



Practitioner Services

GP17(O) Form Completion

Guidance

Introduction

When should you complete a GP17(O)?

This form is used for claiming the following:

- Orthodontic diagnosis for treatment.
- Study Models for referral to a hospital Orthodontic Consultant for advice or treatment.
- Replacement of orthodontic appliances (Regulation 9).
- Repairs to appliances during treatment.
- Retention after completing active treatment.
- Orthodontic extractions.

It is not used for the routine monitoring of a “normally” developing occlusion or while observing developing third molars.

PART 1

NATIONAL HEALTH SERVICE SCOTLAND										
PART 1 TO BE COMPLETED BY THE DENTIST										
SURNAME	S	M	I	T	H					
FIRST FORENAME	J	O	H	N						
DOB	0	1	0	1	9	8	SEX(ENTER M or F)		M	
ADDRESS	BLOCK CAPITALS									
POSTCODE	Enter at all times									
Previous name if changed since last visit	If changed from last visit									

To be completed by the dentist.

When completing Part 1 of a GP17(O) make sure you:

- Use **BLACK INK & BLOCK CAPITALS**
- **Surname** – enter clearly as all details are manually input onto our system.
- **First Forename** - enter clearly as all details are manually input onto our system.
- **Date of birth** – enter only two boxes for the year of birth. The date of birth must not match the acceptance date.
- **Sex** - please enter **M** or **F**.
- **Address** – Enter the full address in **BLOCK CAPITALS**.
- **Postcode** - PSD encourage you to enter the patient's postcode as this is linked to the Deprived Areas Enhancement item of service uplift
- **Previous Surname** - this is completed when there has been a change of name from the last visit. For example marriage, deed poll etc. Confirm with new patients whether they have changed their name since their last visit to an NHS dentist, if so include the previous surname. This is entered on **one** occasion only.

PART 2

PART 2		GP 17(O) (Rev 10/08)
Dentist's Name, Address and List Number (Rubber Stamp)		Date of receipt for payment (For use by SDPB)
Dentist stamp including dentists name, address and list number.		For office use only
NHS Number	Patient's CHI number	

To complete Part 2 of the GP17(O), stamp the form with your dentist stamp so we have the details to process payment of your claim efficiently. Where possible include the CHI number at the NHS number part.

PART 5

PART 5. To be signed by, or on behalf of, the patient after treatment As far as I know the treatment has been completed. I have paid, or undertake to pay, the total NHS charges for this course of treatment of..... £ <input type="text"/> (if you do not have to pay enter 00.00)	
Signature.....	Date.....

Part 5 must be completed by the patient after treatment; if the patient is under 16, or cannot sign this part, a parent, carer or other responsible person must sign Part 5. If the patient is not liable to pay for NHS treatment enter 0.00.

PART 6

PART 6. To be completed by the dentist. *Delete as applicable. *I have carried out all the necessary orthodontic treatment detailed and in my opinion the treatment has been satisfactory completed. *Retention, where appropriate is continuing. I claim payment of the fees due to me for the treatment specified.	
Dentist's Signature.....	Date.....

Part 6 must be completed by the dentist.

PART 7

PART 7	E D C B A	A B C D E
R	8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8 L
	8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
	E D C B A	A B C D E

Part 7 is for charting, strike out any teeth not present.

PART 8

PART 8A	Teeth			Poor
Radiological analysis	Unrupted	Absent	Supn.	Prognosis
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PART 8B	Ceph analysis			
SNA.....°	<u>1 1</u> Max	°	<u>1 1</u> Mand	°
SNB.....°	FMMM	°	APO	mm

Part 8A must be completed if radiographs are claimed.

Part 8B must be completed if a Ceph is taken. No fee will be authorised for a Ceph unless an analysis is provided at Part 8B.

