

Circular No: 008/07

**For your information
Issued to DTSS Contractors.**

12th June 2007

Dear Dentist,

In October 2002, the former GMS (Payments) Board issued circular letter PB377 in relation to the DTSS, which included the following guidelines:

“As a fundamental part of it’s control systems, the Board does not accept facsimiles of claims or signatures, nor can it accept anything other than individual contractor’s statement regarding clinical necessity by the responsible practicing dentist where appropriate. Where an indication regarding clinical necessity is required on a claim, this must be stated. Claims which are not presented properly as outlined by the Board will be rejected”.

Claims examined in a recent analysis of the DTSS scheme have revealed some contractors are using hand-written generic terms for clinical necessity such as “Tx @ A3 if any due to damaged crown”.

The Health Service Executive cannot accept a single generic statement such as the above, as this practice fails to specify in sufficient detail, the actual clinical reason why the restorations were necessary to be repeated within the specified time frame. Sufficient details must be provided in each individual case giving full description of each clinical situation in order to meet our quality assurance requirements.

I wish to advise you that any future claims submitted to the Primary Care Reimbursement service, in this fashion, will not be reimbursed and I would appreciate your cooperation regarding this matter.

In order to facilitate the processing of each claim, when supplying a clinical necessity reason, please specify both the tooth number and treatment type in the area provided.

If you require further clarification, please do not hesitate to contact your local Principal Dental Surgeon.

Yours faithfully,



Pat O'Dowd.
Assistant National Director – PCCC (Contracts)