

# DTSS Online Application Suite User Manual

Version 1.2



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Building a Better Health Service

CARE COMPASSION TRUST LEARNING

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# Dental Application Suite

**HSE** Dental Application Suite  
Username:

Welcome Claiming Eligibility Checker Reporting Handbook Logout

**Home**

**Claiming**

**Eligibility Checker**

**Reporting**

**Stationary/Supplies**

**Handbook**

**Welcome**

This Application Suite has been upgraded to accommodate the growing number of online services provided by HSE\PCRS.

Applications have been divided in to four categories.

**Claiming, Dental Eligibility Checker, Reporting and Handbook.**

**Help**

Contact Us

User Manual

**Useful Links**

[HSE](#)

[IDA](#)

In order to access the Dental Application Suite a digital certificate must be placed on the user's PC. Certificate codes are issued by PCRS, I.T Operations. Certificates are valid for three years from date of issue. If you require assistance in relation to your certificate please contact [cert.info@hse.ie](mailto:cert.info@hse.ie)

When the user successfully logs into the dental application suite the above welcome page is displayed. The URL to access the suite is <https://secure.sspcrs.ie/portal/dental-suite/sec/home.html>

## How to install your Sha2 Certificate using Internet Explorer

After you send your Security Certificate Requisition Form back to PCRS you will be emailed information in relation to installation. You should keep this information to hand as you will be asked for it during installation.

1. Go to 'Tools' – if you can't see 'Tools' hold down the 'Alt' & T keys and a drop down menu will appear.
  - Select 'Internet Options' - this will be the last option on the list.
  - Select 'Advanced' Tab - this will be the last tab on the right-hand side.
  - Scroll all the way down to the bottom of the list and tick 'Use TLS 1.0' - most of the time this will already be ticked.
  - Click 'Apply'
  - Click 'Close'
2. Install Root Certificate:
  - In the search bar at the top of your internet page type: [www.sspcrs.ie/sha2](http://www.sspcrs.ie/sha2)
  - Click on 'Yes' on the Web access confirmation window.
  - Click on 'PCRS Root Certificate download'
  - Click 'Save'
  - Click 'Open'
  - Click 'Install Certificate'
  - Click 'Next'

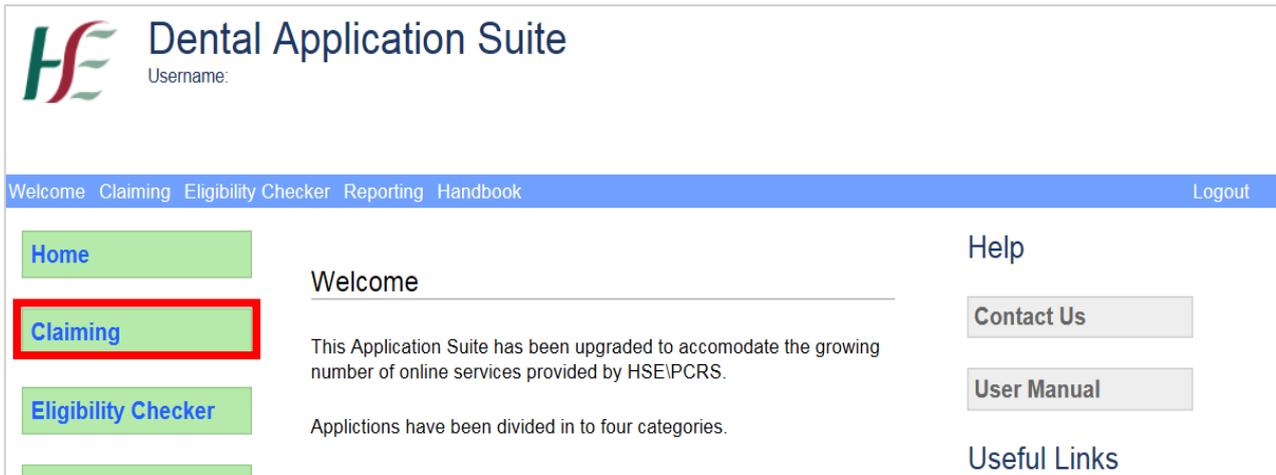
- Select 'Place all certificates in the following store'
- Click 'Browse'
- Highlight 'Trusted Root Certification Authorities'
- Click 'OK'
- Click 'Next'
- Click 'Finish'
- Click 'OK'
- Click 'OK'

3. In the search bar at the top of your internet page type: [www.sspcrs.ie/sha2](http://www.sspcrs.ie/sha2)

- Enter the reference number (sent by email previously)
- Enter the authorisation code (sent by email previously)
- CSP Type - leave as RSA Full
- CSP - leave as MICROSOFT ENHANCED CRYPTOGRAPHIC PROVIDER
- Click 'Submit Request'
- Click 'Yes' or 'OK' until you see the screen that says the certificate has been installed successfully

