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## Dental activity processing errors

This guide contains a list of dental activity processing errors, and provides details on how to correct them.

In this guide, there is listed general and orthodontic errors you might experience in England, Wales or the Isle of Man.

If you are struggling to correct an activity processing error after following the steps outlined in this guide, you can contact us.

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

Error Code	Description	Possible Causes	Suggested Action
101	Invalid Patient's Details	Invalid Patient's Surname, Previous Surname, Forename or Gender	Correct the claim.
102	Invalid Patient's Date of Birth	Caused by: <ul style="list-style-type: none"> <li>• the absence of a Date of Birth</li> <li>• the patient's Date of Birth being after a treatment date on the claim</li> <li>• an incorrect century has been used on a Date of Birth</li> </ul>	Correct the Date of Birth or the treatment date(s) on the claim appropriately
103	Invalid Date of Acceptance or Completion	If one of the dates is missing enter it into the appropriate field. If both dates are present, this is probably caused by either of Date of Acceptance or Completion being in the future.	Correct the date
104	Date of Completion prior to Date of Acceptance	The Date of Completion must be equal to or greater than Date of Acceptance.	Correct the dates.
105	Claim is too old to be processed	Claim is too old to be processed	Correct the treatment dates. Alternatively contact NHS Dental Services if the dates are correct.
106	Expected or Nursing Mother where the patient is male	Expected or Nursing Mother where the patient is male	Amend the patient to Female or remove the Expectant/Nursing Mother exemption
107	An ACORN Assessment has been carried out but the Exam Not Possible code is present	An ACORN Assessment has been carried out but the Exam Not Possible code is present	Remove the Exam Not Possible item
108	Invalid or excessive patient's charge entered	Invalid patient's charge entered	Amend to the correct value or remove

Error Code	Description	Possible Causes	Suggested Action
109	Remission or exemption box error due to: <ul style="list-style-type: none"> <li>• Remission/exemption category not valid according to claim date;</li> <li>• Inappropriate patient age;</li> <li>• Not appropriate to region;</li> <li>• Absence of a patient's charge on partial remission;</li> <li>• Child exemption claimed on general Reg 11;</li> <li>• Inappropriate treatment for the exemption;</li> </ul> or Not appropriate to the claim type	Remission/exemption category not valid according to claim date: Certain types of remission or exemption are only appropriate from a certain Date of Acceptance or cease to be valid after a certain date.	Amend the remission/exemption category, remove it or amend the Date of Acceptance
		Inappropriate patient's age: Some exemption categories only apply to patients of the appropriate age at the treatment date (Date of Acceptance on FP17s, Date of Referral on FP17O assessments).	Amend the remission/exemption category, remove it or amend the Date of Acceptance or Date of Birth if necessary

Error Code	Description	Possible Causes	Suggested Action
109		<p>Not appropriate to region: Some remission and exemption types are only applicable to England and not to Wales or vice versa. Also some exemptions and remissions are unique to the Isle of Man.</p>	<p>Amend the remission/exemption category or remove it.</p>
		<p>Absence of patient's charge on partial remission: When HC3 Certificate partial remission is entered there must be an accompanying non-zero patient's charge showing the value of the patient's contribution towards the treatment.</p>	<p>Amend the remission/exemption category, remove it or add the appropriate patient's charge</p>
		<p>Child exemption claimed on general Reg 11: Because a Reg 11 case necessarily involves a patient charge being entered, even on cases involving children, if the case does involve a</p>	<p>Remove the remission/exemption category</p>

Error Code	Description	Possible Causes	Suggested Action
109		child it is therefore not appropriate to enter the Patient Under 18 exemption category.	
		Inappropriate treatment for the exemption: Applies to the Welsh Free Exam exemption if the accompanying Band is not Band 1.	Remove the exemption or change the claim to Band 1
		Not Appropriate to the claim type: Applies of the Welsh Free Exam exemption is claimed on an FP17O.	Remove the exemption
110	An ACORN Assessment Carried Out code is present on the wrong type of claim	An ACORN Assessment Carried Out code can only be present on a claim that also includes Band 1, 2 or 3	Remove the ACORN Assessment Carried Out item
111	Treatment performed while clinician was on Long Term Sick Leave	Both the Date of Acceptance and Date of Completion on an FP17 are within the Long Term Sickness Leave period. If it is an FP17O, the Date of Assessment of an assessment claim, or the Date of Appliance Fitted, or the Date of Completion of a closure claim or ortho Reg 11 falls within the Long Term Sickness Leave period.	Review the dates of the claim

Error Code	Description	Possible Causes	Suggested Action
113	Quantity or tooth notation following treatment is incomplete or incorrect	No quantity entered where one is expected. Particularly affects PAR scores on ortho claims where the code 9414 appears but no quantity accompanies it.	If this is the case then remove the PAR score item or enter the appropriate score.

Error Code	Description	Possible Causes	Suggested Action
114	Non-existent treatment code submitted	A treatment code on the claim submission does not belong to the recognised set of codes acceptable to Compass	Contact your software supplier as to how the non-existent code could have been generated and transmitted
115	Treatment code not valid according to the region (England/Wales/IOM)	Treatment item used in the wrong region. Some treatment items are only appropriate to England and not to Wales and vice versa	Remove the treatment item(s) concerned and if appropriate, use the correct treatment item for the region concerned
119	No charge exempt item present for Charge Exempt Treatment Only claim	Charge Exempt Treatment Only claim has no charge exempt item treatment code	Add charge exempt item
123	Unscheduled Care used before 01/04/26	Unscheduled Care code 9190 is only appropriate for claims with a Date of Acceptance from 01/04/2026	Review and amend the Date of Acceptance if incorrect If the treatment date is correct, replace code 9190
124	Urgent Treatment for England dated on or after 01/04/26	Urgent Treatment for England is used on an FP17 with a Date of Acceptance from 01/04/2026	Review and amend the Date of Acceptance if incorrect If the treatment date is correct, use treatment code for Unscheduled Care
125	Unacceptable combination of treatment or data items on a claim	Often caused where a mixture of orthodontic codes and non-orthodontic codes are used on a claim. Also caused where there is more than one assessment or conclusion code on an FP17O.	Remove the inappropriate items.

Error Code	Description	Possible Causes	Suggested Action
		A triage related treatment code has been used on a normal FP17/FP17O claim	Remove triage treatment code
		A non-triage related treatment code has been included on a triage claim	Remove non-triage treatment code
		A charge exempt treatment only claim only allows treatment code 9025, 9151 , 9152, 9154, 9155, 9156, 9157, 9158, 9159, 9166, 9175, 9176, 9178, 9181 or 9182	Remove inappropriate treatment code

Error Code	Description	Possible Causes	Suggested Action
126	Declined Ethnic Origin used on or after 01/04/26	Declined Ethnic Origin only appropriate for with a Date of Acceptance prior to 01/04/2026	Review Date of Acceptance. If it is correct, select appropriate category for Ethnic Origin.
127	Advanced Mandatory Services and no Band 9150	Where Referral for AMS and its band are entered this governs the patient charge appropriate for the claim. However, there must also be a normal Band entered to govern the allocation of UDA to the non-referral part of the claim.	Enter the appropriate Band.
128	Inappropriate quantity associated with treatment/data item	Very often an Ethnic Origin quantity that does not equate with 01-16 or 99 (this is very hard to discern because Ethnic Origin is not displayed on screen).	Remove or amend appropriate ethnic origin entry. You may need to contact your software supplier for advice.
128		Can be generated where an incorrect value is entered for Referral for AMS (1 -3 allowed), NICE Guidance Recall Interval (1 - 24 allowed) or on an FP170, IOTN (1-5 allowed) or Aesthetic Component (1 - 10 allowed)	Remove or amend the incorrect quantity value. You may need to contact your software supplier for advice.

