any additional periodontal appointment supplement under item 2-(e) [code B005] is based on the reported BPE and/or any interdental bone loss. Any additional periodontal appointment supplement fee can only be claimed alongside items 2-(c) or 2-(d) and in the case of incomplete treatment, should only be made for any additional periodontal appointments completed.

For example, if the patient attends an initial periodontal assessment and treatment appointment with all the required recording and chartings being detailed in the clinical records, then has two further appointments arranged for active treatment but fails to attend the second of these additional appointments, then item 2-(c) / 2-(d) should be claimed along with one item 2-(e).

Continuation cases

In situations where periodontal assessment and treatment under items 2-(c) [code B003] or 2-(d) [code B004] has been started under one list number but is to be continued/completed under a second list number, the item should be claimed only under the second list number and only **once treatment has been completed** and is subject to the narrative conditions stated in the SDR. Any fee should then be divided between the list numbers that provided treatment as an internal matter within the practice.

Any additional periodontal appointment supplement claims should be made alongside the claim under items 2-(c) or 2-(d) and should be claimed under the second dentist's list number only. Any fee should then be divided between the list numbers that provided treatment as an internal matter within the practice.

Dentures

Incomplete treatment

In situations where a patient fails to return and a dentist is unable to complete their denture treatment, the dentist will be able to claim for that incomplete denture under items 7-(a) [code G002], 7-(b) [code G005] and 7-(c) [code G008] as detailed under section 7 of [the SDR](#).

Incomplete denture fee codes should only be used if a patient fails to return. It is not appropriate to use these fee codes in cases where a course of treatment has been started under one list number and continued under another list number (a continuation case).

The narrative in [the SDR](#) relating to incomplete dentures states:

'Incomplete treatment fee for item 7-(a/b/c) can only be claimed after 2 complete calendar months since the patient last attended. Any appliances must be retained for at least 12 months after the date of payment and submitted to the CSA if requested.'

Continuation cases

Where denture treatment has been started under one list number and continued/completed under a second list number, the denture should be claimed in full only once treatment is completed and by the **list number that completes the treatment**. Any fee should then be divided between the list numbers who provided treatment as an internal matter within the practice to reflect lab fees and treatment stages carried out by each dentist.

Errors referring to tooth annotation, surface and/or material

As advised in previous schedule communications and on [our website](#), the changes introduced in August 2024 require you to provide one or more of the following for some treatment items:

- tooth annotation
- surface(s)
- material

If you receive eDental errors relating to this, please ensure you are providing the correct information. You can search [our guidance](#) which provides additional information to help you resolve the error.

The following two example errors are taken from our eDental error guide:

Error Code	Error Description	Additional Guidance
E002022	An item has been claimed where material and annotation are required. The material and annotation supplied is not a valid combination.	Either annotation code has not been specified or the material and annotation supplied is not a valid combination for the item claimed.

The treatment items that require this further information when being claimed are detailed in the table below. Please note that this is only a generic guide and may not reflect exactly how your PMS system presents information.

Item 3 – Fillings	Annotation code	Surfaces	Material code
3-(a) - 1 single surface (Item code: C001) 3-(a) - 2 single surface same tooth (Item code: C012) 3-(b) - 2 surfaces (Item code: C002) 3-(b) - 2 x 2 surfaces same tooth (Item code: C013) 3-(c) - 3 surfaces or more (Item code: C003)	F - filling	M - mesial O - occlusal D - distal B - buccal P - palatal L - lingual I - incisal	A - Amalgam G - Glass R - Resin Composite
Item 4 – Extra Coronal Restorations	Annotation code	Surfaces	Material code
4-(a) - Stainless steel crown and provisional crown/bridge (Item code: D001)	TC - temporary crown TR - temporary retainer TP - temporary pontic SC - stainless steel crown	N/A	N/A

Item 4 – Extra Coronal Restorations	Annotation code	Surfaces	Material code
4-(b) - Crown Placement (Item code: D002) 4-(b) - Crown Placement Incomplete Fee – 70% (Item Code: D003) 4-(b) - Crown Placement Balancing Fee – 30% (Item code: D004)	C - crown	N/A	M - metal B - bonded (metal ceramic) C - ceramic/porcelain
4-(c) - Post and/or core retention for crowns or bridges (Item code: D005) 4-(c) - Post and/or Core Retention Incomplete Fee – 70% (Item code: D019) 4-(c) - Post and/or Core Retention Balancing Fee – 30% (Item code: D020)	PP - pre-fabricated post/core CP - cast post/core FP - fibre post/core OP - other post/core (which may include a combination)	N/A	S - stainless steel L - cast metal alloy F - carbon fibre Z - Any combination of stainless steel, cast metal alloy, carbon fibre or any other filling material
4-(d) - Inlay/onlay placement (Item code: D006) 4-(d) - Inlay/Onlay Incomplete Fee – 70% (Item code: D007) 4-(d) - Inlay/Onlay Balancing Fee – 70% (Item code: D008)	IN - inlay/onlay	M - mesial O - occlusal D - distal B - buccal P - palatal L - lingual I - incisal	M - metal R - resin (composite) C - ceramic/porcelain
4-(e) - Replacement veneer (Item code: D009) 4-(e) - Replacement Veneer Incomplete Fee – 70% (Item code: D010) 4-(e) - Replacement Veneer Balancing Fee – 30% (Item code: D011)	V - veneer	N/A	R - resin (composite) C - ceramic/porcelain
4-(f) - Conventional bridge (per unit) (Item code: D012) 4-(f) - Conventional Bridge Incomplete Fee – 70% (Item code: D013) 4-(f) - Conventional Bridge Balancing Fee – 30% (Item code: D014)	BR - bridge retainer BP - bridge pontic	N/A	N/A
4-(g) - Resin retained bridge (per unit) (Item code: D015) 4-(g) - Resin Retained Bridge Incomplete Fee – 70% (Item code: D016) 4-(g) - Resin Retained Bridge Balancing Fee – 30% (Item code: D017)	BR - bridge retainer BP - bridge pontic	N/A	N/A

Error Code	Error Description	Additional Guidance
E00207	The number of charting records provided for the item claimed does not match the number of charting records required.	A separate charting record, containing annotation code, surface(s) and material must be provided for each individual filling claimed. The error will identify the teeth and fee code(s) affected. Note: The maximum number of single surface fillings that can be claimed per tooth is three, even if more were carried out, and the number of charting records must match the number of single fillings claimed.

