

NHS Dental Services
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NHS
Business Services Authority

NHS claims – The Good, The Bad and The Ugly

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Commissioning burden....

BDA Benevolent Fund

One dentist recently commented that his experiences of dealing with his commissioners had been so distressing that he felt he was suffering 'post-traumatic stress syndrome'.

Topics for discussion?

- > Clinical Data Sets
- > Materials allowed for crown/ bridge/ inlays/ dentures?
- > Splitting of courses
- > Rules regarding suture removal claims
- > Bite-raising appliances
- > Orthodontic appliances
- > Mouth guards
- > Material choice for posterior anterior teeth
- > What can be done in an urgent course of treatment?
- > Recording of prescriptions for antibiotics and others on courses
- > Claiming for posts
- > Claiming for periodontal care - what constitutes a Band 1 and Band 2?
- > Continuation claims
- > Guarantee claims
- > Claims when referring
- > Recall interval
- > Importance of regular submission of claims
- > What do we do for work which fails early not covered by guarantee e.g. bridges / dentures?
- > How long do we have to submit claims
- > Claims for replacement dentures
- > Can a spare set of dentures be provided on the NHS?

And many more!!

Objectives:

- To understand and correctly interpret the NHS Regulations with regard to dental claim submissions
- Highlight common problem areas and pitfalls with regard to claiming
- How to claim appropriately when delivering complex treatment plans

Band 1 course of 'Urgent' treatment

Where, in the opinion of the dentist, prompt treatment is necessary because the patient's oral health is likely to deteriorate **significantly**, or they are in **severe pain** by reason of their oral condition, the dentist may provide the treatment that is necessary to prevent that deterioration or address that pain.

[NHS \(Dental Charges\) Regulations \(2005\)](#)

Realistic.....?

When is a course of treatment 'Urgent' and when is it Band 1 / 2 / 3?

The Patient Charge Regulations indicate that a:

- A Band 1 (urgent) course of treatment should include assessment only i.e. the patient is examined only to the extent that the cause of their symptoms / signs are identified.
- A 'non-urgent' Banded course of treatment (i.e. Band 1, 2 or 3) should include clinical examination, case assessment and report

Subtle differences in interpretation!!

Urgent Treatment under Band 1 Charge

- (a) examination, assessment and advice
- (b) radiographic examination and radiological report
- (c) dressing of teeth and palliative treatment
- (d) pulpextomy or vital pulpotomy
- (e) re-implantation of a treated or subluxated permanent tooth following trauma including any necessary endodontic treatment
- (f) repair and refixing of inlays and crowns
- (g) refixing a bridge
- (h) temporary bridges
- (i) extraction of not more than 2 teeth
- (j) provision of post-operative care including treatment of infected sockets
- (k) adjustment and alteration of dentures or orthodontic appliances
- (l) urgent treatment for acute conditions of the gingivae or oral mucosa, including treatment for periodontitis or for ulcers and herpetic lesions, and any necessary oral hygiene instruction in connection with such treatment
- (m) treatment of sensitive cementum or dentine
- (n) incising an abscess
- (o) other treatment immediately necessary as a result of trauma
- (p) not more than 1 permanent filling in amalgam, composite resin, synthetic resin, glass ionomer, composites, silicate or silico-phosphate including acid etch retention

Remember - it's an urgent course of treatment, not necessarily a 'one-off' appointment where emergency care delivered

Practice software issues

Existing practice software programs almost exclusively base claim submissions on the old (pre-2006) 'Item of Service' treatment codes – this can be a source of error +++

- Periodontal maintenance / treatment
- Fissure sealants / sealant restorations
- Posts / cores for crown retention
- Occlusal splints (appliances)
- 'Clinical data set' items

Practice software issues (ctd)

(1) Periodontal maintenance vs. treatment

Band 1 Charges – Diagnosis, treatment planning and maintenance

Scaling, polishing and marginal correction of fillings

Band 2 Charges – Treatment

- (a) non-surgical periodontal treatment including root-planing, deep scaling, irrigation of periodontal pockets and subgingival curettage and all necessary scaling and polishing
- (b) surgical periodontal treatment, including gingivectomy, gingivoplasty or removal of an operculum
- (c) surgical periodontal treatment, including raising and replacement of a mucoperiosteal flap, curettage, root planing and bone resection
- (d) free gingival grafts

And on the subject of perio care....

Patient review appointment(s) with a dental hygienist between check-up appointments:

– if this care is provided as part of an NHS course of treatment NO additional UDAs can be claimed when a patient sees the dental hygienist for a review appointment UNLESS they have been re-examined by a dentist

Practice software issues (ctd)

(2) Fissure sealants vs. sealant restorations

Band 1 Charges – Diagnosis, treatment planning, maintenance

Surface application as primary preventive measures of sealants and topical fluoride preparations

Band 2 Charges – Treatment

Sealant restorations

Practice software issues (ctd)

(3) Post and cores

Where a new post and / or core is used to retain an existing crown restoration or a new filling, no additional UDAs can be claimed for the post, even in cases where the new post was laboratory fabricated.