Error Code	Description	Possible Causes	Suggested Action
129	No treatment item which matches the band claimed is present on the claim	<p>Check currently temporarily suspended</p> <p>The claim has a Band that does not have any accompanying treatment details to justify that band being claimed. This is frequently caused by one of the following:</p> <ul style="list-style-type: none"> <li>* Other Treatment being claimed as the only significant item on a Band 2 or 3 claim</li> <li>* No Band 2 items on a Band 2 claim or no Band 1 or 2 items on an Urgent Treatment claim</li> </ul>	Amend the Band to an appropriate value or add the necessary banded treatment(s) to the claim
130	Treatment item claimed for a higher band than that entered on the claim	<p>Check currently temporarily suspended</p> <p>The claim has a treatment item present which relates to a higher band than that being claimed. This is frequently caused by one of the following:</p> <ul style="list-style-type: none"> <li>* Custom Made Appliance claimed on a non-Band 3 claim</li> <li>* Other Treatment claimed on an unbanded claim</li> </ul>	Amend the Band to an appropriate value or remove the inappropriate treatment item(s) from the claim

Error Code	Description	Possible Causes	Suggested Action
131	Treatment entered on claim that is not applicable to a Welsh Free Exam claim	On a Welsh claim that includes Free Exam exemption the only significant treatment items that can appear are a mandatory ACORN Assessment Carried Out or Interim Care Review plus possible Fluoride Varnish. The inclusion of any other Band 1 code (eg Radiographs, Cleaning and Instruction) will result in this error	Remove the Free Exam exemption or remove the non ACORN/Interim Care Review Band 1 items from the claim
132	Reg 11 claim without any replaceable appliance treatment item entered	Check currently temporarily suspended A Reg 11 claim does not include the appliance item that was replaced	Add the missing appliance item
133	Free Repair/Replacement claim without any repairable or replaceable treatment item entered	Check currently temporarily suspended A claim for Free Repair/Replacement Within 12 Months does not include any repairable or replaceable treatment item	Add the missing item that caused the free repair/replacement
134	Welsh Prescription Only claim without any prescribed items present	On a Welsh Prescription Only claim there is no accompanying prescribed item e.g. antibiotics, analgesics. One or more of these must be present	Add the prescribed item(s)

Error Code	Description	Possible Causes	Suggested Action
135	An ACORN Assessment or Examination code is mandatory on Welsh claims	From 1st April 2022 all Welsh FP17W claims must include either an ACORN Assessment Carried Out or one of the examination options viz. Exam not possible, Interim Care Review or Exam not necessary	Add the necessary ACORN or exam item
136	ACORN Assessment not appropriate for an Urgent Treatment claim	From 1st April 2022 ACORN Assessment Carried Out is not allowed on Urgent Treatment claims	Remove the ACORN Assessment Carried Out or change the claim to a Band 1 or 2 if appropriate
137	'Patient Presented With' is mandatory on all Welsh FP17W claims	Check currently suspended From 1st April all Welsh FP17W claims must include a reason why the patient presented at the surgery. This can either be: Routine Treatment Pain/Swelling Advice/Other	Add 'Patient Presented With' item and reason
138	ACORN used pre 1.4.20	ACORN Assessment Carried Out code 9179 is only appropriate for claims with a Date of Acceptance from 01/04/20	Review and amend the Date of Acceptance if incorrect If the treatment date is correct, remove code 9179
139	Flex Comm Flag pre 1.4.21	Flexible Commissioning Flag is only appropriate on English claims with a Date of Acceptance from 01/04/21	Review and amend the Date of Acceptance if incorrect.

Error Code	Description	Possible Causes	Suggested Action
			If the treatment date is correct, remove code 9181
140	Commissioner Approved used on child or on a non-assessment claim or on a claim with Date of Assessment pre 01/04/19	Commissioner Approved code 9177 can only be used on an English FP170 claim for a patient who is an adult at the Date of Referral and can only be used on an FP170 Assess and Review, Assess and Refuse or Assess/Appliance Fit claim where the Date of Assessment is from 01/04/19	Review and amend the Date of Referral or Date of Birth where necessary. If it is not on an assessment claim or if the treatment dates are correct, remove code 9177.
141	Scale and Polish post 31.3.20	Scale and Polish code 9301 no longer appropriate for Welsh claims with a Date of Acceptance from 01/04/20	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct, remove code 9301 and replace with a more up to date code.
142	Endodontic Treatment post 31.3.22	Endodontics code 9305 no longer appropriate for Welsh claims with a Date of Acceptance from 01/04/22	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct, remove code 9305 and replace with either code 9370 (Molar Endodontics) or 9371 (Non-molar Endodontics).
143	Extractions post 31.3.22	Extractions code 9307 no longer appropriate for Welsh claims with a Date of Acceptance from 01/04/22	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct, remove code 9307 and replace with either code 9373 (Non-surgical extraction) or 9374 (Surgical Removal)

Error Code	Description	Possible Causes	Suggested Action
144	Upper Metal Denture used between 1.4.20 and 31.3.22	Upper Metal Denture code 9311 was not used for Welsh claims with Dates of Acceptance between 01/04/20 and 31/03/22	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct and is between 01/04/20 and 31/03/22 then remove code 9311 and replace with code 9334 plus the number of dentures supplied
145	Lower Metal Denture used between 1.4.20 and 31.3.22	Lower Metal Denture code 9312 was not used for Welsh claims with Dates of Acceptance between 01/04/20 and 31/03/22	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct and is between 01/04/20 and 31/03/22 then remove code 9312 and replace with code 9334 plus the number of dentures supplied
146	Inlays post 31.3.20	Inlays code 9314 no longer appropriate for Welsh claims with a Date of Acceptance from 01/04/20	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove code 9314 and replace with code 9336 for Onlays
147	Examination code post 31.3.20	Examination code 9317 no longer appropriate for Welsh claims with a Date of Acceptance from 01/04/20	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove code 9317 and replace with a more up to date Examination code
148	Antibiotics code post 31.3.20	Antibiotics code 9318 no longer appropriate for Welsh claims with a Date of Acceptance from 01/04/20	Review and amend the Date of Acceptance if incorrect.

Error Code	Description	Possible Causes	Suggested Action
			If the treatment date is correct remove code 9318.
149	Best Practice Prevention post 31.3.20	Best Practice Prevention code 9173 no longer appropriate for Welsh claims with a Date of Acceptance from 01/04/20	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove code 9173.
150	9333 pre 1.4.20 or after 31.3.22	Code 9333 for Toothbrushing Instruction/Inter Dental Cleaning/Plaque Retentive Factors was only appropriate for Welsh claims with a Date of Acceptance between 01/04/20 and 31/03/22	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove code 9333 and replace with a more up to date Cleaning and Instruction code
151	Metal Denture used pre 1.4.20 or post 31.3.22	Code 9334 for Metal Dentures was only appropriate for Welsh claims with a Date of Acceptance between 01/04/20 and 31/03/22	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove code 9334 and replace with code 9311 for an Upper Metal Denture and/or 9312 for a Lower Metal Denture plus the number of teeth involved in each.
152	Prevention and Stabilisation pre 1.4.20	Prevention and Stabilisation code 9335 is only appropriate for Welsh claims with a Date of Acceptance from 01/04/20	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove code 9335

Error Code	Description	Possible Causes	Suggested Action
153	Onlays pre 1.4.20	Onlays code 9336 is only appropriate for Welsh claims with a Date of Acceptance from 01/04/20	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove code 9336
154	Examination pre 1.4.20 or post 31.3.22	Code 9337 for Examination was only appropriate for Welsh claims with a Date of Acceptance between 01/04/20 and 31/03/22	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove code 9337 and replace with code 9357 plus a value of 0 (Exam Not Possible), 1 (Interim Care Review) or 3 (Exam Not Necessary)
155	Preformed Crowns pre 01.04.20 (Wales) or pre-01.12.21 (England)	Preformed Crowns code 9338 is only appropriate for English claims with a Date of Acceptance from 01/12/21 and for Welsh claims with a Date of Acceptance from 01/04/20	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove code 9338
156	Advanced Perio RSD pre 01.04.20 (Wales) or pre 01.12.21 (England)	Advanced Perio RSD code 9339 is only appropriate for English claims with a Date of Acceptance from 01/12/21 and for Welsh claims with a Date of Acceptance from 01/04/20	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove code 9339
157	AGP Indicator pre 23.3.20 (England) or pre 01.12.21 (Wales)	AGP Indicator code 9340 is only appropriate for English claims with a Date of Acceptance from 23/03/20	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove code 9340

Error Code	Description	Possible Causes	Suggested Action
		and for Welsh claims with a Date of Acceptance from 01/12/21	
158	Patient COVID Status pre 23.3.20 (England)	Patient COVID Status codes 9615 to 9619 are only appropriate for English claims with a Date of Acceptance from 23/03/20	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove the code
159	Custom Made Occlusal Appliance pre 1.12.21	Custom Made Occlusal Appliance codes 9376 and 9377 are only appropriate for claims with a Date of Acceptance from 01/12/21	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove the code
160	Denture Additions/Reline/Rebase pre 1.12.21	Denture Additions/Reline/Rebase code 9353 is only appropriate for claims with a Date of Acceptance from 01/12/21	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove code 9353
161	Phased Treatment pre 1.12.21	Phased Treatment code 9375 is only appropriate for English claims with a Date of Acceptance from 01/12/21	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove code 9375
162	Plaque Score pre 1.4.22	Plaque Score code 9351 is only appropriate for Welsh claims with a Date of Acceptance from 01/04/22	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove code 9351
163	Basic Perio Exam pre 1.4.22	Basic Perio Exam Score codes 9341 to 9347 are only appropriate for Welsh	Review and amend the Date of Acceptance if incorrect.

