Release Notes: R4+ 9.1.4

The following is a list of enhancements included in R4+ Version 9.1.4. All fixes are cumulative (each new release contains all new fixes as well as all fixes from the previous release).

New Features in R4+ v9.1.4

NHS England – CCN 86 – Suspending, Abandoning and Resuming a Complex Care Pathway

R4+ now lets you suspend or abandon a Complex Care Pathway from the Clinical Chart and resume a suspended pathway within three months.

Choosing Close Plan Early on a Complex Care Pathway opens a new form, "R4+ - Close, Abandon or Suspend Complex Care Pathway". It is available immediately on starting a Pathway, and lets you:

- **Complete the Plan:** "Complete the Plan (Pathway Claims will remain Active)" completes the Treatment Plan early while the pathway claim schedule carries on as normal. This allows a Complex Care Pathway that was started by accident to be closed, after which any unsent FP17 Sign-Up Claim that remains can be deleted. Once a Sign-Up has been completed, this still clears the Complex Care Course, but the FP17 Pathway Claims will remain and will need to be dealt with.
- **Abandon the pathway:** Only available once the Sign-Up has been completed, this ends the pathway early and abandons the Treatment Plan. You choose a reason of Patient Declined, Patient DNA / Short Notice Cancellation or Other. The abandonment must also be transmitted and settled. Until it is, the board continues to see the Complex Care Pathway as active, which will affect any further Courses or Claims.
- **Suspend the pathway:** Will only become available once Sign-Up is completed, pauses the pathway so that it can be resumed later but only within a 3-month window. You choose a reason of Extended Leave, Unforeseen, DNA / Short Notice Cancellation, Lockdown (Prison Contracts only) or Other.

Whichever of Abandon or Suspend you choose, a reason must be selected before the form can be saved. The reason is sent on the Final Declaration FP17 Claim, and it can be viewed afterwards on that Claim, which is the only place it is shown once the Treatment Plan has been closed.

The Complete and Abandon buttons in the Treatment tab are disabled for any Treatment Plan on a Complex Care Pathway, so users must use this form through Clinical Chart as the way to end one.

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Abandoning a Pathway

Abandoning a pathway abandons the Treatment Plan and tells the board that the pathway has ended early, through a Final Declaration FP17 Claim.

- **Final Declaration Claim:** The Claim shows as Abandoned, along with the reason you chose. It cannot be made Ready to Send until the mandatory declaration, that all the treatment specified has not been provided to the patient, has been completed.
- **Concurrent claims:** Two optional declarations are also available, one for a concurrent claim for denture modification or repair, and one for a concurrent claim for a Band 3 restoration. Each confirms that the denture or restoration has been fitted.
- **Outstanding treatment:** Any incomplete items on the abandoned plan can be saved to a new non-pathway plan, so the outstanding treatment is not lost.
- **After settlement:** Once the Final Declaration has settled, no further Claims are created automatically for the pathway.

Suspending a Pathway

Suspending a pathway pauses it, and tells the board, through a Final Declaration FP17 Claim. The Claim opens automatically so that you can complete it straight away.

- **Final Declaration Claim:** The Claim shows as Suspended, along with the reason you chose. It cannot be made Ready to Send until the mandatory declaration that the patient's care pathway has been suspended, has been completed. The same two optional concurrent-claim declarations are available as for an abandoned pathway.
- **When you can suspend:** Suspend is not offered at the points in the pathway where the board does not allow it, and a pathway can only be suspended once in its lifetime.
- **Suspended plan:** The Treatment Plan shows a Suspended status, along with the date it was suspended, in the Treatment Plan Manager and the Treatment tab. Its incomplete items stay on the plan, and the Clinical Chart is locked, so no treatment items can be added, edited or removed until the pathway is resumed.

Once the suspension declaration has been sent, you can resume the pathway for up to three months from the suspension. Resume replaces Close Plan Early in the Clinical Chart menu and replaces Complete in the Treatment tab and the Edit Treatment Plan dialog. Resuming unlocks the Treatment Plan, and if the latest Claim on the pathway has already been sent, a new Claim is started. Once the three months have passed, Resume is disabled, and a tooltip explains why.

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If a suspension is left beyond three months, R4+ asks you to choose between two options the next time you load the Treatment Plan:

- **Cancel:** The Treatment Plan stays suspended, and the prompt appears again the next time the plan is loaded.
- **Abandon:** Closes the plan as abandoned, and its incomplete items are removed. They cannot be moved to a new plan.

Until the expired plan has been abandoned, a new NHS Course of Treatment cannot be started for the patient, other than Unscheduled Care or NHS Orthodontics. Private, Insurance and Denplan Courses, however, are not affected, and this is separate from the concurrent NHS Courses that can be started alongside a pathway that is still active.

