NHS Scotland Responses Version 2

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This document has been created by the support team at Software of Excellence to provide support with managing eDental responses for NHS Scotland.

		If the permanent tooth is missing and you are extracting the deciduous in an adult you should treat the retained deciduous tooth as a permanent tooth, for example, if you are extracting a deciduous tooth and UL5 is not present you would chart the deciduous extraction as UL5 and base chart the retained deciduous as extracted.
623	Claim dates are not in the correct sequence. These dates must also be in sequence against the start and end dates of the list number.	This response can occur if the performer is not registered underneath the location ID for the practice for the dates of the course of treatment. Or the activation date of the performer does not cover the course of treatment, both of these are at the PSD. Please contact the PSD ASAP, to check performer number dates and registration, before calling support. Once this has been resolved you can resubmit the courses and TC back through ensuring the invoice is backdated as necessary. Another rare cause of this response is that an old prior approval date has become stuck in the system and keeps attaching to new courses of treatment. If the dates have been checked with the board and are ok please contact SOE.
615	The ninth digit of the Community Health Index (CHI) number has to be odd for males and must be even for females.	1. Resubmit the course of treatment from the responses screen. 2. Delete the CHI number in patient file 3. Save the file 4. Request the CHI number. 5. Check the result has the 9th digit as odd for males and even for females. 6. If the first search brings lots of possible patients try a secondary search. 7. If you cannot find the correct patient select patient not found. If the patient is correct but the CHI is not right, contact the PSD and make them aware, you can select patient not found in the meantime. 8. Once the correct one has been selected (or patient not found has been selected) save patient file and TC the treatment back through, ensuring you back date the invoice.
508	Check the Personal Identification Number (PIN), as the PIN supplied is invalid.	You must check the PIN number for the provider is correct under File, Providers, NHS Details. If this is not known you must contact the PSD and get this information.

		Once this is confirmed to be correct you can resubmit the courses from the responses screen and TC back through, ensuring you back date the invoice.
676	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. If unsure please contact the PSD for guidance.
696	One or more treatments require prior approval but no prior approval authorisation details have been specified.	Prior approval is currently still exactly the same as EDI. The approval must be sent on paper to the board and a date of approval will be received. This will become electronic late 2018. Within EXACT on the course of treatment the yellow prior approval button must be used and press the send approval, this does not send anything to the board but the yellow approval sign will appear now on the course of treatment bar. Now when you TC the treatment the prior approval date box will appear on the GP17, the date that you have received from the board should be entered here. This date should be equal to or after the acceptance date of the course.
802	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.	If the course contains extractions with surcharges for extraction, please ensure the surcharge is charted after the extraction. If this is not the case please resubmit and amend this and then TC back through. Other reasons an 802 response can occur is that a charting error has been made that conflicts with the SDR. For example they have charted 2 scale and polish when only one per course is allowed. Within the 802 response it should tell you the fee code it has an issue with e.g. fee code 100102 here is tells us 1001 (scale and polish) has been charted 02 times. So we can tell the error. If any other code is here check the SDR to check any rules on this code (can it only be charted a certain number of times or can it only be charted on certain teeth?) On rare occasions if the charting all looks correct some items may not have pulled across to the GP17 correctly, there are some historic bugs that should be fixed in our current version 12.15 and above.
511	A previous valid submission for the claim is being progressed by the payment system.	An amended claim cannot be submitted if the board already processed it through their payment system. You should follow the claim adjustment process once

		payment has been made and complete a Dental 283 form, if required. Please contact the PSD if you need further advice on this.
851	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 submitted claim.
622	If fee codes and amount claimed have been supplied, it is necessary to enter the acceptance date, completion date and approval date (if applicable).	Please check the course has a date of acceptance, completion and if necessary prior approval. If prior approval is needed the course will need to be resubmitted and this will need to entered following the usual process of using the yellow prior approval button. If the acceptance/completion dates need amending resubmit and amend this on the charting/GP17.
637	You have supplied comments for 'No Radiographs available' but have specified that radiographs are available.	On the GP17 if radiographs are available and this has been ticked, no remarks are allowed to be entered into the box underneath. This box is to be used to note why radiographs are not available if they should be for the code/codes charted.
680	Invalid tooth identifiers have been specified.	This response will occur if tooth notation does not match with what is allowed in the SDR. For example, code 2102 is extraction of deciduous teeth for minors. If a permanent tooth is charted with this code it will produce a 681 response. The response will tell you the code which has incorrect charting. Reference this to the SDR. One code that causes a common occurrence of this code is code 2101 where a dentist is extracting the deciduous tooth of an adult where the permanent tooth is still in place. The 681 code will return with 'Retained deciduous teeth in adults should be coded as permanent teeth.' The best way to claim for this is to send in a request for a discretionary fee for the removal of the deciduous tooth. That way, the charting will not be affected. If the permanent tooth is missing and you are extracting the deciduous in an adult you should treat the retained deciduous tooth as a permanent tooth, for example, if you are extracting a deciduous tooth and UL5 is not present you would chart the deciduous extraction as UL5 and base chart the retained deciduous as extracted. Please note we did have an issue with new codes

		4301 and 4302 in the new fee file, these codes will have this error until the site are on version 12.15. Once on this version please resubmit the course and re-chart the 4301/4302 codes and TC back through, no further error should occur
702	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). Please contact the PSD if you need any further advice.
Schema Errors	Schema validation failure	These errors can occur for a number of reasons and you will often find claims with this error will become stuck in awaiting transmission. Please press detail on the response and this will then give an explanation for the response. For example: The 'http://www.eps.nds.scot.nhs.uk:MaterialCode' element is invalid. This would indicate a code in the charting has no or incorrect material type selected. Other common schema errors are invalid character in observation e.g. e-dental (the dash will cause an error). Invalid characters in xray comment even a space or full stop. Invalid numbers in CHI e.g. 7101051036 – 71 would be invalid as there are not 71 days in a month.