PART 9



PART 9					
Assessment	1. Angles Class <input type="checkbox"/>		2. Skeletal Class <input type="checkbox"/>		
3. Overjet Positive <input type="checkbox"/> mm	Edge to edge <input type="checkbox"/>	Negative <input type="checkbox"/> mm			
4. Overbite <input type="checkbox"/> %	Incomplete <input type="checkbox"/>	Complete <input type="checkbox"/>			
Open bite (Indicate teeth involved)	<input type="checkbox"/>				
5. Midline diastema <input type="checkbox"/> mm	6. Crossbite (Specify teeth)		<input type="checkbox"/>		
7. Centre lines (Relate to facial midline) (show by arrows any shift)	<input type="checkbox"/>				
8. Path of closure centric <input type="checkbox"/>	Mandibular displacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		R	L	Forward	
Teeth in premature contact	<input type="checkbox"/>				
9. Soft tissues/habits (Give relevant details)	10. Tooth/bone relationship (Enter teeth)		Spaced <input type="checkbox"/>		
			Crowded <input type="checkbox"/>		

Complete Part 9 for all 1(C)(iii) claims and as appropriate for Items 1(a) and 1(b).

Part 9 is used for assessment.

PART 10

PART 10 Treatment Proposals
Objectives

Extractions  Teeth to be banded/bonded 

Individual tooth movements

Correction of anterior occlusion

	Yes	No		
	<input type="checkbox"/>	<input type="checkbox"/>		

Correction of buccal occlusion

			Yes	No
A/P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Laterally	

RRD B54896 1/08 (071412)

Part 10 is used for treatment proposals.
Complete this part as appropriate when claiming Items 1(a), 1(b) or 1(c)(iii).
State clearly the final objective of the proposed orthodontic treatment.

PART 11

PART 11 Relevant Medical/Dental/Orthodontic History

Part 11 - enter the patient's history here. This is necessary to assess their suitability and cooperation for treatment.

PART 12

PART 12 Oral Hygiene Status

Enter the patient's oral hygiene status. This is necessary to assess their suitability and cooperation for treatment.

PART 13

PART 13 Appliances

	Yes	Number		Yes	Number		
Removable	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	U L	Fixed	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	U L
Functional	Type <input type="text"/>			Passive	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	U L
E.O.T.	Yes		Retention	Fixed		Removable	
	<input type="checkbox"/>		<input type="text"/> <input type="text"/>	U L	<input type="text"/> <input type="text"/>	U L	

Part 13 must be completed indicating which appliances, if any, are to be used.

PART 14

PART 14 Repairs (State details)

Part 14 enter details of all repairs here.

Part 15 continued.

Consultant Report tick here whether or not a consultants report is available.

Item 1 Indicate appropriate Item 1 claim (examination).

Item 2(b) 1 set of initial and 1 set of final study models are required for all active treatment claims. Study models should be marked (labelled) clearly with the patient's name, date of birth, date of impressions and the practitioner's name and list number. They should be correctly bench trimmed and the occlusion clearly marked.

Rads (Item 2(a)) where appropriate radiographs should be claimed. If you do not claim for these PSD should be advised that they were available for diagnosis if not Item 32(a) fees cannot be authorised. Alternatively, a valid reason must be given for radiographs not having been taken.

Item 32(a) 1 for active appliances (removable spring and/or screw type).

Item 32(a) 2 for simple fixed appliances (fewer than 6 brackets or bands).

Item 32(a) 3 for a fixed appliance with more than 6 brackets or bands.

Item 32(a) 4 for functional appliances. This does not include cemented inclined bite planes, anterior bite planes or oral screens. Please note that the twin block fee is for a single functional appliance not two appliances.

Item 32(a) 5 for claiming a bite plane appliance. A bite plane incorporated in an active appliance is not a separate claim.

E.O.T for claiming if providing extra-oral traction. In addition, at this space, claim if a palatal arch or lingual arch is required as anchorage reinforcement. The fee is the same as E.O.T.

Item 32(b) 1 for claiming retention. Supervision of retention for a period of not less than five complete calendar months must be claimed on a separate GP17(O).

Item 32(b) 1 additional for claiming additional retention. Two additional periods of not less than two completed calendar months may be claimed. The patient should attend during each course of retention at least twice for the initial retention period and at least once for subsequent periods of retention, or at three-monthly intervals whichever is more frequent.

Item 32(b) 2 for claiming retainers. Retainers can only be claimed after active appliance treatment has been completed. PSD considers that a removable active appliance, made passive, is a satisfactory retainer. Pressure formed retainers that appear to require replacement over-frequently may not be "fit for the purpose" or "made of a suitable material".

