

PROBITY SERVICES

CLARIFICATION OF CODES IN SDR FOR PROBITY PURPOSES

Purpose of the paper: The purpose of this paper is to provide clarification to all practitioners in terms of how patient records are assessed for assurance by Dental Probity Advisers against certain codes within the Statement of Dental Remuneration.

Submission of Records

Notification of a probity review will be sent by letter to the secure email address of the dentist. Dentists are advised to check the inbox on a regular basis.

All records must be forwarded to Probity Services within two weeks of receiving the request as per Para 25(3)(ii), Schedule 2 of the General Dental Services Regulations (Northern Ireland) 1993.

If there are exceptional circumstances, these must be communicated to Probity Services as soon as possible.

Dentists should ensure that all elements of the record are submitted to support the courses of treatment detailed in the Probity letter. This includes all radiological reports, radiographs, chartings (including periodontal chartings - BPEs), lab docket, photographs etc.

Study Models and HS45x forms should only be submitted when requested.

Dentists are reminded that all records should be “full, accurate and contemporaneous” as per Para 25 (1), Schedule 2 of the General Dental Services Regulations (Northern Ireland) 1993.

1 - EXAMINATION AND REPORT

Fees for clinical examination, treatment planning, patient management, advice (including the issue of a prescription other than in connection with Item 37 treatment of acute conditions) and report:

ITEM CODE 0101

1(a) - Clinical examination, advice, charting (including monitoring of periodontal status) and report.

In order to assure this item for payment there must be evidence in the patient record that the patient’s mouth has been examined and that a contemporaneous charting has been recorded which reflects, where appropriate, changes to the previous examination.

ITEM CODE 0111

1(b) - **Extensive** clinical examination, advice, charting (including **charting** of periodontal status) and report.

In order to assure this item for payment there must be evidence in the patient record that the patient’s mouth has been examined and that a contemporaneous charting has been recorded which reflects, where appropriate, changes to the previous examination as well as a contemporaneous BPE/CPITN score recorded.

ITEM CODE 0121

1(c) - Full case assessment (including full charting and report of periodontal status), treatment planning and report

In order to assure this item for payment there must be evidence in the patient record of a full dental charting plus a contemporaneous full periodontal charting - where the periodontal charting is to include at least one pocket depth per tooth.

Where Item Code 0121 is claimed as part of orthodontic treatment, a full tooth charting is not required but the teeth present must be recorded, with a comment on oral hygiene. It also must include an appropriate orthodontic assessment (DB114 or equivalent), treatment planning and report.

2 - PROCEDURES TO ASSIST DIAGNOSIS AND TREATMENT PLANNING

ITEM CODES 0201, 0202, 0203 & 0204

2(a) - Radiographic examination and radiological report.

In order to assure these items for payment there must be evidence to indicate that the radiographs have been reviewed (written comments on relevant findings).

PLEASE NOTE THE FOLLOWING IN RESPECT OF RADIOGRAPHS

Where any radiograph is not present a recovery of the fee paid will normally be sought (even where there is a report present).

Probity Services accepts that on occasion a radiograph may not be present in the record for reasons such as the radiograph being required for an onward referral to a hospital or specialist dentist or due to the radiograph being lost in transit to and from BSO. In such instances, Probity Services will not seek recovery of fees as long as there is written evidence to indicate why the radiograph is not available.

Probity Services expect to find a radiological report on all radiographs taken. Failure to provide this report may result in a recovery of the fee being sought.

Radiographs graded "A" will be assured for payment. Radiographs graded "NA" should not be claimed for payment. Any claimed for payment will not normally be assured for payment and a recovery of the fee may be sought.

ITEM CODE 0211

Study casts, where the treatment proposed is in connection with treatment under items 18 (bridges), or 32 (orthodontics), or in other cases of special complexity, or where requested by the Committee.

The following advice applies to digital and plaster cast study models. Probity will not, as a rule, request that the models are forwarded along with the records, although photographs of the models would be encouraged. However, in order to assure this item for payment the models should be recorded in the patient record and made available if required including the printing of digital models. Lab dockets should be retained.

10 - NON-SURGICAL TREATMENT

ITEM CODE 1011

10(b) - Treatment of periodontal diseases requiring more than one visit, including oral hygiene instruction, scaling, polishing and marginal correction of fillings.

In order to assure this item for payment there must be evidence to indicate that the above treatment has been provided on a minimum of two separate dates within a single course of treatment.

