

Guide to Prior Approval Claim Requirements

Prior approval is required for all courses of treatment which total more than £280 and for other items specified in the Statement of Dental Remuneration usually followed by “such fee as the Committee may determine”.

When submitting a claim for prior approval of treatment totalling more than £280 and which includes any of the items in Table A it is important that you provide the BSO with the necessary information as indicated.

Table A

Item	Description	Information required by BSO	Enter notation of teeth
16	Veneers <u>321/123</u> Veneers of any other notation always require prior approval.	1. Clinical necessity for this treatment 2. Appropriate radiographs	Yes
17	Provision of inlays and crowns	1. Clinical necessity for this treatment 2. Appropriate radiographs	Yes
18	Bridges	1. Clinical necessity for this treatment 2. Appropriate radiographs 3. Study models with articulation marked	Yes
32	Orthodontic	1. Study models 2. Appropriate radiograph(s)	No

Please remember that in cases other than those detailed, any appropriate observations in part 16 may hasten a decision.

Table B lists all individual treatments for which prior approval is normally required

Table B

Item	Code	Description	Information required by BSO	Notation required?
10(e)	1041	Splinting of periodontally compromised teeth	1. Periapical radiograph(s) of affected teeth. 2. Necessity for procedure 3. Description of type of splint	Yes
11(e)	1191	Other periodontal surgery	1. Nature of surgery 2. Appropriate radiograph(s)	Yes
14(f)	1451	Additional fee for patients with an exceptional medical condition.....	1. Appropriate consultant's report	No
17(i)	1751	Other form of crown not included in item 17(a) -(g)	2. Full description of crown(s) including details of material(s) to be used. 3. Necessity 4. Appropriate radiographs 5. Vitality	Yes
18(e)	1841	Bridges constructed in units not specified in item 18(a) - (d)	1. Material to be used. 2. Periapical radiographs of abutment teeth. 3. Right and left bitewing radiographs. 4. Vitality 5. Study models with articulation marked	Yes
22(c)	2221	Complex oral surgery	1. Full description. 2. Radiographs	If appropriate
27(c)(6) & 59(b)(3)	2751 5921	Dentures in metal other than chrome cobalt or stainless steel.	1. The material to be used. 2. The clinical necessity to use that material	Yes
29(e)	2991	Appliances other than orthodontic obturators or splints, e.g. biteguards	1. The material to be used. 2. Whether heat cured in the laboratory or vacuum formed. 3. Necessity for the appliance.	No
32(f)	3291	Orthodontic treatment not covered elsewhere in the SDR	1. Study models. 2. Appropriate radiograph(s)	No
36(c)	3621	Occlusal equilibration.	1. Necessity. 2. Outline of treatment proposed including the number of visits (maximum payment of 3)	No
40	4001	Any other treatment not included in the SDR. This item cannot be used as an alternative to SDR fee item to avoid the provisos and conditions associated with it or for occasional treatment	1. Any information you consider necessary for the Organisation to approve or assess a fee	If appropriate