

NHS Dental Services

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Business Services Authority

Prototype Treatment Codes

Version:

V1.0

Valid from 01/10/2015

Document Control

Version	Date	Changed By	Summary of Changes
0.2 Draft	26/03/2015	Ruth Gasser / James Viles	Amendments to the following codes 1501 and private treatment codes. All new items from V3 of the Dental Contract Pilots transmission Specification are shown in red. All data items removed prior to the creation of this document have been struck through and all data items removed as part of the introduction of the Prototypes and been struck through and greyed out
1.0	26 May 2015	James Viles	Baselined document Correction re-introducing code 8002 and end dating 8003, which is replaced by 8014 and 8015

Distribution

Version	Date	Distribution List
All versions		DH Programme – Helen Miscampbell, Hamid Butt, David Glover Potential Prototype Software Suppliers NHSBSA –James Viles, Chris Chester

Treatment codes – SDR

Code	Information required	Description	Valid From	Discontinued		
0101	CODE ONLY	Clinical examination, advice, charting (including monitoring of periodontal status) and report			V1	
0111	CODE ONLY	Extensive clinical examination, advice, charting (including charting of periodontal status) and report	Oral Health Review		V1	
0121	CODE ONLY	Full case assessment (including full charting and report of periodontal status), treatment planning and report:	I.e. Oral Health Assessment		V1	
0131	CODE ONLY	Provision of a care and treatment summary for a patient, other than a patient accepted only for occasional treatment, when requested by a patient/parent who has indicated an intention to change dentist, showing information about the patient's dental health and/or treatment which would not be readily available from visual examination			V1	
0201	CODE AND	Small films (under 16			V1	

Code	Information required	Description	Valid From	Discontinued
	QUANTITY	square centimeters):		
0202	CODE AND QUANTITY	Medium films (16 to 50 square centimeters):	V1	
0203	CODE AND QUANTITY	Large films (over 50 square centimeters, other than panoramic or lateral skull films):	V1	
0204	CODE ONLY	Panoramic film, normally not more than 1 film to be taken every 3 years	V1	
0205	CODE AND QUANTITY	Lateral headplates, using films of over 430 square centimeters: in connection with orthodontic treatment using a cephalometric technique	V1	
0211	CODE AND QUANTITY	Study casts, where the treatment proposed is in connection with bridges or orthodontics, or in other cases of special complexity	V1	
0221	CODE ONLY	Occlusal analysis or in connection with crowns, bridges, dentures, appliances or occlusal equilibration which requires the use of an adjustable articulator	V1	
0301	CODE AND QUANTITY	Clinical colour photographs	V1	
0601	CODE AND QUANTITY	Intensive instruction in the prevention of dental	V1	
			This code must be used to indicate that	

Code	Information required	Description			Valid From	Discontinued
		disease	actions for dentists covered by the 3800 codes are part of the treatment plan. All the 3800 codes that apply should then be selected and transmitted under the 0601 umbrella.			
0701	CODE AND NOTATION	Application of fissure sealants as a primary preventive measure to pits and fissures			V1	
0711	CODE ONLY	Application of topical fluoride preparations			V1	
1001	CODE ONLY	Scaling, polishing and simple periodontal treatment, including oral hygiene instruction, normally only payable where at least 2 complete calendar months have elapsed since the last such treatment	Instruction in the prevention of dental and oral disease including dietary advice and dental hygiene instruction with scaling, polishing and marginal correction of fillings	Perio treatment appropriate to band 1	V1	
1011	CODE ONLY	Treatment of periodontal diseases requiring more than 1 visit including oral hygiene instruction, scaling, polishing and marginal correction of fillings	Non-surgical periodontal treatment including root-planing, deep scaling, irrigation of periodontal pockets and subgingival curettage and all necessary scaling and polishing	Perio treatment appropriate to band 2	V1	

