



HEALTH CARE SERVICES DEPARTMENT PHARMACEUTICAL POLICY

USER GUIDE: TR-FPP FRONT-OFFICE

Procedure for submitting an application to amend the list of products in the appendix to the Royal Decree of 23 November 2021 establishing the procedures, deadlines and conditions under which the compulsory health care and benefits insurance contributes to the cost of the pharmaceutical benefits referred to in Article 34, paragraph 1, 5° a), 19°, 20° and 20bis of the Law on compulsory health care and benefits insurance, coordinated on 14 July 1994

**+
Active dressings**

Version 5.0

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1. General

Our office hours:

INAMI-RIZIV is open Monday to Friday, 9am to 12pm and 1pm to 4pm.

Closed:

- Saturdays and Sundays
- Statutory holidays
- 2 November
- 11 November
- 15 November
- from 25 December to 2 January

Christmas and New Year break:

To ensure that deadlines are met and that the quality of the Commission's discussions and decisions is maintained, the following instructions are issued by the CRPPP's Secretariat:

Please avoid submitting new files between the 2nd Friday in December and 2 January inclusive. In other words, we would ask you to submit your files no later than the 2nd Thursday in December in order to ensure that the admissibility of your file is sent within the legal deadlines.

2. Foreword

These user instructions explain how to access the application and submit a file in accordance with the requirements set out in the Royal Decree of 23 November 2021 establishing the procedures, deadlines and conditions under which the compulsory health care and benefits insurance contributes to the cost of the pharmaceutical benefits referred to in Article 34, paragraph 1, 5° a), 19°, 20° and 20bis of the Law on compulsory health care and benefits insurance, coordinated on 14 July 1994.

These instructions also cover changes to the following lists:

- **Active dressings** → Royal Decree of 23 March 2019 implementing Article 37, § 16bis, paragraph 1, 3°, and paragraph 4, of the Law on compulsory health care and benefits insurance, coordinated on 14 July 1994, with regard to active dressings

3. General introduction - access procedure

The web programme allowing the electronic submission of an application to the secretariat of the Commission for Reimbursement of Pharmaceutical Products and Benefits is available on the RIZIV-INAMI website, via the following link

[Aperçu des programmes web - INAMI \(fgov.be\)](#)

→ Moyens diagnostiques, matériel de soin, nutrition médicale, produits pour préparation magistrale : Services en ligne pour l'industrie pharmaceutique

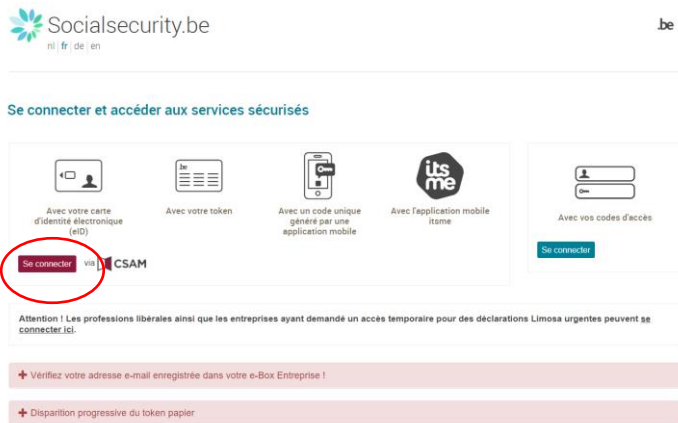
If your company name does not appear in the list of companies or for any questions about the access procedure, please contact the General Secretariat on 02/739.77.41 or send an email to the following address: crppp-ctfpv@riziv-inami.fgov.be, with secr-farbel@riziv.fgov.be in cc.

The access procedure is as follows:

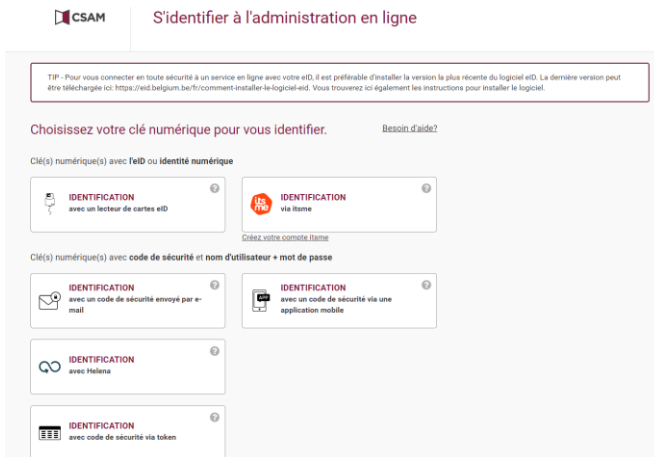
1) Click "Company"



2) Click "Log on"



3) Choose your connection method:



4) The company's home page appears:



4. Contact information

The contacts relate to the companies and the contact persons for the files submitted to the Commission for Reimbursement of Pharmaceutical Products and Benefits (CRPPP).

4.1. THE COMPANY

Update and complete your data in the system.

!! Please ensure that you complete the postal data (although this is not "mandatory").

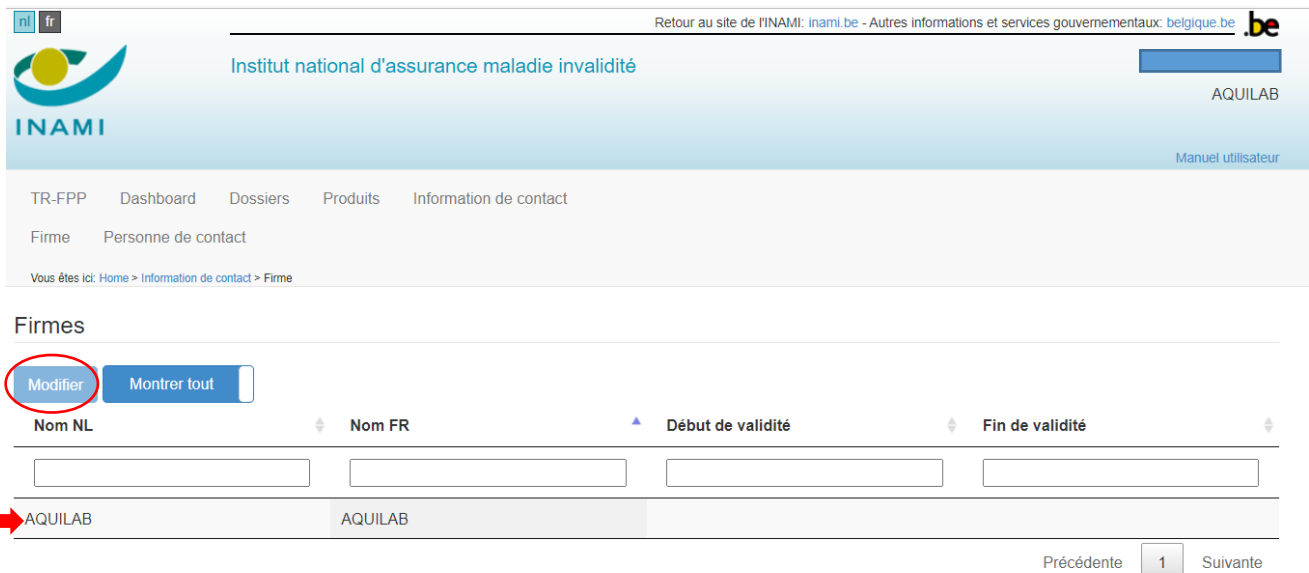
On the home page, select the "Contact information" menu



Once in "Contact Information":

→ 1°. The name of the corresponding company is displayed: click the name

→ 2°. Select the option: "Modify"



This will take you to the next form where you will be asked to add the missing data. Mandatory data (*) is already entered.

Modifier firme

id	<input type="text"/>	id en Contacts	<input type="text"/>
Numéro CBE(*)	<input checked="" type="checkbox"/>	<input type="text"/>	
Nom NL(*)	<input type="text"/>		
Nom FR(*)	<input type="text"/>		
Nom AL(*)	<input type="text"/>		
Nom abrégé NL(*)	<input type="text"/>		
Nom abrégé FR(*)	<input type="text"/>		
Nom abrégé AL(*)	<input type="text"/>		
Pays(*)	<input type="text"/>	Langue(*)	<input type="text"/>
Début de validité	<input type="text"/>	Fin de validité	<input type="text"/>
Téléphone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		
Rue	<input type="text"/>		
Numéro	<input type="text"/>	Boite	<input type="text"/>
Bâtiment, étage	<input type="text"/>		
Code postal	<input type="text"/>		
Commune	<input type="text"/>		
Created by	<input type="text"/>	<input type="text"/>	
Modified by	<input type="text"/>	<input type="text"/>	

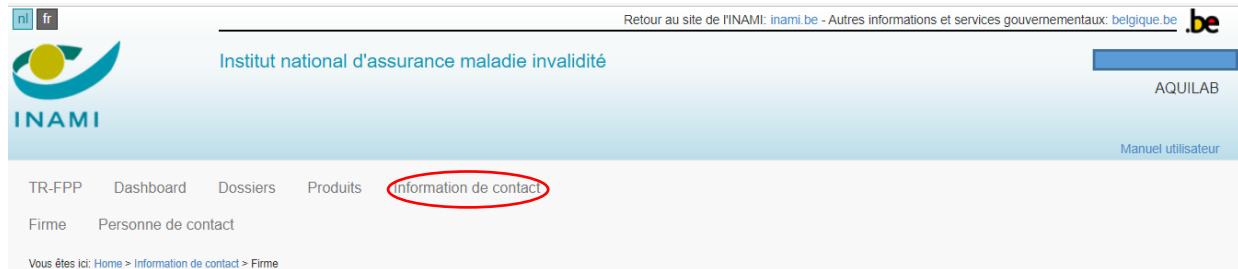
↑ Finish by saving

In the same form, if your company ceases its activities, enter the validity end date for the current data using the "End of validity" field and select the appropriate date.
In this case, do not forget to take the necessary steps for the products admitted and the files in progress in accordance with the procedure provided for this purpose.

4.2. CONTACT PERSON(S)

As a minimum, each company must complete the data for one contact person for the files submitted to the CRPPP.

On the home page, select the "Contact information" menu



In "Contact Information": select and click: "Contact person"



Firmes

In the "Contact person" menu, the name of the corresponding company is displayed: click "Add"



Personnes de contact



This will take you to the next form, where you can add the contact's identification and address data:

The screenshot shows a web form titled "Ajouter contact". It contains several input fields: "Nom de famille(*)", "Prénom(*)", "Langue(*)" (a dropdown menu), "Téléphone" and "Mobile" (two separate input fields), "Email(*)", "Rue", "Numéro" and "Boite" (two separate input fields), "Bâtiment, étage", "Commune", "Code postal" and "Pays" (a dropdown menu), and "Début de validité" and "Fin de validité" (two input fields with calendar icons). At the bottom right of the form are two buttons: "Sauvegarder" (blue) and "Annuler" (orange). A red arrow points from a red oval containing the text "Finish by saving" to the "Sauvegarder" button.

The following fields are mandatory and must be completed

Surname
First name
Language
Email

The other fields are optional but strongly recommended.

If a person is registered as a contact in a file and the person's address data is not entered, then the company's address data will be used for any further communication regarding the file.

To modify a contact person's data, select the contact whose data you want to modify from the list of contact persons for your company and click "Modify":

Personnes de contact

Firme

Nom	Début de validité	Fin de validité
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		
<input type="text"/>		
Dominique Dethier	13/08/2021	

This will take you to the following form, where you can change the contact's identification and address data, as well as the contact's role or the "End of validity" of the person as a contact in this role:

Modifier Contact

Id Id en Contacts

Nom de famille(*)

Prénom(*)

Langue(*)

Téléphone Mobile

Email(*)

Rue


Numéro Boite

Bâtiment, étage

Commune

Code postal Pays

Début de validité Fin de validité



5. Creating a file

5.1. TYPES OF FILES

Below you will find the instructions describing how to submit a complete and admissible file that meets the requirements of the current regulations using the tool provided to you.

These instructions relate to:

- applications for admission for reimbursement → one complete application is required per package
- applications to change reimbursement terms
 - o change in the reimbursement terms and category
 - o change in the basis of reimbursement
 - application for a price increase
 - notification of a voluntary price reduction
 - special provisions for magistral preparations
 - application for admission of a new package
 - notification of the removal of a package, the temporary unavailability of a package, or changes that may affect the basis of reimbursement
- removal requests
- revisions

These instructions do not replace the legal basis.

5.2. LIST OF CURRENT FILES

This functionality gives you an overview of the application files submitted for your company.

From the home page, select the "Files" menu and click to see an overview of the application files submitted for your company and their status.

Example:

The screenshot shows the INAMI user interface. At the top, the logo and name 'INAMI Institut national d'assurance maladie invalidité' are visible, along with the user's name 'Dominique Dethier' and 'AQUILAB'. A navigation menu includes 'TR-FPP', 'Dashboard', 'Dossiers' (circled in red), 'Produits', and 'Information de contact'. Below the menu, there is a search bar with 'Nouveau dossier' and buttons for 'Ouvrir', 'Imprimer', and 'Montrer tout'. A table displays a list of application files with columns for 'Type dossier', 'Numéro de dossier', 'Nom', 'Demandeur', 'Statut', 'Début de validité', 'Fin de validité', and 'Tâches'.

Type dossier	Numéro de dossier	Nom	Demandeur	Statut	Début de validité	Fin de validité	Tâches
Demande d'admission au remboursement	DM/2021/00113/01	oxydo	AQUILAB	Soumis	17/11/2021		<input type="checkbox"/>
Demande d'admission au remboursement	DM/2021/00114/01	oxydo	AQUILAB	En création			<input type="checkbox"/>

By entering one of the three search criteria (file type, file number, name, etc.), you can limit the number of files displayed in the table to those matching your search criteria.

Application files that are in the process of being prepared and which have not yet been sent to INAMI-RIZIV appear with the status "Creation". They can be modified by selecting the file in the table and clicking "Open". The details of the file as previously saved in the system are then displayed.

If you wish to cancel an application in progress, proceed as described above and click the "Submit" tab. At this point, you are given the option to delete the application by clicking "Delete". The application will no longer appear in the list of your current files.

Il/Elle déclare:

- qu'il/elle a pris connaissance du contenu de l'Arrêté royal du XXX fixant les procédures, délais et conditions dans lesquelles l'assurance obligatoire soins de santé et indemnités intervient dans le coût des prestations pharmaceutiques visées à l'article 34, alinéa 1er, 5° a), 19°, 20° et 20bis de la loi relative à l'assurance obligatoire soins de santé et indemnités, coordonnée le 14 juillet 1994 et s'engage à respecter les obligations imposées dans ledit arrêté royal ;
- que le produit pour lequel la présente demande est introduite sera effectivement disponible sur le marché au plus tard au moment de l'entrée en vigueur de l'admission au remboursement.

Il/elle s'engage:

- à communiquer dans les plus brefs délais au secrétariat de la Commission toute modification apportée à l'un des éléments de la demande d'admission au remboursement ;
- à assurer la continuité de la mise sur le marché du produit susvisé et à prévenir le secrétariat de la Commission dans les délais prévus à l'article 132 du retrait du marché ou de la mise hors marché provisoire d'un ou des produit(s) ou conditionnement(s) concerné(s) ;
- lorsqu'un produit est retiré du marché, à communiquer au secrétariat de la Commission la date de péremption du dernier lot du conditionnement retiré ;
- à communiquer avant le 1er mars de chaque année les quantités vendues de chaque conditionnement vendu durant l'année précédente ;
- à renouveler la formule d'engagement chaque fois qu'il y a des modifications qui sont de telle nature que le demandeur qui est responsable d'un produit inscrit ne porte plus cette responsabilité (par exemple, à la suite d'une fusion ou de la vente d'un produit remboursable) ;

Il sait (ils savent):

- que si le demandeur demande un prix plus élevé que celui qui est publié dans la liste en annexe, le produit sera supprimé de plein droit à partir de la date à laquelle le prix non convenu sera appliqué.

Completed files that have been sent electronically to INAMI-RIZIV appear with the status "Submitted". These files can be viewed but cannot be modified except for the contact person(s) which can be changed after submission.

6. Submitting the application

From the home page, select the "Files" menu and click to see the overview that gives you the opportunity to create a new file.

The screenshot shows the top navigation bar of the INAMI website. On the left is the INAMI logo. In the center, the text reads "Institut national d'assurance maladie invalidité". On the right, it says "Dominique Dethier" and "AQUILAB". Below this, there is a "Manuel utilisateur" link. The main navigation menu includes "TR-FPP", "Dashboard", "Dossiers" (circled in red), "Produits", and "Information de contact". A breadcrumb trail at the bottom left reads "Vous êtes ici: Home > Dossiers > Aperçu".

Aperçu

A dropdown menu titled "Nouveau dossier" with a downward arrow on the right side.

Then click the "New file" bar and choose the type of application you want to submit by clicking the "File type" drop-down menu

The "Nouveau dossier" form is shown with a dropdown menu open. The dropdown menu is titled "Type dossier" and has a downward arrow on the right. A red circle highlights the dropdown arrow. Below the dropdown menu is a blue button labeled "Continuer".

This drop-down menu allows you to choose the specific application type by clicking your selection.

The dropdown menu is open, showing a list of application types. The options are: Révision, Demande d'admission au remboursement, Demande de modification des conditions de remboursement et/ou de la catégorie de remboursement, Demande de majoration du prix, Demande de suppression, Notification de diminution volontaire du prix, Notification de suppression d'un conditionnement d'une matière première pour préparations magistrales, and Notification de suspension temporaire de la mise sur le marché d'une matière première pour préparations magistrales.

Once you have made your choice, click "Continue".

Aperçu

The "Nouveau dossier" form is shown with the dropdown menu closed. The dropdown menu now displays "Demande d'admission au remboursement". A red circle highlights the blue "Continuer" button.

We're going to through each "File type" option below

PRELIMINARY REMARKS

- A separate (complete) file must be submitted per product.

By product, we mean a specific package and/or dosage of a product. This means that a 20-unit package and a 60-unit package of the same product, with the same dosage, are considered as two different products. Consequently, a separate form must be completed for each of these packages.

- It may be that when you want to enter a term, you cannot find it in the list of choices. If so, please report it to the following address: crppp-ctfpv@riziv-inami.fgov.be, with secr-farbel@riziv.fgov.be in cc.

You will be notified once the list of choices has been updated.

- You can exit an application file that has been started or the application at any time. To complete an application that has been started and not submitted to INAMI-RIZIV, return to your list of applications, search for and select the application (it is listed under the "Creation" status and click "Open").
- Fields marked with an asterisk (*) are **MANDATORY**.

6.1. APPLICATION FOR ADMISSION FOR REIMBURSEMENT

After selecting the "Application for admission for reimbursement" file type, you access the first page of the application as follows:

The screenshot displays the INAMI website interface. At the top right, there is a navigation bar with the text "Retour au site de l'INAMI: inami.be - Autres informations et services gouvernementaux: belgique.be" and the ".be" logo. Below this, the INAMI logo is on the left, and the text "Institut national d'assurance maladie invalidité" is in the center. On the right, the user's name "Dominique Dethier" and the acronym "AQUILAB" are displayed, along with a link to the "Manuel utilisateur".

Below the header, there is a navigation menu with the following items: TR-FPP, Dashboard, Dossiers, Produits, and Information de contact. Below the menu, the breadcrumb trail reads "Vous êtes ici: Home > Dossiers > Aperçu > Détails".

The main content area shows the following details:

Type dossier	Demande d'admission au remboursement		
Numéro dossier			
Dénomination + Nom spécifiant		Statut	En création

Below the details, there is a tabbed interface with the following tabs: Identification (selected), Contact, Conditionnement, Composition, Remboursement, Enregistrement, Annexes, and Introduire.

