R4+ Workflow Changes in Version 9.1.3 / 9.1.4

This 9-page handout provides information on enhancements and workflow changes in regard to NHS Treatment Planning and FP17 Claim Submission when you upgrade your R4+ software to Version 9.1.3 / 9.1.4.

This handout is intended for Scotland, England, Isle of Man, and Wales R4+ users, in the roles of Clinician.

Workflow Changes for NHS Scotland Only

Role: Clinician

Prior Approval (PA) Reform

From November 1st, 2026, the way NHS general dental treatment is approved and monitored is changing for Scotland. The need for Prior Approval on a general dental course of treatment will be decided by clinical rules instead of the monetary value of the course, and a tier system for Dentists is being introduced.

Prior Approval is now required when a planned course includes specified treatment items, or combinations of items, at or above the threshold counts for the clinician's Tier Level. Treatment plans accepted before these changes take effect, and orthodontic courses, continue to be assessed using the monetary limit.

Dentists are grouped into the following tiers, depending on their Scottish NHS Dentistry experience:

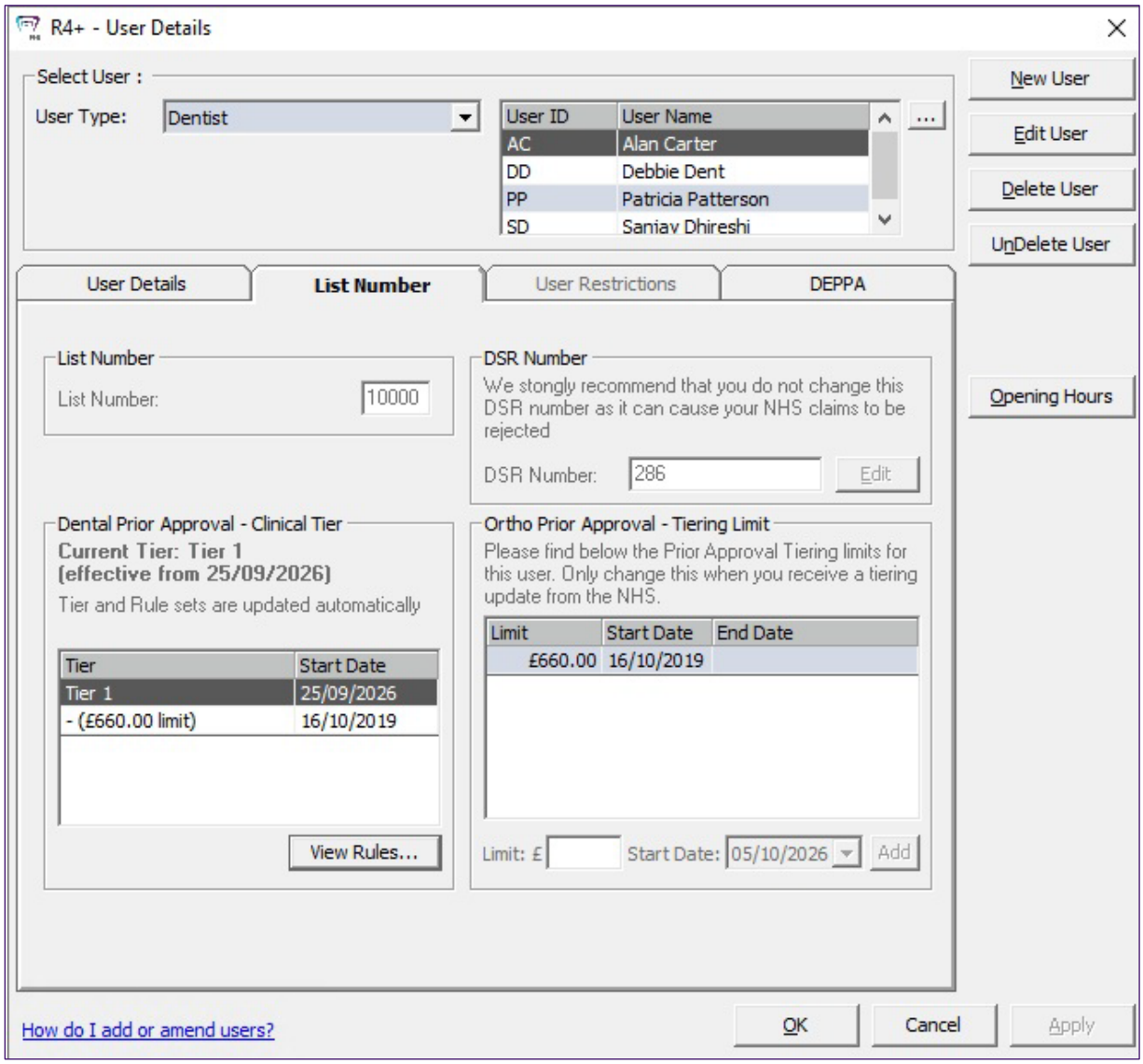
- **Tier 1**: Includes clinicians who are expected to be familiar with NHS Dentistry in Scotland.
- **Tier 2**: Includes clinicians with limited experience of NHS Dentistry in Scotland including those who are:
    - Vocational Trainees
    - Provisionally listed dentists pending completion of mandatory training
    - Within 12 months of successful completion of mandatory training or vocational training