Code	Information required	Description			Valid From	Discontinued
1021	CODE ONLY	Treatment over a minimum of 3 visits, with not less than 1 month between the first and third visit, and with re-evaluation of the patient's condition (to include full periodontal charting) at a further visit not less than 2 complete calendar months after active treatment is complete. Treatment to include root-planing, deep scaling and, where required, marginal correction of restorations, irrigation of periodontal pockets, sub-gingival curettage and/or gingival packing of affected teeth, and all necessary scaling and polishing	Non-surgical treatment of chronic periodontal diseases, including oral hygiene instruction		V1	
1041	CODE ONLY	Splinting of periodontally compromised teeth			V1	
1101	CODE AND NOTATION	Gingivectomy, gingivoplasty and other similar procedures, with post-operative instruction and management Upper arch	Perio treatment appropriate to band 2	Upper	V1	
1102	CODE AND NOTATION	Gingivectomy, gingivoplasty and other similar procedures, with		Lower	V1	

Code	Information required	Description			Valid From	Discontinued
		post-operative instruction and management Lower arch				
1111	CODE AND NOTATION	Raising and replacement of a mucoperiosteal flap inclusive of any necessary curettage, root planing and bone resection, and including post-operative management Upper arch	Perio treatment appropriate to band 2	Upper	V1	
1112	CODE AND NOTATION	Raising and replacement of a mucoperiosteal flap inclusive of any necessary curettage, root planing and bone resection, and including post-operative management and instruction Lower arch		Lower	V1	
1121	CODE AND QUANTITY	Free gingival grafts including raising tissue from a donor site and preparation of a recipient site, with post-operative instruction and management and normally with not more than 2 grafts per course of treatment		Perio treatment appropriate to band 2	V1	
1131	CODE AND NOTATION	Simple excision of soft tissue to lengthen crowns in connection with veneers, crowns, bridges, dentures, and/or 29		Perio treatment appropriate to band 2	V1	

Code	Information required	Description		Valid From	Discontinued
		obturators and normally with not more than 2 teeth treated			
1191	CODE ONLY	Other periodontal surgery		Perio treatment appropriate to band 2	V1
1401	CODE, NOTATION AND TOOTH SURFACE	Amalgam fillings		Codes 1402, 1403, 1404, 1411 have been grouped under 1401	V1
1421	CODE, NOTATION AND TOOTH SURFACE	Composite filling		Codes 1422, 1423, 1424, 1425 have been grouped under 1421	V1
1426	CODE, NOTATION AND TOOTH SURFACE	Glass ionomer filling		1461 has been grouped under 1426	V1
1441	CODE, NOTATION AND TOOTH SURFACE	Fissure sealant restoration	Treatment of early or small carious lesions in pits and fissures of permanent or retained deciduous teeth, by application of a fissure sealant to all pits and fissures, including where necessary removal of caries and insertion of composite and / or glass ionomer cement in the cavity.	1442, 1443, 1444, have been grouped under 1441.	V1
1501	CODE AND NOTATION	Root filling of each root canal of a permanent tooth with a permanent			V1

Code	Information required	Description			Valid From	Discontinued
		radio-opaque filling material.,.				
1511	CODE AND NOTATION	Amputation of a vital pulp of a permanent tooth with an incomplete apex, consisting of removal of the coronal portion of the pulp and including any necessary dressing			V1	
1521	CODE AND NOTATION	Apicectomy of a permanent tooth	Tooth treated captured by software	1522, 1523, 1531, 1541 have been grouped under 1521	V1	
1551	CODE AND NOTATION	Endodontic treatment of a retained deciduous tooth			V1	
1601	CODE AND NOTATION	Facing or refacing a permanent upper tooth anterior to the first premolar, normally for patients aged 17 years or over, and including acid etch retention, other necessary preparation of the enamel and temporary coverage of the tooth, but excluding associated treatment appropriate to item 15 (endodontics)			V1	
1701	CODE AND NOTATION	Inlays (metal)	Material only – surfaces captured by software	1702,1703, 1704 have been grouped under 1701	V1	