## Claiming

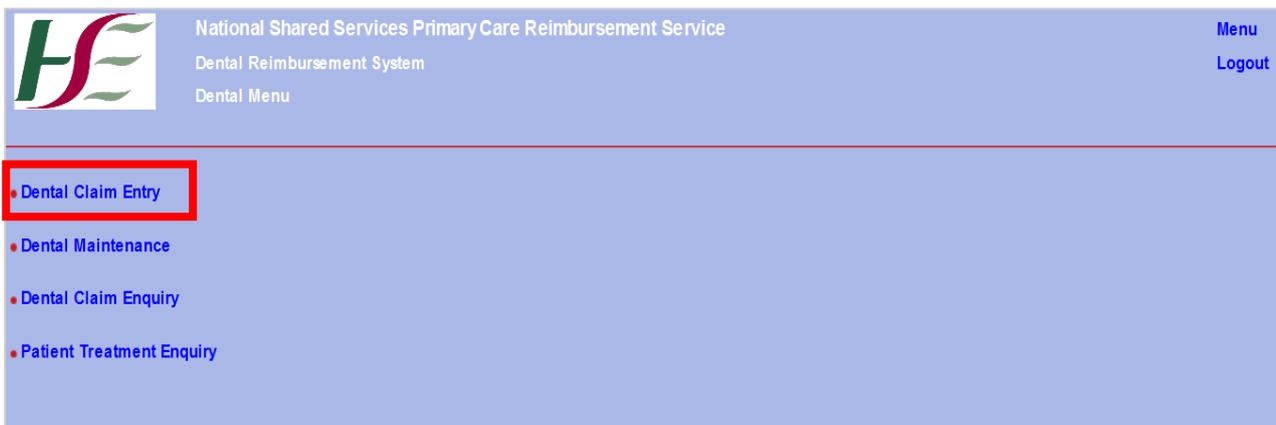
In order to key claims please click on the 'Claiming' tab. Or by entering the following URL  
<https://secure.sspcrs.ie/portal/dental>



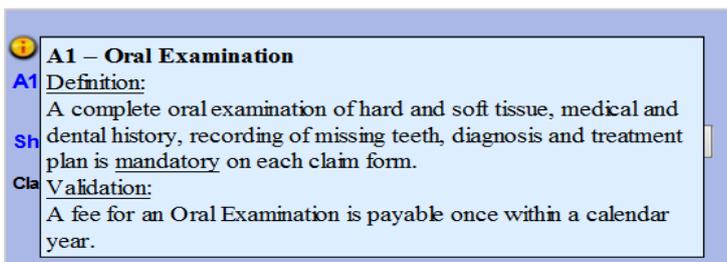
You will then be directed to the DTSS Online Claim Entry screens. Claims keyed up to and including the last day of the month will be included with the payment issuing on the 2<sup>nd</sup> Thursday of the following month, e.g. claims keyed up to 30<sup>th</sup> September will be paid on the 2<sup>nd</sup> Thursday in October.

## Dental Claim Entry

Please click on 'Dental Claim Entry'.



In order to assist you in relation to validation, information icons have been placed beside each treatment type. Hover your mouse, over the icon to obtain information pertaining to this treatment.

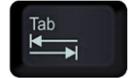


You may also move freely throughout screens by clicking on the treatment on the top of the page.



Steps to follow when inputting a claim:

1. Enter Form Number which appears on D form, press
2. Enter Patients Medical Card Number, press
3. Enter Patient Code Letter, press
4. The patient name will be displayed in the Name field. Note: the patient name on the screen should match patient presenting to you for treatment.
5. If the name is correct click
6. If name does not match click
7. Click



To search for patients valid medical card number using PPSN click on:

[Open Online Eligibility Checker](#)

To use the Online Eligibility Checker tool:

1. Select the treatment type (treatments in the online eligibility checker include: A1, A2, A3, A4, A5, A7, B1, B2, B3, B5)
2. Enter tooth number (required for tooth specific treatments only)
3. Enter patient's PPS number
4. Click the "Check" option.

#### Declaration by Patient

- Enter 'Y' or '1' to confirm patient signature is present, press
- Enter Commencement date (Format DDMMYYYY), press
- Enter Completion date (Format DDMMYYYY), press

#### Declaration by Dentist

- Enter 'Y' or '1' to confirm contractor signature is present, press
- Enter Completion date (Format DDMMYYYY), press

All fields must be completed.

# A1 Dental Examination

**A1 DENTAL EXAMINATION**

Show last A1 Treatment

Claiming for A1 (Y/N):

			UR									UL					
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
1	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	2
4	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	3
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
			LR									LL					

Codes S Sound O Decayed F Filled - Missing

The above A1 Oral Examination will pre-populate if a patient has previously attended **your** panel for an A1 Oral Examination.

If any changes are required please update the status of the relevant tooth by inserting one of the below codes, using  to navigate through the fields.

Where a patient has not attended your panel previously, a full and complete Oral Examination must be entered.

Codes are as follows:

- S = Sound
- (-), (M), (1) = Missing
- (O), (D), (2) = Decayed
- (F), (3) = Filled

When a code is not inserted against a tooth the status will default to Sound (S).

