Dental activity processing errors

This guide will help you understand common dental activity processing errors and how to fix them. In this guide, we've listed general and orthodontic errors you might experience in England, Wales or the Isle of Man.

You can use the 'Find' (ctrl + F) function to search for a specific error code. You'll then see:

• error description

• possible causes

• suggested actions

If you're struggling to fix an activity processing error, please get in touch with our Customer Contact Centre. We can support you by telephone on 0300 330 1348. We're open 8am to 6pm Monday to Friday.

Error Code	Description	Possible Causes	Suggested Action
101	Invalid Patient's Details	Invalid Patient's Surname, Previous Surname, Forename or Gender.	Correct the claim.
102	Invalid Patient's Date of Birth	Caused by: • the absence of a Date of Birth • the patient's Date of Birth being after a treatment date on the claim • an incorrect century has been used on a Date of Birth	Correct the Date of Birth or the treatment date(s) on the claim appropriately.
103	Invalid Date of Acceptance or Completion	If one of the dates is missing, enter it into the appropriate field. If both dates are present, this is probably caused by either of Date of Acceptance or Completion being in the future.	Correct the date.
104	Date of Completion prior to Date of Acceptance	The Date of Completion must be equal to or greater than Date of Acceptance.	Correct the dates.
106	Expected or Nursing Mother where the patient is male	Expected or Nursing Mother where the patient is male.	Amend the patient to Female or remove the Expectant/Nursing Mother exemption.
107	An ACORN Assessment has been carried out but the Exam Not Possible code is present	An ACORN Assessment has been carried out but the Exam Not Possible code is present	Remove the Exam Not Possible item
108	Invalid or excessive patient's charge entered	Invalid patient's charge entered.	Amend to the correct value or remove.

109	Remission or exemption box error due to: • Remission/exemption category not valid according to claim date; • Inappropriate patient age; • Not appropriate to region; • Absence of a patient's charge on partial remission; • Child exemption claimed on general Reg 11; • Inappropriate treatment for the exemption; or Not appropriate to the claim type	Remission/exemption category not valid according to claim date: Certain types of remission or exemption are only appropriate from a certain Date of Acceptance or cease to be valid after a certain date	Amend the remission/exemption category.
		Inappropriate patient's age: Some exemption categories only apply to patients of the appropriate age at the treatment date (Date of Acceptance on FP17s, Date of Referral on FP17O assessments).	Amend the remission/exemption category, remove it or amend the Date of Acceptance or Date of Birth
		Not appropriate to region: Some remission and exemption types are only applicable to England and not to Wales or vice versa. Also, some exemptions and remissions are unique to the Isle of Man.	Amend the remission/exemption category or remove it.
		Absence of patient's charge on partial remission: When HC3 certificate partial remission is entered there must be an accompanying non-zero patient's charge showing the value of the patient's contribution towards the treatment.	Amend the remission/exemption category, remove it or add the appropriate patient's charge.

		Child exemption claimed on general Reg 11: Because a Reg 11 case necessarily involves a patient charge being entered, even on cases involving children, if the case does involve a child it is therefore not appropriate to enter the Patient Under 18 exemption category.	Remove the remission/exemption category
109 continued		Inappropriate treatment for the exemption: Applies to the Welsh Free Exam exemption if the accompanying Band is not Band 1.	Remove the exemption or change the claim to Band 1
		Not Appropriate to the claim type: Applies of the Welsh Free Exam exemption is claimed on an FP17O.	Remove the exemption.
110	An ACORN Assessment Carried Out code is present on the wrong type of claim	Check currently suspended. An ACORN Assessment Carried Out code can only be present on a claim that also includes Band 1, 2, 3 or Urgent Treatment.	Remove the ACORN Assessment Carried Out item
113	Quantity or tooth notation following treatment is missing, incomplete or incorrect	No quantity entered where one is expected. Particularly affects PAR scores on ortho claims where the code 9414 appears but no quantity accompanies it.	If this is the case, then remove the PAR score item or enter the appropriate score.