Code	Information required	Description			Valid From	Discontinued
1711	CODE AND NOTATION	Full or three quarter crown cast in precious and non precious metal alloy		1712 has been grouped under 1711	V1	
1716	CODE AND NOTATION	Porcelain jacket crown			V1	
1722	CODE AND NOTATION	Bonded crowns	Full or jacket crown cast in non-precious metal alloy, with thermally bonded porcelain	1721, 1723 have been grouped under 1722	V1	
1726	CODE AND NOTATION	Jacket crown in synthetic resin			V1	
1732	CODE AND NOTATION	Core and post	In any material (could be fibre post)	1733 has been grouped under 1732	V1	
1734	CODE AND NOTATION	Pin or screw retention for a core fabricated in the mouth			V1	
1735	CODE AND NOTATION	Provision of a facing with silicate, silico-phosphate, glass ionomer, synthetic resin or composite resin:		1736 has been grouped under 1735	V1	
1738	CODE AND NOTATION	Laboratory produced dovetail or slot in the metal component of a crown for the support and/or retention of a denture where the denture is to be provided within a	May be important for advanced care		V1	

Code	Information required	Description	Valid From	Discontinued	
		reasonable period and normally not more than 4 dovetails or slots in 1 arch			
1739	CODE AND NOTATION	Laboratory produced parallel metallic surface of a crown for the support and/or retention of a denture where the denture is to be provided within a reasonable period	V1		
1742	CODE AND QUANTITY	Temporary crown provided prior to the preparation of a permanent crown as an immediately necessary palliative	1743, 1744, 1751 have been grouped under 1742	V1	
1761	CODE AND NOTATION	Repair of an inlay - renewal of a facing in silicate, silico-phosphate, glass ionomer, synthetic resin or composite resin	1762, 1771 have been grouped under 1761	V1	
1781	CODE AND NOTATION	Refixing or recementing an inlay or crown	V1		
1782	CODE AND NOTATION	Refixing or cementing a crown	V1	V2	
1802	CODE AND NOTATION	Retainers for other than acid etch retained bridges:	All materials	1801, 1803, 1804, 1805, 1806, 1807, 1808 have been grouped under 1802	V1
1811	CODE AND NOTATION	Core and post	In any material (could be fibre post)	1812, 1813, 1814, 1815, 1816 have been grouped under 1811	V1

Code	Information required	Description			Valid From	Discontinued
1822	CODE AND NOTATION	Pontics (other than for acid etch retained bridges)	All materials	1821, 1823, 1824, 1825, 1826, 1827 have been grouped under 1822	V1	
1831	CODE AND NOTATION	Retainer, Acid etch retained bridges:	Retainer in cast metal		V1	
1832	CODE AND NOTATION	Pontic, Acid etch retained bridges:	Pontic in thermally bonded porcelain	1841 has been grouped with 1831 and 1832	V1	
1851	CODE AND QUANTITY	Temporary bridge:	Fabricated in the laboratory in cases where the temporary bridge is to be retained for at least 3 months		V1	
1852	CODE AND QUANTITY	Temporary bridge:	All other temporary bridges		V1	
1861	CODE AND QUANTITY	Recementing or refixing:	An acid etch retained bridge		V1	
1862	CODE AND QUANTITY	Recementing or refixing:	Any other bridge		V1	
1871	CODE ONLY	Repairing a bridge			V1	
2101	CODE AND NOTATION	Extraction of teeth			V1	
2201	CODE AND NOTATION	Removal of buried root, unerupted tooth, impacted tooth or exostosed tooth, involving the raising and replacement of a surgical flap with any necessary suturing, including all associated attention except in connection with post-operative	Involving soft tissue only		V1	

Code	Information required	Description	Valid From	Discontinued	
		hemorrhage requiring additional visit(s):			
2202	CODE AND NOTATION	Removal of buried root, unerupted tooth, impacted tooth or exostosed tooth, involving the raising and replacement of a surgical flap with any necessary suturing, including all associated attention except in connection with post-operative hemorrhage requiring additional visit(s):	2203, 2204, 2205 have been grouped under 2202	V1	
2211	CODE ONLY	Fraenectomy		V1	
2221	CODE ONLY	Other oral surgery and more complex operations		V1	
2301	CODE AND QUANTITY	Treatment for arrest of abnormal hemorrhage, including abnormal hemorrhage following dental treatment provided otherwise than as part of general dental services:	Arrest of hemorrhage, other than under items	2302 has been grouped under 2301	V1
2311	CODE ONLY	Treatment of infected sockets and/or other sequelae:		V1	
2551	CODE AND QUANTITY	Administration of a sedation by a doctor or a dentist other than the dentist carrying out the treatment to include any preliminary investigation		2552, 2553, 2554 have been grouped under 2551 2566 and 2567 have	V1

