



Dental Schedule Communications

July
2022

Welcome to the Schedule Communications where you will find all our latest news and useful information.

Access the schedule close dates and prior approval timescales [here](#)

Survey on Reform of NHS Dental Services

A letter from the Cabinet Secretary for Health and Social Care, dated 28 June 2022, offered an invitation to dental teams to contribute their views on proposals to review the list of treatments that should be available in a future model of NHS dental care. The link to the survey is [here](#) and if you haven't yet done so we would encourage you to express your views via this survey.

Please circulate this survey to all staff within your practice.

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.

- **Continuation cases** - Please contact your PMS if you are unsure how to process these claims and this should avoid any need for observations.
- **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 in continuing care, 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.

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