R4+ receives each Clinician/List Number's Tier Level and the Clinical Criteria Rule Sets through the eDental Prior Approval Update and keeps a history of both. Treatment plans are assessed using the rules that were in place when the plan was accepted.

For List Numbers that have not yet received a Tier Level, the Tier 2 rules apply until its own Tier Level arrives. Tier 2 dentists require Prior Approval for certain treatments.

To view the Tier Level for a user, navigate to the Users menu, and select the **List Number** tab.

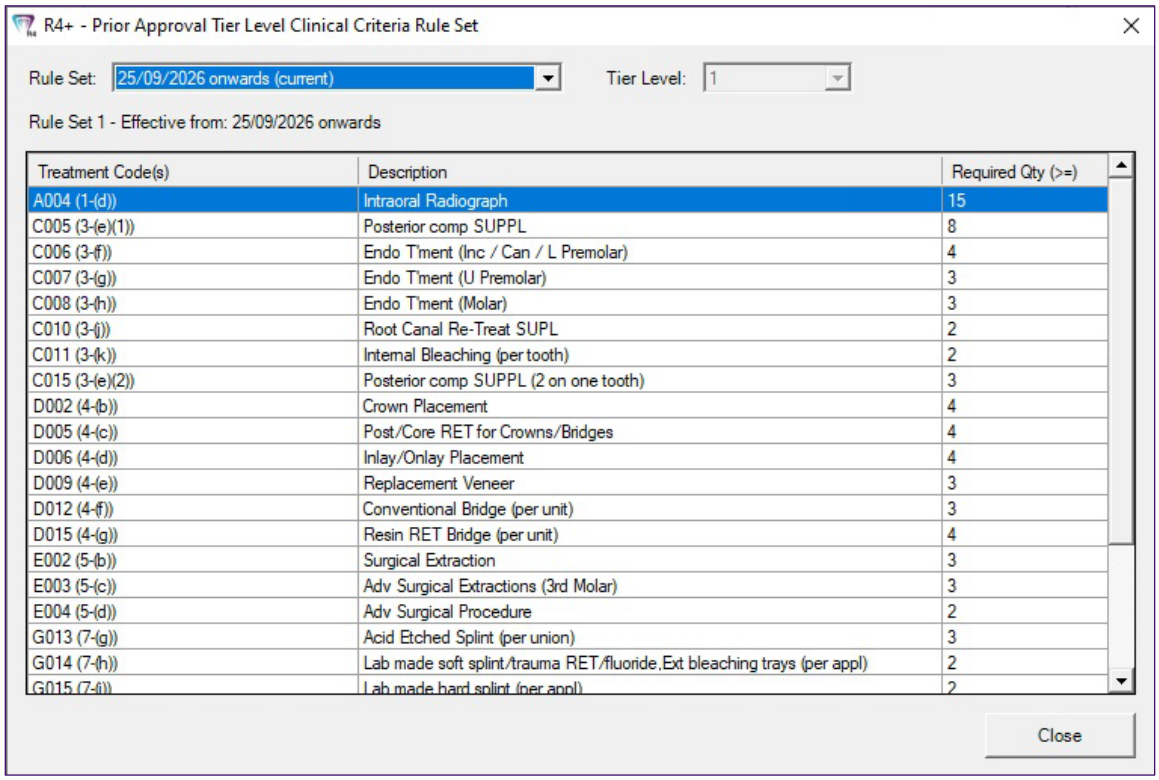
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The current Tier Level for the user's List Number is displayed under R4+, alongside its effective Start Date. The full Tier Level history is displayed, with the most recent listed first, allowing you to confirm which Prior Approval rules applied to the clinician on a specific date. This information is read-only, with no way to manually edit.

