



**Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive**

**National Shared Services
Primary Care Reimbursement Service**

**Information and Administrative
Arrangements
For Dentists**

**HSE - National Shared Services
Primary Care Reimbursement Service
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1.0 HSE – National Shared Services - Primary Care Reimbursement Service

HSE – National Shared Services - Primary Care Reimbursement Service carries out the following functions on behalf of the Health Service Executives in relation to the provision of services by General Practitioners, Pharmacists, Dentists and Optometrists/ Ophthalmologists:

- Calculation of payments
- Making of such payments
- Verification of accuracy and reasonableness of claims
- Compilation of statistics

In respect of the following schemes:

- General Medical Services Scheme (GMS)
- Drugs Payment Scheme (DPS)
- Long Term Illness Scheme (LTI)
- Health (Amendment) Act, 1996 (HAA)
- High Tech Drugs (HTD)
- Methadone Treatment Scheme
- Dental Treatment Services Scheme (DTSS)
- Community Ophthalmic Services Scheme (HBCOSS)
- Primary Childhood Immunisation Scheme
- European Economic Area (EEA)

2.0 Schemes Overview – (Dental related)

2.1 General Medical Services Scheme (GMS Scheme)

Eligibility

- Persons who are unable, without undue hardship, to arrange General Practitioner medical and surgical services for themselves and their dependants.
- All persons aged 70 years and over (since the 1st July 2001).

The person registers with the Doctor of his/her choice and is entitled to receive free Doctor, Dentist and Optometrists/Ophthalmologists treatment and prescribed medicines from Pharmacists

Each eligible person is provided with an individual card, which should be presented when seeking services under the Dental Treatment Services Scheme – **each card will have a 'valid to' date embossed thereon.** After this date the card cannot be used to claim entitlement to free services. The Health Service Executive will supply eligible persons with a replacement card prior to the 'valid to' date of a current card. Each time G.M.S. persons present for treatment under the D.T.S.S. they should present current medical cards and Dentists will be required to satisfy themselves that such persons are the holders of current medical cards.

Each participating dentist is provided with a manual imprinter similar to a credit card machine for use in conjunction with redesigned prescription/claim forms:

- Each card contains the patients name, medical card number, date of birth, gender and 'valid to' date;

- The patient name and number is embossed on the card and will be placed, together with the prescription set or claim form, on the imprinter. Using the imprinter the embossed patient details are transferred to the prescription or claim set.
- The imprinter has a base plate containing the dentist's name, address and D.T.S.S. number – by pressing down on the lever of the imprinter data from a medical card placed on the imprinter and from the base plate is transferred to a prescription/claim form placed in the location clips of the imprinter.

GP (General Practitioner) Visit Card

A person issued with a discretionary GP Visit Card registers with the doctor of their choice and is entitled to receive free Doctor treatment. **They are not entitled to Dentist or Optometrist treatment or prescribed medicines and appliances.**

2.2 Dental Treatment Services Scheme (DTSS)

Under the Dental Treatment Services Scheme, introduced in November 1994, GMS eligible adults have access to a range of dental treatments and clinical procedures. Dentists may prescribe a range of medicines to eligible persons and the cardholder receives the drugs free of charge e.g. antibiotics for an abscess. The medicines are listed in the Dental Practitioners list of Prescribable Medicinal Products, which is updated periodically with approvals from the Department of Health & Children. Claims by Dentists are processed and paid by the Primary Care Reimbursement Service.

Dentists will prescribe for GMS persons on specially designed prescription forms. The Dental Treatment Services Scheme prescription form is a two-part set. The top copy is the original prescription form and the duplicate is the pharmacy copy.

2.3 European Economic Area (EEA) entitlements – Visitors and workers

E111

Residents from one of the other states of the European Economic Area, with established eligibility, who require emergency Dental services while on a temporary visit to the state, are entitled to receive such services.

Applicants for health services under this scheme can prove entitlement to G.M.S. services by presenting an official form E111 duly completed and certified in the country of origin.

Those persons presenting for treatment with Form E111 should in the first instance be referred to a Health Service Executive clinic for Dental Treatment.

A Health Service Executive may in certain circumstances make special arrangements for private practitioners to provide treatment to such persons but the resulting claim must be made directly to the Health Service Executive concerned.

E128

EU Administrative Commission Decision No. 165 of 30th June 1997 provides for the introduction of full health cover for certain workers and their dependants who accompany them abroad, and also for students and their dependants who accompany them abroad for the duration of a course of studies. A form E128 has been introduced on which entitlement to the full range of health care in the country of posting or study for persons mentioned above is certified – this form must be presented when treatment is required.

