



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Primary Care Reimbursement Service Information and Administrative Arrangements for Dentists V01

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1. HSE – Primary Care Reimbursement Service

The HSE's Primary Care Reimbursement Service (PCRS) supports the delivery of a wide range of primary care services to the general public through over 7,000 primary care contractors (i.e. doctors, dentists, pharmacists, optometrists, etc.) across a range of community health schemes. These schemes form the infrastructure through which the Irish health system delivers a significant proportion of primary care to the public.

PCRS was originally established in 1973 as a reimbursement service for primary care service providers. PCRS spends €2.5bn funding the delivery of a wide range of primary care services to 3.4m persons through more than 7,000 primary care contractors across a range of 'demand led' national health schemes and arrangements.

In 2011 the assessment and administration of medical cards was centralised to the National Medical Card Unit (NMCU), an internal component of the PCRS. Since then the PCRS National Medical Card Unit has assumed responsibility for all aspects of the medical card application process. Through its eligibility functions it is now responsible for determining and managing the eligibility of members of the public for medical cards and GP visit cards, which provide entitlements to free or subsidised primary care services. The Unit currently administers over 1.7 million medical cards and over 460,000 GP visit cards to the general population across a number of schemes:

The vast majority of primary care services to the general public in Ireland are delivered by over 7,000 primary care contractors through a range of community health schemes. The PCRS is responsible, through its reimbursement activities, for making payments to these primary care contractors for the services provided, according to the rules of the relevant schemes. PCRS also reimburses and makes payments to suppliers and pharmaceutical companies under the terms of other schemes.

In addition to the processing and making of payments on a national basis to key service providers and recipients, PCRS also compiles statistics and trend analyses which are provided to other areas within the HSE, Government Departments and other interested parties.

PCRS provides additional services to the wider health service through the functions of the Corporate Pharmaceutical Unit (CPU), which is responsible for drug pricing, and through other activities such as PCRS's collaborative support to the Medicine Management Programme.

2. Eligibility under General Medical Services Scheme (GMS Scheme)

2.1 Who is entitled to a Medical Card?

Entitlement to a medical card is governed by legislation as provided for under Section 45 of the Health Act, 1970.

There are three main categories of people entitled to a Medical Card:

1. Applicants (and their dependants) whose assessable income comes within the relevant Income Guidelines.
2. Applicants (and their dependants) whose assessable income is in excess of the Income guidelines but where the HSE considers that to refuse a medical card would cause undue hardship.
3. The following applicants are exempt from a means test:-
 - a. Persons with EU entitlement.
 - b. Persons with retention entitlement under Government Schemes
 - c. Persons affected by the drug Thalidomide
 - d. Persons affected by Symphysiotomy
 - e. Persons under the Redress for Women Resident in Certain Institutions Act, 2015'

Once eligibility is confirmed, patients are entitled to receive certain Doctor, Dentist, Clinical Dental Technicians (CDT's), Optometrists or Ophthalmologists treatments/services and prescribed medicines from Pharmacists as set out under each scheme.

CÁRTA LEIGHIS / MEDICAL CARD
Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

AINM / NAME

UIMHIR SGL / GMS NUMBER

UPSP / PPSN INSCNE / GENDER BAILÍ GO / VALID TO D.BR. / D.O.B.

AINM AN DOCHTÚRA / DOCTOR NAME UIMHIR PHAINÉIL / PANEL NO. CINEÁL / TYPE

2.2 GP (General Practitioner) Visit Card

A person issued with a GP Visit Card registers with the doctor of their choice and is entitled to receive free doctor treatment. They are **not** entitled to treatment free of charge by a Dentist/Clinical Dental Technician/Optometrist or Ophthalmologist or prescribed medicines and appliances.

CUAIRT DR / GP VISIT
Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

AINM / NAME

UIMHIR SGL / GMS NUMBER

UPSP / PPSN INSCNE / GENDER BAILÍ GO / VALID TO D.BR. / D.O.B.

AINM AN DOCHTÚRA / DOCTOR NAME UIMHIR PHAINÉIL / PANEL NO. CINEÁL / TYPE

GPV

**CÁRTA CUIAIRTE DOCHTÚRA FAOI 6
GP VISIT CARD UNDER 6**

AINM / NAME

UIMHIR SGL / GMS NUMBER

UPSP / PPSN INSCNE / GENDER BAILÍ GO / VALID TO D.BR. / D.O.B.

AINM AN DOCHTÚRA / DOCTOR NAME UIMHIR PHAINÉIL / PANEL NO.

2.3 European Economic Area (EEA) entitlements

European Regulation 883/04 gives entitlement to citizens of the European Union (EU) and of the European Economic Area (EEA) to health entitlement when they move to another EU/EEA state, either on a permanent basis, such as for retirement or on a temporary basis, such as a holiday or seeking employment.

It should be noted that the eligibility of such persons is based on their linkage to the Social Security System of another EU/EEA State and not on their Nationality.

For persons moving on a permanent basis the linkage is established by the production of the relevant E Form, e.g. E106, E109, E 121 or S form.

Such persons who are moving to Ireland on a permanent/long term basis should be advised to apply for a medical card under EU Regulations.

For a person who is just visiting on a temporary basis such as a holiday the linkage is established by the production of a European Health Insurance Card (EHIC) or a Temporary Replacement Certificate (TRC)

It should be noted that there is an agreement between Ireland and the UK which does not require the use of an EHIC or the production on an E Form. These are referred to later on in this section.

EEA persons presenting for Dental treatment should in the first instance be referred to a Health Service Executive Dental Clinic. The Health Service Executive may in certain circumstances make special arrangements for private practitioners to provide treatment to such persons but the resulting claim must be made directly to the Health Service Executive Local Office concerned.

2.4 European Health Insurance Card (EHIC) Entitlements

Such persons, who are visiting Ireland on a temporary basis, e.g., for holiday purposes, are entitled to receive, without charge, the necessary medical care, including such approved medication which a Doctor may prescribe, which would allow them to remain in Ireland in line with their original planned scheduled.

As indicated above the normal method by which a person provides evidence of eligibility under these arrangements is by producing a current European Health Insurance Card, EHIC, or a current Temporary Replacement Certificate, TRC, issued by their Competent State.

Those persons presenting for Dental treatment with an EHI Card should in the first instance be referred to a Health Service Executive Dental Clinic. The Health Service Executive may in certain circumstances make special arrangements for private practitioners to provide treatment to such persons but the resulting claim must be made directly to the Health Service Executive Local Office concerned. A list of HSE local health offices is available at <http://www.hse.ie/eng/services/list/1/LHO/>.

Please note a European Health Insurance Card only provides entitlement to services when the holder of the card is travelling within the EU/EEA and outside of their own State. These arrangements do not cover persons who come to the country specifically for the purpose of obtaining medical treatment.

2.5 Reciprocal Arrangements with the UK

There is no change to the existing arrangements between Ireland and the UK, and residents of either Country travelling to the other on a temporary stay are not required to present a European Health Insurance Card or an equivalent paper form. Proof of residency is sufficient.

A resident of the UK must produce documentary evidence of such residence. Patients claiming UK residency can establish eligibility for free Doctor services under the GMS Scheme by producing documentary evidence of their entitlement to services in the UK in the form of a UK Medical Card, Social Security Payment from the UK or other link to the Social Security system. Should such proof not be readily available and where a Doctor has sight of a current passport or similar documents, which would establish bona fide residence in the UK, such documents may be accepted as evidence of eligibility.

If the doctor has reason to believe that the person, while in possession of such documentation is, in fact, ordinarily resident in the State, the person should be asked to have his/her eligibility confirmed by the National Medical Card Unit Lo Call Number 1890 252919.

2.6 Health (Amendment) Act, 1996

The Government has provided in the Health (Amendment) Act, 1996 for the making available without charge of certain health services to certain persons who have contracted Hepatitis C directly or indirectly from the use of Human Immunoglobulin-Anti-D or the receipt within the State of another blood product or blood transfusion.

Eligible persons will receive a Health (Amendment) Act 1996 Services Card from the Hepatitis C Liaison Officer in their HSE area. This card is personal to the holder and is valid for his/her lifetime.

Eligible adults will be required to present the Services Card to a dental practitioner when they wish to avail of services under the Act. Eligible adults requiring Prophylaxis, subsequent routine treatments and Below the Line treatment must be approved by the Health Service Executive Principal Dental Surgeon as provided for under the Dental Treatment Services Scheme (DTSS).

Claims for payment of fees in respect of services provided to eligible adults should be submitted to the PCRS in the usual manner. The patient's Services Card number should appear in the panel set aside for the medical card number on the appropriate claim form.

3. Client Eligibility Confirmation

Each eligible person is provided with an individual GMS card, which has a 'valid to' date thereon. After this date the card cannot be used to claim entitlement to certain services

Each time a G.M.S. cardholder attends for dental treatment under the D.T.S.S. they should present with their current medical card. The claiming contractor should satisfy themselves of the patient's eligibility.

Under the DTSS, GMS eligible adults (aged sixteen and over on the commencement date of treatment) who attend Contracting Dentists have access to a range of dental treatments and clinical procedures.

In the case of eligible adults attending Clinical Dental Technicians, the term "eligible person" relates to persons with a valid GMS card aged eighteen years or over on the commencement date of treatment

To assist contractors a specific tool to verify a client's eligibility prior to providing services has been developed.

The facility is available under the 'Online Services' link at www.pcrs.ie, under the heading 'Online Eligibility Confirmation'.

3.1 DTSS Treatment Eligibility

In addition to validating a patient's medical card contractors should satisfy themselves on each occasion if patients are entitled to receive specific treatment items.

To use the tool:

1. Select the treatment type (treatments in the online eligibility checker include:
A1, A2, A3, A4, A5, A7, B1, B2, B3, B5)
2. Enter tooth number (required for tooth specific treatments only)
3. Enter patient's PPS number
4. Click the "Check" option.

Similar information can be submitted by SMS, as follows: Text the treatment code, tooth number or denture type code (required for tooth specific treatments only) and PPS number to **087 909 7867**, e.g. "A1 1234567P or A3A 22 1234567P". (Please note that there is a space between all fields). Denture type codes are as follows:

FULR = Full Upper and Lower Reline

FUD = Full Upper Denture

FLD = Full Lower Denture

FUR = Full Upper Reline

FLR = Full Lower Reline

PU = Partial Upper Denture

PL = Partial Lower Denture.

This facility is available under the 'Online Services' link at www.pcrs.ie, under the heading **'Dental Eligibility Confirmation'**.

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4. Dental Treatment Services Scheme (DTSS)

Under the DTSS, GMS eligible adults (aged sixteen and over) have access to a range of dental treatments and clinical procedures.

The HSE has prioritised the range of treatments to ensure access to emergency dental care for eligible patients. Additional care is considered in exceptional or high risk cases.

Patients falling within the category of exceptional/high-risk cases may be eligible for a more extensive range of treatments, where approved as clinically necessary by a Principal Dental Surgeon (PDS).

The list of exceptional/high-risk cases is non-exhaustive but is intended to include such cases as (a) individuals whose general health would be seriously compromised if they did not have access to essential dental treatment, (b) individuals with a disability (such as special needs patients), (c) Hepatitis C patients (with an R card), (d) haemophiliacs or (e) patients suffering from oral cancer.

The term 'High Risk' refers to patients for whom untreated dental disease, or the treatment of dental disease, poses significant health problems. 'Exceptional' refers to those patients who may not strictly be classified as high risk, but for whom there is sufficient information available to the PDS as to justify a decision to approve funding for additional care.