You will find the following data:

- The file type (field cannot be modified)
- The file number: this number is created automatically (field cannot be modified)
- The file status (field cannot be modified)
- The name + the specifying name

All this data forms the "header".

The application for admission forms are all structured along the same lines and consist of the following tabs:

- Identification
- Contact
- Packaging
- Composition
- Reimbursement
- Registration
- Attachments
- Submit

6.1.1. Identification

Type dossier Demande d'admission au remboursement
Numéro dossier
Dénomination + Nom spécifiant Statut En création

Identification Contact Conditionnement Composition Remboursement Enregistrement Annexes Introduire

Demandeur

Partie demanderesse(*) Autre Firme Ministre Commission Groupe de travail

Nom demandeur / nom de la firme responsable de l'introduction de la demande(*)

AQUILAB

Date demande

Classe dossier(*)

Produit/Prestation

Type/Catégorie/Groupe(*)

Produit

Dénomination NL(*)

Nom spécifiant NL

Synonymes NL

Dénomination FR(*)

Nom spécifiant FR

Synonymes FR

Orphelin

Importé

Classification EU

Numéro de référence autosondage

Responsabilité

Nom de la firme qui met le produit sur le marché(*)

→ Les champs marqués par un (*) sont obligatoires

Confirmer le contenu de cette section

Field name	Explanations/examples
APPLICANT	
Applicant party	Automatically filled
Applicant name/name of the company responsible for submitting the application	Automatically filled
Application date	Automatically filled
File class	Drop down menu - 3 possible choices: <ul style="list-style-type: none"> - Administrative file - Semi-administrative file - File with added value
PRODUCT/BENEFIT	
Type	Automatically filled ("Product")
Category	Drop-down menu: <ul style="list-style-type: none"> - Diagnostic resources and health care equipment or <ul style="list-style-type: none"> - Medical nutrition or <ul style="list-style-type: none"> - Magistral preparations
Group	Drop-down menu: <p><i>Diagnostic resources and health care equipment</i></p> <ul style="list-style-type: none"> - bladder irrigation solutions - portable diffusers - cassettes - oxygen concentrators - hypertonic sodium chloride inhalation solution for the treatment of cystic fibrosis - blood pressure monitors - glucose meter - lancet holder - test strips - lancets - self-catheterization catheters - active dressings <p><i>Medical nutrition</i></p> <p><i>Magistral preparations</i></p> <ul style="list-style-type: none"> - Active substance - Excipient - Ready-made medicinal product - Passive dressing
Name FR and NL	Product name <p><i>Example:</i> Paracetamol Melolin PKU Anamix Junior LQ fruits of the forest flavour</p>
Specifying name FR and NL	= Additional specification of the packaging = An addition to the "basic name" which distinguishes between different packages in the same range <p><i>Example:</i> Paracetamol 25g → the specifying name is 25g Melolin 10 x (5x5cm) → specifying name is 10 x (5x5cm) PKU Anamix Junior LQ fruits of the forest flavour 6 x 6 x 125 ml → specifying name is 6 x 6 x 125 ml</p>

	<p>The product's name and specifying name will form the name of the file that you create and which you will find in the "header":</p> <p>Dénomination NL(*) xxx</p> <p>Nom spécifiant NL 20g</p> <p>Synonymes NL</p> <p>Dénomination FR(*) xxx</p> <p>Nom spécifiant FR 20g</p> <p>Type dossier Demande d'admission au remboursement Numéro dossier NUT/2021/00157/01 Dénomination + Nom spécifiant xxx 20g Statut En création</p>								
Synonyms FR and NL	<p>Only for products for raw materials for magistral preparations</p> <p><i>Example:</i> Tosylchloramide sodium: synonym = Chloramine</p>								
Orphan	To be ticked if applicable								
Imported	To be ticked if applicable								
EU Classification	<p>Only for medical devices (diagnostic resources and health care equipment, active dressings, passive dressings (included in the magistral preparations category) and self-catheterization catheters) via a drop-down menu.</p> <p>This classification can be found in:</p> <ul style="list-style-type: none"> - COUNCIL DIRECTIVE 93/42/EEC of 14 June 1993 concerning medical devices or in REGULATION (EU) 2017/745 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 5 April 2017 on medical devices; Or - DIRECTIVE 98/79/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 27 October 1998 on in vitro diagnostic medical devices or in REGULATION (EU) 2017/746 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 5 April 2017 on in vitro diagnostic medical devices. <p>For other products: this does not apply</p>								
Self-catheterization reference number	<p>*Only for self-catheterization catheters</p> <p>= number of the company-specific article</p> <p><i>Example:</i></p> <table border="1"> <tr> <td>Teleflex Medical</td> <td>RÜSCH CARE 20cm NELATON CH08</td> <td>8</td> <td>850160</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Teleflex Medical	RÜSCH CARE 20cm NELATON CH08	8	850160				
Teleflex Medical	RÜSCH CARE 20cm NELATON CH08	8	850160						
LIABILITY									
Name of the company that places the product on the market	= company name that will be published next to the product name → may be different from the company that signs the commitment								
<p>Once all fields are completed:</p> <p>Click </p>									

6.1.2. Contact

Type dossier Demande d'admission au remboursement
Numéro dossier NUT/2021/00157/01
Dénomination + Nom xxx 20g Statut En création

Identification Contact Conditionnement Composition Remboursement Enregistrement Annexes Introduire

Contact

Ajouter Contact principal Supprimer

Prénom, Nom de famille Contact principal

Pas d'information retrouvée

Précédente Suivante

Confirmer le contenu de cette section

The first name and surname of the contact person(s) must be specified.

1) Click "Add"

Type dossier Demande d'admission au remboursement
Numéro dossier NUT/2021/00157/01
Dénomination + Nom xxx 20g Statut En création

Identification Contact Conditionnement Composition Remboursement Enregistrement Annexes Introduire

Contact

Ajouter Contact principal Supprimer

Prénom, Nom de famille Contact principal

Pas d'information retrouvée

Précédente Suivante

Confirmer le contenu de cette section

2) Choose the contact person(s) by clicking on their name and specify the primary contact by ticking " Contact principal " and click "Add".

Contact

Prénom, Nom de famille

Nom de famille

Contact principal

Précédente 1 Suivante

Ajouter Annuler

3) "Confirm"

Once all fields are completed:



6.1.3. Packaging

Type dossier Demande d'admission au remboursement
Numéro dossier NUT/2021/00157/01
Dénomination + Nom xxx 20g
spécifiant

Statut

En création

Identification Contact **Conditionnement** Composition Remboursement Enregistrement Annexes Introduire

Description du conditionnement

Description NL(*)

Description FR(*)

Caractéristiques du package

Quantité(*)

Forme galénique

Volume/poids Unité

Dosage Unité

Dimension Unité x Unité

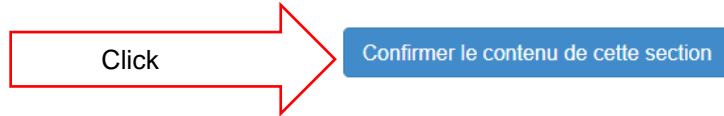
Densité

➔ Les champs marqués par un (*) sont obligatoires

Confirmer le contenu de cette section

Field name	Explanations/examples
PACKAGING DESCRIPTION	
Description NL and FR	= Full name of the product as it will be published <i>Example:</i> Active dressings: "Mepilex Border Lite 5 x (15cmx15cm)" Medical nutrition: "PKU Anamix Junior LQ fruits of the forest flavour 6x6x125 ml "
PACKAGE CHARACTERISTICS	
Quantity	= Total number of "units" in the package <i>Example:</i> Active dressings: Mepilex Bordre Lite 5 x (15cmx15cm) → quantity = 5 Magistrals: Paracetamol 25g package → quantity = 1 Medical nutrition: PKU Anamix Junior LQ fruits of the forest flavour 6x6x125 ml → quantity = 36
Depending on the product category, the following data is strongly recommended	
Pharmaceutical form	Drop-down menu <i>Mandatory</i> for products for magistral preparations
Volume/weight Unit	= Weight or volume of product per unit Unit in which the weight or volume is expressed can be selected in the drop-down menu <i>Example:</i> Magistrals: Paracetamol 25g package → volume = 25/unit = g Medical devices: ECOBAG bag 3L → volume = 3/unit = L Medical nutrition: PKU Anamix Junior LQ fruits of the forest flavour - packaging 6x6x 125 ml → volume = 125/unit mL
Dosage Unit	= product concentration/dosage per unit Unit in which the concentration or dosage is expressed can be selected from the drop-down menu <i>Example:</i> Medical devices: MUCOCLEAR 6% 60 x 4 mL hypertonic solution/hypertonische oplossing" → dosage = 6/unit = %
Dimensions Unit	= size/dimension of the product Unit in which the size or dimension is expressed can be selected from the drop-down menu <i>Example:</i> Active dressings: Mepilex Bordre Lite 5x (15cmx15cm) → dimension 1 = 15/unit 1 = cm --- dimension 2 = 15/unit 2 = cm <div style="text-align: center;"> Dimension <input type="text" value="15"/> Unité(*) <input type="text" value="cm"/> x <input type="text" value="15"/> Unité(*) <input type="text" value="cm"/> </div> Self-catheterization catheters: ACTREEN® LITE CATH Tiemann - CH 08 - 45 CM The diameter must be included in the catheter's dimensions. <div style="text-align: center;"> <input type="text" value="8"/> Unité(*) <input type="text" value="CH"/> x <input type="text" value="45"/> Unité(*) <input type="text" value="cm"/> </div>
Density	Only for products for magistral preparations

Once all fields are completed:



6.1.4. Composition

Type dossier	Demande d'admission au remboursement		
Numéro dossier	NUT/2021/00157/01		
Dénomination + Nom spécifiant	xxx 20g	Statut	En création

Identification Contact Conditionnement **Composition** Remboursement Enregistrement Annexes Introduire

Non applicable

Composition

Ajouter Modifier Supprimer ↑ ↓

Nom ingrédient ou produit	Quantité/dosage	Unité
Pas d'information retrouvée		

Code(s) ATC

Ajouter Supprimer

Code ATC	Description code ATC
Pas d'information retrouvée	

[Confirmer le contenu de cette section](#)

If "Composition" and "ATC codes" are not applicable: tick "**Not applicable**

Identification Contact Conditionnement **Composition** Engagement

Non applicable

Composition

Ajouter Modifier Supprimer ↑ ↓

Nom ingrédient ou produit	Quantité/dosage	Unité
Pas d'information retrouvée		

Code(s) ATC


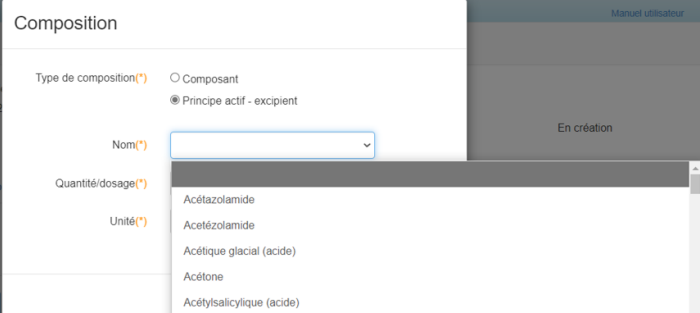
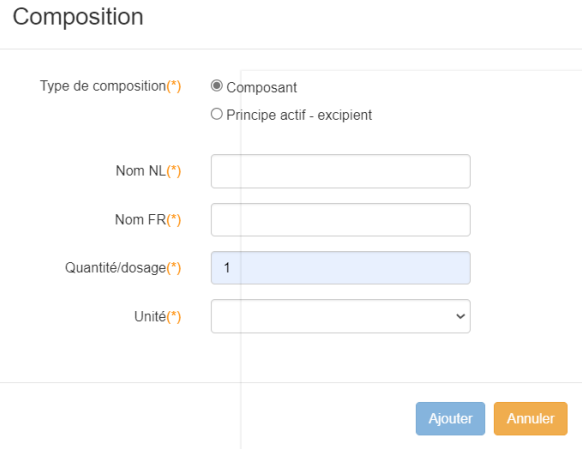
Ajouter Supprimer

Code ATC	Description code ATC
Pas d'information retrouvée	

Example:

Medical devices: OMRON Blood Pressure Monitor

In other cases, complete the "COMPOSITION" and "ATC CODE(S)" fields

Field name	Explanations/examples
COMPOSITION	<p>= complete product composition</p> <p>Click "Add" as many times as a product/excipient/active substance needs to be added:</p>  <p>You are then taken to the "Composition" document where you choose the composition type.</p> <p>The choice of "<u>Active substance</u>" and "<u>Excipient</u>" mainly concerns active ingredients for magistral preparations and medical nutrition and in a few cases medical devices (for <i>example</i>: MUCOCLEAR = hypertonic solution). Choose the active substance/excipient from the drop-down menu and click on the relevant product.</p>  <p>If an active substance/excipient does not appear in the drop-down menu, please contact the General Secretariat on 02/739.77.41 or send an email to the following address: crppp-ctfpv@riziv-inami.fgov.be, with secr-farbel@riziv-inami.fgov.be in cc.</p> <p>The "<u>Component</u>" choice concerns medical devices in particular. Complete the fields provided for this purpose.</p>  <p>The unit in which the quantity or dosage of the active substance/excipient/component is expressed can be selected from the drop-down menu</p> <p>After entering each active substance/excipient/component and completing the "Quantity/dosage" and "Unit" fields, click "Add".</p>

Composition

Type de composition(*) Composant
 Principe actif - excipient

Nom(*)

Quantité/dosage(*)

Unité(*)



Example: Dalibour Water

Composition

Nom ingrédient ou produit	Quantité/dosage	Unité
Zinc sulfate	2,50	g
Cupre sulfate	0,75	g
eau	100,00	ml

ATC CODE

The classification to be used is that established by the "WHO Collaborating Centre for Drug Statistics Methodology" in Oslo.

Note: "ATC code" means "5th level ATC code" (e.g. A01AA01).
Only if a specific 5th level code has not been assigned, can a higher level be entered.

Click "Add" as many times as a code needs to be added:

Code(s) ATC

Code ATC	Description code ATC
Pas d'information retrouvée	

Search for the required ATC code by entering it.
The description will be displayed automatically.
Click "Add"

Code ATC

Code ATC(*)

Description code ATC

Example: Dalibour Water

Code(s) ATC

Code ATC	Description code ATC
S01AX03	COMPOSES A BASE DE ZINC
V03AB20	SULFATE DE CUIVRE

Once all fields are completed:



6.1.5. Reimbursement

Type dossier Demande d'admission au remboursement
Numéro dossier NUT/2021/00157/01
Dénomination + Nom xxx 20g Statut En création
spécifiant

Identification Contact Conditionnement Composition **Remboursement** Enregistrement Annexes Introduire

Modalités de remboursement (*)

Ajouter Ouvrir Texte AR Supprimer

Dispensateur ▼ Base juridique - Chapitre - Paragraphe Nouveau Catégorie de remboursement

Pas d'information retrouvée

Précédente Suivante

Tarification (*)

Ajouter Ouvrir Supprimer

Type de tarification ▼ Quantité Unité Montant (€) I (€) II (€) Code

Pas d'information retrouvée

Précédente Suivante

Prix

Prix ex-usine(*) € Contrôle du prix par le SPF Economie
Prix pharmacien (TVA excl.)(*) € BEBAT €
Prix public (TVA incl.)(*) € Recupel €
Pourcentage TVA(*)

Confirmer le contenu de cette section

Specify your **proposed reimbursement terms and pricing system here**.
Enter the data related to your product's **price structure**.

Note:

The pricing system requested **MUST** match the dispensing requested in the reimbursement conditions (dispensing by a public pharmacy, hospital pharmacy or by a supplier).

If a reimbursement condition has been entered for dispensing by a public pharmacy, hospital pharmacy or by a supplier, then a public pharmacy, hospital pharmacy (inpatient and/or outpatient) or supplier pricing system **MUST** also exist.

Field name	Explanations/examples	
REIMBURSEMENT TERMS	<p>Click "Add" to propose reimbursement terms</p> <p>Modalité de remboursement</p> <hr/> <p>Dispensateur(*) <input type="text"/></p> <p>Base juridique - Chapitre - Paragraphe</p> <p>Base légale(*) <input type="text"/></p> <p>Disposition existante(*) <input checked="" type="radio"/> Nouvelle disposition <input type="radio"/></p> <p>Référence(*) <input type="text"/> <input type="button" value="Q"/></p> <p>Catégorie de remboursement(*) <input type="text"/></p> <p>Notification <input type="checkbox"/> Autorisation medecin-conseil <input type="checkbox"/></p> <p>Formulaire "paiement comptant" <input type="checkbox"/> Tiers payant applicable <input type="checkbox"/></p> <p>Code M <input type="checkbox"/></p> <hr/> <p style="text-align: right;"><input type="button" value="Ajouter"/> <input type="button" value="Annuler"/></p>	
Fields marked with an asterisk (*) are MANDATORY.		
	DISPENSER	<p>You can choose from the following dispensers:</p> <ul style="list-style-type: none"> - Supplier (only for the dispensing of medical devices and self-management equipment in the context of care pathways and the "education and self-management of care" programme) - Hospital pharmacy - Public pharmacy <p>You can select multiple dispensers at one time within the same framework (as long as the reimbursement terms are the same for each of them). Otherwise, proposals must be made individually for each dispenser).</p> <p>Dispensateur(*) <input type="text" value="Fournisseur"/> <input type="text" value="Officine hospitalière"/> <input type="text" value="Officine publique"/></p>
	LEGAL BASIS CHAPTER PARAGRAPH	
	LEGAL BASIS	The legal basis of the reimbursement condition(s) (Drop-down menu)
	EXISTING PROVISION Or NEW PROVISION	<p>You can either refer to an existing provision by adding a product to expand the range.</p> <p>Or you can propose a new provision. In which case, you select the "New provision" option</p> <p>To modify previously entered data, select the line to be modified and click the "Open" button.</p>

You can then modify your data.
Then click the "Modify" button.

To delete previously entered data, select the line to be deleted.

The following screen appears:

Confirmer

Etes-vous certain de la suppression?

Oui Annuler

Then click "Yes".

A product may be listed in multiple chapters and be reimbursable under several different reimbursement categories,... In this case, the different entries must be referred to separately.

1. Existing provision

Click "Reference" to access the list of choices for the existing chapter/paragraph.

Click on the selected reimbursement terms

Once you have made your choice, you can consult the entire reimbursement conditions for the selected chapter/paragraph

Example:

Disposition Nouvelle
existante(*) disposition

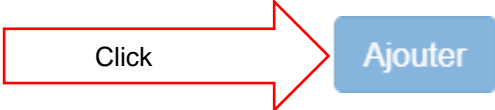
Référence(*)

- Ch.I - Denrées alimentaires §10000 Les préparations à base d'acides aminés pour l
- Ch.I - Denrées alimentaires §100000 Préparations destinées au traitement de l'hype
- Ch.I - Denrées alimentaires §110000 Préparations destinées au traitement de MSUC
- Ch.I - Denrées alimentaires §120000 Préparations destinées au traitement de l'acidi
- Ch.I - Denrées alimentaires §130000 Préparations destinées au traitement de la tyrc
- Ch.I - Denrées alimentaires §140000 Préparations destinées au traitement des trout
- Ch.I - Denrées alimentaires §150000 Préparations destinées au traitement de la mu
- Ch.I - Denrées alimentaires §160100 Préparations pour un régime cétoène en cas

Make your choice

Référence(*) Ch.I - Denrées alimentaires §140000 Prépar...

