



Dental activity processing comments

This guide will help you understand dental activity processing comments received on your SCHEDL or DAILYS file, or on the dentists Schedule.

Comments are provided to give additional details around your data submission, these are for information only and do not require correction.

You can use the 'Find' (ctrl + F) function to search for a specific comment code.

You'll then see:

- Comment code
- Description (this information appears on a SCHEDL or DAILYS file or on the Dentist's schedule)
- Narrative (this appears in the Activity section on Compass if Errors and Changes is selected for a claim)
- Additional information

As mentioned above, comments are provided for information only.

If you require further information on the comments received, please get in touch with our Customer Contact Centre.

We can support you by telephone on 0300 330 1348.

Our Customer Contact Centre is open 8am to 6pm Monday to Friday.

Comment Code	Description (this information appears on a SCHEDL or DAILYs file or on the Dentist's schedule)	Narrative (this appears in the Activity section on Compass if Errors and Changes is selected for a claim)	Additional information
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001	Reg 11	Claim is for a Regulation 11 (Regulation 9 in Isle of Man) free replacement appliance on a non- orthodontic claim	Output on all successfully validated Reg 11 FP17s
010	Advice Only no longer required	Advice Only no longer required	Advice Only no longer required
011	No treatment to justify band claimed	No treatment item is present on the claim which warrants the Band that has been put on the claim	A Band 1 claim without any Band 1 item present A Band 2 claim without any Band 2 item present A Band 3 claim without any Band 3 claim present
012	Treatment entered higher than band	Treatment item(s) are present on this claim which relate to a higher band than that claimed	An unbanded claim with Band 1, 2 or 3 items present A Band 1 claim with Band 2 or 3 items present A Band 2 or Urgent claim with a Band 3 item present
013	Reg 11 claim without appliance	A Reg 11 claim does not include any item which refers to a replaceable appliance	A Reg 11 claim should include a denture or obturator (zero toothed upper denture)
014	Free Repair w/o repair/replaceable item	Claim made for Free Repair/Replacement Within 12 Months but there is no treatment item on the claim referring to a repairable or replaceable item.	Free Repair/Replacement must include a tooth restoration of some kind (filling, crown, inlay)
015	Treatment performed on maternity leave	Treatment carried out whilst the practitioner was on a period of maternity leave	The whole of the course of treatment was within the designated period of the performer's maternity leave
016	No Patient Presented With reason	The code Patient Presented With showing the reason the patient attended is missing from the claim	Welsh claims only that are missing code 9372 for Patient Presented With reason.
017	Mandatory Highest BPE Sextant Score code 9378 is missing	Mandatory Highest BPE Sextant Score code 9378 is missing	Code 9379 must be present on every banded adult claim for England dated since 01/04/22

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018	Mandatory number of Untreated Decayed Teeth code 9379 is missing	Mandatory number of Untreated Decayed Teeth code 9379 is missing	Code 9378 must be present on every banded adult claim for England dated since 01/04/22
019	Mandatory Recall Interval is missing	Mandatory Recall Interval is missing	Code 9172 must be present on every banded adult claim for England dated since 01/04/22