ITEM CODE 1021

10(c) - Non-surgical treatment of chronic periodontal diseases, including oral hygiene instruction, over a minimum of 3 visits, with not less than one month between the first and third visit and with re-evaluation of the patient's condition (to include full periodontal charting) at a further visit not less than 2 complete calendar months after the active treatment is complete. Treatment to include root-planing, deep scaling and, where required, marginal correction of restorations, irrigation of periodontal pockets, sub gingival curettage and/or gingival packing of affected teeth, and all necessary scaling and polishing.

In order to assure this item for payment there must be evidence to indicate that the above treatment has been provided on at least 3 separate dates with at least one month between the first and third visit. There must be evidence of a more detailed periodontal charting being taken prior to treatment and a second detailed charting taken not less than 2 complete calendar months after the active treatment is complete.

14 - PERMANENT FILLINGS

Including any dressings, pulp capping, or other preparatory treatment, but excluding associated treatment appropriate to item 15 (endodontics).

ITEM CODE 1405

14(b) Composite, glass ionomer or resin fillings in permanent or retained deciduous posterior teeth in patients aged under 15 years: (1) occlusal surface

This code is not claimable when placing a buccal/lingual/mesial/distal filling in a patient who is under-15. Code 1421 or 1426 should be used in those circumstances with 1405 only claimed if the occlusal surface is involved.

ITEM CODES 1421 and 1426

Fillings in permanent or retained deciduous teeth using composite resin or glass ionomer.

No fee shall be payable where the filling involves the occlusal surface of a molar or premolar tooth. (proviso 9, previously proviso 4 in older SDRs)

ITEM CODE 1425

Additional fee for restoration of a cusp tip of a premolar tooth or a buccal cusp of a first molar tooth.

When an occlusal lock is used in an existing restoration this should be noted in the patient record. This should not be confused with the placement of an occlusal, OB, MOD or any other restoration. A discretionary fee may be considered for the restoration of a buccal cusp in a second molar tooth which has drifted into the position of a missing first molar tooth.

ITEM CODE 1441

14(e) - Treatment of early or small carious lesions in pits and fissures of permanent or retained deciduous teeth, by the application of a fissure sealant to all pits and fissures, including, where necessary, removal of caries and insertion of composite resin and/or glass ionomer cement in the cavity and normally not more than 6 teeth to be treated. Where more than 6 teeth are to be treated, appropriate radiographs must be available.

In order to assure this item for payment there must be evidence of early or small carious lesions in the tooth being treated in the record.

ITEM CODE 1461

14(g) - Treatment of any surface of a permanent tooth using a glass ionomer cement, where the tooth would otherwise be extracted but this is contra-indicated by exceptional medical or dental conditions.

In order to assure this item for payment there must be recorded evidence of an exceptional condition (see specific guidance for examples). A patient with an 'exceptional condition' would be one who is at significant risk of serious local or systemic complications arising from a dental extraction.

See table below:

Condition	Example
Complex cardiac conditions	Prosthetic valve, previous endocarditis, transplants with valvulopathy, certain congenital defects (CHDs), cyanotic congenital heart diseases. Within six months of a complete repair of CHD, residual defect following repair of CHD.
Bleeding disorders	Factor VII (Haemophilia A), Factor IX (Haemophilia B), Warfarin or other bleeding disorders.
Cancer patients	Prior to cancer treatment, patients under active treatment by chemotherapy or radiotherapy or under medication prescribed by an oncologist
Bisphosphonates	Patient receiving/due to start IV bisphosphonates. Long-term high dose oral bisphosphonate 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 e.g. HIV, or organ transplant patients on medication.
Hepatitis C	
Pre-operative	Cardiac surgery, hip or joint replacement.
Diabetes type I and II	Insulin or non-insulin diabetes.
Genetic/congenital	Down's Syndrome, Cystic Fibrosis, Malignant Hyperthermia.
Intellectual disability	Patient in receipt of care/services for intellectual disability.
Sensory disability	Patient in receipt of care/services for sensory disability.
Dental vulnerability	Cleft palate, Sjogren's Syndrome, long-stay residents of nursing homes, patients on Methadone therapy programme.
Pregnant/nursing mothers	
established dental phobia	

Please note that this list is not exhaustive nor is it directive.

15 - ENDODONTIC TREATMENT

Including opening root canal(s) for drainage, pulp extirpation, incision of an abscess and any necessary dressings and all other preparatory treatment and attention in connection therewith, except for treatment appropriate to items 2 (diagnosis), 14 (fillings), 16 (veneers), 17 (inlays and crowns), 18 (bridges), or 25 (sedations) and, except for the dressing or temporary protection of a tooth, where the permanent restoration is not provided.

ITEM CODE 1501

15(a) - Root filling of each canal of a permanent tooth with a permanent radio-opaque filling material, normally not more than 3 teeth being treated under this item in a course of treatment.