Click the magnifying glass to see the reimbursement conditions as follows:

		<p>CRPPP - Ch.I - Denrées alimentaires §140000 Préparations destinées au traitement des troubles du cycle de l'</p> <hr/> <p>L'alimentation médicale suivante fait l'objet d'un remboursement en catégorie A si elle a été prescrite pour le traitement des troubles du cycle de l'urée.</p> <p>Sur base d'un rapport circonstancié établi par le médecin traitant démontrant que les conditions visées ci-dessus sont remplies, le médecin-conseil délivre au bénéficiaire l'autorisation dont le modèle est fixé sous C11) de la partie III de la liste et dont la durée de validité est limitée à 12 mois maximum.</p> <p>L'autorisation de remboursement peut être prolongée pour une durée illimitée à la demande motivée du médecin traitant, qui tient les éléments de preuve établissant que le patient concerné se trouvait dans la situation attestée à disposition du médecin-conseil, et qui s'engage à ne pas poursuivre le traitement si cela ne s'avère plus nécessaire.</p> <p>A cet effet, le médecin-conseil délivre au bénéficiaire l'autorisation dont le modèle est fixé sous C21) de la partie III de la liste et dont la durée de validité est illimitée.</p> <hr/> <p style="text-align: right;">Fermer</p> <p>Click "Close" after consulting the text</p> <p>2. <u>New provision</u></p> <p>Enter your proposed text in the "Text of the new provision" field provided for this purpose. Specify whether it is a new chapter/paragraph/section/sub-section.</p> <p>Texte de la nouvelle disposition(*)</p> <div style="border: 1px solid #ccc; height: 30px; width: 100%;"></div> <p><i>Example:</i> "TITLE 3. Products for magistral preparations - Chapter IV - new § "xxxxxxx".</p>
	REIMBURSEMENT CATEGORY	Reimbursement category (drop-down menu)
	<ul style="list-style-type: none"> - NOTIFICATION - MEDICAL OFFICER AUTHORISATION - "CASH PAYMENT" FORM - APPLICABLE THIRD PARTY PAYMENT 	<p>If applicable, tick the appropriate reimbursement condition.</p> <p>"Applicable third party payer" means either the statement "applicable third party payer" itself or any other written statement as specified in the regulations.</p>
	M CODE	<p>If applicable, tick "M Code"</p> <p>An M code means that more than one package can be prescribed on the same prescription, while guaranteeing reimbursement for each of the packages prescribed.</p>
	<p>Once all fields are completed:</p> <div style="text-align: center;">  </div>	
<p>You can then view the proposed reimbursement terms</p>		

Example:

Modalités de remboursement (*)

Ajouter Ouvrir Texte AR Supprimer

Dispensateur	Base juridique - Chapitre - Paragraphe	Nouveau	Catégorie de remboursement
Officine publique	CRPPP - Ch.I - Denrées alimentaires §140000 Préparations destinées au traitement des troubles du cycle de f		A

In this list, you can also view the data entered by clicking the "Open" button after selecting the line for which you want to view the data.

You can delete the data entered by clicking the "Delete" button after selecting the appropriate line.

You can also consult the text of the corresponding regulation (in the case of an "existing provision") by clicking the "RD text" button after selecting the relevant line.

A few complete practical examples of the "REIMBURSEMENT" tab

Example 1. Medical device (OMRON blood pressure monitor - semi-administrative file - firm Aquilab)

Modalité de remboursement

Dispensateur(*) Fournisseur x Officine hospitalière x Officine publique x

Base juridique - Chapitre - Paragraphe

Base légale(*) CRPPP

Disposition existante(*) Nouvelle disposition

Référence(*) Ch.III - moy. diagnostiques 1 - tensiomètres

Catégorie de remboursement(*) Pas d'application

Notification Autorisation medecin-conseil

Formulaire "paiement comptant" Tiers payant applicable

Code M

Ajouter Annuler

→ Modalités de remboursement (*)

Ajouter Ouvrir Texte AR Supprimer

Dispensateur	Base juridique - Chapitre - Paragraphe	Nouveau	Catégorie de remboursement
Fournisseur, Officine hospitalière, Officine publique	CRPPP - Ch.III - moy. diagnostiques 1 - tensiomètres		Pas d'application

Précédente 1 Suivante

Example 2. Medical device (AIRSEP VITAL OXYGEN CONCENTRATOR - firm Aquilab)

Modalité de remboursement

Dispensateur(*)

Base juridique - Chapitre - Paragraphe

Base légale(*)

Disposition existante(*) Nouvelle disposition

Référence(*)

Catégorie de remboursement(*)

Notification Autorisation medecin-conseil

Formulaire "paiement comptant" Tiers payant applicable

Code M

 Modalités de remboursement (*)

Dispensateur	Base juridique - Chapitre - Paragraphe	Nouveau	Catégorie de remboursement
Officine publique, Officine hospitalière	CRPPP - Ch.II - matériel de soins 2 - oxyconcentrateurs		A

Précédente Suivante

Example 3: Food for special medical purposes (PKU Anamix vanilla 6 x (6 x 125 ml) - firm Aquilab)

Modalité de remboursement

Dispensateur(*)

Base juridique - Chapitre - Paragraphe

Base légale(*)

Disposition existante(*) Nouvelle disposition


Référence(*)

Catégorie de remboursement(*)

Notification Autorisation medecin-conseil

Formulaire "paiement comptant" Tiers payant applicable

Code M

 Modalités de remboursement (*)

Dispensateur	Base juridique - Chapitre - Paragraphe	Nouveau	Catégorie de remboursement
Officine publique, Officine hospitalière	CRPPP - Ch.I - Denrées alimentaires §10000 Les préparations à base d'acides aminés pour le traitement de la		A

Example 4. Raw material for magistral preparation (Paracetamol powder 25g - firm Aquilab)

Modalité de remboursement

Dispensateur(*)

Base juridique - Chapitre - Paragraphe
Base légale(*)

Disposition existante(*) Nouvelle disposition

Référence(*)

Notification Autorisation medecin-conseil

Formulaire "paiement comptant" Tiers payant applicable

Signe

Honoraires * - Dispensation tel quel - base de remboursement majorée de 40% - aucun honoraire

G - Dispensation tel quel - base de remboursement majorée de 40% - honoraire

Intervention personnelle A - Gratuité pour le bénéficiaire

Restriction + sont exclues du remboursement les préparations magistrales contenant des matières premières affectées du signe +, lorsque ces matières premières sont prescrites isolément, en mélange entre elles ou en mélange avec des matières premières inscrites au chapitre V de la liste

Conditions restrictives

Quantité maximale remboursable Unité

Facteur de multiplication

Conditions restrictives

Modalité de remboursement

Dispensateur(*)

Base juridique - Chapitre - Paragraphe
Base légale(*)

Disposition existante(*) Nouvelle disposition

Référence(*)

Notification Autorisation medecin-conseil

Formulaire "paiement comptant" Tiers payant applicable

Signe

Honoraires * - Dispensation tel quel - base de remboursement majorée de 40% - aucun honoraire

G - Dispensation tel quel - base de remboursement majorée de 40% - honoraire

Intervention personnelle A - Gratuité pour le bénéficiaire

Restriction + sont exclues du remboursement les préparations magistrales contenant des matières premières affectées du signe +, lorsque ces matières premières sont prescrites isolément, en mélange entre elles ou en mélange avec des matières premières inscrites au chapitre V de la liste

Conditions restrictives

Quantité maximale remboursable Unité

Facteur de multiplication

Conditions restrictives




Modalités de remboursement (*)

Dispensateur	Base juridique - Chapitre - Paragraphe	Nouveau	Catégorie de remboursement
Officine publique, Officine hospitalière	CRPPP - Ch.I - PRINCIPES ACTIFS		
Officine publique, Officine hospitalière	CRPPP - Ch.IV - AVEC ATTESTATION §04		

PRICING SYSTEM	<p>Click "Add" to make a pricing system proposal</p> <p>Ajouter une tarification</p> <hr/> <p>Type de tarification(*) <input type="text"/></p> <p>Quantité(*) <input type="text"/> Unité(*) <input type="text"/></p> <p>Remboursement(*) <input type="radio"/> Base de remboursement <input type="radio"/> Forfait <input type="radio"/> Prix maximum</p> <p>Facture <input type="checkbox"/></p> <p>Montant(*) <input type="text"/> €</p> <p>I <input type="text"/> €</p> <p>II <input type="text"/> €</p> <p>Supplément bénéficiaire <input type="text"/> €</p> <p>Code Type(*) <input type="text"/> Code(*) <input type="text"/></p> <hr/> <p style="text-align: right;"><input type="button" value="Ajouter"/> <input type="button" value="Annuler"/></p>	
<p>Fields marked with an asterisk (*) are MANDATORY.</p>		
	TYPE OF PRICING SYSTEM	<p>The type of pricing system (drop-down menu). If you are proposing a pricing system for multiple types of dispensing, you must complete the "Add a pricing system" table as many times as there are "Types of pricing system".</p> <p>The requested pricing system must match the dispensing requested in the reimbursement conditions, i.e., outpatient hospital dispensing, inpatient hospital dispensing, dispensing by a public pharmacy or by a supplier.</p> <p>The pricing system for dispensing by a supplier can only be used for the dispensing of medical devices and self-management equipment in the context of care pathways and the "education and self-management of care" programme.</p>
	QUANTITY	<p>Number of units by which the product will be priced in the selected dispensing.</p> <p>For dispensing by the supplier or in public pharmacies, the pricing system relates to the package. For dispensing by the hospital pharmacist, the pricing system is per unit.</p>
	UNIT	<p>The units by which the product will be priced in the selected dispensing.</p> <p>!!! For the pricing system of <u>oxygen concentrators</u>, the units to be selected are:</p> <ul style="list-style-type: none"> - Installation by the supplier - Rental and maintenance - Single use humidifier - Pharmacist's fee (= fee for therapy support and pricing system coordination)

		<p><i>Example</i> Medical device: MUCOCLEAR 6%:</p> <table border="1"> <thead> <tr> <th>Criterion Criteria</th> <th>Code Code</th> <th>Benaming en verpakkingen Name and packaging</th> <th>Opm. Obs.</th> <th>Prijs Price</th> <th>Basis van tege-moetk. Basis of reimbursement</th> <th>I</th> <th>II</th> </tr> </thead> <tbody> <tr> <td>B</td> <td></td> <td>MUCOCLEAR 6% (Henrotech)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>2456-010</td> <td>60 x 4 mL hyper-tonic solution / hypertonische oplossing</td> <td>M</td> <td>58.79</td> <td>58.79</td> <td>8.00</td> <td>12.10</td> </tr> </tbody> </table> <p>Type de tarification(*) <input type="text" value="Officine publique"/></p> <p>Quantité(*) <input type="text" value="240"/> Unité(*) <input type="text" value="ml"/></p> <p>Public pharmacy = full package pricing system → 60 x 4 mL = 240 mL</p>	Criterion Criteria	Code Code	Benaming en verpakkingen Name and packaging	Opm. Obs.	Prijs Price	Basis van tege-moetk. Basis of reimbursement	I	II	B		MUCOCLEAR 6% (Henrotech)							2456-010	60 x 4 mL hyper-tonic solution / hypertonische oplossing	M	58.79	58.79	8.00	12.10
Criterion Criteria	Code Code	Benaming en verpakkingen Name and packaging	Opm. Obs.	Prijs Price	Basis van tege-moetk. Basis of reimbursement	I	II																			
B		MUCOCLEAR 6% (Henrotech)																								
	2456-010	60 x 4 mL hyper-tonic solution / hypertonische oplossing	M	58.79	58.79	8.00	12.10																			
	REIMBURSEMENT	<p>Tick the appropriate box. You can choose between:</p> <ul style="list-style-type: none"> - basis of reimbursement - flat rate - maximum price <p>Then propose the basis of reimbursement/flat rate/maximum price using the "Amount" field</p> <p>Montant(*) <input type="text"/> €</p> <p>Where applicable, for medical devices and food for special medical purposes, the basis of reimbursement is the public price of the product.</p> <p>!!! In the case of products for magistral preparations, please note a basis of reimbursement of "0". The basis of reimbursement is calculated by the Commission according to the rules set out in the regulations.</p> <p>!!! For the pricing types "Hospital practice - outpatients" and "Hospital practice - inpatients", the "Amount" box must not be filled in..</p> <p>Montant <input type="text"/> €</p>																								
		<p>If applicable, next propose the amounts of the beneficiaries' personal contributions using fields I and II.</p> <ul style="list-style-type: none"> - column I = contribution of the beneficiary referred to in Article 37 § 19 of the Law who is entitled to enhanced insurance cover - column II = contribution of other beneficiaries <p>I <input type="text" value="0,00"/> €</p> <p>II <input type="text" value="0,00"/> €</p> <p>For food for special medical purposes and medical devices, the beneficiaries' contributions are set out in the corresponding regulations:</p>																								

		<ul style="list-style-type: none"> - Royal Decree of 24 October 2002 establishing beneficiaries' personal contribution to the cost of food for special medical purposes reimbursable within the framework of the compulsory health care and benefits insurance - Royal Decree of 24 October 2002 establishing beneficiaries' personal contribution to the cost of diagnostic resources and health care equipment reimbursable within the framework of the compulsory health care and benefits insurance <p>!!! This does not apply to products for magistral preparations or in the context of dispensing by the hospital pharmacy to ambulant and hospitalised patients</p>												
		<p>In some cases (e.g. blood pressure monitors, self-catheterisation probes), the beneficiary will have to pay a supplement.</p> <p>Supplément <input type="text"/> € bénéficiaire</p> <p><i>Example – blood pressure monitors VEROVAL DUO CONTROL LARGE</i></p> <table border="1"> <thead> <tr> <th>CNK Code/ Code CNK</th> <th>Benaming Dénomination</th> <th>BEBAT (excl. TVA – excl. BTW)</th> <th>RECUPEL (excl. TVA – excl. BTW)</th> <th>Apothekerprijs (incl. BTW, BEBAT, RECUPEL) Prix pharmaci- en (incl. TVA, BEBAT, RECUPEL)</th> <th>Toeslag rechtheb- bende Sup- plément bénéficiaire</th> </tr> </thead> <tbody> <tr> <td>3730918 7114523*</td> <td>VEROVAL DUO CONTROL LARGE Paul Hartman</td> <td>0,0630</td> <td>0,3306</td> <td>74,44 €</td> <td>14,44 €</td> </tr> </tbody> </table> <p>The amount of 14.44 should then be entered in the box</p> <p>Supplément <input type="text" value="14,44"/> € bénéficiaire</p>	CNK Code/ Code CNK	Benaming Dénomination	BEBAT (excl. TVA – excl. BTW)	RECUPEL (excl. TVA – excl. BTW)	Apothekerprijs (incl. BTW, BEBAT, RECUPEL) Prix pharmaci- en (incl. TVA, BEBAT, RECUPEL)	Toeslag rechtheb- bende Sup- plément bénéficiaire	3730918 7114523*	VEROVAL DUO CONTROL LARGE Paul Hartman	0,0630	0,3306	74,44 €	14,44 €
CNK Code/ Code CNK	Benaming Dénomination	BEBAT (excl. TVA – excl. BTW)	RECUPEL (excl. TVA – excl. BTW)	Apothekerprijs (incl. BTW, BEBAT, RECUPEL) Prix pharmaci- en (incl. TVA, BEBAT, RECUPEL)	Toeslag rechtheb- bende Sup- plément bénéficiaire									
3730918 7114523*	VEROVAL DUO CONTROL LARGE Paul Hartman	0,0630	0,3306	74,44 €	14,44 €									
		<p>Then complete in the CNK codes <u>for both dispensing by public pharmacy and supplier</u> (one and the same CNK for both if applicable).</p> <ul style="list-style-type: none"> - click "code type": CNK will appear then click the word "CNK". - then enter the CNK code in the second box <p>Code Type(*) <input type="text" value="v"/> Code(*) <input type="text"/></p>												
		<p>Once all fields are completed:</p> <p>Click </p>												

You can then view the proposed pricing system

Example:

Tarification (*)

Ajouter Ouvrir Supprimer

Type de tarification	Quantité	Unité	Montant (€)	I (€)	II (€)	Code
Officine publique	10	pièces	30,0000			6666666
Officine hospitalière – patients ambulants	1	pièce	1,1600			

Précédente 1 Suivante

In this table, you can also view the data entered by clicking the "Open" button after selecting the line for which you want to view the data.

You can delete the data entered by clicking the "Delete" button after selecting the appropriate line.

PRICE

You can access the following table under **medical devices and medical nutrition:**

The **price structure** must be completed along with, for blood pressure and blood glucose meters, the BEBAT and RECUEPEL amounts,

Note: for blood pressure monitors, blood glucose meters/test strips/lancets, portable diffusers/cassettes and for oxygen concentrators: *the public price* MUST not be entered. Enter "0" in the field

OR

In the following table for **products for magistral preparations:**

The **price structure** must be completed and, if applicable, tick "Price control by FPS Economy**"

*these are reimbursable active substances included in at least one therapeutic magistral preparation. The list of these raw materials is included in the Ministerial Decree of 13 JUNE 2014 designating the list of raw materials that are subject to the provisions of Title 2 of Book V of the Belgian Code of Economic Law.

Once all fields are completed:



A few complete practical examples of the "PRICING SYSTEM" tab

Example 1. Medical device (AIRSEP OXYGEN CONCENTRATOR - firm Aquilab)

Ajouter une tarification

Type de tarification(*)

Quantité(*) Unité(*)

Remboursement(*) Base de remboursement
 Forfait
 Prix maximum

Facture

Montant(*) €
I €
II €

Code Type(*) Code(*)

Ajouter une tarification

Type de tarification(*)

Quantité(*) Unité(*)

Remboursement(*) Base de remboursement
 Forfait
 Prix maximum

Facture

Montant(*) €
I €
II €

Code Type(*) Code(*)

Ajouter une tarification

Type de tarification(*)

Quantité(*) Unité(*)

Remboursement(*) Base de remboursement
 Forfait
 Prix maximum

Facture

Montant(*) €
I €
II €

Code Type(*) Code(*)

Ajouter une tarification

Type de tarification(*)

Quantité(*) Unité(*)

Remboursement(*) Base de remboursement
 Forfait
 Prix maximum

Facture

Montant(*) €
I €
II €

Code Type(*) Code(*)

Ajouter une tarification

Type de tarification(*)

Quantité(*) Unité(*)

Remboursement(*) Base de remboursement
 Forfait
 Prix maximum

Facture

Montant(*) €
I €
II €

Code Type Code

Ajouter une tarification

Type de tarification(*)

Quantité(*) Unité(*)

Remboursement(*) Base de remboursement
 Forfait
 Prix maximum

Facture

Montant(*) €
I €
II €

Code Type Code

Ajouter une tarification

Type de tarification(*)

Quantité(*) Unité(*)

Remboursement(*) Base de remboursement
 Forfait
 Prix maximum

Facture

Montant(*) €
I €
II €

Code Type Code

Ajouter une tarification

Type de tarification(*)

Quantité(*) Unité(*)

Remboursement(*) Base de remboursement
 Forfait
 Prix maximum

Facture

Montant(*) €

I €

II €

Code Type Code

!!! the pharmacist's fee is not a fixed amount but an annually indexed amount.
 The fee amounts can be consulted on the INAMI-RIZIV website.