Those persons presenting for treatment with Form E128 should in the first instance be referred to a Health Service Executive clinic for Dental Treatment in the same way as E111 holders.

The Health Service Executive may in certain circumstances make special arrangements for private practitioners to provide treatment to such persons but the resulting claim must be made directly to the Health Service Executive concerned.

European Health Insurance Card

The European Health Insurance Card was introduced in Ireland and in many other EU / EEA member states from **1 June 2004**. It replaced all the paper forms needed to access necessary healthcare under EU regulations within the public system when on a **temporary stay** in another EU / EEA member state or Switzerland.

Of these forms, the E111 is the most widely -used, but the Card also replaced some other forms including the E128 (used by posted workers and students), the E110 (used by international transport workers) and the health aspect of the E119 (used by jobseekers). In order to facilitate the replacement of all these forms by a single Card, an amendment to the relevant EU Regulation has been agreed, which ensures that all those on temporary stays in another member state now receive care that *becomes necessary, taking into account the nature of the care and the expected length of stay.*

Those persons presenting for treatment with Form EHI Card should in the first instance be referred to a Health Service Executive clinic for Dental Treatment in the same way as E111and/or E128 holders.

The Health Service Executive may in certain circumstances make special arrangements for private practitioners to provide treatment to such persons but the resulting claim must be made directly to the Health Service Executive concerned.

You may wish to note that there is no change to the existing arrangements between Ireland and the UK, and residents of either country travelling to the other on a temporary stay are not required to present a European Health Insurance Card or an equivalent paper form. Proof of residency is sufficient.

Queries in relation to the European Health Insurance Card procedure or guidelines should be directed to your Health Service Executive, or visit the new website set up for this at www.ehic.ie.

2.4 Health (Amendment) Act, 1996

The Government has provided in the Health (Amendment) Act, 1996 for the making available without charge of certain health services to certain persons who have contracted Hepatitis C directly or indirectly from the use of Human Immunoglobulin-Anti-D or the receipt within the State of another blood product or blood transfusion.

Eligible persons will receive a Health (Amendment) Act 1996 Services Card from their Health Service Executive. This card is personal to the holder and is valid for his/her lifetime.

Eligible adults will be required to present the Services Card to a dental practitioner when they wish to avail of services under the Act. Eligible adults requiring below the line treatment must be approved/validated by the Health Service Executive as provided for under the DTSS.

Claims for payment of fees in respect of services provided to eligible adults should be submitted to HSE - Shared Services - Primary Care Reimbursement Service in the usual manner. The patient's Services Card number should appear in the panel set aside for the medical card number in the appropriate claim form.

When prescribing for such patients you should use your private prescription forms to prescribe from the current General Medical Services Dental Practitioners list of prescribable Medicinal Products.

Prescribed items will be provided free of charge and Pharmacies will be reimbursed the cost of such items by the Primary Care Reimbursement Service.

3.0 Administrative Arrangements

3.1 Completion of Claim Forms (Form D)

General

D1 (Above the Line), D2 (Below the Line) and C (Full Denture) Approval/Claim forms have been incorporated into one claim form - Form D.

This form is printed on self-imaging paper. A duplicate copy is provided which has 'Dentist Copy' ghosted diagonally across it. Duplicate or dentist copy should not be submitted as a claim form. They should be retained for your own records. A specific '€' column has been provided to assist you in maintaining your records. This column is solely for Dentists use and will not cause a claim to reject for payment if left blank, irrespective of the amount that may be entered, claims will be processed and paid at the appropriate rates.

This form has been designed for use with the plastic laminated Medical Cards and imprinters. As the form is made of 'Self Imaging' paper each two part set should be removed from the pad before entering any data thereon. Dentists are reminded to ensure that the claim form is correctly aligned and secured with the plastic gripper on the imprinter machine prior to imprinting the card details. In circumstances where an imprinter is not being used the Patient details should be entered in the space provided at the top left corner of the form followed by the Dentist's panel number, name and address. All entries should be legible so as to ensure prompt payment.

Only claims in respect of treatments provided to eligible GMS patients should be recorded on these forms as only such claims are payable by the Primary Care Reimbursement Service. Dentists should satisfy themselves that the person presenting is eligible for services under the D.T.S.S. Scheme. Dentists should also ensure that the Declaration by Patient Box is complete in every respect before forms are submitted for payment. On completion of treatment(s) the Declaration by Dentist

box must also be completed in every respect before a form can be accepted for processing. Participating dentists must ensure that all claim details are accurate before a form is signed and submitted for payment.