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020	Endodontic code 9305 no longer applicable	Endodontic code 9305 no longer applicable on claims dated from 01/10/22	No longer produced since 16/11/22
022	Treatment performed on Special Leave	Treatment carried out whilst the practitioner was on a period of special leave	The whole of the course of treatment was within the designated period of special leave for the performer
024	New Patient	New Patient. Eligible for New Patient Premium if applicable to contract	The claim has been recognised as a new patient to the contract, performer and provider. If a New Patient Premium is applicable it will awarded to the claim in addition to the UDA.
025	Treatment performed on Paternity Leave	Treatment carried out whilst the practitioner was on a period of paternity leave	The whole of the course of treatment was within the designated period of the performer's paternity leave
026	Treatment performed on Adoptive Leave	Treatment carried out whilst the practitioner was on a period of adoptive leave	The whole of the course of treatment was within the designated period of the performer's adoptive leave
027	Treatment performed on Long Term Sick leave	Treatment carried out whilst the practitioner was on a period of long term sick leave	The whole of the course of treatment was within the designated period of long term sick leave for the performer
029	New Patient Premium NA	New Patient Premium NA due to late submission	A New Patient Premium would have been awarded for the claim but has been disallowed, along with the normal UDA, due to late submission.
030	Referral N/A	Treatment Under Referral has been disallowed as there is no treatment band on the claim	There must be a Band 2 or 3 on all Treatment on Referral claims
044	After Portal Update	Claim has been updated on-line by NHS Dental Services following a Schedule Query or a correction to a Failed Validation claim	Claim has been updated on-line by NHS Dental Services following a Schedule Query or a correction to a Failed Validation claim

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048	Referral for AMS	Patient referred for Advanced Mandatory Services. Patient Charge based upon the Band of treatment to be performed under AMS and UDA according to the actual Band of treatment carried out	Patient referred for Advanced Mandatory Services. Patient Charge based upon the Band of treatment to be performed under AMS and UDA according to the actual Band of treatment carried out
049	Activity Units N/A	UDA has been disallowed due to the claim being received more than 2 months after date of completion	NB. The two months is literally defined as 62 days and can be periodically set to a different level (eg during the pandemic). It can also differ between England, Wales and the Isle of Man

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050	Invalid or missing NHS Number on Welsh DAP New Patient or Welsh New Urgent Patient Referral claim	Invalid or missing NHS Number on Welsh DAP New Patient or Welsh New Urgent Patient Referral claim	The NHS number is missing on a Welsh DAP New Patient or Welsh New Urgent Patient Referral claim or is an invalid format if entered.
059	Remission	Remission claim from the Isle of Man	Includes Income Support, Job Seekers Allowance, War Disablement Pensioner, Registered Blind, Low Income, Person of State Retirement Age, Employed Person's Allowance
061	Welsh New Urgent Patient Referral	Welsh New Urgent Patient Referral	Welsh New Urgent Patient Referral
062	Welsh DAP New Patient	Welsh DAP New Patient	Welsh DAP New Patient
065	COVID or Triage related codes no longer necessary	COVID or Triage related codes no longer necessary	COVID or Triage related codes no longer necessary
066	KPI codes in the 9500 range no longer required	KPI codes in the 9500 range no longer required	KPI codes in the 9500 range no longer required
080	Deletion Record	Contra Entry created by the deletion or substitution of a valid claim	Occasioned by a deletion carried out on-line in Compass. This will have the exact negative values in terms of UDA/UOA, patient charge and remission of the claim being deleted
081	HC2 Certificate	HC2 Certificate remission	HC2 Certificate remission
082	HC3 Certificate	HC3 Certificate partial remission	HC3 Certificate partial remission
083	Income Support	Income Support remission	Income Support remission

086	Job Seeker's Allowance	Income based Job Seeker's Allowance remission	Income based Job Seeker's Allowance remission
102	Assess and Debond	Assess and Debond	For refugees and asylum seekers where appliance has been fitted abroad
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104	Employment Support	Income Related Employment Support Allowance remission	Income Related Employment Support Allowance remission
105	Deleted At Your Request	Claim has been deleted by the submission of an SQ Ind 3 deletion request	Occasioned by a deletion carried out by the submission of an SQ Ind 3 claim. This will have the exact negative values in terms of UDA/UOA, patient charge and remission of the claim being deleted
106	Late Claim Override	Late claim checks have been waived on this claim	An override has been placed on this claim by the BSA or health authority to prevent the late claim checks being carried out
107	Patient Charge Override	The patient's charge for this claim has been manually calculated and entered	An override has been placed on this claim by the BSA or health authority to ensure that a zero patient charge is applied to the claim or that an alternative non-standard patient charge is applied to the claim

