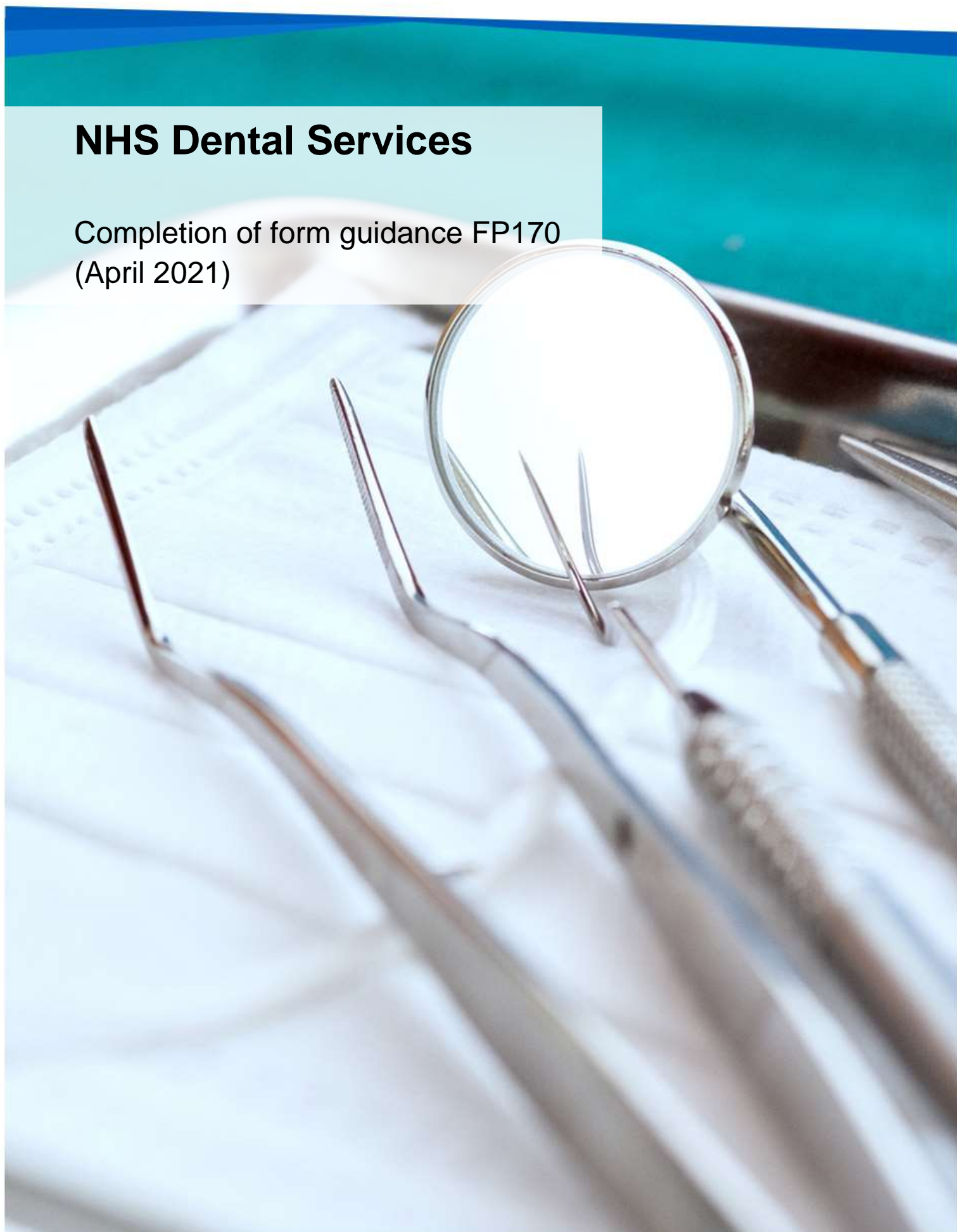


# NHS Dental Services

Completion of form guidance FP170  
(April 2021)



## Introduction

This guide has been produced to help providers and performers to:

- use the online FP17O form available in the NHSBSA Compass system
- address some of the more common questions relating to the business rules associated with the processing of FP17Os, whether they have been submitted using the online forms or submitted via a practice management system.