115	Treatment code or data item not valid according to the claim date, the region, the patient's age, the claim type or in relation to other treatment/data items on the claim.	Treatment or data item used where the treatment date is prior to the official introduction of the item. For example: • new April 2019 orthodontic items used on a claim dated prior to April 2019 • new Welsh Clinical Data Set items used on claims dated prior to April 2020 • code 9340 used on English claims with a DOA prior to 23/03/2020 Alternatively, the error can occur where the item is used at a date after which it has ceased to be valid. For example, the use of discontinued Welsh Clinical Data Set items on claims dated April 2020 or later.	Review and amend the Date of Acceptance, Date of Birth or referral where necessary. If the treatment dates are correct, remove the treatment item(s) concerned and if appropriate, use the correct treatment item for the date concerned
		Treatment item used in the wrong region. Some treatment items are only appropriate to England and not to Wales and vice versa.	Remove the item.
		Treatment item has been used on a child patient where it should only apply to an adult. This applies to the Commissioner Approved English orthodontic item if used on a patient who is under 18 at Date of Referral.	Remove the item or adjust the Date of Birth or Date of Referral accordingly.

115 continued		Treatment or data item used on the wrong claim type such as a general item used on an orthodontic claim or vice versa.	Remove the item(s) inappropriate for the intended claim type.
		Treatment or data item used inappropriately in relation to other treatments on the claim. This applies to the Commissioner Approved English orthodontic item if used on a claim without an orthodontic assessment present.	Remove the inapplicable item.
		Triage claim dated prior to the start of lockdown 23/03/20	Amend Date of Contact if it is incorrect or withdraw triage claim
		Patient COVID Status code used on an FP17 with a Date of Completion prior to the start of lockdown 23/03/20	Remove Patient COVID Status code or review Date of Completion
		Patient COVID Status code used on an FP17O assess and review/refuse with a Date of Assessment prior to the start of lockdown 23/03/20	Remove Patient COVID Status code or review Date of Assessment
		Patient COVID Status code used on an FP17O Assess/Appliance Fit with a Date Appliance Fitted prior to the start of lockdown 23/03/20	Remove Patient COVID Status code or review Date Appliance Fitted

| 125 | Unacceptable combination of treatments or data items on a claim or treatment/data item not acceptable on this claim type | Often caused where a mixture of orthodontic codes and non-orthodontic codes are used on a claim.

Also caused where there is more than one assessment or conclusion code on an FP17O.

Also used if Advice Only or Reg 11 is on the same claim as another conflicting code.

Will also be generated if Treatment on Referral is used inappropriately with either Referral for AMS, a patient charge or on an FP17O. | Remove the inappropriate items. |
| --- | --- | --- | --- |
| | | A triage related treatment code has been used on a normal FP17/FP17O claim | Remove triage treatment code |
| | | A non-triage related treatment code has been included on a triage claim | Remove non-triage treatment code |
| 127 | Advanced Mandatory Services and no Band 9150 | Where Referral for AMS and its band are entered this governs the patient charge appropriate for the claim. However, there must also be a normal Band entered to govern the allocation of UDA to the non-referral part of the claim. | Enter the appropriate band. |

128	Inappropriate quantity associated with treatment/data item	Very often an Ethnic Origin quantity that does not equate with 01-16 or 99 (this is very hard to discern because Ethnic Origin is not displayed on screen).	Remove or amend appropriate ethnic origin entry. You may need to contact your software supplier for advice.
		Can be generated where an incorrect value is entered for Referral for AMS (1 -3 allowed), NICE Guidance Recall Interval (1 - 24 allowed) or on an FP17O, IOTN (1-5 allowed) or Aesthetic Component (1 - 10 allowed).	Remove or amend appropriate ethnic origin entry. You may need to contact your software supplier for advice.
257	The claim being updated has already been simultaneously deleted by another user	Usually caused by two users, or more commonly two Compass sessions, accessing the same claim at the same time.	Use Compass to re-locate the claim and assess whether the desired action has been carried out.
401	Claim overlaps/duplicates an existing claim for the same patient the same contract or performer	On FP17s the dates of acceptance and completion match or overlap with the dates of acceptance and completion of a previously processed claim for the same patient under the same provider, contract or performer.	Check the dates of the claim and amend as necessary. You may also require the amendment of the dates of the previously processed claim.
		On orthodontic claims this is where the Date of Assessment matches that of a previous FP17O claim for the same patient or, for a conclusion claim, where the Date of Completion matches that of a previous FP17O claim for the same patient, under the same provider, contract or performer.	Alternatively, if the rejected claim was designed to supersede the previous one, then use the SQ Ind procedure to replace the previous claim using the previous claim's original Claim Reference Number.