Error Code	Description	Possible Causes	Suggested Action
		claims with a Date of Acceptance from 01/04/22	If the treatment date is correct remove the codes
164	Removal of Plaque Retentive Factors pre 1.4.22	Removal of Plaque Retentive Factors code 9348 is only appropriate for Welsh claims with a Date of Acceptance from 01/04/22	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove code 9348 and replace with code 9333
165	Toothbrushing Advice pre 1.4.22	Toothbrushing Advice code 9349 is only appropriate for Welsh claims with a Date of Acceptance from 01/04/22	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove code 9349
166	Inter Dental Cleaning Aids pre 1.4.22	Inter Dental Cleaning Aids code 9350 is only appropriate for Welsh claims with a Date of Acceptance from 01/04/22	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove code 9350
167	OHI Improvement Plan pre 1.4.22	OHI Improvement Plan code 9351 is only appropriate for Welsh claims with a Date of Acceptance from 01/04/22	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove code 9351
168	Virtual Consultation pre 1.4.22	Virtual Consultation code 9354 is only appropriate for Welsh claims with a Date of Acceptance from 01/04/22	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove code 9354
169	Caries Treatment Offered pre 1.4.22	Caries Treatment Offered code 9355 is only appropriate for Welsh claims	Review and amend the Date of Acceptance if incorrect.

Error Code	Description	Possible Causes	Suggested Action
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		with a Date of Acceptance from 01/04/22	If the treatment date is correct remove code 9355
170	Perio Treatment Offered pre 1.4.22	Perio Treatment Offered code 9356 is only appropriate for Welsh claims with a Date of Acceptance from 01/04/22	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove code 9356
171	Examination pre 1.4.22	New Examination code 9357 is only appropriate for Welsh claims with a Date of Acceptance from 01/04/22	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove code 9357 and replace with the appropriate examination code
172	Prescribed Items pre 1.4.22	Prescribed Items codes 9358 to 9365 are only appropriate for Welsh claims with a Date of Acceptance from 01/04/22	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove the codes
173	New Best Practice Prevention codes pre 1.4.22	New Best Practice Prevention codes 9366 to 9369 are only appropriate for Welsh claims with a Date of Acceptance from 01/04/22	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove the codes
174	Endodontics - Molar Pre 01.4.22 (Wales), pre 01.10.22 (England), pre 01.10.25 (IOM)	New Endodontics - Molar code 9370 only appropriate for Welsh claims with a Date of Acceptance from 01/04/22 or for English claims with a Date of Acceptance from 01/10/22 or for IOM claims with a Date of Acceptance from 01/10/25.	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove code 9370 and replace with the previous endodontics code 9305

Error Code	Description	Possible Causes	Suggested Action
175	Endodontics - Non Molar Pre 01.04.22 (Wales) or pre 01.10.22 (England), pre 01.10.25 (IOM)	New Endodontics - Non-Molar code 9371 only appropriate for Welsh claims with a Date of Acceptance from 01/04/22 or for English claims with a Date of Acceptance from 01/10/22 or for IOM claims with a Date of Acceptance from 01/10/25.	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove code 9371 and replace with the previous endodontics code 9305
176	Patient Presented With Pre 1.4.22	Patient Presented With code 9372 only appropriate for Welsh claims with a Date of Acceptance from 01/04/22	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove code 9372
177	Non-surgical Extraction Pre 1.4.22	New Non-surgical Extraction code 9373 only appropriate for Welsh claims with a Date of Acceptance from 01/04/22	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove code 9373 and replace with the previous extractions code 9307
178	Surgical Removal Pre 1.4.22	New Surgical removal code 9374 only appropriate for Welsh claims with a Date of Acceptance from 01/04/22	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove code 9374 and replace with the previous extractions code 9307
179	DCP used prematurely	Dental Care Professional GDC Number and Type (code 9178) only appropriate for Welsh claims with a Date of Acceptance from 01/04/20 or	Review and amend the Date of Acceptance if incorrect. If the treatment date is correct remove code 9178 and the DCP's GDC Number for the claim

Error Code	Description	Possible Causes	Suggested Action
		English claims with a Date of Acceptance from 01/10/22.	
180	Treatment Proposed on non-Fit claim or Treatment Completed/Abandoned/Discontinued on inappropriate claim	Treatment Proposed code 9415 1 can only be used on an English FP170 Assess/Appliance Fit claim whose Date of Assessment is from 01/04/19 and Treatment Completed/Abandoned/Discontinued code 9415 can only be used on an English FP170 Treatment Completed, Treatment Abandoned or Treatment Discontinued claim whose Date of Completion is from 01/04/19	Review and amend the treatment dates if incorrect. If the treatment dates are correct remove code 9415
181	Inappropriate PAR Scores	Pre or Post Treatment PAR Scores (codes 9413 and 9414) can only be used on English FP170 Completion claim with a Date of Completion from 01/04/19	Review and amend the Date of Completion if incorrect. If the treatment date is correct remove the codes
182	Triage Pre 23.3.20	Triage claims are only applicable from 23/03/20	Review and amend the triage date if incorrect. Otherwise, withdraw the triage claim
183	Welsh Free Exam without ACORN or Interim Care Review	Welsh Free Exam claimed without ACORN or Interim Care Review on the claim.	Add one of code 9179 for ACORN (plus all necessary ACORN items) or code 9357 with a value of 1 for Interim Care Review. Otherwise. Remove the Free Exam exemption

Error Code	Description	Possible Causes	Suggested Action
184	Treatment Band entered on Reg 11 claim	Treatment Band entered on Reg 11 claim	If the Reg 11 does apply to the claim then remove the code 9150 for treatment band
185	Treatment on Referral and Referral for AMS on the same claim	Treatment on Referral and Referral for AMS on the same claim	<p>If the treatment is being referred to another dentist for AMS then remove the Treatment on Referral item.</p> <p>If the treatment is being performed under referral from another dentist then remove the Referral for AMS band.</p> <p>Both cannot exist on the same claim</p>
186	Basic Perio exam with fewer than 6 sextant scores	Basic Periodontal exam scores must have scores for all 6 sextants present	Ensure that scores exist for all 6 sextants. If one sextant is not available then record this as “-“ which will generate a notional score of 5 against the BPE code for that sextant
187	ACORN and Examination both on same claim	ACORN Assessment Carried Out code 9179 and Examination code 9357 both on the same claim	Code 9357 should only be used where a full ACORN Assessment is not appropriate to the course of treatment
188	DMF codes on ortho claim	DMF codes 9320 to 9325 present on an FP170	Remove the DMF codes from the FP170 claim
191	Molar or Non-Molar Endodontics on a claim dated prior to 01/10/22	Codes 9370 or 9371 used on claim with a Date of Acceptance pre 01/10/22	If Date of Acceptance is correct then use the old endodontics code 9305.

Error Code	Description	Possible Causes	Suggested Action
192	Old endodontics code 9305 no longer applicable	Old endodontics code 9305 not applicable to claims dated on or after 01/10/22 in England, on or after 01/04/22 in Wales, on or after 01/10/25 in IOM	If Date of Acceptance is correct then use one of the new endodontics codes 9370 (Molar Endodontics) or 9371 (Non-molar endodontics)
193	Highest BPE Sextant Score code 9378 is mandatory	Check currently suspended and replaced by a comment. Missing code 9378 on an adult English Band 1, 2 or 3 claim with a Date of Acceptance from 01/10/22	Add the Highest BPE Sextant Score code 9378
194	Number of Untreated Decayed Teeth code 9379 is mandatory	Check currently suspended and replaced by a comment. Missing code 9379 on an adult English Band 1, 2 or 3 claim with a Date of Acceptance from 01/10/22	Add the number of Untreated Decayed Teeth code 9379
195	Recall Interval is mandatory	Check currently suspended and replaced by a comment. Missing code 9172 on an adult English Band 1, 2 or 3 claim with a Date of Acceptance from 01/10/22	Add the Recall Interval in months with code 9172
196	Highest BPE Score not applicable to claims dated before 01/10/22	Highest BPE Score not applicable to claims dated before 01/10/22	Remove Highest BPE Score or correct the treatment dates.