Code	Information required	Description			Valid From	Discontinued
		and blood testing:		been excluded for the purposes of the Pilot		
2571	CODE AND QUANTITY	Administration of inhalational sedation by and under the direct and constant supervision of the dentist carrying out the treatment:	Inhalation	2572, 2573, 2574 have been grouped under 2571	V1	
2701	CODE ONLY	Treatment provided prior to the provision of denture(s):	Provision of synthetic resin additions to the occlusal surface of existing dentures to restore the vertical dimension		V1	
2711	CODE AND QUANTITY	Treatment provided prior to the provision of denture(s):	Provision of a temporary base using auto-polymerising tissue conditioner to an existing denture where such lining is required because of the condition of the patient's alveolus	Upper	V1	
2712	CODE AND QUANTITY	Treatment provided prior to the provision of denture(s):	Provision of a temporary base using auto-polymerising tissue conditioner to an existing denture where such lining is required because of the condition of the patient's alveolus	Lower	V1	

Code	Information required	Description			Valid From	Discontinued
2721	CODE ONLY	Provision of other treatment prior to the provision of dentures			V1	
2731	CODE ONLY	Provision of dentures in synthetic resin, including all necessary backing and tagging:	Full denture	Upper	V1	
2732	CODE ONLY	Provision of dentures in synthetic resin, including all necessary backing and tagging:	Full denture	Lower	V1	
2733	CODE AND NOTATION	Partial denture			V1	
2734	CODE AND QUANTITY	Additional stainless steel lingual or palatal bar			V1	
2741	CODE ONLY	Provision of metal based dentures which may not be provided until such period after extraction (normally not less than 3 months) as the dentist thinks fit:	Denture in chrome cobalt or stainless steel:	Upper	V1	
2742	CODE ONLY	Provision of metal based dentures which may not be provided until such period after extraction (normally not less than 3 months) as the dentist thinks fit:	Denture in chrome cobalt or stainless steel:	Lower	V1	
2743	CODE AND NOTATION	Provision of metal based dentures which may not be provided until such period after extraction	Plate design partial denture		V1	

Code	Information required	Description	Valid From	Discontinued	
		(normally not less than 3 months) as the dentist thinks fit:			
2744	CODE AND NOTATION	Provision of metal based dentures which may not be provided until such period after extraction (normally not less than 3 months) as the dentist thinks fit:	Skeleton design partial denture with single connecting bar	V1	
2745	CODE AND NOTATION	Provision of metal based dentures which may not be provided until such period after extraction (normally not less than 3 months) as the dentist thinks fit:	Skeleton design partial denture with multiple connecting bars	2746, 2751 have been grouped under 2745	V1
2761	CODE ONLY	Per denture for the provision of a soft lining or soft partial lining other than one polymerised in the mouth where such lining is required on account of the condition of the patient's alveolus	Upper	V1	
2762	CODE ONLY	Per denture for the provision of a soft lining or soft partial lining other than one polymerised in the mouth where such lining is required on account of the condition of the patient's alveolus	Lower	V1	

