

**January 2023
edition**



Mouthpiece

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New Senior Dental Adviser - Gerard Boyle

In 2022, we welcomed our new Senior Dental Adviser in Practitioner Services (PSD), Gerard Boyle. He has been appointed to the role previously held by Alan Whittet, who recently retired.

Gerard has spent over 30 years in general dental practice, most of this time as a partner in a busy NHS practice in Glasgow. With 15 of these years as a health board dental practice inspector and Dental Practice Adviser (DPA). Gerard also has 10 years' experience in postgraduate education with the Faculty of General Dental Practice Scotland. He represented the profession nationally on the British Dental Association's Scottish Dental Practice Committee (SDPC) and locally with Greater Glasgow & Clyde LDC, between 2004 and 2019. Gerard joined the Practitioner Services clinical team on a full-time basis in 2019 and took up the post of Senior Dental Adviser on 16 May 2022.

A message from Gerard Boyle, Senior Dental Adviser

"I manage the clinical team within NSS Practitioner Services, which is comprised of: the Dental Advisers, whose main contact with the profession is via Prior Approval; and the Dental Reference Officers, who work within the Scottish Dental Reference Service.

Our aim is to work in partnership with practitioners, to maintain and improve NHS dental care, and in this endeavour, we always welcome communication with us if there is anything you need clarification or advice with."



[Contact the clinical team](#)

Publications of Primary Care Advisory notices (PCA)

Primary Care Advisory notices (PCA) are essentially the instructions from Scottish Government. The Scottish Government publishes their PCA on www.scottishdental.org. We request practitioners to regularly visit this site to ensure that they are aware of changes to statutory regulation and guidance relevant to the provision of dental and oral care in Scotland.

Once a PCA has been published, you will also be able to access it through our website, along with other regulatory publications, through [this page](#). We advise that you read the [monthly schedule communications](#), in which we always aim to inform you when there has been a new PCA or regulatory publication.

Claims

The Three-Month Rule

The **Statement of Dental Remuneration (SDR)** states that where care and treatment for a patient is provided to a patient the dentist should submit the appropriate dental payment claim to the Board within three months of the completion of such care and treatment. If a general or orthodontic payment claim is submitted over 3 months from the date of completion of the treatment plan, the claim will reject on your system with the error: **E000626: Your claim was not received within 3 months of the completion date.**

There are some exceptional circumstances where payment will be considered, including:

- any claim where a computer software issue was the cause that was beyond the practitioners' control and can be verified;
- if errors or omissions are attributable to Practitioner Services;
- if entry of the claim into our payment system could have been delayed.

Payments will not be made unless the conditions listed under paragraph 4 in the SDR apply. We cannot pay claims if:

- claims have been submitted more than 3 months after the completion date; or
- claims have been returned to the you for amendment, which take more than 30 working days to be resubmitted.

Additional considerations

Incomplete Treatment Plans

Where a claim has been submitted without treatment being completed – for example a patient failed to attend (PFTR), or there has been repeated cancellation of

appointments, the date of submission should be the date of the last appointment that the patient was due to attend, **or** the date the practitioner decided the patient was not going to attend (not the last attended appointment).

Claims involving discretionary items

The timescale for submitting a claim involving a discretionary payment should be calculated using the date we provided the discretionary fee and the date the claim was submitted.

Corrections to claims

In the event of protracted discussions regarding a claim, the practitioner has one month from the date of resolution to make the necessary corrections and resubmit.

Observations on claims

We are experiencing a large increase in unnecessary observations on claims which take longer to be processed and can delay payment. Please note we do not require observations to be entered on a claim in the following circumstances:

- **Patient Failed to Return (PFTR)** - If a patient fails to return to complete treatment, your practice management software (PMS) has a function to declare the PFTR and you should not additionally record any comments about PFTR in the observations. Note: Completion date of a PFTR is the last missed appointment date.
- **Patient has refused treatment** - When a patient has refused treatment, you must select the field that indicates that the patient refused treatment and you have provided the care and treatment the patient was willing to undergo. There is no requirement to additionally record comments for example listing the treatment not carried out or the reason the patient refused treatment.
- Observations should also not be used for any of the following comments that are already within your claim detail, for example patient is under 26 years old, patient is pregnant, SIMD area code, x-rays available.

Duplicate claims

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. Staff and dentists must be aware of the claiming process where there cannot be two claims with any overlapping dates. The original claims can be adjusted (post payment) using the 283 form to change any aspect of a claim including dates and treatment.