Tarification (*)

Type de tarification	Quantité	Unité	Montant (€)	I (€)	II (€)	Code
Officine publique	1	installation	31,8000			1234567
Officine publique	1	location et entretien	90,1000			1234568
Officine publique	1	humidificateur à usage unique	5,5100			1234569
		Honoraires				
Officine publique	1		13,1100			4004941
Officine hospitalière – patients ambulants	1	installation	31,8000			
Officine hospitalière – patients ambulants	1	location et entretien	90,1000			
Officine hospitalière – patients ambulants	1	humidificateur à usage unique	5,5100			
		Honoraires				
Officine hospitalière – patients ambulants	1		13,1100			

Example 3: Food for special medical purposes (PKU Anamix vanilla 6 x (6 x 125 ml) - firm Aquilab)

Ajouter une tarification

Type de tarification(*)

Quantité(*) Unité(*)

Remboursement(*) Base de remboursement
 Forfait
 Prix maximum

Facture

Montant(*) €

I €

II €

Code Type(*) Code(*)

Ajouter une tarification

Type de tarification(*)

Quantité(*) Unité(*)

Remboursement(*) Base de remboursement
 Forfait
 Prix maximum

Facture

Montant(*) €

I €

II €

Code Type Code

Ajouter une tarification

Type de tarification(*)

Quantité(*) Unité(*)

Remboursement(*) Base de remboursement
 Forfait
 Prix maximum

Facture

Montant(*) €

I €

II €

Code Type Code

Tarification (*)

Type de tarification	Quantité	Unité	Montant (€)	I (€)	II (€)	Code
Officine publique	36	pièces	342,0000			1231234
Officine hospitalière – patients hospitalisés	1	pièce	7,3944			
Officine hospitalière – patients ambulants	1	pièce	7,3944			

Précédente Suivante

6.1.6. Registration

- For raw materials for magistral preparations: enter the authorisation number (except for flavours)

Numéro d'autorisation

- For food for special medical purposes: enter the FPS Public Health notification number

Numéro de notification SPF Santé Publique

Once all fields are completed:



6.1.7. Attachments

Annexes

Choose File No file chosen Type Ajouter

Télécharger Supprimer

Type	Nom de fichier	Créé sur	Taille
Pas d'information retrouvée			

Précédente Suivante

In this section, you must add the mandatory attachments to support the application (WORD documents, PDF documents,...).

1. The required/recommended attachments are specified in the "Type" attribute and depend on the file class (administrative/semi-administrative or with added value) and the product category (diagnostic resources and health care equipment/magistral preparations or medical nutrition).

They are classified into 3 types:

- Mandatory
- Mandatory in some cases
- Optional

Select the file type to be sent from the list

1. Obligatoire

- Copie de la déclaration de conformité à la directive 93/42/CEE ou au Règlement (UE) 2017/745 pour les dispositifs médicaux
- Description détaillée des indications
- Incidence budgétaire avec détail du calcul
- Motivation de la base de remboursement proposée
- Motivation de la demande
- Motivation de la demande: intérêt dans la pratique médicale
- Motivation de la demande: valeur thérapeutique
- Reproduction de l'étiquetage/emballage du produit

2. Obligatoire dans certains cas

- Copie de la déclaration de conformité à la directive 98/79/CE ou au Règlement (UE) 2017/746 pour les dispositifs médicaux de diagnostic in vitro
- Copie de la notification pour la mise sur le marché à l'Agence Fédérale des Médicaments et des Produits de santé
- Copie de l'accusé de réception de la notification pour la mise sur le marché à l'Agence Fédérale des Médicaments et des Produits de santé
- Copie du certificat CE

3. Optionnel

- La (les) norme(s) de qualité

Choose File No file chosen Type Ajouter

Télécharger Supprimer

Type	Nom de fichier	Créé sur	Taille
Pas d'information retrouvée			

Précédente Suivante

The list of attachments is as follows:

A. ADMINISTRATIVE FILE

Attachment	Diagnostic resources/health care equipment			Medical nutrition			Products for magistral preparations		
	Mandatory	Mandatory in some cases (highlighted in the description of the attachment or specified in brackets below)	Optional	Mandatory	Mandatory in some cases (highlighted in the description of the attachment or specified in brackets below)	Optional	Mandatory	Mandatory in some cases (highlighted in the description of the attachment or specified in brackets below)	Optional
Reason for the application: therapeutic value	X			X			X		
Reason for the application: consideration in the medical practice	X			X			X		
Reason for the application: epidemiological elements									
Reason for the proposed basis of reimbursement	X			X			X		
Budgetary impact with calculation details	X			X			X		
Estimated quantities sold in Belgium							X		
Copy of the declaration of compliance with Directive 93/42/EEC or Regulation (EU) 2017/745 for medical devices	X								
Copy of the declaration of compliance with directive 98/79/EC or Regulation (EU) 2017/746 <u>for in vitro diagnostic medical devices</u>		X							
Copy of the EC certificate for <u>non-class 1 medical devices and for sterile class 1 medical devices</u>		X							
Copy of the notification file to the Directorate General for Animals, Plants and Food of the Federal Public Service Health, Food Chain Safety and Environment				X					
Copy of the acknowledgement of receipt of the notification file to the Directorate General for Animals, Plants and Food of the Federal Public Service Health, Food Chain Safety and Environment				X					

If the manufacturer or the manufacturer's authorised representative outside Europe is in Belgium: a copy of the notification for placing on the market to the Federal Agency for Medicines and Health Products for class 1 medical devices and for in vitro diagnostic medical devices		X						X (concerns passive dressings)	
If the manufacturer or the manufacturer's authorised representative outside Europe is in Belgium: copy of the acknowledgement of receipt of the notification for placing on the market to the Federal Agency for Medicines and Health Products for class 1 medical devices and for in vitro diagnostic medical devices		X						X (concerns passive dressings)	
Authorisation for the placing on the market or authorisation for the placing on the market of sterile products							X		
Detailed description of indications	X			X					
Reproduction of the labelling/ packaging of the product	X			X					
Information on the label, the description of the primary packaging and any secondary packaging									
Patient information leaflet			X			X			
The quality standard(s) set by the Minister : -blood pressure monitors : Quality ISO 81060- 2 :2018/Amd 1 :2020) -glucometers and test strips : Quality ISO 15197 (2015)	X								

B. SEMI-ADMINISTRATIVE FILE/FILE WITH ADDED VALUE

Attachment	Diagnostic resources/health care equipment			Medical nutrition			Products for magistral preparations		
	Mandatory	Mandatory in some cases (highlighted in the description of the attachment or specified in brackets below)	Optional	Mandatory	Mandatory in some cases (highlighted in the description of the attachment or specified in brackets below)	Optional	Mandatory	Mandatory in some cases (highlighted in the description of the attachment or specified in brackets below)	Optional
Reason for the application: therapeutic value including - Added value (only for files with added value) - Usefulness - safety (adverse effects) - Applicability (contraindications) - comfort	X			X			X		
Reason for the application: therapeutic value → specify the following: Product protected by a patent or not							X		
Reason for the application: consideration in the medical practice	X			X			X		
Reason for the application: epidemiological			X			X	X		

elements									
Reason for the proposed basis of reimbursement	X			X			X		
Budgetary impact with calculation details including: - Target group - Estimated number of beneficiaries - Presumed duration of treatment - Frequency of administration in disorders for which the product can be administered - Cost of treatment/Budgetary impact on an annual basis	X			X			X		
Budgetary impact with calculation details including: - Estimated volumes - Comparison with reimbursable alternatives - Ratio of insurance cost to therapeutic value			X			X			X
Copy of the declaration of compliance with Directive 93/42/EEC or Regulation (EU) 2017/745 for medical devices	X								
Copy of the declaration of compliance with Directive 98/79/EC or Regulation (EU) 2017/746 for in vitro diagnostic medical devices		X							
Copy of the EC certificate for <u>non-class 1 medical devices</u> and for <u>sterile class 1 medical devices</u>		X							
Copy of the notification file to the Directorate General for Animals, Plants and Food of the Federal Public Service Health, Food Chain Safety and Environment				X					
Copy of the acknowledgement of receipt of the notification file to the Directorate General for Animals, Plants and Food of the Federal Public Service Health, Food Chain Safety and Environment				X					
If the manufacturer or the manufacturer's authorised representative outside Europe is in Belgium: a copy of the notification for placing on the market to the Federal Agency for Medicines and Health Products for class 1 medical devices and for in vitro diagnostic medical devices		X						X (concerns passive dressings)	
If the manufacturer or the manufacturer's authorised representative outside Europe is in Belgium: copy of the acknowledgement of receipt of the notification for placing on the market to the Federal Agency for Medicines and Health Products for class 1 medical devices and for in vitro diagnostic medical devices		X						X (concerns passive dressings)	
Authorisation for the placing on the market or authorisation for the placing on the market of sterile products							X		
Detailed description of indications	X			X					

Reproduction of the labelling/ packaging of the product	X			X					
Information on the label, the de- scription of the primary packaging and any secondary packaging							X		
Patient information leaflet			X			X			
Detailed description of indications	X			X					
The quality standards set by the Minister : -blood pressure monitors : Quality ISO 81060- 2 :2018/Amd 1 :2020) -glucometers and test strips : Quality ISO 15197 (2015)	X								
Directions for use	X			X					
Most recently published clinical studies relating to existing experi- ence with the product	X			X			X		

2. To send the aforementioned documents as attachments, click the "Choose File" button, then select the file to be sent, and click the "Add" button. Repeat these steps if multiple attachments need to be sent.

The added attachments appear in the box below.

Example:

Type	Nom de fichier	Créé sur	Taille
Copie de la déclaration de conformité à la directive 93/42/CEE ou au Règlement (UE) 2017/745 pour les dispositifs médicaux	Xxxxxxx	16/11/2021	90KB

Précédente 1 Suivante



6.1.8. Submit

Identification Contact Conditionnement Composition Remboursement Enregistrement Annexes Introduire

Aperçu du statut des différentes sections

- Identification		
- Contact	Compléter	
- Conditionnement	Compléter	
- Composition	Compléter	
- Remboursement	Compléter	
- Enregistrement		
- Annexes	Compléter	Incidence budgétaire avec détail du calcul

Introduire

Le/la soussigné(e)

agissant au nom de la firme

qu'il/elle représente en qualité de(*)

est garant(e) que toutes les données, telles qu'elles sont communiquées dans les demandes d'admission, de modification ou de suppression de la liste, sont exactes et complètes.

Il / Elle déclare:

- qu'il/elle a pris connaissance du contenu de l'Arrêté royal du XXX fixant les procédures, délais et conditions dans lesquelles l'assurance obligatoire soins de santé et indemnités intervient dans le coût des prestations pharmaceutiques visées à l'article 34, alinéa 1er, 5° a), 19°, 20° et 20bis de la loi relative à l'assurance obligatoire soins de santé et indemnités, coordonnée le 14 juillet 1994 et s'engage à respecter les obligations imposées dans ledit arrêté royal ;
- que le produit pour lequel la présente demande est introduite sera effectivement disponible sur le marché au plus tard au moment de l'entrée en vigueur de l'admission au remboursement.

Il/elle s'engage:

- à communiquer dans les plus brefs délais au secrétariat de la Commission toute modification apportée à l'un des éléments de la demande d'admission au remboursement ;
- à assurer la continuité de la mise sur le marché du produit susvisé et à prévenir le secrétariat de la Commission dans les délais prévus à l'article 132 du retrait du marché ou de la mise hors marché provisoire d'un ou des produit(s) ou condition-nement(s) concerné(s);
- lorsqu'un produit est retiré du marché, à communiquer au secrétariat de la Commission la date de péremption du dernier lot du conditionnement retiré;
- à communiquer avant le 1er mars de chaque année les quantités vendues de chaque conditionnement vendu durant l'année précédente ;
- à renouveler la formule d'engagement chaque fois qu'il y a des modifications qui sont de telle nature que le demandeur qui est responsable d'un produit inscrit ne porte plus cette responsabilité (par exemple, à la suite d'une fusion ou de la vente d'un produit remboursable);

Il sait (Ils savent):

- que si le demandeur demande un prix plus élevé que celui qui est publié dans la liste en annexe, le produit sera supprimé de plein droit à partir de la date à laquelle le prix non convenu sera appliqué.

This tab gives you an overview of the status of each of the other tabs (green = "complete" or red = "to be completed").

1. Where necessary, fill in any incomplete tabs.

To open an incomplete tab, click "Complete". You can also open the tab by clicking on it.

2. Complete the following field with your title:

qu'il/elle représente en qualité de(*)

3. After reading the terms of the commitment, tick the following 3 boxes:

- Il / Elle déclare:
- Il/elle s'engage:
- Il s'agit (ils savent):

4. To print the application, click "Print". This will generate a pdf containing the different data in the application.

5. Click "Send" to send the application to INAMI-RIZIV. In this case, the application is closed and the application search screen is displayed. Once submitted, the application can still be viewed from the list of current files but cannot be modified.

6. If you click "Delete", your application will be deleted.

6.2. APPLICATION TO CHANGE THE REIMBURSEMENT CONDITIONS AND/OR REIMBURSEMENT CATEGORY

After selecting the "Application to change the reimbursement conditions and/or reimbursement category" file type, you access the first page as follows:

Aperçu

Nouveau dossier

Type dossier: Demande de modification des conditions de remi

Produit: [Empty field]

Continuer

Since you can only change the reimbursement conditions/category of a product that is already reimbursable, select the product by clicking the "Product" field.

Select the product for which you want to submit a change request.

Finally, click "Continue".

Nouveau dossier

Type dossier: Demande de modification des conditions de remi

Produit: [Dropdown menu open]

Continuer

Ouvrir Imprimer Montrer tout

Type dossier	Número de dossier	Nom	Demandeur	Statut	Débit

00090 - 35
00140 - Aceton
00069 - Bacta +
00154 - O2
00064 - PKU AIR 15 Rouge 30 x 130 mL
00150 - Test Wim 18/10 2mg

Retour au site de l'INAMI: inami.be - Autres informations et services gouvernementaux: belgique.be **be**

Institut national d'assurance maladie invalidité Dominique Delhier
AQUILAB
Manuel utilisateur

TR-FPP Dashboard Dossiers Produits Information de contact

Vous êtes ici: [Home](#) > [Dossiers](#) > [Aperçu](#) > [Détails](#)

Type dossier	Demande de modification des conditions de remboursement et/ou de la catégorie de remboursement		
Número dossier			
Dénomination + Nom spécifiant	PKU AIR 15 Rouge 30 x 130 mL	Statut	En création

The identification data for the selected product is displayed automatically.

This includes the following data:

- The file type
- The file number: this number is created automatically
- The file status
- The name + the specifying name

These fields cannot be modified.

All this data forms the "header".

The application forms to change the reimbursement conditions/reimbursement category are all structured in the same way and contain the following tabs:

- Identification
- Contact
- Proposal
- Attachments
- Submit

6.2.1. Identification

Identification | Contact | Proposition | Annexes | Introduire

Demandeur

Partie demanderesse(*) Autre Firme Ministre Commission Groupe de travail

Nom demandeur / nom de la firme responsable de l'introduction de la demande(*)

Date demande

Produit/Prestation

Type/Catégorie/Groupe(*)

Dénomination NL(*)

Nom spécifiant NL

Synonymes NL

Dénomination FR(*)

Nom spécifiant FR

Synonymes FR

Orphelin

Importé

Classification EU

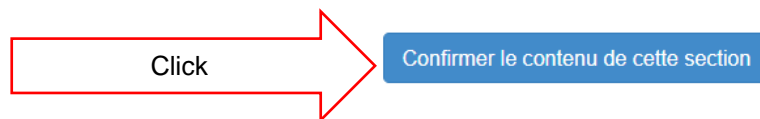
Numéro de référence autosondage

Responsabilité

Nom de la firme qui met le produit sur le marché(*)

Les champs marqués par un (*) sont obligatoires

The fields are automatically completed:



6.2.2. Contact

Type dossier	Demande de modification des conditions de remboursement et/ou de la catégorie de remboursement		
Numéro dossier	NUT/2021/00064/02		
Dénomination + Nom spécifiant	PKU AIR 15 Rouge 30 x 130 mL	Statut	En création

Identification **Contact** Proposition Annexes Introduire

Contact

Ajouter Contact principal Supprimer

Prénom, Nom de famille ▲ Contact principal ▼

Pas d'information retrouvée

Précédente Suivante

[Confirmer le contenu de cette section](#)

The first name and surname of the contact person(s) must be specified.

1) Click "Add"

Type dossier	Demande de modification des conditions de remboursement et/ou de la catégorie de remboursement		
Numéro dossier	NUT/2021/00064/02		
Dénomination + Nom spécifiant	PKU AIR 15 Rouge 30 x 130 mL	Statut	En création

Identification **Contact** Proposition Annexes Introduire

Contact

Ajouter Contact principal Supprimer

Prénom, Nom de famille ▲ Contact principal ▼

Pas d'information retrouvée

Précédente Suivante

[Confirmer le contenu de cette section](#)

2) Choose the contact person(s) by clicking on their name and specify the primary contact by ticking " Contact principal " and click "Add".

Contact

Prénom, Nom de famille ▲

Précédente 1 Suivante

Nom de famille

Contact principal

3) "Confirm"

Once all fields are completed:



6.2.3. Proposal

Type dossier Demande de modification des conditions de remboursement et/ou de la catégorie de remboursement
Numéro dossier NUT/2021/00064/02
Dénomination + Nom PKU AIR 15 Rouge 30 x 130 mL
Statut En création

Identification Contact Proposition Annexes Introduire

Modalités de remboursement actuelles

Modalités de remboursement

Ouvrir Texte AR

Dispensateur	Base juridique - Chapitre - Paragraphe	Nouveau	Catégorie de remboursement
Officine publique	CRPPP - Ch.I - Denrées alimentaires §10000 Les préparations à base d'acides aminés pour le traitement de la		A
Officine publique	CRPPP - Ch.I - Denrées alimentaires §10000 Les préparations à base d'acides aminés pour le traitement de la		B

Précédente 1 Suivante

Tarification

Ouvrir

Type de tarification	Quantité	Unité	Montant
Officine publique	1	g	36,0000

Précédente 1 Suivante

Prix

Prix ex-usine(*) 32,00 € Contrôle du prix par le SPF Economie
Prix pharmacien (TVA excl.)(*) 34,20 € BEBAT €
Prix public (TVA incl.)(*) 36,25 € Recupel €
Pourcentage TVA(*) 6%

Proposition

Modalités de remboursement (*)

Initialisation Ajouter Ouvrir Texte AR Supprimer

Dispensateur	Base juridique - Chapitre - Paragraphe	Nouveau	Catégorie de remboursement
Pas d'information retrouvée			

Précédente Suivante

Tarification (*)

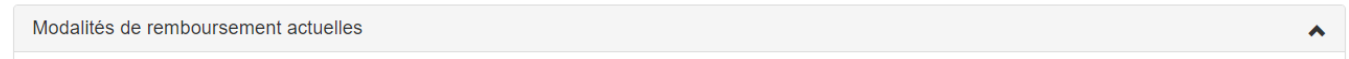
Initialisation Ajouter Ouvrir Supprimer

Type de tarification	Quantité	Unité	Montant (€)	I (€)	II (€)	Code
Pas d'information retrouvée						

Précédente Suivante

2 sections are displayed:

- Current reimbursement terms
- Proposal

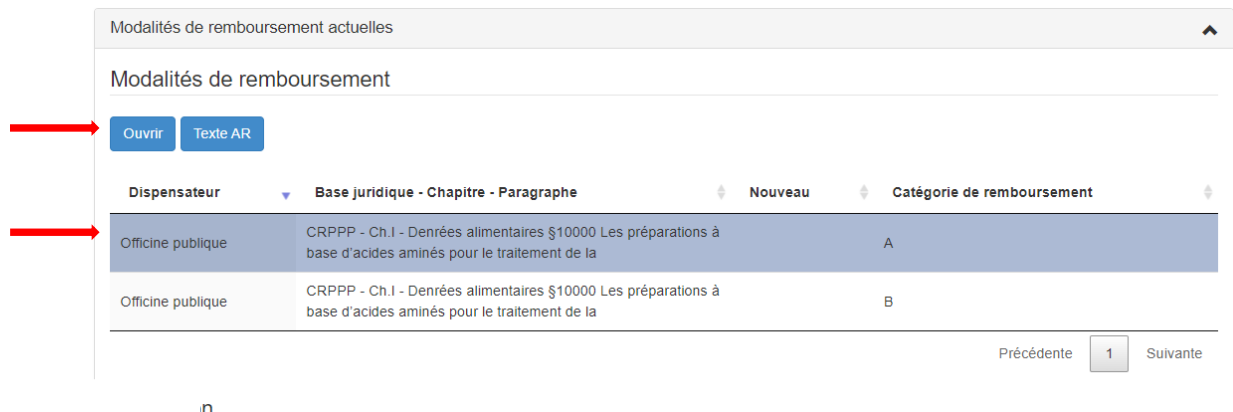


The product's current reimbursement terms/pricing system/price structure are automatically displayed.