To set all teeth to missing Click on the 'Edentulous' field.

To reset all teeth to Sound Click on 'Reset to Sound' field.

**A1 DENTAL EXAMINATION**

Show last A1 Treatment

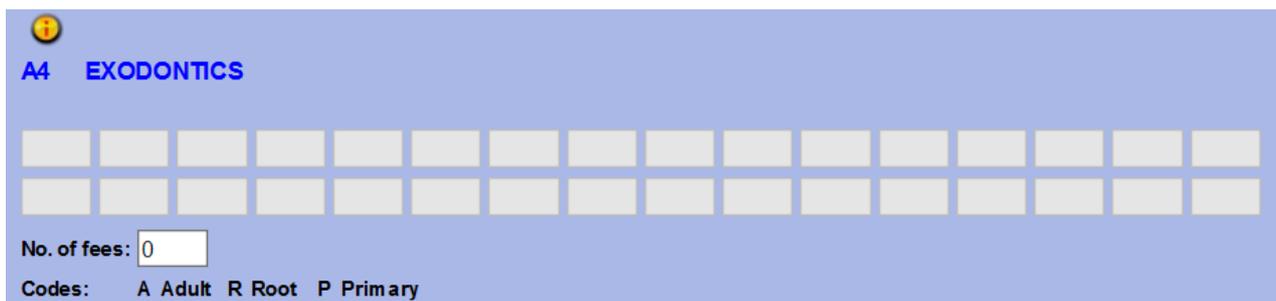
Claiming for A1 (Y/N):

			UR									UL					
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
4	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	2
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
			LR									LL					

If an exam is not being claimed 'N' or '2' must be entered in the 'Claiming for A1' field.



## A4 Exodontics



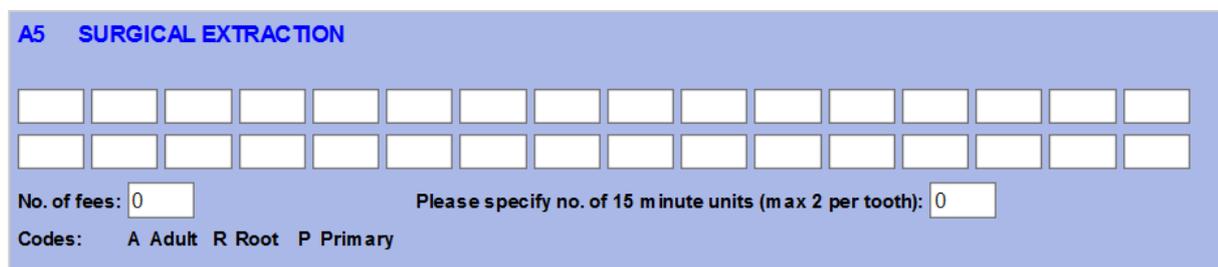
**A4 EXODONTICS**

No. of fees:

Codes: A Adult R Root P Primary

1. Enter Tooth number/s and type of extraction e.g. 13A or 43R. Use **TAB** to navigate through the fields. Codes are as follows:
  - A = Adult
  - P = Primary
  - R = Root
2. Press enter when all teeth have been captured. The number of fees will automatically calculate.

## A5 Surgical Extraction



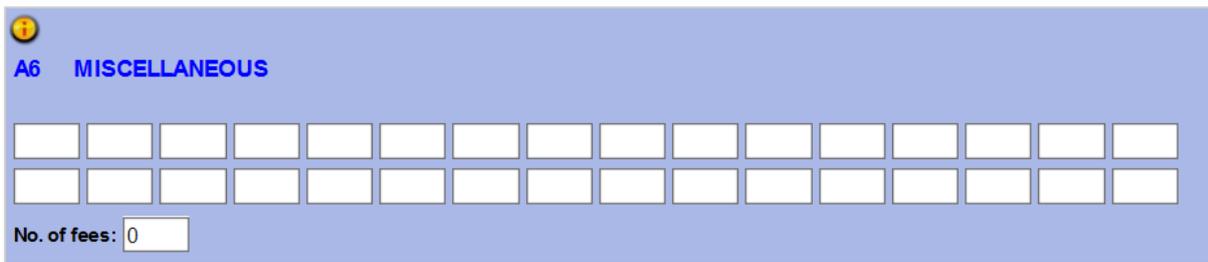
**A5 SURGICAL EXTRACTION**

No. of fees:  Please specify no. of 15 minute units (max 2 per tooth):

Codes: A Adult R Root P Primary

1. Enter Tooth number/s and type of extraction e.g. 13A or 43R. Codes are as follows:
  - A = Adult
  - P = Primary
  - R = Root
2. Press enter when all teeth have been captured. The number of fees will automatically calculate
3. Enter the number of time units (max 2 per tooth), press **TAB**

