| eDental Code | eDental description | Extra information |
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| E000501 | Location is not registered for eDental. | You must contact Practitioner Services in order to be set up to transmit claims via eDental |
| E000502 | Incorrect PMS and version have been supplied | You must have a version installed that has been accredited by Practitioner Services. You should confirm with your supplier that the version installed on the practice machine is accredited. |
| E000503 | Check the list number as it is invalid. | You can confirm the correct list number against the list number provided by the NHS Board. |
| E000504 | No location found for list number | The location number can be found on the Personal Identification Number (PIN) letter, which was issued to the individual dentist via NHSmail. |
| E000505 | The list number is not marked as being eDental enabled, but the claim was received via eDental. | A number of actions need to be carried out before we can accept claims from this list number via eDental. Contact the Practitioner Services Dental Helpdesk. |
| E000506 | The commitment list number is for commitment payments only. You cannot claim for treatment using this list number. | A commitment list number has been used to submit a claim. You can confirm the correct list number against the list number provided by the NHS Board. |
| E000507 | No claims can be made against the list number. Check the correct list number has been entered. | Confirm the correct list number against the list number provided by the NHS Board. If it is found to be correct, contact the Practitioner Services Dental Helpdesk. |
| E000508 | Check the Personal Identification Number (PIN), as the PIN supplied is invalid. | It is the dentist's responsibility to enter a PIN, it should not be stored on the PMS, if the practice uses one. The PIN was issued to the individual dentist by NHSmail. If you cannot locate the email, contact the Practitioner Services Dental Helpdesk. |
| E000509 | The claim reference number has already been used for this list number and a case is either being processed or has already been paid. | You cannot re-use a reference number that has already been submitted. If you use a practice management system (PMS), contact your supplier. |
| E000510 | The claim has been received previously with a higher submission count. | If you use a practice management system (PMS), get in touch with your supplier as they will need to make sure the submission count is not lower than a previous submission. |
| E000511 | A previous valid submission for the claim is being progressed by the payment system. | An amended claim cannot be submitted if we have already processed it through to our payment system, MIDAS. You should follow the claim adjustment process once payment has been made and complete a Dental 283 form if required. If you receive a MIDAS claim rejection or workflow letter from us, you have the ability to amend the claim at that stage. |

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| E000601 | A patient details response code must be supplied if the Community Health Index (CHI) number is not specified. | You must carry out a patient details check if you have not included a CHI number in your submission. |
| E000602 | The patient details response code is not valid for this list number. | Contact the Practitioner Services Dental Helpdesk. |
| E000603 | The patient details response code has been used for a previous claim reference. | Contact the Practitioner Services Dental Helpdesk. |
| E000604 | Previous case id does not match to a claim for the same patient at the practice. | The case ID field for the previous/original claim must relate to a claim for the same patient and the list number for a dentist at the same practice. |
| E000605 | The patient details on the previous case id do not match the claim being submitted. | The patient details on the current claim differ from that on the previous case ID. They must remain the same. Once submitted, you may amend patient details by submitting a patient detail amendment form, Dental 287. |
| E000606 | The part number appears to be invalid. It must be +1 from the previous case id and all previous parts must form a sequence starting at 1. | Confirm you have submitted the previous part numbers in the correct order. There must be at least 1 day between submission of claims for different part numbers. |
| E000607 | Check the patient's surname; ensuring only alphabetic characters are used. | Check the patient’s surname; ensuring only alphabetic characters are used. |
| E000608 | Patient surname must not begin with a hyphen. | Patient surname must not begin with a hyphen |
| E000609 | Check the patient's forename; ensuring only alphabetic characters are used. | Check the patient’s forename; ensuring only alphabetic characters are used. |
| E000610 | Patient forename must not begin with a hyphen. | Patient forename must not begin with a hyphen. |
| E000611 | Check the patient's previous surname ensuring only alphabetic characters are used. | Check the patient’s previous surname ensuring only alphabetic characters are used. |
| E000612 | Patient previous surname must not begin with a hyphen. | Patient previous surname must not begin with a hyphen. |
| E000613 | The patient’s Community Health Index (CHI) number is invalid. | The format of the CHI number must be ten digits, starting with 0, 1, 2 or 3. |
| E000614 | Check the patient’s Community Health Index (CHI) number as the first 6 digits must match the patient’s date of birth. | The first 6 characters of the CHI number must match the patient’s date of birth, in ddmmyy format. |
| E000615 | The ninth digit of the Community Health Index (CHI) number has to be odd for males and even for females. | The ninth character of the CHI number must be an odd number if the patient’s sex is M and an even number if the sex is F. |
| E000616 | Check the Community Health Index (CHI) number as the check digit is incorrect. | If using a CHI number held within your practice management system (PMS), it may be incorrect. Remove it and undertake a CHI patient check. |

