

Prior Approval Guidance on SDR changes

Background

The Department of Health, Social Services and Public Safety has amended the General Dental Services (NI) Regulations 1993 in order to implement changes to the current General Dental Services (GDS) arrangements for Northern Ireland and address the pressures on the GDS budget. These changes would ensure that treatment provided through General Dental Services is targeted at patients with the greatest need and provided for within the allocated GDS budget.

Guidelines have been produced for dentists and HSCB dental officers involved in the prior approval process. These guidelines have been designed to enable dentists to understand the circumstances under which approval for the specific items (as changed in the new SDR) was likely to be considered favourably and also in which circumstances approval was unlikely to be granted. Examples of other guidance, general principles and evidence based articles have been included under the sections "Further Reading".

In producing these principles consideration was given to similar work recently carried out in the Republic of Ireland.¹

Items for Consideration

Time barred Scales and Polishes

Requests for approval for payment will be considered favourably when:

- The patient has an exceptional medical or dental condition as a result of which non-provision of the treatment would pose a risk of significant health problems. (Appendix 1) and
- A supporting statement confirming the above is entered by the dentist on the HS45 form or via EDI observation.

Requests for prior approval are unlikely to be considered favourably when:

- The patient has good oral hygiene and no evidence of active periodontal disease.
- The treatment is for aesthetic purposes only.

Further Reading:

"Routine scale and polish for periodontal health in adults (Review)"

Paul V Beirne, Helen V Worthington, Jan E Clarkson. Cochrane Database Syst Rev. 2007 ;(4).

A System of Periodontal Care in General Dental Practice

The British Society of Periodontology.

¹ HSE Dental Departments. PDS SOP1. Standardised approach to the administration of the 'D' form in the DTSS. 2010.

Bridgework replacing molar teeth

Requests for prior approval will be considered favourably when:

- The patient has a high risk medical or dental condition where non-provision of the treatment would pose a risk of significant health problems. (Appendix 1)
- There exist other exceptional circumstances where non-provision of the treatment would significantly impair dental function or aesthetics.

Requests for prior approval are unlikely to be considered favourably when:

- There are multiple spaces in the same arch and a denture would appear be treatment of choice.
- There are double abutments, thus an increased risk of undetected debond.
- The bridge is not necessary for occlusal stability.
- There is periodontal disease of the proposed abutments which is likely to affect long term prognosis.
- There is untreated apical pathology of the proposed abutments.
- There is a retained root in the pontic space.
- Where the bridge design does not comply with current BSSPD guidelines and criteria.
- The bridge design has more than 1 pontic per retainer in cantilever bridges, 2 pontics per retainer in fixed movable bridges and 3 pontics per 2 retainers in other bridges.
- The patient has a poor standard of oral hygiene.

Further Reading:

British Society of Prosthodontics

British Society for Restorative dentistry

Guidelines in Prosthetic and Implant Dentistry

Published by Quintessence Publishing Co. Ltd. London

For British Society for the Study of Prosthetic Dentistry 1996

“Shortened dental arch therapy: views of consultants in restorative dentistry in the United Kingdom”. Allen PF, Witter DF, Wilson NH, Kayser AF. J Oral Rehabil. 1996 Jul; 23(7):481-5

Fundamentals of Fixed Prosthodontics 4th Edition by H. Shillingburg Publication Date: March 30, 2012

Porcelain Veneers

Requests for prior approval will be considered favourably when:

- The patient has an exceptional medical or dental condition which, in the opinion of an NHS Consultant, requires the provision of porcelain veneers.
- The patient has significant intrinsic discolouration of anterior tooth/teeth.

Requests for prior approval are unlikely to be considered favourably when:

- The remaining tooth structure would have insufficient enamel to allow successful bonding and subsequent retention of a veneer.
- There is evidence of bruxism.

Further Reading:

A study into the variations in the labial reduction of teeth prepared to receive porcelain veneers – a comparison of three clinical techniques

G P Cherukara, K G Seymour, D Y D Samarawickrama & L Zou British Dental Journal 192, 401 - 404 (2002)

Crowns and other extra-coronal restorations: Porcelain laminate veneers

A W G Walls, J G Steele & R W Wassell British Dental Journal 193, 73 - 82 (2002)

Cobalt/chrome dentures

Requests for prior approval will be considered favourable when:

- Non-provision of treatment would pose a significant risk to the patient's medical or dental health. (Appendix 2)
- The patient has an established allergy to acrylic resin which is confirmed by a report from an NHS Consultant.

Requests for prior approval are unlikely to be considered favourably when:

- The design of the denture is likely to produce further deterioration of the remaining dentition.
- An acrylic resin denture would provide a satisfactory outcome.

Further Reading:

An Atlas of Removable Partial Denture Design by R.J. Stratten Frank Wiebelt

Guides to Standards in Prosthetic Dentistry - Complete and Partial Dentures. Produced by a working party from BSSPD and approved by the Council of BSSPD.

British Society of Prosthodontics

The criteria expressed in the above principles are not exhaustive. The final decision on approval of a particular treatment will be based on the clinical necessity test as judged by the Dental Committee of the BSO or by HSCB professional Dental Advisers.

Appendices.

Appendix 1.

Condition	Example
Complex cardiac conditions	Prosthetic Valve Previous Endocarditis Transplants with valvulopathy Certain congenital defects (CHDs): Cyanotic congenital heart diseases. Within 6 months of complete repair of CHD. Residual defect following repair of CHD.
Bleeding disorders	Factor VIII (Haemophilia A) Factor IX (Haemophilia B) Warfarin Other Bleeding Disorders
Cancer Patients	Prior to treatment for cancer Those under active treatment by chemotherapy or radiotherapy or under medication prescribed by an oncologist.
Bisphosphonates	Person receiving or due to start intravenous bisphosphonates. Long term high dose oral bisphosphonates cases will be considered on a case-by-case basis.
Neurological Disorders	Multiple Sclerosis Dementias Parkinson's Disease Acquired brain injury Epilepsy Cerebral Palsy
Immuno-suppressed	Patients with significant immunosuppression problems such as persons with HIV, or persons who are receiving medication as organ transplant patients.
Hepatitis C	
Pre-operative	Hip/joint replacement and cardiac surgery
Diabetes Type I and Type II	Persons with insulin or non insulin diabetes
Genetic/ Congenital	Down Syndrome Cystic Fibrosis Malignant Hyperthermia
Intellectual Disability	Person in receipt of care or services for intellectual disabilities
Sensory Disability	Person in receipt of care or services for sensory disabilities
Dental Vulnerability	Cleft Palate, Sjogren's Syndrome. Long stay residents of Nursing Homes Persons on a Methadone therapy program

Appendix 2.

Examples may include

- patients whose professions depend on them having a well-fitting denture of minimal bulk
- Patients with a pronounced gag reflex who have been unable to tolerate acrylic resin dentures in the past.
- Patients with a history of repeated failure of acrylic resin dentures due to excessive occlusal forces.