A list of the types of health conditions which are deemed to be high risk is contained in the table below.

Complex Cardiac Conditions	Examples
Complex cardiac conditions	Prosthetic Valve Previous Endocarditis Transplants with Valvulopathy Certain congenital defects (CHD's)
Bleeding Disorders including Haemophilia	Patients taking Warfarin or similar medication
Cancer Patients	Those under active treatment by chemotherapy or radiotherapy or under medication prescribed by an oncologist.
Bisphosphonates	Person receiving or due to start intravenous bisphosphonates
Neurological Disorders	Multiple Sclerosis, Parkinson's Disease Dementia, Acquired Brain Injury, Epilepsy, Cerebral Palsy
Immuno-suppressed	Organ transplant recipients HIV Hepatitis C Persons with a valid HAA card
Pre-operative	Hip/joint replacement and cardiac surgery
Diabetes	Type I (insulin-dependent) Type II (non-insulin dependant
Genetic/Congenital	Downs Syndrome

Complex Cardiac Conditions	Examples
	Cystic Fibrosis Malignant Hyperthermia
Intellectual Disability	Persons in receipt of care or services for intellectual disability Persons on a register of disability Sensory Disability Persons in receipt of care or services for disability
Dental Vulnerability	Cleft Palate Sjogren's Syndrome
Long stay residents of Nursing Homes	
Persons on a Methadone Therapy Programme	
Social Vulnerability	Homelessness Being in the care of the HSE Ward of Court Foster Care Children in Foster Care (age 16 to 18)
Mental Health	A person receiving treatment for persistent serious mental health issues

Where a PDS approves treatment in an exceptional/high risk case, the PDS will clearly indicate in the 'For Official Use Only' box the number of approved Above the Line and/or Below the Line treatments. The PDS will then return the form to the contractor who will commence treatment.

Dentists may prescribe to eligible persons a range of medicines from the list of 'Dental Prescribable Items'. The 'Dental Prescribable Items' list is updated periodically and available on the 'List of Reimbursable Items' link on www.pcrs.ie

Dentists prescribe for GMS persons on specially designed prescription forms. The DTSS prescription form is a three part claim which contains the original patient copy, the pharmacy copy and a third copy which should be retained by the contracting dentist for audit purposes.

5. Administrative Arrangements

5.1 Completion of Form D

General

Form D is printed on self-imaging paper. A duplicate copy is provided which has 'Copy' ghosted diagonally across it. Dentist Copies or photocopies should not be submitted as a claim form. Dentist Copies should be retained for your own records for a period of six years.

A specific '€'column has been provided to assist you in maintaining your records. This column is solely for Dentists use and will not cause a claim to reject for payment if left blank. Irrespective of the amount that may be entered, claims will be processed and paid at the appropriate rates.

D Form

In all circumstances details entered must be legible so as to ensure prompt payment. The following step by step process should be adhered to when completing a claim form:

1. Form number: The form number is prepopulated on form. In the case of self-print forms, the form number should contain the relevant contractor's panel number less the first digit.
2. Patient's Name, Contact Number, Card Number and PPSN
 - a. Patient's Name should be entered in the space provided on form. It is important to satisfy yourself that the patient presenting for treatment corresponds with the details displayed on their medical card.
 - b. Contact Number – Enter patient's contact number.
 - c. Patient's medical card number should be entered in the space provided on form. Verification of patient eligibility for service via online facility which is available at www.pcrs.ie should be carried out. Only claims in respect of treatments provided to eligible GMS patients should submitted for processing.
 - d. PPS Number – Insert patient's personal public service number.
3. Contractor Name & Panel Number - Insert clearly contractor name and panel number. The Panel Number must be valid on the commencement of treatment
4. Declaration by Patient
 - a. Commencement Date – Insert the start date of treatment. The cardholder must have a valid card on the commencement date.
 - b. Completion Date – Ensure this date is populated when treatment has been completed and prior to submitting for payment.
 - c. Patient's Signature – Patient must sign after treatment has been completed. Under no circumstances should the patient sign the form prior to completion of treatment. In exceptional circumstances, an appropriate third party may sign on behalf of the patient, but should include an explanatory note confirming the relationship to the patient and confirming the inability of the patient to sign the form. Where the above procedure is not applied, the claim will be rejected for payment.
 - d. Under no circumstances should a Dentist or member of staff sign on behalf of the patient.

5. Declaration by Contractor

- a. Dentist must sign after treatment has been completed.

It is expected patients will complete all stages of the DTSS treatment plan. In circumstances where a patient fails to return for the completion of treatment, every effort must be made to contact the patient to request them to complete the treatment or to sign the patient declaration. Should a patient fail to sign the patient declaration field, failed to attend (F.T.A.) should be entered. These claims will then require local PDS approval prior to submission of claim for payment.

As a fundamental part of its control system, the HSE does not accept facsimiles of claims or signatures, nor can it accept anything other than the individual contractor's statement regarding clinical necessity. Where Tip Ex is used on a form, the form will be rejected.

To reduce the number of rejected claims and ensure payments are processed as quickly as possible for contractors, we recommend use of the Online Checker facility under the 'Online Services' link at www.pcrs.ie, under the heading '**Dental Eligibility Confirmation**'.

5.2 Claim Submission

Under the terms of the DTS Scheme contract, completed claims should be presented for processing within one month after completion of treatment. All claims which are received on or before the 20th of the month will be processed for payment on the 2nd Thursday of the following month. If the 20th of the month falls on a weekend/bank holiday the deadline will extend until close of business the next working day.

Taking cognisance of the Christmas and New Year period, the deadline for claims submission is earlier in December of each year. Correspondence will issue to all active contractors closer to the time.

Only one bundle of claims per month should be submitted for processing and should be appropriately tagged and accompanied by a properly completed summary of claims certificate. Submitting multiple bundles throughout the month may result in delays to your payment.

Summary of Claims Certificates and Pre-addressed stickers are available by calling the Dental Unit on 01 864 1996.

D forms are supplied by your Local Health Office. A list of local health offices can be found on the HSE website at <http://www.hse.ie/eng/services/list/1/LHO/>

Claims should be forwarded to the Primary Care Reimbursement Service, P.O. Box 4563, Finglas, Dublin 11, D11 PXT0. Please note this is not a free post service.

5.3 Self-Print

Forms may be submitted under the DTSS using the pre-printed D Form. Please note however there are procedures which must be adhered to in relation to this functionality.

- You must print 2 exact copies only of each claim i.e. generate a top copy and a second copy for your own records.
- The top copy should be submitted for payment, the second bottom copy should be retained securely for a period of no less than six years.
- Only the original second copy may be used for submission of reclaims and/or subsequent queries. This copy must also have all relevant patient, contractor and PDS signatures thereon.
- Please ensure to submit reclaims under separate cover to your claim forms. These claims should be clearly identified as reclaims.
- In respect of Below-the-Line treatments 2 exact copies of the form per claim must be submitted to the PDS in the Medical Card patient's Local HSE Office for approval.
- The PDS must sign and stamp both copies, again ensuring both copies are identical, before returning same forms to you as claiming dentist.
- Details must be identical on both forms including the form number. Note: the form number generated must be unique. Claims which are submitted for the same patient on a different occasion using the same form number will not be processed for payment.
- The form number should contain the relevant contractor's panel number less the first digit. E.g. Panel number 99999, the form number should be 9999001 etc.

Self-print forms must be an exact reflection of the existing paper forms currently in use under the DTSS. Failure to comply with the above procedures may result in a delay in processing your claim forms for payment.

Where the HSE find continual non-adherence with the above, it reserves the right to remove this option of claim submission from the contractor.

Prior to submitting claims using this format, the claiming contractor must sign a Self-Print Agreement, which is available by contacting the Dental Unit directly on 01 864 1996 or via email on dtss.queries@hse.ie.

5.4 Above the Line Treatments

A1 - Dental Examination

A complete oral examination of hard and soft tissue, medical and dental history, recording of missing teeth, diagnosis and treatment plan is mandatory on each claim form.

A fee for an Oral Examination is payable once within a calendar year. Failure to complete the Oral Examination will result in the claim being rejected for payment. The fee for an examination includes any necessary radiographs.

The result of an Oral Examination should be recorded using the following codes to indicate the status of each tooth:

0 (alpha code) = Decayed

- (hyphen) = Missing

F (alpha code) = Filled

When a code is not inserted against a tooth the status will be recorded as sound.

A1 Oral / Soft Tissue Examination (including any necessary radiographs)																Yes	No
1	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	2
4	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	3

CODES: 0 - Decayed F - Filled — Missing

A2 - Prophylaxis

Scaling and treatment of mild gum conditions, including any necessary oral hygiene instruction. This will include the removal of deposits on teeth, polishing of teeth, re-contouring of fillings and treatment of mild gum conditions (this includes the treatment of gingivitis where pocketing does not exceed 3.5mm).

A2 treatments must be approved by the patient's local PDS. Registered diabetic patients with dual eligibility under the Long Term Illness Scheme and GMS may receive Prophylaxis treatment without the need to seek prior approval from their local PDS. Confirmation of eligibility for Prophylaxis (A2) treatment is available online via the 'Dental Eligibility Confirmation' link on www.pcrs.ie.

In all cases an A2 cannot be repeated for the same patient, within a 6 month period and cannot be claimed in conjunction with a B3.

The treatment date should not be entered on the claim form when sending for approval.

When forwarding the claim for payment the date which the A2 treatment was carried out and the general gingival status should be entered using the codes below:

- Code '0': Healthy gingival tissues with no bleeding after gentle probing.
- Code '1': No pockets of more than 3mm or calculus or defective margins are detected but there is bleeding after gentle probing.
- Code '2': No pockets of more than 3mm, but supra or sub gingival calculus or defective margins of a filling or crown are detected.

A2		Prophylaxis											
TX	06 05 16										CODE:	0	0 - Healthy 1 - Bleeding 2 - Calculus
Date:													
	<input type="text"/> HSE Official's Initials												

A3A - Amalgam Restoration/A3C- Composite Restoration (Anterior Teeth)

The tooth/teeth treated must be identified on the chart and the number of fees claimed should be entered in the box provided.

The HSE will reimburse up to and including two (2) restorations (from Items A3A or A3C) per eligible person, as part of emergency treatment, where the contracting dentist is satisfied as to the clinical emergency. Additional restorations will only be approved in emergency circumstances. The contractor must provide as much information as possible to the PDS to assist him/her to grant approval.

A restoration may not be repeated on the same tooth within 5 years unless the clinical necessity for such treatment accompanies the claim. No additional treatment may be claimed in respect of the same tooth on the same occasion.

A single generic statement in relation to a clinical necessity is not acceptable. Please ensure sufficient detail is supplied in each individual case stating the clinical reason why the restorations were necessary to be repeated within the specified time frame. Claims which have a high level of generic clinical notes will be passed to the Dental Inspectorate for review.

An A3 restoration cannot be claimed in conjunction with a B1 treatment.

A3		Restorations															
Please enter code: A Amalgam, or C Composite over the restoration site																	
CODE A					CODE C					CODE A							
1	8	7	6	5	4	3	2	C	1	2	3	4	5	6	A	8	2
4	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	3
No. of Fees					2												
<input type="text"/>					No. of approved treatments					<input type="text"/> HSE Official's Initials							

A4 – Exodontics

Extraction of a Tooth under Local Anaesthetic, including removal of roots, and where necessary, suturing and control of primary bleeding.

The tooth/teeth treated must be identified on the chart and the number of fees claimed should be inserted in the box provided.