Error Code	Description	Possible Causes	Suggested Action
197	Untreated Decayed Teeth not applicable to claims dated before 01/10/2022	Untreated Decayed Teeth not applicable to claims dated before 01/10/2022	Remove Untreated Decayed Teeth or correct the treatment dates.
198	Assess and Debond - Overseas Patient on a claim dated prior to 01/10/22	Code 9016 for Assess and Debond - Overseas Patient used on a claim with a Date of Assessment prior to 01/10/22 Assess and Debonds cannot be	Review Date of Assessment or remove 9016 Assess and Debond - Overseas Patient

Error Code	Description	Possible Causes	Suggested Action
		claimed if the Date of Assessment is prior to 01/10/22	
199	Missing Fluoride Varnish or invalid treatment carried out by a Direct Access Dental Nurse or patient not under 16 at Date of Acceptance	Clinical Data Set for Fluoride Varnish is missing	Add Fluoride Varnish
DCP Direct Access Clinician Type is not a Dental Nurse		Use the correct value for Dental Nurse	
Treatment other than Fluoride Varnish is on the claim		Remove inappropriate treatment codes	
The patient is over 16 years of age on the Date of Acceptance		Review the patient's Date of Birth or the Date of Acceptance	
Treatment code 9160 - Charge Exempt Treatment Only and Treatment code 9151 – Nurse Applied Fluoride Varnish are missing		Add Charge Exempt Treatment Only and Nurse Applied Fluoride Varnish	
200	Dental Nurse applied Fluoride Varnish less than 3 months after Banded course of treatment	The Date of Acceptance is within three months of the date of completion of a previous claim for Band 1, 2 or 3, or Nurse applied fluoride varnish, for the same patient under the same contract, provider or clinician	Review Date of Acceptance

Error Code	Description	Possible Causes	Suggested Action
201	Dental Nurse treatment carried out before 01/04/26	A claim with the Date of Acceptance before 01/04/2026 is provided by a Dental Nurse	Review Date of Acceptance
202	Complex Care Pathway submission items submitted too early	Complex Care Pathway submission items prior to designated start date	Review Date of Acceptance. If it is correct, remove Complex Care Pathway codes
203	Unscheduled Care not acceptable with Band, Reg 11 or Charge Exempt	Unscheduled Care is entered on a Band 1, 2 or 3, Regulation 11, Charge Exempt item, Care Pathway or Orthodontic claim	Remove inappropriate treatment codes
204	Code 9384 (Denture Reline) or 9385 (Denture Additions) used prior to 01/04/26	Code 9384 (Denture Reline) or 9385 (Denture Additions) is used on a claim with the Date of Acceptance before 01/04/2026	Review Date of Acceptance. If it is correct, use the old treatment code 9353 instead
205	Code 9353 (Denture Additions/Reline/Rebase) no longer applicable from 01/04/26	Code 9353 (Denture Additions/Reline/Rebase) is used on a claim with the Date of Acceptance after 01/04/2026	Review Date of Acceptance. If it is correct, use the appropriate new treatment code instead
206	Complex Care Pathway but patient is under 16 years old	Complex Care Pathway but patient is under 16 years old	Review patient's Date of Birth. If it is correct, remove Complex Care Pathway codes

Error Code	Description	Possible Causes	Suggested Action
207	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	Use the patient's NHS Number.
208	Invalid Submission Number accompanying Complex Care Pathway claim	The Submission Number is missing or outside the acceptable range.	Add the correct Submission Number if it is missing or outside the acceptable range.
		Code 9196 is not on the final Submission Number.	Add code 9196 if it is the final submission claim
		Code 9194 or 9195 is on Submission Number 1.	Remove code 9194 or 9195 if it is Submission Number 1 claim.
		The final submission does not contain one of codes 9194, 9195 or 9196.	Add code 9194, 9195 or 9196 on the final submission claim.
		Code 9194 or 9195 is not accompanied by a valid value.	Add an appropriate value to code 9194 or 9195.

Error Code	Description	Possible Causes	Suggested Action
209	Incompatible Care Pathway declarations	<p>More than one of codes 9194, 9195 or 9196 is present.</p> <p>Care Pathway declaration is not acceptable with the rules.</p> <p>Declaration for a denture modification, denture repair or Band 3 course of treatment that overlaps a Complex Care Pathway is not acceptable with the rules.</p>	<p>If more than one of codes 9194, 9195 or 9196 is present, remove the incorrect one(s).</p> <p>Amend declaration value.</p>
210	Mandatory codes missing from final Care Pathway claims	Code 9194, 9195 or 9196 is not accompanied by one of codes 9191, 9192 or 9193.	Add code 9191, 9192 or 9193.
211	Welsh Contract Reform Package claims not applicable prior to 01/04/26	Welsh Care Package claimed on a claim with a Date of Completion before 1 April 2026.	Review Date of Completion. If it is correct, remove Care Packages and submit it as a Banded claim.
212	Urgent Care Package not allowed with Non-Urgent Care Packages	Non-Urgent Care Package code is present with Urgent Care Package.	If Urgent Care Package should be claimed, then remove codes for Non-Urgent Care Packages
214	Non-urgent care package elements not defined	No code present to indicate which care package(s) or warranty items are claimed.	Add appropriate non-urgent care package(s)

Error Code	Description	Possible Causes	Suggested Action
215	Initial assessment claimed with other packages	A New Patient Assessment Package 9212 is not the only package present on a claim.	If New Patient Assessment package should be claimed, then remove other package(s).
216	Incomplete Treatment inappropriately claimed	Welsh incomplete treatment claimed without value 0.	If the treatment was incomplete, add value 0 to code 9164
		Only a new patient assessment or recall care package is claimed.	If only a new patient assessment or recall care package is claimed, remove Incomplete Treatment code 9164
217	No laboratory fee for Welsh appliance claim	Laboratory fee is missing or less than zero on a claim.	Add laboratory fee.
218	Excessive laboratory fee claimed	Laboratory fee is greater than £1,000 but lab fee commissioner approved code (9218) is not present.	Review laboratory fee. If it is correct and it has been approved by a commissioner, add lab fee commissioner approved code.
219	Laboratory fee not appropriate for the package claimed	Laboratory fee is greater than zero but no valid Care Package (9218, 9219, 9221) is claimed and incomplete treatment code (9164) is not present	Review care packages. If they are correct, enter a zero as laboratory fee. If not, add additional care packages that occur laboratory fee.

Error Code	Description	Possible Causes	Suggested Action
220	Charge exempt items must be claimed with Miscellaneous Care Package	Charge exempt items present without Miscellaneous Care Package	Add Miscellaneous Care Package
221	Reg 11 no longer applicable for Welsh claims	General Reg 11 claimed on a Welsh claim with a Date of Acceptance on or after 1 April 2026	Review Date of Acceptance. If it is correct, appropriate care packages should be claimed.
222	Inappropriate treatment included on a Replacement bridge or denture claim		
223	Treatment bands no longer appropriate for Welsh claims	Banded course of treatment on a Welsh claim with a Date of Acceptance on or after 1 April 2026.	Review Date of Acceptance. If it is correct, remove code 9150.
224	Further Treatment no longer appropriate for Welsh claims	Further treatment on a Welsh claim with a Date of Acceptance on or after 1 April 2026.	Review Date of Acceptance. If it is correct, remove code 9163.
225	High Needs Referral indicator only applies to Wales contract	High Needs Referral indicator on a non-Welsh claim	Remove High Needs Referral indicator.

Error Code	Description	Possible Causes	Suggested Action
226	Code 9153 not applicable for contracts in Wales after 1/4/26	Free repair/replacement is present on a Welsh claim with a Date of Acceptance on or after 1 April 2026.	Review Date of Acceptance. If it is correct, remove code 9153.
227	Treatment on referral flag not applicable in Wales after 1/4/26	Treatment on referral flag is present on a Welsh claim with a Date of Acceptance on or after 1 April 2026.	Review Date of Acceptance. If it is correct, remove treatment on referral flag.
228	Referral for AMS used after 01/04/26	Referral for AMS is present on a Welsh claim with a Date of Acceptance on or after 1 April 2026.	Review Date of Acceptance. If it is correct, remove Referral for AMS code 9139.
229	An ACORN Assessment is mandatory on New/Initial Assessment care package claims	An ACORN assessment is missing on a claim where New Patient Assessment care package is claimed.	Add ACORN assessment.
231	Charge Exempt Treatment Only (9160) used before 01/04/26	Charge Exempt Treatment Only is only appropriate for claims with Date of Acceptance on or after 1 April 2026.	Review Date of Acceptance. If it is correct, remove Charge Exempt Treatment Only.
257	Claim already deleted	The claim being updated has already been simultaneously deleted by another user. Usually caused by two users, or more commonly two Compass sessions, accessing the same claim at the same time.	Use Compass to re-locate the claim and assess whether the desired action has been carried out.

