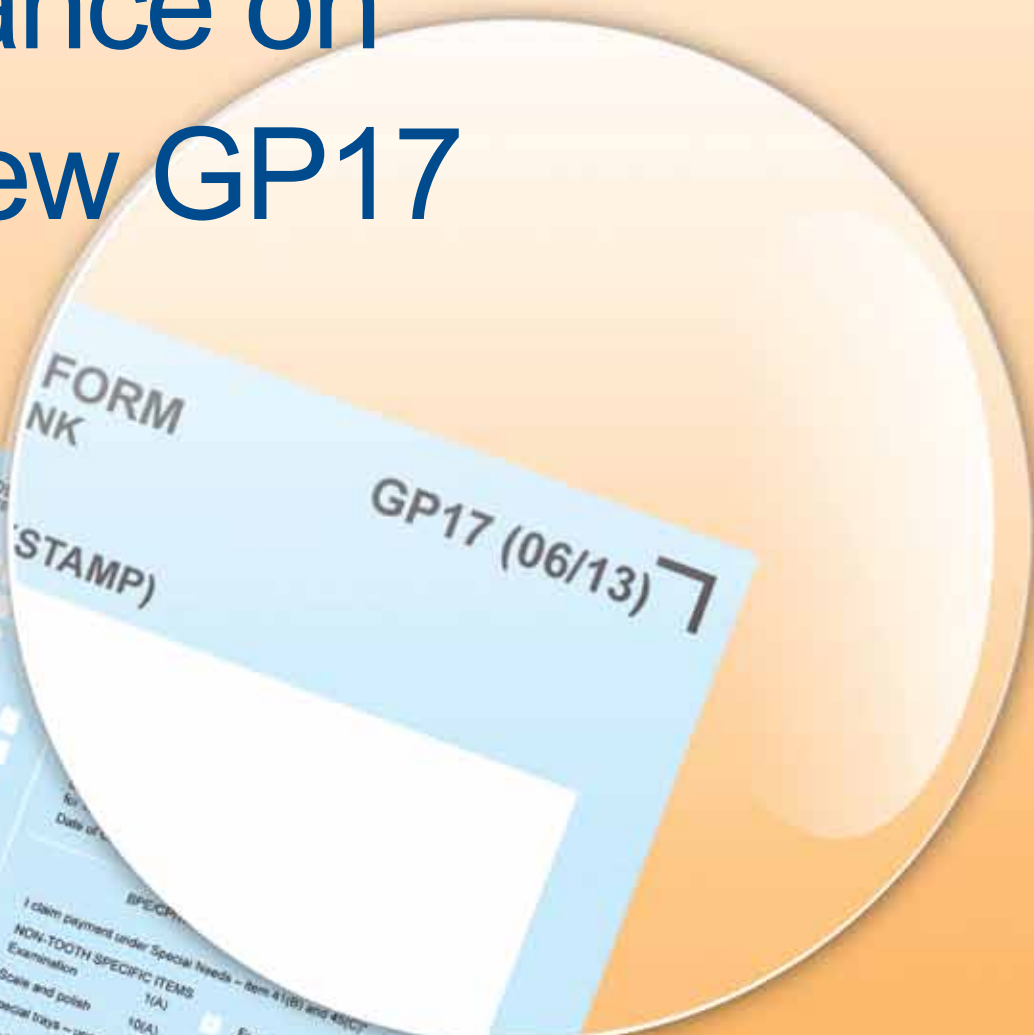


Guidance on the new GP17



FORM NK

GP17 (06/13)

(STAMP)

Part 1 PATIENT'S INFORMATION

SURNAME
FORENAME
D.O.B.
CHI NUMBER
PREVIOUS SURNAME
ADDRESS
POSTCODE

Part 3 PATIENT'S CLAIM DETAILS

Teeth present

8	7	6	5	4	3	2	1	A	B	C	D	E	F	G
8	7	6	5	4	3	2	1	A	B	C	D	E	F	G
8	7	6	5	4	3	2	1	A	B	C	D	E	F	G

Shade appropriate teeth for each item to be claimed

NON-TOOTH SPECIFIC ITEMS

Examination
Scale and polish
Special trays - upper
Small radiograph
Radiographs available
Referral (no. of claims) 4600*

OTHER TREATMENTS
(Free replacements. Put X in box A) A

Part 4 DENTIST'S DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that if it is not action may be taken against me. I claim payment of fees due to me for the work carried out in accordance with the NHS (General Dental Services) (Scotland) Regulations. Where treatment less than that necessary to secure and maintain oral health has been provided, this is because:
The patient refused the treatment and I have provided the and treatment the patient was willing to undergo
The patient has failed to complete the treatment
Treatment is not in the observance of the

Dentist's signature

Guidance on the new tooth specific claim system and reporting issues in your schedule.

Also includes best practice when completing the form.

From **1 July 2013** we will record tooth specific information. You will therefore need to make sure you claim for treatment opened on or after 1 July on the new claim form **version 06/13**.

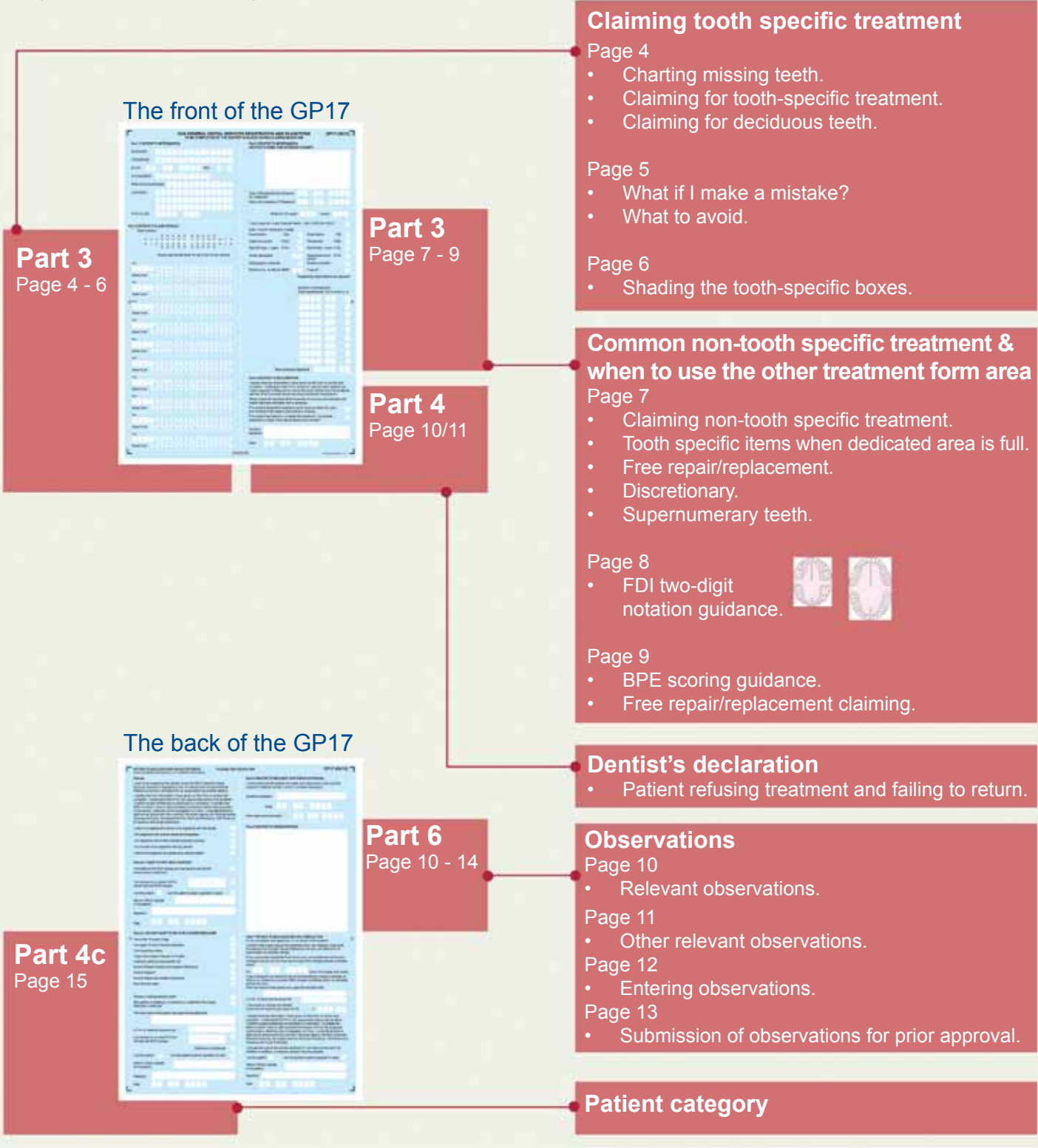
We have put together this guidance to help with the completion of the new form. This guidance is relevant to both paper based and electronic data interchange (EDI) practices.