1. Reimbursement terms

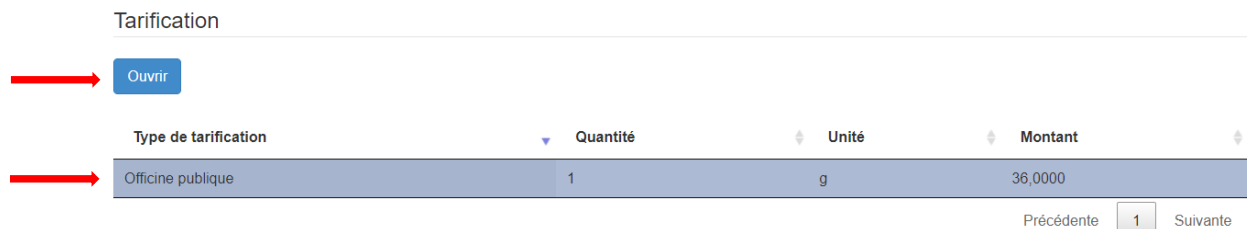
To view the current text of the reimbursement terms, select the relevant line and click "RD Text".

To view the current reimbursement terms, select the relevant line and click "Open".

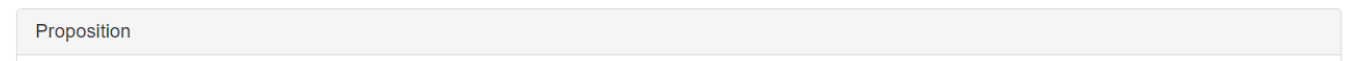


2. Pricing system

To view the current pricing system, select the relevant line and click "Open".



To change the current reimbursement terms/pricing system, go to the "Proposal" section



You can then specify your **proposed reimbursement terms and pricing system**. You can add/modify/delete reimbursement terms and price structures.

6.2.3.1. ADD

6.2.3.1.1. If you wish to ADD reimbursement terms.

Load the reimbursement terms in the current situation by clicking the "Initialise" button. The current reimbursement terms then apply, meaning that these terms will always apply (otherwise, go to section 6.2.3.3. below).

You can then add another reimbursement term to these retained current reimbursement terms, by clicking the "Add" button.

Proposition

Modalités de remboursement (*)

Initialisation
Ajouter
Ouvrir
Texte AR
Supprimer

Modalité de remboursement

Dispensateur(*)

Base juridique - Chapitre - Paragraphe

Base légale(*)

Disposition existante(*) Nouvelle disposition

Texte de la nouvelle disposition(*)

Catégorie de remboursement(*)

Notification Autorisation medecin-conseil

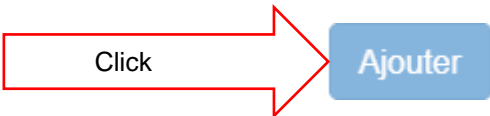
Formulaire "paiement comptant" Tiers payant applicable

Code M

Ajouter
Annuler

Fields marked with an asterisk (*) are MANDATORY.

Field name	Explanations/examples
DISPENSER	<p>You can choose from the following dispensers:</p> <ul style="list-style-type: none"> - Supplier (only for the dispensing of medical devices and self-management equipment in the context of care pathways and the "education and self-management of care" programme) - Hospital pharmacy - Public pharmacy <p>You can select multiple dispensers at one time within the same framework (as long as the reimbursement terms are the same for each of them. Otherwise, proposals must be made individually for each dispenser).</p>

	Dispensateur(*) <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;"> Fournisseur x Officine hospitalière x Officine publique x </div>
LEGAL BASIS CHAPTER PARAGRAPH	
LEGAL BASIS	The legal basis of the reimbursement condition(s) (drop-down menu)
NEW PROVISION	<p>Select the "New provision" option.</p> <p>Enter your proposed text in the "Text of the new provision" field provided for this purpose. Specify whether it is a new chapter/paragraph/section/sub-section.</p> <p>Texte de la nouvelle disposition(*)</p> <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> <p><i>Example:</i> "TITLE 3. Products for magistral preparations - Chapter IV - new § "xxxxxxxxx".</p>
REIMBURSEMENT CATEGORY	Reimbursement category (drop-down menu)
<ul style="list-style-type: none"> - NOTIFICATION - MEDICAL OFFICER AUTHORISATION - "CASH PAYMENT" FORM - APPLICABLE THIRD PARTY PAYMENT 	<p>If applicable, tick the appropriate reimbursement condition.</p> <p>"Applicable third party payer" means either the statement "applicable third party payer" itself or any other written statement as specified in the regulations.</p>
M CODE	<p>If applicable, tick "M Code"</p> <p>An M code means that more than one package can be prescribed on the same prescription, while guaranteeing reimbursement for each of the packages prescribed.</p>
<p>Once all fields are completed:</p> <div style="text-align: center;">  </div>	

You can then view the proposed reimbursement terms

Example:

Proposition

Modalités de remboursement (*)

Initialisation Ajouter Ouvrir Texte AR Supprimer

Dispensateur	Base juridique - Chapitre - Paragraphe	Nouveau	Catégorie de remboursement
Officine publique	CRPPP - Ch.I - Denrées alimentaires §10000 Les préparations à base d'acides aminés pour le traitement de la		A
Officine publique	CRPPP - Ch.I - Denrées alimentaires §10000 Les préparations à base d'acides aminés pour le traitement de la		B
Officine publique	CRPPP	✓	B

Précédente 1 Suivante

In this section, you can also view the new data entered by clicking the "Open" button after selecting the line for which you want to view the data.
You can delete the data entered by clicking the "Delete" button after selecting the appropriate line.

6.2.3.1.2. If you wish to ADD a pricing system.

Load the pricing system in the current situation by clicking the "Initialise" button. The current pricing system then applies, which means that this pricing system will always apply (otherwise, go to section 6.2.3.3. below).

You can then add another pricing system to this retained current pricing system, by clicking the "Add" button.

Tarification (*)

Initialisation Ajouter Ouvrir Supprimer

Type de tarification	Quantité	Unité	Montant (€)	I (€)	II (€)	Code
Pas d'information retrouvée						
						Précédente Suivante

Ajouter une tarification

Type de tarification(*)

Quantité(*) Unité(*)

Remboursement(*) Base de remboursement
 Forfait
 Prix maximum

Facture

Montant(*) €
 I €
 II €
 Supplément bénéficiaire €

Code Type(*) Code(*)

Ajouter Annuler

Fields marked with an asterisk (*) are MANDATORY.

Field name	Explanations/examples
TYPE OF PRICING SYSTEM	<p>The type of pricing system (drop-down menu). If you are proposing a pricing system for multiple types of dispensing, you must complete the "Add a pricing system" table as many times as there are "Types of pricing system".</p> <p>The requested pricing system must match the dispensing requested in the reimbursement conditions, i.e., outpatient hospital dispensing, inpatient hospital dispensing, dispensing by a public pharmacy or by a supplier.</p> <p>The pricing system for dispensing by a supplier can only be used for the dispensing of medical devices and self-management equipment in the context of care pathways and the "education and self-management of care" programme.</p>
QUANTITY	Number of units by which the product will be priced in the selected dispensing.

	<p>For dispensing by the supplier or in public pharmacies, the pricing system relates to the package. For dispensing by the hospital pharmacist, the pricing system is per unit.</p>																								
UNIT	<p>The units by which the product will be priced in the selected dispensing.</p> <p>!!! For the pricing system of <u>oxygen concentrators</u>, the units to be selected are:</p> <ul style="list-style-type: none"> - Installation by the supplier - Rental and maintenance - Single use humidifier - Pharmacist's fee (= fee for therapy support and pricing system coordination) <p><i>Example</i> <i>Medical device: MUCOCLEAR 6%:</i></p> <table border="1" data-bbox="560 508 1258 892"> <thead> <tr> <th>Criterion Criteria</th> <th>Code Code</th> <th>Benaming en verpakkingen Name and packaging</th> <th>Opm. Obs.</th> <th>Prijs Price</th> <th>Basis van tege- moetk . Basis of reim- burse- ment</th> <th>I</th> <th>II</th> </tr> </thead> <tbody> <tr> <td>B</td> <td></td> <td>MUCOCLEAR 6 (Henrotech)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>2456-010</td> <td>60 x 4 mL hypertonic solution/ hypertonische oplossing</td> <td>M</td> <td>58.79</td> <td>58.79</td> <td>8.00</td> <td>12.10</td> </tr> </tbody> </table> <p>Type de tarification(*) <input type="text" value="Officine publique"/></p> <p>Quantité(*) <input type="text" value="240"/> Unité(*) <input type="text" value="ml"/></p> <p>Public pharmacy = full package pricing system → 60 x 4 mL = 240 mL</p>	Criterion Criteria	Code Code	Benaming en verpakkingen Name and packaging	Opm. Obs.	Prijs Price	Basis van tege- moetk . Basis of reim- burse- ment	I	II	B		MUCOCLEAR 6 (Henrotech)							2456-010	60 x 4 mL hypertonic solution/ hypertonische oplossing	M	58.79	58.79	8.00	12.10
Criterion Criteria	Code Code	Benaming en verpakkingen Name and packaging	Opm. Obs.	Prijs Price	Basis van tege- moetk . Basis of reim- burse- ment	I	II																		
B		MUCOCLEAR 6 (Henrotech)																							
	2456-010	60 x 4 mL hypertonic solution/ hypertonische oplossing	M	58.79	58.79	8.00	12.10																		
REIMBURSEMENT	<p>Tick the appropriate box. You can choose between:</p> <ul style="list-style-type: none"> - basis of reimbursement - flat rate - maximum price <p>Then propose the basis of reimbursement/flat rate/maximum price using the "Amount" field Montant(*) <input type="text"/> €</p> <p>Where applicable, for medical devices and food for special medical purposes, the basis of reimbursement is the public price of the product.</p> <p>!!! In the case of products for magistral preparations, please note a basis of reimbursement of "0". The basis of reimbursement is calculated by the Commission according to the rules set out in the regulations.</p> <p>!!! For the tariff types " Officine hospitalière – patients ambulants " and " Officine hospitalière – patients hospitalisés ", the box "Montant" should not be filled in</p> <p>Montant <input type="text"/> €</p>																								

If applicable, next propose the amounts of the beneficiaries' personal contributions using fields I and II.

- column I = contribution of the beneficiary referred to in Article 37 § 19 of the Law who is entitled to enhanced insurance cover
- column II = contribution of other beneficiaries

I €

II €

For food for special medical purposes and medical devices, the beneficiaries' contributions are set out in the corresponding regulations:

- [Royal Decree of 24 October 2002 establishing beneficiaries' personal contribution to the cost of food for special medical purposes reimbursable within the framework of the compulsory health care and benefits insurance](#)
- [Royal Decree of 24 October 2002 establishing beneficiaries' personal contribution to the cost of diagnostic resources and health care equipment reimbursable within the framework of the compulsory health care and benefits insurance](#)

!!! This does not apply to products for magistral preparations or in the context of dispensing by the hospital pharmacy to ambulant and hospitalised patients

In some cases (e.g. blood pressure monitors, self-catheterisation probes), the beneficiary will have to pay a supplement.

Supplément bénéficiaire

Example – blood pressure monitors VEROVAL DUO CONTROL LARGE

CNK Code/ Code CNK	Benaming Dénomination	BEBAT (excl. TVA – excl. BTW)	RECUPEL (excl. TVA – excl. BTW)	Apothekerprijs (incl. BTW, BEBAT, RECUPEL) Prix pharmaci- en (incl. TVA, BEBAT, RECUPEL)	Toeslag rechtheb- bende Sup- plément bénéficiaire
3730918 7114523*	VEROVAL DUO CONTROL LARGE Paul Hartman	0,0630	0,3306	74,44 €	14,44 €

The amount of 14.44 should then be entered in the box

Supplément bénéficiaire €

Then complete in the CNK codes for both dispensing by public pharmacy and supplier (one and the same CNK for both if applicable).

- click "code type": CNK will appear then click the word "CNK".
- then enter the CNK code in the second box

Code Type(*) Code(*)

Once all fields are completed:

Click

You can then view the proposed pricing system

Example:

Tarification (*)

Initialisation Ajouter Ouvrir Supprimer

Type de tarification	Quantité	Unité	Montant (€)	I (€)	II (€)	Code
Officine publique	1	g	36,0000			
Officine hospitalière – patients ambulants	1	pièce	1,1600			

Précédente 1 Suivante

In this section, you can also view the new data entered by clicking the "Open" button after selecting the line for which you want to view the data.

You can delete the data entered by clicking the "Delete" button after selecting the appropriate line.

Once all fields are completed:



6.2.3.2. **MODIFY**

6.2.3.2.1. If you wish to MODIFY the reimbursement terms.

Load the reimbursement terms in the current situation by clicking the "Initialise" button. You can then change these reimbursement terms.

Proposition

Modalités de remboursement (*)

Initialisation Ajouter Ouvrir Texte AR Supprimer

Then select the line to be modified and click the "Open" button.

Modalités de remboursement (*)

Initialisation Ajouter Ouvrir Texte AR Supprimer

Dispensateur	Base juridique - Chapitre - Paragraphe	Nouveau	Catégorie de remboursement
Officine publique	CRPPP - Ch.I - Denrées alimentaires §10000 Les préparations à base d'acides aminés pour le traitement de la		A
Officine publique	CRPPP - Ch.I - Denrées alimentaires §10000 Les préparations à base d'acides aminés pour le traitement de la		B

Précédente 1 Suivante

Modify the fields according to your new proposal and click "Modify".

Modalité de remboursement

Dispensateur(*)

Base juridique - Chapitre - Paragraphe

Base légale(*)

Disposition existante(*) Nouvelle disposition

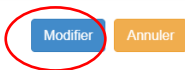
Référence(*)

Catégorie de remboursement(*)

Notification Autorisation medecin-conseil

Formulaire "paiement comptant" Tiers payant applicable

Code M



The new reimbursement terms appear in the proposed reimbursement terms.

6.2.3.2.2. If you wish to *MODIFY the pricing system*.

Load the pricing system in the current situation by clicking the "Initialise" button. You can then change this pricing system.

Tarification (*)



Type de tarification	Quantité	Unité	Montant (€)	I (€)	II (€)	Code
Pas d'information retrouvée						

Précédente Suivante

Select the line to be modified and click the "Open" button.

Tarification (*)



Type de tarification	Quantité	Unité	Montant (€)	I (€)	II (€)	Code
Officine publique	1	g	36,0000			

Précédente Suivante

Modify the fields according to your new proposal and click "Modify".

Ajouter une tarification

Type de tarification(*)

Quantité(*) Unité(*)

Remboursement(*) Base de remboursement
 Forfait
 Prix maximum

Facture

Montant(*) €

I €

II €

Supplément bénéficiaire €

Code Type(*) Code(*)



The new price structure appears in the proposed pricing system.

Once all fields are completed:



6.2.3.2. DELETE

6.2.3.2.1. If you wish to DELETE the reimbursement terms.

Load the reimbursement terms in the current situation by clicking the "Initialise" button. You can then delete these reimbursement terms.

Select the line to be modified and click the "Delete" button.

Proposition

Modalités de remboursement (*)

Then confirm your deletion request by clicking "Yes".

Confirmer

Etes-vous certain de la suppression?

The reimbursement terms no longer appear in the proposed reimbursement terms.

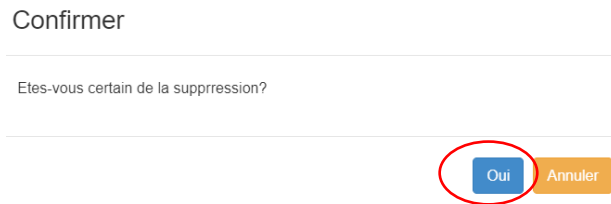
6.2.3.3.2. If you wish to DELETE a pricing system.

Load the pricing system in the current situation by clicking the "Initialise" button.
You can then delete this price structure.

Select the line to be modified and click the "Delete" button.



Then confirm your deletion request by clicking "Yes".



The new price structure no longer appears in the proposed pricing system.
Once all fields are completed:



Upon approval, the formulated proposal will completely replace the current reimbursement terms/price structure.

6.2.4. Attachments

Annexes

No file chosen Type

Type	Nom de fichier	Créé sur	Taille
Pas d'information retrouvée			

[Précédente](#) [Suivante](#)

In this section, you must add the mandatory attachments to support the application (WORD documents, PDF documents,...).

1. The required/recommended attachments are specified in the "Type" attribute and depend on the product category (diagnostic resources and health care equipment/magistral preparations or medical nutrition).

They are classified into 3 types:

- Mandatory
- Mandatory in some cases
- Optional

Select the file type to be sent from the list

The screenshot displays a web application interface for uploading attachments. A modal window is open, showing a list of required and optional documents. The list is organized into three sections:

- 1. Obligatoire**
 - Copie de la déclaration de conformité à la directive 93/42/CEE ou au Règlement (UE) 2017/745 pour les dispositifs médicaux
 - Description détaillée des indications
 - Incidence budgétaire avec détail du calcul
 - Motivation de la base de remboursement proposée
 - Motivation de la demande
 - Motivation de la demande: intérêt dans la pratique médicale
 - Motivation de la demande: valeur thérapeutique
 - Reproduction de l'étiquetage/emballage du produit
- 2. Obligatoire dans certains cas**
 - Copie de la déclaration de conformité à la directive 96/79/CE ou au Règlement (UE) 2017/748 pour les dispositifs médicaux de diagnostic in vitro
 - Copie de la notification pour la mise sur le marché à l'Agence Fédérale des Médicaments et des Produits de santé
 - Copie de l'accusé de réception de la notification pour la mise sur le marché à l'Agence Fédérale des Médicaments et des Produits de santé
 - Copie du certificat CE
- 3. Optionnel**
 - La (les) norm(e)s de qualité

Below the list, there is a 'Choose File' button, a 'Type' dropdown menu, and an 'Ajouter' button. The background shows a table with columns 'Type', 'Nom de fichier', 'Créé sur', and 'Taille', which currently displays 'Pas d'information retrouvée'.