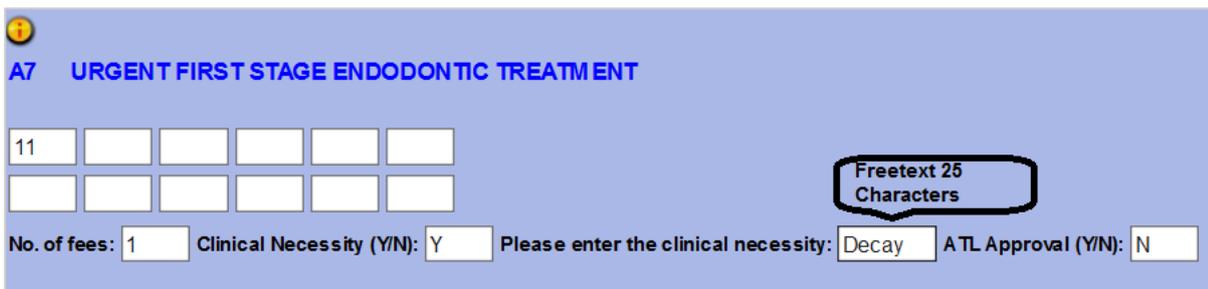
## A6 Miscellaneous



1. Enter relevant tooth number and relevant code being claimed using **TAB** to navigate through the fields. Codes to be used under this category are as follows:
  - H = Haemorrhage
  - P = Prescription (from the 'DTSS List of Prescribable Medicines')
2. Press Enter when all treatments have been captured. The number of fees will automatically calculate.

Please note: Only one of the same treatment type is payable on the same claim form.

## A7 Urgent First Stage Endodontic Treatment (Anterior Teeth Only)



1. Enter Tooth number/s using **TAB** to navigate through the fields.
2. Press enter when all teeth have been captured. The number of fees will automatically calculate.

If a Clinical Necessity has been supplied for this treatment 'Y' or '1' must be keyed into the 'Clinical Necessity' field. There is also a freetext field to input clinical reason for 1<sup>st</sup> Stage Endodontic treatment (max 25 characters).

If an approval has been supplied for this treatment 'Y' or '1' must be keyed into the 'ATL Approval' field.

## A8 Denture Repairs

**A8 DENTURE REPAIRS**

	No. of repairs	No. of repairs
Cracks, Fissures and Fractures:	<input type="text"/>	Replacement of Teeth: <input type="text"/>
Replacement of Band or Wire:	<input type="text"/>	Extension of Plate: <input type="text"/>

1. Enter the number of repairs carried out in the field opposite each category (max 3 per claim).

## Claim for Below the Line Treatment

**CLAIM FOR BELOW THE LINE TREATMENT**

**For Official Use Only**

HSE Area Approval (Y/N):

Clinical Necessity Noted (Y/N):

Approval is granted to carry out the  Below The Line Treatment(s) detailed here on

HSE Area Official's Signature present (Y/N):

Date of Approval (DDMMYYYY):

Claims for Below the Line Treatment **must** have prior approval by the patients Principal Dental Surgeon and therefore, the 'For Official Use Only' fields must be completed in full.

1. Enter 'Y' or '1' to confirm PDS Approval , press
2. Enter 'Y' or '1' or 'N' or '2' to confirm 'Clinical Necessity Noted' has been entered by PDS, press
3. Enter the number of Below the Line treatments approved by the PDS, press
4. Enter 'Y' or '1' to confirm presence of PDS Signature, press
5. Enter PDS Approval Date (DDMMYYYY), press

## B1/B2 – 2<sup>nd</sup> Stage Endo/Apicectomy/Amputation Of Roots

**B1/B2 2ND STAGE ENDO/APIPECTOMY/AMPUTATION OF ROOTS**

Codes: E - Endodontic  
A - Apicectomy

HSE Area Official's Signature present (Y/N): N

Clinical Necessity (Y/N): N

1. Enter relevant tooth number and relevant code being claimed e.g. 13E, 22A, using **TAB** to navigate through the fields. Codes to be used under this category are as follows:
  - A = Apicectomy/Amputation of Roots
  - E = 2nd Stage Endodontic Treatment
2. Press enter when all teeth have been captured.
3. Enter 'Y' or '1' to confirm presence of PDS Signature, press **TAB**

If a claim for B1/B2 treatment is required more than once in a 2 year period a clinical note must be provided.

If a Clinical Necessity has been supplied for this treatment 'Y' or '1' must be keyed into the 'Clinical Necessity' field.

## B3 Protracted Periodontal Treatment

**B3 PROTRACTED PERIODONTAL TREATMENT**

No. of visits:

HSE Area Official's Signature present (Y/N): N

Clinical Necessity (Y/N): N

1. Enter number of visits, press **TAB**
2. Enter 'Y' or '1' to confirm presence of PDS Signature, press **TAB**

If a claim for Protracted Periodontal Treatment is required more than once in a twelve month period, a clinical note must be provided.

If Clinical Necessity is specified enter 'Y' or '1' in the 'Clinical Necessity' Field.