Using the guide:

You can use this page to find the specific areas of the form, or schedule reports. We have indicated the relevant page number for each guidance area. We have highlighted new areas dealt with since the previous version of the guidance was sent to you. Look out for the icon:



Major areas of change on the GP17 form



How we will report tooth specific issues on your schedule

Page 16 - 18

Three examples of why we would reject a claim, and how this would be reported in your schedule.

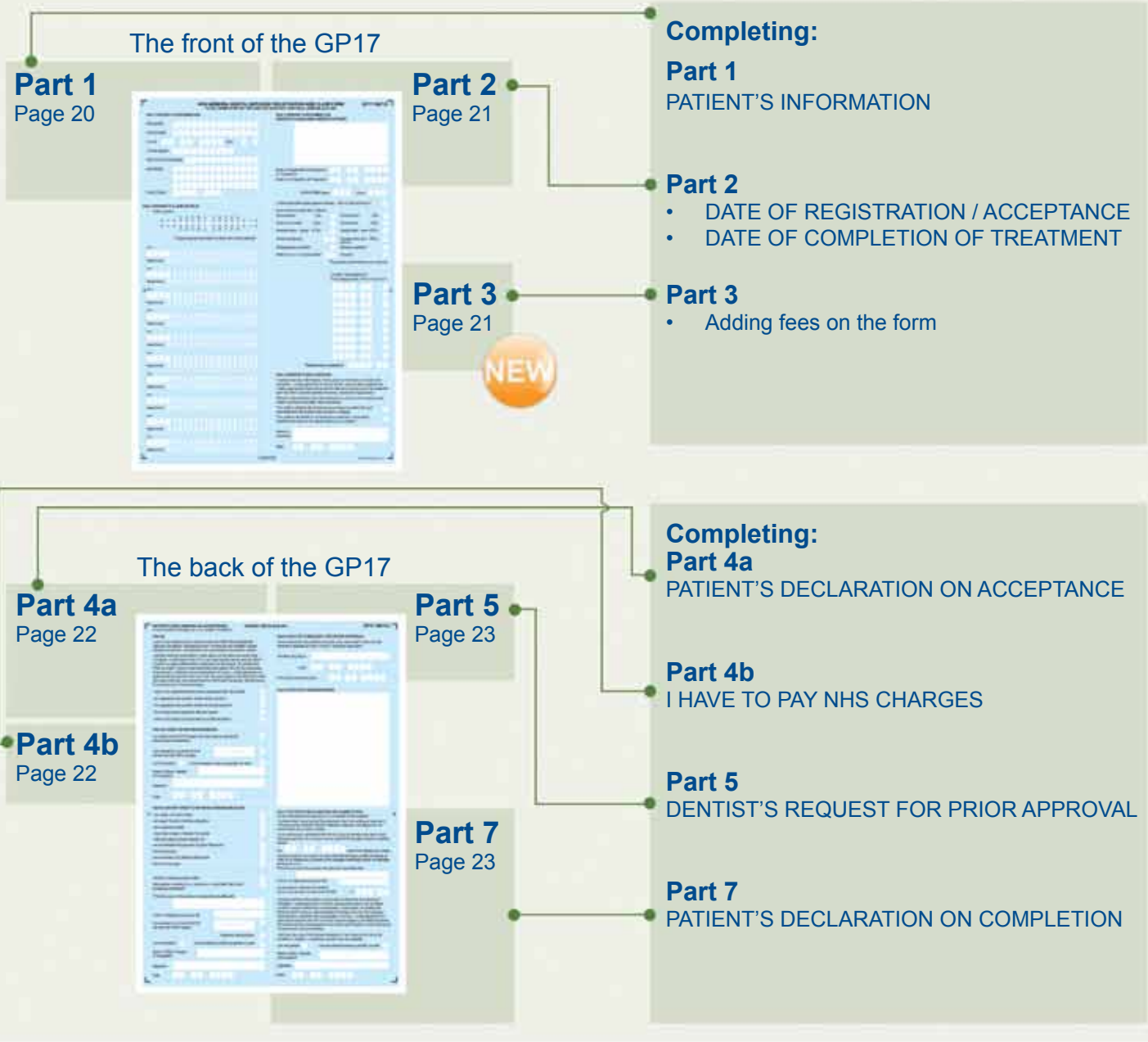
CONTRACTING AUTHORITY: NHS		LIFE NUMBER: 0000		Dental Month		Period: 01/06/2013 - 30/06/2013		TOTAL (£)		IMPLICIT CHARGES (£)	
DATE	REASON	DATE OF	DATE OF	CLAIMED	ADJUSTED	CLAIMED	ADJUSTED	CLAIMED	ADJUSTED	CLAIMED	ADJUSTED
01/06/2013	0000000000	01/06/2013	01/06/2013	0000000000	0000000000	0000000000	0000000000	0000000000	0000000000	0000000000	0000000000
01/06/2013	0000000000	01/06/2013	01/06/2013	0000000000	0000000000	0000000000	0000000000	0000000000	0000000000	0000000000	0000000000
01/06/2013	0000000000	01/06/2013	01/06/2013	0000000000	0000000000	0000000000	0000000000	0000000000	0000000000	0000000000	0000000000



Requesting adjustments

Page 19

Best practice - specific parts of the form



List of tooth specific items

Page 24 - 26



Other forms affected

Page 27



Claiming tooth specific treatment

Charting teeth

When completing a claim form, we need to know which teeth are present. Please score out any teeth that are not present, including deciduous teeth:

E D C B A																A B C D E															
8	7	6	5	4	3	2	1									1	2	3	4	5	6	7	8								
8	7	6	5	4	3	2	1									1	2	3	4	5	6	7	8								
E D C B A																A B C D E															

Shade appropriate teeth for each item to be claimed

Claiming for tooth specific treatment

To claim tooth-specific treatment, enter the 4 digit code under Item. You would use the 4 digit code given in the Statement of Dental Remuneration (SDR). Indicate each tooth treated under this code in the area to the right of the Item box. Tooth specific items are available from page 24 to 26.

Carefully shade the white box to indicate each tooth treated under the code:

Shade appropriate teeth for each item to be claimed

Item	1	4	0	1	6	7	8	5	4	3	2	1	1	2	3	4	5	6	7	8
Shade if void																				

What if I make a mistake?

If you make a mistake when completing the tooth specific area, you must shade in the void box. Re-enter the correct treatment in the next area on the form as shown below:

Our payment system will ignore this area as the void box is shaded

We will capture the re-entered treatment claims here.

What to avoid when correcting a mistake

Please do not try to correct the entry by scoring out as this will be detected by our scanning systems and lead to errors in your claims. You should also never use correction fluid. Only use the void box when correcting mistakes.

Correct method: Shading the void box and re-entering the correct treatment in the next area.

Incorrect methods: Scoring out, using correction fluid, or writing 'ignore'.



Front Claiming tooth specific treatment

Shading the tooth specific boxes

When you are shading in the boxes for tooth specific information, you must make sure you shade within the box, and that it is completely shaded using black ink.