501	Invalid contract number or performer	Invalid contract number or performer.	Correct the claim
505	Claim dates are outside of the contract dates or performer's tenure with that contract	On an FP17 the dates of acceptance and completion are both outside of the contract dates or the performer's tenure. On an FP17O Assess and Review or Assess and Refuse claim, the Date of Assessment is outside of the contract dates or the performer's tenure. On an FP17O Assess/Appliance Fitted claims the Date Appliance Fitted is outside of the contract dates or the performer's tenure. For any other FP17O claim the Date of Completion is outside the contract dates or the performer's tenure.	Check the dates of the contract or the performer's tenure on Compass and amend the claim dates as appropriate. If the contract dates or tenure dates are incorrect then consult the local health body.
509	Performer Authorised Leave Error	Check currently suspended Performer Authorised Leave Error. Treatment carried out wholly within a period of authorised leave for the performer concerned.	Review the dates of the claim.
510	DCP cannot be found on GDC register or is suspended	Wales only. DCP cannot be found on GDC register or is suspended.	Check the GDC Number of the DCP.
511	Date of Completion prior to DCP's registration date	According to the records on Compass the DCP entered on the claim was yet not registered at any point during the course of treatment being claimed.	Check the GDC Number of the DCP or the Date of Acceptance of the claim.

605	Possibly mis-spelled patient's surname corresponds with more than one existing patient for the contract concerned	For on-line created claims, if the patient entered cannot be found on the list of patients for the contract concerned but a single entry can be found with a very similar surname spelling it will be assumed to be a match with that patient if all other factors (forename, sex and date of birth) match. This error occurs where more than one potential match is found. It is likely that the patient's surname on the claim is mis-spelled or that the surname(s) on an existing claim for the patient on our database is mis-spelled.	To find the potential matches enter your contract, the patient's forename and the patient's date of birth on the Activity Search (Detail) screen. Correct any misspellings encountered.
804	Treatment code appears more than once on the same claim	Usually a claim with two Bands or an FP17O with two IOTN and/or Aesthetic Component codes present.	Remove the inappropriate item.
854	Missing Location ID or the Location ID is not linked to the contract concerned	Missing Location ID or the Location ID is not linked to the contract concerned.	Correct the Location ID or ensure that the Location ID is added to the contract.
856	No significant treatment found on the claim	An F17, to be valid, must have one, and one only, of the following treatment items present: • Band • Urgent Treatment (also known as Band 4) • Prescription Issued • Repairs to Dentures • Repairs to Bridges • Arrest of Bleeding • Removal of Sutures • Reg 11	Enter whichever of the items applies.

856 continued		Those treatments may be absent and accepted as long as there is a Domiciliary Services or Sedations recorded.	
		On an FP17O one, and one only, of the following treatments must be present: • Assess and Review • Assess and Refuse • Assess/Appliance Fitted • Treatment Completed • Treatment Abandoned • Treatment Discontinued • Ortho Reg 11 Repair to an Appliance	Enter whichever of the items applies.
858	Date missing on an orthodontic claim	Date of Assessment is mandatory on an FP17O assessment claim	Enter the missing date.
		Date Appliance Fitted is mandatory on an FP17O Assess/Appliance Fitted claim	Enter the missing date.
		Date of Completion is mandatory on any other type of FP17O claim	Enter the missing date.
859	Aesthetic component missing on an FP17O with IOTN value of 3	Any FP17O with an IOTN score of 3 must be accompanied by an Aesthetic Component value in the range 1 to 10	Enter the Aesthetic value or amend the IOTN value.

860	Incomplete Treatment Band claimed on an Urgent Treatment claim, the Incomplete Treatment Band is greater than the accompanying Band or there is no accompanying Band	The Incomplete Treatment Band governs the patient charge to be levied on a course of treatment where not all the planned treatment has been carried out. However, the Band for the planned treatment governs the UDA awarded so must also be present but must be of a greater or equal value to any Incomplete Treatment Band entered. Incomplete Treatment Bands are not appropriate to be claimed for urgent courses of treatment.	Remove or amend the Incomplete Treatment Band or amend the main Band.
862	Invalid or future dates on an orthodontic claim, Date of Referral after Date of Assessment or Date of Assessment after Date Appliance Fitted	On an FP17O claim the Date of Referral must be prior to or equal to the Date of Assessment.	Amend the dates appropriately, Amend the Patient charge to the correct value for the date of claim if Reg 11. Remove the patient charge or the Treatment on Referral indicator as necessary.
		On an FP17O Assess/Appliance Fitted claim the Date of Assessment must be prior to or equal to the Date Appliance Fitted	
863	The patient charge entered on a Reg 11 claim does not equal, or is not within a £1.00 tolerance of, the appropriate Reg 11 charge or twice the appropriate Reg 11 charge	The patient charge entered on a Reg 11 claim does not equal, or is not within a £1.00 tolerance of, the appropriate Reg 11 charge or twice the appropriate Reg 11 charge.	Amend the patient charge to the correct value for the date of the claim.