The list of attachments is as follows:

Attachment	Diagnostic resources/health care equipment			Medical nutrition			Products for magistral preparations		
	Mandatory	Mandatory in some cases (highlighted in the description of the attachment or specified in brackets below)	Optional	Mandatory	Mandatory in some cases (highlighted in the description of the attachment or specified in brackets below)	Optional	Mandatory	Mandatory in some cases (highlighted in the description of the attachment or specified in brackets below)	Optional
Reason for the application: therapeutic value	X			X			X		
Reason for the application: consideration in the medical practice	X			X			X		
Reason for the application: epidemiological elements			X			X			X
Budgetary impact with calculation details including: - Target group - Estimated number of beneficiaries - Presumed duration of treatment - Frequency of administration in disorders for which the product can be administered - Cost of treatment/Budgetary impact on an annual basis - Estimated volume - Comparison with reimbursable therapeutic alternatives - Ratio of insurance cost to therapeutic value	X			X			X		
Copy of the declaration of compliance with Directive 93/42/EEC or Regulation (EU) 2017/745 for medical devices		X						X	
Copy of the declaration of compliance with Directive 98/79/EC or Regulation (EU) 2017/746 for in vitro diagnostic medical devices		X							
Copy of the EC certificate for non-class 1 medical devices and for sterile class 1 medical devices		X						X	
Copy of the notification file to the Directorate General for Animals, Plants and Food of the Federal Public Service Health, Food Chain Safety and Environment				X					
Copy of the acknowledgement of receipt of the notification file to the Directorate General for Animals, Plants and Food of the Federal Public Service Health, Food Chain Safety and Environment				X					

If the manufacturer or the manufacturer's authorised representative outside Europe is in Belgium: a copy of the notification for placing on the market to the Federal Agency for Medicines and Health Products for class 1 medical devices and for in vitro diagnostic medical devices		X						X	
If the manufacturer or the manufacturer's authorised representative outside Europe is in Belgium: copy of the acknowledgement of receipt of the notification for placing on the market to the Federal Agency for Medicines and Health Products for class 1 medical devices and for in vitro diagnostic medical devices		X						X	
Authorisation for the placing on the market or authorisation for the placing on the market of sterile products							X		
Detailed description of indications	X			X			X		
Reproduction of labelling/ packaging of the product	X			X					
Information on the label, the description of the primary packaging and any secondary packaging							X		
Patient information leaflet			X			X			
The quality standard(s) set by the Minister									
Most recently published clinical studies relating to existing experience with the product	X			X			X		

2. To send the aforementioned documents as attachments, click the "Choose File" button, then select the file to be sent, and click the "Add" button. Repeat these steps if multiple attachments need to be sent.

The added attachments appear in the box below.

Example:

Type	Nom de fichier	Créé sur	Taille
Copie de la déclaration de conformité à la directive 93/42/CEE ou au Règlement (UE) 2017/745 pour les dispositifs médicaux	Xxxxxxx	16/11/2021	90KB

Précédente 1 Suivante

6.2.5. Submit

Identification Contact Proposition Annexes Introduire

Aperçu du statut des différentes sections

- Identification
- Contact
- Proposition
- Annexes

Compléter
Compléter

Motivation de la demande: valeur thérapeutique

Supprimer Imprimer Envoyer

1. This tab gives you an overview of the status of each of the other tabs (green = "complete" or red = "to be completed"). Where necessary, fill in any incomplete tabs.

To open an incomplete tab, click "Complete". You can also open the tab by clicking on it.

2. To print the application, click "Print". This will generate a pdf containing the different data in the application.

3. Click "Send" to send the application to INAMI-RIZIV. In this case, the application is closed and the application search screen is displayed. Once submitted, the application can still be viewed from the list of current files but cannot be modified.

4. If you click "Delete", your application will be deleted.

6.3. APPLICATION FOR A PRICE INCREASE

6.3.1. Preliminary remark

The purpose of the application is not to receive approval (or not) for the application to increase the price applied to the product but to receive an opinion on the possible adjustment of the basis of reimbursement/flat rate/maximum price applied to the product following the price increase.

6.3.2. Price increase for a reimbursable product or one or more package(s) of a reimbursable product

After selecting the "Application for a price increase" file type, you access the first page as follows:

Aperçu

Nouveau dossier

Type dossier: Demande de majoration du prix

Produit: [Empty]

Continuer

Since you can only change the basis of reimbursement for a product that is already reimbursable, select the product by clicking the "Product" field.

Select the product for which you want to submit a change request.

Finally, click "Continue".

Aperçu

Nouveau dossier

Type dossier: Demande de majoration du prix

Produit: [Dropdown menu open]

Continuer

Ouvrir Imprimer Montrer tout

Type dossier	Numéro de dossier	Nom	Demandeur	Statut	Débit valid
[Empty]	[Empty]	[Empty]	[Empty]	[Empty]	[Empty]

00000 - 35
00140 - Aceton
00069 - Bacta +
00154 - O2
00174 - TEST BD2
00172 - Test MAG DB 1
00180 - xxx

The identification data for the selected product is displayed automatically.
This includes the following data:

- The file type
- The file number: this number is created automatically
- The file status
- The name + the specifying name

These fields cannot be modified.
All this data forms the "header".

The application forms for a price increase are all structured along the same lines and consist of the following tabs:

- Identification
- Contact
- Proposal
- Attachments
- Submit

6.3.2.1. Identification

Identification | Contact | Proposition | Annexes | Introduire

Demandeur

Partie demanderesse(*) Autre **Firme** Ministre Commission Groupe de travail

Nom demandeur / nom de la firme responsable de l'introduction de la demande(*)

Date demande

Produit/Prestation

Type/Catégorie/Groupe(*)

Dénomination NL(*)

Nom spécifiant NL

Synonymes NL

Dénomination FR(*)

Nom spécifiant FR

Synonymes FR

Orphelin

Importé

Classification EU(*)

Numéro de référence autosondage

Responsabilité

Nom de la firme qui met le produit sur le marché(*)

Les champs marqués par un (*) sont obligatoires Confirmer le contenu de cette section

The fields are automatically completed:



6.3.2.2. Contact

Type dossier	Demande de majoration du prix	Statut	En création
Numéro dossier	DM/2022/00180/02		
Dénomination + Nom spécifiant	xxx		

Identification **Contact** Proposition Annexes Introduire

Contact

Ajouter **Contact principal** Supprimer

Prénom, Nom de famille ▲ Contact principal

Pas d'information retrouvée

Précédente Suivante

Confirmer le contenu de cette section

The first name and surname of the contact person(s) must be specified.

1) Click "Add"

Type dossier	Demande de majoration du prix	Statut	En création
Numéro dossier	DM/2022/00180/02		
Dénomination + Nom spécifiant	xxx		

Identification **Contact** Proposition Annexes Introduire

Contact

Ajouter Contact principal Supprimer

Prénom, Nom de famille ▲ Contact principal

Pas d'information retrouvée

Précédente Suivante

Confirmer le contenu de cette section

2) Choose the contact person(s) by clicking on their name and specify the primary contact by ticking " Contact principal " and click "Add".

Contact

Prénom, Nom de famille ▲

Ajouter Précédente 1 Suivante

Nom de famille

Contact principal

Ajouter Annuler

3) "Confirm"

Once all fields are completed:



6.3.2.3. Proposal

Type dossier Demande de majoration du prix
Numéro dossier DM/2022/00180/02
Dénomination + Nom xxx Statut En création
spécifiant

Identification Contact Proposition Annexes Introduire

Modalités de remboursement actuelles

Modalités de remboursement

Ouvrir Texte AR

Dispensateur	Base juridique - Chapitre - Paragraphe	Nouveau	Catégorie de remboursement
Officine publique	CRPPP - Ch.1 - solutions pour irrigation vésicale		A

Précédente 1 Suivante

Tarification

Ouvrir

Type de tarification	Quantité	Unité	Montant
Officine publique	1	pièce	10,0000

Précédente 1 Suivante

Prix

Prix ex-usine(*) 10,00 € Contrôle du prix par le SPF Economie
Prix pharmacien (TVA excl.)(*) 15,00 € BEBAT €
Prix public (TVA incl.)(*) 20,00 € Recupel €
Pourcentage TVA(*) 21%

Proposition

Tarification (*)

Initialisation Ajouter Ouvrir Supprimer

Type de tarification	Quantité	Unité	Montant (€)	I (€)	II (€)	Code
Pas d'information retrouvée						

Précédente Suivante

Prix

Prix ex-usine(*) € Contrôle du prix par le SPF Economie
Prix pharmacien (TVA excl.)(*) € BEBAT €
Prix public (TVA incl.)(*) € Recupel €
Pourcentage TVA(*)

Confirmer le contenu de cette section

2 sections are displayed:

- Current reimbursement terms
- Proposal

The product's current reimbursement terms/pricing system/price structure are automatically displayed.

1. Reimbursement terms

To view the current text of the reimbursement terms, select the relevant line and click "RD Text".

To view the current reimbursement terms, select the relevant line and click "Open".

Modalités de remboursement actuelles

Modalités de remboursement

Ouvrir Texte AR

Dispensateur Base juridique - Chapitre - Paragraphe Nouveau Catégorie de remboursement

Officine publique CRPPP - Ch.I - solutions pour irrigation vésicale A

Précédente 1 Suivante

2. Pricing system

To view the current pricing system, select the relevant line and click "Open".

Tarification

Ouvrir

Type de tarification Quantité Unité Montant

Officine publique 1 pièce 10,000

Précédente 1 Suivante

3. Price

The data for the "current" price structure is displayed.

Prix

Prix ex-usine(*) 10,00 € Contrôle du prix par le SPF Economie

Prix pharmacien (TVA excl.)(*) 15,00 € BEBAT €

Prix public (TVA incl.)(*) 20,00 € Recupel €

Pourcentage TVA(*) 21% ▼

To change the current pricing system/price structure, go to the "Proposal" section

Proposition

Then specify your **proposed price and pricing system**.

You can change the pricing system according to the proposed new price structure.

Load the pricing system in the current situation by clicking the "Initialise" button.
You can then change this pricing system.

Tarification (*)

Initialisation Ajouter Ouvrir Supprimer

Type de tarification	Quantité	Unité	Montant (€)	I (€)	II (€)	Code
Pas d'information retrouvée						

Précédente Suivante

Select the line to be modified and click the "Open" button.

Tarification (*)

Initialisation Ajouter Ouvrir Supprimer

Type de tarification	Quantité	Unité	Montant (€)	I (€)	II (€)	Code
Officine publique	1	pièce	10,000			

Précédente 1 Suivante

Modify the fields according to your new proposal and click "Modify".

Since the application is for a price increase, the proposed pricing system change will ONLY affect the amount of the basis of reimbursement/flat rate/maximum price in accordance with the new price structure that must also be proposed.

Ajouter une tarification

Type de tarification(*)

Quantité(*) Unité(*)

Remboursement(*) Base de remboursement
 Forfait
 Prix maximum

Facture

Montant(*) €

I €

II €

Supplément bénéficiaire €

Code Type(*) Code(*)

→ Prix

Prix ex-usine(*) €

Contrôle du prix par le SPF Economie

Prix pharmacien (TVA excl.)(*) €

BEBAT €

Prix public (TVA incl.)(*) €

Recupel €

Pourcentage TVA(*)

Once all fields are completed:

Click

6.3.2.4. **Attachments**

Annexes

Choose File

No file chosen

Type

▼

Ajouter

Télécharger

Supprimer

Type	▲ Nom de fichier	↕ Créé sur	↕ Taille	↕
Pas d'information retrouvée				

[Précédente](#) [Suivante](#)

In this section, you must add the mandatory attachments to support the application (WORD documents, PDF documents,...).

1. The mandatory attachments are specified in the "Type" attribute.

Select the file type to be sent from the list

Type

1.Obligatoire

Incidence budgétaire avec détail du calcul

Motivation de la base de remboursement proposée

The list of attachments is as follows:

Diagnostic resources/health care equipment - Medical nutrition - Products for magistral preparations	
Attachments	Mandatory
Budgetary impact with calculation details including: <ul style="list-style-type: none"> - Target group - Estimated number of beneficiaries - Presumed duration of treatment - Frequency of administration in disorders for which the product can be administered - Cost of treatment/Budgetary impact on an annual basis - Estimated volume 	X
Calculation method for the new basis of reimbursement/flat rate/maximum amount	X

2. To send the aforementioned documents as attachments, click the "Choose File" button, then select the file to be sent, and click the "Add" button. Repeat these steps if multiple attachments need to be sent.

The added attachments appear in the box below.

Example:



Type	Nom de fichier	Créé sur	Taille
Copie de la déclaration de conformité à la directive 93/42/CEE ou au Règlement (UE) 2017/745 pour les dispositifs médicaux	Xxxxxxxx	16/11/2021	90KB

Précédente 1 Suivante

6.3.2.5. **Submit**

Identification Contact Proposition Annexes Introduire

Aperçu du statut des différentes sections

- Identification
- Contact
- Proposition Compléter
- Annexes Compléter

Motivation de la base de remboursement proposée

Supprimer Imprimer Envoyer

1. This tab gives you an overview of the status of each of the tabs (green = "complete" or red = "to be completed"). Where necessary, fill in any incomplete tabs.

To open an incomplete tab, click "Complete". You can also open the tab by clicking on it.

2. To print the application, click "Print". This will generate a pdf containing the different data in the application.

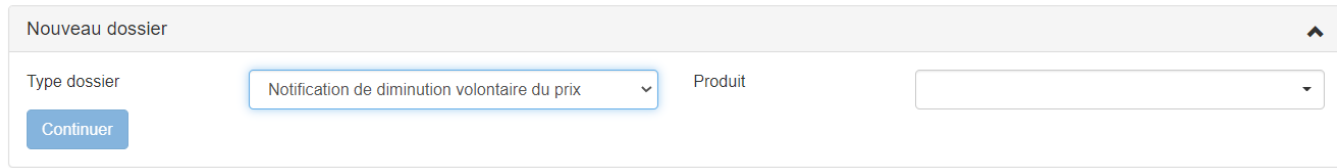
3. Click "Send" to send the application to INAMI-RIZIV. In this case, the application is closed and the application search screen is displayed. Once submitted, the application can still be viewed from the list of current files but cannot be modified.

4. If you click "Delete", your application will be deleted.

6.4. NOTIFICATION OF A VOLUNTARY PRICE REDUCTION

After selecting the "Notification of a voluntary price reduction" file type, you access the first page as follows:

Aperçu



Nouveau dossier

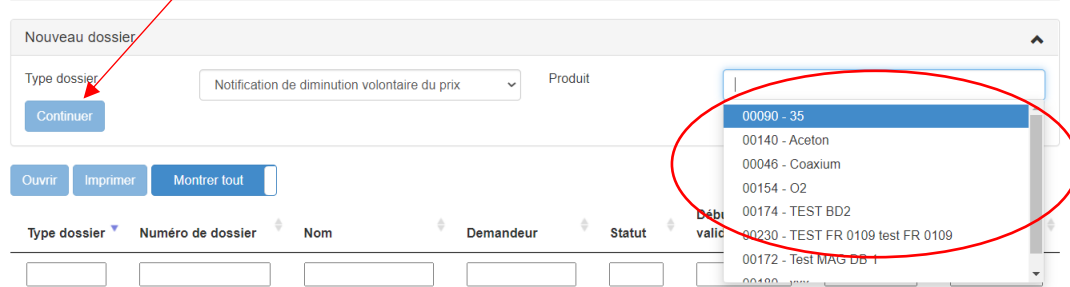
Type dossier: Notification de diminution volontaire du prix

Produit: [Empty]

Continuer

Since you can only change the basis of reimbursement for a product that is already reimbursable, select the product by clicking the "Product" field. Select the product for which you want to submit a change request. Finally, click "Continue".

Aperçu



Nouveau dossier

Type dossier: Notification de diminution volontaire du prix

Produit: [Dropdown menu open]

Continuer

Ouvrir Imprimer Montrer tout

Type dossier	Numéro de dossier	Nom	Demandeur	Statut	Débit

00090 - 35
00140 - Aceton
00046 - Coaxium
00154 - O2
00174 - TEST BD2
00230 - TEST FR 0109 test FR 0109
00172 - Test MAG DB 1



Retour au site de l'INAMI: inami.be - Autres informations et services gouvernementaux: belgique.be

INAMI Institut national d'assurance maladie invalidité

Dominique Dethier
AQUILAB

Manuel utilisateur

TR-FPP Dashboard Dossiers Produits Information de contact

Vous êtes ici: [Home](#) > [Dossiers](#) > [Aperçu](#) > [Détails](#)

Type dossier: Notification de diminution volontaire du prix

Numéro dossier: xxx

Dénomination + Nom spécifiant: xxx

Statut: En création

Identification Contact Proposition Annexes Introduire

The identification data for the selected product is displayed automatically. This includes the following data:

- The file type
- The file number: this number is created automatically
- The file status
- The name + the specifying name

These fields cannot be modified. All this data forms the "header".

The application forms for a notification of a voluntary price reduction are all structured along the same lines and consist of the following tabs:

- Identification
- Contact
- Proposal
- Attachments
- Submit

6.4.1. **Identification**

Identification Contact Proposition Annexes Introduire

Demandeur

Partie demanderesse(*) Autre **Firme** Ministre Commission Groupe de travail

Nom demandeur / nom de la firme responsable de l'introduction de la demande(*)

Date demande

Produit/Prestation

Type/Catégorie/Groupe(*)

Dénomination NL(*)

Nom spécifiant NL

Synonymes NL

Dénomination FR(*)

Nom spécifiant FR

Synonymes FR

Orphelin

Importé

Classification EU(*)

Numéro de référence autosondage

Responsabilité

Nom de la firme qui met le produit sur le marché(*)

Les champs marqués par un (*) sont obligatoires

[Confirmer le contenu de cette section](#)

The fields are automatically completed:



6.4.2. Contact

Type dossier Notification de diminution volontaire du prix
Numéro dossier DM/2022/00180/05
Dénomination + Nom xxx Statut En création
spécifiant

Identification **Contact** Proposition Annexes Introduire

Contact

Ajouter Contact principal Supprimer

Prénom, Nom de famille ▲ Contact principal ▼

Pas d'information retrouvée

Précédente Suivante

Confirmer le contenu de cette section

The first name and surname of the contact person(s) must be specified.

1) Click "Add"

Type dossier Notification de diminution volontaire du prix
Numéro dossier DM/2022/00180/05
Dénomination + Nom xxx Statut En création
spécifiant

Identification **Contact** Proposition Annexes Introduire

Contact

Ajouter Contact principal Supprimer

Prénom, Nom de famille ▲ Contact principal ▼

Pas d'information retrouvée

Précédente Suivante

Confirmer le contenu de cette section

2) Choose the contact person(s) by clicking on their name and specify the primary contact by ticking " Contact principal " and click "Add".

Contact

Prénom, Nom de famille ▲

Ajouter Précédente 1 Suivante

Nom de famille

Contact principal

Ajouter Annuler

3) "Confirm"

Once all fields are completed:



6.4.3. Proposal

Type dossier : Notification de diminution volontaire du prix
 Numéro dossier : DM/2022/00180/03
 Dénomination + Nom spécifiant : xxx
 Statut : En création

[Identification](#)
[Contact](#)
[Proposition](#)
[Annexes](#)
[Introduire](#)

Modalités de remboursement actuelles

Modalités de remboursement

Ouvrir Texte AR

Dispensateur	Base juridique - Chapitre - Paragraphe	Nouveau	Catégorie de remboursement
Officine publique	CRPPP - Ch.I - solutions pour irrigation vésicale		A

Précédente 1 Suivante

Tarification

Ouvrir

Type de tarification	Quantité	Unité	Montant
Officine publique	1	pièce	10,000

Précédente 1 Suivante

Prix

Prix ex-usine(*) € Contrôle du prix par le SPF Economie

Prix pharmacien (TVA excl.)(*) € BEBAT €

Prix public (TVA incl.)(*) € Recupel €

Pourcentage TVA(*)

Proposition

Tarification (*)

Initialisation Ajouter Ouvrir Supprimer

Type de tarification	Quantité	Unité	Montant (€)	I (€)	II (€)	Code
Pas d'information retrouvée						

Précédente Suivante

Prix

Prix ex-usine(*) € Contrôle du prix par le SPF Economie

Prix pharmacien (TVA excl.)(*) € BEBAT €

Prix public (TVA incl.)(*) € Recupel €

Pourcentage TVA(*)

Confirmer le contenu de cette section

2 sections are displayed:

- Current reimbursement terms
- Proposal

The product's current reimbursement terms/pricing system/price structure are automatically displayed.

