



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Seirbhísí Comhroinnte
Seirbhís Aisioca Príomhchúraim
Bealach amach 5 an M50
An Bothair Thúaidh
Fionnghlas
Baile Átha Cliath 11

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

Guthán: (01) 8647100
Facs: (01) 834 3589

Ph: (01) 8647100
Fax: (01) 834 3589

Circular Number 004/08

4th June 2008

For circulation to Methadone Pharmacies Only

Dear Pharmacist,

Re: Methadone Treatment Scheme

The Primary Care Reimbursement Service (PCRS) undertakes a number of pre-processing reviews of claims submitted, every month, as an integral part of our accountability arrangements. It is imperative that we verify the accuracy and reasonableness of all claims submitted for payment, and only make payment on foot of valid claims in respect of eligible persons.

A review of Methadone Treatment Scheme claiming has identified a number of items, which I would like to bring to your attention. In order to facilitate the processing of Methadone Prescription claims, to avoid unpaid claims and to support us in making payments on time, please ensure that the following information is completed in full on the claim form.

1. The full name and address of the patient should be clearly written at the top of the Prescription.
2. The patient's Methadone Treatment Card Number should be entered into the space provided for 'Treatment Card Number'. The letter's PH, example PH12345, precedes the Treatment Card Number. *(In the case of a non-opiate dependant patient the correct patient identification should be used e.g. medical card number, EEA number etc. see point 7 below).*
3. Please ensure the prescription details have been completed in full by the prescriber prior to dispensing. This includes Date Prescribed, Drug Name, Form and Strength, Treatment period (from – to), Daily Dosage, Number of days at dose, Total quantity dispensed should be completed, Total in Words, Doctor's Signature (in accordance with legal requirements), Doctors Number and Doctors' Name, Address and Telephone Number or Stamp.

4. The Pharmacy section of the forms must be completed in full and include Pharmacy Number, Drug code, Quantity, Number of instalments, Supervised Y/N, Days Supervised and Dates dispensed.
5. The form must be stamped and signed by the Pharmacist.
6. The patient or the patient's representative must sign the form in the space provided.
7. In the case of a prescription for methadone, for purposes other than opiate dependence, the Pharmacist should also complete the bottom section of the form (yellow).

Incorrect claims cannot be reimbursed. These claims will be reported on your monthly detailed payment listings under the heading 'Methadone – Claim Rejects'. The reason for the rejection will be given and where applicable, you will be asked to insert additional/corrected information on the listing and return it to the PCRS for processing.

Please see Pharmacy Handbook pages 41,42 and 43 for further information (www.pcrs.ie).

Each batch of Methadone prescription claims should be submitted no later than the 10th of the month following the month of dispensing to:

Health Service Executive,
P.O. Box 6422,
Exit 5, M50,
North Road,
Finglas,
Dublin 11.

Should you have any queries in respect of claims submitted for payment please contact Pharmacy Processing Unit or address your correspondence to the Unit Head, Pharmacy Processing Unit.

Yours faithfully,



Patrick Burke
Assistant National Director
Primary Care Reimbursement Service