864	The patient charge entered on an Ortho Reg 11 claim does not equal, or is not within a £1.00 tolerance of, the appropriate Ortho Reg 11 charge or twice the appropriate Ortho Reg 11 charge	The patient charge entered on an Ortho Reg 11 claim does not equal, or is not within a £1.00 tolerance of, the appropriate Ortho Reg 11 charge or twice the appropriate Ortho Reg 11 charge.	Amend the patient charge to the correct value for the date of the claim.
865	Ortho Assessment accompanying a Reg 11 claim (Reg 9 in Isle of Man)	A Reg 11 claim on an FP17O must not be accompanied by any of the following forms of treatment: • Assess and Review • Assess and Refuse • Assess/Appliance Fitted • Treatment Completed • Treatment Abandoned • Treatment Discontinued • Repair to Appliance	Remove the treatment which clashes or the Reg 11 from the claim.
867	Patient charge present on a referral claim where Domiciliary Services or Sedation Services absent	A claim with Treatment on Referral should be free to the patient unless Domiciliary Services or Sedations are present.	Remove patient charge unless stated items are present.
868	1st line of patient's address missing	1st line of patient's address missing	Enter the patient's address.

869	Claim with Further Treatment Within 2 Months is invalid because no appropriate supporting claim can be found under the same provider, a patient charge collected is present or no band has been claimed	A claim for Further Treatment Within 2 Months must be accompanied by a treatment Band and cannot include a patient charge.	Contact us: **Online:** using our online form **Telephone:** 0300 330 1348 Monday to Friday, 8am to 6pm.
		The Date of Acceptance on the rejected claim is more than two months after the Date of Completion of the previous course of treatment for which Further Treatment is being claimed.	Remove the Further Treatment item or adjust the Date of Acceptance of the rejected claim or the Date of Completion of the previous claim.
		The only applicable previous course of treatment found was for: • a lower band than that being claimed on the rejected claim • Urgent Treatment • Incomplete Treatment • a Further Treatment claim	Remove the Further Treatment item, adjust the accompanying Band or review the contents of the previous claim in respect of Band, Incomplete Treatment or Further Treatment.
		Another very common cause for this is the inability to find the previous claim because (a) the patient has moved to a new house in the meantime or (b) has visited another practice in the meantime. In both instances, in the absence of the unique NHS Number being used, Compass has assumed the patient to be a different person to that of the original course of treatment. If this is the case, then reference to NHS Dental Services is advisable.	Contact us: **Online**: using our online form **Telephone**: 0300 330 1348 Monday to Friday, 8am to 6pm.

870	Claim with Free Repair/Replacement Within 12 Months is invalid because no appropriate supporting claim can be found under the same provider or an appropriate band has not been claimed	A claim for Free Repair/Replacement must be accompanied by a Band 2 or 3 or an Urgent Treatment. Enter the required Band or remove the Free Repair/Replacement item as necessary.	Remove/ adjust band/free replacement item where appropriate. Contact dental.charges@nhs.net if patient has moved to a new house/visited another practice in the meantime.
		The Date of Acceptance on the rejected claim is more than 12 months after the Date of Completion of the previous course of treatment for which Free Repair/Replacement is being claimed.	Remove the Free Repair/Replacement item or adjust the Date of Acceptance of the rejected claim or the Date of Completion of the previous claim.
		The only applicable previous course of treatment found was for a lower band than that being claimed on the rejected claim.	Remove the Free Repair/Replacement item, adjust the accompanying Band or review the contents of the previous claim in respect of Band.
		Another very common cause for this is the inability to find the previous claim because (a) the patient has moved to a new house in the meantime or (b) has visited another practice in the meantime. In both instances, in the absence of the unique NHS Number being used, Compass has assumed the patient to be a different person to that of the original course of treatment. If this is the case, then reference to NHS Dental Services is advisable.	Contact: **Online:** using our online form **Telephone:** 0300 330 1348 Monday to Friday, 8am to 6pm.