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| E000617 | Check if patient's date of birth has been entered correctly. | Check if patient’s date of birth has been entered correctly. |
| E000618 | The patient's sex must be entered; ‘M’ for Male or ‘F’ for Female. | The patient’s sex must be entered; “M” for Male or “F” for Female. |
| E000619 | At least one line of the patient’s address must be supplied. | At least one line of the patient’s address must be supplied. |
| E000622 | If fee codes and amount claimed have been supplied, it is necessary to enter the acceptance date, completion date and approval date (if applicable). | The Date of Acceptance and Date of Completion must be entered if treatment details have been included on the claim. If the claim requires prior approval, also include the approval date. |
| E000623 | Claim dates are not in the correct sequence.<br>These dates must also be in sequence against the start and end dates of the list number. | Claim dates are not in sequence. These dates must also be in sequence against the start and end dates of the list number.<br><br>Claim date sequence: patient's date of birth <= acceptance date <= approval date <= completion date <= current date. |
| E000624 | The date of Registration/Acceptance for treatment does not fall within a valid Statement of Dental Remuneration (SDR). | Confirm the registration acceptance date, as it appears to be an exceptionally old or future date that would be invalid. |
| E000625 | The completion date does not fall within a valid Statement of Dental Remuneration (SDR). | Confirm the completion date, as it appears to be an exceptionally old or future date that would be invalid. |
| E000626 | Your claim was not received within 3 months of the completion date. | Claims cannot be submitted where they exceed the set 3 month timeframe. |
| E000627 | The acceptance date must be on or after the implementation date of the form type. | Confirm the acceptance date is valid. |
| E000628 | The approval date must be after or equal to the acceptance date. Note: the approval date must be the approval date provided by Practitioner Services. | The Date of Approval must be on or after the Registration Acceptance Date and must match the approval date held in our records. |
| E000630 | At least one treatment must be included on this claim. | Treatment must be included on this claim, as only claims for children can be accepted without treatment. |
| E000631 | An adult registration only claim is not allowed. | An adult registration only claim is not allowed. |
| E000632 | This List number cannot claim a PDS Non-GDS Claim | The list number used for submission is not recognised as operating under the Public Dental Service (PDS). Make sure the list number used is correct, confirm the list number entered against the list number provided by the NHS Board. If the list number should be set up as PDS, contact the Dental Helpdesk. |