In order to assure this item for payment there should be evidence that all canals have been filled to a suitable standard. Where this evidence is not present (e.g. not all canals filled, canal not fully obturated, radiograph missing or Not Acceptable) a relevant comment should be made in the observation box when submitting for payment. The Dental Adviser may then consider an incomplete fee for the case.

Claims for item 15 can only be assured where appropriate radiographs are available. For item 1501, this should include a radiograph of the completed root filling.

17 INLAYS AND CROWNS AND BRIDGES

ITEM CODE 1711

Full or three- quarter crown cast in precious metal alloy.

In order to assure this item for payment, a dentist shall only use in crowns an alloy containing not less than 33.33 % fine gold, platinum or palladium and not more than 20% base metal (The term 'precious metal' should be included on the laboratory prescription) Laboratory documents must be retained as part of the patient records

17(d) Bonded crowns on teeth anterior to the first molar

ITEM CODE 1721

Full or jacket crown cast in an alloy of fine gold or precious metal, with thermally bonded porcelain.

In order to assure this item for payment, a dentist shall only use in crowns an alloy containing not less than 33.33 % fine gold, platinum or palladium and not more than 20% base metal (The term 'precious metal' should be included on the laboratory prescription) Laboratory documents must be retained as part of the patient records

ITEM CODES 1742 AND 1743

Temporary crown provided prior to the date of preparation of a permanent crown as an immediately necessary palliative or to improve mastication and facial aesthetics.

The item is not claimable for payment for temporary crowns placed during a crown preparation appointment. The fee for a permanent crown is inclusive of all temporary coverage during construction. Normally one claim per tooth per course of treatment. 1743 additionally requires the placement of a temporary post.

ITEM CODES 1807 1811 AND 1825

Bridge items.

In order to assure this item for payment, a dentist shall only use in these bridges an alloy containing not less than 33.33 % fine gold, platinum or palladium and not more than 20% base metal (The term 'precious metal' should be included on the laboratory prescription) Laboratory documents must be retained as part of the patient records

22 - EXTRACTIONS OF SPECIAL DIFFICULTY AND OTHER ORAL SURGERY

Extractions and other oral surgery not included in items 10 (periodontics), 15 (endodontics) and 21 (extractions):

ITEM CODE 2201

22(a) - Removal of buried root, unerupted tooth, impacted tooth or exostosed tooth, involving the raising and replacement or a surgical flap with any necessary suturing, including all associated attention except in connection with post operative haemorrhage requiring additional visit(s).

(1) Involving soft tissue only

In order to assure this item for payment there must be evidence in the patient record to support the fact that the tooth could not be routinely extracted and that a surgical flap was raised and replaced.

A description of “soft tissue extraction” alone does not assure this claim.

23 - POST OPERATIVE CARE

ITEM CODE 2301

23(a) - Treatment for arrest of abnormal haemorrhage, including abnormal haemorrhage following dental treatment provided otherwise than part of general dental services.

(1) Arrest of haemorrhage, other than under items 23(a)(2) and/or 23(b)

In order to assure this item for payment there must be evidence to support the fact that the patient had to re-attend the surgery to receive further treatment for the arrest of haemorrhage.

25 – SEDATION

ITEM CODE 2571 and 2572

25(c) - Administration of a single intravenous sedative agent or inhalation sedation by and under the direct and constant supervision of the dentist carrying out the treatment where, in the opinion of the dentist, any necessary treatment could not otherwise be provided because of a physical or mental handicap, or a form of mental illness requiring medical attention, or disproportionate dental anxiety.

In order to assure this item for payment there must be evidence in the record to support the justification for the administration of inhalation sedation or intravenous sedation. The level of detail in the patient record is outlined in the SDCEP guidance and written consent must be recorded.

ITEM CODE 2941

Provision of a laboratory processed heat-cured acrylic occlusal appliance normally covering the occlusal and incisal surfaces of all the teeth in one jaw and used for diagnostic and/or therapeutic purposes. There should normally be three months between the first and the last visit. Fee to include all adjustments.

In order to assure this item for payment there must be evidence in the patient record that the appliance was laboratory processed and made using heat-cured acrylic. This code does not include the provision of vacuum-formed or heat-formed appliances (use code 2991).

Laboratory documents must be retained.

ITEM CODE 2991

Treatment involving other appliances. Such fee as the Committee may determine.

In order to assure this item for payment there must be evidence in the patient record that the approved appliance (soft, heat-formed, vacuum-formed or dual laminate appliance) was fitted as prescribed and this must be supported by laboratory documentation.