Each filling claimed must have a corresponding charting record containing annotation code, material, and the correct number of surface(s). For example: A claim for item 3-(a), where C001 (one single surface filling) and C012 (2 single surface fillings on one tooth) are claimed on tooth 14. We would expect there to be three separate charting records for tooth 14, with each charting record containing annotation code F, the material used for that filling, and one surface.

Please be aware that Customer Services cannot view claims and prior approvals that have failed for any eDental errors. It is therefore important that you try to resolve these errors with the help of our eDental errors guidance. You will need to change something within the claim before resubmitting. If you are unable to resolve the issue and change anything on your claim, you should contact your practice management software (PMS) supplier before attempting to resubmit.

List number and location changes (claims management)

This article will cover the changes to list numbers and locations and their impact on open claims for both general dentistry and orthodontics. It will first provide an overview of the changes, including the change of ownership and location moves. It will then cover the continuation case process (both general and orthodontics) and transfer cases (orthodontics only).

Change of dental practice ownership

Previously, we requested new list numbers for a change of ownership from one practitioner to another. New list numbers were set up at the existing location number, and the practice name was updated for the location.

Now we have taken the decision to manage this change of ownership differently within our payment and registration system MIDAS, making it much simpler to retain the same list numbers. Please see tables below for a clear overview of changes **for both general dentistry and orthodontics**.

Change scenario	List number changed?	Location number changed?
Change of dental or orthodontic practice ownership	No	No
Dental body corporate (DBC) to DBC	Yes, DBC list number changed only. All other list numbers stay the same.	No
Non-DBC to DBC	Yes, new DBC list number issued only. All other list numbers stay the same.	No
DBC to Non-DBC	Resign DBC list number only.	No
Dental practice location moves (same owner)	No	Yes

For more details on changes to ownership, please see our [previous schedule communication](#).

Dental practice location moves (same owner)

Previously, in cases where a practice moves location, all list numbers would be resigned and new list numbers requested at a new location number.

Now we have taken the decision to manage a practice moving location by retaining the list numbers and only changing the practice location number on MIDAS. With this change, dentists and orthodontists must follow the transfer case process for ongoing treatment, as detailed below.

Please note that transfer cases for general dental treatment are very unusual as general dental treatment can often be completed before any location moves, without the need for a transfer process. Orthodontic treatment, however, often takes years to complete. The transfer case process therefore commonly involves orthodontics rather than general dentistry.

Any additional claims management guidance should be sought from NSS.psddental@nhs.scot

For more details on practice location changes, please see our [previous schedule communication](#).

Continuation cases

A continuation case is the claim process for a course of treatment that is started under one list number and continued under another list number **within the same practice location**.

The claims process for continuation cases in general dentistry and orthodontics differ. We have provided a clear explanation of the processes for both below.

General continuation cases

Where a general course of treatment starts under one list number and will continue under a different list number at the same practice, you should follow the [continuation case process](#) detailed on our website.

You will be able to select an option that indicates that **treatment will continue with another dentist** on your Practice Management Software (PMS) and proceed to submitting the first part (Part 1) of the continuation case for payment.

When proceeding with the part 2 of the continuation case, please ensure that:

- You use the same date of acceptance as the part 1;
- Parts 1 and 2 (or higher) are submitted in the correct sequence (you should allow for 1 day between submitting different parts);
- You send the treatment for approval if the course of treatment has changed taking it over the prior approval limit;
- You send the treatment for reapproval if the course of treatment has changed after previously being approved.

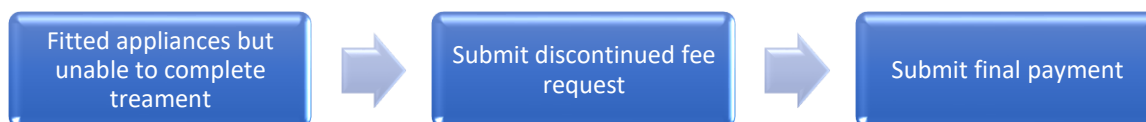
The continuation case process is a function of your PMS, and you should therefore seek their support if you are facing any issues with submission.

Note: Please do not request any adjustments to paid claims (submitted via a 283 form) that have been marked as being "Part 1" of a continuation case. Requesting an adjustment to a Part 1 can cause the submission of the Part 2 to fail.

Orthodontic continuation cases

Part 1

If you have fitted appliances but are unable to complete the patient's treatment, you must submit a **discontinued fee request**. After you have received an approval to this request (which includes codes and fees awarded to replace the original codes and fees), you must then submit a **final payment request** with the new codes and fees.



If you have completed all the items of treatment that you have started and there are no appliances in situ when your colleague is going to take over treatment, then only submit a **final payment request** for the completed treatment. Do not submit a discontinued fee request.



If you have only carried out an examination and diagnostics without starting any active treatment, you should only submit an **examination claim**. Do not submit a discontinued fee request or a final payment request and do not include continuation case details.

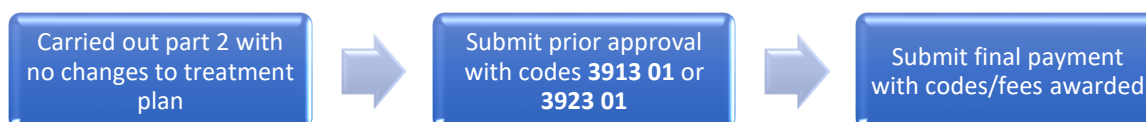


Part 2

After carrying out the part 2 of the treatment (where the treatment has not changed requiring approval), you must request the balance of fees for appliances discontinued by the first dentist. When requesting the balance of fees, you must indicate that this is a continuation case on the software system and in observations and include changes to the treatment plan if any.