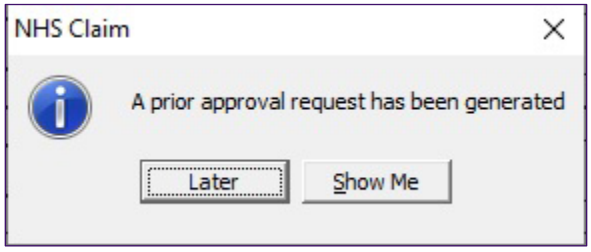
Select the Tier line item, and then click **View Rules…** to display the Prior Approval Tier Level Clinical Criteria Rule Set details.

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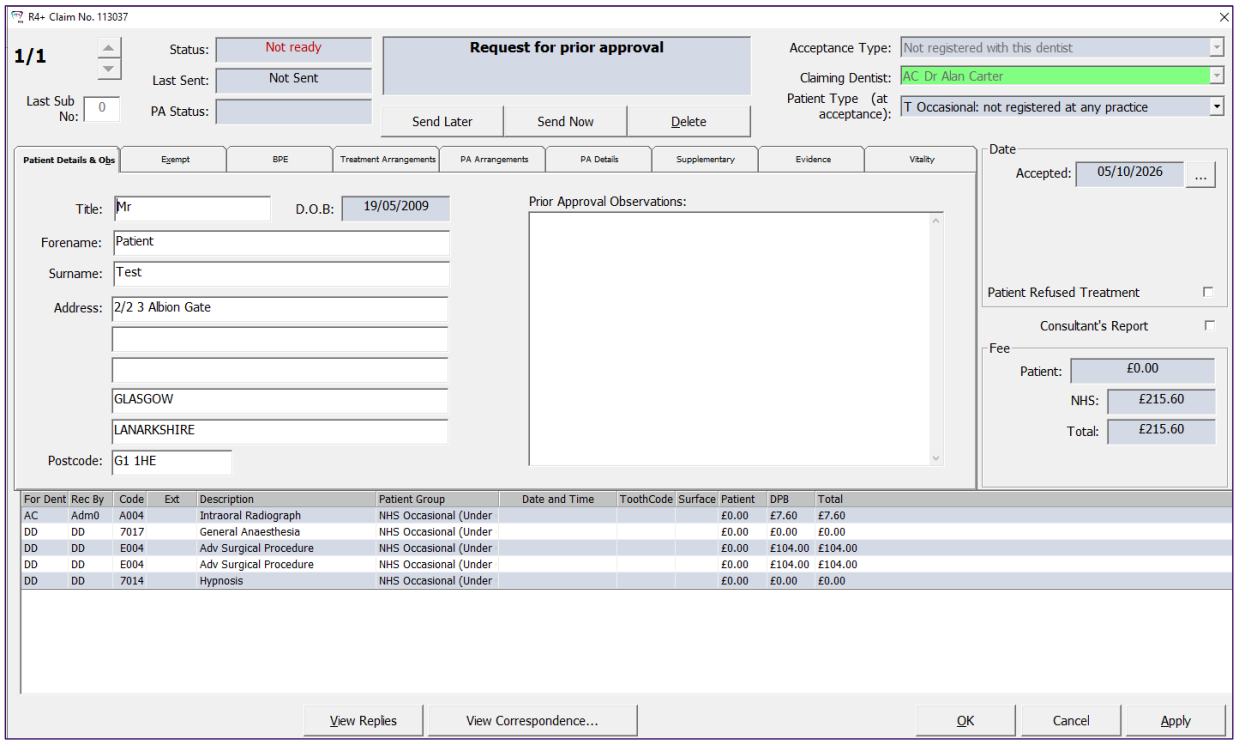
When a proposed course of treatment for a patient on R4+ is charted, the treatment plan items are automatically assessed against the Clinical Criteria Rule Set and threshold counts for the clinician's Tier Level, evaluating both individual treatment item thresholds and the combined counts across the endodontic and extracoronal restoration groups.