A4 Exodontics									
Please enter the codes: A Adult, P Primary and R Root over the extraction site									
1	8	7	6	5	4	A	2	1	
4	8	7	6	5	4	3	2	1	
No. of Fees							2		

When claiming for an Adult, Root or Primary Tooth extraction, please enter the Codes A Adult, R (Root) or P (Primary) over the extraction site.

A5- Surgical Extraction

Removal of tooth or root requiring surgical incision of overlapping soft tissue, elevation of flap and either removal of bone and tooth or sectioning and removal of tooth. Fee to include any necessary radiographs and visit required for post-operative care.

The tooth/teeth treated must be identified on the chart and the number of fees claimed should be inserted in the box provided. When claiming A5 treatment the appropriate number of time units should be entered (normal rounding rules apply). The maximum number of time units per tooth is two.

E.g. Surgical Extraction for tooth number 18 & Root Extraction on tooth 23 – Time duration 60 minutes:

A5 Surgical Extraction									
Please enter the codes: A Adult, P Primary and R Root over the extraction site									
1	A	7	6	5	4	3	2	1	
4	8	7	6	5	4	3	2	1	
No. of Fees							2		
Please Specify No. of 15 minute units							4 (Max 2 per Tooth)		

When claiming for an Adult, Root or Primary Tooth extraction, please enter the Codes A Adult, R (Root) or P (Primary) over the extraction site.

A6 - Haemorrhage/Prescription

The items payable under this category are:

H (alpha code) = Haemorrhage - refers to the control of bleeding post extraction. This will not be paid if claimed by the same dentist or dental practice where the tooth was extracted.

P (alpha code) = Prescription (From list of 'Dental Prescribable Items')

The above code(s) should be recorded on the tooth chart and payment will be calculated by reference to the number of teeth indicated and the number of fees claimed. Only one of the same treatment code will be paid on the same claim form.

E.g. Prescription on tooth number 14 and Haemorrhage required for tooth number 44:

A6 Haemorrhage / Prescription									
Please enter code: H Haemorrhage or P Prescription on the relevant tooth									
1	8	7	6	5	P	3	2	1	
4	8	7	6	5	H	3	2	1	

Dentists may prescribe for eligible persons a range of medicines from the list of 'Dental Prescribable Items'. The 'Dental Prescribable Items' list is available on the 'List of Reimbursable Items' link on www.pcrs.ie.

All prescriptions should be correctly completed on an official DTSS prescription form. The third copy must be retained for record purposes.

A7 – 1st Stage Endodontic (Payable on 6 upper and lower anterior teeth only)

- Including where necessary incision draining of abscess, treatment of infection, removal of pulp and root canal contents, preparation and filling of root canals and any necessary radiographs

The HSE will reimburse one First Stage Endodontic (Item A7), on an anterior tooth per eligible person in a calendar year (January-December), without prior approval, where a patient presents with an abscess or irreversible severe pulpitis on an anterior tooth (canine to canine – maxillary and mandibular).

Additional treatment will be subject to prior approval. A clear treatment plan and prognosis for the remaining maxillary and mandibular teeth must be submitted. This treatment may not be repeated on the same tooth within 2 years unless the clinical necessity for such treatment accompanies the claim.

The tooth/teeth treated must be identified on the chart at the time of claiming and the number of fees claimed should be entered in the box provided.

A7 1st Stage Endodontic Treatment											
1	3	2	1	1	2	3	2	1	No. of Fees		
4	X	2	1	1	2	3	3				
									No. of approved treatments		
									HSE Official's Initials		

A8 - Denture Repairs.

The DTSS contract allows a fee to be payable for a denture repair in one or more of the following circumstances:

- Cracks, Fissures and Fractures
- Replacement of Band or Wire
- Replacement of Teeth
- Extension of Plate

Reimbursement of item A8 (repairs) is restricted to a maximum of 3 fees per claim. The contractor must keep all laboratory dockets that are applicable to an A8 claim.

The provision of an A8 is not expected to arise within 12 months of any B5 treatment.

A8 Denture Repairs			
	No. of Repairs		No. of Repairs
Cracks, Fissures and Fractures	2	Replacement of Teeth	
Replacement of Band or Wire		Extension of Plate	

5.5 Below the Line Treatments

All Below the Line treatments require prior PDS approval. The Oral Examination (A1) must be completed on the occasion of each claim. When applying for approval the contractor should send the approval to the patients Local Health Office. E.g. if the patient attends a dentist in Galway however the card was originally issued while patient was residing in Cork. The approval should be sent to Cork.

A PDS will consider the application and return the form to the dentist within 30 days. If approved, the contractor may then provide the treatment(s). Currently a review mechanism is under development in conjunction with the National Oral Health Lead whereby a contractor or patient may have a refusal reviewed. Further details will follow in due course.

On completion of treatment the form should be forwarded to the PCRS for processing. The contracting dentist shall complete the approved treatment within nine months of the approval date. If treatment has not been completed within this time frame the approval is deemed to be withdrawn.

B1 – 2nd Stage Endodontic Treatment (6 upper and lower anterior teeth only) Root Canal Therapy

- Including where necessary incision draining of abscess, treatment of infection, removal of pulp and root canal contents, preparation and filling of root canals and any necessary radiographs.

When submitting your claim the code 'E' should be recorded on the chart. Emergency circumstances must be detailed in the clinical necessity box. This treatment may not be repeated on the same tooth within 2 years unless the clinical necessity for such treatment accompanies the approval request, and is accepted."

The fee for a B1 includes any A3 restoration on the same tooth.

B2 Apicectomy/Amputation of roots

- Including retrograde filling and any necessary root canal therapy.

When submitting your claim the code 'A' should be recorded on the chart. Emergency circumstances must be detailed in the clinical necessity box. This treatment may not be repeated on the same tooth within 2 years unless the clinical necessity for such treatment accompanies the approval request, and is accepted."

e.g. 2nd Stage Endodontic Treatment for tooth 13 and Apicectomy of Tooth number 21:

B 1 / B 2 2nd Stage Endo/Apicectomy/Amputation of Roots							
Please enter code: E Endodontic or A Apicectomy on the chart							
1	E	2	1	A	2	3	2
4	3	2	1	1	2	3	3
2 No. of approved treatments				HSE Official's Initials			

B3 Protracted Periodontal Treatment

This covers the treatment of periodontal conditions where pocket-depths exceed 3.5mm including root planning, gingival curettage, gingival surgery and any other periodontal treatment (including the treatment of acute conditions such as ANUG).

Insert the proposed number of visits required for treatment (maximum of 4 visits within 12 month period) when seeking approval from patients local PDS.

A B3 cannot be claimed in conjunction with an A2.

B3 Protracted Periodontal Treatment	
No. of Visits	HSE Official's Initials

B5 Prosthetics

This category incorporates Full Denture (12+ missing teeth) treatment together with Partial Dentures (1-11 missing teeth) and Relines. When applying for B5 approval, as much detail as possible should be provided, to the PDS to support the application. Requests for repeat treatment within 5 years should include satisfactory clinical information in the clinical necessity box.

When forwarding for approval the treatment item required must be identified on the D form. Please note the Oral Examination on the form must be completed in order for PDS to consider the application.

B5 Prosthetics			
Full Denture (12+ Teeth missing)	<table border="1"><tr><td>UPPER</td><td>LOWER</td></tr></table>	UPPER	LOWER
UPPER	LOWER		
Partial Denture (1-11 Teeth missing)	<table border="1"><tr><td>UPPER</td><td>LOWER</td></tr></table>	UPPER	LOWER
UPPER	LOWER		
Reline	<table border="1"><tr><td>UPPER</td><td>LOWER</td></tr></table>	UPPER	LOWER
UPPER	LOWER		
1 No. of approved treatments	HSE Official's Initials		

One reline per denture may be approved in a 5 year period if clinically necessary. Repeat relines will not normally be approved. Relines are specifically for full dentures.

In the specific case of partial dentures approval will be given for

- dentures replacing anterior teeth (incisors & canines);
- dentures replacing more than 4 posterior teeth (premolars and molars) where at least one premolar is being replaced; and
- partial dentures replacing molar teeth only require special justification

Note: Full/Full Dentures should be claimed on one claim form.

The fee for full Upper or Lower Dentures encompasses both the clinical laboratory element of the full Dentures Scheme – separate Laboratory claims are not a feature of the scheme. Each contracting Dentist is responsible for the direct settlement of Laboratory fees.

5.6 Detailed Payment Listing

Details of paid claims will be reported on a 'Detailed Payment Listing' sent out shortly after payments are made each month.

5.7 Reclaims

Claims that fail to generate for payment because of invalid or insufficient data will report on a reclaim listing. Corrections and amendments should be inserted on the reclaim listing which should then be re-submitted to the PCRS for processing.

Duplicate or new claim forms should not be submitted in order to reclaim unpaid items

The top occurring error messages are detailed below along with clarification on how the issue can be resolved.

Error Message	Method of Resolution (If Any)
Only two restorations are payable per year per patient	PDS letter required to confirm approval of subsequent A3 items.
The tooth has been previously extracted	Contractor should check previous schedules to ensure same tooth not claimed before. If not contact to be made with PDS who will investigate in further detail.
Invalid Card Number	Correct medical card number to be supplied by contractor
Card not eligible on date of this Claim.	Contractor should check if patient had a card which was valid on commencement date of treatment if different card number contractor should supply same.
A1 - Please enter A1 charting.	A1 Full Complete Oral charting to be supplied by contractor.
Dentist and patient declarations must be signed and dated	If dentist failed to sign original claim form dentist should sign dentist copy to confirm provision of services. If patient failed to sign original claim form contractor should make every effort to obtain a patient signature on dentist copy.
There was a name mismatch on Claim	Contractor to confirm correct medical card number of patient who is specified on claim form.
GP Visit Cards not eligible for this scheme	Patient is not covered under DTSS.
Tooth is marked missing on patient's chart	Confirmation tooth is present is required by contractor.

5.8 Dental Online Services

Dental Online Services are now available which enables a DTSS contractor to process claims through our Online Suite. The benefits to Online Services include:

- Earlier Access to Payments
- Reliability of Service
- Online Claim Entry
- Online Claim Review
- Elimination of Reclaims
- Downloadable and printable itemized listings
- Online Ordering of Stationery

5.9 Queries

When submitting written queries regarding payments made or claims submitted, please quote your Panel Number, Claim Number, Form Number and a brief explanation as to the nature of your query. Queries may be submitted via the below methods.

In Writing: Dental Unit
 HSE- Primary Care Reimbursement Service
 PO Box. 4563
 Finglas
 Dublin 11
 D11 PX10

By Phone: 01 864 1996

By Fax: 01 864 1997

By E-Mail: dtss.queries@hse.ie

6. Withholding Tax from Payments for Professional Services

Under the terms of the Finance Act, the Health Service Executive is obliged to deduct Withholding Tax, (currently 20%) from all payments for professional services by contractors under all Schemes.

Each contractor is required under the relevant legislation to furnish the PCRS with his/her income tax reference number on a form provided. PCRS will issue a completed Form F45-1 each month showing details of the payment and tax deducted to each contractor who has submitted a Tax Reference Number – such information is also shown on monthly Summary Listings.

Where no tax reference number has been submitted, PCRS will be obliged to deduct the tax but is not authorised to issue form F45-1. It appears that in such circumstances a contractor would be unable to make a claim to the Inspector of Taxes in respect of Withholding Tax paid.

Please direct any queries you may have in relation to Withholding Tax to the Inspector of Taxes for your own region.

