

R4+ Workflow Changes in Version 9.0.0 for Wales

This 8-page handout provides information on workflow changes that are needed in regard to Treatment Planning and FP17 Claim Submission when you upgrade your R4+ software to Version 9.0.0.

This handout is intended for Wales R4+ users, in the roles of Clinician or Receptionist.

Role: Clinician (Dental Therapist, Dental Hygienist or Clinical Dental Technician)

For Wales NHS dental claims, for a course of treatment with an acceptance date on or after the 1st of April 2026, the following changes apply. These changes affect the workflow of Clinicians.

Note: Any claims that are accepted before 1 April 2026, but completed on or after these changes, will retain their Banded Patient Charge but will generate and transmit as a Care Package.

Charting: Care Packages Replacing Banded Charges

For Wales, the Banded Treatment model is being replaced by Care Packages. NHS Contract targets are changing to an Annual Contract Value (ACV), which breaks down further into proportional targets that make up the agreed ACV.

For example, New Patient Urgent Treatment allocates a certain percentage of ACV, New Patient Assessments allocate a different percentage, and all Non-Urgent Care Packages entail another percentage. The targets for each Care Package will likely be a common start value, but they are designed to allow the percentage mix to be altered per contract, allowing for more flexibility between contracts.

Note: Within the R4+ software, for the time being, all of the NHS Contract Management, Summary & Activity Reports, etc., remain driven on the old Unit Values (UDAs). Reporting KPIs are being updated in a future release.

Clinicians can start a course of treatment and chart as normal.

Note: The **Treatment on referral** option is no longer available for Wales. Dental Replacement Appliance (Regulation 11) is also no longer available on dental treatment plans, but it remains available for orthodontic plans for the time being.

When certain items are recorded in the chart, they prompt a specific Care Package type. The R4+ software automatically creates the appropriate Care Packages based on the procedures that are added to the treatment plan.

If you create a course of treatment and mark it as **Urgent treatment**, then any codes that are charted will be classified as an Urgent Care Package (rather than whichever Care Package they usually fall under). For example, when fillings or extractions are charted, they are normally considered a Simple/Extended Caries Package, a Caries Package, or a Crown repair (which would normally generate a Miscellaneous Care Package), but they are designated as Urgent Care Packages when **Urgent treatment** is selected.

Some Care Packages that may be added to a claim when charting relevant items include:

- Urgent Care Package
- Simple Restorative Care Package
- Extended Restorative Care Package



- Crown/Bridge/Inlay/Onlay & Veneer Care Package
- Periodontal Care Package
- Recall Assessment Care Package
- Recall Assessment (18-24 Month) Care Package
- New Patient/Initial Assessment Care Package (now includes Child New Patient)
- Denture Care Package
- Miscellaneous Care Package
- Anterior Root Canal Package
- Posterior Root Canal Package

New Requirements for New Patient Assessments, Recall Assessments, & Periodontal Care Packages to be Valid on Claims

There are certain requirements on the FP17 claim form for certain Care Package types in order for them to be deemed valid upon submission.

New Patient/Initial Assessment Packages

For New Patient/Initial Assessment Care Packages, you must continue to use the previously existing examination codes, which moving forward are only for new patients:

- 101 Exam/Report
- 111 Extensive Exam
- 121 Full Case Assessment
- 131 Care & Treatment

The Clinical Data tab must be completed and transmitted on the claim form as well in order to avoid automatic claim rejection.

To fill out the Clinical Data, you can either do so from the CDS tab on the FP17 claim form, or you can complete the ACORN assessment from the Patient Chart (**Chart > Drop-Down Arrow in the Treatment Plan Header > ACORN Assessment**). Select **New** in the ACORN Assessment window to record a new assessment.