1. Reimbursement terms

To view the current text of the reimbursement terms, select the relevant line and click "RD Text".

To view the current reimbursement terms, select the relevant line and click "Open".

Modalités de remboursement actuelles

Modalités de remboursement

Ouvrir Texte AR

Dispensateur	Base juridique - Chapitre - Paragraphe	Nouveau	Catégorie de remboursement
Officine publique	CRPPP - Ch.I - solutions pour irrigation vésicale		A

Précédente 1 Suivante

2. Pricing system

To view the current pricing system, select the relevant line and click "Open".

Tarification

Ouvrir

Type de tarification	Quantité	Unité	Montant
Officine publique	1	pièce	10,0000

Précédente 1 Suivante

3. Price

The data for the "current" price structure is displayed.

Prix

Prix ex-usine(*)	10,00	€	Contrôle du prix par le SPF Economie	<input type="checkbox"/>
Prix pharmacien (TVA excl.)(*)	15,00	€	BEBAT	<input type="text"/>
Prix public (TVA incl.)(*)	20,00	€	Recupel	<input type="text"/>
Pourcentage TVA(*)	21%			

To change the current pricing system/price structure, go to the "Proposal" section

Proposition

Then specify your **proposed price and pricing system**.

You can change the pricing system according to the proposed new price structure.

Load the pricing system in the current situation by clicking the "Initialise" button.

You can then change this pricing system.

Tarification (*)

Initialisation Ajouter Ouvrir Supprimer

Type de tarification	Quantité	Unité	Montant (€)	I (€)	II (€)	Code
Pas d'information retrouvée						

Précédente Suivante

Select the line to be modified and click the "Open" button.

Initialisation Ajouter Ouvrir Supprimer

Type de tarification	Quantité	Unité	Montant (€)	I (€)	II (€)	Code
Officine publique	1	pièce	10,000			

Précédente 1 Suivante

Modify the fields according to your new proposal and click "Modify".

Since the notification is for a voluntary price reduction, the proposed pricing system change will ONLY affect the amount of the basis of reimbursement/flat rate/maximum price in accordance with the new price structure that must also be proposed.

Ajouter une tarification

Type de tarification(*)

Quantité(*) Unité(*)

Remboursement(*) Base de remboursement
 Forfait
 Prix maximum

Facture

Montant(*) €

I €

II €

Supplément bénéficiaire €

Code Type(*) Code(*)

Prix

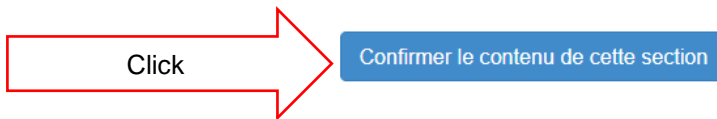
Prix ex-usine(*) € Contrôle du prix par le SPF Economie

Prix pharmacien (TVA excl.)(*) € BEBAT €

Prix public (TVA incl.)(*) € Recupel €

Pourcentage TVA(*)

Once all fields are completed:



6.4.4. Attachments

Annexes

Choose File No file chosen Type Ajouter

Télécharger Supprimer

Type	Nom de fichier	Créé sur	Taille
Pas d'information retrouvée			

Précédente Suivante

In this case, there are no attachments required.

Please go directly to the "Submit" tab.

6.4.5. Submit

Identification Contact Proposition Annexes Introduire

Aperçu du statut des différentes sections

- Identification
- Contact
- Proposition
- Annexes

Supprimer Imprimer Envoyer

1. This tab gives you an overview of the status of each of the tabs (green = "complete" or red = "to be completed"). Where necessary, fill in any incomplete tabs.

To open an incomplete tab, click "Complete". You can also open the tab by clicking on it.

2. To print the application, click "Print". This will generate a pdf containing the different data in the application.

3. Click "Send" to send the application to INAMI-RIZIV. In this case, the application is closed and the application search screen is displayed. Once submitted, the application can still be viewed from the list of current files but cannot be modified.

4. If you click "Delete", your application will be deleted.

6.5. REMOVAL REQUEST

After selecting the "Removal request" file type, you access the first page as follows:

Aperçu

Nouveau dossier

Type dossier: Demande de suppression

Produit: [Empty]

Continuer

Since you can only remove a product that is already reimbursable, select the product by clicking the "Product" field. Select the product for which you want to submit a change request. Finally, click "Continue".

Aperçu

Nouveau dossier

Type dossier: Demande de suppression

Produit: [Dropdown menu open]

Continuer

Ouvrir Imprimer Montrer tout

Type dossier	Numéro de dossier	Nom	Demandeur	Statut	Début valid
[Empty]	[Empty]	[Empty]	[Empty]	[Empty]	[Empty]

00000 - xxx
00140 - Aceton
00046 - Coaxium
00154 - O2
00174 - TEST BD2
00230 - TEST FR 0109 test FR 0109
00172 - Test MAG DB 1
00180 - xxx

Institut national d'assurance maladie invalidité

Dominique Dethier
AQUILAB

Manuel utilisateur

TR-FPP Dashboard Dossiers Produits Information de contact

Vous êtes ici: Home > Dossiers > Aperçu > Détails

Type dossier	Demande de suppression		
Numéro dossier	xxx		
Dénomination + Nom spécifiant	xxx	Statut	En création

Identification Contact Proposition Introduire

The identification data for the selected product is displayed automatically.

This includes the following data:

- The file type
- The file number: this number is created automatically
- The file status
- The name + the specifying name

These fields cannot be modified.

All this data forms the "header".

The removal request forms are all structured along the same lines and consist of the following tabs:

- Identification
- Contact
- Proposal
- Submit

6.5.1. **Identification**

Identification Contact Proposition Introduire

Demandeur

Partie demanderesse(*) Autre **Firme** Ministre Commission Groupe de travail

Nom demandeur / nom de la firme responsable de l'introduction de la demande(*)

Date demande

Produit/Prestation

Type/Catégorie/Groupe(*)

Dénomination NL(*)

Nom spécifiant NL

Synonymes NL

Dénomination FR(*)

Nom spécifiant FR

Synonymes FR

Orphelin

Importé

Classification EU(*)

Numéro de référence autosondage

Responsabilité

Nom de la firme qui met le produit sur le marché(*)

Les champs marqués par un (*) sont obligatoires

[Confirmer le contenu de cette section](#)

The fields are automatically completed:



6.5.2. Contact

Type dossier Demande de suppression
Numéro dossier DM/2022/00180/04
Dénomination + Nom xxx
spécifiant Statut

Identification Contact Proposition Introduire

Contact

Ajouter Contact principal Supprimer

Prénom, Nom de famille

Contact principal

Pas d'information retrouvée

Précédente Suivante

Confirmer le contenu de cette section

The first name and surname of the contact person(s) must be specified.

1) Click "Add"

Type dossier Demande de suppression
Numéro dossier DM/2022/00180/04
Dénomination + Nom xxx
spécifiant Statut

Identification Contact Proposition Introduire

Contact

Ajouter Contact principal Supprimer

Prénom, Nom de famille

Contact principal

Pas d'information retrouvée

Précédente Suivante

Confirmer le contenu de cette section

2) Choose the contact person(s) by clicking on their name and specify the primary contact by ticking " Contact principal " and click "Add".

Contact

Prénom, Nom de famille

Nom de famille

Contact principal

Précédente 1 Suivante

Ajouter Annuler

3) "Confirm"

Once all fields are completed:



6.5.3. **Proposal**

Type dossier Demande de suppression
Numéro dossier DM/2022/00180/04
Dénomination + Nom
spécifiant xxx

Statut

Identification Contact Proposition Introduire

Motif de la suppression(*)

Date de retrait du marché 

Date de suppression souhaitée(*) 

Confirmer le contenu de cette section

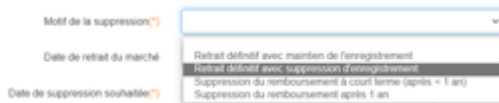
3 fields are displayed:

- Reason for removal
- Date of withdrawal from the market
- Desired removal date

Choose the reason for the removal from the drop-down menu

Motif de la suppression(*) 

There are several choices:



If a reason does not appear in the drop-down menu, please contact the General Secretariat on 02/739.77.41 or send an email to the following address: crppp-ctfpv@riziv-inami.fgov.be, with secr-farbel@riziv.fgov.be in cc.

Specify the withdrawal dates (if the deletion is due to a product withdrawal) and/or the desired deletion date via the calendar available on the right-hand side of the field.

Date de retrait du marché 

Date de suppression souhaitée(*) 

Fields marked with an asterisk (*) are MANDATORY.

Once all fields are completed:



6.5.4. Submit

Identification Contact Proposition Introduire

Aperçu du statut des différentes sections

- Identification
- Contact
- Proposition

Supprimer Imprimer Envoyer

1. This tab gives you an overview of the status of each of the tabs (green = "complete" or red = "to be completed"). Where necessary, fill in any incomplete tabs.

To open an incomplete tab, click "Complete". You can also open the tab by clicking on it.

2. To print the application, click "Print". This will generate a pdf containing the different data in the application.

3. Click "Send" to send the application to INAMI-RIZIV. In this case, the application is closed and the application search screen is displayed. Once submitted, the application can still be viewed from the list of current files but cannot be modified.

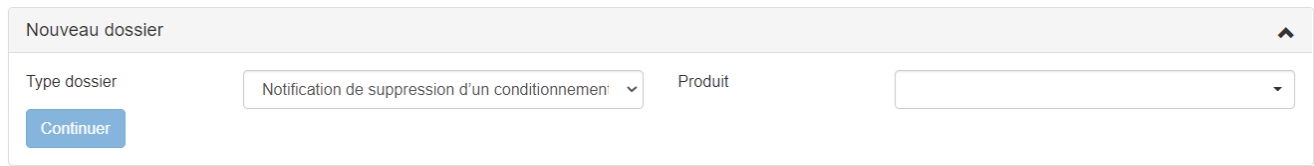
4. If you click "Delete", your application will be deleted.

6.6. NOTIFICATION OF REMOVAL OF A PACKAGE FOR A RAW MATERIAL FOR MAGISTRAL PREPARATIONS

The removal of one or more packages for a reimbursable raw material may result in an adjustment in the basis of reimbursement for the raw material concerned.

After selecting the "Notification of removal of a package for a raw material for magistral preparations" file type, you access the first page which appears as follows:

Aperçu



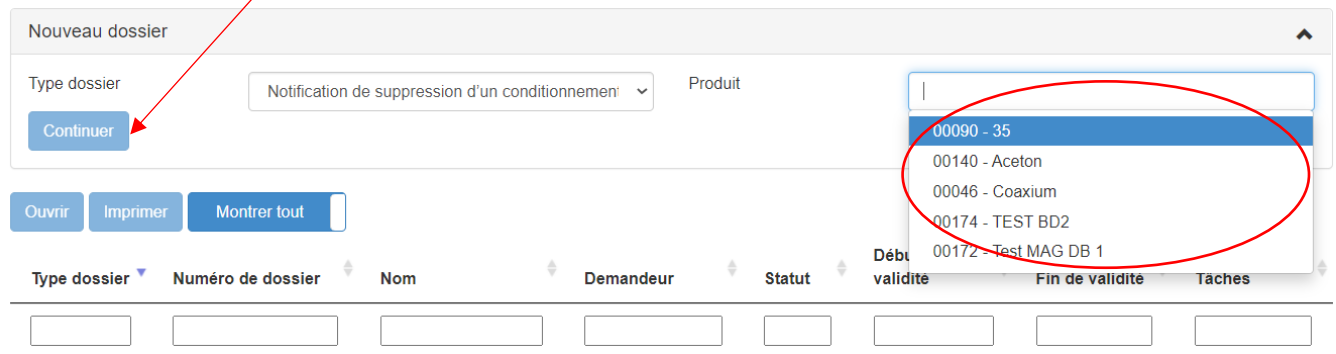
Nouveau dossier

Type dossier: Notification de suppression d'un conditionnement

Produit: [Empty]

Continuer

Since you can only remove a product that is already reimbursable, select the product by clicking the "Product" field. Select the product for which you want to submit a change request. Finally, click "Continue".



Nouveau dossier

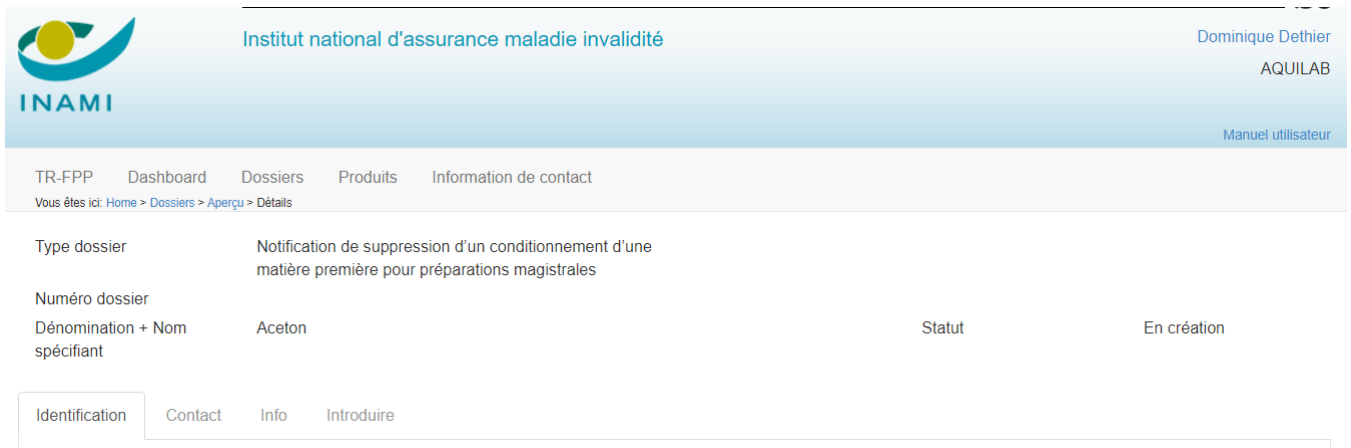
Type dossier: Notification de suppression d'un conditionnement

Produit: [Dropdown menu open]

Continuer

Ouvrir Imprimer Montrer tout

Type dossier	Numéro de dossier	Nom	Demandeur	Statut	Début validite	Fin de validite	Tâches



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Dominique Dethier
AQUILAB
Manuel utilisateur

TR-FPP Dashboard Dossiers Produits Information de contact

Vous êtes ici: Home > Dossiers > Aperçu > Détails

Type dossier: Notification de suppression d'un conditionnement d'une matière première pour préparations magistrales

Numéro dossier: Aceton

Dénomination + Nom spécifiant: Aceton

Statut: En création

Identification Contact Info Introduire

The identification data for the selected product is displayed automatically.

This includes the following data:

- The file type
- The file number: this number is created automatically
- The file status
- The name + the specifying name

These fields cannot be modified.

All this data forms the "header".

The removal request forms are all structured along the same lines and consist of the following tabs:

- Identification
- Contact
- Info
- Submit

6.6.1. **Identification**

Identification | Contact | Info | Introduire

Demandeur

Partie demanderesse(*) Autre Firme Ministre Commission Groupe de travail

Nom demandeur / nom de la firme responsable de l'introduction de la demande(*)

Date demande

Produit/Prestation

Type/Catégorie/Groupe(*)

Dénomination NL(*)

Nom spécifiant NL

Synonymes NL

Dénomination FR(*)

Nom spécifiant FR

Synonymes FR

Orphelin

Importé

Classification EU

Responsabilité

Nom de la firme qui met le produit sur le marché(*)

Les champs marqués par un (*) sont obligatoires Confirmer le contenu de cette section

The fields are automatically completed:



6.6.2. **Contact**

Type dossier	Notification de suppression d'un conditionnement d'une matière première pour préparations magistrales		Statut	En création
Numéro dossier	MAG/2022/00140/05			
Dénomination + Nom spécifiant	Aceton			

[Identification](#) | [Contact](#) | [Info](#) | [Introduire](#)

Contact

[Ajouter](#) | [Contact principal](#) | [Supprimer](#)

Prénom, Nom de famille ▲ Contact principal

Pas d'information retrouvée

Précédente | Suivante

[Confirmer le contenu de cette section](#)

The first name and surname of the contact person(s) must be specified.

1) Click "Add"

Type dossier	Notification de suppression d'un conditionnement d'une matière première pour préparations magistrales		Statut	En création
Numéro dossier	MAG/2022/00140/05			
Dénomination + Nom spécifiant	Aceton			

[Identification](#) | [Contact](#) | [Info](#) | [Introduire](#)

Contact

[Ajouter](#) | [Contact principal](#) | [Supprimer](#)

Prénom, Nom de famille ▲ Contact principal

Pas d'information retrouvée

Précédente | Suivante

[Confirmer le contenu de cette section](#)

2) Choose the contact person(s) by clicking on their name and specify the primary contact by ticking " Contact principal " and click "Add".

Contact

Prénom, Nom de famille ▲

Précédente 1 Suivante

Nom de famille

Contact principal

[Ajouter](#) | [Annuler](#)

3) "Confirm"

Once all fields are completed:



6.6.3. Info

Identification Contact **Info** Introduire

Date de péremption dernier lot(*)

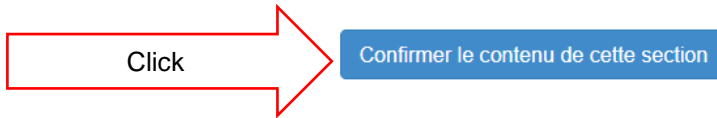
Date de retrait des emballages(*)

Confirmer le contenu de cette section

Complete the 2 required fields.

!!! Remember, this information must be provided 3 months prior to the withdrawal date of the package(s).

Once all fields are completed:



6.6.4. Submit

Identification Contact Info **Introduire**

Aperçu du statut des différentes sections

- Identification
- Contact
- Info

Compléter
Compléter

Supprimer Imprimer Envoyer

1. This tab gives you an overview of the status of each of the tabs (green = "complete" or red = "to be completed"). Where necessary, fill in any incomplete tabs.

To open an incomplete tab, click "Complete". You can also open the tab by clicking on it.

2. To print the application, click "Print". This will generate a pdf containing the different data in the application.

3. Click "Send" to send the application to INAMI-RIZIV. In this case, the application is closed and the application search screen is displayed. Once submitted, the application can still be viewed from the list of current files but cannot be modified.

4. If you click "Delete", your application will be deleted.

7. Follow-up on the request

CONSULTATION OF THE DOCUMENTS MADE AVAILABLE BY THE SECRETARIAT OF THE COMMISSION FOR REIMBURSEMENT OF PHARMACEUTICAL PRODUCTS AND BENEFITS (CRPPP) AND ACCESS TO THE DOCUMENTS RELATED TO A FILE FOR WHICH THE PROCEDURE IS ONGOING.

Since 1 February 2022, the exchange of information between applicants and the CRPPP'S secretariat during a CRPPP procedure took place by registered mail with acknowledgement of receipt or in some cases by email.

From now on, for all files submitted as from 4 October 2022 through the TR-FPP Front-Office, these postal exchanges will be replaced by an electronic exchange using the TR-FPP Front-Office. We call this the "digital processing" of files.

This means that you will receive and be able to consult through the TR-FPP Front-Office:

- Messages from the CRPPP's secretariat with regard to the admissibility or inadmissibility of your file
- Interim / final assessment reports and interim / final recommendations established by the permanent working groups
- Final opinions given by the CRPPP
- Decisions made by the minister
- Possible communication on the suspension or closure of your file, whether the file is being closed at your request or by the administration

This also means that you will need to provide a number of documents to the CRPPP's secretariat through the TR-FPP Front-Office. The following documents need to be provided (depending on the type of file):

- Additional information to be provided in case of an inadmissible or a suspended file
- Response to the interim assessment report
- Response to the interim recommendation

If you encounter a problem in carrying out a task through the TR-FPP Front-Office or in viewing a document that has been made available to you through this system, we kindly ask you to contact the CRPPP's secretariat as soon as possible either by calling 02/739.77.41 or by sending an e-mail to the following address: crppp-ctfpv@riziv-inami.fgov.be, and adding secr-farbel@riziv.fgov.be in Cc
We will do all we can to help you as quickly as possible.