See codes below to include in this request:

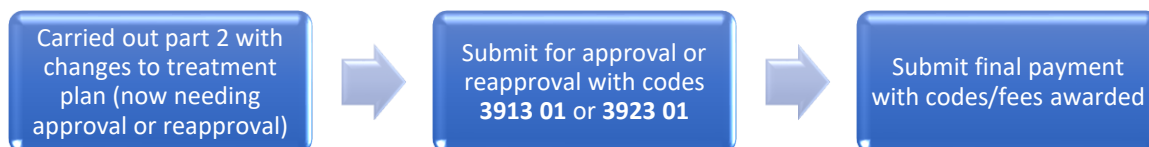
- For claims with an acceptance date before 01 November 2023, use code **3913 01**
- For claims with acceptance date on or after 01 November 2023, use code **3293 01**



If the treatment plan has changed and the treatment now exceeds the prior approval limit, then you must submit the treatment plan for prior approval before beginning the treatment. If the treatment plan was previously approved and has changed since you have taken over treatment, then you must submit the treatment plan for re-approval. When submitting for an approval or re-approval, ensure that you are not including any treatment that has already been claimed for payment in the Part 1 of the case.

Only after you have received (re-)approval can you begin the treatment.

After you have completed the treatment, you must submit a **final payment request** for any treatment started and completed by you; including, the code for the balance of fees as detailed above. If you have not already been awarded a fee, submit the final payment claim with observations and we will return the claim to you informing you of the fee awarded. You should then re-submit your final payment, adding the value provided to the code.



For more information on orthodontic continuation and transfer cases, please visit our [website](#).

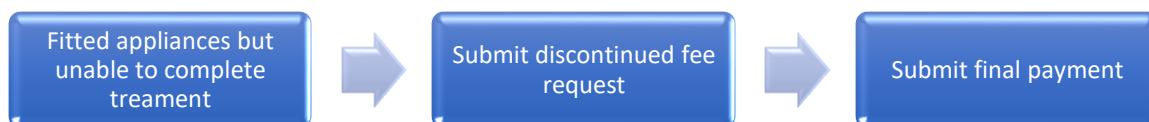
Transfer cases (orthodontics only)

A transfer case is a course of treatment that is started under one list number and transferred and completed at a different practice location.

There are two situations where you will need to follow the transfer case process:

1. If a course of treatment has started under one list number and completed under a different list number at a different practice; or
2. If a course of treatment has started under one list number and continued under the same list number, but there has been a change of practice location code (e.g. when the list number has moved to a different practice).

In both circumstances, you will need to submit a discontinued fee request, and the case will need to be restarted as a transfer case. Please note that you should only submit a discontinued fee request if you have fitted appliances but are unable to complete the treatment.



If there are no appliances in situ, and you have completed all the treatment that you have started, then please submit a final payment request.



If you have not fitted appliances, and have only carried out the examination and diagnostics, you should submit an examination claim.

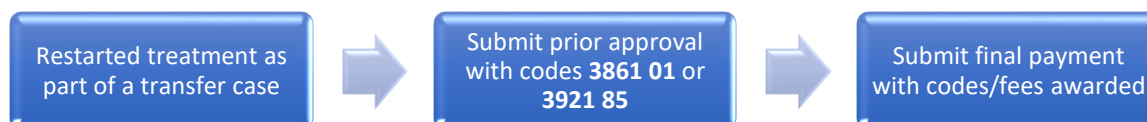


How to restart orthodontic treatment as a transfer case

The orthodontist restarting the treatment as a transfer case at the new practice must indicate on the software system that this is a transfer case and submit a prior approval claim for a balance of fees for appliances in situ with observations detailing treatment still to be completed including any new treatment.

See codes below to include in this request:

- For any claims with an acceptance on or before 01 November 2023, the dentist must use code **3861 01**
- For claims with an acceptance date on or after 01 November 2023, the dentist must use code **3291 85**



Summary

Change scenario	List number changed?	Location number changed?	Claiming process
Change of practice ownership	No	No	Proceed as usual
Change of dentist	Yes	No	Follow continuation case process
Change of dentist	Yes	Yes	Follow transfer case process
Change of practice	No	Yes	Follow transfer case process

For more information on orthodontic continuation and transfer cases, please visit our [website](#).

Duplicate claims

We have received a high volume of duplicate claims because practices are submitting claims for a 1-(a) extensive examination (A001) and creating a separate claim for the treatment with the same start date. Please note that the examination and treatment items should all be submitted on one claim.

Additionally, we are noticing a high volume of duplicate claims where practices are adding omitted treatment and resending the same or replacement claims after they have submitted the original claim. Please note that there cannot be two claims with any overlapping dates. If a correction is required, the original claims must be adjusted (post payment) using a 283 form which will allow change to any aspect of a claim including dates and treatment items.

Reminder: Extensive Clinical Examination Frequency

Based on the patient's known dental history and clinical assessment, the recall frequency for item 1-(a) may be 12, 18 or 24 months. If your patient requires a clinical review between examinations based on patient risk factors identified in item 1-(a) you can claim item 1- (b) review examination.

Scottish Dental Reference Service (SDRS)

The standard and quality of NHS dental treatment in Scotland is monitored by the SDRS. The SDRS is a small, independent team of experienced NHS dentists who make sure NHS dental treatment is carried out to a satisfactory standard.

Every dentist in NHS general practice and Public Dental Service can expect a number of patients to be monitored by the SDRS every year. As part of this quality monitoring process, the SDRS will:

- check that dentists are carrying out appropriate treatment
- examine patients' mouths either before or after treatment

Dental Reference Officer (DRO) Appointments

Cases are randomly selected by the SDRS to be examined by the DRO. Clinics are set up across all health board areas throughout the year, and we write to patients about a month in advance of a clinic date asking them to attend. We ask the patient to contact us to confirm their attendance and select an appointment time that is suitable.

It is only after patients book an appointment at a clinic that we contact the practitioner with the D4 notification letter and Post Treatment D4 Declaration form. We endeavour to give the practitioner at least seven days' notice of this, however, some patients wait until the last minute and only contact us a few days before the clinic date. In these circumstances, we make allowances for the lack of notice this gives the practitioner and the DRO will take this into account if it should affect the report coding.

DRO reports

The SDRS will send a report to the dentist after the appointment. Patients can also request a copy of this report.

The dentist must respond to the report **unless** they receive a code 1 with no administrative codes. Previously, dentists have been asked to respond on the D150 letter that accompanies all reports that require a response. We have now introduced an editable PDF version of the D150R feedback form, which will be sent with the report and must be completed electronically and submitted to us by email within **fourteen days of receiving the report**. We will no longer send a reminder when we have not received a response to a D150 letter.