6.1 e-Tax Clearance

Tax Clearance Status for all suppliers and service providers who receive payments in excess of €10,000 within a twelve-month period must be confirmed prior to release of payment. Contractors must satisfy themselves, they have a valid Tax Clearance Certificate (TCC). Full details on how to apply for e-Tax Clearance are available directly from the Irish Revenue website on www.revenue.ie.

FAQs in relation to e-Tax Clearance can be found at: <http://www.revenue.ie/en/online/etax-clearance-faqs.html#section18>

The Tax Clearance Status of all relevant recipients will be checked on a monthly basis through online data upload. It is important to note that until Tax Clearance Status has been confirmed payments will be held.

7. Dental Inspectorate

The Health Service Executive PCRS is obliged to ensure the accuracy and reasonableness of claims submitted from contractors. Areas of responsibility include the:

- Preventing, detecting and deterring of invalid, inappropriate or fraudulent claiming
- Identification and management of risk
- Ensuring of contractor compliance with the claiming terms of their contract
- Identification and monitoring of contractor claiming patterns

The Dental Inspectorate, established in 2012, has a number of functions including Pre Contract Inspections; providing assurance on contract compliance and instigating probity reviews of the small number of individual contractors that may be non-compliant. In those cases some or all of the following investigative methodologies are applied:

- Audit of claims made by individual contractors
- Statistical Analysis
- Audit of patient records
- Patient examination/interview.
- Reviews of Patient Questionnaire
- Reviews of complaints from whistle blowers/patients

Following investigation cases may be referred to the HSE Probity Governance Group for determination who may in turn refer to

- The Director General under the disciplinary process
- The HSE Solicitor in respect of civil proceedings
- The Irish Dental Council
- The Garda Síochána

The ultimate sanctions applicable are the suspension or termination of contract .

Appendix 1: Circular No. 008/10



Feidhmeannacht na Seirbhíse Sláinte
Seirbhís Aisioca Príomhchúraim
Bealach amach 5 an M50
An Bóthar Thuaidh
Fionnghlas
Baile Átha Cliath 11

Guthán: (01) 864 7100
Facs: (01) 834 3589

Health Service Executive
Primary Care Reimbursement Service
Exit 5, M50
North Road
Finglas
Dublin 11

Tel: (01) 864 7100
Fax: (01) 834 3589

Circular No. 008/10

26th April 2010

Dear Dentist,

The Budget 2010 decision limited expenditure under the Dental Treatment Services Scheme (DTSS) to €63m. To protect access to emergency dental care for medical card holders and to safeguard services for Children and Special Needs Groups, the HSE will prioritise the range of treatments available under the DTSS.

Using 2009 uptake levels, the HSE will provide emergency dental care to eligible patients with a focus on relief of pain and sepsis. Additional care will be considered in exceptional or high risk cases. Where an eligible person seeks emergency dental treatment, the contracting dentist must satisfy her/himself as to the clinical emergency and provide the necessary urgent treatment in accordance with the following schedule:-

1. Dentists will be reimbursed for one (1) Oral Examination (Item A1) in respect of an eligible person in any 12 month period. This examination is to include any necessary radiographs i.e. Extra-Oral Radiographs (Item B4) are suspended.
2. Prophylaxis treatment (Item A2) is suspended until further notice.
3. The HSE will reimburse up to and including two (2) restorations (from Items A3A or A3C) per eligible person, as part of emergency treatment, where the contracting dentist is satisfied as to the clinical emergency. Additional restorations will only be allowed in approved emergency circumstances.
4. Exodontics (Item A4) will be reimbursed where the contracting dentist is satisfied as to the clinical emergency.
5. Claims for Surgical Extractions (Item A5), will be reimbursed in emergency circumstances where the contracting dentist is satisfied as to the clinical emergency. This reimbursement will be restricted to a maximum of 2 time units. Claims for this treatment item will continue to be monitored over the coming months to ascertain if any additional control measures are required.
6. Miscellaneous claims (Item A6) will be restricted to control of haemorrhage and prescriptions.

7. The HSE will reimburse First Stage Endodontic (Item A7), one anterior tooth per eligible person, without prior approval, where a patient presents with an abscess or irreversible severe pulpitis on an anterior tooth (canine to canine – maxillary and mandibular). Any case requiring additional treatment will be subject to prior approval and clear treatment plans and prognosis for the remaining maxillary and mandibular teeth must be submitted. The HSE will expedite approval of such treatment plans including examination of radiographs or clinical assessments as appropriate within two weeks.
8. Denture Repairs (Item A8) will be reimbursed in emergency circumstances where the contracting dentist is satisfied as to the clinical emergency.
9. Endodontic Treatment (Item B1) will be reimbursed in approved emergency circumstances as set out in point 7 above.
10. Protracted Periodontal Treatment (Item B3) approvals are suspended until further notice. However, in clearly defined cases where periodontal care is warranted, e.g. diabetes, pregnancy, immuno-compromising conditions, and those requiring relevant surgical procedures such as cardiac surgery and joint replacements, approval may be given at the discretion of the local Principal Dental Surgeon taking budgetary exigencies into account.
11. Prosthetics (Item B5) will only be allowed in approved emergency circumstances.

The HSE will continue to monitor all treatment items to ascertain if any additional processes or control measures are required.

Thank you for your cooperation in relation to these matters.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'Patrick Burke', with a horizontal line extending to the right.

Patrick Burke
Primary Care Reimbursement Service

Appendix II: SI 023/10



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Feidhmeannacht na Seirbhíse Sláinte
Seirbhísí Comhroinnte Airgeadais
Seirbhís Aisioca Príomhchúraim
Bealach amach 5 an M50
An Bóthar Thuaidh
Fionnghlas
Baile Átha Cliath 11

Health Service Executive
Finance Shared Services
Primary Care Reimbursement Service
Exit 5, M50
North Road
Finglas
Dublin 11



Title Forename Surname
Trading As
Address 1
Address 2
Address 3
Town

00000

Guthán: (01) 864 7100
Facs: (01) 834 3589

Tel: (01) 864 7100
Fax: (01) 834 3589

Circular No. 023/10

14 October 2010

Dear Dentist,

The new arrangements for the Dental Treatment Services Scheme (DTSS) outlined in circular 008/10 came into effect on 28 April 2010. The implementation of these arrangements is necessary to deliver a dental service within the budget available.

I intend to write to you regularly in light of the changes made to the DTSS in order to continue to update you on developments and also to ensure that you have an opportunity to suggest ways in which those changes can be implemented.


It is important to reiterate that the objective of the decision taken by the HSE, and communicated by way of Circular 008/10, is to best protect the interests of the public within the available budget. As you know, in Budget 2010 the Government decided that expenditure under the DTSS be maintained at the level that applied in 2008 i.e. €63m.

That decision arose from the Government's wish to reduce public expenditure. It is only one of a number of reductions in funding made across the board. I appreciate that the dental community would prefer it had funding levels remained at 2009 levels but must stress that the HSE is acting on foot of an express Government decision.

The HSE's duty, first and foremost, is to use the resources available to it in the most beneficial, effective and efficient manner to promote and protect public health and welfare. On that basis, we took the decision to prioritise emergency dental care for medical card holders within the available budget.

The new measures, introduced in April 2010, prioritise the range of treatments available.

As you know, some treatments which had previously been available under the Scheme (for example, dental cleaning and polishing) have been suspended. Other treatments (such as extractions and fillings) continue to be provided in the case of clinical emergencies. These measures have been introduced to protect access to emergency dental care for medical card holders and to safeguard services for exceptional/high-risk cases.



It is important, despite financial restrictions, that Principal Dental Surgeons apply their clinical judgement to ensure that care continues to be provided. PCRS will process any eligible claim where Principal Dental Surgeons have satisfied themselves that it falls within the scope of Circular 008/2010.

- In exceptional/high-risk cases, the Principal Dental Surgeon will clearly indicate in the 'For Official Use Only' box the number of approved Above the Line and/or Below the Line treatments and return the form to the contractor who will commence treatment.
- In emergency cases where Below the Line treatment is approved, the Principal Dental Surgeon will clearly indicate in the 'For Official Use Only' box the number of approved Below the Line treatments and return the form to the contractor who will commence treatment.

For clarification, a number of treatment items continue to be available *without* prior approval when an adult medical card-holder presents in an emergency situation, as set out in Circular 008/2010. Other treatments, again as set out in the Circular, require prior approval which should be obtained from the local HSE Principal Dental Surgeon.

Where prior approval is required for clinical treatment, the HSE Principal Dental Surgeons will apply their professional judgment to determine, in the circumstances, whether or not to approve the treatment. If the PDS is satisfied that it is an emergency, then approval should be given.

As referred to in Circular 008/2010, there are a number of medical card holders to be treated as exceptional/high-risk cases. These include Hepatitis C patients (these patients can be identified by an "R" designation on their Medical Card) and patients with Special Needs. Such patients must be prioritised for care and are eligible for all of the services available prior to April 2010 on the approval of a Principal Dental Surgeon.

The Principal Dental Surgeon should always be satisfied that they have adequate information to support their clinical decision.

Concerns have been expressed as to the effect the changes will have on certain exceptional/high-risk categories, such as oral cancer patients. However, the new arrangements allow for services to be delivered to exceptional/high-risk cases such as these. The oral cancer issue, for example, is essentially an oral health examination issue and an annual examination is still available for medical card holders under the new arrangements. Oral cancer patients can also be referred for assessment to our Public Dental Service at any time.

In July 2010, the HSE appointed a National Oral Health Lead, Dr Dympna Kavanagh and established a National Steering Group for Dental Primary Care which Dr Kavanagh chairs. This group is responsible for setting standards and policy for adult medical card holders. The initial focus of the Group is on services for older persons.

This National Steering Group, in association with four Regional Operational Groups, will identify the categories of adult medical card holders to be prioritised for HSE funded dental care. This determination will be based on medical and social exclusion profile rather than only being dependent on dental issues. Guidance in relation to clinical decisions is within the purview of the National Steering Group. On this, I attach a copy letter sent by Dr. Kavanagh to all Principal Dental Surgeons today.

The HSE will continue to monitor all treatment items to ensure compliance with our targets and to identify whether additional control measures are required. From that perspective I will communicate with contractors on a regular basis, by way of providing feedback in relation to the operation of the scheme and in addressing the control procedures as issues arise or as contractors require.

For example, to assist contractors, we have developed specific tools for you to verify a client's eligibility prior to providing dental services. This is a useful step to be taken prior to submitting a complete claim for reimbursement. This online facility is available at www.pcrs.ie under the heading "Dental Eligibility Confirmation".

- This service will confirm if a client has a medical card and if that client is eligible for various treatments.
 - To use the tool, simply select the treatment, tooth (required for tooth specific treatments only), enter the patient's PPS number and then choose the "Check Dental" option.
- In addition, you can verify the same information in respect of A1, A3A, A3C and A7 treatments by SMS text using your mobile phone.
 - To use this facility, text the treatment code, tooth (required for tooth specific treatments only) and PPS number to 087 909 7867, e.g. "A1 1234567P or A3A 22 1234567P" (please note that there is a space between the treatment type, the tooth number and the PPS number).

We appreciate the challenges that face private contractors and our dental teams led by Principal Dental Surgeons and thank you for your assistance.

We are facing unprecedented challenges as a health service to deliver quality services to patients from fewer resources. The Government is unequivocal that the change to the budget will not be reversed. However, it is important to maintain a perspective and take cognisance of the fact that we are working within resources which delivered a good service in 2008. The challenge is to continue to deliver this level of service.