Important

If you make faint marks, or shade out of the box, this may result in:

- your claim being misread;
- payments being delayed; or
- your claim being rejected.

Supernumerary teeth

When you claim for supernumerary teeth, you will need to enter 'For attention of Dental Advisers' in observations. You would need to request a code for the supernumerary tooth with an explanation of what treatment you have carried out. Our dental advisers will allocate a specific code for any supernumerary teeth.

If you send your claim on paper, please send for attention of Dental Advisers, Practitioner Services, Gyle Square, 1 South Gyle Crescent, Edinburgh, EH12 9EB.



Front Claiming non-tooth specific items

You will find some of the most common non-tooth specific items listed on the right side of the front of the form.

Other treatments - how to use this area:

For both tooth specific or non-tooth specific items, begin by using the first four boxes in this area to enter the treatment codes as shown in the SDR.

Non-tooth specific treatment

For non-tooth specific treatment, the boxes highlighted here represent the quantity of the items being claimed for. For instance, 01 would represent one treatment items.

Tooth specific treatment

You can also use this area if you run out of space for tooth specific treatment in the main tooth specific claim area. Use the boxes highlighted here to claim the specific tooth being treated.

Please note: for tooth specific treatment claimed here, the two digits refer to the specific tooth and not the number of teeth claimed for. You will need to use the Fédération Dentaire Internationale (FDI) World Dental Federation two-digit notation method to enter tooth specific treatment here. So, if you have treated the permanent upper right, second premolar, you would enter 15 here. Tooth 55 would represent the upper right second deciduous molar (see page 8 for more on the FDI two digit notation method).

Other reasons for using this area

Free repair/replacement

You must always use this area of the form for all free repair and replacement claims; both tooth specific and non-tooth specific claims (see page 9 for more).

Discretionary

6 digit discretionary codes should also be entered in this area.

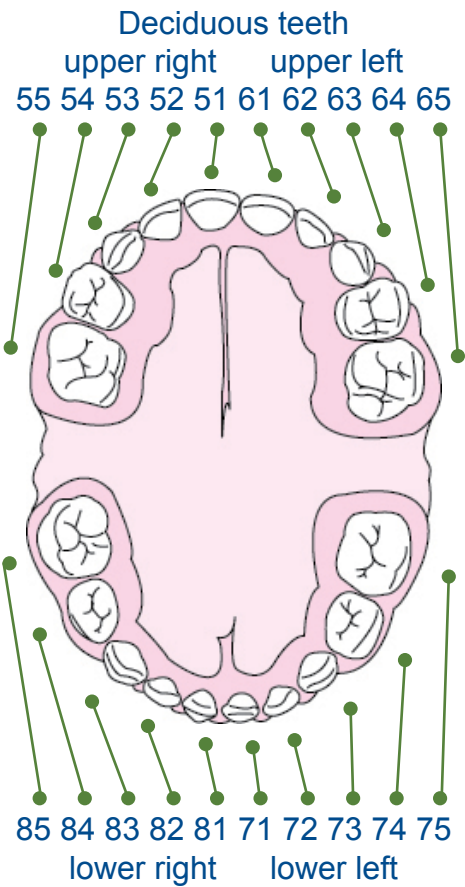
NEW Correcting a mistake:

If you make a mistake, score the entry out, initial and date to the left of the error and avoid any white boxes.

Enter the correct information, and send for the attention of operations.

Fédération Dentaire Internationale (FDI)
World Dental Federation two-digit notation

If you fill all areas of the tooth-specific area of the form, you can use the non-tooth specific area to enter tooth specific treatment. When claiming for tooth specific treatment in this area, you will need to use the FDI two-digit notation system illustrated below:

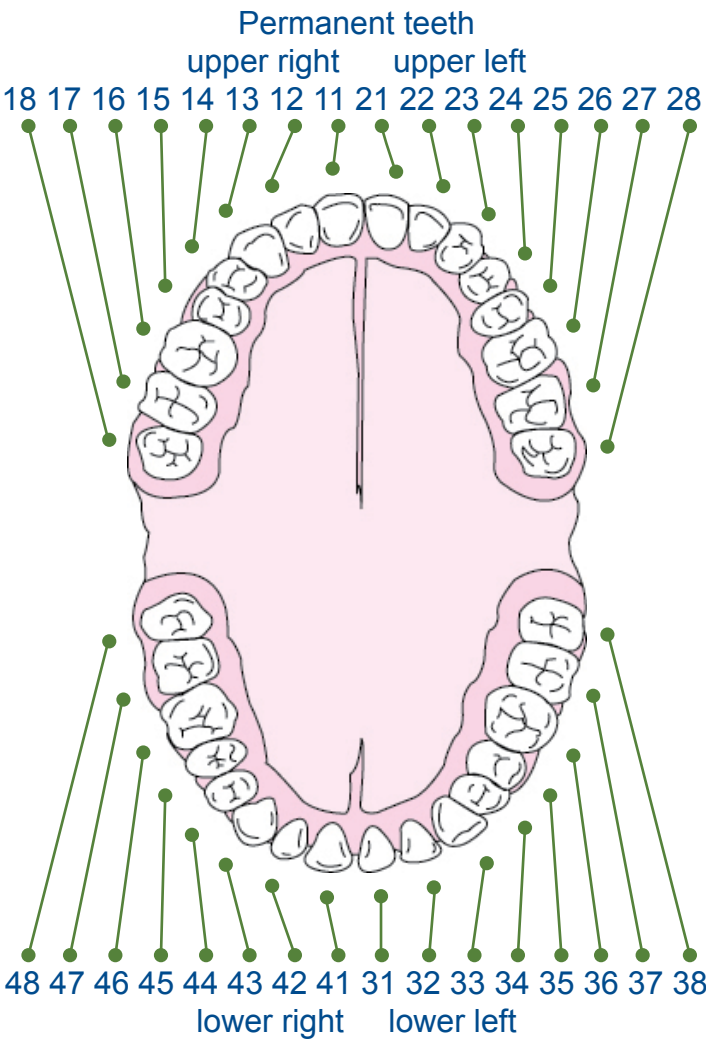


Quadrant codes

- 5 Upper right
- 6 Upper left
- 7 Lower left
- 8 Lower right

Tooth codes

- 1 Central incisors
- 2 Lateral incisors
- 3 Canines
- 4 First molar
- 5 Second molar



Quadrant codes

- 1 Upper right
- 2 Upper left
- 3 Lower left
- 4 Lower right

Tooth codes

- 1 Central incisors
- 2 Lateral incisors
- 3 Canines
- 4 First premolars
- 5 Second premolars
- 6 First molars
- 7 Second molars
- 8 Third molars



Front

Claiming non-tooth specific items

Basic Periodontal Examination (BPE)/ Community Periodontal Index of Treatment Needs (CPITN)

Please note:
This is mandatory for prior approval cases.

A simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need.

Free repair/ replacement

Place a cross in column A if you are claiming free repair/replacement.

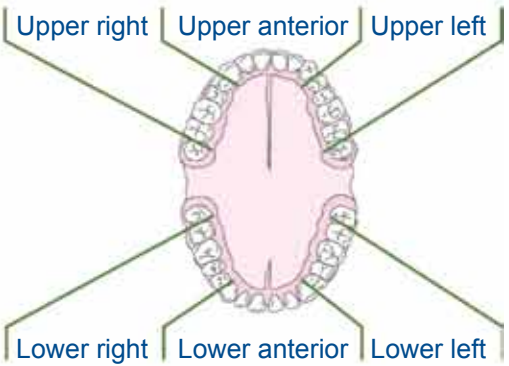
Remember:
You can only claim for free repair/replacement in the event of trauma.

Place a cross in the trauma box in Part 3 and enter details of the trauma in observations in Part 6, or your claim will be rejected.