This guide can also be used as a training tool for individuals new to NHS dentistry. Please note that this guide is only to be used for the submission of dental activity submissions for general courses of NHS dental treatment in England.

Details on the dental activity submission for orthodontic courses of NHS dental treatment can be found in [Guidance for the completion of FP17 activity submissions](#).

## Activity Claim Creation

|              |                                |
|--------------|--------------------------------|
| Contract ID  | <input type="text"/>           |
| Performer ID | <input type="text"/>           |
| Location ID  | <input type="text"/>           |
| Form Type    | <input type="text" value="v"/> |

**Contract ID** - Enter the 10 numeric character contract number of the provider. This is required on every form.

**Performer ID** - Enter the 6 digit number of the performer responsible for this course of treatment. This may pre-populate following Compass log-in or can be entered manually. This is required on every form.

**location ID** - Enter the 6 digit location ID number. This may pre-populate or enter manually. This is required on every form.

**Form Type** - Select FP17O from the drop-down list.

## Patient Information

|                         |  |
|-------------------------|--|
| NHS Number              | <input type="text"/>   |
| Surname                 | <input type="text"/>   |
| Forename                | <input type="text"/>   |
| Address                 | <input type="text"/><br><input type="text"/><br><input type="text"/><br><input type="text"/> |
| Post Code               | <input type="text"/>   |
| Postal Address Selector | <input type="text"/>   |
| Sex                     | <input type="text" value="Please Select..."/>  |
| Date of Birth           | <input type="text"/>   |

**Patient's NHS Number** - Enter the patient's 10 digit NHS number. This is an optional field.

**Surname** - Enter the patient's surname up to 14 alpha characters. This is required on every form.

**Forename** - Enter the patient's forename up to 14 alpha characters. This is required on every form.

**Address** - Enter the patient's house number or name and street. This is required on every form.

**Postcode** - Enter the patient's postcode.

**Sex** – Select M for Male or F for Female. This is required on every form.

**Date of Birth** – Enter the patient's date of birth in format ddmmyyyy. This is required on every form.

|   |                          |
|---|--------------------------|
| Previous Surname<br>(If changed since last visit) | <input type="text"/>     |
| Email Address                                     | <input type="text"/>     |
| Patient Declined (orthodontic only)               | <input type="checkbox"/> |
| Mobile Phone Number                               | <input type="text"/>     |
| Patient Declined (orthodontic only)               | <input type="checkbox"/> |

**Previous Surname** – Enter the patient's previous surname if changed since last visit.

**Email Address** – Enter the patient's email address or tick the 'Patient Declined' box.

**Mobile Number** – Enter the patient's mobile number or tick the 'Patient Declined' box.

## Exemptions, Remissions & Patient Charge

|   |                              |                       |   |
|---|------------------------------|-----------------------|---|
| Patient Under 18                        | <input type="checkbox"/>     | Other                 | Please Select... <input type="button" value="v"/> |
| Evidence of Exemption or Remission seen | <input type="checkbox"/> Yes | Commissioner Approved | <input type="checkbox"/>                          |
|   | <input type="checkbox"/> No  |                       |   |
| Patient Charge Collected                |                              |                       | 0.00  |

**Patient Under 18** – Select this box if patient is under 18 at date of referral. (see additional information in Orthodontic Assessment & Treatment Start)

**Other** – For all other exemption categories, open the select box to the right of 'Other' where the following options are available:

|   |
|---|
| Please Select...                                |
| Full remission - HC2 cert                       |
| Partial remission - HC3 cert                    |
| Expectant mother                                |
| Nursing mother                                  |
| Aged 18 in full-time education                  |
| Income support                                  |
| NHS tax credit exemption                        |
| Income-based jobseeker's allowance              |
| Pension credit guarantee credit                 |
| Prisoner  |
| Income-related employment and support allowance |
| Universal Credit                                |

**Full Remission – HC2 cert.** – Select this box if patient is named on an HC2 certificate.

**Partial Remission – HC3 cert.** – Select this box if patient is named on an HC3 certificate.

**Expectant mother** – Select this box if the patient is pregnant.

**Nursing mother** – Select this box if the patient had a baby in the last 12 months

**Aged 18 in full time education** – Select this box if the patient is aged 18 and in full time education at date of referral. (see additional information in Orthodontic Assessment & Treatment Start)

**Income Support** – Select this box if the patient or patient's partner receives Income Support.

**NHS tax credit exemption** – Select this box if the patient is named on an NHS Tax Credit Exemption Certificate.

**Income-based jobseekers allowance** – Select this box if the patient or patient's partner receive Income-based Jobseekers Allowance.