Code	Information required	Description			Valid From	Discontinued
2771	CODE ONLY	Use of laboratory-constructed special trays for the taking of final impressions	Upper	2781 has been grouped under 2771	V1	
2772	CODE ONLY	Use of laboratory-constructed special trays for the taking of final impressions	Lower	2782 has been grouped under 2772	V1	
2801	CODE AND QUANTITY	Repairs to dentures:	Any repair - Upper	2803, 2811 have been grouped under 2801	V1	
2802	CODE AND QUANTITY	Repairs to dentures:	Any repair - Lower	2804, 2812 have been grouped under 2802	V1	
2821	CODE AND QUANTITY	Repairs to dentures:	Impression technique is necessary in connection with 1 or more repairs		V1	
2831	CODE ONLY	Adjusting a denture	Upper and Lower	2832, 2841, 2842 have been grouped under a re-instated 2831	V1	
2851	CODE ONLY	Relining or rebasing dentures or provision or renewal of soft linings to existing dentures other than with a material polymerised in the mouth	For relining or rebasing only - Upper	2853, 2855 have been grouped under 2851	V1	
2852	CODE ONLY	Relining or rebasing dentures or provision or renewal of soft linings to existing dentures other than with a material	For relining or rebasing only - Lower	2854, 2856 have been grouped under 2852	V1	

Code	Information required	Description			Valid From	Discontinued
		polymerised in the mouth				
2861	CODE AND QUANTITY	Additions to dentures	Addition of a clasp (including any associated gum) - Upper		V1	
2862	CODE AND QUANTITY	Additions to dentures	Addition of a clasp (including any associated gum) - Lower		V1	
2863	CODE AND NOTATION	Additions to dentures	Addition of a tooth (including any associated gum)		V1	
2865	CODE ONLY	Additions to dentures	Addition of a new gum not associated with an addition under items 2861 / 2862 - Upper		V1	
2866	CODE ONLY	Additions to dentures	Addition of a new gum not associated with an addition under items 2861 / 2862 - Lower		V1	
2871	CODE ONLY	Additions to dentures	Other additions - Upper		V1	
2872	CODE ONLY	Additions to dentures	Other additions - Lower		V1	
2991	CODE ONLY	Provision of a laboratory constructed splint or bite raising appliance		Provision of any laboratory constructed splint, including acrylic or soft vacuum formed splints and bite raising appliances	V2	
3501	CODE ONLY	Domiciliary Visit			V1	
3601	CODE ONLY	Taking of material for pathological examination			V1	
3611	CODE AND	Stoning and smoothing			V1	

Code	Information required	Description			Valid From	Discontinued
	NOTATION	the surface of a tooth including any necessary finishing and polishing				
3621	CODE ONLY	Occlusal equilibration			V1	
3631	CODE ONLY	Treatment of sensitive cementum or dentine			V1	
3641	CODE AND QUANTITY	Issue of a prescription only	Including Urgent Treatment, Treatment of Acute Conditions and Occasional Treatment	Groups together 3701, 4801 and 5601	V1	
3651	CODE AND NOTATION	Re-implantation of a luxated permanent tooth following trauma			V1	
3661	CODE AND NOTATION	Removal of the fractured portion of a natural crown, where its dissection from the supporting soft tissues is necessary, prior to the provision of a permanent restoration			V1	
3671	CODE AND NOTATION	Removal of the coronal portion of a permanent tooth and the shaping and preparation of the root face, for the provision of an overdenture			V1	
3701	CODE ONLY	For conditions of the gingivae/oral mucosa (including pericoronitis, ulcers and herpetic lesions), including any necessary oral hygiene			V1	

Code	Information required	Description			Valid From	Discontinued
		instruction and/or the issue of a prescription				
4001	CODE ONLY	Any other treatment			V1	
4701	CODE ONLY	Occasional Treatment			V1	
5001	CODE ONLY	Dressings including any preparatory treatment	Use for temporary dressings		V1	
6201	CODE AND NOTATION	Incomplete Treatment		6201 to 7301 are grouped together	V2	V3
8000	CODE ONLY	Private Periodontal Treatment – scaling and polishing	Any private periodontal treatment including removal of calculus and plaque retention factors, polishing teeth	Either code 8000 or code 8010 should be used as appropriate for a CoT including private perio treatment.	PRO V1	
8001	CODE ONLY	Private Periodontal Treatment	Any private periodontal treatment including removal of calculus and plaque retention factors, polishing teeth, root surface debridement		V3	PRO V1
8002	CODE AND NOTATION	Private Fillings	Direct private fillings in any material		V1	PRO V1
8003	CODE AND NOTATION	Private Indirect Restorations	Indirect private restorations in any material	Includes crowns, veneers, inlays, onlays	V1	PRO V1
8004	CODE AND NOTATION	Private Bridgework	Private bridgework in any material	Includes acid etch retained and cast bridgework. This code to be used for pontics and retainers	V1	