## B5 Prosthetics

**B5 PROSTHETICS**

	Upper	Lower
Full Denture (Y/N):	<input type="text"/>	<input type="text"/>
Partial Denture (Y/N):	<input type="text"/>	<input type="text"/>
Full Reline (Y/N):	<input type="text"/>	<input type="text"/>
HSE Area Official's Signature present (Y/N):	N	
Clinical Necessity (Y/N):	N	

1. Enter 'Y' or '1' into the type of Denture which has been carried out for the patient, press **TAB**
2. Enter 'Y' or '1' to confirm presence of PDS Signature, press **TAB**

If a claim for B5 treatment is required more than once in a 5 year period a clinical note must be provided.

If Clinical Necessity is specified enter 'Y' or '1' in the 'Clinical Necessity' Field.

## Uploading of Claim Forms

If 'Y' has been entered to confirm PDS approval for any treatment, a copy of the claim form must be scanned as a PDF/JPEG or PNG and attached to the claim. Please Bitmap images are **not supported** and should not be uploaded.

Claim forms should be saved in the format YrMon\_Form No eg. 201706\_123456

**Scanned Claim Form**

Please attach the scanned form as a PDF:  **Browse...**

1. Click Browse
2. Locate form relating to claim which currently being keyed saved on your hard drive
3. Click Open
4. The grey box will populate with your scanned claim form.

:  **Browse...**

5. To save the claim Click on 'Save Claim' for your named patient (Alt+S).

**Save Claim (s)**

- . Please wait until claim number is displayed on screen prior to clicking save again so as to avoid possible duplicate claims.
6. Click on Menu in top right hand side of screen to be directed back to Main Menu.

Where there are no approvals on a claim the user may print the online user application screen and pass to patient who in all cases should sign to confirm of receipt of treatment. In these cases no DTSS claim form is required. When keying claim form please enter form number in ascending order using panel number as first 5 digits. Eg 9XXXX01, 9XXXX02.

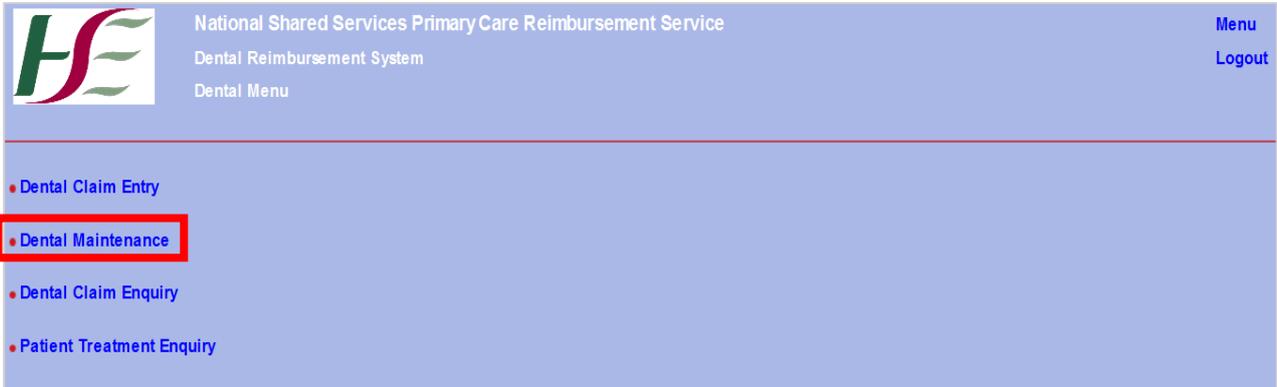
## Troubleshooting

If a claim fails to meet criteria for payment a warning/error message will be displayed. The following is an explanatory note of the top error messages that may appear, their meaning and the action to be taken to complete claim.

<b>Error/Warning message</b>	<b>Explanation</b>	<b>Action to be taken</b>
<i>Claim for oral examination failed to generate payment as the same treatment had been previously claimed within DTS Scheme time limits.</i>	Patient has already received an oral examination within same calendar year.	Continue to save claim as payment will not generate. Alternatively contact patients PDS with a view to receiving approval.
<i>Only two restorations are payable per year per patient.</i>	Patient has already received 2 or more restorations within same calendar year.	If no approval user must remove item(s) in order to continue with claim. If approval has been obtained for these subsequent restorations, enter Y in HSE Approval field. Alternatively contact patients PDS with a view to receiving approval.
<i>Claim for restoration failed to generate payment as the same tooth had been previously claimed within DTS Scheme time limits.</i>	A claim for a restoration on the same tooth has been made within the last 5 years.	Please enter Y in Clinical Necessity field and a brief description as to the reason the restoration needed to be restored within DTSS time limits.
<i>Tooth has been previously extracted.</i>	A claim for A4/A5 treatment on same tooth number has been previously made by PCRS.	Check to ensure correct tooth number and extraction type i.e. Root, Primary extraction has been entered. User must remove item(s) in order to continue with claim. If still an issue contact patients Principal Dental Surgeon.
<i>Only one A7 treatment is payable per year per patient</i>	Patient has already received a 1st stage endodontic treatment within same calendar year.	If no approval user must remove item(s) in order to continue with claim. If approval has been obtained for subsequent treatment, enter Y in HSE Approval field. Alternatively contact patients PDS with a view to receiving approval.
<i>Partial Dentures may only be claimed if 1-11 teeth missing or Full Dentures may only be claimed if 12+ teeth missing</i>	A Partial or Full denture has been claimed however the Oral Examination does not show correct number of missing teeth.	Update Oral Examination to show 1-11 missing teeth for a partial denture or 12+ missing teeth for full denture and proceed to save claim.
<i>No. of BTL treatments approved by Health Office is too low.</i>	The number of treatments approved by PDS does not match number claimed on form.	Review number of treatments keyed and remove extra treatments. If incorrect number of treatments approved D form must be sent to PDS for re-approval and user cannot continue with claim.
<i>No. of Fees should match no. of teeth marked</i>	The number of teeth keyed by user does not match the fees claimed.	Alter number of fees to match number of teeth keyed and proceed to save claim.