895	FP17O assessment where the previous FP17O is for Assessment/Appliance Fitted	No assessment claim will be accepted if the immediately previous orthodontic claim for that patient is an Assess/Appliance Fitted. Only if there is an intervening conclusion claim (indicating that a second course of orthodontic treatment is starting) will such a claim be accepted.	Review the history of the claim submission to obtain the correct sequence.
896	FP17O completion/abandoned/discontinued claim where previous FP17O for the same patient is also for ortho completion/discontinued/abandoned	FP17O completion/abandoned/discontinued claim where previous FP17O for the same patient is also for ortho completion/discontinued/abandoned. The only exception to this allowed is that we will accept a completion claim after an abandoned or discontinued claim.	Review the history of the claim submission to obtain the correct sequence.
897	Free Exam exemption on a claim where patient's age at Date of Acceptance is not appropriate or it is not on a Band 1	Free Exam exemption on a claim where patient's age at Date of Acceptance is not appropriate or it is not on a Band 1.	Remove the exemption, amend the claim to Band 1 or adjust the patient's age by changing Date of Birth or Date of Acceptance.
898	Referral for Advanced Mandatory Services item 9316 on a claim dated after 01/04/2014 (01/05/2014 for Wales).	Referral for Advanced Mandatory Services item 9316 on a claim dated after 1/4/14 (1/5/14 for Wales).	The code 9319 plus a referral band must instead be entered.
899	Invalid Patient's Email Address or Mobile Phone Number	To be valid any patient's email address entered should contain an @ sign and at least one dot in the characters that follow. For a patient's mobile phone number to be valid when entered it must consist of 11 numeric characters with no internal space or hyphen.	Amend as necessary or remove the item.

@001	Site not authorised to transmit	This will result in the rejection of a whole file of claims.	Consult NHS Dental Services nhsbsa.edisupport@nhs.net
@008	Live claim submitted but supplier not certified	This will result in the rejection of a whole file of claims.	Consult NHS Dental Services nhsbsa.edisupport@nhs.net
@012	Invalid or missing contract or performer on an EDI claim or performer does not relate to the contract entered	Invalid or missing contract or performer on an EDI claim or performer does not relate to the contract entered.	Review the use of the contract ID or review the performer details.
@013	Invalid PIN or Performer's PIN has not yet been allocated	May be caused using a new performer number where a PIN has not yet been allocated.	Ensure that the correct performer is used. If it is correct, then ensure that the correct PIN is used.
@031	Patient's Sex missing on an EDI claim	Patient's Sex missing on an EDI claim	Correct the claim.
@034	Missing Patient's Surname on an EDI claim	Missing Patient's Surname on an EDI claim	Correct the claim.
@035	Missing Patient's Forename on an EDI claim	Missing Patient's Forename on an EDI claim	Correct the claim.
@039	Patient's address missing on an EDI claim	First line of Patient's address missing on an EDI claim.	Correct the claim.
@052	Invalid Patient's Date of Birth on an EDI claim	Caused by the absence of a Date of Birth or more probably by the patient's Date of Birth being after a treatment date on the claim or if an incorrect century has been used on Date of Birth.	Correct the Date of Birth or the treatment date(s) on the claim appropriately.

@062	On an EDI claim Date of Acceptance is in the future	On an EDI claim Date of Acceptance is in the future	Correct the claim.
@072	Invalid Date of Completion on an EDI claim.	Invalid Date of Completion on an EDI claim.	Correct the claim.
@084	Invalid Date of Acceptance on an EDI claim	Invalid Date of Acceptance on an EDI claim	Correct the claim.
@086	On an EDI claim Date of Completion prior to Date of Acceptance	On an EDI claim Date of Completion prior to Date of Acceptance	Correct the claim.
@120	Invalid Dentist's Declaration	To be accepted an EDI claim must have one or more of the Dentist's Declarations applied, unless it is a Triage claim.	Complete the Dentist Declaration(s).
@124	Invalid EDI exemption category or not valid for the region or date concerned	Invalid exemption code used on transmission.	Select the correct exemption/remission category.
		Remission/exemption category not valid according to claim date: Certain types of remission or exemption are only appropriate from a certain Date of Acceptance or cease to be valid after a certain date	Amend the remission/exemption category, remove it or amend the Date of Acceptance.
		Not appropriate to region: Some remission and exemption types are only applicable to England and not to Wales or vice versa. Also, some exemptions and remissions are unique to the Isle of Man.	Amend or remove the remission/exemption category.