Failure to respond using the D150R feedback form may result in the recovery of fees where there is deemed to be a breach of the Regulations or there is noncompliance with the narrative and provisos of the [Statement of Dental Remuneration](#). If a dentist is unable to return the D150R feedback form within fourteen days of receiving the report, they should let us know at their earliest convenience and this will be taken into consideration should any follow-up action be required.

Please note: dentists do not need to respond on the D150R form if they have received a code 1 with no administrative codes.

Post Treatment D4 forms and D150R Feedback forms

The Post Treatment D4 Declaration and D150R Feedback forms **must** be completed electronically by typing your comments and supporting information into the boxes provided on the forms. These forms should not be handwritten. Completed forms should be sent by return email only to nss.sdrs@nhs.scot and should not be sent by post.

Please make sure you attach all radiographs relevant to the case when submitting the Post Treatment D4 Declaration to us.

Please remember we are unable to accept any emails containing patient identifiable data from non-NHS email accounts.

You can find out more information on how dental quality is monitored, as well as information on DRO examination codes [here](#).

Prior approvals

Tips for successful prior approval (general dentistry)

To ensure prior approval (PA) submissions are processed with minimal delay, the NSS Practitioner Services team has compiled this checklist to guide dental teams.

Please note, any treatment plan in excess of £660 in value (not including diagnostic items and/or item 8: domiciliary/recalled attendance fees) must be submitted for prior approval before the treatment can commence, unless any care must be undertaken for emergency reasons (e.g. relief of pain, infection or in relation to trauma). Please note: the prior approval limit for claims with an acceptance date on or after 1 November 2023 but before the 1 November 2025 is £600.

Any such emergency treatment [other than 1-(c) claims] should still form part of the prior approval submission and should not be sent for payment as a separate course of treatment.

Your practice management system (PMS) should prompt you to submit a treatment plan for approval if it is above this £660 threshold. This is in accordance with Paragraph 28 of *Schedule I: Terms of Service for Dentists of the National Health Services (General Dental Services)(Scotland) Regulations*.

IMPORTANT – Prior Approval Breaches

Additionally, a dentist must seek re-approval if there is **any subsequent variation to, or addition to**, an approved course of treatment – even if the value decreases. Failure to do so is termed a 'PRIOR APPROVAL BREACH'. However, your PMS software may not prompt you to re-submit. Practitioner Services is currently in dialogue with all the PMS suppliers to modify their software to ensure practitioners are automatically alerted to do this every time there is a change to a treatment plan.

At present, dentists are only alerted to such breaches when the case is submitted for payment as our payment system, MIDAS, can only make a payment if the total value of the submission matches the amount approved: it is a breach of the Regulations to submit a case for payment if it has not been approved.

Please note, a case must also be submitted for approval if there is a change which takes it above the prior approval threshold, when it was below it at the outset.

Additionally, if a case was previously approved and the value reduces, taking it below the threshold, it needs to be submitted to us to let us know this is the case, or it will also be rejected when submitted for payment.

This does not include cases where a patient has failed to return – you can submit these without reapproval.

Amendments to earlier prior approval submissions

If any such amendments are made, for example, because a treatment plan has changed or a request was made by Practitioner Services to provide more information or correct coding errors, please ensure these amendments are saved in your software. We are aware that some PMS suppliers require these amendments to be saved separately, prior to sending as part of a return submission.

If prior approval is no longer required

If a treatment plan changes and prior approval is no longer required, please amend the supplemental information area of the submission by marking the appropriate section, indicating '*approval no longer necessary*' and return the case to Practitioner Services to be closed, otherwise it will delay payment when it is completed.

Information requests and prior approval decisions pending

If there is an open approval case on which you are awaiting a reply from Practitioner Services, we would urge you to continue to check messages in your PMS regularly, to see if there has been any correspondence returned to you.

Dental adviser review facility

Sometimes a dentist may wish to simply ask a Dental Adviser for advice about a treatment plan, rather than submit it for approval, especially if they are unsure about how to proceed. This could be as a consequence of receiving a specialist report from secondary care, perhaps due to inexperience (for example, if you are a VDP), or there may be an element of the treatment being 'patient-led'. Even if the treatment plan is below the prior approval threshold, you can submit it for advice by clicking the '*Dental Adviser Review*' option on your practice management system.

A complete calendar month: a clarification

When such a time bar applies, regardless of when an item is claimed during a calendar month, the remainder of that month is discounted, and then the number of 'complete calendar months' are required to have elapsed before another such claim can be made.

For example, if an item is provided on the 15th of January, and there is a time bar of 3 complete calendar months, then all of February, March and April have to elapse, so that the earliest date it may be claimed again would be the 1st of May.

Observations

When a case is being submitted for the first time, please ensure you **always include clinical observations**, even if the treatment need seems obvious to you.

It may seem a little officious when we return submissions asking for this information, especially if the treatment being proposed is quite 'basic' dentistry, such as multiple extractions and provision of dentures.

However, it is always worth remembering that the Prior Approval team does not have the benefit of seeing the patient in person and if there are no observations, radiographs, etc., the person assessing the prior approval submission at our end has nothing with which to consider the necessity of the treatment or whether other options have been considered, and in these circumstances it will be returned to you, requesting this information. The inclusion of a bit of background on dental/medical history, oral hygiene status, information on patient motivation/limitations or any other relevant factors is always useful.

Radiographs

Any radiographs relevant to the case should be uploaded as **digital** attachments with the prior approval submission. Please do not print them and send as scanned paper documents, as it degrades the image quality.

All radiographs should be correctly orientated, titled and dated appropriately before being submitted to Practitioner Services. Failure to do so may result in delays in approving the case, especially if subsequent clarification is required from the practitioner.

There are now fewer than 10 practices still using film radiographs. If digitised copies of film radiographs are attached to the PA submission, please ensure the images are of adequate quality. Please do not post physical films to Practitioner Services, as most of our team are now home-based.

Always consider the potential risk to the patient from exposure to ionising radiation and limit the number of radiographs taken, where possible.

IR(ME)R guidelines should always be followed.

Best practice guidance for practitioners on the use of radiography in dental practice is available in the College of General Dentistry's *Selection Criteria for Dental Radiography (3rd edition)* and *Guidance Notes for Dental Practitioners on the Safe Use of X-Ray Equipment (2nd edition)*, which align with the Ionising Radiation Regulations 2017 (IRR17) and Ionising Radiation (Medical Exposure) Regulations 2017 (IRMER17).