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| E000635 | Referral payments have been claimed but claim type is not "referred patient". | If claiming a referral fee, the patient registration status must be "I wish to be treated by this dentist as a referred patient". |
| E000637 | You have supplied comments for 'No Radiographs available' but have specified that radiographs are available. | There is conflicting information, you have indicated radiographs are available, yet have entered remarks into the “No radiographs available” box. Amend as appropriate. |
| E000638 | Dentist's declaration has not been entered. | Dentist’s declaration has not been entered |
| E000639 | You have specified that the patient refused treatment but not supplied any observations. | If the patient has refused treatment, as you have indicated, observations must be provided. |
| E000640 | You are claiming a patient failed to return fee, but not selected the patient failed to return box. | To claim a fee for incomplete treatment for a patient that failed to return (PFTR), you must also indicate that the claim is PFTR. |
| E000641 | The patient's declaration on completion section is incomplete or missing. | The patient must complete their declaration in terms of a PR form or digital equivalent using an eSignature. You must indicate this has been obtained. |
| E000642 | A representative name must be supplied if the patient's representative signed for treatment. | If a patient’s representative signature has been obtained, the full name of the representative must also be recorded. |
| E000643 | Patient's signature date is missing. | The date the patient completed their declaration, either on a PR form or digital equivalent using an eSignature, must be entered. |
| E000644 | The patient's signature is missing. | The patient must complete their declaration in terms of a PR form or digital equivalent using an eSignature. You must indicate this has been obtained. |
| E000645 | The patient’s contribution to the cost of treatment must be less than the total amount claimed. Check both amounts entered. | The patient’s contribution to the cost of treatment must be less than the total amount claimed. Check both amounts entered. |
| E000646 | A treatment cost total has been entered in the amount claimed field, yet no treatment codes have been supplied. The coded amount and the amount claimed must be equal. | If the amount claimed value should be greater than £0, make sure item of service codes are entered, otherwise adjust the amount claimed value. |
| E000647 | Treatment codes are entered, but there is no total amount entered. The coded amount and the amount claimed must be equal. | The total amount entered differs from the total expected for the specified treatment codes on the claim. Review and amend as appropriate. |
| E000648 | Patient charge cannot exceed the statutory amount. | The patient charge must not exceed the maximum statutory amount specified in the Statement of Dental Remuneration (SDR), relevant to the claim's acceptance date. |

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| E000649 | Patient charge across all continuation parts cannot exceed the statutory amount. | The combined patient charge across all parts of a continuation case must not exceed the maximum statutory amount specified in the SDR, relevant to the claim's acceptance date. |
| E000650 | Only one Department of Social Security (DSS) remission or exemption can be entered. | Only one Department of Social Security (DSS) remission or exemption can be entered. |
| E000651 | Check the patient's date of birth and the exemption claimed. The patient must be 18 years of age at the acceptance date to claim exemption as a full time student. | Check the patient's date of birth and the exemption claimed. The patient must be 18 years of age at the acceptance date to claim exemption as a full time student. |
| E000653 | The exemption category 'under 18 years of age' has been supplied, but the patient's age at the acceptance date was over 18. Check the patient's date of birth, acceptance date and exemption/remission category have been supplied correctly. | The exemption category "under 18 years of age" has been supplied, but the patient's age at the acceptance date was over 18. Check the patient's date of birth, acceptance date and exemption/remission category have been supplied correctly. |
| E000655 | The exemption has been completed as 'expecting a baby' or 'had a baby in last 12 months', but the sex of the patient has been entered as male. | The exemption has been completed as "expecting a baby" or "had a baby in last 12 months", but the sex of the patient has been entered as male. |
| E000656 | The HC2 certificate number has not been specified. | The HC2 certificate number must be specified if the exemption code on completion is HC2 and "evidence not produced" has not been checked. |
| E000657 | The HC3 certificate number has not been specified. | The HC3 certificate number must be specified if the exemption code on completion is HC3 and "evidence not produced" has not been checked. |
| E000658 | The benefit recipient name is missing. | If the patient does not have to pay charges (on completion) because they are included in an award of an income related employment support allowance, Income support, Income-based job seekers allowance, Pension credit guarantee credit, Tax credit or Universal credit, then the full name of the person who gets the benefit or credit must be provided. |
| E000659 | No change in remission status has been indicated, but you have specified exemption on acceptance details. | If the remission status has changed during the course of treatment, this box should be ticked if providing an exemption on acceptance. |
| E000660 | Only one DSS remission or exemption can be entered. | Only one Department of Social Security (DSS) remission or exemption can be entered. |
| E000661 | Patient must be 18 as at the acceptance date to claim a 'FT Student' exemption. | Check the patient's date of birth and the exemption claimed. The patient must be 18 years of age at the acceptance date to claim exemption as a full time student. Amend as appropriate. |