As you add or change items on the chart, you are notified when Prior Approval is required, so you are fully aware at the point of charting (not after submission) whether the planned course needs Prior Approval before you can proceed to the claim.



Click **Show Me** to navigate to the claim, which has **Request for prior approval** displayed at the top. You can then choose to **Send Later**, **Send Now**, or **Delete** the PA request.

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Important Note: Install R4+ v9.1.3 by October 28th, 2026 to ensure that the new format Prior Approval Update messages (which carry the new Tiering data and go live automatically on November 1st, 2026) are successfully received and processed.

Prior Approval Workaround

In cases where a treatment plan is closed early and outstanding treatment is transferred to a new Clinician at the same practice, it becomes a Continuation Course which entails a Final Payment Continuation and a Prior Approved Continuation. Treatment can be added or removed as the course progresses.

If a Payment Continuation occurs where no Prior Approval exists, and a later clinician transmits some completed work or finishes the course and receives a Prior Approval error (E002101), this is because the board assesses the total treatment completed, including treatment previously claimed.

If the treatment transferred to the current clinician falls below their Prior Approval Tier on the original Date of Acceptance, Prior Approval is not automatically triggered. In this case, you can implement a workaround to force a Prior Approval by adding Code 9002 01.

This code is used for re-approvals where changes to the treatment plan involve tooth notation, surface(s) and/or material. This code is zero-value, with no impact on the treatment plan or cost; it can be used solely to enable the case to be submitted for re-approval. As it is included in the Clinical Criteria Ruleset with a threshold of 1, adding Code 9002 01 to the treatment plan prompts R4+ to recognise that Prior Approval is required, allowing the case to be submitted for approval.

This workaround is temporary, and a more permanent solution will be implemented in a future R4+ release.

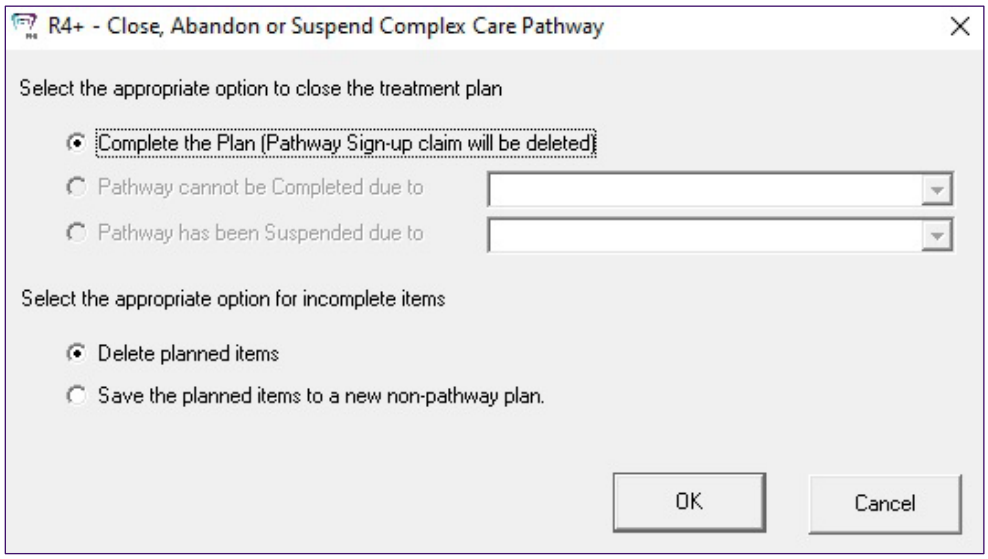
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Workflow Changes for NHS England Only

Role: Clinician

Abandoning or Suspending Complex Care Pathways (CCP)

You can now abandon or suspend a Complex Care Pathway from the Patient Chart drop-down menu > Close Plan Early option. When **Close Plan Early** is selected, the Close, Abandon or Suspend Complex Care Pathway window is displayed.