Selection Criteria for Dental Radiography

<https://cgdent.uk/selection-criteria-for-dental-radiography/>

Guidance Notes for Dental Practitioners on the Safe Use of X-Ray Equipment

<https://cgdent.uk/safe-use-of-x-ray-equipment/>

Clinical photographs

Clinical photographs can often reveal a lot more clinical information that cannot be gleaned from radiographs, giving us a picture of the condition of the mouth in general, especially with regard to the status of the soft tissues and the patient's oral hygiene. These can be submitted as attachments as part of the prior approval submission or as an attached Word/PDF document if difficulties are encountered trying to attach it via your practice management system (PMS). If difficulties are experienced, please contact our Customer Services team, who will be happy to guide you.

Clinical photographs are very helpful in a lot of cases, especially where approval is required in non-carious tooth surface loss (NCTSL) cases, or where composite material is preferred clinically for load bearing situations in posterior teeth if there is not enough retention in a situation where amalgam would normally be considered.

Preventative Care and Periodontal Treatment

With cases involving provision of these items, please ensure the BPE section is completed or there is an assessment of the periodontal condition.

Please make sure that any proposed periodontal treatment satisfies the narratives in the SDR; for example:

Item 2-(e) [code B005] - the narrative to item 2-(e) in the SDR states that the periodontal appointment supplement can only be claimed where treatment is required in **more than one sextant** with a BPE of 3 or 4 and/or interdental bone loss. As item 2-(c) is inclusive of any

PMPR, additional periodontal appointment supplements can only be claimed for each **additional** sextant (up to a maximum of three times) with a reported BPE of 3/4 and/or interdental bone loss.

Restorative Treatment

3-surface fillings on anterior teeth should only be charted where the filling will involve a significant portion of each surface being restored. A simple class III cavity involving one interproximal surface of an anterior tooth should be charted as one surface. Since there is a significant cost difference between a one-surface Mesial composite and a 3-surface BMP composite – which may be charted differently by different practitioners, Practitioner Services will endeavour to make sure dentists are being paid (and patients are being charged) appropriately.

Composite supplements are frequently mis-charted, or not charted at all.

Please note, a **3-(e): Posterior Composite Supplement [C005/C015]** may only be claimed in connection treatment involving the restoration of the occlusal +/- mesial and/or distal marginal ridge of a premolar or molar tooth. If the restoration is on a buccal, palatal or lingual surface of a posterior tooth, or mesial or distal surface (not including the occlusal), a **3-(d): Composite Supplement [C004/C014]** should be charted instead.

Please note - composite supplements are dependent on the **surfaces involved**, as well as the **number of composite fillings** on a tooth.

Appropriate Materials

The narrative to item 3 of the SDR refers to the use of an 'appropriate material'.

Glass ionomer cements are not considered suitable as a permanent restorative material in a mechanically loaded situation, due to their poor mechanical properties, such as low abrasion resistance, fracture strength, toughness and wear, and should not be used as a filling material in stress-bearing applications – i.e. class I or II restorations.

In permanent posterior teeth, where an occlusal or interproximal surface is involved, glass ionomer cements should be used only as a lining or temporary filling material. This is well documented in scientific papers and the material is not recommended for use by manufacturers as a permanent restorative material in class I and II restorations in permanent teeth.

If such a material is being used as temporary restorative, no claim for payment should be made under item 3.

Prostheses

Where a denture is being proposed, the charting should be as accurate as practically possible (taking into account closed spaces, insufficient spacing etc.).

7-(e): ADDITION, HARD RELINE or REPAIR of a DENTURE [G011]

Where code G011 is used, the observations should clarify which item is being proposed under this code.

7-(h): LABORATORY-MADE APPLIANCE [G014] to be used as:

- **Soft Splint**
- **Fluoride Tray**
- **Trauma Retainer**
- **External Bleaching Tray**

Where code G014 is used, the observations should specify what the proposed appliance is and include appropriate justification for its provision.

Tips for successful prior approval (Orthodontic)

IOTN gradings

Please ensure accurate IOTN gradings are provided on each prior approval submission. Discrepancies in IOTN gradings result in cases being returned to the practitioner, requesting further information. This generates an increased workload for both the practitioner and Practitioner Services.

We would remind practitioners to refrain from submitting cases for approval that are clearly below the IOTN threshold of 3d AC 6. We appreciate sometimes patients are disappointed when they discover they fail to meet the criteria for provision of treatment under an NHS arrangement, but it is the responsibility of the practitioner to have this discussion directly with the patient or their representative and it should not involve Practitioner Services.

IOTN training

Practitioner Services would encourage all practitioners providing orthodontic treatment to undertake all necessary training, including calibration in the use of IOTN.

Be aware of breaches

A practitioner must seek re-approval if there is any subsequent variation to, or addition to, an approved course of treatment – even if the value decreases. Failure to do so is termed a ‘PRIOR APPROVAL BREACH’. However, your PMS software may not automatically prompt you to re-submit. At present, dentists may only be alerted to such breaches when the case is submitted for final payment, as the total cost approved is not the same as submitted as final payment. It is a breach of the Regulations to submit a case for payment if it has not been approved with any such changes. Therefore, any changes to treatments plans including, addition or removal of treatment items and changes to extraction patterns **must be submitted for re-approval**.

IMPORTANT – The Regulations do not permit re-submission for approval once the appliances have been removed, as this would also constitute a prior approval breach; in such circumstances, payment cannot then be authorised for any part of the treatment.

Observations

Please refrain from inserting full stops, N/A etc. in the observations box. If a claim is rejected for transmission and the error code states that observations are required, then appropriate clinical observations need to be added to the claim. Adding a full stop as an observation greatly increases the number of claims that need to be returned for further information.

Treatment plans

All orthodontic prior approval submissions require a patient-specific treatment plan. Practitioner Services would remind practitioners that not all fields on the practice management system (PMS) screen are visible to Practitioner Services when the case is submitted for approval. The treatment plan should be clear, patient-specific, and entered into the appropriate field within your PMS.

Please do not use generic, non-patient specific treatment plans, as this greatly increases the number of claims that need to be returned for further information.

IMPORTANT – Dental Advisers have encountered several instances where referring practitioners have been instructed by orthodontic practices they have referred to, to extract teeth as part of the orthodontic treatment plan, when the treatment plan has yet to be assessed by an Orthodontic Adviser. In at least one case the treatment plan did not meet the approval criteria of the Adviser team, yet the teeth had already been extracted.