Error Code	Description	Possible Causes	Suggested Action
401	Claim overlaps/duplicates an existing claim for the same patient the same contract or performer	<p>On FP17s the dates of acceptance and completion match or overlap with the dates of acceptance and completion of a previously processed claim for the same patient under the same provider, contract or performer.</p> <p>On orthodontic claims this is where the Date of Assessment matches that of a previous FP17O claim for the same patient or, for a conclusion claim, where the Date of Completion matches that of a previous FP17O</p>	<p>Check the dates of the claim and amend as necessary. May also require the amendment of the dates of the previously processed claim too.</p> <p>Alternatively, if the rejected claim was designed to supersede the previous one then use the SQ Ind procedure to replace the previous claim using the previous claim's original Claim Reference Number.</p> <p>Otherwise do not resubmit the claim</p>

Error Code	Description	Possible Causes	Suggested Action
		claim for the same patient, under the same provider, contract or performer	
404	New Care Pathway claimed where one already exists	New Care Pathway claimed where a Banded course of treatment or a previous Care Pathway has been completed within the previous 24 months (Pathways 1 and 2) or 3 months (Pathway 3)	Review the Date of Acceptance.
405	Care Pathway submission not in sequence order	Care Pathway submission not in sequence order	Amend submission number
406	Care Pathway submission number already exists	Care Pathway submission number already exists	Amend submission number
407	Claim not allowed due to the presence of an open Care Pathway	Claim not allowed due to the presence of an open Care Pathway	If it is a denture modification, denture repair or Band 3 course of treatment, amend declaration value.

Error Code	Description	Possible Causes	Suggested Action
408	Care Pathway declaration submitted too soon after the previous claim in the package	Care Pathway declaration submitted too soon after the previous claim in the package	
409	New/Initial patient assessment where patient has previous history with provider/clinician	New Patient Assessment package was submitted for a patient who had received treatment from the same provider, contract or clinician in the previous 36 months.	Review Date of Acceptance and amend as necessary or replace New Patient Assessment care package with an appropriate recall care package
		Another very common cause for this is the inability to find the previous claim because (a) the patient has moved house in the meantime or (b) has visited another practice in the meantime. In both instances, in the absence of the unique NHS Number being used, Compass has assumed that patient to be a different person to that of the original course of treatment	Reference to NHS Dental Services is advisable.
410	Recall where no previous history found for patient with provider/clinician	Recall package was submitted for a patient who had not received treatment from the same provider, contract or clinician in the previous 36 months.	Review Date of Acceptance and amend as necessary

Error Code	Description	Possible Causes	Suggested Action
		<p>Another very common cause for this is the inability to find the previous claim because (a) the patient has moved house in the meantime or (b) has visited another practice in the meantime. In both instances, in the absence of the unique NHS Number being used, Compass has assumed that patient to be a different person to that of the original course of treatment</p>	<p>Reference to NHS Dental Services is advisable.</p>
411	<p>Maximum number of recalls exceeded for the year</p>	<p>More than 4 claims for assessment or recall packages have bene made within the 12 months up to the Date of Acceptance</p>	
412	<p>Claim found for this patient pertaining to a different Care Pathway</p>		
501	<p>Invalid contract number or performer</p>	<p>Invalid contract number or performer</p>	<p>Correct the claim.</p>

Error Code	Description	Possible Causes	Suggested Action
505	Claim dates are outside of the contract dates or performer's tenure with that contract	<p>On an FP17 the dates of acceptance and completion are both outside of the contract dates or the performer's tenure.</p> <p>On an FP17O Assess and Review or Assess and Refuse claim, the Date of Assessment is outside of the contract dates or the performer's tenure.</p> <p>On an FP17O Assess/Appliance Fitted claims the Date Appliance Fitted is outside of the contract dates or the performer's tenure.</p> <p>For any other FP17O claim the Date</p>	Check the dates of the contract or the performer's tenure on Compass and amend the claim dates as appropriate. If the contract dates or tenure dates are incorrect then consult the local health body.

Error Code	Description	Possible Causes	Suggested Action
		of Completion is outside the contract dates or the performer's tenure.	
509	Performer Authorised Leave Error	<del>Check currently suspended. Performer Authorised Leave Error. Treatment carried out wholly within a period of authorised leave for the performer concerned.</del>	Review the dates of the claim.
510	DCP cannot be found on GDC register or is suspended	DCP cannot be found on GDC register or is suspended. Sometimes caused when the GDC Number entered is actually that for a dentist and not a DCP.	Check the GDC Number of the DCP.
511	Date of Completion prior to DCP's registration date	According to the records on Compass the DCP entered on the claim was yet not registered at any point during the course of treatment being claimed.	Check the GDC Number of the DCP or the Date of Acceptance of the claim.

Error Code	Description	Possible Causes	Suggested Action
512	DCP Direct Access treatment is not allowed for this claim	Code 9182 containing the DCP Type has been used prematurely	Will not happen now that DCPs have been set for all regions
513	DCP Direct Access treatment may not be specified for Dental Performer	Code 9182 indicating that a DCP Clinician has carried out the treatment has been used where the Personal Id on the claim identifies a dentist	Remove the code 9182 or change the personal id to that of a Direct Access DCP clinician
514	DCP Direct Access Type missing, is inappropriate or does not match the clinician on the claim	The personal id the claim identifies a Direct Access clinician but either code 9182 is absent or the DCP Type specified does not equate with the DCP's specialties	Add or amend code 9182 with the correct DCP Type for the clinician concerned
515	Dental Performer must carry out treatment unless DCP Direct Access Type specified	The personal id the claim identifies a Direct Access clinician, but no code 9182 is present	Add code 9182 with the correct DCP Type for the clinician concerned
516	Invalid value supplied for DCP Type code 9178	An incorrect value has been used for the assisting DCP Type code 9178	Amend the value accompanying code 9178

Error Code	Description	Possible Causes	Suggested Action
605	Patient details correspond with more than one existing patient for the contract concerned	<p>Possibly mis-spelled patient's surname corresponds with more than one existing patient for the contract concerned.</p> <p>For on-line created claims, if the patient entered cannot be found on the list of patients for the contract concerned but a single entry can be found with a very similar surname spelling it will be assumed to be a match with that patient if all other factors (forename, sex and date of birth) match. This error occurs where more than one potential match is found.</p> <p>It is likely that the patient's surname on the claim is mis-spelled or that the surname(s) on an existing claim for the patient on our database is mis-spelled. To find the potential matches enter your contract, the patient's forename and the patient's date of birth on the Activity Search (Detail) screen.</p>	Correct any mis-spellings encountered.

Error Code	Description	Possible Causes	Suggested Action
804	Treatment code appears more than once on the same claim	Usually a claim with two Bands or an FP170 with two IOTN and/or Aesthetic Component codes present.	Remove the inappropriate item.
854	Missing or Invalid Location Id	Missing Location Id or the Location Id is not linked to the contract concerned	Correct the Location Id or ensure that the Location is added to the contract.
856	No significant treatment found on the claim	<p>An F17, to be valid, must have one, and one only, of the following treatment items present:</p> <ul style="list-style-type: none"> <li>Band</li> <li>Urgent Treatment (also known as Band 4)</li> <li>Prescription Issued</li> <li>Repairs to Dentures</li> <li>Repairs to Bridges</li> <li>Arrest of Bleeding</li> <li>Removal of Sutures</li> <li>Reg 11</li> </ul> <p>Those treatments may be absent and accepted as long as there is a Domiciliary Services or Sedations recorded</p> <p>On an FP170 one, and one only, of the following treatments must be</p>	Enter whichever of the aforementioned items applies.

Error Code	Description	Possible Causes	Suggested Action
		<p>present:  Assess and Review  Assess and Refuse  Assess/Appliance Fitted  Treatment Completed  Treatment Abandoned  Treatment Discontinued  Ortho Reg 11  Repair to an Appliance</p>	
858	Date missing on an orthodontic claim	<p>Date of Assessment and/or Date Appliance Fitted missing on an orthodontic assessment claim or Date of Completion missing on an orthodontic conclusion claim, an Ortho Reg 11 claim or a Repair to Appliance claim.</p> <p>Date of Assessment is mandatory on an FP17O assessment claim  Date Appliance Fitted is mandatory on an FP17O Assess/Appliance Fitted claim  Date of Completion is mandatory on any other type of FP17O claim</p>	Enter the hitherto missing date.

Error Code	Description	Possible Causes	Suggested Action
859	Aesthetic component missing on an FP17O with IOTN value of 3	Any FP17O with an IOTN score of 3 must be accompanied by an Aesthetic Component value in the range 1 to 10	Enter the Aesthetic value or amend the IOTN value.
860	Incomplete Treatment Band not consistent with Band claimed	<p>Incomplete Treatment Band claimed on an Urgent Treatment claim;</p> <p>Incomplete Treatment Band greater than the accompanying Band;</p> <p>There is no accompanying Band</p> <p>The Incomplete Treatment Band governs any patient charge to be levied on a course of treatment where not all the planned treatment has been carried out. However, the Band for the planned treatment governs the UDA awarded so must also be present but must be of a greater or equal value to any Incomplete Treatment Band entered. Incomplete Treatment Bands are not appropriate to be claimed for urgent courses of treatment.</p>	Remove or amend the Incomplete Treatment Band or amend the main Band

Error Code	Description	Possible Causes	Suggested Action
862	Invalid or inconsistent dates on an FP170	<p>Invalid or future dates on an FP170, Date of Referral after Date of Assessment or Date of Assessment after Date Appliance Fitted</p> <p>On an FP170 assessment claim the Date of Referral must be prior to or equal to the Date of Assessment.</p> <p>On an FP170 Assess/Appliance Fitted claim the Date of Assessment must be prior to or equal to the Date Appliance Fitted</p>	Amend the dates appropriately
863	Inappropriate patient's charge accompanying Reg 11 (Reg 9 in Isle of Man) claim	The patient charge entered on a Reg 11 claim (Reg 9 in the IOM) does not equal, or is not within a £1.00 tolerance of, the appropriate Reg 11 charge or twice the appropriate Reg 11 charge	Amend the patient charge to the correct value for the date of the claim.
864	Inappropriate patient's charge accompanying an orthodontic Reg 11 (Reg 9 in Isle of Man) claim	The patient charge entered on an orthodontic Reg 11 claim (Reg 9 in the IOM) does not equal, or is not within a £1.00 tolerance of, the appropriate Reg 11 charge or twice the appropriate Reg 11 charge	Amend the patient charge to the correct value for the date of the claim.