Below the line treatment including Full Denture items will continue to require prior Health Service Executive approval. Approval will be given within one month. The amount of fees payable in respect of B1, B2 and B3 are subject to agreement between a Health Service Executive and a claiming Dentist. The Oral Examination Panel (A1) must be completed on the occasion of each claim. A Health Service Executive will approve, within 30 days, return the form to the dentist, duly endorsed, and the dentist will provide the approved treatment(s). On completion of treatment the form should be fully filled in and forwarded to the Primary Care Reimbursement Service for processing.

Form Completion Procedures

Above the Line Treatments

A1 Dental Examination

The completion of the chart is mandatory when making any claim or application for approval. Please tick the appropriate box to indicate that a claim for payment in respect of the oral examination is being made.

The result of an Oral Examination should be recorded using the following codes to indicate the status of each tooth:

0 (alpha code) = Decayed

- (hyphen) = Missing

F (alpha code) = Filled

When a code is not inserted against a tooth the status will be recorded as sound.

A2- Prophylaxis

When making a claim the appropriate claim date should be inserted and the general status of the area should be entered using the codes provided:

Code '0': Healthy gingival tissues with no bleeding after gentle probing.

Code '1': No pockets of more than 3mm or calculus or defective margins are detected but there is bleeding after gentle probing.

Code '2': No pockets of more than 3mm, but supra or subgingival calculus or defective margins of a filling or crown are detected.

A3A- Amalgam Restoration.

The tooth / teeth treated must be identified on the chart and the number of fees claimed should be entered in the box provided.

A3C- Composite Restoration (Anterior Teeth)

The tooth / teeth treated must be identified on the chart and the number of fees claimed should be entered in the box provided.

A4.- Exodontics.

The tooth / teeth treated must be identified on the chart and the number of fees claimed should be entered in the box provided.

A5 - Surgical Extraction.

The tooth / teeth treated must be identified on the chart and the number of fees claimed should be inserted in the box provided. The appropriate number of time units should be entered in the box – normal rounding rules apply. The maximum number of time units per tooth is three.

e.g. Surgical Extraction for tooth number 23 & 24 – Time duration 75 minutes:

1	8	7	6	5	4	3	2	1
4	8	7	6	5	4	3	2	1

1	2	X	X	5	6	7	8	2
1	2	3	4	5	6	7	8	3

No. of Fees

Please Specify No. of 15 minute units (Max 3 per Tooth)

When a claim in categories A3A; A3C; A4 or A5 has been entered erroneously a zero should be entered in the 'Fees Claimed' box so as to cancel such claim.

A6 - Miscellaneous.

The codes under this category are:

H (alpha code) = Haemorrhage

T (alpha code) = Dry Socket

A (alpha code) = Abcess

D (alpha code) = Dressing

P (alpha code) = Prescription (From list of Prescribable Medicinal Products under the D.T.S.S.)

The above code(s) should be recorded on the tooth chart and payment will be calculated by reference to the number of teeth indicated and the number of fees claimed.

e.g. Abcess on tooth number 14 and Dressing required for tooth number 44:

1	8	7	6	5	A	3	2	1
4	8	7	6	5	D	3	2	1

1	2	3	4	5	6	7	8	2
1	2	3	4	5	6	7	8	3

A7 – 1st Stage Endodontic (Anterior Teeth)

Patients in need of 1st Stage Endodontic treatment should be catered for under this category. This Above The Line item does not require the prior approval of the Health Service Executive. The tooth / teeth treated must be identified on the chart at the time of claiming and the number of fees claimed should be entered in the box

provided. Where a claim is entered erroneously a zero should be inserted in the Fees claimed box to cancel such claim.

A8 - Denture Repairs.

This treatment type includes an additional box for the number of repairs under each category. The number of repair items should be indicated on the form. A lab receipt must be available for examination if requested.

Note:

A written clinical necessity is required when any treatment is claimed within a specified time period.

Below The Line Treatments

B1 – 2nd Stage Endodontic Treatment (6 upper and lower anterior teeth only)

Complete course of Endodontic treatment may be claimed under B1 or the balance of any urgent care that was claimed under A7. Code 'E' should be recorded on the chart. The estimate of cost of treatment should be entered in the space provided prior to submission for Health Service Executive approval. The fee payment will be that indicated by the Health Service Executive in the area marked 'Health Service Executive approved amount'.