How to record a BPE score:

The dentition is divided into 6 sextants

Upper right	17-14	Lower right	47-44
Upper anterior	13-23	Lower anterior	43-33
Upper left	24-27	Lower left	34-37



- All teeth in each sextant are examined with the exception of third molars.
- For a sextant to qualify for recording, it must contain at least 2 teeth.
- If a sextant has only 1 tooth present, the score for that tooth is included in the adjoining sextant.
- Scoring codes are 0, 1, 2, 3, and 4, depending on the clinical examination findings.
- Interpretation of the code indicates the clinical intervention that is required in each individual patient.
- The inclusion of an asterisk (*) indicates the presence of a furcation lesion.
- If there are no teeth in a particular sextant, this should be recorded by placing a dash (-) in the appropriate box on the GP17.

Scoring codes

0	No pockets > 3.5 mm; no calculus/overhangs; no bleeding after probing.
1	No pockets > 3.5 mm; no calculus/overhangs, but bleeding after probing.
2	No pockets > 3.5 mm, but calculus (supra/sub gingival) present/overhangs.
3	Probing depth 3.5-5.5 mm.
4	Probing depth > 5.5 mm.
*	Furcation involvement.

Note: if both a number and asterisk are needed, mark number in box, and legible asterisk outside box.



Dentist's declaration

The dentist's declaration area of the form has now changed. We will now need the dentist to indicate if the treatment has stopped before oral health could be secured.

Treatment may stop because the patient may refuse treatment or they may have failed to return for treatment.

Part 4 DENTIST'S DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that if it is not action may be taken against me. I claim payment of fees due to me for the work carried out in accordance with the NHS (General Dental Services) (Scotland) Regulations.

Where treatment less than that necessary to secure and maintain oral health has been provided, this is because:

☐ The patient refused the treatment and I have provided the care and treatment the patient was willing to undergo.

☐ The patient has failed to complete the treatment. Incomplete treatment is noted in the observations box overleaf.*

Dentist's signature: _____

Date: ____/____/____

01020102 APB Group Scotland 07/12

Relevant observations

1. Item 41b and 45c (Special Needs)

An extra payment can be claimed when a dentist requires extra time to deal with a patient. A dentist can claim double the capitation or continuing care payment if it is necessary to spend at least double the normal time treating the patient.

Enter observations with the relevant clinical information, including the condition and severity. If you do not enter observations your claim will be rejected.

2. Referral for specialist treatment

If a patient has been referred to you for specialist treatment, you would claim an extra payment (code 4600). In the new form, you will need to enter the total number of referral claims in 'Referral (no. of claims) 4600' in part 3 on the right hand side of the form. For the observations we need:

- the name of the referring dentist;
- referring practice address or list number;
- the details of the reason for referral.

If you do not enter observations your claim will be rejected.

When entering the number of referral claims, please enter a single digit number, in the right hand box.

Front

Date of Completion of Treatment: ____/____/____

BREXCPITH Upper Lower

☐ I claim payment under Special Needs - Item 41(B) and 45(C)*

MON. TOOTH SPECIFIC ITEMS		Examination		Examination	
1(A)		1(B)		1(B)	
Scale and polish	10(A)	Periodontal	10(B)		
Special trays - upper	27(E)	Special trays - lower	27(F)		
Small radiograph		Assessment and advice	47(A)		
Radiographs available		Models available			
Referral (no. of claims) 4600*		Trauma*			

☐ Suspecting observations are required

OTHER TREATMENTS
(Free replacements. Put X in box A) A

☒ X

Total amount claimed £: _____

Part 4 DENTIST'S DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that if it is not action may be taken against me. I claim payment of fees due to me for the work carried out in accordance with the NHS (General Dental Services) (Scotland) Regulations.

Where treatment less than that necessary to secure and maintain oral health has been provided, this is because:

☐ The patient refused the treatment and I have provided the care and treatment the patient was willing to undergo.

☐ The patient has failed to complete the treatment. Incomplete treatment is noted in the observations box overleaf.*

Dentist's signature: _____

3. Trauma

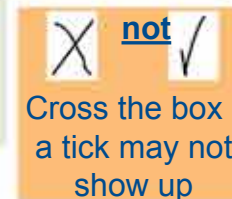
You must place a cross in the trauma box in Part 3 and indicate the nature of the trauma in the observations box.

If you do not enter observations your claim will be rejected.

4. Free repair and replacements

If you claim for free repair and replacement, as a result of trauma arising from a source external to the mouth, you must enter observations.

Place a cross in trauma in Part 3. If you do not enter observations your claim will be rejected.



5. Incomplete treatment after patient fails to return and balance adjustments

If you have an item which is incomplete and there is no incomplete code in the SDR, you can request this in the observations. Tell us exactly what treatment you have provided and what you were planning to do. For example if you are claiming for an incomplete 10c you would state how many visits were planned, how many teeth and sextants were to be treated and what you had completed.

If the patient returns to complete the treatment and you are claiming for the rest of the treatment you must detail the treatment you have completed in the observations and that you require a "balance adjustment".

Other relevant observations

1. Request for further information

If you request advice on fees, codes or treatments please keep questions as concise as possible within the observations box.

2. Continuation cases

You should use the continuation case procedure if a course of treatment is started under one list number, and it is completed under another. Use the observations box as part of this procedure as shown here:

- On the first GP17, write "CONTINUATION CASE PART 1" in this box.
- On the second GP17 form, write "CONTINUATION CASE PART 2" with the details of the dentist's list number and acceptance date of Part 1. This helps us identify the claim more easily.

For more information go to:

www.psd.scot.nhs.uk/professionals/dental/Guidance-on-continuation-of-treatment-procedure-V3.pdf

3. Regulation 9

Replacement of lost/broken dentures, splints, bridges and orthodontic appliances, due to an act or omission by the patient. In these cases you may take a deposit of up to the whole cost of replacement.

You **must** obtain a decision from your **NHS Board** before submitting the GP17 form for processing. It must include the amount confirmed by the NHS Board to be claimed from public funds. Any deposit taken should be returned to the patient, as appropriate. You must also send the regulation 9 form, even if you are transmitting your claims electronically.

In cases where prior approval is involved, as the total value is over £350, approval must still be obtained irrespective of the regulation 9 claim. However, if the appliance/prosthesis is the only item claimed on the form and is under £350, prior approval is not required.

4. Domiciliary visits

If you are claiming for domiciliary visits to patients enter observations with the relevant clinical condition. If the cost of these visits takes your treatment plan over the prior approval limit you do need to request approval before proceeding with the treatment.

Please note: Keep an eye on our web site, for future guidance on observations:

www.psd.scot.nhs.uk/professionals/dental/index.html



Entering observations

Enter 'Dentist's Observations' in Part 6 to advise us of extra information that is needed to make a decision on particular aspects of a claim, or to seek advice. We have provided examples of good and bad practice below:



Examples of good observations

Part 6 DENTIST'S OBSERVATIONS

- ✓ You have entered the details of special needs and you have crossed the 'special needs' box in Part 3.
- ✓ If you are treating a patient on referral you have entered the:
 - dentist name or list number;
 - address of dentist referred from;
 - reason for referral.
- ✓ You have entered the details of a trauma, or incident, and you have crossed the 'Trauma' box in Part 3.

Keep inside the box!



Examples of when we will reject

Part 6 DENTIST'S OBSERVATIONS

- ✗ Writing "radiographs available" or "models available" when you have already crossed the relevant box in Part 3.
- ✗ Entering observations for a re-cement of a crown when you have already entered the code.
- ✗ There are marks, black dots, patient identifiers or lines in the observations box when it should have been left blank.

Submission of observations for prior approval

Keep inside the box!

When you make observations for prior approval, it is important that you keep inside the box.

If you need more space, please use form DPD 285 for further supporting information. You can also send a letter with relevant information if preferred.

NEW We do not return the DPD285 to the practice, so please keep a copy for your records.