# Dental Maintenance

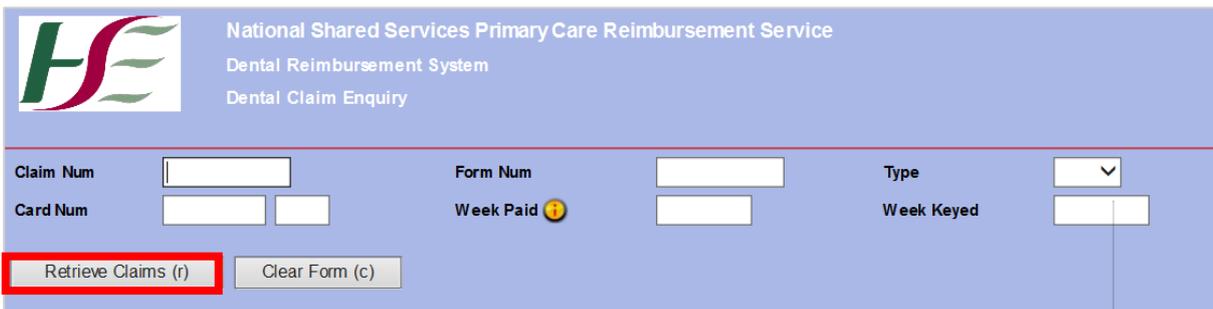
This function enables contractors update a claim prior to close off of payment. Update to claims in the Dental Maintenance screen are accepted up to and including the last day of the month.



## Updating a Claim

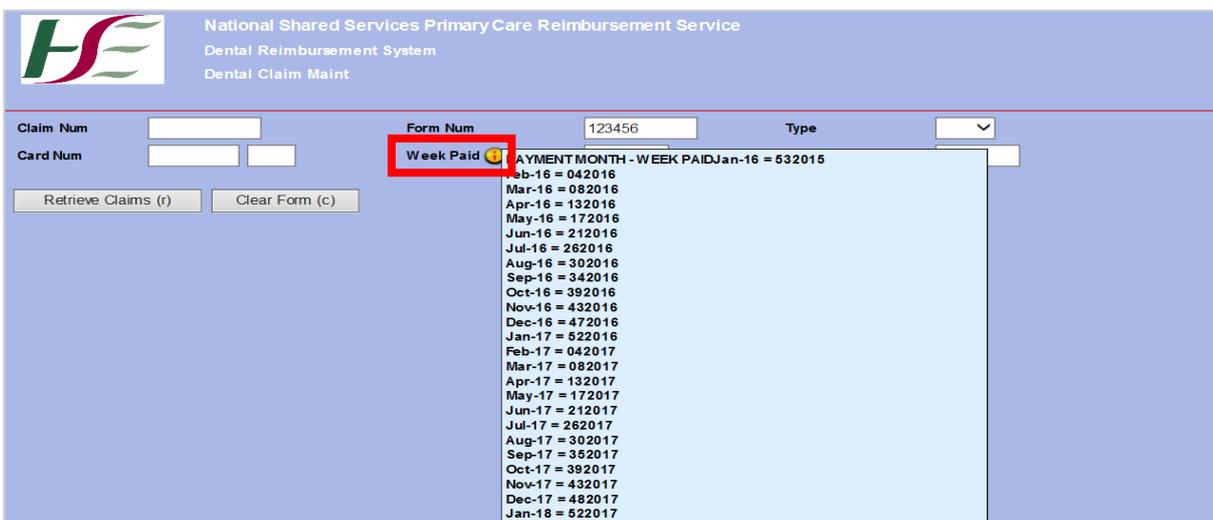
To retrieve a claim:

1. Click on Dental Maintenance
2. Enter the Claim Number or Form Number or Card Number etc. you wish to retrieve.
3. Click on Retrieve or (Alt+R)



If you would like to retrieve all claims for a specific processing month:

1. Enter the payment month in the format as per information icon in week keyed field (below)
2. Click Retrieve claims. (Alt+R)