B2 Apicectomy / Amputation of roots

Code 'A' should be recorded on the tooth chart and the estimate of cost of treatment in euros should be inserted in the space provided prior to submission for Health Service Executive approval. The fee payable will be that indicated by the Health Service Executive in the area marked 'Health Service Executive approved amount'.

e.g. 2nd Stage Endodontic Treatment for Tooth number 13 and Apicetomy of Tooth number 41:

B1/B2 2nd Stage Endodontic/Apicetomy/Amputation:

1	E	2	1
4	3	2	A

1	2	3	2
1	2	3	3

B3 Protracted Periodontal Treatment

Insert the appropriate codes on the Protracted Periodontal Examination chart provided and the number of visits required. Include an estimate of cost and submit to the Health Service Executive for approval. The fee payable will be that indicated by the Health Service Executive in the area marked 'Health Service Executive approved amount'.

Code 3: Pocket probing depths 4 or 5mm

Code 4: Pocket probing depths of > 6mm

e.g. Pocket depth 4 or 5 mm for Upper Right and Pocket depth >6mm for Lower Left:

UPPER RIGHT	3	UPPER		UPPER LEFT	
LOWER RIGHT		LOWER		LOWER LEFT	4

B4 Extra Oral Radiographs

Please enter in the relevant box the Radiographs i.e. One Film, Two or more Films or Panoramic.

B5 Prosthetics

This category now incorporates Full Denture treatment together with partial dentures and relines. You are requested to tick the appropriate box:

Full Denture (12+ Teeth)	Upper and/or Lower
Partial Denture (1-11 Teeth)	Upper and/or Lower
Reline	Upper and/or Lower

Any person with established eligibility under the Health (Amendment) Act 1996 may be treated under the Scheme (these persons are not medical card holders but have been issued with a blue authorisation card).

Should you have any queries regarding the use of the new 'Form D' you should contact the Primary Care Reimbursement Service's Dental Unit.

To assist Primary Care Contractors in validating client numbers the Primary Care Reimbursement Service has provided access to Internet Client Number Validation. The following website may be used to validate client numbers:

<http://client.gmspb.ie>

Supplies of 'Form D' are available from your Health Service Executive.

3.2 Claim Submission

Dentists are required to submit their claims tagged in one package, once in a month so as to reach the Primary Care Reimbursement Service not later than 20th of the month following the month in which Treatment was completed. Claim forms should be accompanied by a properly completed summary of claims certificate attached to the top of the claims bundle.

Properly completed claims received by the 20th of a month will be included with the payment to be made on the second Thursday of the following month.

Claims should be forwarded to the Primary Care Reimbursement Service in a pre-addressed envelope (supplies are available on request) to: P.O. Box 4563, Exit 5, M50, North Road, Finglas, Dublin 11

Details of paid claims will be reported on a 'Detailed Payment Listing' sent out shortly after payment is made each month.

Errors encountered in the processing of data entered on a form will result in the non-payment of such claims. These will be reported on a Reject/Reclaim Listing, the reason for the rejection will be detailed.

3.3 Reclaims

Claims that are rejected for payment because of invalid or insufficient data will continue to be reported on a reclaim listing each month - all necessary corrections and amendments should be inserted on the reclaim listing for re-submission of the rejected claim the Primary Care Reimbursement Service for processing. Reclaims may be submitted under separate cover where necessary on a date later than 20th of the month and every effort will be made to ensure that such reclaims are included for payment in the following month. Duplicate claims should not be submitted in order to reclaim unpaid items.

When submitting written queries regarding payments made or claims submitted you are requested to quote your Panel Number, Claim Number, the Relevant Claim Type e.g. D1 etc, Form no. (top left corner of each form) and the Payment/Claim month.

4.0 Withholding Tax from Payments for Professional Services

Under the terms of the Finance Act, the Primary Care Reimbursement Service is obliged to deduct Withholding Tax, (currently 20%) from all payments for professional services by contractors under all Schemes administered by the Primary Care Reimbursement Service.

Each contractor is required under the relevant legislation to furnish the Primary Care Reimbursement Service with his/her income tax reference number on a form provided. The Primary Care Reimbursement Service will issue a completed Form F45-1 each month showing details of the payment and tax deducted to each contractor who has submitted a Tax Reference Number – such information is also shown on monthly Summary Listings.