In the absence of any other treatment provision, this would be either an 'urgent' CoT (repair and refixing of inlays and crowns) or a Band 2 CoT (filling placed)

Practice software issues (ctd)

(4) Occlusal splints / appliances

Band 2 Charges – Treatment

- (a) Splints (other than laboratory fabricated splints) in relation to periodontally compromised teeth and in connection with external trauma
- (b) Bite raising appliances (other than laboratory fabricated appliances)

Band 3 Charges – Provision of Appliances

Other custom made appliances excluding sports guards

Practice software issues (ctd)

(5) 'Clinical data set' returns

Part 5a Clinical Data Set							
Scale & polish	1	Fluoride varnish	2	Fissure sealants	3	Radiograph(s) taken	4
Endodontic treatment	5	Permanent fillings & Sealant restorations	6	Extractions	7	Crown(s) provided	8
Upper denture - Acrylic	9	Lower denture - Acrylic	A	Upper denture - Metal	B	Lower denture - Metal	C
Veneer(s) applied	D	Inlay(s)	E	Bridge(s) fitted	F	Referral for advanced mandatory services	G

Software may use incorrect 'rules' to record clinical data set items for transmitting with the claim e.g. recording fluoride varnish application

Practice software issues (ctd)

Whilst the software may generate incorrect claim submissions, ultimate responsibility for submitting these claims correctly lies with the contract holder.

Solutions:

- Liaise with software provider / upgrade to most recent version of software
- Manually over-ride the system 'as and when' known problems occur

...housekeeping

Electronic Claims

A PR form must be **FULLY** completed for **EVERY** course of treatment provided.

The original form **MUST** be retained for at least 2 years from the date of completion or termination of a course of treatment

Back of PR and FP17 (paper) forms

All patients (or their representative) need to complete the 'Declaration' section

Patients claiming free or reduced costs complete this part of the form

Important Time Limits

- Claims for treatment – **must be submitted within 2 months of date of completion**
- Requests for amendments to claims – **must be received within 1 year of scheduling date.**

.... and don't forget

Recall interval

GDS Regulations:

The contractor shall provide services under the contract in accordance with any relevant guidance that is issued by the National Institute for Clinical Excellence, in particular the guidance entitled "Dental recall - Recall interval between routine dental examinations".

Dentists need to record in the clinical notes that a suitable recall interval was discussed with the patient

'Guaranteed' treatment items (Free repairs and replacements)

Specific restorations (fillings, root fillings, inlays, porcelain veneers and crowns) are guaranteed for 12 calendar months (includes fillings when these are provided as part of an 'Urgent' course of treatment). If such a restoration needs to be repaired or replaced during that time then there is no charge to the patient except where:

1. A different provider has treated the same tooth since the original restoration was provided
2. The replacement restoration is required as a result of trauma
3. The restoration was intended to be temporary
4. The patient was advised that a different type of restoration was more appropriate

... repair / replacement **does not** have to be 'like for like' e.g. original filling amalgam fails – could do a replacement in composite if you feel this is clinically appropriate

'Splitting' courses of treatment



Protect

Dental Contractor Loss Analysis Exercise

A report summarising the results of a loss analysis exercise aimed at measuring the prevalence of suspected fraud in contractor claims within NHS dental services.

31 March 2012



Staged / phased treatment?

'Incremental' approach to treatment of patients with 'high' or complex dental care needs ('staged' treatment plans)



'Staged' treatment (ctd)

Minimising risk of issues / patient complaints:

- Satisfactory standard of record keeping absolutely essential. Record all details of discussions with patient, clinical decisions etc.
- Complete form FP17DC (or practice-produced equivalent) for every Band 2 or 3 course of treatment provided

FP17DC Treatment Plan form:

- Mandatory for every Band 2 / 3 course of treatment and when 'Mixing' NHS (Band 1) and private care
- Provide to all patients – adults (charge payers/exempt) and children
- Only need to provide for a Band 1 or 'charge exempt' course of treatment if the patient requests it
- **Must have provider and performer details entered**

FP17DC Treatment Plan form

- Important information for the patient on the reverse of the form
- Computer software generated treatment plans must have this exact form of words present

Where can I get help?

NHSBSA General Helpdesk
0300 330 1348
<http://www.nhsbsa.nhs.uk/855.aspx>

NHS Dental Services Website
<http://www.nhsbsa.nhs.uk/DentalServices.aspx>

Relevant NHS regulations....

Statutory Instrument 2005 No. 3361:
The National Health Service (General Dental Services Contracts) Regulations 2005
Link = <http://www.opsi.gov.uk/si/si2005/20053361.htm>

Statutory Instrument 2005 No. 3373:
The National Health Service (Personal Dental Services Agreements) Regulations 2005
Link = <http://www.legislation.gov.uk/uk/si/2005/3373/contents/made>

Statutory Instrument 2005 No. 3477:
The National Health Service (Dental Charges) Regulations 2005
Link = <http://www.opsi.gov.uk/si/si2005/20053477.htm>