If a Suspension Is Rejected

If the NHSBSA rejects a suspension declaration, the Treatment Plan stays suspended and Resume is not available. You can correct and re-send the declaration as before or delete it. If you delete it:

- R4+ explains what will happen and asks you to confirm before anything is deleted.
- A replacement interim declaration is created in its place as Not Ready with the same submission number, and the Claim screen opens on it.
- The pathway returns to its active state. The Suspended status, chart lock and suspension date are removed, and the dates of later declarations are worked out as though the pathway had never been suspended.

Nothing is sent to the board for the deletion, because the declaration was never accepted in the first place. The rejected suspension does not use up the pathway's one permitted suspension, so the pathway can be suspended again later. This is the only situation in which a Complex Care Pathway Claim can be deleted, and the Delete Original Submission option is disabled on all of them.

NHS Scotland – Tiered Ruleset Prior Approval Reform

From November 1st, 2026, whether a general dental Course of Treatment needs Prior Approval is decided by clinical rules instead of the monetary value of the course.

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 the new rules take effect, and orthodontic courses continue to use the monetary limit.

- **Tier Levels and Rule Sets:** R4+ receives each List Number's Tier Level and the Clinical Criteria Rule Sets through the eDental Prior Approval Update and keeps a history of both. The rules applied to a Treatment Plan are the ones in effect on its Date of Acceptance, even if the Tier Level or Rule Set has since changed.
- **Default Tier:** Where no Tier Level has yet been received for a List Number, including a new one, the Tier 2 rules apply until its own Tier Level arrives. The List Number tab shows a message to say so.

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- **Prior Approval in the Clinical Chart:** R4+ counts each item against its threshold, and the endodontic and extra coronal restoration items against their combined thresholds, and flags that Prior Approval is required as soon as one is met.
- **Tier history:** Under User Details > List Number you can see the current Tier Level and its start date, with the full history, most recent first. History is read-only, as it is only received through eDental.
- **Rule Set viewer:** A new viewer on the Utilities menu shows the Rule Set that applies to a chosen Tier Level on a chosen date. Rules that apply one threshold across several treatments, such as the endodontic group, appear as one grouped threshold. Selecting a Tier history entry opens the viewer set to that Tier Level and date.

Important Note: R4+ v9.1.3 or higher must be installed by October 28th, 2026, so 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. A site that has not installed it by then:

- will not receive or process the messages, because earlier versions request and read them in the old format, so will not receive its Tier Levels or Rule Sets. If it installs later, it may not recover them until they are re-issued.
- will continue to use the monetary limit after November 1st, 2026, until a Rule Set has been received, so Prior Approval will not be determined correctly under the new clinical rules. Treatment that needs it may not be flagged, and treatment that does not may be.

Users – Introduction of the Oral Health Practitioner Role

A new Oral Health Practitioner user role has been introduced. It is a clinical role, handled in the same way as Dentists, Hygienists and Therapists, and is available in every region.

- **Existing Nurse users:** On upgrade, a Dental Nurse who holds an NHS Contract Membership is moved to the new role, with their Courses, Treatment Plans, appointments and unsent Claims unaffected. Dental Nurses can no longer hold an NHS Contract Membership or own Treatment Plans.
- **Planner and user screens:** Oral Health Practitioners appear in the Planner, with a Diary and Default Opening Hours created automatically, and in Closures & Holidays, EDI Management, PIN Entry and Create Plan.
- **Claims and contracts:** They can be selected as a Performer on FP17 Claims and, as with a Dentist, attached to an NHS Contract in England, Wales and the Isle of Man, or hold a List Number in Scotland and Northern Ireland.
- **Mail merges and Springboard:** Their appointments are included in the Dentist Forename and Surname mail merge fields, and they appear in the Springboard Settings and in the Occupancy, Daily Revenue by Provider, Treatment Ranking and Whitespace widgets.

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.

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Defects Fixed in R4+ v9.1.4

NHS England – Concurrent Courses Not Distinguishable in the Group Selection Form

Where a patient had a Complex Care Pathway and a concurrent NHS Course of Treatment, the Group Selection form listed the plans without any description to tell them apart. Activating a Complex Care Pathway now updates the Treatment Plan description, so the pathway plan is easy to identify, and the other plan is clearly the concurrent Course.

NHS England – Legacy UDA Charge Warning Shown on a Course Concurrent to a Complex Care Pathway

Opening a second NHS Course of Treatment from the Group Selection form while a Complex Care Pathway was active showed the legacy UDA charge warning. The warning does not apply, because concurrent Courses are charged under different rules, so it is now suppressed where the Course is concurrent to an active pathway.