DPD 285

You can find the DPD 285 form on our web site at:
www.psd.scot.nhs.uk/professionals/dental/news/supporting-information-required-for-prior-approval.html

Further observations for prior approval

Item of service	Supporting information required
Crowns	Indication for crowns. Periapical radiograph showing a clear apical view. We will not insist on radiographs for vital teeth requiring crowns, if a vitality report is submitted.
Veneers	Indication for veneers. Clinical photographs can be very helpful.
Bridges	Where required, study casts and appropriate radiographs, showing a clear apical view of all proposed abutment teeth. A vitality report and details of the proposed bridge design. State whether the patient wears, or has previously worn, dentures (include type and material). Where relevant, state whether there is adequate posterior occlusal support.
Endodontic treatment	Pre-operative radiograph.
Intravenous sedation	Detail the treatment to be carried out on each visit in order that the number of visits can be justified.
Periodontal splinting	State the reason for splinting and provide radiographs where appropriate. The radiographs should demonstrate the presence of some supporting bone.
Domiciliary visits	State the reason for the number of visits, if there are more than 6.
Extraction of special difficulty	Provide a radiograph giving a clear view of root morphology and illustrating the nature of the difficulty.
Staged treatment or phased care	Provide an outline of the proposed treatment plan demonstrating appropriate staging and intervals between stages.
No exam	Given the requirement at each course of treatment to secure and maintain oral health please give an explanation if an exam fee is not being claimed.
Discretionary Items	Give a clear indication why the item is proposed.



Part 4c I do not have to pay NHS charges because

Important

Please make sure you do not place a mark in this box in the list of categories in Part 4c of the GP17. This box is currently not in use, but may be allocated in the future.

If you mark this box, your claim will be rejected, and your payments delayed.

Please note: an asterisk on the back of the form refers to printing the name of the person entitled to the benefit, and does not mean we require observations.

Patient category

If your patients need further information, you can guide them to the proof they need to have, if they are to claim free NHS dental treatment.

The Scottish Government provide a handy table of guidance on the web about:

- categories eligible for free NHS dental treatment;
- the proof a patient needs to have; and
- where and how the patient can get the proof.

For more on this guidance go to:

www.scotland.gov.uk/Publications/2012/05/9246/48

Please note that web addresses are subject to change.

Schedule reporting of tooth specific issues

We have provided three examples of adjustments made to your claims in this section. When we report adjustments in your schedule, these may refer to previous treatment. This treatment may have been carried out at another practice.

Example 1

A dentist treats a patient registered with her at the practice and claims three single surface amalgam fillings (1401) for teeth 14,15 and 16 and completes the form as shown in figure 1.1.

Figure 1.1

We then do the following:

Delete the claim for the filling on tooth 14 as a previous claim had been paid for extracting this tooth (code 2101).

Your schedule adjustment page would report this as follows:

1 This line shows that we only authorised two 1401 fillings (140102) for payment, at £17.30

2 This part shows that instead of the three 1401 fillings claimed (14(A)(1) 140103), we replaced with two (140102).

3 This part describes the reason we removed one of the fillings claimed for.

It shows that a filling on tooth number 14 (140114) could not be claimed for because the tooth has already been extracted (21-Tooth 14). This extraction was claimed for on claim number 121300000114.

This treatment was carried out on 1 Nov 2013.

PAGE: 15									
CONTRACTING AUTHORITY: 00 LIST NUMBER 00000 Dentist, Name									
ADJUSTMENTS TO CLAIMS PROCESSED FOR THE PERIOD 01-12-2013 TO 31-12-2013									
CASE ID	SEQUENCE NO	PATIENT	DATE OF BIRTH	DATE OF ACCEPTANCE	TOTAL (£) CLAIMED	TOTAL (£) AUTHORISED	PATIENT CHARGES (£) CLAIMED	PATIENT CHARGES (£) AUTHORISED	
000000000000	0	Bloggs Joe	M 20/12/1930	02/12/2013	£25.95	£17.30	£20.76	£13.84	
		14(A)(1) 140102						£17.30	
		14(A)(1) 140103						£0.00	
		14(A)(1)-Tooth 14 140114						£0.00	
		Cannot claim with 21-Tooth14 on claim 121300000114 dated 01/11/2013. Fee deleted.							

Example 2

A dentist treats a patient registered with another dentist at another practice.

The dentist claims three single surface amalgam fillings (1401) for teeth 13,14 and 15 and completes the form as shown in figure 2.1.

Figure 2.1

Our dental payment system, MIDAS, determines the claim should be for occasional treatment. We then do the following:

1. Substitute the conservative treatment codes 1401 for occasional codes 5811; and
2. Delete the claim for the filling on tooth 14 as a previous claim had been paid for extracting this tooth with code 2101.

Your schedule adjustment page would report this as follows:

1 This line shows that we authorised two 5811 fillings (581102) under occasional treatment for payment at £17.30

2 This part shows that instead of the three 1401 fillings claimed (14(A)(1) 140103), we first replaced with two (140102) before swapping the 1401 codes to occasional treatment as shown in 3 below.

3 This part describes the reason we removed one of the fillings claimed for.

It shows that a filling on tooth number 14 (140114) could not be claimed for because the tooth has already been extracted (21-Tooth 14). This extraction was claimed for on claim number 121300000114.

This treatment was carried out on 1 Nov 2013.

4 This part shows that conservative treatment code 140102 for the two fillings was invalid for occasional treatment. Our system replaced with the occasional treatment 581102.

PAGE: 15									
CONTRACTING AUTHORITY: 00 LIST NUMBER 00000 Dentist, Name									
ADJUSTMENTS TO CLAIMS PROCESSED FOR THE PERIOD 01-12-2013 TO 31-12-2013									
CASE ID	SEQUENCE NO	PATIENT	DATE OF BIRTH	DATE OF ACCEPTANCE	TOTAL (£) CLAIMED	TOTAL (£) AUTHORISED	PATIENT CHARGES (£) CLAIMED	PATIENT CHARGES (£) AUTHORISED	
000000000000	0	Bloggs Joe	M 20/12/1930	02/12/2013	£25.95	£17.30	£20.76	£13.84	
		58(B)(1) 581102						£17.30	
		14(A)(1) 140103						£0.00	
		14(A)(1)-Tooth 14 140114						£0.00	
		Cannot claim with 21-Tooth14 on claim 121300000114 dated 01/09/2013. Fee deleted.							
		14(A)(1) 140102						£0.00	
		Invalid for Occasional. Replaced by 581102.							

Example 3

A dentist sends in a claim to us for three full crowns cast in non-precious metal alloy bonded to porcelain (1722) on teeth 13, 14 and 15. There is also a claim for one extraction (2101).

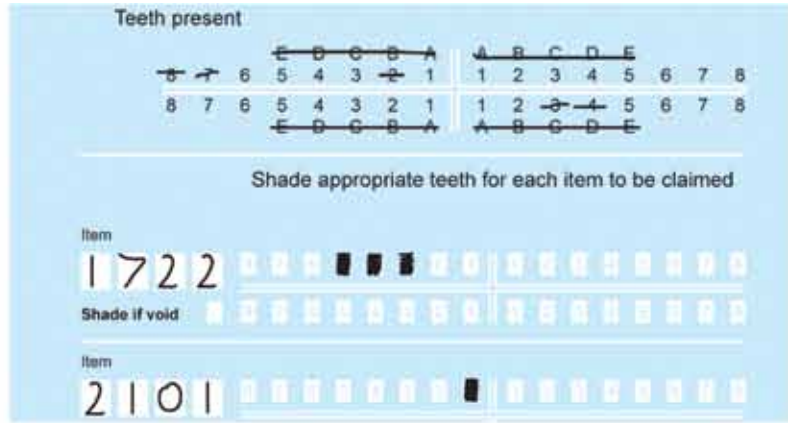
The form is completed as in figure 3.1.

We then do the following:

- 1. Our dental payment system MIDAS detects that crowns on teeth 13 and 15 had been claimed within the previous 12 months. Only one crown is initially authorised.
- 2. A fee for providing a free repair or replacement of a crown within 12 months of provision is no longer payable under General Dental Services, unless as a result of trauma. The fees for teeth 13 and 15 are therefore deleted.
- 3. Tooth 11 has previously been extracted. The treatment claim for extraction on this claim is rejected.