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| E000663 | The under 18 flag is checked but the patient's age as at the acceptance date was over 18. | Check the patient's age at the acceptance date against the exemption category of "I am under 18 years of age". Amend as appropriate. |
| E000665 | Please check the sex of the patient, and the exemption category. The exemption has been completed as 'expecting a baby' or 'had a baby in last 12 months', but the sex of the patient has been entered as male. | Check the patient's sex and exemption/remission category and amend as appropriate. |
| E000666 | The HC2 certificate number has not been specified. | The HC2 certificate number must be specified if the exemption code on acceptance is HC2. |
| E000667 | The HC3 certificate number has not been specified. | The HC3 certificate number must be specified if the exemption code on acceptance is HC3. |
| E000669 | Patient charge must be zero for the remission details specified. | Unless the patient has a remission of HC3 at completion then the patient charge must be £0. The exception to this is if the remission status changed through the course of treatment. For example, an HC3 at the start but fee paying at the end, in which case a patient charge can be applied. |
| E000670 | Patient charge must not be zero for the remission details specified. | If a patient has a remission of HC3 on completion, the patient charge cannot be £0. Check the patient's exemption/remission category and amend as appropriate. |
| E000671 | Exemption category is invalid for a PDS Non-GDS claim. | Non GDS claims must use the completion exemption code specified solely for the purpose of submitting non GDS. |
| E000672 | Exemption category is invalid for a PDS Non-GDS claim. | Non GDS claims must use the acceptance exemption code specified solely for the purpose of submitting non GDS. |
| E000673 | As there is a completion date entered, enter the appropriate fee code(s), for the work carried out and being claimed. | As there is a completion date entered, enter the appropriate fee code(s), for the work carried out and being claimed. |
| E000675 | The free replacement claim made is invalid. Repair or replacement of restoration relates to any filling, root filling, inlay, pinlay or crown, which has to be repaired or replaced to secure oral health, within 12 months of the date it was originally provided. | The item being claimed as a free replacement is not recognised as a free replacement item within the SDR. |
| E000676 | You have specified "Free Replacement" for one or more treatments but the claim does not indicate Trauma has occurred. | External trauma is the only circumstance under which a free replacement is acceptable. Confirm both the item is a free replacement item as specified in the SDR and that the circumstance for claiming meets the criteria of external trauma to the mouth. |
| E000677 | Treatment code and quantity are not valid on the date of acceptance. | The code being claimed does not exist in the SDR for that date. |

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| E000678 | Adult claims including treatment for which radiographs are required must indicate either Radiographs are available or an item 2 treatment code claimed or the No radiographs comments supplied. | For patients 18 and over on the acceptance date of the claim and where the item is noted in the SDR as requiring radiographs, the following applies:<br>Radiographs available must be selected OR<br>a claim for appropriate radiographs must be on the claim OR<br>appropriate remarks by the dentist are recorded in observations because no radiographs are available or being claimed. |
| E000679 | Under 18 claims including treatment for which radiographs are required must indicate either Radiographs are available or an item 2 treatment code (with trauma indicated) claimed or the No radiographs comments supplied. | For patients under 18 on the acceptance date of the claim and where an SDR item is noted as requiring radiographs, radiographs available must be selected OR in case of external trauma being indicated Item 2(a) treatment must be claimed with observations associated to the trauma. |
| E000680 | Invalid tooth identifiers have been specified. | The tooth notation provided is invalid for the fee code specified. |
| E000681 | Provide details of the tooth notation for all tooth specific items or if you are claiming for a capitation/continuing care code make sure the tooth notation is correct for that code. Retained deciduous teeth in adults should be coded as permanent teeth. | Ensure the tooth notation is correct for the tooth specific items specified on the claim. For example, a 1501 root filling for an incisor or canine tooth cannot be claimed with a tooth 27 molar. |
| E000682 | The quantity claimed for the tooth specified treatment does not match the number of tooth identifiers specified. | No further guidance required. |
| E000683 | Form Type cannot be GP17-1 whilst Interim Fee Codes are present on the claim. | The interim fee code specified cannot be claimed on GP17-1 form type. |
| E000684 | An invalid Annotation code has been specified in the dental chart. | Only the following annotation indicators can be used:<br>P – Tooth Present<br>M - Missing tooth<br>Z - Tooth missing and space closed<br>U - Unerupted tooth<br>F - Filling<br>IN - Gold Inlay |
| E000685 | The specified tooth surface is invalid. | Only the following tooth surface indicators can be used, up to a maximum of five surfaces:<br>M - Mesial<br>O - Occlusal<br>D - Distal<br>B - Buccal (back teeth) or Labial (front teeth)<br>P - Palatal (upper)<br>L - Lingual (lower) |