The HSE will be carrying out a review of the changes to the DTSS later this year and in this context we plan to look at the effect, if any, of the changes for any particular group. We are open to considering changes to the DTSS provided we can stay within the budget allocation.

Yours sincerely



Patrick Burke
Primary Care Reimbursement Service

Appendix III:

Scale of Fees Payable under the Dental Treatment Services Scheme

Treatment Type	Routine €
Oral Examination	33.00
Prophylaxis	31.00
Restoration (Amalgam)	50.06
Restoration (Composite) 6 anterior teeth only	51.88
Exodontics (Extraction under local anaesthetic)	39.50
Surgical Extraction – Maximum 2 units:	
Fee payable for each 15 minute unit	35.00
Maximum payable	70.00
1st Stage Endodontic Treatment (Anterior teeth only)	57.30
Denture Repairs	
1st Item of Repair	47.86
Each Subsequent Item	15.34
Maximum payable	78.54
Apicectomy/Amputation of Roots	168.70
Endodontics (Anterior teeth only)	137.66
Protracted Periodontal Treatment per visit (Max 4)	26.36
Miscellaneous	
(e.g. Haemorrhage and Prescriptions only)	22.65
Prosthetics	
Full Upper or Lower Denture (Other than Edentulous Persons)	326.22
Partial Upper or Lower Acrylic Denture	239.27
Complete Upper or Lower Reline	130.59
Complete Upper and Lower Reline	217.38
Full Upper and Lower Denture (Edentulous Persons Only)	478.74

Appendix IV: SI 171/2009



STATUTORY INSTRUMENTS.

S.I. No. 171 of 2009

HEALTH PROFESSIONALS (REDUCTION OF PAYMENTS TO
REGISTERED DENTISTS) REGULATIONS 2009

(Prn. A9/0625)

**HEALTH PROFESSIONALS (REDUCTION OF PAYMENTS TO
REGISTERED DENTISTS) REGULATIONS 2009**

I, MARY HARNEY, Minister for Health and Children, in exercise of the powers conferred on me by section 9 of the Financial Emergency Measures in the Public Interest Act 2009 (No. 5 of 2009), having complied with subsections (4) and (7) of that section, with the consent of the Minister for Finance, hereby make the following regulations:

1. These Regulations may be cited as the Health Professionals (Reduction of Payments to Registered Dentists) Regulations 2009.

2. These Regulations shall apply to payments in respect of services rendered by a registered dentist to or on behalf of the Health Service Executive under the Dental Treatment Services Scheme.

3. The payments that shall be made to a registered dentist in respect of the services referred to in Regulation 2 from the date of the making of these Regulations shall be as set out in the table below.

TABLE

TREATMENT TYPE	AMOUNT
Oral Examination (A1)	€33.00
Prophylaxis (A2)	€31.00
Amalgam Restoration (A3A)	€50.06
Composite Restoration (A3C)	€51.88
Exodontics (A4)	€39.50
Miscellaneous (A6) Haemorrhage	€22.65
Miscellaneous (A6) Dry Socket	€22.65
Miscellaneous (A6) Abscess	€22.65
Miscellaneous (A6) Dressing	€22.65
Miscellaneous (A6) Prescription	€22.65
1st Stage Endodontic Treatment (A7)	€57.30
Radiographs (1 film)	€24.70
Radiographs (2 or more films)	€37.40
Radiographs (panoramic)	€41.45
Surgical Extraction (A5)/15 Minute Time Unit	€35.00
Surgical Extraction (A5)/45 Minute Time Unit (Max)	€105.00

*Notice of the making of this Statutory Instrument was published in
"Iris Oifigiúil" of 8th May, 2009.*

The Minister for Finance consents to the foregoing Regulations.



GIVEN under my Official Seal,
1 May 2009

BRIAN LENIHAN,
Minister for Finance.



GIVEN under my Official Seal,
1 May 2009

MARY HARNEY,
Minister for Health and Children.

EXPLANATORY NOTE

(This note is not part of the Instrument and does not purport to be a legal interpretation)

These Regulations provide for a reduction of payments to registered dentists in respect of services under the Dental Treatment Services Scheme.

BAILE ÁTHA CLIATH
ARNA FHOILSIÚ AG OIFIG AN tSOLÁTHAIR
Le ceannach díreach ón
OIFIG DHÍOLTA FOILSEACHÁN RIALTAIS,
TEACH SUN ALLIANCE, SRÁID THEACH LAIGHEAN, BAILE ÁTHA CLIATH 2,
nó tríd an bpost ó
FOILSEACHÁN RIALTAIS, AN RANNÓG POST-TRÁCHTA,
AONAD 20 PÁIRC MIONDÍOLA COIS LOCHA, CLÁR CHLAINNE MHUIRIS,
CONTAE MHAIGH EO,
(Teil: 01 - 6476834 nó 1890 213434; Fax: 094 - 9378964 nó 01 - 6476843)
nó trí aon díoltóir leabhar.

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Appendix V: Circular 07/2011



Feidhmeannacht na Seirbhíse Sláinte
Seirbhís Aisioca Príomhchúraim
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Circular No. 007/11

8th April 2011

Dear Dentist,

I wish to advise that the Minister for Health, with the consent of the Minister for Finance, made Regulations on the 29th March 2011 to reduce payments to Dental Contractors in respect of the 2nd stage endodontic treatment services, apicectomy treatment services and protracted periodontal services rendered to or on behalf of the Health Service Executive under the Dental Treatment Services Scheme (DTSS).

In accordance with section 9 (3) of the FEMP1 Act 2009, the Regulations are effective from the 29th March 2011. Please note Regulation 5 sets the maximum rate applicable to protracted periodontal treatment services (B3). A copy of the Regulation is attached for your information.

I would draw your attention to the provisions of section 9 (8) of the Financial Emergency Measures in the Public Interest Act, 2009. Section 9 (8) allows a Dental Contractor who does not wish to continue to render services on behalf of the HSE on the basis of the new payment arrangements to withdraw his/her services if he/she so wish following 30 days written notice of his/her intention to do so. In any such event, Section 9 (9) of the Act allows the HSE to engage the services of another professional to ensure that services continue to be available.

I trust the foregoing and attached clarify matters in relation to the revised fee schedules for you.

Yours faithfully,

Patrick Burke
Primary Care Reimbursement Service



STATUTORY INSTRUMENTS.

S.I. No. 135 of 2011

HEALTH PROFESSIONALS (REDUCTION OF PAYMENTS TO
REGISTERED DENTISTS) REGULATIONS 2011

(Prn. A11/0478)

HEALTH PROFESSIONALS (REDUCTION OF PAYMENTS TO
REGISTERED DENTISTS) REGULATIONS 2011

I, JAMES REILLY, Minister for Health and Children, in exercise of the powers conferred on me by section 9 of the Financial Emergency Measures in the Public Interest Act 2009 (No. 5 of 2009), having complied with subsections (4) and (7) of that section, with the consent of the Minister for Finance, hereby make the following Regulations:

1. These Regulations may be cited as the Health Professionals (Reduction of Payments to Registered Dentists) Regulations 2011.
2. These Regulations shall apply to payments in respect of 2nd stage endodontic treatment services, apicectomy treatment services and protracted periodontal treatment services rendered by a registered dentist to or on behalf of the Health Service Executive under the Dental Treatment Services Scheme.
3. The payments that shall be made to a registered dentist in respect of 2nd stage endodontic treatment services and apicectomy treatment services shall, from the date of the making of these Regulations, be in the amounts specified in Schedule 1.
4. Subject to Regulations 5 and 6, the payment that shall be made to a registered dentist in respect of protracted periodontal treatment services shall, from the date of the making of these Regulations, be in the amount specified in Schedule 2.
5. Regulation 4 shall not apply to a registered dentist who provides protracted periodontal treatment services in the local government areas of the city of Dublin and the counties of Dun Laoghaire-Rathdown, Fingal, Kildare, South Dublin and Wicklow.
6. A registered dentist shall not be paid for more than 4 treatment visits in relation to a patient for services referred to in Regulation 4 rendered to the patient in any 12 month period.

*Notice of the making of this Statutory Instrument was published in
"Iris Oifigiúil" of 1st April, 2011.*

SCHEDULE 1

2nd Stage Endodontic Treatment Services and Apicectomy Treatment Services

Reference Number (1)	Treatment Type (2)	Amount (3)
1.	2nd stage Endodontic Treatment Services (B1)	€137.66
2.	Apicectomy Treatment Services (B2)	€168.70

SCHEDULE 2

Protracted Periodontal Treatment Services — amount payable to a registered dentist per treatment visit

Reference Number (1)	Treatment Type (2)	Amount (3)
1.	Protracted Periodontal Treatment Services (B3)	€26.36

The Minister for Finance consents to the foregoing Regulations.



GIVEN under my Official Seal,
25 March 2011.

MICHAEL NOONAN,
Minister for Finance.



GIVEN under my Official Seal,
28 March 2011.

JAMES REILLY,
Minister for Health and Children.

EXPLANATORY NOTE

(This note is not part of the Instrument and does not purport to be a legal interpretation.)

These Regulations provide for a reduction of payments to registered dentists in respect of certain services under the Dental Treatment Services Scheme.

BAILE ÁTHA CLIATH
ARNA FHOILSIÚ AG OIFIG AN tSOLÁTHAIR
Le ceannach díreach ón
OIFIG DHÍOLTA FOILSEACHÁN RIALTAIS,
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Appendix VI: SI 135/2011



STATUTORY INSTRUMENTS.

S.I. No. 135 of 2011

HEALTH PROFESSIONALS (REDUCTION OF PAYMENTS TO
REGISTERED DENTISTS) REGULATIONS 2011

(Prn. A11/0478)

HEALTH PROFESSIONALS (REDUCTION OF PAYMENTS TO
REGISTERED DENTISTS) REGULATIONS 2011

I, JAMES REILLY, Minister for Health and Children, in exercise of the powers conferred on me by section 9 of the Financial Emergency Measures in the Public Interest Act 2009 (No. 5 of 2009), having complied with subsections (4) and (7) of that section, with the consent of the Minister for Finance, hereby make the following Regulations:

1. These Regulations may be cited as the Health Professionals (Reduction of Payments to Registered Dentists) Regulations 2011.
2. These Regulations shall apply to payments in respect of 2nd stage endodontic treatment services, apicectomy treatment services and protracted periodontal treatment services rendered by a registered dentist to or on behalf of the Health Service Executive under the Dental Treatment Services Scheme.
3. The payments that shall be made to a registered dentist in respect of 2nd stage endodontic treatment services and apicectomy treatment services shall, from the date of the making of these Regulations, be in the amounts specified in Schedule 1.
4. Subject to Regulations 5 and 6, the payment that shall be made to a registered dentist in respect of protracted periodontal treatment services shall, from the date of the making of these Regulations, be in the amount specified in Schedule 2.
5. Regulation 4 shall not apply to a registered dentist who provides protracted periodontal treatment services in the local government areas of the city of Dublin and the counties of Dun Laoghaire-Rathdown, Fingal, Kildare, South Dublin and Wicklow.
6. A registered dentist shall not be paid for more than 4 treatment visits in relation to a patient for services referred to in Regulation 4 rendered to the patient in any 12 month period.