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108	History Check Override	Validation checks against historical claim data have been overridden on this claim	An override has been placed on this claim by the BSA or health authority to prevent the normal checks against the patient's claim history from being carried out
109	Patient Match Override	Processing to match this claim's patient id against existing ones has been overridden	An override has been placed on this claim by the BSA or health authority to prevent the claim from matching to a similarly named patient
111	Very old claim allowed	Very old claim allowed	An override has been placed on this claim by the BSA or Commissioner to prevent the very old claim checks being carried out.
112	Universal Credit	Universal Credit remission	Universal Credit remission
159	Late submitted claim	Claim received more than 2 months after Date of Completion	Often accompanied by the "Activity Units N/A" comment on FP17s but can occur (without penalty) on FP17O completion claims
171	Tax Credits	NHS Tax Credit remission	NHS Tax Credit remission
172	Pension Credit	Pension Credit Guarantee remission	Pension Credit Guarantee remission
177	Missing Ortho Data	No orthodontics data on a claim from an orthodontic specialist contract	The contract is a designated orthodontic contract but an FP17 has been received
178	Prisoner	Prisoner exemption	Prisoner exemption
179	Charge Exempt Ignored	Charge exempt item ignored due to banded treatment being claimed	Charge exempt item dropped from claim
180	Address/Pcode missing	Patient's postcode is missing from claim or is in an invalid format	Patient's postcode is missing from claim or is in an invalid format

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185	Ortho Treat Abandoned	Orthodontic Treatment Abandoned	FP17O with Code 9161 1 for Ortho Treatment Abandoned successfully processed
186	Ortho Discontinued	Orthodontic Treatment Discontinued	FP17O with Code 9161 2 for Ortho Treatment Discontinued successfully processed

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187	Ortho Treat Completed	Orthodontic Treatment Completed	FP170 with Code 9161 3 for Ortho Treatment Completed successfully processed
188	Further Treatment	Further Treatment Within 2 Months of completion of previous course of treatment	Further Treatment Within 2 Months (aka "Continuation") claim successfully accepted and processed
189	Free Repair/Replacement	Free Repair/Replacement Within 12 Months of completion of previous course of treatment	Free Repair/Replacement Treatment Within 12 Months (aka "Guaranteed") claim successfully accepted and processed
190	Incomplete Treatment	Incomplete Treatment Band claimed - any patient charge levied will accord with this and not to original Band claimed	Incomplete Treatment Band claimed - patient charge levied according to this and not to original Band claimed
191	Referral	Treatment on Referral	Treatment on Referral
192	Arrest of Bleeding	Arrest of Bleeding charge exempt claimed	Arrest of Bleeding code 9155 charge exempt claimed
193	Removal of Sutures	Removal of Sutures charge exempt claimed	Removal of Sutures code 9156 charge exempt claimed
194	Repairs to Dentures	Repairs to Dentures charge exempt claimed	Repairs to Dentures charge code 9154 exempt claimed
195	Repairs to Bridges	Repairs to Bridges charge exempt claimed	Repairs to Bridges charge exempt code 9157 claimed
196	Issue of Prescription	Prescription Only charge exempt claimed	Prescription Only code 9158 charge exempt claimed

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197	Repair to Appliance	Repair to Orthodontic Appliance Fitted by Another Dentist charge exempt claimed	Repair to Orthodontic Appliance Fitted by Another Dentist code 9159 charge exempt claimed