Item 32(c) for claiming repairs. Repair claims should be submitted on a separate GP17(O) during the course of treatment and should relate to the Scale of Fees relevant to the acceptance date on the repair claim form.

Item 32(d) for claiming additions to or inclusions in orthodontic appliances.

Other – specify Part 15 for claiming other unspecified items including Item 32(e) replacement of appliances lost or damaged beyond repair or due to an act of omission on the patient's behalf.

Referral fees should be added to the claim total.

ADDITIONAL ADVICE

When a second opinion is requested, the Practitioner should have the patient's up-to-date study models and the appropriate radiographs available for the hospital Consultant.

If a Consultant's report is available, an Item 1(c)(iii) fee can only be claimed if Parts 7 to 13 are completed to our satisfaction.

Item 1(c)(iii) can only be authorised to the Practitioner undertaking the orthodontic treatment.

Orthodontic diagnosis claims must be entered on the same form as appliance therapy.

If Prior Approval is required, duplicate study models and appropriate radiographs must be submitted with the Prior Approval form.

If Prior Approval for a passive appliance is requested, for example, a space maintainer, or habit deterrent, 1 set of initial study models and 1 set of duplicate models may be claimed, (no fee is available for final study models). The duplicate initial models must be submitted with the Prior Approval form. Payment can be authorised when the appliance has been fitted.

If a hospital Consultant report is available, duplicate initial study models are not required, only the Consultant's report with the GP17(O).

If PSD requests the submission of study models, you may claim for duplicates of the models sent.

Please note PSD will only return models under exceptional circumstances.

Interim payment claims may be made when the first orthodontic appliance has been fitted. Interim payment fees include elements for diagnosis and fitting of the appliance. Only one interim payment will be paid per course of orthodontic

treatment. Please ensure the Interim Payment form is signed by the patient or person responsible for the patient and is attached to the GP17(O) before submitting for payment.

Referral fees should be claimed at the end of active orthodontic treatment. One referral fee is available for every three month period of treatment. These should be claimed on completion of active treatment. Subsequent claims for retention should have the appropriate number of referral visits claimed for those periods. These will be validated from the initial commencement date of active treatment. A maximum of 12 visits may be claimed for that patient.

Box C should be ticked with the number of referral claims entered in Box D and added to the total being claimed at Part 15.

Retention claims should be entered on a separate GP17(O) after appliance therapy has been completed. The GP17(O) for active treatment should be submitted for payment when retention commences. Where retention appliances are fitted, these may be claimed at this time on the "treatment" GP17(O).

Regulation 9 applications should be made to your Health Board for the patient's contribution to be assessed. When this has been received, please submit a separate GP17(O) together with the Health Boards decision regarding the patient's contribution.

ORTHODONTIC PRIOR APPROVAL BY VOLUME

Practitioners are advised that Prior Approval by volume, which relates to the value of treatment over £350.00, for appliance therapy, covers all courses of appliance therapy carried out by the same practitioner for the same patient.

This means if a practitioner has completed one course of appliance therapy, valued at £100.00 and wishes to undertake another, valued at £250.00, at a future date for the same patient, they are required to apply for Prior Approval for the second course of appliance therapy.

As a base-line PSD will be relating courses of appliance therapy commenced on or after 01.10.03.

The GP17(O) duplicate initial study models and any radiographs should be submitted when seeking Prior Approval in a case of this nature.

For cases involving orthodontic and other treatment, the other treatment will be considered separately from the orthodontic treatment for purposes of Prior Approval by volume and both forms should be submitted together to ensure the patient's contribution does not exceed the maximum charge.

DISCONTINUED CASES

A specially designed form SL/PSD 103 is available from our web site for these cases. This form facilitates the rapid processing of these claims. After completion, it should be forwarded with the GP17(O) for assessment of a modified fee. The patient's record card, relevant radiographs, photographs and study casts may be requested for examination by PSD.

You can access these forms by visiting:

www.psd.scot.nhs.uk/professionals/dental/prior-approval-forms.html

All completed cases must be submitted to PSD for payment within 3 months of the completion date of treatment to comply with current regulations as stated in the Statement of Dental Remuneration.