37 – TREATMENT URGENTLY REQUIRED FOR ACUTE CONDITIONS

For conditions of the gingivae/oral mucosa (including pericoronitis, ulcers and herpetic lesions), including any necessary oral hygiene instruction and/or the issue of a prescription

ITEM CODE 3701

In order to assure this item for payment there must be evidence in the record to indicate that an acute gingival or mucosal condition was present, the site of the condition noted, with details of how it was treated.

Note fees are not payable under this item code for:

- Acute conditions of dental or alveolar origin e.g. dental abscess, irreversible pulpitis
- Chronic conditions e.g. draining sinus, chronic periodontal disease
- Infected socket – use code 2311

ITEM CODE 4601 – Treatment on referral from another dentist

Please read Provisos to item 46.

In order to assure this item for payment, the patient needs to have a continuing care or capitation agreement with the referring dentist.

A self-referral does not qualify for payment.

Section XIII - Incomplete Treatment

Fees under this section should normally be claimed only after the elapse of at least 2 months since the last patient attendance.

If the patient resumes treatment, normally only the balance of fees will be subsequently payable.

63. FILLINGS AND ENDODONTIC TREATMENT

Treatment begun under item 14, 15 or 58, but not completed

ITEM CODE 6341

In order to assure code 6341 for payment there must be evidence in the patient record of instrumentation of the root canals and an estimation of the working length.

2 – ORTHODONTIC TREATMENT

Including any necessary oral hygiene instruction and general patient management.

ITEM CODE 0121

Where Item Code 0121 is claimed as part of orthodontic treatment, a full tooth charting is not required but the teeth present must be recorded, with a comment on oral hygiene. It also must include an appropriate orthodontic assessment (DB114 or equivalent), treatment planning and report.

ITEM CODE 3222- Anchorage reinforcement per appliance.

An appliance must be provided to assure this claim (a Nance palatal arch, TPA etc).

The use of elastics, either intra or inter, is not an appliance and therefore cannot be claimed under this code.

ITEM CODE 3231

32(b)(1) – Supervision of retention for a period of not less than 5 complete calendar months

ITEM CODE 3232

Additional fee for each further period of supervision of not less than 2 complete calendar months, normally subject to a maximum of 2 such periods

In order to assure these items for payment there must be evidence in the record to indicate clinical attendance by the patient on each occasion.

ITEM CODE 3244

32(C)(4)- Repairing a fixed appliance involving the replacing of 2 or more brackets, bands, arch-wires or auxiliaries or any combination thereof in 1 arch.

In order to assure this item for payment there must be evidence in the record to indicate that 2 or more metal items have been replaced (i.e. replaced with new metal items) within the same arch at the same visit.

Please note the following in respect of Item 3244:

- The items requiring replacement should be clearly identified at the beginning of the notes for the treatment on the day.
- Placement of a progressive arch wire does not constitute a metal item for repair; this is included in the overall fee per appliance-“(including routine fixed appliance maintenance as necessary”)- see item 32(a).
- Only one metal item replaced and arch wire fitted as per planned routine fixed appliance maintenance does not comply with a claim for item 3244
- No details of arch wire change and only one bracket replaced- claim cannot be verified

- Repositioning of brackets does not constitute a repair
- The 2 metal items must be replaced in the **same arch** i.e. one bracket from one arch and one from the second does not constitute a repair; certainly not 2 repairs.
- The 2 (necessary) metal items should be replaced at the same visit i.e. no half repairs from different dates
- Re-cementing of a molar band/s or re-cementing of TPAs or other anchorage reinforcement devices does not constitute a replacement of a metal item.

ITEM CODE 3291- Any other orthodontic treatment.

This is a discretionary fee for treatment not covered by another code e.g.

1. Bite blocks added to posterior teeth to protect fixed appliances from additional breakages. **The justification, placement and removal of the bite blocks must be recorded in the clinical records.**
2. For the correction of posterior crossbite with displacement, when adding additional brackets to the lingual and palatal surfaces of affected teeth, so through the bite elastics can be utilised.
3. Any other orthodontic treatment
Following a written request to BSO, each case will be reviewed on an individual basis.

This code **does not** include the late bonding of the 2nd molar teeth, either due to late eruption, the need for overbite reduction or extra anchorage. The fee for this is included under the payment of code 3205 and 3206.

Incomplete/discontinued orthodontic treatment is recorded under code 3299.

ITEM CODE 4601 – Treatment on referral from another dentist

Please read Provisos to item 46.

In order to assure this item for payment, the patient needs to have a continuing care or capitation agreement with the referring dentist. A copy of the referral form must be available. "TREATMENT ON REFERRAL" box must be completed on the HS45 claim form.

A self-referral does not qualify for payment.