NHS England – Complex Care Pathway Charge Scheme Shown as NHS in the Treatment Tab

After a Complex Care Pathway was activated, the Default Charge Scheme in the Treatment tab showed "NHS" rather than "NHS (Complex Care)" until Show Old Plans were ticked or Course Properties was opened and closed. The correct Charge Scheme is now shown straight away.

NHS England – Denture Repair UDA Value for Courses Accepted Before June 23rd, 2026

The NHSBSA has confirmed that the change awarding 2 UDA for a standalone Denture Repair took effect on June 23rd, 2026, not April 1st, 2026. R4+ was awarding 2 UDA to Courses with a Date of Acceptance from April 1st, 2026, which made UDA reporting incorrect. A standalone Denture Repair now awards 1 UDA where the Date of Acceptance is before June 23rd, 2026, and 2 UDA from that date. The patient is still not charged for a Denture Repair.

Important Note: A System Administrator must log into R4+ on your App Server after completing the update. You will then be prompted to import a Code Update. This must be completed to apply this change to your system.

EDI Management – Repeat Schedules Processed More Than Once

Where the same schedule was imported more than once, for example because the NHSBSA reissued it or the file was delivered again, it was added a second time, and its data was duplicated. R4+ now recognizes a schedule it has already imported, by its Schedule Number and contract, and reprocesses it in place rather than adding a copy. Any manual reconciliation recorded against the earlier version is reset so that the schedule can be reconciled again, and adjustments already posted to patient accounts are not affected. This applies to all practices.

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NHS Wales – New Urgent Patient Referral Allowed without Patient DNA on an Empty Course

On a Dental Access Portal Claim for an empty Urgent Course, New Urgent Patient Referral could be set without Patient DNA, and the Claim was later rejected. Patient DNA is now required where the Course is empty.

NHS Wales – Core/Post Items Miscounted in the Crown, Bridge, Inlay, Onlay & Veneer Care Package

A Core/Post was counted as a unit towards the Crown, Bridge, Inlay, Onlay & Veneer Care Package, so a Course containing one raised an extra package, over-charging the patient. Core/Post items no longer count towards the package, and a Core/Post on its own no longer raises one, although its cost is still attributed to the Care Package.

NHS Wales – Free Fluoride Varnish Charged to Eligible Patients without a Amber ACORN Rating

Fluoride Varnish was charged to a patient who qualified for a free one on age (under 25 or 60 and over) and the Free Examination condition, because the exemption also required an ACORN rating of Amber or worse. The exemption now depends only on age and the Free Examination condition and is applied to new Claim iterations. This applies to Treatment Plans with a Date of Acceptance on or after April 1st, 2021.

NHS Wales – Special Trays Raising a Separate Miscellaneous Care Package

Special Trays raised a separate Miscellaneous Care Package and a patient charge. Any fee for the Special Trays should now be entered as part of the Lab Fee treatment code alongside the associated Denture. The Claim transmits the cumulative Lab Work code and fee which the board reverse calculates against Treatment. This leaves Special Trays as a recorded Treatment on the Patient and informs the board that a Lab Fee was taken for it. This applies to ongoing Open or New Treatment Plans.

NHS Wales – Warranty Items Rejected for Discontinued Code 9153

Claims for treatment marked as under warranty were rejected by the NHS, because R4+ still sent the Guarantee Treatment code 9153, which is discontinued for Wales Treatment Plans with a Date of Acceptance on or after April 1st, 2026. The same applied to the Continuation of Treatment code 9163, which is also discontinued. R4+ no longer sends either code on these Claims, including when a Claim is resent. Claims for England and the Isle of Man are not affected.

NHS Scotland – Prior Approval Limit Checked against the Current Date

The Prior Approval limit was checked against the current date, so a Treatment Plan backdated to before a change in the limit was checked against the new limit rather than the one in force on its Date of Acceptance. The check now uses the Treatment Plan's Date of Acceptance.

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NHS Scotland – eDental Continuation Re-Approval Rejected with Error E001132

Where a second dentist amended a Treatment Plan that the first dentist had approved and partly claimed, R4+ sent the re-approval as the next part of a continuation. If the original Prior Approval had been submitted more than once, the Previous Case ID on the re-approval did not match the first dentist's payment claim. The NHS rejected it with error E001132, *"Previous case id does not match a claim submitted from the same practice*". The Previous Case ID is now taken from the first dentist's payment claim, and the re-approval is accepted. This applies to eOrtho as well.

NHS Scotland – Automatic Prior Approval Update Requests Sent in the Old Format

An issue was identified where the automatic daily request for Prior Approval Updates, made by the eDental Service, continued to use the old message format after October 28th, 2026, rather than the new format introduced in R4+ v9.1.3. Requests in the old format are no longer accepted from that date, so the new Clinical Tiering and Rule Set data was only received when Prior Approval Updates were requested manually from R4+. The automatic request now uses the new format from October 28th, 2026.

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