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198	Ortho Assess and Review	Orthodontic Assessment and Review claimed	Code 9012 ortho assessment and review successfully processed
199	Ortho Assess and Refuse	Orthodontic Assessment and Refuse claimed	Code 9013 ortho assessment and refuse treatment successfully processed
201	Extra Treatment on Reg 11	Additional non-denture/appliance treatment allowed on a Reg 11	On a Reg 11 FP17 claim there is banded treatment present that does not pertain to a denture or obturator
202	Assess/Appliance Fitted	Orthodontic Assessment and Appliance Fitted claimed	Code 9014 ortho assessment/appliance fitted successfully processed
204	Ortho Reg 11	Reg 11 (Reg 9 for Isle of Man) claimed on an FP17O	Output on all successfully validated Reg 11 FP17Os
207	Remission/Exemption N/A	Remission or exemption not allowed or ignored where it is not appropriate	The remission/exemption on the claim has been ignored, usually because the claim is for charge exempt treatment, Reg 11 or triage
215	Missed Year End Report	Claim is for a previous financial year but was not included on a schedule until after the following June's End of Year Report was produced	The claim belongs to the previous financial year and has been processed after the designated cut off for the June schedule. This therefore means that the claim will not be included in the normal year end reports.
219	Ortho Trt Start Absent	Ortho Completion/Abandoned/Discontinued claim where previous FP17O for the same patient was not for an Assessment/Appliance Fitted	Ortho Completion/Abandoned/Discontinued claim where previous FP17O for the same patient was for Assess and Review or Assess and Refuse treatment
223	Domiciliary Services	Domiciliary Services claimed	Domiciliary Services claimed
224	Sedation Services	Sedation Services claimed	Sedation Services claimed

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225	Date of Completion N/A	Superfluous Date of Completion ignored on an Orthodontic assessment claim	Superfluous Date of Completion ignored on an Orthodontic assessment claim

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227	Replaced as Requested	Claim has been deleted and replaced by the submission of an SQ Ind 1 replacement claim request.	Occasioned by a deletion carried out by an SQ Ind 1 deletion and substitution request. This will have the exact negative values in terms of UDA/UOA, patient charge and remission of the claim being deleted
230	Schedule Query	Electronic claim with a Schedule Query Ind present (SQ activity not necessarily carried out successfully)	Appears on the replacement claim that has had an SQ Ind 1 deletion and substitution request present
233	Date Appl Fitted N/A	Superfluous Date Appliance Fitted ignored on an Orthodontic completion claim	Superfluous Date Appliance Fitted ignored on an Orthodontic completion claim
234	Inappropriate Trmt Qty	Treatment quantity accompanying a CDS item was excessive, incorrect or not relevant	The amount accompanying the treatment code had an excessive value not really appropriate to the treatment being claimed eg. An 18 tooth denture
235	Treat/Band Inconsistent	The CDS treatment claimed is inappropriate to the Band claimed	The band associated with a treatment code on the claim pertains to a higher band than that being claimed
237	Pat Charge Taken	Patient charge entered and levied on a claim for free repair/replacements within 12 months	Patient charge entered and levied on a claim for free repair/replacements within 12 months
242	KPI Data N/A	Key Performance Indicators on claim where contract is not PDS+	The KPI data on the claim has been ignored.
243	Excess Recall Interval	Recall Interval of greater than 24 months claimed	Recall Interval of greater than 24 months claimed
244	No CDS Trmt Entered	No CDS treatment included on a Banded claim	Where no CDS treatment at all has been entered on an FP17O claim
245	No Ethnic Origin	No Ethnic Origin entered on an English or Welsh claim	No Ethnic Origin entered on an English or Welsh claim

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246	NO IOTN Entered	FP17O assessment or completion claim where no Index Of Orthodontic Treatment Need has been entered	FP17O assessment or completion claim where no Index Of Orthodontic Treatment Need has been entered
252	SQ On Different Performer	Schedule Query carried out where original was under a different performer for the same contract	Schedule Query carried out where original was under a different performer for the same contract