Orthodontic referral practices should always ensure a treatment plan is approved before sending a report to the referring practitioner.

Appliances

Please make every effort to claim the correct appliances. This is the dentist's responsibility and should not be delegated to other practice staff.

Transfer cases

These must be **opened** first as follows: the **transfer code** will be added automatically to the claim when it is opened correctly, and it is under this transfer code that the balance of fees for the appliances that are 'in situ' will be added. The full fee item codes for the appliances that are already 'in situ' should not be added to the claim.

More information about transfer cases can be found in the section above under '[List number and location changes \(claims management\)](#)' and on the Practitioner Services website under the paragraph labelled 'Transfer Cases' on the link below:

[Orthodontic dental treatment - claim message types - Continuation and Transfer cases | National Services Scotland](#)

Continuation cases

It is advised that you contact the Prior Approval team for advice on how to discontinue and continue a course of treatment for continuation cases if you are not familiar with the correct process, particularly in the case of bulk discontinuations.

Advice on the discontinuation/continuation process can be found in the section above under '[List number and location changes \(claims management\)](#)' and on the Practitioner Services website, under the paragraph 'Continuation Cases' on the link below:

[Orthodontic dental treatment – claim message types – Continuation and Transfer cases | National Services Scotland](#)

Practice relocations

If a practice moves location, all open courses of orthodontic treatment will need to be discontinued at the old practice location. Once the practice has moved location, all of the courses of treatment that have been discontinued will now become transfer cases at the new practice location. New prior approval claims will need to be opened and submitted as '**transfer**' prior approval claims for approval, for completion of the treatment.

If your practice is due to move location, please contact the Prior Approval team by email in advance of the move, so that they can advise on how to manage the open courses of orthodontic treatment: nss.psd-prior-approval@nhs.scot

Change of list numbers

If there is a change in the list number for the practitioner providing the orthodontic treatment, for courses of treatment that have started and will be completed at the same practice location, for any reason, the course of treatment then becomes a '**continuation case**'. The discontinuation/continuation process needs to be followed accordingly.

More information about change of list numbers can be found in the section above under '[List number and location changes \(claims management\)](#)'.

Attachments

Please ensure accurate labelling of attachments (including dates). The correct clinical record type should be written under the 'description' field, otherwise it is not possible to differentiate between the different types of attachments in eOrtho. It should also be noted that the date entered should be the date that the clinical record was **taken**, and not the date of transmission of the claim.

Digital models and clinical photographs

Ensure digital models and clinical photographs are correct and contemporaneous for the patient and articulated accurately to demonstrate the occlusion. If the models and/or the clinical photographs do not appear to reflect the patient's occlusion, this may result in the claim being returned for further information.

Interim payments

Only one interim payment can be claimed for a course of treatment, including continuation cases. This means that a 'continuing' practitioner cannot claim an interim payment for an appliance that they have fitted, if an interim payment was claimed by a previous practitioner for a different appliance during the same course of treatment.

Change of practice management system (PMS) supplier

When moving from one PMS supplier to another – please ensure that you inform the Practitioner Services Customer Services team well in advance of an intended change of PMS supplier, as this may have an impact on your ability to submit claims for open courses of orthodontic treatment.

If notified in advance of a change in PMS, the Customer Service team will be able to advise on action(s) that need to be taken.

You can call Customer Services on 03450 342458; or email at nss.psddental@nhs.scot

Study Models

Images of study models should be submitted for:

- orthodontic cases;
- treatment plans involving bridgework;
- hard splints;
- tooth surface loss; or
- where they have been requested by a member of the Prior Approval team.

Please do not post physical study models to Practitioner Services, as most of our team are now home-based.

Photographs of study models should include:

- occlusal views of both arches;
- an anterior view, in occlusion; and
- right and left lateral views, in occlusion



Intra-Oral Scans

The use of these images is increasing. However, it is important that intra-oral scans (.stl files) contain the same range of information provided by the photographs of study models illustrated in the example on the previous page.

Please do not send scans which only include a partial section of an arch.

Unless the scans include the full dentition and show the occlusion, the Prior Approval team will have insufficient clinical information to assess the treatment proposals.

Prior approval error: submission returned as electronic evidence could not be appended

This message may appear when you are responding to an information request on a prior approval.

The message means you have not uploaded any evidence via the evidence upload link but have indicated that you have, or vice versa.

If you have no evidence to upload with this submission, ensure that the box or option stating that evidence is uploaded is unticked or unselected. Then submit your response to the information request.

Patient details

Updating patient details – GP287

In cases where a patient's details have changed since their last appointment, such as a change of surname, please inform practitioner services through a [GP287 form](#). If the patient has informed you of a change of gender, please follow the appropriate steps as outlined on [this page](#).

This should also be used if you notice that the records showing on your schedules for a patient are wrong (e.g. incorrect spelling of their name or incorrect CHI).

Please submit a 287 form to our Customer Administration team (nss.psd-customer-admin@nhs.scot) to have these details corrected. You can find this form [here](#).

Patient registrations

Lifetime registration

Lifetime registration took effect from 1 April 2010. However, on 1 April 2009, the Scottish Government extended registration from 36 months to 48 months, ensuring that no patient registrations between the period 1 April 2009 and 31 March 2010 lapsed.

This means that patient registrations from 1 April 2006 will not have lapsed, as the registration period extended from 3 years to 4 years, and subsequently entered lifetime registration.

Therefore, any patient registered with your practice on or after 1 April 2006 will remain registered at your practice, unless:

- They have registered elsewhere
- They have left the country
- You have de-registered them using a GP200
- They have passed away

For further information on lifetime registrations, please read the following PCAs:

- [PCA2009\(D\)02.pdf \(scot.nhs.uk\)](#)
- [PCA\(D\)\(2010\)1 – introduction of non-time limited registration](#)

Online reports

Checking patient registrations

If you are unsure whether a patient is registered at your practice or would like to know which dentist a patient is registered with within your practice, you can follow the steps below to run registration reports. These reports provide registration details for all patients registered within a practice.

Please remember that this is the only way to accurately check if a patient is registered at your practice; your practice management system may not accurately reflect up-to-date registrations.

The eSchedule contact for the practice can access the patients registered at the practice by choosing the Registrations Detail report.