Code	Information required	Description			Valid From	Discontinued
8005	CODE AND NOTATION	Private Dentures	Private dentures in any material	Includes metal based and acrylic dentures	V1	
8006	CODE ONLY	Private Prevention	Private preventive treatments	Includes private preventive fissure sealants, fluoride treatments including fluoride varnish applications, diet and lifestyle advice and prescription of fluoride supplements	V3	PRO V1
8007	CODE AND NOTATION	Private Other	Other private treatment	Any other private treatment not included by codes 8000-8005 or 8008-8012 8000, 8002, 8004, 8005 and 8008-8015	V1	
8008	CODE AND NOTATION	Private endodontic treatment	Root filling of each root canal of a permanent tooth with a permanent radio-opaque filling material		PRO V1	

Code	Information required	Description			Valid From	Discontinued
8009	CODE ONLY	Private laboratory made splints or bite raising appliances			PRO V1	
8010	CODE ONLY	Private Periodontal Treatment – Root surface Debridement	Any private periodontal treatment that includes root surface debridement together with all necessary removal of calculus, plaque and plaque retention factors and polishing teeth	Either code 8000 or code 8010 should be used as appropriate for a CoT including private perio treatment.	PRO V1	
8011	CODE ONLY	Private topical fluoride	Application of topical fluoride treatments including fluoride varnish		PRO V1	

Code	Information required	Description			Valid From	Discontinued
8012	CODE AND NOTATION	Private fissure sealants	Application of fissure sealants to permanent teeth as a primary preventive measure to pits and fissures		PRO V1	
8013	CODE AND NOTATION	Private extractions	Extraction of teeth	Includes extraction of teeth, removal of buried root, unerupted tooth, impacted tooth or exostosed tooth.	PRO V1	
8014	CODE AND NOTATION	Private indirect restorations - crowns	Private crowns in any material		PRO V1	

Code	Information required	Description			Valid From	Discontinued
8015	CODE AND NOTATION	Private indirect restorations - Other	Private indirect restorations in any material, excluding crowns	Includes veneers, inlays, onlays	PRO V1	

Risk Screening Rules – Actions for Dental Teams	These actions should only be submitted where indicated as part of the clinical data set on submission of a CoT These codes should be generated by the Risk Assessment and Matrices
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Code	Information Required	Description	Notes	Valid From	Discontinued
3801	CODE ONLY	Motivate	Replaced by code 3885	V1	V3
3802	CODE ONLY	DBOH1 advice	Replaced by guidance	V1	V3
3803	CODE ONLY	DBOH2 advice	Replaced by guidance	V1	V3
3804	CODE ONLY	DBOH3 advice	Replaced by guidance	V1	V3
3805	CODE ONLY	Advise adult supervision	Replaced by 3890	V1	V3
3806	CODE ONLY	Advise adult assistance/supervision	Replaced by 3890	V1	V3
3807	CODE ONLY	Advise use of daily F rinse		V1	
3808	CODE ONLY	IDC	Replaced by 3885	V1	V3
3809	CODE ONLY	Use Fluoride Varnish	Replaced by 3888	V1	V3
3810	CODE ONLY	Apply 1st molar fissure sealants on eruption		V1	V2
3811	CODE ONLY	Apply 2nd molar fissure sealants on eruption		V1	V2
3812	CODE ONLY	Prescribe F supplements	Replaced by 3889	V1	V3
3813	CODE ONLY	Supervised TBI	Replaced by 3885	V1	V3
3814	CODE ONLY	Disclose & supervised TBI	Replaced by 3885	V1	V3
3815	CODE ONLY	Upgrade to 2800 ppm FTP	Discontinued V2	V1	V2
3816	CODE ONLY	Consider upgrade to 5000-ppm FTP	Replaced by 3883	V1	V3
3817	CODE ONLY	Upgrade to 2800/5000-ppm FTP	Discontinued V2	V1	V2