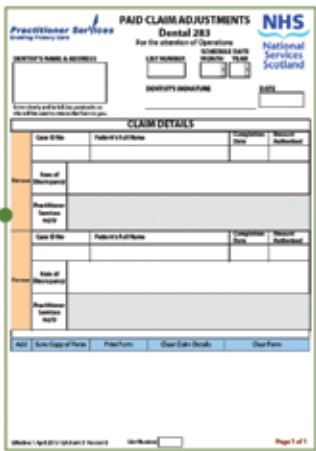
Your schedule adjustment page would report this as follows:

Figure 3.1



Requesting adjustments

When you report corrections to us please continue to use the DPD283 form.



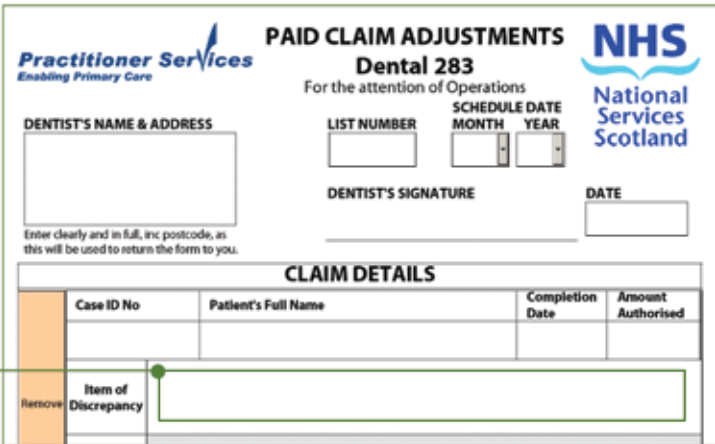
DPD283 form

You can see two examples below, which illustrate what we need you to tell us:

Example 1

Claim submitted with a single surface amalgam filling on tooth-14 is deleted because the patient history shows the tooth has previously been extracted.

On adjustment form DPD283, write your supporting evidence into the section called item of discrepancy.



In this example you might detail for instance, that the amalgam filling was incorrectly entered on the original claim, and should have been for tooth-24.

We will return the original DPD283 form to you describing our actions. You would need to amend your records with the correct notation (electronic or paper) after we send you the adjusted form. This will make sure future submissions are correct.

Example 2

An extraction previously reported on tooth-16 is carried out by Dentist A. Dentist B claims for a single amalgam filling on tooth-16, but this is deleted because the tooth no longer exists.

Dentist B might therefore send in a DPD283 with the adjustment and supporting evidence telling us that tooth-17 has moved into position 16 and the previous extraction was carried out on tooth-16. The new claim should be amended and the filling paid for tooth-17.

We will return the original DPD283 form to you describing our actions. You would need to amend your records with the correct notation (electronic or paper) after we send you the adjusted form. This will make sure future submissions are correct.

General guidance on the new GP17 form

Part 1

Front

NEW

PATIENT'S INFORMATION

HYPHENATION

If you enter a double-barrelled name with a hyphen this will only be partially read by our scanners. If forenames are hyphenated, the first part of the name is taken, and if the surname is hyphenated, the last part is taken.

So in this example, if you had hyphenated both parts of the name, we would record this patient as LILLY JONES. If looking for this patient in the schedule, you would need to look for LILLY JONES. Make sure your approach to names is consistent, to avoid changing the patient record and creating errors in your claims. If you omit the hyphen from a patient's name, it is important that you always do this. Otherwise you will cause a duplicate registration.

CHI NUMBER

Make sure the Community Health Index (CHI) number is correct.

Diagram showing the CHI number format: DDMMYY, where DD is day, MM is month, and YY is year. A box indicates the gender digit (odd for males, even for females).

Quick check

The ninth digit of the CHI number is always odd for males and even for females.

All CHI numbers begin with the day, month and then the last two digits of the year of birth of the patient (DDMMYY). You can find CHI numbers for successfully matched patients on your paper schedule.

Writing numbers

Take care when writing numbers, specifically the numbers one, four and seven. When entering these numbers on the form:

- don't place lines at the top or bottom of number ones;
- don't join the top lines of a number four; and
- avoid the central cross line in a seven.

This prevents misreads of your claim forms by our scanning systems, which can cause errors in your claims or non-payments.

Diagram showing the NHS General Dental Service form (Part 1) with fields for Patient's Information: Surname (SMITH - JONES), Forename (LILLY - MAY), D.O.B., CHI NUMBER (0101130000), Previous Surname, Address (USE BLACK INK AND BLOCK CAPITALS), and Postcode.

POSTCODE

Enter the patient's full postcode as this is linked to the deprived area enhancement payments and other treatment under capitation (Childsmile).

A partial postcode, or missing postcode will mean these payments will not be paid correctly.

Part 2

Front

DATE OF REGISTRATION / ACCEPTANCE
The full date of registration or acceptance must be completed with every form submission.

This date must be on or after 1 July 2013.

Dates before 1 July 2013 must be on form version 10/08. If you enter a date on the form before 1 July 2013, it **will** be rejected.

DATE OF COMPLETION OF TREATMENT

- Never complete when registration only.

Diagram showing the NHS Registration and Claim Form (GP17) Part 2: DENTIST'S INFORMATION. Fields include: Date of Registration/Acceptance for Treatment, Date of Completion of Treatment, BPE/CPI/TH Upper/Lower, I claim payment under Special Needs - item 41(B) and 45(C)*, NON-TOOTH SPECIFIC ITEMS (Examination, Scale and polish, Special trays - upper, Small radiograph, Radiographs available, Referral (no. of claims) 4600*), Examination, Periodontal, Special trays - lower, Assessment and advice, Models available, Trauma*, and *Supporting observations are required.

Front

NEW

Part 3

On the new form, we have been unable to add an area to add up fees.

However, you can use the blue space on the left next to other treatment, as shown here.

You can write with pencil in this area. If you do this, make sure you do not touch any white boxes.

Please note, we may stamp over this area during prior approval cases.

Diagram showing the NHS Registration and Claim Form (GP17) Part 3: OTHER TREATMENTS. It shows a grid for recording treatments and fees. A blue space on the left is used for handwritten calculations: 0111-20:00, 24:20, 24:20. The total amount claimed is shown as £ 8.40.

Back

Part 4a

PATIENT'S DECLARATION ON ACCEPTANCE
To be completed by or on behalf of the patient.
Patients should be advised they may be asked to attend the Scottish Dental Reference Service.

PATIENT'S DECLARATION ON ACCEPTANCE
(to be completed and signed by, or on behalf of the patient)

Part 4a
I wish to be treated by this dentist under the NHS (General Dental Service) (Scotland) Regulations and, if invited by the Scottish Dental Reference Service, will attend for an examination by another dentist.
I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption or remission. To enable the NHS to check I have a valid exemption/remission and for the purposes of prevention, detection and investigation of crime, I understand that my data will be shared with the Common Services Agency, the NHS Business Services Authority, the Department for Work and Pensions, HM Revenue & Customs and Local Authorities.

I wish to be registered/continue to be registered with this dentist ☐
I am registered with another dentist at this practice ☐
I am registered with another dentist at another practice ☐
I do not wish to be registered with any dentist ☐
I wish to be treated by this dentist as a referred patient ☐

Part 4b I HAVE TO PAY NHS CHARGES
I am liable for the NHS charge and may have to pay the full amount prior to treatment ☐
I am named on a current HC3 for partial help with NHS charges ☐
I am the patient ☐ I am the patient's parent, guardian or carer ☐
Name in Block Capitals (if not patient)
Signature
Date

Part 4c I DO NOT HAVE TO PAY NHS CHARGES BECAUSE
+ I am under 18 years of age ☐
I am aged 18 and in full-time education ☐
I am expecting a baby ☐

Back

Part 4b

I HAVE TO PAY NHS CHARGES
To be completed by or on behalf of patients who are liable to pay for treatment.