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| E000687 | A Tooth surface must only be used once within a dental chart record. | No further guidance required. |
| E000688 | A duplicate dental chart record has been specified. | No further guidance required. |
| E000689 | Annotation code must be F or IN if a tooth surface has been specified. | If a tooth surface is specified, the annotation indicator must relate to either a filling (F) or gold inlay (IN). |
| E000690 | A tooth surface must be specified if Annotation code is F or IN. | If claiming a filling (F) or gold inlay (IN), the tooth surface must be specified. |
| E000691 | Material must not be specified unless annotation code is F. | The material, below, can only be specified if a filling is being claimed:<br>A - Amalgam<br>R - Resin<br>G - Glass |
| E000692 | Material must be specified if annotation code is F. | The material, below, must be specified if claiming a filling:<br>A - Amalgam<br>R - Resin<br>G - Glass |
| E000693 | A treatment has been specified without a matching dental charting record. | If treatment is detailed on the claim, charting must be provided. |
| E000694 | A charting record has been supplied without a matching treatment record. | Treatment must be detailed on the claim where charting has been provided. |
| E000695 | BPE score is invalid. | For each section of the BPE, a score in the range 0 to 4 can be provided. You can appended a score with an asterisk (*) if furcation is present. If no score is being provided for the sextant (for example, no teeth are present) a dash or cross must be recorded (- or X). |
| E000696 | One or more treatments require prior approval but no prior approval authorisation details have been specified. | One or more of the treatments require prior approval. The prior approval authorisation date must be entered on the claim. |
| E000697 | Claim requires prior approval but no prior approval authorisation details have been specified. | No further guidance required. |
| E000698 | One or more repair or replacement treatments claimed, but without trauma indicated. | No further guidance required. |
| E000700 | Cannot claim a 10(C) treatment if the gap between acceptance and completion is less than 1 month. | No further guidance required. |
| E000701 | Completion date must be specified if amount claimed is greater than zero. | No further guidance required. |

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| E000702 | Claim submitted with item 36(E) no fee is payable for item 36e in connection with any item of treatment other than items 35 (domiciliary visits and recalled attendance) and 45 (continuing care payments). | Please refer to the treatment description and proviso conditions specified in the SDR under Item 36(E). |
| E000703 | A body corporate assistant claim cannot result in a registration/roll on. Please check claim type. | No further guidance required. |
| E000704 | Item 17 treatment(s) have been claimed without a corresponding 1700 treatment also being claimed. | The additional arch fee (1700) can be claimed with treatment under item 17 within the SDR. |
| E000705 | Item 18(a) to 18(f)(2) treatments have been claimed without a corresponding Item 2b and models available not set. | No further guidance required. |
| E000707 | Acceptance date on a continuation case must the same as the acceptance date on all previous parts. | Each claim that is part of a continuation case must have the same acceptance date. |
| E000708 | Claim type must be "2" for all continuation parts. | The claim type must be "I am registered with another dentist at this practice" for continuation cases. |
| E000709 | Prior approval is required as the total value of treatments across all continuation parts of the claim exceed the authorisation limit. | No further guidance required. |
| E000710 | A reason for referral must be provided for a referred patient. | No further guidance required. |
| E000711 | A reason for referral must not be provided for anything other than a referred patient. | No further guidance required. |
| E000712 | The HC2 certificate number has been specified without the corresponding exemption/remission category being selected. | No further guidance required. |
| E000713 | The HC2 certificate number has been specified without the corresponding exemption/remission category being selected. | No further guidance required. |
| E000714 | The HC3 certificate number has been specified without the corresponding exemption/remission category being selected. | No further guidance required. |
| E000715 | The HC3 certificate number has been specified without the corresponding exemption/remission category being selected. | No further guidance required. |
| E000716 | The benefit recipient name has been specified without the corresponding exemption/remission category being specified. | No further guidance required. |