@125	Expectant or Nursing Mother but patient is male	Expectant or Nursing Mother but patient is male	Amend the patient to Female or remove the Expectant/Nursing Mother exemption
@126	On an EDI claim patient is not of the required age for the exemption code claimed	Often caused by the incorrect use of the Aged 18 in Full Time Education exemption when the patient is not 18 years of age. Can also apply to the age-based exemptions for the Isle of Man.	Review the use of the correct exemption/remission category or adjust the Date of Birth or Date of Acceptance to correct the patient's age.
@162	Invalid quadrant construct following Orthodontic extractions, BPE or Visible Plaque Scores	Invalid values following Orthodontic extractions, BPE or Visible Plaque scores.	Consult the software supplier.
@192	Invalid treatment quantity accompanying a CDS or KPI treatment on an EDI claim	Invalid treatment quantity accompanying a CDS or KPI treatment on an EDI claim	Consult the software supplier.
@207	Duplicate transmission of serial number - Please contact system supplier	This will result in the rejection of a whole file of claims.	Consult the software supplier.
@212	EDI claim where original is already present (based on Contract Id, Performer Id and Claim Reference Number)	There are two reasons that can cause this. Firstly, if the claim is intended to replace or delete the previous version of the claim then the Schedule Query Indicator should be used.	If the claim is intended to replace or delete the previous version of the claim, then the Schedule Query indicator should be used.
		Secondly, this can sometimes occur when a new practice management system is introduced which re-uses Claim Reference Numbers previously used (often a long while ago) for other patients.	If this occurs with a new practice management system, then please contact the system supplier.

@254	Age exemption claimed on an EDI claim, but patient is 18 or over (16 or over on Isle of Man claim)	Patient Aged Under 18 exemption cannot be used on adult patients (except on Ortho conclusion claims).	Remove or amend the exemption or review the patient's age in respect of Date of Birth and treatment dates. Otherwise do not re-transmit the claim.
@256	No age exemption claimed on an EDI claim for a patient aged under 18 (under 16 in the Isle of Man)	On most claims (except Reg 11 claims and orthodontic conclusion claims) if the patient is aged under 18 the Patient Aged Under 18 exemption must be present. NB. On English FP17O assessment claims the patient's age has been calculated as at Date of Referral since 01/04/19.	Remove or amend the exemption or review the patient's age in respect of Date of Birth and treatment dates.
@283	On an EDI claim Date of Completion is in the future	On an EDI claim Date of Completion is in the future	Correct the claim.
@285	Treatment dates on an EDI claim are outside the period of the contract or the performer's tenure	On an FP17 the dates of acceptance and completion are both outside of the contract dates or the performer's tenure. On an FP17O Assess and Review or Assess and Refuse claim, the Date of Assessment is outside of the contract dates or the performer's tenure. On an FP17O Assess/Appliance	Check the dates of the contract or the performer's tenure on Compass and amend the claim dates as appropriate. If the contract dates or tenure dates are incorrect then consult the local health body.

| @285 continued | | Fitted claims the Date Appliance Fitted is outside of the contract dates or the performer's tenure.

For any other FP17O claim the Date of Completion is outside the contract dates or the performer's tenure.

This error code often occurs in addition to another error code if the important date for the claim has been omitted or is invalid | |
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| @304 | Performer on an EDI claim is not known for the contract entered. | Performer on an EDI claim is not known for the contract entered. | Check validity of performer in relation to the contract. |
| @306 | Invalid Band entered on an EDI claim | Invalid Band entered on an EDI claim. | Contact software supplier. |
| @307 | Missing Location ID or the Location ID is not linked to the contract concerned | Missing Location ID or the Location ID is not linked to the contract concerned. | Correct the Location ID or ensure that the Location ID is added to the contract. |
| @308 | Invalid or missing Date of Referral on an EDI orthodontic claim | Invalid or missing Date of Referral on an EDI orthodontic claim | Enter correct date of referral, which is mandatory on English orthodontic assessment claims. |
| @309 | Invalid or missing Date of Assessment on an EDI orthodontic claim | A Date of Assessment is mandatory on every orthodontic assessment claim, | Enter correct date of assessment. |