Error Code	Description	Possible Causes	Suggested Action
865	Ortho Assessment accompanying a Reg 11 claim (Reg 9 in Isle of Man)	<p>A Reg 11 claim on an FP17O must not be accompanied by any of the following forms of treatment:</p> <ul style="list-style-type: none"> <li>Assess and Review</li> <li>Assess and Refuse</li> <li>Assess/Appliance Fitted</li> <li>Treatment Completed</li> <li>Treatment Abandoned</li> <li>Treatment Discontinued</li> <li>Repair to Appliance</li> </ul>	Remove the treatment which clashes or the Reg 11 from the claim
867	Patient charge present on a referral claim where Domiciliary Services or Sedation Services absent	A claim with Treatment on Referral should be free to the patient unless Domiciliary Services or Sedations are present.	Remove the patient charge or the Treatment on Referral indicator as necessary.
868	1st line of patient's address missing	Mandatory 1st line of patient's address missing	Enter the patient's address.
869	Further Treatment Within 2 Months invalid	The Date of Acceptance on the rejected claim is more than two months after the Date of Completion of the previous course of treatment for which Further Treatment is being claimed.	Remove the Further Treatment item or adjust the Date of Acceptance of the rejected claim or the Date of Completion of the previous claim.

Error Code	Description	Possible Causes	Suggested Action
		<p>The only applicable previous course of treatment found was for a lower band than that being claimed on the rejected claim or was for Urgent Treatment or was for Incomplete Treatment or was itself a Further Treatment claim.</p>	<p>Remove the Further Treatment item, adjust the accompanying Band or review the contents of the previous claim in respect of Band, Incomplete Treatment or Further Treatment.</p>
		<p>Another very common cause for this is the inability to find the previous claim because (a) the patient has moved house in the meantime or (b) has visited another practice in the meantime. In both instances, in the absence of the unique NHS Number being used, Compass has assumed the patient to be a different person to that of the original course of treatment.</p>	<p>Reference to NHS Dental Services is advisable.</p>

Error Code	Description	Possible Causes	Suggested Action
870	Free Repair/Replacement Within 12 Months invalid	The Date of Acceptance on the rejected claim is more than 12 months after the Date of Completion of the previous course of treatment for which Free Repair/Replacement is being claimed.	Remove the Free Repair/Replacement item or adjust the Date of Acceptance of the rejected claim or the Date of Completion of the previous claim.
870		The only applicable previous course of treatment found was for a lower band than that being claimed on the rejected claim.	Remove the Free Repair/Replacement item, adjust the accompanying Band or review the contents of the previous claim in respect of Band.
		Another very common cause for this is the inability to find the previous claim because (a) the patient has moved house in the meantime or (b) has visited another practice in the meantime. In both instances, in the absence of the unique NHS Number being used, Compass has assumed the patient to be a different person to that of the original course of treatment.	Reference to NHS Dental Services is advisable.

Error Code	Description	Possible Causes	Suggested Action
872	No Band 1, 2 or 3 with 9163	Further Treatment Within 2 Months must be accompanied by a Band 1, 2 or 3	If Further Treatment Within 2 Months is to be claimed, then add an accompanying treatment band code 9150
873	Patient charge with 9163	Further Treatment Within 2 Months has a non-zero patient charge present	If free Further Treatment Within 2 Months is to be claimed, then the accompanying patient charge must be zero
874	No Band 2, 3 or 4 on 9153	Free Repair/Replacement Within 12 Months must be accompanied by a Band 2, 3 or Urgent Band 4	If Free Repair/Replacement Within 12 Months is to be claimed, then add an accompanying treatment band 2 or 3 code 9150 or Band 4 Urgent Treatment.
893	Assess and Debond - Overseas Patient can only be present on an exempt patient or one for whom full remission of fees applies	Code 9016 used on a claim for an adult patient who has no remission or exemption status or who has Partial Remission (HC3 Certificate) status Assess and Debonds cannot be claimed for fee paying patients	Add remission or exemption status or review the claim for Assess and Debond - Overseas Patient

Error Code	Description	Possible Causes	Suggested Action
894	An Assess and Debond claim cannot follow any other type of orthodontic claim for the same patient	Code 9016 used where we have detected a previous FP17O claim for that patient Assess and Debond patients must have no previous history of orthodontic treatment under the NHS	Review the claim for Assess and Debond - Overseas Patient
895	FP17O assessment where the previous FP17O is for Assessment/Appliance Fitted	No assessment claim will be accepted if the immediately previous orthodontic claim for that patient is an Assess/Appliance Fitted. Only if there is an intervening conclusion claim (indicating that a second course of orthodontic treatment is starting) will such a claim be accepted.	Review the history of the claim submission to obtain the correct sequence.
896	FP17O completion/abandoned/discontinued claim where previous claim is of the same nature	FP17O completion/abandoned/discontinued claim where previous FP17O for the same patient is also for ortho completion/discontinued/abandoned. The only exception to this allowed is that we will accept a completion claim after an abandoned or discontinued claim.	Review the history of the claim submission to obtain the correct sequence.

Error Code	Description	Possible Causes	Suggested Action
897	Inappropriate Free Exam exemption	Free Exam exemption on a claim where patient's age at Date of Acceptance is not appropriate or it is not on a Band 1.	Remove the exemption, amend the claim to Band 1 or adjust the patient's age by changing Date of Birth or Date of Acceptance.
898	Advanced Mandatory Services after 01/04/2014	Referral for Advanced Mandatory Services item 9316 on a claim dated after 01/04/14 (01/05/14 for Wales).	The code 9319 plus a referral band must instead be entered.
899	Invalid Patient's Email Address or Mobile Phone Number	To be valid any patient's email address entered should contain an @ sign and at least one dot in the characters that follow. For a patient's mobile phone number to be valid when entered it must consist of 11 numeric characters with no internal space or hyphen.	Amend as necessary or remove the item.
@001	Site not authorised to transmit	This will result in the rejection of a whole file of claims.	Consult NHS Dental Services
@008	Live claim submitted but supplier not certified	This will result in the rejection of a whole file of claims.	Consult NHS Dental Services
@012	Invalid or missing contract or performer on an EDI claim	Invalid or missing contract or performer on an EDI claim or performer does not relate to the contract entered	Review the use of the contract id or the performer.

Error Code	Description	Possible Causes	Suggested Action
@013	Invalid PIN	<p>Either an invalid PIN has been used for the clinician concerned</p> <p>Clinician has not yet been allocated a personal id</p> <p>Clinician is not yet added to the contract concerned.</p>	<p>Use the correct PIN</p> <p>Create the clinician in order to allocate a personal id</p> <p>Add the clinician to the contract</p>
@031	Patient's Sex missing on an EDI claim	Mandatory Patient's Gender missing on an EDI claim	Correct the claim
@034	Missing Patient's Surname on an EDI claim	Missing Patient's Surname on an EDI claim	Correct the claim
@035	Missing Patient's Forename on an EDI claim	Missing Patient's Forename on an EDI claim	Correct the claim
@037	Welsh DAP New Patient Referral or Welsh New Urgent Patient Referral without any accompanying significant treatment, e.g. Band	Welsh DAP New Patient Referral or Welsh New Urgent Patient Referral without any accompanying significant treatment, e.g. Band	Add the missing significant treatment.
@038	Patient Did Not Attend flag 9187 only acceptable with Welsh New Urgent Patient Referral code 9186	Patient Did Not Attend flag 9187 only acceptable with Welsh New Urgent Patient Referral code 9186	Remove Patient Did Not Attend flag 9187.
@039	Patient's address missing on an EDI claim	Mandatory 1st line of Patient's address missing on an EDI claim	Correct the claim
@040	Patient Did Not Attend flag 9187 cannot occur with other significant treatment, e.g. Band	Patient Did Not Attend flag 9187 cannot occur with other significant treatment, e.g. Band	Remove Patient Did Not Attend flag or remove other significant treatment.