Continuation cases

Prior Approval Continuation cases

If a course of treatment is started under one list number and completed under another list number within the same practice, then this is a continuation case. This process is a function of your Practice Management Software (PMS) and therefore general and technical support for these claims should be from your PMS support.

The same date of acceptance must be used on all parts, to reflect that it is one course of treatment. The separate parts 1 and 2 (or higher) must be submitted in the correct sequence and it is advisable to allow at least 1 day between submitting the different parts.

Your PMS maintains the patient charge, the patient's exemption status and any prior approval granted on the part 1 claim by carrying it on to the part 2. This ensures the maximum patient charge is not breached, applies the correct exemption for the whole course of treatment and treatment can continue for an approved case if the treatment plan is unchanged.

After you take over treatment on the part 2 and you realise the proposed treatment has changed for either an existing prior approved case or where the combined cost of all parts of a continuation case is now above the prior approval limit, **stop treatment, amend the treatment plan** on your PMS which will invite you to **apply for approval or re-approval**.

Your PMS may request you to enter the claim number, Case ID, or DRS of the part 1 onto the part 2 claim and state what part number the claim is. There may also be a requirement to add prior approval details such as the date and 30-digit approval code onto the part 2 although some PMS may do this automatically.

Do not enter any of the above information in observations, use your PMS to manage these cases and enter details only in the specific data fields provided in your system.

PMS systems may have variations of the same process, so we again recommend you take their advice and support.

Final payment continuation case

Orthodontic continuation and transfer case claims for final payment of both part 1 and 2 must include observations detailing what incomplete treatment or balance fees are being claimed for. Claims without observations will get processed, but this may result in an incomplete payment being made for those items.

Orthodontic Payment claims

Each Orthodontic payment claim submitted has a unique twelve-digit Case ID. This is made up of:

- Dentist list number – 5 digits

- Practice reference number (PRN)* – 6 digits
- Submission count – 1 digit

For each payment claim you submit, i.e., Examination, Interim Payment, Final Payment, etc, you have a maximum of ten attempts to submit it successfully (submission count begins at 0 and rises to a maximum of 9).

Every time an individual payment claim is rejected, this ‘uses up’ a submission, as the submission count rises by one for every attempt.

If you receive the same error message on two attempts, you should contact your supplier before attempting to submit again, as what you tried to do to fix the error did not work. Continuing to submit will only receive the same error and use up your number of attempts.

Some message types also use the same PRN as previous messages for the same patient, for example, if you claim an Interim Payment, when it comes to submitting your Final Payment for the same patient, you will already have used one submission (unless you had rejections when trying to submit the Interim Payment, in which case you will have used more). If you need to submit a Discontinued Fee Request before the Final Payment, this also uses the same PRN as the Interim Payment, again reducing the number of attempts you will have for the Final Payment.

Example: Patient – Joe Bloggs

Dentist list number – 99999

Practice reference number – 001234 (this may show on your system as 1234 without the leading zeros)

Message type	Submission count	Status
Interim Payment	0	Rejected with an error (E00xxxx)
Interim Payment	1	Successful submission
Discontinued Fee Request	2	Rejected with an error (E00xxxx)
Discontinued Fee Request	3	Rejected with an error (E00xxxx)
Discontinued Fee Request	4	Rejected with an error (E00xxxx)
Discontinued Fee Request	5	Successful submission

This only leaves submissions 6, 7, 8 and 9 to successfully submit your Final Payment for this patient. If each of the last four submissions is rejected with an error, you have run out of attempts and will need to contact your supplier.

When this happens, it creates a lot of work for both your supplier and Practitioner Services to return your claim to a status where you can attempt further submissions. It will also delay the payment of your claim, as it takes some time to rectify the situation.

*PRN may be known as COT or DSR depending on the practice management system you use.

Orthodontic submissions claim type

When submitting any Orthodontic claim, you must ensure you select the correct claim type.

There are 5 claim types:

1. Initial registration/continued registration with dentist
2. Registered with another dentist at this practice
3. Registered with another dentist at another practice
4. Not registered with any practice
5. Referred patient

Where a patient has been referred to an orthodontic specialist practice by a general dental practice, all prior approvals and payment claims must be marked as claim type 5: Referred patient. Failure to do this results in the patient's registration being removed from the general dentist and may also result in you not being paid correctly.