@310	Invalid Ortho Treatment values on an EDI completion FP17O	The orthodontic conclusion code 9161 must be accompanied by one of the following values. Any other value or if a value is missing will result in this error code: 1 - Treatment Abandoned 2 - Treatment Discontinued 3 - Treatment Completed	If an incorrect value has been detected, contact your software supplier.
@312	No significant treatment on an EDI claim	An FP17, to be valid, must have one, and one only, of the following treatment items present: • Band • Urgent Treatment (also known as Band 4) • Advice Only (also known as Band 5) • Prescription Issued • Repairs to Dentures • Repairs to Bridges • Arrest of Bleeding • Removal of Sutures • Reg 11 Those treatments may be absent and accepted as long as there is a Domiciliary Services or Sedations recorded. On an FP17O one, and one only, of the following treatments must be present: • Assess and Review • Assess and Refuse • Assess/Appliance Fitted • Treatment Completed • Treatment Abandoned • Treatment Discontinued	Enter whichever of the items applies

@312 continued		• Ortho Reg 11 Repair to an Appliance	
		Triage form submitted without one of the following, at least one of which must be on the claim: • Advice Given • Advised Appropriate Analgesics • Remote Prescription – Analgesics • Remote Prescription – Antibiotics • Follow Up Call Required • Patient Advised to Call Back • Face to Face Appointment-Patient Failed to Attend	Add at least one of the mandatory items
@317	No Aesthetic Component to accompany IOTN value of 3 on an EDI claim	Any FP17O with an IOTN score of 3 must be accompanied by an Aesthetic Component value in the range 1 to 10	Enter the Aesthetic value or amend the IOTN value.
@318	Conflicting assessment and/or completion items on an EDI FP17O claim	An FP17O claim should only include one of the following treatments: • Assess and review • Assess and refuse • Assess/Appliance fitted • Treatment Completed • Treatment Abandoned • Treatment Discontinued • Ortho Reg 11 • Repair to an appliance	Remove the items which do not apply to the claim.

@319	No Band on a Free Repair/Replacement EDI claim	A claim for Free Repair/Replacement must be accompanied by a Band 2 or 3 or an Urgent Treatment.	Enter the required Band or remove the Free Repair/Replacement item as necessary.
@320	No Band on a Further Treatment EDI claim	A claim for Further Treatment Within 2 Months must be accompanied by a treatment Band. Enter the Band or remove the Further Treatment item as necessary.	Remove or amend the Incomplete Treatment Band or amend the main Band.
@321	Incomplete Treatment Band claimed on an Urgent or Advice Only claim, the Incomplete Treatment Band is greater than the accompanying Band or there is no accompanying Band	The Incomplete Treatment Band governs the patient charge to be levied on a course of treatment where not all the planned treatment has been carried out. However, the Band for the planned treatment governs the UDA awarded so must also be present but must be of a greater or equal value to any Incomplete Treatment Band entered. Incomplete Treatment Bands are not appropriate to be claimed for urgent courses of treatment	Remove or amend the Incomplete Treatment Band or amend the main Band.
@323	Invalid Date Appliance Fitted on an EDI orthodontic claim	Date Appliance Fitted is mandatory on an Assess/Appliance Fitted claim.	Enter the required Date Appliance Fitted
@324	Date Appliance Fitted prior to Date of Assessment on an EDI claim	On an FP17O Assess/Appliance Fitted claim the Date Appliance Fitted must be after or equal to the Date of Assessment.	Review the dates on the claim and amend as necessary.
@329	KPI treatment codes on a claim for non-PDS Plus contract	Rule Suspended	N/A