Claim Num  Form Num  Type   
Card Num  Week Paid  Week Keyed

Number of Claims Found : 2

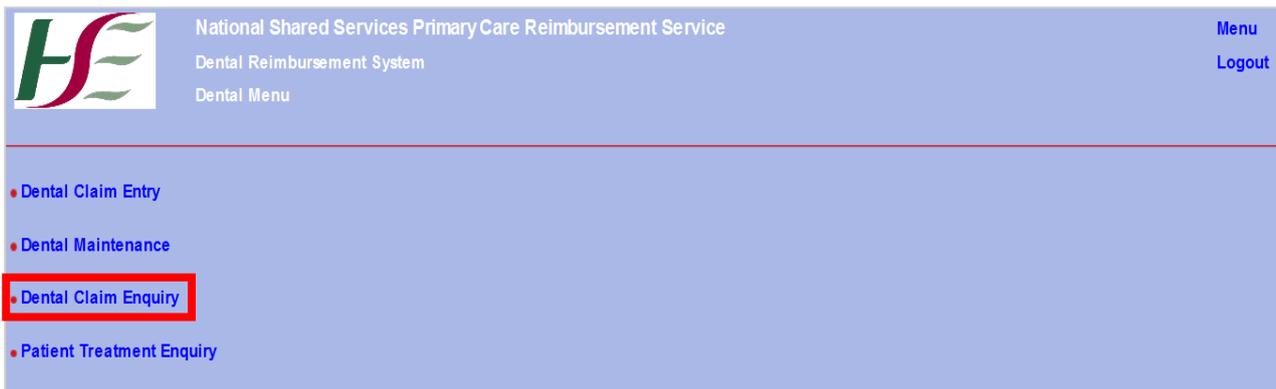
Claim No	Type	Form No	Card	Name	Status	Week Keyed	Week Paid	Reclaim	Correction	Options
<a href="#">12087362</a>	DB	757565			P	201734		N	No	
<a href="#">12087361</a>	DA	757565			P	201734		N	No	

In order to view and update a claim:

1. Click on claim number hyperlink. You will be brought to the original claim
2. Update the claim
3. Click Save (Alt+S)

Click on Menu in top right hand side of screen to be directed back to Main Menu.

# Dental Claim Enquiry



This function enables a contractor to view a claim in read only format.

1. Click on Dental Claim Enquiry
2. Enter the Claim Number or Form Number or Card Number etc. you wish to retrieve.
3. Click on Retrieve or (Alt+R)

National Shared Services Primary Care Reimbursement Service  
Dental Reimbursement System  
Dental Claim Enquiry

Claim Num  Form Num  Type   
Card Num   **Week Paid**  Week Keyed   
Retrieve Claims (r) Clear Form (c)

If you would like to retrieve all claims for a specific processing month:

1. Enter the payment month in the format as per information icon in week paid field
2. Click Retrieve Claims. (Alt+R)

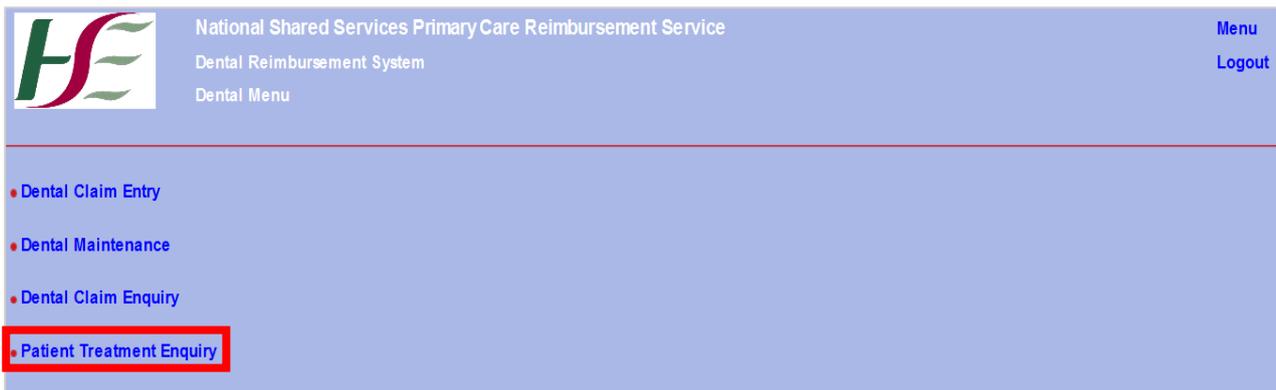
In order to view a claim:

1. Click on the claim number hyperlink. You will be brought to original claim.

Please note only claims paid to your panel will be displayed.