**Pension credit guarantee credit** – Select this box if the patient or patient's partner receive Pension Credit Guarantee Credit.

**Prisoner** – Select this box if the patient is in prison or a young offender institution.

**Income related employment and support allowance** - Select this box if the patient or patient's partner receive Income related employment and support allowance.

**Universal credit** - Select this box if the patient or patient's partner receive universal credit.

**Evidence of Exemption or Remission seen** – Select either the Yes or No box to indicate whether the patient provided evidence of exemption or remission or not.

**Commissioner approved** - This box must be selected on all assessment claims where the patient is 18 or over at the Date of Referral.

**Patient Charge Collected** – Enter any NHS patient charge that has been collected for this course of treatment.

## COVID Status Triage Results

**No. of Triages this course of treatment resulting  
in patient COVID status:**

|   |                      |
|---|----------------------|
| Patient Shielded  | <input type="text"/> |
| At Increased Risk of severe illness from COVID-19             | <input type="text"/> |
| Possible/confirmed COVID patient or those living in household | <input type="text"/> |
| Patient is COVID-19 Symptom Free at present                   | <input type="text"/> |
| Other   | <input type="text"/> |

The recording of Triage information prior to any face to face treatment is mandatory. The number of Triages taken place prior to the patient attending the practice should be recorded against each COVID status box as required.

## Orthodontic Data Set

The screenshot shows a software interface for entering orthodontic data. It includes several sections with checkboxes and dropdown menus:

- Treatment Proposed:** A checkbox.
- Treatment Completed/Abandoned/Discontinued:** A checkbox.
- Radiograph(s) taken:** A text input field with a "(Number)" label.
- Removable upper appliance Y/N:** A dropdown menu.
- Removable lower appliance Y/N:** A dropdown menu.
- Aerosol Generating Procedure (No. of appointments):** A text input field.
- Photographs Y/N:** A dropdown menu.
- Functional appliance Y/N:** A dropdown menu.
- Extractions Y/N:** A dropdown menu.
- Fixed upper appliance Y/N:** A dropdown menu.
- Fixed lower appliance Y/N:** A dropdown menu.
- Retainer upper Y/N:** A dropdown menu.
- Retainer lower Y/N:** A dropdown menu.

Below these fields is an **Extractions** section with a "Search" dropdown menu and a "Create" button. At the bottom, there is a table with columns for "Quadrant" and "Tooth", and an "Action" column.

**Treatment Proposed** - Select this box for any claim involving an Assessment Appliance Fitted

**Treatment Completed/Abandoned/Discontinued** - Select this box for any orthodontic conclusion claim.

**Aerosol Generating Procedure** – This field is to be completed to record the number of AGP appointments provided as part of the course of treatment.

**Radiographs** – Enter the number of radiographs proposed/obtained.

**The below fields must have either a Y (Yes) or N (No) selected to indicate if an item was provided or not:**

**Photographs Taken** – Select Y or N.

**Extractions** - Select Y or N. If this is "Y", then tooth notations must be entered into the Extraction Quadrant(s).

**Removable Upper Appliance** – Select Y or N.

**Removable Lower Appliance** – Select Y or N.

**Fixed Upper Appliance** – Select Y or N.

**Fixed Lower Appliance** – Select Y or N.

**Functional Appliance** – Select Y or N.

**Retainer Upper** – Select Y or N.

**Retainer Lower** – Select Y or N.

**Extractions** –Select the quadrant(s) for the tooth notation(s) for extractions proposed / performed. Please note each quadrant must be entered separately.

The screenshot shows a close-up of the "Extractions" form. It features two dropdown menus: "Quadrant" and "Tooth". Below the dropdowns are buttons for "Save", "Save/Create", and "Cancel".



## Orthodontic Assessment & Treatment Start

To be completed on assessment or at the fitting of the first appliance.