If the ACORN assessment is completed before accepting the course of treatment, then the Clinical Data tab is automatically pre-populated and you simply need to select the **ACORN Assessment Carried Out** option. In this case, the following fields will be auto populated:

- FP17 > Clinical Data > ACORN Assessment Carried Out
- FP17 > DMF - Permanent Tooth Assessment
- FP17 > DMF - Deciduous Tooth Assessment
- FP17 > Clinical Data - Risks from Medical History
- FP17 > Clinical Data - Risks from Social History



- FP17 > Clinical Data - Risks from Dental History
- FP17 > Clinical Data - Overall Perio Health at the Start of Treatment
- FP17 > Clinical Data - Tooth Decay Status at the Start of Treatment
- FP17 > Clinical Data - Number of Teeth

If the ACORN assessment was not completed until after accepting the course of treatment, you can manually update the values in the claim. Either way, the **ACORN Assessment Carried Out** option must be selected.

Recall Assessment Packages

For Recall Assessment and Recall Assessment (18-24 Months) Care Packages, you must select the **ACORN Assessment Carried Out** option on the Clinical Data tab in the claim form in order for the claim to be accepted.

Additionally, for Recall packages, there are new examination codes you must use to ensure they are not mischarged to the wrong Package type.

The new codes are as follows:

- 109 Recall Assessment
- 110 Recall Assessment (18-24 Month)

Note: When undertaking a recall, the **109** code should be more commonly used, with **110** only being used in cases where the patient was previously told to return between 18-24 months from their last appointment.

Important:

When a Course of Treatment is started and you use Planned items to auto populate the plan, there are some changes that are required in order to avoid accidentally using New Patient Assessment Packages for ongoing Patient Assessments (and thus mischarging the patients and the Board via claims).

As the use of exams have changed, practices need to update their Default Examinations (Planned Items) in the Clinical Administration program (**Clinical Administration > Tools > Default Examinations**). This might entail updating the descriptions and adding new ones for the Recalls or replacing the codes in the Planned Item entry. See the [Default Examinations](#) topic in the R4+ Online Help for more information.

Periodontal Packages

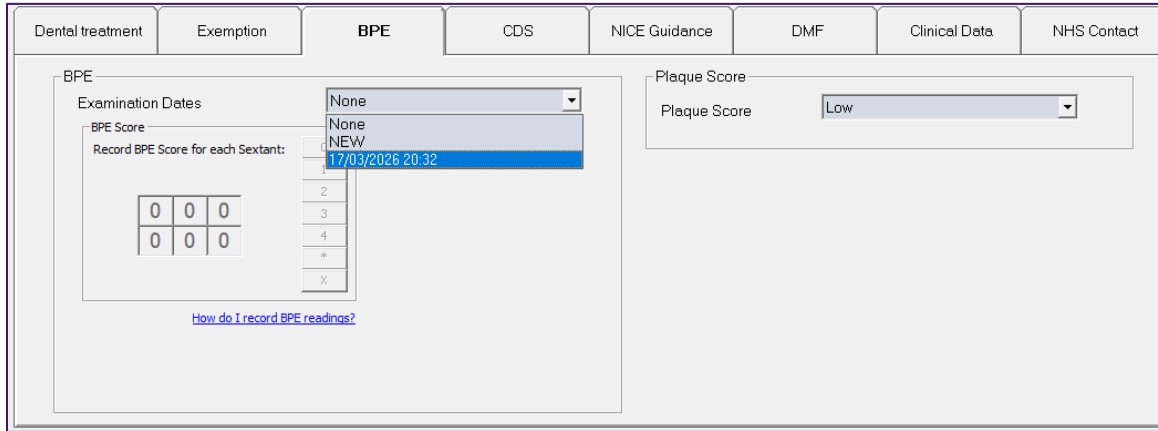
For Periodontal Care Packages, you must chart the appropriate examination codes to use for the Course of Treatment.

The available Periodontal DPB codes are as follows:

- 1011 Periodontal Treatment
- 1021 Chronic Periodontal Treatment
- 1022 Sextant fee [Periodontal]
- 1041 Splinting Perio, Compromised Teeth


It is also required that you transmit the BPE examination data along with the claim, which comes from the Basic Periodontal Exam recorded in the Clinical Chart.