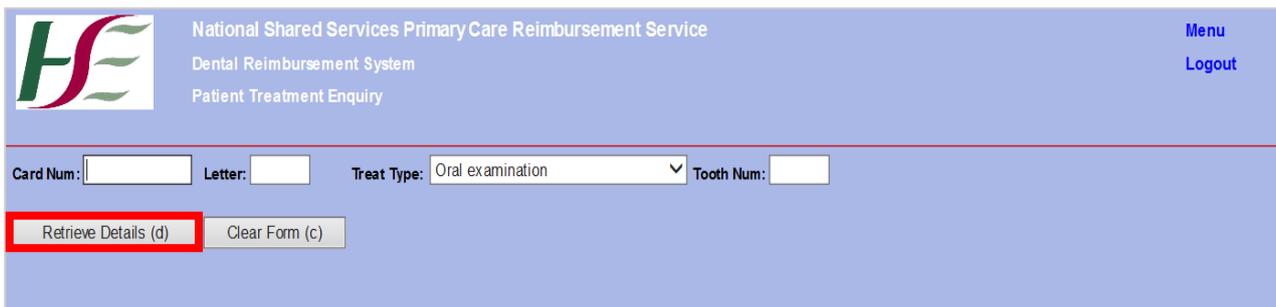
Click on Menu in top right hand side of screen to be directed back to Main Menu.

# Patient Treatment Enquiry



This function enables contractors to view patient claiming history for a specific card holder.

1. Enter the Card Number and Patient Code Letter, Treatment Type and Tooth Number (if applicable) you wish to retrieve information on.
2. Click on Retrieve Details or (Alt+R)



Please note only claims paid to your panel will be displayed.

*Please note: In order to discharge its obligations in relation to public accountability, the PCRS reserves the right to audit the original claims from time to time, and to evidence third party verification and HSE approval. Accordingly, you are required to retain the original claims securely for a period of no less than six years from the date of claim.*

## Other Services Available to Online Contractors

### Eligibility Checker

User will be directed to DTSS Online Eligibility Checker.

### Reporting

An online archive of printable Detailed Payment listings will be available for review/download. Although paper listings will no longer be available, online listings will be displayed on your Dental Application Suite earlier than the hard copies currently used by manual contractors.

### Stationary Supplies (Qtr. 1 2018)

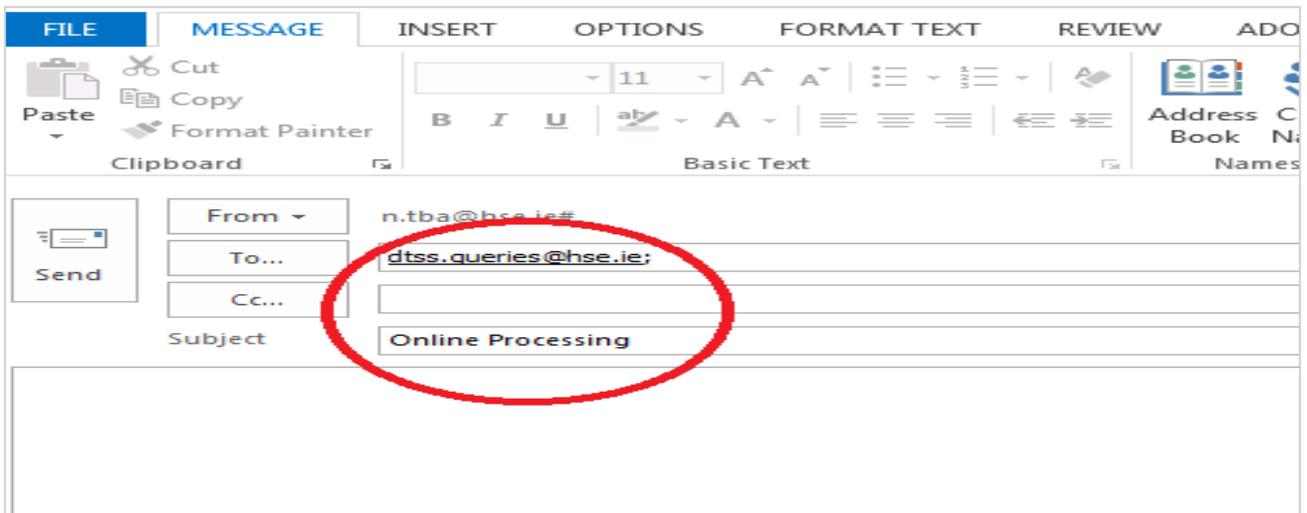
Online ordering of DTSS forms, labels and Summary of claims certificates

### Handbook

Link to Online DTSS Guidelines and Administrative Arrangements.

### Contact Us

If you have any questions or would like assistance while using our Dental Application Suite, please contact our dedicated support team on 01 8915756, or alternatively you may email us with your query to [dtss.queries@hse.ie](mailto:dtss.queries@hse.ie). Please ensure to place 'Online Processing' in the subject bar and a member of our team will contact you as soon as possible.



The image shows a screenshot of an email composition window. The window has a ribbon menu at the top with tabs: FILE, MESSAGE, INSERT, OPTIONS, FORMAT TEXT, REVIEW, and ADO. Below the ribbon are various toolbars including Clipboard (Paste, Cut, Copy, Format Painter), Basic Text (font size, bold, italic, underline, text color, background color, bulleted list, numbered list, indent, outdent), and Names (Address Book, Names). The email fields are visible: From (n.tba@hse.ie), To (dtss.queries@hse.ie), Cc, and Subject (Online Processing). The email address in the 'To...' field is circled in red.