

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 GDPs in terms of how patient records are assessed for assurance by Dental Probity Advisers against certain codes within the Statement of Dental Remuneration.

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 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 charting has been recorded which reflects, where appropriate, changes to the previous examination as well as a 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 full perio charting - where the perio charting is to include at least one pocket depth per tooth.

Where Item Code 0121 is claimed as part of orthodontic treatment an appropriate assessment form must be completed.

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 and any relevant finding(s) noted.

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 by BSO. In such instances Probity Services will not seek recovery of fees as long as there is 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 1 or 2 will be assured for payment. Radiographs graded 3 will not be assured for payment and a recovery of the fee will 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.

Probity will not, as a rule, request that the models are forwarded along with the records. However, in order to assure this item for payment the models should be recorded in the patient record and made available if required.

10 - NON-SURGICAL TREATMENT

ITEM CODE 1011

10(b) - Treatment of periodontal diseases requiring more than 1 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 2 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 planning, 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 full periodontal charting being 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 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 caries 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 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 for examples:

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 or 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
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 2 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, x-ray missing/Grade 3 x-ray) the Dental Adviser may consider whether an incomplete fee is allowed.

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 to support the fact that the tooth could not be routinely extracted and that a surgical flap was raised and replaced.

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

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 administration of Relative Analgesia.

32 – ORTHODONTIC TREATMENT

Including any necessary oral hygiene instruction and general patient management.

ITEM CODE 3244

32(C)(4)- Repairing a fixed appliance involving the replacing of 2 or more brackets, bands, archwires 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.
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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 and required treatment. 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
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