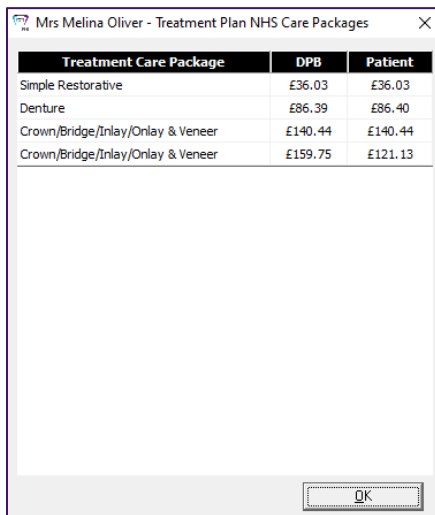
Within the FP17 claim form, select the exam date from the drop-down list, or you can select **NEW** if an exam has not been performed yet. This data must be included in order to prevent claim rejection.



FP17 Claim Form and EDI Management Changes

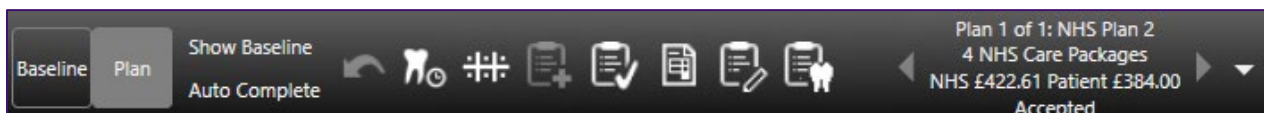
You can complete and close a course of treatment as usual and proceed to the FP17 claim. The FP17 claim form has been changed and uses the new contract layout, but the fee will remain the original, and the CDS Package Data will be generated.

When a course of treatment is complete, the **Clipboard with Tooth**  icon is available for selection from the Dental Chart. Click this icon to view a high-level summary of the patient's Treatment Care Packages. From this window, a list of the patient's Treatment Care Packages is displayed along with the amounts that the Patient and DPB are responsible for paying.



Treatment Care Package	DPB	Patient
Simple Restorative	£36.03	£36.03
Denture	£86.39	£86.40
Crown/Bridge/Inlay/Onlay & Veneer	£140.44	£140.44
Crown/Bridge/Inlay/Onlay & Veneer	£159.75	£121.13

A summary of the combined Care Package information is also included beneath the Plan Name in the Treatment Plan toolbar.



The FP17 dental claim form has been updated with a new Care Packages section, which is accessible from the CDS tab. This data is pulled directly from the Patient Chart, but you can select **Override Calculated Care Packages**, if necessary, to manually update the data.

Chart Calculated Values		User Determined Values		Care Packages	
<input type="checkbox"/> Override Calculated Care Packages					
<input type="checkbox"/> Urgent	<input checked="" type="checkbox"/> Periodontal	<input type="checkbox"/> Recall Assessment (18-24 Month)	Anterior Root Canal	<input type="text" value="0"/>	
<input type="checkbox"/> Simple Restorative	<input type="checkbox"/> Recall Assessment	<input checked="" type="checkbox"/> New Patient/Initial Assessment	Posterior Root Canal	<input type="text" value="0"/>	
Extended Restorative	<input type="text" value="0"/>	<input type="checkbox"/> Denture	Warranty Permanent Restorations	<input type="text" value="0"/>	
Crown/Bridge/Inlay/Onlay & Veneer	<input type="text" value="1"/>	<input type="checkbox"/> Miscellaneous	Warranty Root Fillings	<input type="text" value="0"/>	
<input type="checkbox"/> Lab Fee Commissioner Approved	<input type="checkbox"/> Incomplete Items	<input type="checkbox"/> Warranty Crowns/Bridges/Inlays/Onlays & Veneers			

The Charge Band frame has also been replaced with a Fee Frame, which breaks down the Lab, Patient, NHS, and Total Fees for the claim.