Part 4b I HAVE TO PAY NHS CHARGES
I am liable for the NHS charge and may have to pay the full amount prior to treatment ☐
I am named on a current HC3 for partial help with NHS charges ☐
I am the patient ☐ I am the patient's parent, guardian or carer ☐
Name in Block Capitals (if not patient)
Signature
Date

Part 4c I DO NOT HAVE TO PAY NHS CHARGES BECAUSE
+ I am under 18 years of age ☐
I am aged 18 and in full-time education ☐
I am expecting a baby ☐
I have had a baby in the last 12 months ☐
I AM INCLUDED IN AN AWARD OF:
Income Related Employment Support Allowance* ☐
Income Support* ☐
Income-based Job Seekers Allowance* ☐
Box not to be used ☐
Pension Credit guarantee credit* ☐

Back

Part 5

DENTIST'S REQUEST FOR PRIOR APPROVAL
To be signed and dated by the dentist if they need Prior Approval.

Part 5 DENTIST'S REQUEST FOR PRIOR APPROVAL
I have examined the patient and seek prior approval to carry out the treatment detailed at Part 3 which I consider necessary.

Dentist's signature
Date

Prior Approval Authorised ☐

Part 6 DENTIST'S OBSERVATIONS

Part 7 PATIENT'S DECLARATION ON COMPLETION
(to be completed and signed by, or on behalf of the patient)
I confirm that I have had all the treatment that I am willing to have and, if invited by the Scottish Dental Reference Service, will attend for an examination by another dentist.
If you previously completed Part 4b but your circumstances have since changed and you do not now have to pay NHS charges please complete below:

Back

Part 7

PATIENT'S DECLARATION ON COMPLETION
If circumstances have changed since the acceptance date, the patient should enter the date of the change.

They should also indicate which benefit they are receiving in Part 4c.

Finally, make sure the patient has signed and dated Part 7.

Part 7 PATIENT'S DECLARATION ON COMPLETION
(to be completed and signed by, or on behalf of the patient)
I confirm that I have had all the treatment that I am willing to have and, if invited by the Scottish Dental Reference Service, will attend for an examination by another dentist.
If you previously completed Part 4b but your circumstances have since changed and you do not now have to pay NHS charges please complete below:
On when the charge was made, I was included in an award of one of the benefits/tax credits indicated at Part 4c or named on a current NHS charges certificate which is indicated at Part 4b or 4c.
Print the name of the person who gets the benefit/credit:

D.O.B. or National Insurance No.
I have paid or will pay the dentist (if you do not have to pay enter 00.00) £
I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption or remission. To enable the NHS to check I have a valid exemption/remission and for the purposes of prevention, detection and investigation of crime, I understand that my data will be shared with the Common Services Agency, the NHS Business Services Authority, the Department for Work and Pensions, HM Revenue & Customs and Local Authorities.
I will pay the cost of the dental treatment if I am later found not to be entitled. In addition, a statutory penalty may be payable.
I am the patient ☐ I am the patient's parent, guardian or carer ☐
Name in Block Capitals (if not patient)
Signature
Date



List of tooth specific items

Treatment	Description	Code
Registered treatment		
Preventive care	7(A) Fissure sealants, unfilled third molars - within 2 years of eruption	0701
Periodontal non-surgical	10(C) Non-surgical treatment of periodontal disease	1021
Periodontal surgical	11(D) Simple excision of soft tissue to lengthen crowns	1131
Fillings	14A[1] 1 surface	1401
	14A[2] 2 or more surfaces	1402
	14A[3] 2 or more surfaces including MO or DO	1403
	14A[4] 3 or more surfaces including MOD	1404
	14B Tunnel	Per filling 1411
		Maximum for tooth 1412
	14C[1] Resin	1 filling 1421
		2 or more (same tooth) 1420
	Acid etch	1 angle - mesial or distal 1422
		Incisal edge 1423
		2 angles - mesial and distal 1424
	Cusp tip	1425
	14C[2] Glass ionomer	1 filling 1426
		2 or more 1427
	14D Pin	1431
	14G Glass ionomer (exceptional conditions)	1 filling 1461
		2 or more 1462
Maximum filling fee	Combinations of materials WITHOUT pins/acid etch/cusp tip	1470
Maximum filling fee	Combinations of materials WITH pins/acid etch or cusp tip	1471
Sealants	14H Sealant only	1481
	14I Resin + sealant	1482
	14J Resin + ionomer + sealant	1483
Endodontic	15A	Incisor or canine 1501
		Upper premolar 1502
		Lower premolar 1503
		Molar 1504
	15B	Vital pulpotomy 1511
	15C Apicectomy	Incisor or canine 1521
		Premolar 1522
		Buccal roots of upper molar 1523
	Additional fee for retrograde	1541
	15(D) Endodontic treatment of a retained deciduous tooth	1551
Veneers	16 Incisors and canines (upper teeth only)	1601
Inlays	17A[1]	1 surface 1701
		2 surfaces 1702
		2 surfaces involving incisal 1703
		3 or more surfaces 1704
	17J Repair of an inlay	per inlay 1761
	17K Recement inlay	1781

24 This information is intended as a check list for tooth specific items. For full regulations on their use, please refer to your statement of dental remuneration.

Treatment	Description	Code
Registered treatment		
Crowns	17B[1] Full or three quarter crown cast in precious metal	1711
	17B[2] Full or jacket crown cast in non-precious metal	1712
	17C Porcelain jacket crown	1716
	17D[1] Bonded precious (anterior to first molar)	1721
	17D[2] Bonded non-precious (anterior to first molar)	1722
	17D[3] Porcelain jacket crown, bonded platinum coping (anterior to first molar)	1723
	17E Jacket crown in synthetic resin	1726
	17G [1] Temporary - without post	1742
	17G [2] Temporary - with post	1743
	17J Repair of a crown	per crown 1762
	17K Recement crown	1782
Posts	17F[2] Metal alloy core and post	1732
	17F[3] Prefabricated non-precious post	1733
	17F[4] Pin/screw	1734
	17F[5][1] Facing	per inlay 1735
	17F[5][2] Facing	per crown 1736
	17F[7] Dovetail/slot	per dovetail 1738
	17F[8] Parallel metallic surface	per crown 1739
	17H Removal of fractured post	per post 1744
Bridges	18[A][1] Alloy + gold retainer	Inlay or pinlay 1801
		Three quarter jacket 1802
		Full or jacket crown 1803
	18[A][2] Other alloy retainer	Full jacket/crown precious 1804
		Full jacket/crown non-precious 1805
	18[A][3] Porcelain full or jacket crown	1806
	18A[4] Retainer	Bonded precious 1807
		Bonded non-precious 1808
	18B[1] Core + post	Cast in precious metal 1811
	18B[2] Core + post	Cast in non-precious metal 1812
	18B[3] Prefabricated core + post in non-precious metal	1813
	18B[4] Pin or screw retention	1814
	18B[6] Composite facing	1816
	18C[1] Pontic - cast alloy + gold	1821
	18C[2] Pontic - other alloys	Precious metal 1822
		Non-precious metal 1823
	18C[3] Pontic	Porcelain 1824
	18C[4] Pontic	Bonded precious 1825
		Bonded non-precious 1826
	18C[5]	Composite facing 1827
	18D Acid etch retained bridges	Retainer in cast metal 1831
		Pontic 1832
	18F Temporary bridge	18F[1] Lab produced 1851
		18F[2] Other 1852

This information is intended as a check list for tooth specific items. For full regulations on their use, please refer to your statement of dental remuneration.