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| E000717 | The benefit recipient name has been specified without the corresponding exemption/remission category being specified. | No further guidance required. |
| E000718 | The dental charting contains an invalid tooth code. | The dental charting contains an invalid tooth code; FDI 2 digit notation must be used. |
| E000719 | The benefit recipient name has been specified without a corresponding date of birth or national insurance number. | No further guidance required. |
| E000720 | The benefit recipient name has been specified without a corresponding date of birth or national insurance number. | No further guidance required. |
| E000750 | The prior approval reference provided does not match the latest reference provided for a prior approval request. | The prior approval reference provided is invalid because the reference is unknown. |
| E000751 | The prior approval reference supplied relates to a prior approval request submitted by a different list number. | The prior approval reference provided is invalid because it relates to request from a different dentist. |
| E000752 | The prior approval reference supplied has been used on a previous claim. | The prior approval reference provided is invalid because it has been used on a previous claim. |
| E000801 | Prior approval is required for one or more of the treatments claimed. | One or more of the treatments require prior approval. The prior approval authorisation date must be entered on the claim. |
| E000802 | The value of treatment codes and the amount claimed are different. Verify the treatment carried out and the total claimed, as both the coded amount and amount claimed must be equal. | No further guidance required. |
| E000803 | Fee code has a treatment value which differs from the expected value. | No further guidance required. |
| E000804 | Prior approval is required as the total value of the treatments on the claim exceeds the authorisation limit. | No further guidance required. |
| E000851 | An exact duplicate of the claim being validated must not previously have been submitted by the list number. | This claim is a duplicate of a previously created claim, ensure only 1 is submitted. |
| E000852 | For a claim type 2, the patient must be registered with a different list number at the same practice on the acceptance date. | No further guidance required. |
| E001000 | MIDAS patient matching cannot be performed. | No further guidance required. |
| E001001 | CHI gateway search cannot be performed. | No further guidance required. |

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| E001002 | No match could be found. | No further guidance required. |
| E001003 | MIDAS patient history could not be retrieved. | No further guidance required. |
| E001004 | MIDAS patient CHI value could not be updated. | No further guidance required. |
| E001005 | Unable to complete claim submission. Please try again or contact the helpdesk. | No further guidance required. |
| E001006 | The patient's sex must be entered; 'M' for Male or 'F' for Female. | No further guidance required. |
| E001007 | The patient details request reference has already been used for this list number. | No further guidance required. |
| E001008 | The initial search reference is not valid for this list number. | No further guidance required. |
| E001101 | Where a continuation case previous approval details are entered, the continuation case part number must be greater than 1. | Continuation cases only require previous approval details on subsequent parts to the part 1. |
| E001102 | Where a continuation case previous approval details are entered, the previous prior approval reference used to identify an earlier submission must be valid. | Ensure the prior approval reference used for a continuation case is the same reference as used on previous parts. |
| E001103 | Observations must be provided if you have requested a review. | No further guidance required. |
| E001104 | The patient details response reference included in the message has not been used previously on a prior approval request or claim (MIDAS) with a different Practice Prior Approval Reference number. | The patient details response reference included must have already been used on either a prior approval request or payment claim |
| E001105 | Non GDS claims are not subject to prior approval. Please confirm your intention. | Prior approval is not required for the service this list number is registered for. |
| E001106 | Where private treatment has been marked as being provided, details of the treatment must be completed. | Where some of a treatment was provided privately you must detail that private treatment. |
| E001107 | Where the number of intra-oral (periapical) radiographs is 1 or more then the teeth covered by the radiograph should be included in the submission. | Where the claim includes an intra-oral (periapical) radiograph, details of the teeth covered by the radiograph must be included in the submission. |
| E001108 | Where a vitality test has been marked as being available, a vitality report must be provided. | No further guidance required. |