For files submitted prior to 4 October 2022, the exchange of information between the applicants and the CRPPP's secretariat will continue as it started, until the end of the procedure, unless the CRPPP's secretariat informs you that the file is subject to a "digital processing" (in that case, the exchange of information between the applicant and the CRPPP's secretariat will take place through the TR-FPP Front-Office as from the date on which you have been informed that the file had been "digitally processed").

Files submitted in paper format to the CRPPP's secretariat from 4 October 2022 onwards will be subject to "non-digital" processing, in which the exchange of information between applicants and the CRPPP's secretariat will take place by registered mail with acknowledgement of receipt, until the end of the procedure.

With regard to the file's digital processing, each time a new document is made available to you through the TR-FPP Front-Office within the scope of an ongoing CRPPP procedure and each time you have to perform a new task within the scope of a CRPPP procedure, each person that has been identified as "TR-FPP contact person" in the file in question will be informed by e-mail that a new document is available.

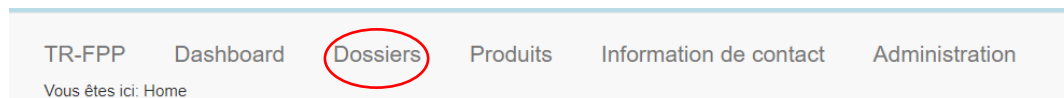
This email is from crppp-ctfpv@riziv-inami.fgov.be and contains the following subject line: "Update of your TR-FPP request".

You will be able to view the documents made available by the CRPPP's secretariat for a file for which the procedure is ongoing and to perform the tasks through the list of your files in progress by following the procedure detailed below:

7.1. SEARCHING FOR AN APPLICATION FILE AND RELATED TASKS

7.1.1. *Searching for a file*

Once you have logged in and clicked on the menu "Dossiers", the list of files currently open for your company appears in the lower part of the screen.

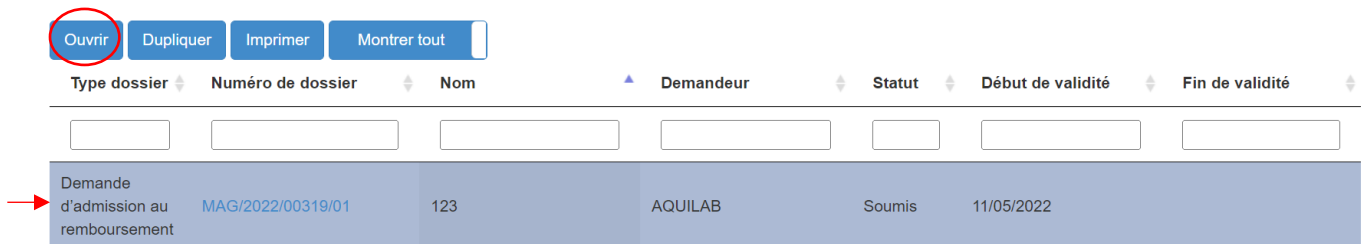


By filling in one or more search criteria (file number, name, type of file), you can limit the amount of information displayed in the grid to those that match your search criteria.

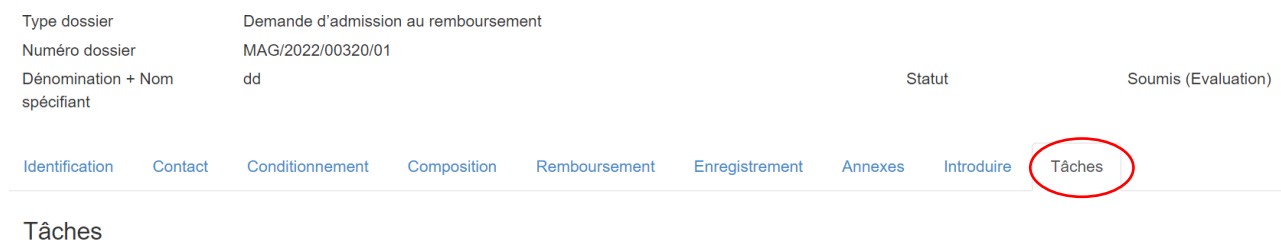
7.1.2. *Viewing a file and related tasks*

1. Once you have logged in and opened the menu "DOSSIERS", click on the row matching the file you want to view from the list of files in progress. The selected row in the grid appears in a different colour.

Click on the button "Ouvrir" to display the details of the request.



The documents available to you through the TR-FPP Front-Office within the scope of an ongoing CRPPP procedure and the tasks you need to perform, can be found in the tab "Tâches".



Note: Since the application has already been sent to INAMI-RIZIV, the information in all the tabs other than the tab "Tâches" can only be viewed and cannot be modified (except for the tab "Contact" which can always be modified).

7.1.3. *Status of a file*

You will see the status of an application file in the application details under "Statut".

Type dossier	Demande d'admission au remboursement		
Numéro dossier	MAG/2022/00320/01		
Dénomination + Nom spécifiant	dd	Statut	Soumis (Evaluation)

Identification Contact Conditionnement Composition Remboursement Enregistrement Annexes Introduire Tâches


7.2. ADMISSIBILITY and INADMISSIBILITY FLOW

- In case of admissibility, you will receive a "notification dossier recevable".


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Tâches

Répondre Demander suspension

Date	Flux	Description	Au plus tard	Document IN	Date	Nom	Document OUT
03/08/2022	Recevabilité	Notification dossier recevable					


Précédente 1 Suivante

You can view this notification by clicking on the icon  in the column "Document IN".


- In case of inadmissibility, you will see a task "compléter dossier non-recevable" as well as the date by which this task must be completed.

Tâches

Répondre Demander suspension

Date	Flux	Description	Au plus tard	Document IN	Date	Nom	Document OUT
09/08/2022	Recevabilité	Compléter dossier non-recevable	08/11/2022				

Précédente 1 Suivante

By clicking on the icon  in the column "Document IN", you will be able to view (and download if you want to) the letter from the CRPPP's secretariat informing you of the inadmissibility of your file and of the missing information that must be provided to make the file admissible.

The inadmissibility may be due to missing documents or errors made when completing the various tabs.

To send the missing information to the CRPPP's secretariat, you must first click on the task you wish to perform to select it. Once selected, the task row appears in blue:

Tâches

Répondre Demander suspension

Répondre

Date	Flux	Description	Au plus tard	Document IN	Date	Nom	Document OUT
09/08/2022	Recevabilité	Compléter dossier non-recevable	08/11/2022				

Précédente 1 Suivante

Click on "Répondre". A new window will open:

Créé sur: 09/08/2022

Type: Compléter dossier non-recevable

Flux: Recevabilité

Au plus tard: 08/11/2022

Document IN: Voorlopige ontvankelijkheid.pdf

Document OUT(1) No file chosen

To perform the task, you will need to download the document(s) that further complete(s) the file. To do this, click on "Choose File", choose the document(s) to be downloaded and finally, click on "Sauvegarder".

For added convenience, it would be better if the documents to be downloaded are kept in the same folder.

Note: you can only download one document at a time.

If the inadmissibility is due to an error in a tab, resubmit a duly completed file.

To do this and to proceed more quickly, return to the homepage, select the file in question and click on "Dupliquer".

ni fr Retour au site de l'INAMI: inami.be - Autres informations et services gouvernementaux: belgique.be

Institut national d'assurance maladie invalidité Dominique Dethier
AQUILAB

TR-FPP Dashboard Dossiers Produits Information de contact Info

Vous êtes ici: Home > Dossiers > Aperçu

Aperçu

Nouveau dossier **Dupliquer**

Type dossier	Numéro de dossier	Nom	Demandeur	Statut	Début de validité	Fin de validité
adm	dm			sou		
Demande d'admission au remboursement	DM/2022/00289/01	Test Wim DM 7/4	AQUILAB	Soumis	07/04/2022	

Your file will receive a new number and the name will be followed by the word 'copy'.


You can then make the necessary changes/corrections in this "new" file (for example, removing the word 'copy' from the name).

7.3. ASSESSMENT FLOW

- Depending on whether or not the procedure that a file follows includes an assessment report, you will receive an interim assessment report to which you will have to respond.
- In the case of an administrative file requesting eligibility for reimbursement, this assessment will immediately be final and will be sent to you at the same time as the interim recommendation (next flow).

The interim assessment report will be sent to you through the tasks ["Tâches"] related to the file in question, more specifically through the task "Valider le rapport d'évaluation provisoire" :

Date	Flux	Description	Au plus tard	Document IN	Date	Nom	Document OUT
10/08/2022	Evaluation	Valider le rapport d'évaluation provisoire	30/08/2022				
10/08/2022	Recevabilité	Notification dossier recevable					

By clicking on the icon  in the column "Document IN", you will be able to read (and download if you want to) the interim assessment report.

On the corresponding row, you will also see the deadline by which your response must reach the CRPPP's secretariat.

To send your response to the interim assessment report to the CRPPP's secretariat, you will first need to click on the task you wish to perform to select it. Once selected, the task row appears in blue:

Date	Flux	Description	Au plus tard	Document IN	Date	Nom	Document OUT
10/08/2022	Evaluation	Valider le rapport d'évaluation provisoire	30/08/2022				
10/08/2022	Recevabilité	Notification dossier recevable					


Click on "Répondre". A new window will open:

Créé sur: 10/08/2022

Type: Valider le rapport d'évaluation provisoire

Flux: Evaluation

Au plus tard: 30/08/2022

Document IN:  Voorlopig beoordelingsrapport.pdf

Document OUT(*) No file chosen

Accord(*) Complètement d'accord
 Partiellement ou pas d'accord

To reply:

- tick whether you fully agree ["Complètement d'accord"], partly agree or do not agree ["Partiellement ou pas d'accord"] with the interim assessment report;
- download the document(s) that further complete(s) the file. To do this, click on "Choose File", choose the document(s) to be downloaded and finally, click on "Sauvegarder".

For added convenience, it would be better if the documents to be downloaded are kept in the same folder.

You will then receive the final assessment report for which you will notice that no response is required (neither a date in the column "Au plus tard" nor a mandatory response):

Identification Contact Conditionnement Composition Remboursement Enregistrement Annexes Introduire Tâches

Tâches

Date	Flux	Description	Au plus tard	Document IN	Date	Nom	Document OUT
23/08/2022	Evaluation	Notification d'évaluation définitive					
23/08/2022	Evaluation	Valider le rapport d'évaluation provisoire	12/09/2022		23/08/2022	Dominique Dethier	
23/08/2022	Recevabilité	Notification dossier recevable					

7.4. RECOMMENDATION FLOW


The interim recommendation will be sent to you through the tasks ["Tâches"] related to the file in question, more specifically through the task "Valider le rapport d'évaluation provisoire" :

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Tâches

Répondre Demander suspension

Date	Flux	Description	Au plus tard	Document IN	Date	Nom	Document OUT
23/08/2022	Evaluation	Valider le rapport d'évaluation provisoire	12/09/2022		23/08/2022	Dominique Dethier	
23/08/2022	Evaluation	Notification d'évaluation définitive					
23/08/2022	Recevabilité	Notification dossier recevable					
23/08/2022	Recommandation	Valider la recommandation provisoire motivée et l'évaluation	12/09/2022				

By clicking on the icon  in the column "Document IN", you will be able to read (and download if you want to) the interim assessment report.

On the corresponding row, you will also see the deadline by which your response must reach the CRPPP's secretariat.

To send your response to the interim recommendation to the CRPPP's secretariat, you will first need to click on the task you wish to perform to select it. Once selected, the task row appears in blue:

Tâches

Répondre Demander suspension

Date	Flux	Description	Au plus tard	Document IN	Date	Nom	Document OUT
23/08/2022	Evaluation	Valider le rapport d'évaluation provisoire	12/09/2022		23/08/2022	Dominique Dethier	
23/08/2022	Evaluation	Notification d'évaluation définitive					
23/08/2022	Recevabilité	Notification dossier recevable					
23/08/2022	Recommandation	Valider la recommandation provisoire motivée et l'évaluation	12/09/2022				

Précédente 1 Suivante

Click on "Répondre". A new window will open:

Créé sur: 23/08/2022

Type: Valider la recommandation provisoire motivée et l'évaluation

Flux: Recommandation

Au plus tard: 12/09/2022

Document IN: [Voorlopig aanbevelingsrapport.pdf](#)

Document OUT(*) No file chosen

Accord(*) Complètement d'accord
 Partiellement ou pas d'accord

To reply:

- tick whether you fully agree ["Complètement d'accord"], partly agree or do not agree ["Partiellement ou pas d'accord"] with the interim recommendation;
- download the document(s) that further complete(s) the file. To do this, click on "Choose File", choose the document(s) to be downloaded and finally, click on "Sauvegarder".

For added convenience, it would be better if the documents to be downloaded are kept in the same folder.

You will then receive the final recommendation for which you will notice that no response is required (neither a date in the column "Au plus tard" nor a mandatory response):


7.5. OPINION FLOW

The opinion will be sent to you through the tasks ["Tâches"] related to the file in question, more specifically through the task "Notification de l'avis définitif motivé":

Identification Contact Conditionnement Composition Remboursement Enregistrement Annexes Introduire Tâches









Tâches

Date	Flux	Description	Au plus tard	Document IN	Répondre		
					Date	Nom	Document OUT
25/08/2022	Avis	Notification de l'avis définitif motivé					
09/08/2022	Recevabilité	Compléter dossier non-recevable	08/11/2022		09/08/2022	Dominique Dethier	
09/08/2022	Recevabilité	Notification dossier recevable			09/08/2022	Dominique Dethier	
10/08/2022	Recevabilité	Compléter dossier non-recevable	08/11/2022		10/08/2022	Dominique Dethier	
10/08/2022	Recevabilité	Notification dossier recevable			10/08/2022	Dominique Dethier	
10/08/2022	Recommandation	Valider la recommandation provisoire motivée et l'évaluation	30/08/2022		23/08/2022	Dominique Dethier	

By clicking on the icon  in the column "Document IN", you will be able to read the opinion given (and download it if you want to).

7.6. MINISTER'S DECISION FLOW

The Minister's decision will be sent to you through the tasks ["Tâches"] related to the file in question, more specifically through the task "Communication de la décision du Ministre" :

Identification Contact Conditionnement Composition Remboursement Enregistrement Annexes Introduire Tâches									
Tâches									
Répondre Demander suspension									
Répondre									
Date	Flux	Description	Au plus tard	Document IN	Date	Nom	Document OUT		
25/08/2022	Avis	Notification de l'avis définitif motivé							
25/08/2022	Décision	Communiquer la notification « Décision du Ministre »							
09/08/2022	Recevabilité	Compléter dossier non-recevable	08/11/2022		09/08/2022	Dominique Dethier			
09/08/2022	Recevabilité	Notification dossier recevable			09/08/2022	Dominique Dethier			
10/08/2022	Recevabilité	Compléter dossier non-recevable	08/11/2022		10/08/2022	Dominique Dethier			
10/08/2022	Recevabilité	Notification dossier recevable			10/08/2022	Dominique Dethier			

The file will then appear under the status "Approuvé" if the Minister approves it.

If the Minister issues a refusal, the file will receive the status "Refusé".

TR-FPP Dashboard Dossiers Produits Information de contact			
Vous êtes ici: Home > Dossiers > Aperçu > Détails			
Type dossier	Demande d'admission au remboursement		
Numéro dossier	DM/2022/00345/01		
Dénomination + Nom spécifiant	Luk 5x5x5cm		Statut Approuvé

7.7. SPECIFICATIONS

7.7.1. File manager

You will notice in the tasks that the date and name of the person who performed the task and the uploaded documents (documents OUT) are visible in the columns under "Document OUT".

Identification Contact **Conditionnement** Composition Remboursement Enregistrement Annexes Introduire Tâches

Tâches

Répondre Demander suspension

Date	Flux	Description	Au plus tard	Document IN	Répondre		
					Date	Nom	Document OUT
09/08/2022	Recevabilité	Compléter dossier non-recevable	08/11/2022		09/08/2022	Dominique Dethier	
09/08/2022	Recevabilité	Notification dossier recevable			09/08/2022	Dominique Dethier	

7.7.2. Implementation of Article 23 of the Royal Decree of 23 November 2021: request for additional information

This function does not appear in your application but can be generated by the file manager.

A new task will then appear in the tab "Tâches" under the description "répondre à la demande d'informations supplémentaires" :

Tâches

Répondre Demander suspension


Date	Flux	Description	Au plus tard	Document IN	Répondre		
					Date	Nom	Document OUT
23/08/2022	Evaluation	Valider le rapport d'évaluation provisoire	12/09/2022		23/08/2022	Dominique Dethier	
23/08/2022	Evaluation	Notification d'évaluation définitive					
25/08/2022	Informations supplémentaires	Répondre à la demande d'informations supplémentaires	24/09/2022				
23/08/2022	Recevabilité	Notification dossier recevable					


You will see in the application details that the status of the application file has been modified under "Statut"

TR-FPP Dashboard Dossiers Produits Information de contact

Vous êtes ici: Home > Dossiers > Aperçu > Détails

Type dossier	Demande d'admission au remboursement		Statut
Numéro dossier	DM/2022/00370/01		
Dénomination + Nom spécifiant	cica (copy) 10x(10x10cm)		Suspendu Soumis (Recommandation)








By clicking on the icon  in the column "Document IN", you will be able to read (and download if you want to) the letter from the CRPPP's secretariat informing you of the request for additional information as well as of the deadline for completing this task.

The sign  means that the deadlines are suspended.

To send the requested information to the CRPPP's secretariat, you must first click on the task you wish to perform to select it. Once selected, the task row appears in bleu :

Tâches

Répondre
Demander suspension

						Répondre		
Date	Flux	Description	Au plus tard	Document IN	Date	Nom	Document OUT	
23/08/2022	Evaluation	Valider le rapport d'évaluation provisoire	12/09/2022		23/08/2022	Dominique Dethier		
23/08/2022	Evaluation	Notification d'évaluation définitive						
25/08/2022	Informations supplémentaires	Répondre à la demande d'informations supplémentaires	24/09/2022 		25/08/2022	Dominique Dethier		
23/08/2022	Recevabilité	Notification dossier recevable						


Click on "Répondre". A new window will open:

Créé sur: 25/08/2022

Type: Répondre à la demande d'informations supplémentaires

Flux: Informations supplémentaires

Au plus tard: 24/09/2022

Document IN:  [Extra informatie.pdf](#)

Document OUT(*) No file chosen

To reply, download the document(s) that provide(s) additional information. To do this, click on "Choose File", choose the document(s) to be downloaded and finally, click on "Sauvegarder".
For added convenience, it would be better if the documents to be downloaded are kept in the same folder.

7.7.3. Request to extend the deadline during the procedure

If stated in the regulations, you may request an extension of the deadline

Demander suspension

Au plus tard: 29/10/2022

Sauvegarder Annuler

This suspension may not exceed 60 days.

The new date will then be displayed in the tab "Tâches" - column "Au plus tard"

Date	Flux	Description	Au plus tard	Document IN	Date	Nom	Document OUT
10/08/2022	Evaluation	Valider le rapport d'évaluation provisoire	01/09/2022				

Meanwhile, the status of the file will also be modified

Type dossier	Demande d'admission au remboursement		
Numéro dossier	DM/2022/00359/01		
Dénomination + Nom spécifiant	cica 10x(10x10cm)	Statut	Suspendu Soumis (Evaluation)