Code	Information Required	Description	Notes	Valid From	Discontinued
3818	CODE ONLY	Consider ACPG	Replaced by guidance note	V1	V3
3819	CODE ONLY	Diet advice and analysis	Replaced by 3881	V1	V3
3820	CODE ONLY	Provide attrition advice and consider splint	Replaced by 3880 and 3884	V1	V3
3821	CODE ONLY	Refer to GMP	Replaced by guidance note	V1	V3
3822	CODE ONLY	Provide abrasion advice	Replaced by 3880	V1	V3
3823	CODE ONLY	TBI - Tooth brushing instruction	Replaced by 3882	V1	V3
3824	CODE ONLY	Provide erosion advice	Replaced by 3880	V1	V3
3825	CODE ONLY	Advise restriction of acidic intake to mealtimes and never in last hour before bedtime	Replaced by 3880	V1	V3
3826	CODE ONLY	Advise not to brush immediately after vomiting	Replaced by 3880	V1	V3
3827	CODE ONLY	Advise against brushing immediately after acidic intake	Replaced by 3880	V1	V3
3828	CODE ONLY	Suggest use of straw	Replaced by 3880	V1	V3
3829	CODE ONLY	Take record	Replaced by guidance note	V1	V3
3830	CODE ONLY	Pain relief and refer to secondary care	Replaced by guidance note	V1	V3
3831	CODE ONLY	Sensitive investigation of diet to identify source of acid	Replaced by 3881	V1	V3
3832	CODE ONLY	Advise use of 1450 ppm FTP	Replaced by 3887	V1	V3
3833	CODE ONLY	Reinforce OH	Replaced by 3885	V1	V3
3834	CODE ONLY	Disclose & plaque score		V1	

Code	Information Required	Description	Notes	Valid From	Discontinued
3835	CODE ONLY	Smoking cessation/support	Replaced by 3878	V1	V3
3836	CODE ONLY	Improve glycaemic control	Discontinued V2	V1	V2
3837	CODE ONLY	Correct Local factors	Replaced by 3886	V1	V3
3838	CODE ONLY	Refer immediately if > 1 code 4	Discontinued V2	V1	V2
3839	CODE ONLY	Remove any calculus at assessment	Discontinued V2	V1	V2
3840	CODE ONLY	Detailed chart	Discontinued V2	V1	V2
3841	CODE ONLY	Root Surface Debridement		V1	
3842	CODE ONLY	Consider referral if poor response after 2 cycles of effective instrumentation in a non-smoker	Replaced by guidance note	V1	V3
3843	CODE ONLY	Reinforce healthy lifestyle	Replaced by guidance note	V1	V3
3844	CODE ONLY	Observe, record, monitor, ensure diagnosis	Replaced by 3877	V1	V3
3845	CODE ONLY	Ensure diagnosis and treat appropriately including symptoms	Replaced by 3877	V1	V3
3846	CODE ONLY	Fast track 2 week cancer referral	Not required to be transmitted	V1	
3847	CODE ONLY	Specific tobacco /paan-use advice	Replaced by 3878	V1	V3
3848	CODE ONLY	Specific alcohol use-advice	Replaced by 3879	V1	V3
3849	CODE ONLY	Alcohol signposting	Replaced by 3879	V1	V3
3850	CODE ONLY	Signpost to smoking/tobacco cessation services	Replaced by 3878	V1	V3
3851	CODE ONLY	Consider Rx F	Replaced by 3889	V2	V3