If a general dentist is carrying out orthodontic treatment on a patient already registered with them, claim type 1: Initial registration/continued registration with dentist should be used on the patient's orthodontic prior approval and payment claims.

eDental and eOrtho guidance incorporated into website

The eDental and eOrtho guidance documents have now been updated and incorporated into our website itself for ease of reference and accessibility.

We have added new sections to our '[Dental Services](#)' section and invite you to peruse the new information.

The section '[Get prior approval for treatments](#)', which is found under '[Allowances, claims and payments](#)', now includes information on charting and annotation codes, retained deciduous teeth, and treatments with no item of service specific code.

The section '[Setting up and managing your NHS secure connection](#)', which is found under '[Allowances, claims and payments](#)', now includes information on managing your NHS eDental connection.

The section '[Amend patient details](#)' which is found under '[Patient details](#)', now includes information on changing a patient's name and/or gender.

The following new sections have also been added under '[Allowances, claims and payments](#)':

- [General dental treatment - Continuation cases](#)
- [GP17 forms and patient signatures](#)
- [Orthodontic dental treatment - claim message types - Continuation and Transfer cases](#).

***Note**

Both sections for continuation cases general and continuation and transfer cases Orthodontic are for guidance only. These processes are entirely systemised within your relevant software and you must contact **your practice management software** for advice and guidance for managing a treatment claim when changing dentist or the list number carrying out treatment.

eSchedules

Understanding eSchedule reports

The monthly eSchedule consists of a number of pre-defined reports. If you are new to using eSchedules, or require some support in running and understanding the reports available, there is [information and guidance](#) available on our website covering how to run and manage your reports, as well as guidance on the information contained within each report.

Accessing and maintaining your eSchedule access

New application forms for eSchedule access are now online, any applications using outdated forms will be returned.

1. If you're a General Dental Practitioner, Orthodontic Contractor, or Public Dental Service Practitioner you can request online access to your payment schedule and practice reports. Complete the dental online reporting application form called [eSchedule dentist registration form - OLR001](#)
2. A practice can authorise one nominated General Dental Practitioner or Orthodontic Contractor to access all the dentist's monthly payment schedule reports within a practice. The form can also be used to change access for an existing eSchedule contact. Complete the dental online reporting application called [eSchedule contact form - OLR002](#)
3. For Health Boards only, if you're a Clinical Director or a Clinical Lead you can get access to the PDS payment schedule and activity measure reports in your NHS Board. Normally the number of accounts is limited to 2/3 staff per board

and the form can also be used to inform us to remove and designate new access. Complete the application form called [NHS Board registration form - OLR003](#)

Please ensure you read the [eSchedule access terms and conditions](#). We also have guidance on managing your reports and how to use eSchedules [here](#).

E-schedule contacts

We send a monthly email regarding the availability of eSchedule reports and schedule communications to the relevant eSchedule contacts in different practices. If the eSchedule contact resigns their list number, they or a newly designated person will need to apply to be the eSchedule contact. If you wish to update or provide an amendment to the eSchedule contacts for your practice to receive these emails, please fill out the [eSchedule contact form](#) and send it via email to nss.psd-customer-admin@nhs.scot

Importance of Dentists' access to and use of NHS email

Dentists' NHS email is used for a variety of NHS communications and as a user identifier for some eDental services for example eSchedules. Future e-services and administration may also go through ServiceNow which is always connected to an NHS email. 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 that you receive the relevant communications and that the email address remains active.

Newly listed dentists should receive their email account from the local health boards. If they have never received this account information, they should contact their local health board.

If a dentist has changed their name and wants to change their email, again contact the local health board.

If you need to change/reset your eSchedule password, you can visit the login screen on the [Directory Information System website](#). If you have a CAT20 secure connection please use an unconnected device, such as your personal Smart Phone, to access this website.

Because dentists' emails are linked to some eDental services it's important to maintain that access by advising us of any change to their email addresses using the contact for customer services at the end of this communication.

Changing NHS connection

If you're changing your eDental technical set up for any of the following reasons, then you are required to advise us so we can help maintain your eDental connection.

Changing practice management software (PMS)

If you have decided to change your PMS supplier you should advise us formally by emailing NSS.psddental@nhs.scot providing us with the practice details, an example list number and a go live date, as well as detailing the old PMS supplier and the new PMS supplier.

You must complete the [code of connection](#) to reflect the new system you are using and attach it to the email.

Please make sure you transfer any open treatments and claim response messages for rejected claims from your existing PMS before the go live date on your new PMS. We cannot support a practice attempting to use two PMS systems simultaneously or requesting to go back to the old PMS.