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| E001109 | Sedation administered by an operator can only be selected where the treatment itself has been marked as requiring sedation. | No further guidance required. |
| E001110 | The name of the sedationist must be specified if the sedation is not being carried out by the operator. | The name of the sedationist must be specified if the sedation is not being carried out by the dentist. |
| E001111 | Item 25(a) and Item 25(b) cannot be claimed where sedation is being administered by the operator. | Item 25(a) and Item 25(b) cannot be claimed where sedation is being administered by the dentist. |
| E001112 | Confirm all dentist declarations have been positively selected. | No further guidance required. |
| E001113 | Baseline charting must be provided in the prior approval submission from Practice Management Systems. | No further guidance required. |
| E001114 | Baseline charting must be provided in the prior approval submission from the Web form. | |
| E001115 | Within baseline charting, if an annotation code is supplied, it must be valid. | No further guidance required. |
| E001116 | Where the patient is over the age of 18 on the acceptance date, a full BPE score should be provided. Where the BPE is not available, remarks should be completed providing a reason. | No further guidance required. |
| E001117 | Where no examination fee codes are being claimed, the no examination reason field must be completed. | No further guidance required. |
| E001118 | Where a medical condition has been indicated, details of the condition must be provided. | No further guidance required. |
| E001119 | Where non cariogenic tooth wear has been identified, details must be entered and a response provided on whether the condition requires treatment. | No further guidance required. |
| E001120 | Details of pertinent intra-oral features are only required where intra-oral features are indicated. | No further guidance required. |
| E001121 | The patient or dentist initiated prior approval fields can only be marked and a reason included, where prior approval is still required. | No further guidance required. |
| E001123 | When physical evidence has been sent and marked as such, the type of physical evidence sent must be selected. | If physical evidence has been marked as sent, the type of physical evidence sent must be selected. |

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| E001124 | Supplementary information can only be provided in one of the following circumstances:<br>- When you have indicated that physical evidence has been sent<br>- When you have indicated electronic attachments have been uploaded<br>- When notes have been included<br>If you have indicated Prior Approval is no longer required, you will be unable to add supplementary information. | No further guidance required. |
| E001125 | The treatment proposed in a re-approval or continuation case must differ from treatment that has already been approved. | No further guidance required. |
| E001126 | The previous prior approval reference number provided in a continuation case must be for an approved or closed case relating to the same patient, and from a list number within the same practice. | No further guidance required. |
| E001127 | Where the same prior approval reference has been submitted and had been previously approved, the case should be marked as a re-approval. | If you submit a claim with a prior approval reference that's previously been used, the case should be marked as re-approval. |
| E001128 | Where a request is marked as requiring re-approval, the prior approval reference submitted that relates to an earlier case must have either been approved or information has been requested. | No further guidance required. |
| E001129 | A submission has been received with the same prior approval reference as a previous submission. Information has been requested on the previous submission so the case is not a re-approval. The latest submission must include supplementary information or different submission details from that supplied previously. | No further guidance required. |
| E001130 | It is not possible to submit a request for an existing case unless a request for additional information has been received or you are seeking re-approval of an approved case. | You cannot submit a further request for a previously submitted case unless we requested additional information or you are requesting re-approval for an approved case. |

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| E001131 | Treatments or charting records cannot be submitted for more than two teeth in the same position. | Treatments or charting records cannot be submitted for more than two teeth in the same position.<br>Supernumerary teeth must always be one of the charted teeth and any 3rd tooth in same position should have treatment and tooth recorded in observations.<br><br>If treatment needs to be performed on more than two teeth, submit the treatment for two and add treatment 399901 and observations to cover the additional teeth. |