From here, you have the following options:

- **Complete the Plan**: When this option is used, the Sign Up claim is automatically deleted and the plan is ended, rendering the pathway claims inactive. This option is only available if the Sign Up claim has not been sent yet.
  Note: The Complete the Plan option is hidden when a CCP is closed early for a patient with a settled Sign Up claim and an interim claim, as the board has already been notified of the pathway. In this case, to end the CCP, you will instead have to use the following "Pathway cannot be Completed due to" option.

- **Pathway cannot be Complete due to**: Abandons the treatment plan, ending the pathway early, and there is a drop-down list where you can select the reason, which will be transmitted in the Final Declaration FP17 claim submission (which informs the board that the pathway has ended early). The options are:
  - Patient Declined
  - Patient DNA / Short Notice Cancellation
  - Other

  Note: Once the Final Declaration has settled, no further Claims are created automatically for the pathway.

- **Pathway has been Suspended due to:** Suspends/pauses the pathway, and there is a drop-down list where you can select the reason, which will be included in the Final Declaration claim submission that

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the board receives. You can later resume a CCP that was suspended as long as it is within 3 months. The options are as follows:

- Extended Leave
- Unforeseen
- DNA / Short Notice Cancellation
- Lockdown (Prison Contracts only)
- Other

Note:
-- The **Pathway has been Suspended due to** option is disabled if the next submission for this complex care pathway is the first, penultimate, or last declaration.
-- The Abandon and Suspend options are only available when Sign-Up has been completed.
-- The Complete and Abandon buttons in the Treatment tab are disabled for any Treatment Plan on a Complex Care Pathway, so users must use the Clinical Chart to end one.

When you select **Complete the Plan** or **Pathway cannot be Completed due to**, you must also select how to handle any incomplete treatment items. The planned items can either be deleted or saved to a new non-pathway treatment plan.

Click **OK** to proceed with suspending or abandoning the CCP.

When a CCP treatment plan has been Suspended or Abandoned, and a non-settled claim is available, you must select the Pathway declarations for the suspension or abandonment. The Last Visit Date is shown instead of Completion, which uses the Last Completed Appointment Date for the patient.

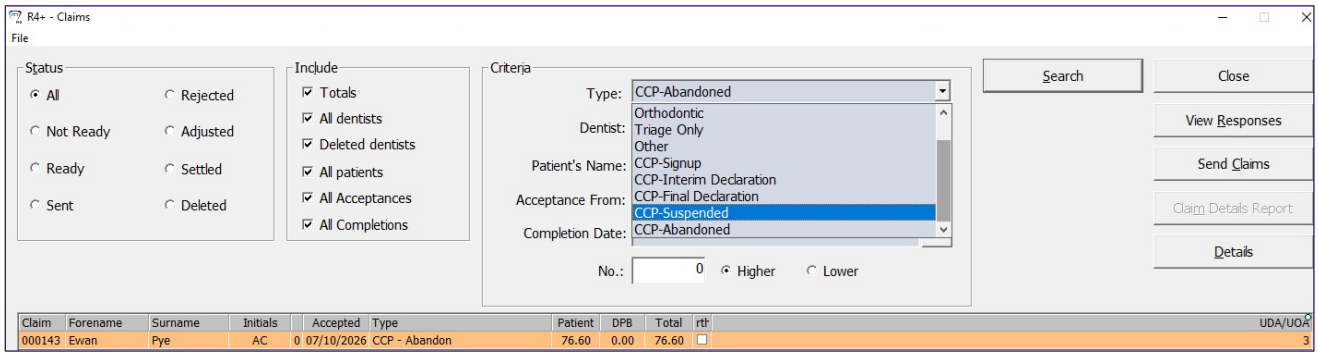
You must select the checkbox for the mandatory declaration, and there are also two optional declarations available for selection:

- **Mandatory Declaration**: I declare that all the treatment specified has not been provided to the patient or I declare that the patient's care pathway has been suspended.
- Optional Declarations:
  - (a) I declare a concurrent claim for a denture modification (which include reline or rebase) &/or repair & confirm that the denture has been fitted.
  - (b) I declare a concurrent claim for a Band 3 restoration & confirm that the restoration has been fitted.