Fee	
Laboratory Fee:	<input type="text" value="£0.00"/>
Patient Fee:	<input type="text" value="£95.96"/>
NHS Fee:	<input type="text" value="£95.95"/>
Total Fee:	<input type="text" value="£191.91"/>

Note: Patients pay 50% of the total cost, and there is now a claim-level maximum Patient Charge of £384 (excluding any laboratory fees).

The Clinician can then prepare the claim as usual and Mark it as Ready to Send.

When the course of treatment is completed, the charges (which are broken down by Patient Charge and Dental Provider Board (DPB) Charge responsibility) are automatically posted to the Patient Record.

When the patient leaves surgery during their appointment, the Waiting List is updated, allowing the Clinician to tell the Receptionist when to book a recall, take payment due, and any other needed task, etc..

EDI Management

From the EDI Claims list, you can also find the Patient Charge amount (the portion of the charge that the patient is responsible for) and the DPB (NHS) Charges for the Care Package Claims.

Treatment Tab Disabled

Important:

For NHS courses of treatment accepted on or after 1 April, 2026, most of the functions in the Treatment Tab are disabled, except for the **Add New Course** and **Uncomplete** buttons.

You can Add a New Course for retroactive courses and you can Uncomplete a course, but any other adjustments have to be made from the Patient Chart.

Courses that are completed post April 1st can be uncompleted in order to permit a Clinician to re-enter the Clinical Chart to make any necessary amendments before recompleting. For example, in situations where a claim was rejected due to a mistake or something missing, the Clinician can make the necessary corrections before preparing a new claim submission.

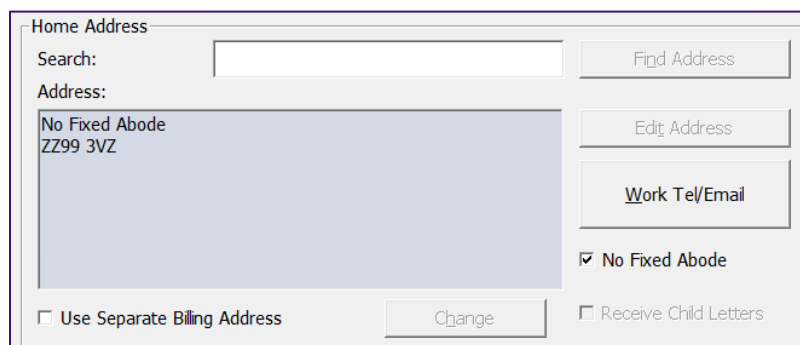
Note: Any closed or new course of treatment created after April 1st in the Treatment Tab, but with a Start Date prior to April 1st, will not be disabled and will allow all of the normal actions that are available in the Tab. Additionally, only NHS courses of treatment are restricted; private courses of treatment remain fully accessible in the Treatment Tab.

Role: Receptionist

For NHS dental claims for a course of treatment with an acceptance date on or after the 1st of April 2026 for Wales, the following changes apply and affect the workflow of Receptionists.

No Fixed Abode

From the **Patient > Personal Tab**, there is a new **No Fixed Abode** option available for selection that can be submitted on the claim when the patient's address is unknown.



The screenshot shows a form titled "Home Address". It includes a "Search:" field with a "Find Address" button. Below that is an "Address:" field containing the text "No Fixed Abode" and "ZZ99 3VZ". To the right of the address field are buttons for "Edit Address" and "Work Tel/Email". At the bottom of the form, there are two checkboxes: "Use Separate Billing Address" (unchecked) and "Receive Child Letters" (unchecked). A "Change" button is located between these two checkboxes. The "No Fixed Abode" checkbox is checked.

When you select **No Fixed Abode**, the Search Field, Find Address Button, Edit Address Button, and Receive Child Letters options are disabled. "No Fixed Abode" text along with the accompanying postcode **ZZ99 3VZ** is automatically entered in the Address field.