*Notice of the making of this Statutory Instrument was published in
"Iris Oifigiúil" of 1st April, 2011.*

SCHEDULE 1

2nd Stage Endodontic Treatment Services and Apicectomy Treatment Services

Reference Number (1)	Treatment Type (2)	Amount (3)
1.	2nd stage Endodontic Treatment Services (B1)	€137.66
2.	Apicectomy Treatment Services (B2)	€168.70

SCHEDULE 2

Protracted Periodontal Treatment Services — amount payable to a registered dentist per treatment visit

Reference Number (1)	Treatment Type (2)	Amount (3)
1.	Protracted Periodontal Treatment Services (B3)	€26.36

The Minister for Finance consents to the foregoing Regulations.



GIVEN under my Official Seal,
25 March 2011.

MICHAEL NOONAN,
Minister for Finance.



GIVEN under my Official Seal,
28 March 2011.

JAMES REILLY,
Minister for Health and Children.

EXPLANATORY NOTE

(This note is not part of the Instrument and does not purport to be a legal interpretation.)

These Regulations provide for a reduction of payments to registered dentists in respect of certain services under the Dental Treatment Services Scheme.

BAILE ÁTHA CLIATH
ARNA FHOILSIÚ AG OIFIG AN tSOLÁTHAIR
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Appendix VII: SI 548/2012



STATUTORY INSTRUMENTS.

S.I. No. 548 of 2012

HEALTH PROFESSIONALS (REDUCTION OF PAYMENTS TO
REGISTERED DENTISTS) REGULATIONS 2012

S.I. No. 548 of 2012

HEALTH PROFESSIONALS (REDUCTION OF PAYMENTS TO
REGISTERED DENTISTS) REGULATIONS 2012

I, JAMES REILLY, Minister for Health, in exercise of the powers conferred on me by section 9 of the Financial Emergency Measures in the Public Interest Act 2009 (No. 5 of 2009) (as adapted by the Health and Children (Alteration of Name of Department and Title of Minister) Order 2011 (S.I. No. 219 of 2011)), having complied with subsections (4), (7) and (13) of that section, with the consent of the Minister for Public Expenditure and Reform, hereby make the following regulations:

1. These Regulations may be cited as the Health Professionals (Reduction of Payments to Registered Dentists) Regulations 2012.
2. These Regulations shall apply to payments in respect of 2nd stage endodontic treatment services, apicectomy treatment services and protracted periodontal treatment services rendered by a registered dentist to or on behalf of the Health Service Executive under the Dental Treatment Services Scheme.
3. The payments that shall be made to a registered dentist in respect of 2nd stage endodontic treatment services and apicectomy treatment services shall, from the date of the making of these Regulations, be in the amounts specified in Schedule 1.
4. Subject to Regulation 5, the payment that shall be made to a registered dentist in respect of protracted periodontal treatment services shall, from the date of the making of these Regulations, be in the amount specified in Schedule 2.
5. A registered dentist shall not be paid for more than 4 treatment visits in relation to a patient for services referred to in Regulation 4 rendered to the patient in any 12 month period.
6. The Health Professionals (Reduction of Payments to Registered Dentists) Regulations 2011 (S.I. No. 135 of 2011) are revoked.

*Notice of the making of this Statutory Instrument was published in
"Iris Oifigiúil" of 1st January, 2011.*

SCHEDULE 1

2nd stage endodontic treatment services and apicectomy treatment services

Reference Number (1)	Treatment Type (2)	Amount (3)
1.	2 nd stage endodontic treatment services (B1)	€137.66
2.	Apicectomy treatment services (B2)	€168.70

SCHEDULE 2

Protracted periodontal treatment services — amount payable to a registered dentist per treatment visit

Reference Number (1)	Treatment Type (2)	Amount (3)
1.	Protracted periodontal treatment services (B3)	€26.36

The Minister for Public Expenditure and Reform consents to the foregoing Regulations.



GIVEN under my Official Seal,
19 December 2012.

BRENDAN HOWLIN,
Minister for Public Expenditure and Reform.



GIVEN under my Official Seal,
20 December 2012.

JAMES REILLY,
Minister for Health.

EXPLANATORY NOTE

(This note is not part of the Instrument and does not purport to be a legal interpretation.)

These Regulations provide for the standardisation of payments to registered dentists in respect of certain services under the Dental Treatment Services Scheme

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Appendix VIII: Dental List of Prescribable Items



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

DENTAL PRESCRIBABLE ITEMS

AS AT 1ST APRIL 2016

Non-Proprietary Name	Description	Coding Instruction	Price €	DMA Code
ACICLOVIR	Bellvirax Tabs. 200 mg. 25		€10.88	25219
ACICLOVIR	Zovirax (Imbat Ltd.) Cream 2 G.		€3.73	52811
ACICLOVIR	Zovirax (P.C.O. Mfg.) Tabs. Disp. 200 mg. 25		€10.77	52942
ACICLOVIR	Zovirax Cream 2 G.		€3.84	55719
ACICLOVIR	Zovirax Susp. 200 mg./5 ml. 125 ml.		€29.42	54798
ACICLOVIR	Zovirax Tabs. Disp. 200 mg. 25		€10.88	55832
AMOXICILLIN	Amoxil (P.C.O. Mfg.) Caps. 500 mg. 12		€1.18	12088
AMOXICILLIN	Amoxil Inj. 500 mg. 10	Code the number of injections dispensed	€8.12	70440
AMOXICILLIN	Amoxil Sachets 3 G. 2	Code the number of sachets dispensed	€4.15	11932
AMOXICILLIN	Clonamox Caps. 250 mg. 500		€40.18	18007
AMOXICILLIN	Clonamox Caps. 500 mg. 500		€78.05	17973
AMOXICILLIN	Clonamox Susp. 250 mg./5 ml. 100 ml.		€3.02	91243
AMOXICILLIN	Geramox Caps. 250 mg. 500		€40.18	12106
AMOXICILLIN	Geramox Caps. 500 mg. 100		€16.15	12122
AMOXICILLIN	Geramox Caps. 500 mg. 500		€78.06	12173
AMOXICILLIN	Geramox Hard Caps. 250 mg. 100		€8.49	15983
AMOXICILLIN	Oramox Hard Caps. 250 mg. 100		€8.49	37675
AMOXICILLIN	Oramox Hard Caps. 250 mg. 500		€40.18	37676
AMOXICILLIN	Oramox Hard Caps. 500 mg. 100		€16.15	37677
AMOXICILLIN	Oramox Hard Caps. 500 mg. 500		€78.06	37678
AMOXICILLIN	Oramox Mixt. 250 mg./5 ml. 100 ml.		€1.93	91634
AMOXICILLIN	Oramox Susp. 250 mg./5 ml. 100 ml.		€3.02	91611
AMOXICILLIN	Pinamox Caps. 250 mg. 100		€8.49	39996
AMOXICILLIN	Pinamox Caps. 250 mg. 1000		€78.01	39934
AMOXICILLIN	Pinamox Caps. 250 mg. 500		€40.18	39918
AMOXICILLIN	Pinamox Caps. 500 mg. 100		€16.15	39926

AMOXICILLIN	Pinamox Caps. 500 mg. 500		€78.06	39977
Non-Proprietary Name	Description	Coding Instruction	Price €	DMA Code
AMOXICILLIN	Pinamox Susp. 250 mg./5 ml. 100 ml.		€3.02	91650
AMOXICILLIN AND ENZYME INHIBITOR	Amoclav Tabs. 250 mg./125 mg. 21		€2.99	10311
AMOXICILLIN AND ENZYME INHIBITOR	Amoclav Tabs. 500 mg./125 mg. 14		€2.68	13892
AMOXICILLIN AND ENZYME INHIBITOR	Amoclav Tabs. 500 mg./125 mg. 21		€3.79	13840
AMOXICILLIN AND ENZYME INHIBITOR	Augmentin (Imbat Ltd.) Tabs. 250/125 mg. 100		€14.40	13521
AMOXICILLIN AND ENZYME INHIBITOR	Augmentin (iMED Healthcare Ltd.) Film Coated Tabs. 250 mg./125 mg. 100		€14.40	14225
AMOXICILLIN AND ENZYME INHIBITOR	Augmentin (P.C.O. Mfg.) Tabs. 250/125 mg. 100		€14.40	13591
AMOXICILLIN AND ENZYME INHIBITOR	Augmentin Tabs. 250/125 mg. 21		€3.06	13534
AMOXICILLIN AND ENZYME INHIBITOR	Augmentin Tabs. 500 mg./125 mg. 21		€4.02	14267
AMOXICILLIN AND ENZYME INHIBITOR	Augmentin Tabs. 875/125 mg. 14		€8.35	13428
AMOXICILLIN AND ENZYME INHIBITOR	Augmentin-Duo (B & S Healthcare) Tabs. 500/125 mg. 12		€2.28	11814
AMOXICILLIN AND ENZYME INHIBITOR	Clavamel Forte Tabs. 500/125 mg. 21		€3.79	32524
AMOXICILLIN AND ENZYME INHIBITOR	Clavamel Tabs. 250/125 mg. 100		€14.26	17561
AMOXICILLIN AND ENZYME INHIBITOR	Co-Amoxiclav (Actavis) Film Coated Tabs. 500 mg./125 mg. 21		€3.79	13243
AMOXICILLIN AND ENZYME INHIBITOR	Co-Amoxiclav (Bluefish) Film Coated Tabs. 500 mg./125 mg. 21		€3.79	13107
AMOXICILLIN AND ENZYME INHIBITOR	Co-Amoxiclav (Brown & Burk) Film Coated Tabs. 250 mg./125 mg. 21		€2.99	15610
AMOXICILLIN AND ENZYME INHIBITOR	Co-Amoxiclav (Brown & Burk) Film Coated Tabs. 500 mg./125 mg. 21		€3.78	15672
AMOXICILLIN AND ENZYME INHIBITOR	Co-Amoxiclav (Brown & Burk) Film Coated Tabs. 875 mg./125 mg. 14		€8.35	17925
AMOXICILLIN AND ENZYME INHIBITOR	Co-Amoxiclav (Rowex) Tabs. 500 mg./125 mg. 21		€3.79	15582
AMOXICILLIN AND ENZYME INHIBITOR	Co-Amoxiclav Tabs. 250/125 mg. 100		€14.26	17953
AMOXICILLIN AND ENZYME INHIBITOR	Germentin Film Coated Tabs. 250/125 mg. 21		€2.99	26424
AMOXICILLIN AND ENZYME INHIBITOR	Germentin Tabs. 500/125 mg. 16		€3.07	26218
AMOXICILLIN AND ENZYME INHIBITOR	Pinaclav Tabs. 250/125 mg. 100		€14.26	39832
AMOXICILLIN AND ENZYME INHIBITOR	Pinaclav Tabs. 250/125 mg. 21		€2.99	75217
AMOXICILLIN AND ENZYME INHIBITOR	Pinaclav Tabs. 500 mg./125 mg. 21		€3.79	39835
AMOXICILLIN AND ENZYME INHIBITOR	Pinaclav Tabs. 500/125 mg. 15		€2.87	39825