Where no tax reference number has been submitted, the Primary Care Reimbursement Service will be obliged to deduct the tax but will not be authorised to issue form F45-1. It appears that in such circumstances a contractor would be unable to make a claim to the Inspector of Taxes in respect of Withholding Tax paid.

Any queries you may have in relation to Withholding Tax should be directed to the Inspector of Taxes for your own region.

5.0 General

Patient Dental Information

The Primary Care Reimbursement Service holds Patient Dental Information, which is created and updated by the submission of claims by Dentists participating in the Dental Treatment Services Scheme

Patient Chart information is updated by valid claims only and the update process may result in claims for treatment on certain teeth to be rejected e.g. if an attempt was made to set the status of a missing tooth to be filled and the treatment date of the filling was after the treatment date of the extraction then the claim for a filling would be rejected. In addition to the current patient chart information is also held on a patient chart history- as changes are made to the status of the teeth each change causes a new Patient Chart history entry to be created.

Laboratory fees

The fee for full Upper or Lower Dentures encompasses both the clinical laboratory element of the full Dentures Scheme – separate Laboratory claims are not a feature of the scheme. Each contracting Dentist is responsible for the direct settlement of Laboratory fees.

Use of Imprinters

The following procedures should be followed when using the imprinter:

1. Place the card into the section above the plate containing the dentists, name address and panel number:

2. using the grip on the left of the machine insert the prescription set/claim form over the card ensuring the top of the card and prescription/claim form are aligned:
3. close the top section of the imprinter down on the card/prescription/claim form and depress the handle firmly:
4. the persons name, medical card number, date of birth, gender and the date the card is valid to will be imprinted on the form:
5. the dentists name, panel number and address will also appear – due to space constraints the address of the dentist may, in some instances, be abbreviated.

Should you have any queries in relation to the use of the imprinters please contact:

Administration Unit,
Primary Care Reimbursement Service,
Exit 5, M50,
North Road,
Finglas,
Dublin 11.

Prescribing

A prescribing facility is available to dentists participating in the Dental Treatment Services Scheme. The items which may be prescribed for GMS eligible persons are set out in the document entitled "Dental Practitioners List of Prescribable Medicinal Products". Your attention is directed to "Notes on the Use of Dental Treatment Services Scheme Prescription Forms" page (ii) and "Prescription Writing Requirements" page (iv). The currently applicable Regulations are the Medicinal Products (Prescription and Control of Supply) Regulations, 2003 and the Misuse of Drugs Regulations, 1988 and 1993.

When, in the opinion of a participating dentist, it is necessary to prescribe for an eligible GMS person the white panels on a DTSS prescription form must be completed and in the "Notes on the Use of DTSS Forms".

It should be noted that the number to be entered in the white panel "Registered No. of Dentist" on the DTSS prescription form is the dentist's Dental Treatment Services Scheme registered number.

Inaccuracies or omissions on the part of dentists in the completion of these prescription forms may result in claims for payment to pharmacists being delayed or rejected.

Only those drugs listed may be prescribed by participating dentists on the DTSS prescription forms for eligible GMS persons- Updates to the list of prescribable items may issue from time to time.

Supplies of prescription forms are available from your local Health Service Executive Office. When completing prescription forms please remember to place the cardboard pressure plate supplied between each two-part set.

Should you have any query relating to this facility or any other aspect of the DTSS do not hesitate to contact this office or your local Health Service Executive Office.

Appendix 1: Circular Re: Examining Dentists



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Seirbhísí Comhroinnte Náisiúnta
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National Shared Services
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PB 00106

11th January 2006.

Dear Dentist,

It is envisaged that Examining Dentists will be in post by March 2006. Patients will then be selected, mostly at random, for examination. Please therefore expect that, as a Contractor, some of your patients may be called, in due course, for examination on that basis. Further documentation in relation to Examining Dentists will be circulated in the near future.

It has come to our attention that a small number of general dental practitioners have engaged in a practice of claiming from both the Dental Treatment Benefits Scheme and the Dental Treatment Services Scheme for the same treatments provided to the same patients. Whilst the Department of Social and Family Affairs is taking the lead role in respect of investigation of such cases of dual claiming, the Health Service Executive is being kept fully briefed in all aspects of this matter. Whilst we acknowledge that such practice involves only a very small number of Contractors, you are respectfully reminded to ensure that the administrative processes within your practice are sufficiently robust not to permit any such occurrence.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Patrick Burke'.

Patrick Burke,
Head of Primary Care Reimbursement Service