Online Reports

Treatment, payment and patient reporting

The following reports are available:

Payment Schedule Reports

[Remittance Advice](#)

[Account 7 General](#)

[Account 7 Commitment](#)

[Additional Payments and Recoveries](#)

[Allowances and Superannuation](#)

[Item of Service Payments](#)

[Item of Service Detail](#)

[Item of Service Adjustments](#)

[Patient Information](#)

[Registrations Payment](#)

[Registrations Summary](#)

[Registrations Detail](#)

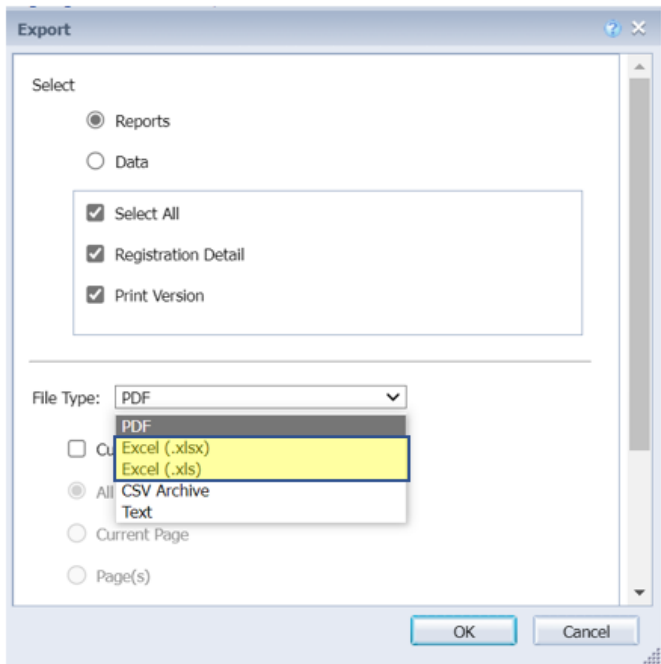
[Superannuation Cumulative](#)

The following prompt will appear. Under List Number, press the 'Refresh Values' button. This will show all the active and historical list numbers within the practice that the eSchedule contact has access to in the box highlighted in pink. Select the relevant values from the box and click the arrow pointing to the right. And finally select 'OK'.

To export it, click the following option found on the top left corner.



You can choose to export them into an excel document, which will be editable.



Once you have exported these reports, you can search for names and/or dates of birth to doublecheck the registration of patients. This will allow dentists to access the up-to-date list of patients registered to them. The eSchedule contact will be able to have multiple list numbers on one report and will therefore be able to check which dentist a patient is registered with within the practice.

After exporting the report into excel, all the data will present on one tab. It will show the list of patients registered under each list number (see below). Therefore, when searching for a specific patient, please ensure that you check which list number they are registered under.

List number 00000
Name XX XX XX

Patient ID	Surname	Forename	CHI	Date of Birth	Sex	Postcode	Registration Type	Initial Registration	Period Start Date	Due to Reduce Date

List number 00000
Name XX XX XX

Patient ID	Surname	Forename	CHI	Date of Birth	Sex	Postcode	Registration Type	Initial Registration	Period Start Date	Due to Reduce Date

Your part in maintaining accurate patient records

The patient community health index or CHI number is used to link claims to the correct record. These CHI numbers should be used where possible on all claims, and we would encourage you to request CHI numbers from all new patients.

Please note that some patients may not have a CHI number assigned to them. These might be patients who live in other parts of the UK or patients who have not registered with a GP. In such cases, please indicate that no CHI number is available and ensure not to select the CHI number of another patient.

For patients that are twins, please check they have different CHI numbers on their claims. If they are new to your practice, we recommend that you request CHI numbers from the patient or guardian before submitting claims.

Sending claims for twins without CHI especially for same day treatment increases the chance of inaccurate records. If you receive a claim rejection for a patient with a twin, please contact Practitioner Services for support at nss.psddental@nhs.scot

We use CHI as part of the process of maintaining the Master record for each dental patient registered in Scotland, this makes sure patient treatment histories are linked together.

Actions for the practice

Each month, you can run the dental payment schedule report called 'Patient Information', which contains details of patient registration changes and discrepancies with patient details. Please remember that you can only run this report for the current month and that you cannot run this report for previous months.

Online Reports

Treatment, payment and patient reporting

The following reports are available:

Payment Schedule Reports

[Remittance Advice](#)

[Account 7 General](#)

[Account 7 Commitment](#)

[Additional Payments and Recoveries](#)

[Allowances and Superannuation](#)

[Item of Service Payments](#)

[Item of Service Detail](#)

[Item of Service Adjustments](#)

[Patient Information](#)

[Registrations Payment](#)

[Registrations Summary](#)

[Registrations Detail](#)

[Superannuation Cumulative](#)

The 'Registration Status Description' column may show the following changes:

- **Transferred within the practice** – the patient has registered with another dentist within the same practice as you, and the patient's registration with you will therefore cease
- **Transferred outwith the practice** – the patient registered with another dentist in another practice therefore the patient's registration with you will cease.
- **Automatic transfer** – this refers to patients who have recently turned 18 years old.

- **Bulk transfer – initial registration** – this patient has been bulk transferred to you and is now registered with you, and you will receive registration payments.
- **In receipt of reduced payment** – as this registered patient has not been seen for over 3 years, the registration rate will reduce to 20 per cent of the full rate.
- **Due to quality for reduced payment** – as this registered patient has not been seen for over 3 years, the registration rate will reduce to 20 per cent of the full rate on the date detailed
- **Bulk transferred** – this patient has been transferred to another dentist as part of a bulk transfer, therefore the patient's registration with you will cease
- **Withdrawn – deceased** – your registration will cease for this patient

Patient	Patient Sex	Patient D.O.B.	CHI Number	Registration Initial Date	Registration Status Description	Effective Date
BLOGGS JOE	M	01/03/2007	0000000000	18/04/2024	Automatic Transfer	30/01/2025
DOE JANE	F	01/01/2000	0000000001	20/01/2025	Transferred within the practice	23/01/2025
BLOGGS JOE	M	01/01/1995	0000000002	20/01/2025	Bulk Transfer - Initial Registration	21/01/2025
DOE JANE	F	01/01/1980	0000000003	20/01/2025	Due to quality for reduced payment	25/01/2025
BLOGGS JOE	M	01/01/2001	0000000004	20/01/2025	Transferred outwith the practice	26/01/2025
DOE JANE	F	01/01/1976	0000000005	01/04/2024	In receipt of reduced payment	27/01/2025
BLOGGS JOE	M	01/01/1930	0000000006	20/01/2025	Withdrawn - Deceased	28/01/2025

If a patient disputes the information in this report (for instance if they claim that they have not registered elsewhere) or if you think this is incorrect you should complete the dental 289 form for us to investigate:

<https://www.nss.nhs.scot/publications/dental-administration-forms/>

The 'Linked Patients' section shows the master record that we hold and those entered on the claim if different.