Once the FP17 Claim moves to Ready to Send, Sent or Rejected, all Complex Care options are set to Read-Only.

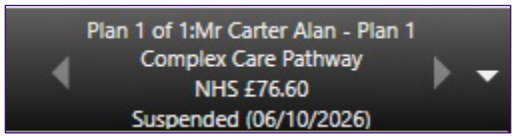
Note: From the EDI management, you can filter to **CCP-Suspended** or **CCP-Abandoned** in order to show suspended or abandoned pathway claims, and then send the claim.

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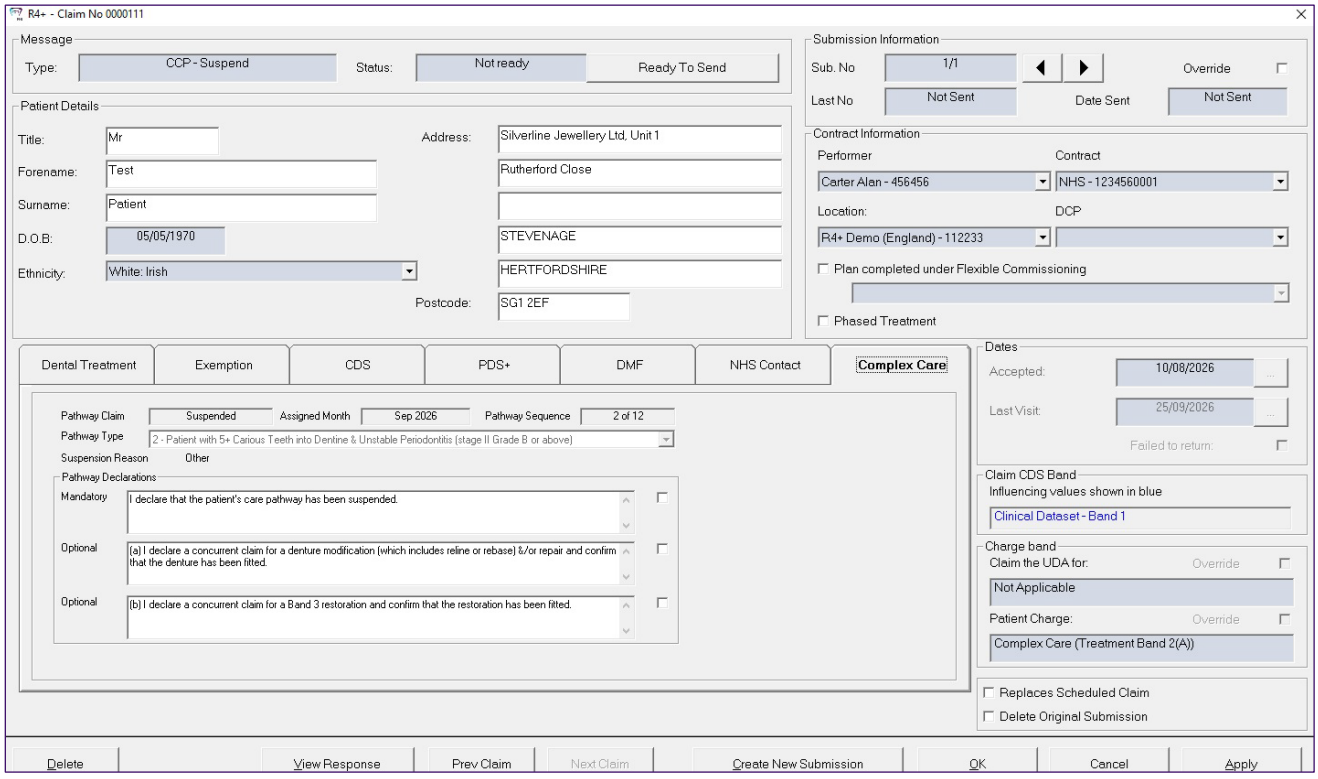
Resuming a Suspended Pathway

The Patient Chart shows the Suspended status of the pathway, along with the date in which it was suspended.



