**Standards for Prescription of Inlays, Splints and Tooth Trays v1.0**

**Introduction**

The new NHS contract (nGDS) introduced in April 2006 placed a cap on dentist funding, removed registration and eliminated the prescriptive list of treatments that existed on the NHS prior to this date. The consequences of this are profound.

**Grey Areas of Treatment**

There are a number of treatments which have gathered a bad name in the eyes of RDO officers, DPA advisers and the PCT. These are usually related to areas where dentists are perceived to be UDA mining for easy points, by overprescribing what is often seen to be unnecessary or inappropriate treatments. Following discussions with the dental practice adviser, PCT, RDO officers and other NHS providers in the North East have – a number of grey areas have come to light, which we are compelled to pass on to our associates.

* Inlays
* Splints
* Tooth Trays

**General prescribing concepts**

Treatments prescribed must be appropriate and should not be perceived as ‘for the purpose of UDA mining’ where an equally, if not more appropriate alternative exists, that would be more commonly delivered by a body of peers’. The more a prescribers profile deviates from the normal, the more outlier they become, the more they are likely to be investigated by the PCT.

The PCT’s main interest is value for money. NHS work carries a greater degree of scrutiny as dental practices are claiming from the state.

**Inlays/onlays:**

Dental inlays are excellent dental restorations when used in the appropriate circumstances.

The following criteria are generally accepted for NHS dental work:

Indications for prescription:

* Large cavity involving 3+ surfaces and
* The need for cuspal protection and coverage (onlay)
* Majority of the remaining tooth is in the periphery and not the core.

Reasons for Inlay/Onlay and NOT a crown:

* Majority of the tooth is situated in the periphery and not the core. Hence a prep would be unnecessarily destructive.
* Conservation of tooth tissue.

Pre-requisites:

* A pre-operative dental radiograph should be taken as per a crown.
* Intra oral camera image for increased justification.

Notes on claiming:

As onlays progress to ¾ crowns and the distinction blurs, we feel it is better to switch the claim category to a crown where possible as these carry less controversy. They are currently accepted as a band 3 claim.

**TMJ Splints:**

Splints are issued by the dental hospital for the treatment of TMJ problems, pains, progressive clicks and muscular disorders. However they have now been recognised (along with grinding splints and application trays) as the number 1 source of over prescription and UDA mining amongst NHS dentists. This has led to investigations from the PCT as they show up as ‘no data’ claims on their side and are easy to identify.

Requirements:

* A thorough history should be recorded in the notes.
* A jaw exercise sheet should be issued to the patient.
* A signed treatment plan proving consent.
* Referral for confirmation (i.e. NDH)
* Evidence of a review appointment (i.e. 3/12 or 6/12).

Notes on claiming:

TMJ splints are currently accepted as a Band 3 claim. Many large practices claim no more than 1 per dentist per fortnight.

**Grinding Splints**

Grinding soft splints are another dental hospital prescribed treatment for the diagnosis and protection of tooth wear. However their usage must be strictly justified.

Conditions for prescription:

* Identify that tooth wear is present and demonstrable
* Ensure that the causes of tooth surface loss have been reviewed and noted (i.e acid erosion?).
* Record the extent of tooth wear (i.e Smith and Knight system or ‘wear to dentine’ etc).
* Diagnose that tooth wear from bruxism/night grinding is the cause.

Requirements:

* Study models should be taken at the impression stage, and then reviewed at a later date.
* The gold standard for reviewing tooth wear is a putty matrix, cut in half and then measured in future.
* A review appointment should be indicated clearly in the notes (i.e. 6/12)

Comments:

It can be convenient to give the patient their casts and ask them to bring in at the next visit. This saves the hassle of storage. This should be recorded in the notes.

Notes on claiming:

Tooth grinding splints are still currently accepted as a Band 3 claim. Excessive usage however is not looked upon favourably by the PCT and will trigger an investigation.

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Notes on claiming:

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**Perio Splints / Tooth Trays (surface application trays)**

Periodontal splints and other surface applications trays are valid forms of treatment that can be used to apply gels and pastes to the surfaces of teeth. They do so in a manner which is superior to finger or brush applications. Perio splints and Tooth Mousse trays are both advocated by the dental hospital.

However these have come under considerable scrutiny from the PCT’s as dentists claim have claimed large numbers of UDA’s for tray like treatments, resulting in threats of large claw backs.

Claiming notes:

The instruction from the Watch Dental Group and advice from Dental Protection (and the PCT) is that ‘surface application trays’ should be claimed as a BAND 2 ONLY.

Claims as a band 3 have been and will be investigated.

**Bleaching Trays and Gum shields.**

Bleaching trays (also surface application trays) are classified as a private cosmetic treatment and are not to be provided on the NHS as they serve no direct health cause.

**Gum shields (Sports mouth guards)**

Sports mouth guards have been declared as a private treatment only. The NHS regards this primarily as a lifestyle choice and is not prepared to pay 12 UDA’s for their construction.