Non-Proprietary Name	Description	Coding Instruction	Price €	DMA Code
AMPICILLIN	Clonamp Caps. 250 mg. 100		€6.61	11797
AMPICILLIN	Penbritin Inj. 500 mg. 10	Code the number of injections dispensed	€8.56	39454
ASPIRIN	Caprin Tabs. 300 mg. 100		€3.91	16772
ASPIRIN	Nu-Seals Aspirin 300 mg. 100		€5.03	37249
BENZYL PENICILLIN	Crystapen Inj. 1 mega unit 1	Code the number of injections dispensed	€0.54	70001
BENZYL PENICILLIN	Crystapen Pdr. for Soln. for Inj. or Inf. 600 mg. 25	Code the number of injections dispensed	€13.50	70003
BETAMETHASONE	Betnesol Eye Oint. 3 G.		€0.70	14842
BETAMETHASONE	Betnesol Eye/Ear Drops 10 ml.		€1.65	15113
CARBAMAZEPINE	Genicarb SR Tabs. 400 mg. 56		€9.31	27149
CARBAMAZEPINE	Tegretol Retard Tabs. 200 mg. 50		€4.83	48706
CARBAMAZEPINE	Tegretol Retard Tabs. 400 mg. 50		€9.98	48999
CARBAMAZEPINE	Tegretol Suppos. 125 mg. 5		€7.61	48761
CARBAMAZEPINE	Tegretol Suppos. 250 mg. 5		€9.88	48773
CARBAMAZEPINE	Tegretol Tabs. 100 mg. 100		€4.49	24295
CARBAMAZEPINE	Tegretol Tabs. 200 mg. 100		€7.46	48739
CARBAMAZEPINE	Tegretol Tabs. 400 mg. 50		€7.38	48172
CARBAMAZEPINE	Tegretol Tabs. 400 mg. 56		€8.26	48143
CEFALEXIN	Keflex (Imbat Ltd.) Film Coated Tabs. 500 mg. 21		€6.27	30205
CEFALEXIN	Keflex (Imbat Ltd.) Hard Caps. 250 mg. 28		€3.56	58445
CEFALEXIN	Keflex (P.C.O. Mfg.) Film Coated Tabs. 500 mg. 21		€6.27	30207
CEFALEXIN	Keflex (P.C.O. Mfg.) Hard Caps. 250 mg. 28		€3.56	30213
CEFALEXIN	Keflex Pulvules 250 mg. 100		€15.12	29955
CEFALEXIN	Keflex Pulvules 250 mg. 28		€3.67	30228
CEFALEXIN	Keflex Susp. 250 mg./5 ml. 100 ml.		€3.16	90387
CEFALEXIN	Keflex Tabs. 500 mg. 100		€29.58	58432
CEFALEXIN	Keflex Tabs. 500 mg. 21		€6.47	30233

Non-Proprietary Name	Description	Coding Instruction	Price €	DMA Code
CLARITHROMYCIN	Clarithromycin (Actavis) Film Coated Tabs. 250 mg. 14		€2.97	30104
CLARITHROMYCIN	Clarithromycin (Actavis) Film Coated Tabs. 500 mg. 14		€5.94	30142
CLARITHROMYCIN	Clarithromycin (Ranbaxy) Tabs. 250 mg. 14		€2.97	17578
CLARITHROMYCIN	Clarithromycin (Ranbaxy) Tabs. 500 mg. 14		€5.94	17586
CLARITHROMYCIN	Clarithromycin TEVA Film Coated Tabs. 250 mg. 14		€2.97	13002
CLARITHROMYCIN	Clarithromycin TEVA Film Coated Tabs. 500 mg. 14		€5.94	13003
CLARITHROMYCIN	Clonocid Tabs. 250 mg. 14		€2.97	18127
CLARITHROMYCIN	Clonocid Tabs. 500 mg. 14		€5.94	18143
CLARITHROMYCIN	Clorom (Imbat Ltd.) Tabs. 500 mg. 14		€5.94	17989
CLARITHROMYCIN	Clorom Tabs. 250 mg. 14		€2.97	17934
CLARITHROMYCIN	Clorom Tabs. 500 mg. 14		€5.94	17998
CLARITHROMYCIN	Clorom XL PR Tabs. 500 mg. 7		€8.11	18001
CLARITHROMYCIN	Klacid (Imbat Ltd.) Tabs. 250 mg. 14		€2.97	32064
CLARITHROMYCIN	Klacid (P.C.O. Mfg.) Forte Tabs. 500 mg. 14		€10.72	32000
CLARITHROMYCIN	Klacid (P.C.O. Mfg.) Tabs. 250 mg. 12		€2.55	30085
CLARITHROMYCIN	Klacid Forte (Imbat Ltd.) Tabs. 500 mg. 14		€10.72	32065
CLARITHROMYCIN	Klacid Forte Tabs. 500 mg. 14		€10.82	30079
CLARITHROMYCIN	Klacid LA (B & S Healthcare) Tabs. 500 mg. 7		€8.11	31614
CLARITHROMYCIN	Klacid LA (Clear Pharmacy) Tabs. 500 mg. 7		€8.11	32020
CLARITHROMYCIN	Klacid LA (Imbat Ltd.) Tabs. 500 mg. 7		€8.11	31714
CLARITHROMYCIN	Klacid LA (iMED Healthcare Ltd.) Tabs. 500 mg. 7		€8.11	32045
CLARITHROMYCIN	Klacid LA Tabs. 500 mg. 7		€8.11	31603
CLARITHROMYCIN	Klacid Tabs. 250 mg. 14		€2.97	16675
CLARITHROMYCIN	Klaram LA Prolonged Release Tabs. 500 mg. 7		€8.11	17653
CLARITHROMYCIN	Klariger LA Tabs. 500 mg. 7		€8.11	30001
CLARITHROMYCIN	Klariger Tabs. 500 mg. 14		€5.94	30074
CLARITHROMYCIN	Minatev LA TEVA Prolonged Release Tabs. 500 mg. 7		€8.11	17049

Non-Proprietary Name	Description	Coding Instruction	Price €	DMA Code
CLINDAMYCIN	Dalacin C (B & S Healthcare) Hard Caps. 150 mg. 12		€6.52	73075
CLINDAMYCIN	Dalacin C (P.C.O. Mfg.) Caps. 150 mg. 16		€9.15	19486
CLINDAMYCIN	Dalacin C Caps. 150 mg. 100		€44.04	19534
CLINDAMYCIN	Dalacin C Caps. 150 mg. 24		€10.57	19567
CLINDAMYCIN	Dalacin C Phosphate Inj. 150 mg./ml. 2 ml. 5	Code the number of injections dispensed	€31.97	84786
CLINDAMYCIN	Dalacin C Phosphate Inj. 150 mg./ml. 4 ml. 5	Code the number of injections dispensed	€83.68	19402
CODEINE COMBINATIONS EXCL. PSYCHOLEPTICS	Maxilief Eff. Tabs. 60		€6.99	63332
DESKETOPROFEN	Dexketoprofen (Rowex) Film Coated Tabs. 25 mg. 50		€5.45	17532
DESKETOPROFEN	Keral (P.C.O. Mfg.) Film Coated Tabs. 25 mg. 50		€12.50	22910
DESKETOPROFEN	Keral Grans. Sachets for Oral Soln. 25 mg. 20	Code the number of sachets dispensed	€4.62	30130
DESKETOPROFEN	Keral Tabs. 25 mg. 50		€12.88	30124
DIAZEPAM	Anxicalm Tabs. 10 mg. 90		€4.11	71098
DIAZEPAM	Anxicalm Tabs. 2 mg. 90		€2.10	71034
DIAZEPAM	Anxicalm Tabs. 5 mg. 90		€2.24	71067
DIAZEPAM	Diazepam (Actavis) Tabs. 10 mg. 100		€4.57	15872
DIAZEPAM	Diazepam (Actavis) Tabs. 2 mg. 100		€2.33	15880
DIAZEPAM	Valium Tabs. 5 mg. 100		€1.17	51349
DICLOFENAC	Cataflam (P.C.O. Mfg.) Tabs. 50 mg. 20		€1.11	78312
DICLOFENAC	Cataflam Tabs. 25 mg. 30		€0.86	16274
DICLOFENAC	Cataflam Tabs. 50 mg. 30		€1.67	16286
DICLOFENAC	Diclac Inj. 25 mg./ml. 3 ml. 10	Code the number of injections dispensed	€8.10	20117
DICLOFENAC	Diclac Retard Tabs. 100 mg. 30		€4.48	22241
DICLOFENAC	Diclac Retard Tabs. 75 mg. 60		€6.65	22259
DICLOFENAC	Diclac Suppos. 100 mg. 10		€1.05	22217
DICLOFENAC	Diclac Tabs. 25 mg. 100		€3.50	22225
DICLOFENAC	Diclac Tabs. 50 mg. 100		€8.23	22233

Non-Proprietary Name	Description	Coding Instruction	Price €	DMA Code
DICLOFENAC	Diclo Prolonged Release Tabs. 75 mg. 60		€6.65	20206
DICLOFENAC	Difene (Imbat Ltd.) Dual Release Caps. 75 mg. 60		€7.25	19710
DICLOFENAC	Difene Caps. 25 mg. 56		€1.26	19704
DICLOFENAC	Difene Caps. 50 mg. 56		€3.06	19801
DICLOFENAC	Difene Dual Release Caps. 100 mg. 28		€5.21	21873
DICLOFENAC	Difene Dual Release Caps. 75 mg. 56		€7.47	19863
DICLOFENAC	Difene Inj. 25 mg./ml. 3 ml. 10	Code the number of injections dispensed	€2.35	19890
DICLOFENAC	Difene Suppos. 100 mg. 10		€0.97	19852
DICLOFENAC	Volstarol (P.C.O. Mfg.) Retard Tabs. 75 mg. 20		€2.21	52499
DICLOFENAC	Volstarol Retard (P.C.O. Mfg.) Tabs. 100 mg. 10		€1.52	52455
DICLOFENAC	Volstarol Retard Tabs. 75 mg. 30		€3.33	55261
DICLOFENAC	Volstarol Tabs. 25 mg. 100		€2.51	55283
DICLOFENAC	Volstarol Tabs. 50 mg. 50		€2.94	55279
DICLOFENAC	Kyflam Tabs. 50 mg. 56		€3.29	65115
DIHYDROCODEINE	DF-118 Tabs. 30 mg. 100		€4.89	20621
DOXYCYCLINE	By-Mycin Caps. 100 mg. 8		€2.05	15687
DOXYCYCLINE	By-Mycin Caps. 50 mg. 28		€6.26	15615
DOXYCYCLINE	Doxycycline TEVA Caps. 100 mg. 8		€1.99	68905
DOXYCYCLINE	Vibramycin Caps. 100 mg. 12		€3.16	55882
ERYTHROMYCIN	Erythrocin Inj. 1 G. 1	Code the number of injections dispensed	€10.64	82627
ERYTHROMYCIN	Erythrocin Tabs. 250 mg. 100		€15.12	23892
ERYTHROMYCIN	Erythrocin Tabs. 250 mg. 500		€73.65	23884
ERYTHROMYCIN	Erythrocin Tabs. 500 mg. 100		€30.36	64076
ERYTHROMYCIN	Erythromycin (David Bull Labs.) Inj. 1 G. 1	Code the number of injections dispensed	€10.12	23809
ERYTHROMYCIN	Erythroped Forte SF Susp. 500 mg./5 ml. 140 ml.		€14.01	91747
ERYTHROMYCIN	Erythroped SF Susp. 250 mg./5 ml. 140 ml.		€7.91	91718