If required, we will arrange for your new supplier to receive an EPOC which is a password which allows your PMS to connect to the NHS network.

Other considerations you should advise us about:

1. If you are altering your local area network equipment, for example new PCs or other hardware, you should advise us of this in your email.
2. If your SWAN connection uses your own broadband and you are changing broadband provider, we will require the new internal default gateway IP address.
3. If your location requires a new NHS connection equipment this may take up to 6 weeks to order and deliver for the practice to plugin/install.

There is a [general guide](#) to managing your edental connection available on our website.

Changing location

Please contact us to advise of the move details and depending on the situation we will offer the appropriate support and advice.

Changing Internet provider or replacing your internet router

As soon as you have replaced an internet router or plan to change internet provider you should ask your IT support to look at the guidance for [managing eDental connections](#) which refers to updating the CAT20 with the new default gateway IP details. You should contact us with details of these changes, and we are also here to provide support if required.

Guidance for when a patient informs you that they want to change their name and/or sex when they choose to live in a changed gender

The patient will make this request through their General Practitioner (GP) service which controls changes to patient details on the Community Health Index (CHI).

The decision on when to change a patient's CHI will be decided following an agreed and managed process of transition often with no expectation for people to undergo gender reassignment before changing part or all their CHI details.

Once the patient informs you that their details on CHI have been amended then you must send us a Patient Detail Amendment form (dental [287](#) form) before submitting a claim with the patient's new details. Please send the completed form to nss.psd-customer-admin@nhs.scot.

After we have changed our records, the details you enter when carrying out a patient search will match to the amended record in our system.

If you submitted a prior approval request with the patient's original details, but submit the payment claim with the patient's new details, you will need to add observations to the claim detailing the original prior approval reference number, PA date, patient's date of birth, previous names, sex and CHI number.

Scottish Dental Reference Service (SDRS) & Dental Reference Officer (DRO)

When a patient is selected to attend for DRO examination, the dentist will be notified via a D4 letter from the SDRS. Previously, this would have been received by post, and any communication from the dentist was also by post.

Please note, all communication is now via secure NHS mail only.

Dentists must ensure they respond to such requests from SDRS within 7 days, attaching any information relevant to the case, such as clinical observations, radiographs, and any other supporting information - in electronic form to: nss.sdrs@nhs.scot

Please do not post anything to our offices at Meridian Court or Gyle Square.

Reintroduction of Patient Signatures on GP17 forms

For courses of treatment started on or after 1 November 2022, the requirement for patients, or their guardians, to sign GP17PR or GP17(O)PR forms will be reintroduced. This was temporarily removed during the pandemic for infection prevention and control purposes.

NHS Boards will have received revised forms by 11th October 2022 and will distribute these to dental practices in their areas.

Practices that use tablets may resume taking patients' signatures on the electronic declaration.

For further information, please read [PCA\(D\)\(2022\)7](#).

Risk Posters for display at all Practices

This [poster](#) is used across Scotland to explain patient radiographic risk. It is an accommodation that allows dental practitioners to use this resource rather than explain to every patient the amount of radiation a patient may be exposed to prior to any dental radiograph.

It is a requirement that this poster be visible and readable for all patients. It was distributed a number of years ago and many posters have been moved or removed as surgeries redecorated. This is a reminder that it is required across primary care and is available on [IR\(ME\)R2017 Risk Poster with Guidance | Scottish Dental](#).

Discretionary Fee Guide

[PCA\(D\)\(2022\)8](#) advised of the publication of Amendment No. 158 to the Statement of Dental Remuneration (SDR), which took effect from 1 November 2022 with a 4.5% increase in the fee scale for all courses of treatment started on or after 1 November 2022.

The Discretionary Fee Guide has been updated to reflect these new fees and is available to view on our [website](#).

Administration forms

All administration forms and correspondences should be by email and **no** paper forms should be sent to Meridian Court or Gyle Square. All administrative and prior approval forms received by post will be returned.

No dental work should be sent to Bain Square. Any dental work sent to Bain Square may not be processed.

Please make sure all administration forms and correspondences are emailed to: nss.psd-customer-admin@nhs.scot

Error message guidance

If you receive an error message on your software when trying to submit a claim for payment or for prior approval, you should check the guidance on the [eDental error messages](#) page of our website (found under [Allowances, Claims and Payments](#)) to help you resolve the error.