@330	SQ Ind deletion request where original cannot be found using contract, performer and claim reference number	SQ Ind deletion request where original cannot be found using contract, performer and claim reference number.	Check that the claim reference number refers to a previously submitted valid claim. If one was previously submitted, ensure that the contract ID and/or the performer was the same on that claim.
@331	SQ Ind deletion request where original has already been deleted or is in error	SQ Ind deletions will only work on claims that are currently in a valid "paid" state. It will not work on claims that have failed validation or those that have already been deleted.	Check the previously submitted claim. If it failed validation the claim does not need to be deleted from the database. If it has already been deleted, then the SQ Ind deletion request does not need to be repeated.
@333	Schedule query not carried out. Original claim has been located but cannot be deleted as it is for a different provider	The Schedule Query process can only be used to amend for claims previously submitted under the same provider.	If the claims need amendment, then the provider associated with the original claim will need to be contacted.
@334	A patient email address, mobile phone or Patient Declined indicator must be present on this claim	Currently suspended. Normally, all English orthodontic claims should have a patient's mobile phone number and email address or the relevant Patient Declined Indicator.	Enter the patient's email address and/or mobile phone number. If either is not known, then the relevant Patient Declined Indicator must be ticked.
@335	Mandatory Commissioner Approved indicator missing for this adult orthodontic patient	Currently suspended. Normally, all English orthodontic assessment claims where the patient is aged 18 or over at the Date of Referral must have the Commissioner Approved indicator present	If the patient is 18 or over at the Date of Referral, then arrange for commissioner approval and tick the Commissioner Approved box.

@336	Mandatory IOTN or Aesthetic Component code missing	Currently Suspended. Normally, all English orthodontic assessment or conclusion claims must have an accompanying IOTN score. Also, normally, all English orthodontic Assess/Appliance Fitted claims must have an accompanying Aesthetic Component whatever the value of IOTN.	Enter the IOTN score and, if the claim is for Assess/Appliance Fitted, enter the Aesthetic Component value as well.
@337	Invalid or missing Date of Referral on an EDI claim	For all English orthodontic assessment claims with a Date of Assessment after 01/04/19 a Date of Referral is mandatory.	Enter the required date of referral.
@338	No NHS Number has been entered	Currently Suspended. Normally, all English orthodontic claims should have an NHS Number present even if it has to be entered as zero. Enter the patients NHS Number. If not known, enter zero.	Currently suspended
@339	Mandatory Treatment Proposed indicator missing	Currently Suspended. Normally, all English Assess/Appliance Fitted claims must also have an accompanying Treatment Proposed Indicator	Currently suspended
@340	Mandatory Treatment Completed/Abandoned/Discontinued indicator missing	Currently Suspended. Normally, all English orthodontic conclusion claims must also have a Completed/Abandoned/Discontinued Indicator also present.	Currently suspended

@341	GDC Number for DCP provided but no DCP type (or vice versa)	Wales only If the GDC Number of a DCP is supplied there must also be the DCP Type indicator to show in what capacity the DCP operated (Therapist, Dental Nurse, Hygienist or Dental Technician) Similarly, if a DCP Type is entered and there is no DCP GDC Number entered this error will occur	Review the claim and amend.
@342	ACORN Assessment code 9179 present without all the necessary accompanying ACORN codes (9320, 9323, 9326 to 9332)	For Welsh claims if the ACORN Assessment Carried Out indicator is present there must be all the necessary ACORN items present on the claim. Medical History (9326), Social History (9327), Dental History (9328), Periodontitis (9329) if the patient is 12 or over, Tooth Decay (9330) unless the patient is edentulous, Total Number of Teeth in the Mouth (9331) Other Dental Need (9332) Decayed Permanent Teeth count (9320) if the patient is 6 or over Decayed Deciduous Teeth count (9323) if the patient is under 12"	Review the claim and amend.
@343	Mandatory item on triage claim missing	Mandatory Patient Group and/or Primary Reason for Call missing.	Enter the appropriate Patient Group and/or Primary Reason for Call.
@344	Mandatory COVID Status Triage Count missing	Check currently suspended. At least one of the following Patient COVID Status Triage Counts must	Review the claim and amend

		be present on the claim: Patient Shielded Patient at Increased Risk of Severe Illness from COVID-19 Possible/confirmed COVID Patient or those living in household Patient is COVID-19 Symptom Free at present Other	
@345	The total number of decayed teeth exceeds the number of teeth in the mouth or Tooth Decay indicator is Red but no decayed teeth recorded	Two possible causes: The total number of decayed teeth (deciduous and/or permanent) exceeds the total number of teeth in the mouth Tooth Decay indicator is Red but no decayed teeth recorded	Review the claim and amend
@STR	A serious syntactical error has occurred on the claim concerned	A serious syntactical error has occurred on the claim concerned	Contact your software supplier.