Non-Proprietary Name	Description	Coding Instruction	Price €	DMA Code
ERYTHROMYCIN	Erythroped Tabs. Adult 500 mg. 100		€29.42	23752
ERYTHROMYCIN	Primacine Susp. 250 mg./5 ml. 100 ml.		€3.19	92010
FLUCLOXACILLIN	Floxapen Caps. 250 mg. 28		€4.81	78479
FLUCLOXACILLIN	Floxapen Caps. 500 mg. 28		€9.60	24152
FLUCLOXACILLIN	Floxapen Forte Syr. 250 mg./5 ml. 100 ml.		€8.51	91464
FLUCLOXACILLIN	Floxapen Inj. 250 mg. 10	Code the number of injections dispensed	€11.89	78484
FLUCLOXACILLIN	Floxapen Inj. 500 mg. 10	Code the number of injections dispensed	€23.81	78492
FLUCLOXACILLIN	Flucillin Caps. 250 mg. 100		€16.29	25194
FLUCLOXACILLIN	Flucillin Caps. 250 mg. 500		€84.13	24821
FLUCLOXACILLIN	Flucillin Caps. 500 mg. 100		€32.58	25240
FLUCLOXACILLIN	Flucillin Caps. 500 mg. 500		€166.99	24848
FLUCLOXACILLIN	Fluclon Caps. 250 mg. 250		€40.51	32152
FLUCLOXACILLIN	Fluclon Caps. 500 mg. 250		€81.01	55245
FLUCLOXACILLIN	Flucloxacillin (Athlone Labs.) Oral Soln. 250 mg./5 ml. 100 ml.		€6.43	90365
FLUCLOXACILLIN	Flucloxacillin GAP (Athlone Labs.) Caps. 250 mg. 100		€16.61	39180
FLUCLOXACILLIN	Flucloxacillin GAP (Athlone Labs.) Caps. 250 mg. 500		€83.15	39181
FLUCLOXACILLIN	Flucloxacillin GAP (Athlone Labs.) Caps. 500 mg. 100		€33.24	39182
FLUCLOXACILLIN	Flucloxacillin GAP (Athlone Labs.) Caps. 500 mg. 500		€166.31	39183
FLUCLOXACILLIN	Geriflox Caps. 500 mg. 100		€30.41	26085
FLUCONAZOLE	Diflazole Caps. 50 mg. 7		€8.20	21103
FLUCONAZOLE	Diflucan Caps. 50 mg. 7		€8.37	21172
FLUCONAZOLE	Diflucan Susp. 50 mg./5 ml. 35 ml.		€18.28	90328
FLUCONAZOLE	Fluool Caps. 50 mg. 7		€8.20	24817
FLUCONAZOLE	Fluconazole (Accord Healthcare Ltd.) Hard Caps. 50 mg. 7		€7.94	25105
FLUCONAZOLE	Fluconazole (Actavis) Hard Caps. 50 mg. 7		€7.91	25162
FLUCONAZOLE	Fluconazole (Niche Generics) Caps. 50 mg. 7		€8.20	25146

FUSIDIC ACID	Fucidin (B & S Healthcare) Cream 20 mg./G. 15 G.		€3.48	59347
Non-Proprietary Name	Description	Coding Instruction	Price €	DMA Code
FUSIDIC ACID	Fucidin (Clear Pharmacy) Cream 30 G.		€5.80	25228
FUSIDIC ACID	Fucidin (Imbat Ltd.) Cream 20 mg./G. 15 G.		€3.60	59411
FUSIDIC ACID	Fucidin (Imbat Ltd.) Cream 20 mg./G. 30 G.		€6.07	59436
FUSIDIC ACID	Fucidin (P.C.O. Mfg.) Cream 20 mg./G. 15 G.		€3.60	26210
FUSIDIC ACID	Fucidin Cream 2% 15 G.		€3.70	59250
FUSIDIC ACID	Fucidin Cream 2% 30 G.		€6.26	59315
FUSIDIC ACID	Fucidin Oint. 2% 15 G.		€3.02	59749
FUSIDIC ACID	Fucidin Oint. 2% 30 G.		€5.13	59854
HYDROCORTISONE	Corlan Pellets 20		€1.74	76775
HYDROCORTISONE	Hydrocortisyl Cream 1% 15 G.		€1.89	78603
HYDROCORTISONE	Hydrocortisyl Oint. 1% 15 G.		€1.89	28142
IBUPROFEN	Brufen Retard Tabs. 800 mg. 60		€7.89	16986
IBUPROFEN	Brufen Tabs. 400 mg. 60		€1.78	67573
IBUPROFEN	Brufen Tabs. 600 mg. 250		€11.79	14451
IBUPROFEN	Brufen Tabs. 600 mg. 60		€5.82	16973
IBUPROFEN	Buplex RX Film Coated Tabs. 200 mg. 100		€3.63	14413
IBUPROFEN	Buplex Rx Film Coated Tabs. 400 mg. 100		€2.80	14401
IBUPROFEN	Buplex RX Film Coated Tabs. 600 mg. 100		€4.45	14467
IBUPROFEN	Fenopine Tabs. 200 mg. 100		€3.63	79197
IBUPROFEN	Fenopine Tabs. 200 mg. 500		€18.17	79200
IBUPROFEN	Fenopine Tabs. 400 mg. 100		€2.91	66212
IBUPROFEN	Fenopine Tabs. 400 mg. 500		€14.55	66298
IBUPROFEN	Fenopine Tabs. 600 mg. 100		€4.62	66263
IBUPROFEN	Melfen Tabs. 200 mg. 100		€3.01	77348
IBUPROFEN	Melfen Tabs. 400 mg. 100		€2.91	77364
IBUPROFEN	Melfen Tabs. 400 mg. 500		€15.22	28630

IMIDAZOLE AND TRIAZOLE DERIVATIVES, COMBINATIONS	Daktacort Cream 30 G.		€1.02	19682
Non-Proprietary Name	Description	Coding Instruction	Price €	DMA Code
MEFENAMIC ACID	Mefac Caps. 250 mg. 100		€3.79	32905
MEFENAMIC ACID	Mefac Caps. 250 mg. 500		€17.02	32913
MEFENAMIC ACID	Mefac Tabs. 500 mg. 100		€6.91	32999
MEFENAMIC ACID	Ponalgic Caps. 250 mg. 100		€3.79	40207
MEFENAMIC ACID	Ponalgic Caps. 250 mg. 500		€17.02	39691
MEFENAMIC ACID	Ponalgic Tabs. 500 mg. 100		€6.91	40029
MEFENAMIC ACID	Ponmel Tabs. 500 mg. 100		€6.91	39365
MEFENAMIC ACID	Ponstan Caps. 250 mg. 100		€6.15	41580
MEFENAMIC ACID	Ponstan Caps. 250 mg. 500		€27.66	41572
MEFENAMIC ACID	Ponstan Forte Tabs. 500 mg. 100		€11.22	41548
METRONIDAZOLE	Flagyl Tabs. 200 mg. 21		€1.08	25577
METRONIDAZOLE	Flagyl Tabs. 400 mg. 100		€10.84	41947
METRONIDAZOLE	Flagyl Tabs. 400 mg. 14		€1.52	25287
METRONIDAZOLE	Flagyl-S Susp. 200 mg./5 ml. 100 ml.		€5.66	25666
MICONAZOLE	Daktarin Gel 40 G.		€3.14	77623
NEFOPAM	Acupan (LTT Pharma Ltd.) Tabs. 30 mg. 90		€14.32	10641
NITRAZEPAM	Mogadon Tabs. 5 mg. 30		€1.20	71455
NYSTATIN	Mycostatin (Imbat Ltd.) Oral Susp. 30 ml.		€2.13	60017
NYSTATIN	Mycostatin Susp. 30 ml.		€2.19	57843
PARACETAMOL	Paracetamol (Actavis) Rx Film Coated Tabs. 500 mg. 100		€1.40	38918
PARACETAMOL	Paralief Tabs. 500 mg. 100		€1.40	40878
PARACETAMOL	Paralink Suppos. 500 mg. 10		€5.81	40932
PHENOXYMETHYLPENICILLIN	Calvepen 250 Susp. 100 ml.		€3.07	91421
PHENOXYMETHYLPENICILLIN	Calvepen 333 Tabs. 100		€8.42	16330
PHENOXYMETHYLPENICILLIN	Calvepen 666 Tabs. 100		€14.44	16397
PHENOXYMETHYLPENICILLIN	Kopen Elixir 250 mg./5 ml. 100 ml.		€2.51	92053

PHENOXYMETHYLPENICILLIN	Kopen Tabs. 250 mg. 100		€4.37	38512
Non-Proprietary Name	Description	Coding Instruction	Price €	DMA Code
PHENOXYMETHYLPENICILLIN	Kopen Tabs. 250 mg. 1000		€39.63	38539
PROMETHAZINE	Phenergan Tabs. 25 mg. 56		€1.91	40606
SULFAMETHOXAZOLE AND TRIMETHOPRIM	Septrin Forte Tabs. 160/800 mg. 100		€23.21	71846
SULFAMETHOXAZOLE AND TRIMETHOPRIM	Septrin Susp. Adult 100 ml.		€5.48	54062
SULFAMETHOXAZOLE AND TRIMETHOPRIM	Septrin Tabs. 80/400 mg. 100		€13.91	45721
TEMAZEPAM	Insomniger Tabs. 10 mg. 100		€3.92	30519
TEMAZEPAM	Insomniger Tabs. 20 mg. 100		€6.04	30552
TEMAZEPAM	Nortem Tabs. 10 mg. 28		€2.00	19385
TEMAZEPAM	Nortem Tabs. 20 mg. 28		€3.08	19427
TRAMADOL	Biodol Caps. 50 mg. 100		€8.25	15462
TRAMADOL	Biodol Caps. 50 mg. 30		€2.16	15476
TRAMADOL	Tradol Caps. 50 mg. 100		€8.25	12248
TRAMADOL	Tradol Eff. Tabs. 50 mg. 30		€5.95	69905
TRAMADOL	Tradol Eff. Tabs. 50 mg. 50		€9.93	69993
TRAMADOL	Tramadol Hydrochloride (Actavis) Caps. 50 mg. 100		€7.92	48592
TRAMADOL	Tramake Tabs. 50 mg. 100		€12.47	65875
TRAMADOL	Tramapine Caps. 50 mg. 100		€8.25	49766
TRAMADOL	Xymel Caps. 50 mg. 100		€8.25	52718
TRAMADOL	Zydol (Imbat Ltd.) Caps. 50 mg. 100		€8.41	54163
TRAMADOL	Zydol (P.C.O. Mfg.) Caps. 50 mg. 100		€8.41	45386
TRAMADOL	Zydol Caps. 50 mg. 100		€8.42	54194
VALACICLOVIR	Myval Tabs. 500 mg. 10		€9.50	36860
VALACICLOVIR	Myval Tabs. 500 mg. 42		€39.92	36861
VALACICLOVIR	Valaciclovir (Actavis) Film Coated Tabs. 500 mg. 10		€9.50	60550
VALACICLOVIR	Valaciclovir (Actavis) Film Coated Tabs. 500 mg. 30		€28.51	60551
VALACICLOVIR	Valaciclovir (Actavis) Film Coated Tabs. 500 mg. 42		€39.92	60552

VALACICLOVIR	Valaciclovir TEVA Tabs. 500 mg. 30		€28.51	60563
Non-Proprietary Name	Description	Coding Instruction	Price €	DMA Code
VALACICLOVIR	Valherp Tabs 500 mg. 42		€39.92	51222
VALACICLOVIR	Valherp Tabs. 500 mg. 10		€9.50	51220
VALACICLOVIR	Valherp Tabs. 500 mg. 30		€28.51	51221
VALACICLOVIR	Valotix Film Coated Tabs. 500 mg. 10		€9.50	51410
VALACICLOVIR	Valtrex (P.C.O. Mfg.) Tabs. 500 mg. 42		€38.73	58813
VALACICLOVIR	Valtrex Tabs. 500 mg. 10		€9.50	51800
VALACICLOVIR	Valtrex Tabs. 500 mg. 30		€28.51	51865
VALACICLOVIR	Valtrex Tabs. 500 mg. 42		€39.92	51842