Error Code	Description	Possible Causes	Suggested Action
@052	Invalid Patient's Date of Birth on an EDI claim	Caused by the absence of a Date of Birth or more probably by the patient's Date of Birth being after a treatment date on the claim or if an incorrect century has been used on Date of Birth.	Correct the Date of Birth or the treatment date(s) on the claim appropriately
@062	On an EDI claim Date of Acceptance is in the future	On an EDI claim Date of Acceptance is in the future	Correct the claim
@072	Invalid Date of Completion on an EDI claim	Invalid Date of Completion on an EDI claim	Correct the claim

Error Code	Description	Possible Causes	Suggested Action
@084	Invalid Date of Acceptance on an EDI claim	Invalid Date of Acceptance on an EDI claim	Correct the claim
@086	On an EDI claim Date of Completion prior to Date of Acceptance	The Date of Completion must be equal to or greater than Date of Acceptance.	Correct the claim
@120	Invalid Dentist's Declaration	To be accepted an EDI claim must have one or more of the Dentist's Declarations applied, unless it is a Triage claim.	Complete the Dentist Declaration(s)
@124	Invalid EDI exemption code or not valid for the country concerned	Invalid exemption code used on transmission.	Select the correct exemption/remission category.
		Remission/exemption category not valid according to claim date: Certain types of remission or exemption are only appropriate from a certain Date of Acceptance or cease to be valid after a certain date	Amend the remission/exemption category, remove it or amend the Date of Acceptance
		Not appropriate to region: Some remission and exemption types are only applicable to England and not to Wales or vice versa. Also some exemptions and remissions are unique to the Isle of Man.	Amend the remission/exemption category or remove it.

Error Code	Description	Possible Causes	Suggested Action
@125	Expectant or Nursing Mother but patient is male	Expectant or Nursing Mother but patient is male	Amend the patient to Female or remove the Expectant/Nursing Mother exemption
@126	On an EDI claim patient is not of the required age for the exemption code claimed	Often caused by the incorrect use of the Aged 18 in Full Time Education exemption when the patient is not 18 years of age. Can also apply to the age based exemptions for the Isle of Man.	Review the use of the correct exemption/remission category or adjust the Date of Birth or Date of Acceptance to correct the patient's age.
@162	Invalid quadrant construct following Orthodontic extractions, BPE or Visible Plaque Scores	Invalid values following Orthodontic extractions, BPE or Visible Plaque scores	Consult the software supplier.
@192	Invalid treatment quantity accompanying a CDS or KPI treatment on an EDI claim	Invalid treatment quantity accompanying a CDS or KPI treatment on an EDI claim	Invalid treatment quantity accompanying a CDS or KPI treatment on an EDI claim. Consult the software supplier
@207	Duplicate transmission of serial number nnnnnn - Please contact system supplier	Duplicate transmission of serial number nnnnnn. This will result in the rejection of a whole file of claims.	Consult the software supplier
@212	EDI claim where original is already present (based on Perf Det Id and Claim Reference Number)	Possible missing Schedule Query Indicator if the intention is to delete or replace the original version of the claim.	Use the appropriate Schedule Query Indicator.

Error Code	Description	Possible Causes	Suggested Action
		Can sometimes occur when a new practice management system is introduced which re-uses Claim Reference Numbers previously used (often a long while ago) for other patients.	Contact NHS Dental Services.
			Otherwise do not re-transmit the claim.
@254	Age exemption claimed on an EDI claim but patient is 18 or over (16 or over on Isle of Man claim)	Patient Aged Under 18 (Patient Aged 16 or Over in Isle of Man) exemption cannot be used on adult patients (except on Ortho conclusion claims)	Remove or amend the exemption or review the patient's age in respect of Date of Birth and treatment dates.
@256	No age exemption claimed on an EDI claim for a patient aged under 18 (under 16 in the Isle of Man)	On most claims (except Reg 11 claims and orthodontic conclusion claims) if the patient is aged under 18 the Patient Aged Under 18 exemption must be present (Patient Aged Under 16 for Isle of Man). NB. On English FP17O assessment claims the patient's age has been calculated as at Date of Referral since 01/04/19	Remove or amend the exemption or review the patient's age in respect of Date of Birth and treatment dates.
@283	On an EDI claim Date of Completion is in the future	On an EDI claim Date of Completion is in the future	Correct the claim

Error Code	Description	Possible Causes	Suggested Action
@285	Treatment dates on an EDI claim are outside the period of the contract or the performer's tenure	<p>On an FP17 the dates of acceptance and completion are both outside of the contract dates or the performer's tenure.</p> <p>On an FP17O Assess and Review or Assess and Refuse claim, the Date of Assessment is outside of the contract dates or the performer's tenure.</p> <p>On an FP17O Assess/Appliance Fitted claims the Date Appliance Fitted is outside of the contract dates or the performer's tenure.</p> <p>For any other FP17O claim the Date of Completion is outside the contract dates or the performer's tenure.</p>	<p>Check the dates of the contract or the performer's tenure on Compass and amend the claim dates as appropriate. If the contract dates or tenure dates are incorrect then consult the local health body.</p> <p>This error code often occurs in addition to another error code if the important date for the claim has been omitted or is invalid</p>
@304	Performer on an EDI claim is not known for the contract entered	Performer on an EDI claim is not associated with the contract entered	Check validity of performer in relation to the contract.
@306	Invalid Band entered on an EDI claim	Invalid Treatment Band entered on an EDI claim	Contact software supplier.
@307	Invalid or missing location id on an EDI claim	Missing Location Id or the Location Id is not linked to the contract concerned	Correct the Location Id or ensure that the Location is added to the contract.

Error Code	Description	Possible Causes	Suggested Action
@308	Invalid Date of Referral on an EDI claim	Invalid or missing Date of Referral on an EDI orthodontic claim	Enter correct date of referral, which is mandatory on English orthodontic assessment claims
@309	Invalid Date of Assessment on an EDI claim	A Date of Assessment is mandatory on every orthodontic assessment claim	Enter correct date of assessment.
@310	Invalid Ortho Treatment values on an EDI completion FP170	<p>The orthodontic conclusion code 9161 must be accompanied by one of the following values.</p> <ul style="list-style-type: none"> <li>1 - Treatment Abandoned</li> <li>2 - Treatment Discontinued</li> <li>3 - Treatment Completed</li> </ul> <p>If a value is missing it will result in this error code.</p>	If an incorrect value has been detected, contact your software supplier.

Error Code	Description	Possible Causes	Suggested Action
@312	No significant treatment on an EDI claim	<p>An F17, to be valid, must have one, and one only, of the following treatment items present:</p> <ul style="list-style-type: none"> <li>Band</li> <li>Urgent Treatment (also known as Band 4)</li> <li>Advice Only (also known as Band 5)</li> <li>Prescription Issued</li> <li>Repairs to Dentures</li> <li>Repairs to Bridges</li> <li>Arrest of Bleeding</li> <li>Removal of Sutures</li> <li>Reg 11</li> </ul> <p>Those treatments may be absent and accepted as long as there is a Domiciliary Services or Sedations recorded</p> <p>On an FP17O one, and one only, of the following treatments must be present:</p> <ul style="list-style-type: none"> <li>Assess and Review</li> <li>Assess and Refuse</li> <li>Assess/Appliance Fitted</li> <li>Treatment Completed</li> </ul>	Enter whichever of the aforementioned items applies.

Error Code	Description	Possible Causes	Suggested Action
@312		Treatment Abandoned Treatment Discontinued Ortho Reg 11 Repair to an Appliance On a Triage claim at least one of the following must be present: Advice Given Advised Analgesics Remote Prescription - Analgesics Remote Prescription - Antibiotics Follow Up Call Required Call Back if Symptoms Worsen Face to Face Appointment Arranged Within Practice - Patient Failed to Attend Referred to Local UDC Reason	

Error Code	Description	Possible Causes	Suggested Action
@317	No Aesthetic Component to accompany IOTN value of 3 on an EDI claim	Any FP170 with an IOTN score of 3 must be accompanied by an Aesthetic Component value in the range 1 to 10	Enter the Aesthetic value or amend the IOTN value.
@318	Conflicting assessment and/or completion items on an EDI FP170 claim	An FP170 claim should only include one of the following treatments: Assess and Review Assess and Refuse Assess/Appliance Fitted Treatment Completed Treatment Abandoned Treatment Discontinued Ortho Reg 11 Repair to an Appliance	Remove the items which do not apply to the claim
@319	No Band on a Free Repair/Replacement EDI claim	A claim for Free Repair/Replacement must be accompanied by a Band 2 or 3 or an Urgent Treatment.	Enter the required Band or remove the Free Repair/Replacement item as necessary.
@320	No Band on a Further Treatment EDI claim	A claim for Further Treatment Within 2 Months must be accompanied by a treatment Band.	Enter the Band or remove the Further Treatment item as necessary.