Please note that on Orthodontic submissions, the age of the patient is now calculated using the Date of Referral\*:

- If the patient is aged under 18 at the Date of Referral\* on an assessment claim, then the Patient Under 18 box must be ticked.
- If the patient is aged 18 or over at the Date of Referral\* on an assessment claim, then the Patient Under 18 box must not be ticked.
- If the Aged 18 in Full Time Education box is selected, then the patient must be aged 18 at the Date of Referral\*

|                       |                               |                           |                               |                           |                          |
|-----------------------|-------------------------------|---------------------------|-------------------------------|---------------------------|--------------------------|
| Assessment & review   | <input type="checkbox"/>      | Assess & refuse treatment | <input type="checkbox"/>      | Assess & appliance fitted | <input type="checkbox"/> |
| IOTN                  | <input type="text" value=""/> | Aesthetic component       | <input type="text" value=""/> | IOTN not applicable       | <input type="checkbox"/> |
| Date of Referral      | <input type="text" value=""/> |                           |                               |                           |                          |
| Date of Assessment    | <input type="text" value=""/> |                           |                               |                           |                          |
| Date Appliance Fitted | <input type="text" value=""/> |                           |                               |                           |                          |

**Assessment & Review** – Select this box if an assessment has been performed and NHS orthodontic treatment is indicated, but the patient is not ready to start. A date of assessment and IOTN score must be present. If the IOTN score is 3, the Aesthetic Component must also be completed. For a fee paying patient, the Band 1 charge is levied.

**Assessment & Refuse Treatment**– Select this box if an assessment has been performed but NHS orthodontic treatment is deemed unnecessary or inappropriate. A date of assessment and IOTN score must be present. If the IOTN score is 3, the Aesthetic Component must also be completed. For a fee paying patient, the Band 1 charge is levied.

**Assessment & Appliance Fitted** – Select this box if an assessment has been performed and an orthodontic appliance has been fitted. A date of assessment, date appliance fitted and IOTN score must be present. If the IOTN score is 3, the Aesthetic Component must also be completed. For a fee paying patient, the Band 3 charge is levied. If a patient commences a course of treatment, a second form must be submitted on completion or termination of treatment.

**IOTN** – Enter the IOTN Dental Health Component. If the value is 3, the Aesthetic Component must also be completed.

**Aesthetic component** – Enter the IOTN Aesthetic Component. Please note that Aesthetic Component is mandatory for Appliance Fit claims.

**IOTN not applicable** – Cross this box if an IOTN assessment is not possible. For example, transfer cases with fixed appliances in situ.

**Date of Referral\*** – Enter the date the referral was received. Please note that Date of Referral must be on or before the Date of Assessment.

**Date of Assessment** – Enter the date of assessment on all assessment forms.

**Date Appliance Fitted** – Enter the date the first appliance was fitted for this course of treatment. The Date Appliance Fitted must be on or after the Date of Assessment

## Orthodontic Conclusion

To be completed on conclusion or termination of orthodontic treatment

|   |  |   |  |  |
|---|--|---|--|--|
| Treatment abandoned - patient failed to return <input type="checkbox"/> | Treatment abandoned - patient requested <input type="checkbox"/> | Treatment discontinued <input type="checkbox"/> | Treatment completed <input type="checkbox"/> | PAR scores calculated Y/N <input type="checkbox"/> |
| IOTN (1-5) <input type="text"/>   | Aesthetic component (1-10) <input type="text"/>                  | IOTN not applicable <input type="checkbox"/>    | Pre-Treatment PAR Score <input type="text"/> | Post-Treatment PAR Score <input type="text"/>      |
| Date of Completion or Last Visit <input type="text"/>                   |  |   |  |  |

**Treatment abandoned** – patient failed to return – Select this box if the active treatment was abandoned because the patient failed to return. A date of last visit and IOTN score or IOTN not applicable must be present.

**Treatment abandoned** – patient requested – Select this box if the active treatment has been abandoned at the patient's request. A date of last visit and IOTN score or IOTN not applicable must be present.

**Treatment discontinued** – Select this box if the Performer decides active treatment is to be discontinued. A date of last visit and IOTN score or IOTN not applicable must be present.