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253	On Different Contract	Schedule Query carried out where original claim was under a different contract for the same provider	Schedule Query carried out where original claim was under a different contract for the same provider
254	Pat Chg Rec nn.nn	Patient Charge Collected on claim not equal to that calculated	Output whenever the calculated patient charge doesn't equal that entered on the claim (unless the charge shown on the claim is zero). However, in the Isle of Man this comment is shown even if the charge entered on the claim is zero
255	No ODS present	No orthodontic data set present on an FP17O claim	Where no ODS treatment at all has been entered on an FP17O claim
256	As updated by practice	Claim updated on line by practice	Non-EDI claim update on-line in Compass by the practice
257	SQ Ind ignored	SQ Ind 1 but original claim already removed or invalid	If an SQ Ind 1 claim deletion and substitution claim is processed where the original claim has already been deleted or where the original claim is in error (and therefore doesn't need an SQ Ind 1 to replace it) this comment will result
258	Created by BSA	Claim created on-line by Capita/BSA	In special circumstances the BSA can create claims on line within Compass
259	SQ Original not traced	SQ Ind 1 but original claim cannot be found	An SQ Ind 1 deletion and substitution claim has been processed but the original claim cannot be traced
260	Invalid NHS No Removed	Invalid NHS No Removed	The NHS No entered is in an invalid format and has been removed from the claim
261	Welsh CDS items ignored	Welsh CDS items ignored due to an invalid Contract ID	Welsh CDS items dropped from claim.
262	CDS items for different region ignored	CDS items for different region ignored	Clinical data set items pertaining only to England received and dropped from a Welsh claim. Alternatively clinical data set items pertaining only to Wales received and dropped from an English claim

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263	Duplicated Treatment Code Dropped	Duplicated Treatment Code Dropped	Where the same code appears more than once on a claim, the second and subsequent instances are dropped
264	Zero PAR Scores not required and have been dropped	Zero PAR Scores not required and have been dropped	Par scores of zero entered on code 9313 and/or 9314. These have been dropped from the claim.

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265	Notified NHS Number Not Used	Notified NHS Number Not Used	An NHS Number has been transmitted to your practice on the monthly schedule file following a previous submission for this patient. It is noted that the NHS Number has not been used on a subsequent transmission.
266	Patient Details Updated	Patient Details Updated	A patient, identified by a valid NHS Number, previously was known by a different forename or surname from the one on this claim. Our records for this patient have therefore been updated accordingly
267	Alternative Name Found	Alternative Name Found	In tracing the NHS Number for this patient it has been noted that they are known by a different surname or forename. We have not updated our patient record.
268	ACORN codes not necessary for non-ACORN claims	ACORN codes not necessary for non-ACORN claims	ACORN codes not necessary for non-ACORN claims
269	No ACORN check found	There is no ACORN check present on the claim and no record of an earlier ACORN check has been found within the previous 12 months	No longer produced since 01/04/21
271	ACORN Assessment overdue	ACORN Assessment overdue	A banded claim has been received where there is no previous record of an ACORN assessment being carried out
272	Full ACORN dataset required	Full ACORN dataset required	The claim has no ACORN Assessment Carried Out but there are some, or even a full set of, ACORN codes present on the claim
273	Missing ACORN Assessment Carried Out flag	Missing ACORN Assessment Carried Out flag	Some ACORN codes are present on the claim but there is no ACORN Assessment Carried Out
274	ACORN	ACORN	ACORN Assessment carried out successfully processed

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275	Overdue ACORN carried out	Overdue ACORN carried out	ACORN Assessment where it has been over 12 months since last ACORN
276	Triage	Triage	

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278	Prescription Only Ignored	Prescription Only Ignored	Ignored and dropped from a banded claim
279	Repairs to Denture Ignored	Repairs to Denture Ignored	Ignored and dropped from a banded claim
280	Bridge Repairs Ignored	Bridge Repairs Ignored	Ignored and dropped from a banded claim
281	Arrest of Bleeding Ignored	Arrest of Bleeding Ignored	Ignored and dropped from a banded claim
282	Removal of Sutures Ignored	Removal of Sutures Ignored	Ignored and dropped from a banded claim
283	Incorrect NHS Number	Incorrect NHS Number	The NHS Number include on this claim does not match that which has been successfully traced for this patient.