Error Code	Description	Possible Causes	Suggested Action
@321	Incomplete Treatment Band not consistent with Band claimed on an EDI claim	Incomplete Treatment Band claimed on an Urgent or Advice Only claim, the Incomplete Treatment Band is greater than the accompanying Band or there is no accompanying Band. The Incomplete Treatment Band governs any patient charge to be levied on a course of treatment where not all the planned treatment has been carried out. However, the Band for the planned treatment governs the UDA awarded so must also be present but must be of a greater or equal value to any Incomplete Treatment Band entered. Incomplete Treatment Bands are not appropriate to be claimed for urgent courses of treatment	Remove or amend the Incomplete Treatment Band or amend the main Band
@323	Invalid Date Appliance Fitted on an EDI claim	Date Appliance Fitted is mandatory on an Assess/Appliance Fitted claim.	Enter the required Date Appliance Fitted
@324	Date Appliance Fitted prior to Date of Assessment on an EDI claim	On an FP170 Assess/Appliance Fitted claim the Date Appliance Fitted must be after or equal to the Date of Assessment.	Review the dates on the claim and amend as necessary.

Error Code	Description	Possible Causes	Suggested Action
@329	<del>KPI treatment codes on a claim for non-PDS Plus contract</del>	<del>KPI treatment codes on a claim for non-PDS Plus contract</del>	<del>Rule suspended</del>
@330	SQ Ind claim where original cannot be found	SQ Ind deletion request where original cannot be found using contract, performer and claim reference number	Check that the claim reference number refers to a previously submitted valid claim. If one was previously submitted, ensure that the contract id or the performer was the same on that claim.
@331	SQ Ind claim where original has already been deleted or is in error	SQ Ind deletion request where original has already been deleted or is in error. SQ Ind deletions will only work on claims that are currently in a valid "paid" state. It will not work on claims that have failed validation or those that have already been deleted.	Check the previously submitted claim. If it failed validation the claim does not need to be deleted from the database. If it has already been deleted then the SQ Ind deletion request does not need to be repeated.
@333	Schedule query not carried out. Original claim cannot be deleted as it is for a different provider	Schedule query not carried out. Original claim has been located but cannot be deleted as it is for a different provider. The Schedule Query process can only be used to amend for claims previously submitted under the same provider.	If the claims needs amendment then the provider associated with the original claim will need to be contacted.

Error Code	Description	Possible Causes	Suggested Action
@334	A patient email address, mobile phone or Patient Declined indicator must be present on this claim	A patient email address, mobile phone number or Patient Declined indicator must be present on this claim. All English orthodontic claims should have a patient's mobile phone number and email address or the relevant Patient Declined Indicator.	Enter the patient's email address and/or mobile phone number. If either is not known then the relevant Patient Declined Indicator must be ticked.
@335	Mandatory Commissioner Approved indicator missing for this adult orthodontic patient	All English orthodontic assessment claims where the patient is aged 18 or over at the Date of Referral must have the Commissioner Approved indicator present	If the patient is 18 or over at the Date of Referral then arrange for commissioner approval and tick the Commissioner Approved box.
@336	Mandatory IOTN or Aesthetic Component code missing	All English orthodontic assessment or conclusion claims must have an accompanying IOTN score. Also all English orthodontic Assess/Appliance Fitted claims must have an accompanying Aesthetic Component whatever the value of IOTN.	Enter the IOTN score and, if the claim is for Assess/Appliance Fitted, enter the Aesthetic Component value as well.
@337	Mandatory Date of Referral missing	For all English orthodontic assessment claims with a Date of	Enter the required date of referral.

Error Code	Description	Possible Causes	Suggested Action
		Assessment after 01/04/19 a Date of Referral is mandatory.	
@338	No NHS Number has been entered	All English orthodontic claims should have an NHS Number present even if it has to be entered as zero.	Enter the patients NHS Number. If not known, enter zero.
@339 @339	Mandatory Treatment Proposed indicator missing	All English Assess/Appliance Fitted claims must also have an accompanying Treatment Proposed Indicator code 9415 with a value of 1	Add the Treatment Proposed Indicator
@340	Mandatory Treatment Completed/Abandoned/Discontinued indicator missing	All English orthodontic conclusion claims must also have a Completed/Abandoned/Discontinued Indicator also present - code 9415 with a value of 2	Add the Completed/Abandoned/Discontinued Indicator also present
@341	GDC Number for DCP provided but no DCP code 9178 (or vice versa)	If the GDC Number of a DCP is supplied there must also be the DCP Type indicator to show in what capacity the DCP operated (Therapist, Dental Nurse, Hygienist or Dental Technician) Similarly, if a DCP Type is entered and there is no DCP GDC Number entered this error will occur	Add the DCP GDC Number or DCP Type code 9178 as appropriate

Error Code	Description	Possible Causes	Suggested Action
@343	Mandatory Item on Triage Claim Missing	Triage claims should all contain: Time of Contact Patient Group Primary Reason for Call	Add the missing items
@344	Mandatory COVID Status Triage Count missing	At least one of the following Patient COVID Status Triage Counts must be present on the claim: Patient Shielded Patient at Increased Risk of Severe Illness from COVID-19 Possible/confirmed COVID Patient or those living in household Patient is COVID-19 Symptom Free at present Other	Add the missing COVID Status
@345	Inconsistent values for number of teeth in mouth or number of decayed teeth	Tooth Decay Indicator is Red but no decayed teeth recorded	Review the Red Tooth Decay indicator or the number of decayed teeth
		Tooth Decay Indicator is Red or Amber but number of teeth in the mouth is zero	Review the Tooth Decay indicator or the number of teeth in the mouth

Error Code	Description	Possible Causes	Suggested Action
@346	Schedule Query cannot be processed as it refers to a claim pertaining to a past financial year	Once the processing cut off date for June has passed no further amendments can be made using the SQ Ind facility to claims pertaining to the previous financial year	If the claim adjustment is imperative contact Dental Services who can still make a manual adjustment to the claim on Compass if necessary
@349	Total Number of Teeth in Mouth less than Number of Decayed Teeth	Total Number of Teeth in Mouth code 9331 shows less than Number of Decayed Teeth codes 9320 and 9323	Review the tooth counts for Total Number of Teeth in the Mouth and number of Decayed Teeth and amend as appropriate.
@350	Total Number of Teeth in Mouth is non-zero but Periodontitis recorded as Edentulous	Total Number of Teeth in Mouth code 9331 is non-zero but Periodontitis code 9329 recorded as Edentulous	Review the tooth counts for Total Number of Teeth in the Mouth or the patient's edentulous state and amend as appropriate
@351	No 9320 on ACORN claim	Decayed Permanent Teeth absent on an ACORN claim for a patient aged 6 or over	Review patient's age and amend DOB or Date of Acceptance if incorrect. If treatment dates are correct, add code 9320 plus the number of Decayed Permanent Teeth, even if this is zero
@352	No 9323 on ACORN claim	Decayed Deciduous Teeth absent on an ACORN claim for a patient aged under 12	Review patient's age and amend DOB or Date of Acceptance if incorrect. If treatment dates are correct, add code 9323 plus the number of Decayed Deciduous Teeth, even if this is zero
@353	No 9326 on ACORN claim	Medical History absent on an ACORN claim	If ACORN is applicable add Medical History code 9326 with the relevant score

Error Code	Description	Possible Causes	Suggested Action
@354	No 9327 on ACORN claim	Social History absent on an ACORN claim	If ACORN is applicable add Social History code 9327 with the relevant score
@355	No 9328 on ACORN claim	Dental History absent on an ACORN claim	If ACORN is applicable add Dental History code 9328 with the relevant score
@356	No 9330 on ACORN claim	Tooth Decay absent on an ACORN claim	If ACORN is applicable add Tooth Decay code 9330 with the relevant score
@357	No 9331 on ACORN claim	Total Number of Teeth in the Mouth absent on an ACORN claim	If ACORN is applicable add Total Number of Teeth in the Mouth code 9331 with the relevant score
@358	No 9329 on ACORN claim	Periodontitis absent on an ACORN claim for non-edentulous patient aged 12 or more	If ACORN is applicable add Periodontitis code 9329 with the relevant score
@359	No 9332 on ACORN claim	Other Dental Need absent on an ACORN claim	If ACORN is applicable add Other Dental Need code 9332 with the relevant score
@STR	Structure Error Electronic	A serious syntactical error has occurred on the claim concerned	Contact your software supplier.
A11	Claim deleted	EDI claim deleted on line	This is not an error code but is a response code to indicate that the claim has been deleted on-line in Compass
J11	Claim Deleted at your request	Claim Deleted at your request. EDI claim deleted by means of submission of an SQ Ind 3 claim	This is not an error code but is a response code to indicate that the claim has been deleted as a result of the submission of a Schedule Query Deletion request