Linked Patients (Patient Details on Claim Differ from patient Master Details as shown in the current

Patient	Patient Sex	Patient D.O.B.	CHI Number	Claim Surname	Claim Forename	Claim Sex	Claim D.O.B	Claim CHI
BLOGGS JOE	M	01/01/1990	0000000000	BLOGGS	JOHN	M	01/02/1990	

Common causes are incorrect spelling of names and various versions of the same patient's name being submitted on claims, i.e. 'Benjamin' being shortened to 'Ben' increases the chance of inaccurate records.

Where a patient presents and has changed their surname since their last visit, you should submit the claim using their new surname but must also enter their previous surname in the previous surname box on your software.

This allows us to amend the patient's master record when the claim comes in. **If our records are wrong, please provide the correct details using the dental 287 form.**

<https://www.nss.nhs.scot/publications/dental-administration-forms/>

Practitioner profiles

On the 15th of August we announced the launch of the Beta version of Dental Practitioner Profile reports for general dentists and orthodontic specialists. We are pleased to announce that the full testing for this service has now been completed.

These reports will appear alongside your current eSchedule reports in Business Objects for general dental and orthodontic practitioners. Practitioners will therefore not need to do anything to gain access to these reports if they already have access to their eSchedules. Sending reports twice yearly will now stop, as practitioners can run these reports on demand for any time period since November 2023. We would encourage practitioners to run these reports regularly to gain insight and understanding of their payments, and clinical practice to understand the variation in treatment provisions.

Please remember that practice-based access to practitioner profiles for both general dental and orthodontic practitioners **will only be available to the individual practitioner**, and not the eSchedule contact within a practice. The eSchedule contact will only have access to their own reports. Profile reports can also be run by Practitioner Services and provided to NHS Boards and NHS Education for Scotland.

For guidance on using eSchedules to access your practitioner profile, please see our website:

<https://www.nss.nhs.scot/dental-services/online-reports/manage-and-understand-practitioner-profile-reports/>

If you have any questions or feedback about these reports, please contact Practitioner Services at: nss.psddental@nhs.scot

eSchedule contacts leaving a practice

The eSchedule contact (in most cases this will be the principal dentist or the practice manager) has access to all eSchedule reports pertaining to the practice. Therefore, if the eSchedule contact has left the practice, it is important that you notify us right away so that we can revoke their access to the practice's reports. **Please note that it is the account holder's responsibility to notify us of this change.**

In the case of a new practice manager starting, a new OLR002 form must be submitted for the new user. The previous user's eSchedules account should not be used by the new practice manager. The [OL002 form](#) and can be sent via email to nss.psd-customer-admin@nhs.scot. This can include an amendment to an existing eSchedule contact's details or a change in eSchedule contact.

Administrative processes

NHS email addresses

NHS emails are used for a variety of NHS communications and as a user identifier for some eDental services such as eSchedules, for example. We would, therefore, like to highlight the importance for all dentists to maintain their access. If you have an NHS email address, then please make sure that you are accessing this email address regularly to ensure you receive the relevant communications and the email address remains active.

Newly listed dentists should receive their email account from their local Health Board. Once you have received a new or updated NHS email address from your Health Board, we ask that you provide this to Practitioner Services. Please include your list number and send it by email to nss.psddental@nhs.scot.

Reminders on PSD administrative processes

List number updates

Registered patients on resigned list numbers

Please note that if a list number is going to be resigned, all patients registered to that list number will need to be transferred to another dentist using a **GP208** or **GP209**.

National Insurance numbers must be available for new list numbers

Please remember to include your National Insurance number on your GP21a or in your request for a new list number to the Health Board.

Payment claims

Observations not needed for failure to return

Where a patient has failed to return, please ensure that the 'Patient Failed to Return' option has been ticked. This may also appear as 'PFTR' on your software. Observations are not required in these situations. Any observations added to these claims only result in delays in processing the claims as these need to be manually reviewed.

Observations not needed for radiographs or study models used from previous COT

If you are sending a claim where the radiographs or study models from a previous course of treatment have been used, please ensure that the options 'radiographs available' and/or 'study models available' have been ticked. Observations are not required in these situations. Any observations added to these claims only result in delays in processing the claims as these need to be manually reviewed.

Clinical observations are only required if a fee is requested.

MIDAS duplicates

Please ensure that claims for examinations and radiographs are sent for payment on the day of the appointment if no further treatment is needed. If further treatment is needed, please ensure that you add treatment items onto the existing claim and send this claim for payment when the treatment is complete. Remember that you should not open a new course of treatment if the claim for examination and radiographs is still open, as this will result in a duplicate and, therefore, a rejection.

GP200 – deregistration of patients

Please remember that GP200 forms should be sent to your local Health Board, who will then submit them to our Customer Administration team. The Health Board will need to complete Part 4 of the form for our Customer Administration team to process these requests.

Please also ensure that the patient is registered with the correct dentist on stamp and detailed on part 2 of the form. GP200s submitted with the wrong registration details may result in a rejection.

Patient details and CHI

If you have been advised that there is an issue regarding one of your patient's records, please ensure that you are using the correct CHI and date of birth after the issue has been rectified by practitioner services. This will prevent further patient matching issues.

GP287 – updating patient details

In cases where a patient's details have changed since their last appointment, such as a change of surname, please inform practitioner services through a [GP287 form](#). If the patient has informed you of a change of gender, please follow the appropriate steps as outlined on [this page](#).

This should also be used if you notice that the records showing on your schedules for a patient are wrong (e.g. incorrect spelling of their name or incorrect CHI).

Please submit a 287 form to our Customer Administration team (nss.psd-customer-admin@nhs.scot) to have these details corrected. You can find this form [here](#).