When you deselect **No Fixed Abode**, the aforementioned Address options are re-enabled. This also clears the Address field, and the Receptionist must then search for or manually enter the patient's address.

No NHS Number Options

When you are entering a Patient's NHS Number in the **Patient > Schemes** tab, there is a new **No NHS Number** drop-down list underneath the NHS Number field. If there is not an NHS Number recorded for the patient, you are now required to select a reason in order to submit the claim.



From the **No NHS Number** drop-down list, you can select one of the following reasons for the NHS Number not being entered in the patient's record:

- Non-registered UK resident (Reason Code = 1111111111)
- Non UK resident (Reason Code = 2222222222)
- Data sharing consent not given (Reason Code = 3333333333)
- NHS number not found (Reason Code = 4444444444)

Claims without an NHS Number or one of the No NHS Number options selected will be rejected.

Ethnicity Option Changes

When you accept a course of treatment and select an Ethnic Group, the available options have changed. The Patient Record (**Patient > Schemes Tab**) and FP17/FP17O claim forms have been updated with revised as well as new Ethnicity options.

The following existing Ethnic Groups have been updated:

OLD Description	NEW Description
Not Stated	Not Stated (Note: Only the order changed)
White British	White: English/Welsh/Scot/NI/British
White Irish	White: Irish
Other White Background	Any Other White Background
White and Black Caribbean	Mixed: White & Black Caribbean
White and Black African	Mixed: White & Black African
White and Asian	Mixed: White & Asian
Other Mixed Background	Mixed: Any Other Background
Asian or Asian British Indian	Asian or Asian British: Indian
Asian or Asian British Pakistani	Asian or Asian British: Pakistani
Asian or Asian British Bangladeshi	Asian or Asian British: Bangladeshi
Other Asian Background	Any other Asian Background
Black or Black British Caribbean	Black: African/Caribbean or British/Caribbean
Black or Black British African	Black: African/Caribbean or British/African
Other Black Background	Other Black/African/Caribbean
Chinese	Asian or Asian British: Chinese
Any Other Ethnic Group	Any Other Ethnic Group

OLD Description	NEW Description
	(Note: Only the order changed)
Patient Declined	This is no longer an available option

The new Ethnicity options include:

- White: Gypsy or Irish Traveller
- Other Ethnic Group: Arab
- Ethnicity Not Stated
- Patient Ethnicity Unknown

All NHS claims require a recognised Ethnic Group to be recorded for the patient. When you attempt to save or submit a claim that has a **Not Stated** ethnicity, a warning message is displayed, prompting you to select a recognised Ethnicity Group prior to submission.

Note: After upgrading to v9.0.0, any patients that were set to White British, White Irish, Other White Background, Any Other Ethnic Group, or Patient Declined before the update may be prompted to set their Ethnicity again when the Patient Record or Clinical Chart is accessed. This is to ensure that the ethnicity is accurate and uses the new descriptions.

Taking Payment for Care Package Charges

When the course of treatment is completed, the charges are automatically posted to the Patient Record. Next, when the patient returns to reception, the Receptionist can take payment for the debit that is indicated on the Financials tab in their record.

The payment process can take place as normal for the posted charges, which are now broken down by Care Package, rather than a single Banded charge. There are columns to indicate the Patient Charge and DPB Charge responsibility. Your practice will need to collect both patient charges and any applicable laboratory fees.

After the payment is processed, the Receptionist or Practice Manager (i.e., or whoever in your practice is responsible for sending claims), can then send the completed FP17 claim to the NHS. There are currently no changes to this part of the process.

Additional Upcoming R4+ Changes

There will be more Handouts made available in the future as new Versions of the R4+ software are released to cover updates for additional required functionality changes for the new NHS Contract.

For example, some of the future required updates involve:

- New Digital PR Form and Paper Overprint Support
- Stabilisation Care Package Support
- Treatment Warranties and Lab Fee Support
- FTR (Incomplete Treatment) Support
- Management and Reporting KPIs for the New ACV Contract Metrics

For more information, see the [R4+ Online Help](#).