Code	Information Required	Description	Notes	Valid From	Discontinued
		supplements			
3852	CODE ONLY	Consider fluoride varnish	Replaced by 3888	√2	√3
3853	CODE ONLY	FV 2 x year	Replaced by 3888	√2	√3
3854	CODE ONLY	FV 4 x year	Replaced by 3888	√2	√3
3855	CODE ONLY	Diet advice	Replaced by 3881	√2	√3
3856	CODE ONLY	Monitor	Replaced by- guidance note	√2	√3
3857	CODE ONLY	To achieve effective- plaque control	Replaced by 3885	√2	√3
3858	CODE ONLY	Apply fissure sealant on eruption of permanent teeth	No longer needs to be transmitted. When teeth sealed code 0701 would be used and transmitted.	√2	
3859	CODE ONLY	Use not less than 1000ppm fluoride- toothpaste	Replaced by 3887	√2	√3
3860	CODE ONLY	Use 1350-1500 ppm- fluoride toothpaste	Replaced by 3887	√2	√3
3861	CODE ONLY	Consider upgrade to 2800- ppm ftp for 10-16-year olds	Replaced by 3883	√2	√3
3862	CODE ONLY	Consider upgrade to 5000 ppm for 16-17 year olds	Replaced by 3883	√2	√3
3863	CODE ONLY	Consider use of higher strength fluoride- toothpaste	Replaced by 3887	√2	√3
3864	CODE ONLY	Provide erosion advice- and advise return if pain develops	Replaced by 3880	√2	√3
3865	CODE ONLY	At assessment for all code 3s a 4 point plaque score	Replaced by guidance note	√2	√3

Code	Information Required	Description	Notes	Valid From	Discontinued
		in that sextant			
3866	CODE ONLY	Detailed 4 point plaque score for whole mouth and a 6 point pocket chart for code 4 sextants	Replaced by guidance note	V2	V3
3867	CODE ONLY	Remove plaque retentive factors such as calculus at assessment	Replaced by 3886	V2	V3
3868	CODE ONLY	Combined impact of smoking and alcohol to be advised	Replaced by guidance note	V2	V3
3869	CODE ONLY	Where two or more patient factors are present (such as smoking and alcohol or poor diet and lack of exercise) consider signpost to primary medical care	Replaced by guidance note	V2	V3
3870	CODE ONLY	Ensure diagnosis and treat appropriately	Replaced by 3877	V2	V3
3873	CODE ONLY	Use not less than 1350-1500ppm fluoride toothpaste	Replaced by 3887	V2	V3
3874	CODE ONLY	Diagnose and treat symptoms	Replaced by 3877	V2	V3
3875	CODE ONLY	Remove any Calculus	Replaced by 3886	V2	V3
3876	CODE ONLY	Remove plaque retentive factors such as Calculus	Replaced by 3886	V2	V3
3877	CODE ONLY	Ensure diagnosis and treat as appropriate including symptoms	Not required to be transmitted as part of the pilot clinical data set	V3	
3878	CODE ONLY	Advice re. tobacco/		V3	

Code	Information Required	Description	Notes	Valid From	Discontinued
		smokeless tobacco and signposting to cessation services as required.			
3879	CODE ONLY	Advice re. alcohol use and signposting to cessation services if required.		V3	
3880	CODE ONLY	Erosion, abrasion, attrition advice as appropriate		V3	
3881	CODE ONLY	Diet analysis and advice as appropriate		V3	
3882	CODE ONLY	Tooth brushing instruction (re. abrasion)		V3	
3883	CODE ONLY	Prescribe high strength fluoride toothpaste as appropriate		V3	
3884	CODE ONLY	Provision of a splint as required	Not required to be transmitted. Code 2991 should be used and transmitted as part of the pilot clinical data set for splints and bite raisers if provided	V3	
3885	CODE ONLY	Motivate and reinforce OH as required		V3	
3886	CODE ONLY	Removal of calculus and / or plaque retention factors		V3	
3887	CODE ONLY	Advise use of appropriate fluoride toothpaste		V3	
3888	CODE ONLY	Fluoride vanish x2 or x4 per year as appropriate	When fluoride varnish applied code 0711 transmitted	V3	
3889	CODE ONLY	Prescription of fluoride		V3	

Code	Information Required	Description	Notes	Valid From	Discontinued
		supplements as required			
3890	CODE ONLY	Advise adult supervision / assistance with tooth brushing		V3	