

Findings from 2024-25 probity reviews

The Strategic Planning and Performance Group, SPPG, has a statutory responsibility to gain assurance that payments received by dental practitioners for health service treatment are fully justified and in accordance with the Statement of Dental Remuneration (SDR). The Probity process contributes to this assurance.

In the majority of probity reviews, records received verify the claims submitted and no, or minimal recoveries are made, with approximately 90% of initial samples reviewed being assured for payment and no further follow up required.

A small number of cases led to more protracted reviews. Some of the reasons for this are highlighted below.

Notification of a probity review and submission of patient records

Notification of a probity review is sent by a secure email to the dentist's hscni email address (accessed via BSO Dental Portal). Dentists are advised to check their "in-box" regularly for this and other notifications. A delay in opening the notification could take the dentist outside the stipulated two-week period for submitting the requested patient records (as per Para 25(3) (ii), Schedule 2 of the General Dental Services Regulations (Northern Ireland) 1993).

If any dentist has difficulty accessing their hscni e-mails on the dental portal, advice can be found by accessing the link detailed later in this report.

Incomplete submission of records

Each notification email contains advice on what is required in a probity submission. Despite this advice, a number of reviews have the following omissions:

- Part or all of the course of treatment being reviewed
- Contemporaneous tooth chartings
- Radiographs
- Periodontal records including BPEs
- Laboratory docket

Where items are not submitted, Probity Services have to contact the practitioner which prolongs the process.

Codes that frequently cause issues

1. SDR items 0201 (small films) and 0202 (medium films) are sometimes confused. The SDR outlines the size range of each film in square centimetres.
2. A number of radiographs are not justified, reported-on or have a written report in the patient record.
3. SDR item 1441 is a treatment code for early/small carious lesions but is being claimed incorrectly for the provision of preventative sealants.
4. SDR item 1426 is a treatment code for a permanent glass ionomer filling but is being claimed when a GI filling is used as a temporary dressing.
5. SDR item 1742/3 should not be claimed for a temporary crown provided on the day of crown preparation.
6. SDR item 3701 should be claimed for acute conditions, not chronic conditions.

7. SDR item 0111 claimed with no contemporaneous BPE recorded.

Further information for dentists on the probity process (and the Dental Portal) is available at the following link to the BSO website: [FPS Dental Services - Business Services Organisation \(BSO\) Website](#) *FPS Dental Services → Also in this section → Contractor information → menu → Probity, BSO Dental Portal etc.*

The “**Clarification of codes in the SDR for probity purposes**” paper which is available to download from the probity section provides comprehensive advice on frequently-misinterpreted SDR codes.

If a dentist has any queries or concerns about the probity process, they should contact:

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