Treatment	Description			Code
Registered treatment				
Extractions	21	Permanent teeth		2101
		Deciduous teeth		2102
Extractions of special difficulty	22A[1] Soft tissue only			2201
	22A[2][i] Bone removal	On incisors and canines		2202
	22A[2][ii] Bone removal	On pre-molars and molars (not including impacted third molars)		2203
	22A[2][iii] Impacted third molar	Upper - no division		2204
		Lower - no division		2206
	22A[2][iv]	Upper - with division		2205
		Lower - with division		2207
Dentures	27B[3] Partial	Upper		2733
		Lower		2735
	27C[2] Part plate design	Upper		2743
		Lower		2747
	27C[3] Single bar Skeleton design	Upper		2744
		Lower		2748
	27C[4] Multi bar Skeleton design	Upper		2745
		Lower		2749
27C[5] Additional fee for backed teeth			2746	
Denture additions	28D[2] Tooth	Upper		2863
		Lower		2864
Orthodontic treatment	32D Addition of artificial tooth	32D[1] Fixed	Upper	3261
			Lower	3262
		32D[2] Removable	Upper	3263
			Lower	3264
Miscellaneous treatment	36B Stoning and smoothing			3611
	36F Re-implantation of luxated permanent tooth			3651
	36G Removal of fractured portion of natural crown			3661
	36H Removal of coronal portion of permanent tooth			3671
Treatment social to minors	44A Filling			4401
	44B Pre-formed metal cap			4402
	44C Amputation of coronal portion of vital pulp			4403
	44D Non vital pulpotomy			4404
	44E Treatment on referral			4405
	44F Fissure sealants			4406

This information is intended as a check list for tooth specific items. For full regulations on their use, please refer to your statement of dental remuneration.

Treatment	Description		Code
Occasional treatment			
Occasional treatment	50A Dressings		5001
	50C Opening root canals for drainage		5021
	50D Pulp extirpation/dressing	1 canal	5031
		More than 1 canal	5032
	50E Stoning		5041
	50H Re-implantation of a luxated permanent tooth		5071
	50I Removal of fractured portion of natural crown		5075
	51A Temporary crown	Other than post retained	5102
		Post retained	5103
	51B Removal of a fractured post		5104
	51C[1] Recement inlay		5111
	51C[2] Recement crown		5112
Extractions	52	Permanent teeth	5201
		Deciduous teeth	5202
Extractions of special difficulty	52B[1] Soft tissue only		5211
	52B[2] Bone removal	On incisors and canines	5212
		On pre-molars and molars other than impacted third molars	5213
	52B[2] Impacted third molar	Upper - no division	5214
		Lower - no division	5216
		Upper - with division	5215
		Lower - with division	5217
	Denture additions	55D[2] Tooth	Upper
Lower			5564
Fillings	58B[1] 1 surface		5811
	58B[2] 2 or more surfaces		5812
	58B[3] 2 or more surfaces including MO or DO		5813
	58B[4] 3 or more surfaces including MOD		5814
	58C[1] Resin	1 filling	5821
		2 or more fillings in same tooth	5820
	Acid etch	1 angle	5822
		Incisal edge	5823
		2 angles	5824
	Cusp tip		5825
	58C[2] Glass ionomer	1 filling	5826
		2 or more fillings in same tooth	5827
	58D Pin		5831
	58E Glass ionomer (exceptional conditions)	per filling	5836
		maximum	5837
Maximum filling fee	Combinations of materials WITHOUT pins/acid etch/cusp tip		5838
Maximum filling fee	Combinations of materials WITH pins/acid etch or cusp tip		5839

This information is intended as a check list for tooth specific items. For full regulations on their use, please refer to your statement of dental remuneration.

Treatment	Description			Code	
Occasional treatment					
Fillings continued	58F Root filling	Incisor or canine		5841	
		Upper premolar		5842	
		Lower premolar		5843	
Bridges	Temporary bridge	58G[1] Lab produced		5851	
		58G[2] Other		5852	
Dentures	59A[3] Partial denture bearing	Upper		5903	
		Lower		5905	
	59B[5] Additional fee where teeth are backed			5916	
Treatment special to minors	60A Filling			6001	
	60B Pre-formed metal cap			6002	
	60C Amputation of coronal portion of vital pulp			6003	
	60D Non vital pulpotomy			6004	
Incomplete treatment					
Partial dentures	Metal	62E-25%	Upper	6242	
			Lower	6244	
		62F-50%	Upper	6252	
			Lower	6254	
	Plate design	62G[2]-70%	Upper	6263	
			Lower	6266	
		62H[2]-85%	Upper	6273	
			Lower	6276	
		62I[2]-95%	Upper	6283	
			Lower	6286	
		Skeleton - single connecting bars	62G[3]-70%	Upper	6264
				Lower	6267
	62H[3]-85%		Upper	6274	
			Lower	6277	
	62I[3]-95%		Upper	6284	
			Lower	6287	
	Skeleton - multiple connecting bars		62G[4]-70%	Upper	6265
				Lower	6268
		62H[4]-85%	Upper	6275	
			Lower	6278	
		62I[4]-95%	Upper	6285	
			Lower	6288	

This information is intended as a check list for tooth specific items. For full regulations on their use, please refer to your statement of dental remuneration.

Treatment	Description			Code
Incomplete treatment				
Partial dentures	Acrylic	62A-25%	Upper	6202
			Lower	6204
		62B-50%	Upper	6212
			Lower	6214
		62C-66⅔%	Upper	6222
			Lower	6224
		62D-95%	Upper	6232
			Lower	6234
Incomplete fillings and endodontic treatment	63A Dressings			6301
	63C Opening root canals for drainage			6321
	63D Pulp extirpation/dressing	One canal		6331
		More than one canal		6332
	63E Any other endodontic treatment involving one visit	Per incisor/canine		6341
		Per upper premolar		6342
		Per lower premolar		6343
		Per molar		6344
	63F Any other endodontic treatment involving more than one visit	Per incisor/canine		6351
		Per upper premolar		6352
		Per lower premolar		6353
		Per molar		6354
Incomplete veneers	64 Porcelain veneers (made under item 16 but not fitted)	Per tooth		6401
Incomplete crowns	65A Porcelain jacket crown			6501
	65B[1] Bonded precious			6511
	65B[2] Bonded non-precious			6512
	65B[3] Porcelain jacket crown, bonded platinum coping			6513
	65C[2] Full or jacket crown cast in precious metal			6522
	65C[3] Full or jacket crown cast in non-precious metal			6523

This information is intended as a check list for tooth specific items. For full regulations on their use, please refer to your statement of dental remuneration.


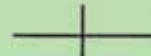
NEW Other forms

GP17(O)

The GP17(O) form is not being revised from 1 July 2013 when we start to capture tooth specific information. However, there are some changes you should be aware of when completing the form.

From 1 July 2013 when detailing orthodontic extractions we will need the tooth notation detailed in part 10.

PART 10 Treatment Proposals
Objectives

Extractions  Teeth to be banded/bonded 

Individual tooth movements

Correction of anterior occlusion Yes ☐ No ☐

Correction of buccal occlusion A/P Yes ☐ No ☐ Laterally Yes ☐ No ☐

Items 32d(1) and 32d(2) will need the tooth notation detailed in part 15 of the form.

PART 15 Additional Information
Additional Information

Consultant Report	No	Yes	No.	£	p	R Items
Item 1	<input type="checkbox"/>	<input type="checkbox"/>				
Item 2b (models) set						
Item 2b (models) dupl.						
Rads	<input type="checkbox"/>	<input type="checkbox"/>				
Item 32 (a) 1						
Item 32 (a) 2						
Item 32 (a) 3						
Item 32 (a) 4						
Item 32 (a) 5						
E.O.T						
Item 32 (b) 1						
Item 32 (b) 1 additional						
Item 32 (b) 2 removable retainer						
Item 32 (b) 2 fixed/bonded retainer						
Item 32 (c)						
Item 32 (d)						
specify at Part 15						
Other - specify Part 15						

Further information

For more information please check our web site at:

www.psd.scot.nhs.uk/professionals/dental/index.html

Or call our help desk at:

0131 275 6300

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