A suspended pathway can be resumed provided fewer than 3 months have passed since it was suspended. For CCP treatment plans that have been suspended for over 3 months, you only have the option to abandon.

You can resume a CCP from the Chart dropdown menu > **Resume Care Pathway** option. The **Resume Care Pathway** option is grayed out until the Suspension Declaration is sent to the NHS.



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This resumes the treatment plan, and if the latest Claim on the pathway has already been sent, a new Claim is started.

Once the 3-month window has passed, you are prompted at the point you next access the plan to choose one of two options:

- **Cancel** — Defers the decision. The plan remains in its current state, and the prompt reappears on next access.
  Note: A new NHS Course of Treatment cannot be started until the expired plan is abandoned, excluding Unscheduled Care or NHS Orthodontics. Private Insurance and Denplan courses are not affected.
- **Abandon** — Closes the plan. Any incomplete procedures still on the plan are deleted, and you cannot move them to a new plan, avoiding any potential issues that may stem from this action.

Note:

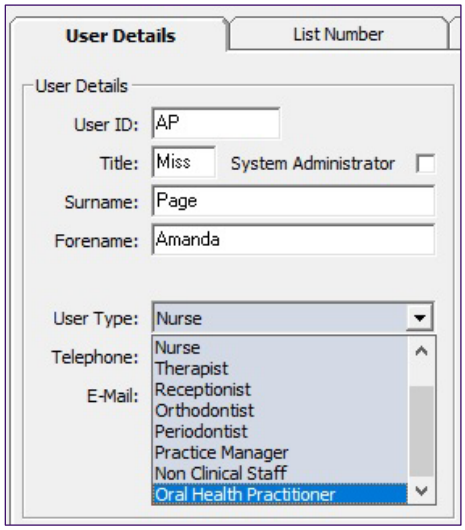
- A pathway that has been suspended with a settled suspension claim cannot be suspended a second time. The Suspend option from the Close, Abandon or Suspend Complex Care Pathway window is disabled in this case.
- If the pathway is resumed before the suspension claim is sent, you have the ability to suspend it again.
- If the NHSBSA rejects a suspension declaration, the treatment plan remains suspended and cannot be resumed. You can either correct and resubmit the declaration or delete it.

Workflow Changes for NHS England, IoM, Wales, & Scotland

Role: Clinician

New 'Oral Health Practitioner' Role

R4+ is introducing a new **Oral Health Practitioner (OHP)** role. This is a general clinical role, handled identically to Dentists, Hygienists, and Therapists, available from any region. From the User Details window, you can create a new user or edit an existing user, and simply set the User Type to **Oral Health Practitioner**.



Upon applying this update of R4+, Nurse users with NHS Contract membership are automatically migrated to

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the new Oral Health Practitioner role. Users with the Nurse role can no longer be selected as a Contract Performer and cannot create or take ownership of any treatment plan.

OHPs can be selected as Performers on FP17 Claims and, attached to an NHS Contract in England, Wales and the Isle of Man, or hold a List Number in Scotland and Northern Ireland. OHPs are listed in the EDI Search Dentist Filter and on the PIN Entry screen exactly as Dentists are (PIN functionally is relevant only where the user holds a contract membership).

OHPs are also in the Planner and have Diary and Clinic Default Opening hours, allowing for patient appointment bookings. They have the ability to modify hours in the Default Opening Hours screen and can also override their Appointment Book in the Closures & Holidays screen.

Important Note: An Oral Health Practitioner cannot be selected as a Registered Dentist or Hygienist, but further work is required to allow Recalls for this role, so registration status will be reviewed in the future.

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:

- Management and Reporting KPIs for the New ACV Contract Metrics
- Nurse Fluoride Varnish Reporting
- Recall Functionality for Oral Health Practitioner role
- Additional Complex Care Pathway Enhancements
- Additional Care Package Enhancements

For more information, see the R4+ Online Help.

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