**Treatment completed** – Select this box if the active treatment has been completed. A date of completion and IOTN score at the completion of treatment must be present.

**PAR scores calculated** – Select Y or N if a PAR score has been calculated or not.

**IOTN** - Enter the IOTN Dental Health Component.

**Aesthetic component** – Enter the IOTN Aesthetic Component.

**IOTN not applicable** – Select this box if an IOTN assessment is not possible.

**Pre-Treatment PAR Score** – Enter the pre-treatment PAR score.

**Post-Treatment PAR Score** – Enter the post-treatment PAR score.

**Date of Completion or Last Visit** – Enter the date in the format ddmmyy.

**Please note that an IOTN entry is now mandatory for any conclusion claim. Furthermore, IOTN NA cannot be used for a Treatment Completed claim. Note that if an IOTN value of 3 is entered then an accompanying Aesthetic Component item is mandatory.**

## Ortho Reg 11/Appliance Repair

|  |                          |                                     |                          |
|--|--------------------------|-------------------------------------|--------------------------|
| Repair to appliance fitted by another contractor | <input type="checkbox"/> | Regulation 11 replacement appliance | <input type="checkbox"/> |
| Date of Completion or Last Visit                 | <input type="text"/>     |                                     |                          |

**Repair to an Appliance Fitted by Another Dentist** – Select this box if a repair is made to an appliance fitted by another dentist.

**Regulation 11 Replacement [orthodontic] Appliance** - Select this box if an orthodontic replacement appliance under Regulation 11 has been provided – please note that the assessment date has to be completed. A patient charge should be entered which will be 30% of the band 3 charge per appliance. In all instances a patient's charge should be collected from the patient or patient's parent or legal guardian irrespective of the exemption/remission status. The patient may be able to claim a refund directly from NHS Dental Services.

**Date of Completion** – A date of completion is mandatory if anything is entered in either of the above two boxes.

**Please note these items cannot be used in conjunction with any Assessment or Treatment Start or Treatment Conclusion aspect of a course of treatment.**

## Ethnic Origin

|                        |                          |                                  |                          |                                |                          |                                  |                          |                                    |                          |
|------------------------|--------------------------|----------------------------------|--------------------------|--------------------------------|--------------------------|----------------------------------|--------------------------|------------------------------------|--------------------------|
| White British          | <input type="checkbox"/> | White Irish                      | <input type="checkbox"/> | Other White Background         | <input type="checkbox"/> | White and Black Caribbean        | <input type="checkbox"/> | White and Black African            | <input type="checkbox"/> |
| White and Asian        | <input type="checkbox"/> | Other Mixed Background           | <input type="checkbox"/> | Asian or Asian British Indian  | <input type="checkbox"/> | Asian or Asian British Pakistani | <input type="checkbox"/> | Asian or Asian British Bangladeshi | <input type="checkbox"/> |
| Other Asian background | <input type="checkbox"/> | Black or Black British Caribbean | <input type="checkbox"/> | Black or Black British African | <input type="checkbox"/> | Other Black background           | <input type="checkbox"/> | Chinese                            | <input type="checkbox"/> |
| Any other ethnic group | <input type="checkbox"/> | Patient declined                 | <input type="checkbox"/> |                                |                          |                                  |                          |                                    |                          |

Enter the patient's indicated ethnic group here, or alternatively select the Patient declined box.

## Dentist's Declaration

|   |                          |
|---|--------------------------|
| All the necessary care and treatment that the patient is willing to undergo will be provided  | <input type="checkbox"/> |
| All the currently necessary care and treatment that the patient is willing to undergo has been carried out  | <input type="checkbox"/> |
| I declare that I am properly entitled to practice under the current dental regulations and 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. For the purpose of verification of this and the prevention and detection of fraud and incorrectness, I consent to the disclosure of relevant information from this form to and by the NHS Business Services Authority | <input type="checkbox"/> |

**Dentist's Declaration** – The declaration must be completed by a qualified dentist on every form. This would normally be the Performer responsible for the course of treatment.

All three declarations should be selected on every form submitted, with the exception of courses of treatment where the Performer decides to discontinue treatment. In this instance, only the first and last boxes should be selected.

### Contact us:

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