



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Health Service Executive Cross-Border Healthcare Directive: Prior Authorisation Application Form

(INPATIENT CARE ONLY)

(Outpatient and Daycase care do not require prior authorisation)

The HSE operates a Cross-Border Healthcare Directive (CBD), for persons entitled to public patient treatment in Ireland who is seeking to avail of that treatment in another EU/EEA member state under Directive 2011/35/EU of the European Parliament and of the Council of 9 March 2011 on the application of patient's rights in cross-border healthcare, as per the procedures set out in governing EU Regulations and Directives and Irish legislation.

A copy of these Regulations and Decisions, and all other aspects of European Law are available on the website for inspection at <http://europa.eu>. Within these governing EU Regulations and Irish legislation, the CBD provides for the cost of publicly funded healthcare in Ireland to be availed of and the costs to be reimbursed subject to compliance with the applicable administration processes adopted by the HSE in the administration of the CBD. Patients must familiarize themselves with the administration requirements of the HSE prior to availing of cross border healthcare in order to confirm entitlement or otherwise to reimbursement of treatment costs. The HSE has established a National Contact Point (NCP) office for the administration of the CBD in Ireland and the contact details for the NCP are: HSE Cross Border Directive – National Contact Point, St Canice's Hospital Complex, Dublin Road, Kilkenny. Tel: 056 7784547 or 056 7784546 or 056 7784556 Email: crossborderdirective@hse.ie Webpage: www.crossborderdirective.ie

The CBD allows for patients ordinarily resident in Ireland who require and are entitled to public healthcare services to be referred to another EU/EEA member state for that care and be reimbursed in accordance with the legislation. It will be a matter for the patient and his/her referring doctor to identify the clinician abroad and satisfy him/herself in relation to the qualifications, quality and safety of the services being availed of in the other jurisdiction. Funding will only be reimbursed for healthcare that is publicly funded and available in Ireland and which is not contrary to Irish legislation. Reimbursement will be made in line with published reimbursement rates available from the NCP. Payments will only be made to the patient or in the case of a child his/her parent of guardian. No payments will be made to third parties, except in the case of patient's death, and this will be subject to the executor of the estate providing evidence of the outstanding liability.

Private Patients

Patients/applicants who are private patients in Ireland should be advised that all claims for prior authorisation and reimbursement in respect of treatment availed of in another jurisdiction should be made to the patient's private health insurance provider and not to the HSE. Private patients are not eligible for consideration under the CBD.

Prior Authorisation:

Cross Border Healthcare where Prior Authorisation is not required:

Prior authorization is not required for any and all out patient services accessed under the provisions of the CBD. However, if you are in any doubt as to the need to seek prior authorization before you avail of a consultation/treatment abroad please contact the NCP who will advise you. The NCP will also be happy at that stage to advise you of the reimbursement rate that will apply to the assessment/treatment you are accessing on an outpatient basis.

Cross Border Healthcare where Prior Authorisation is required:

- all hospital care involving overnight stay

The application for prior authorisation must be assessed and a determination given **prior** to the patient availing of the treatment abroad. Valid applications will be processed within 15 to 20 working days and a decision will be issued via letter. Appointments should not be scheduled prior to a decision being reached on an application. Appointments that are made prior to decision will have no bearing on the review process or its expedition.

N.B. Treatments that qualify for funding under the E112 Treatment Abroad Scheme are excluded for reimbursement under the CBD. Patients should satisfy themselves as to the appropriate scheme i.e. TAS versus the CBD in order to ensure that funding is not declined due to application under the incorrect scheme. As a general rule the TAS covers treatments not available in Ireland while the CBD only covers treatments that are available in Ireland.

The referral process and assessments that are required to avail of any element of public health care in Ireland will apply to any and all applications for authorisation and subsequent reimbursement under the CBD e.g. if there is eligibility criteria (medical, or financial, or etc) applicable in Ireland that same criteria will be applied under the CBD.

It is very important that this Application Form is completed by your treating consultant in English in order to process your application for prior authorisation. If the application form is not completed in English the patient/applicant will be required to provide a certified translation at his/her own cost. It is expected that prior to submitting the application form in conjunction with the treating consultant abroad, that the patient can demonstrate referral by either an Irish or GP from another EU/EEA member state or other relevant clinician (either Irish or EU/EEA). Therefore when submitting a claim for the reimbursement of the outpatient appointment at which the assessment for further treatment was made the patient will be required to submit a copy of the original referral letter and or the letter of confirmation of your place on the public waiting list in Ireland. The HSE accepts no liability for healthcare costs availed of abroad which fails to meet the governing legislation, criteria and the HSE's administration requirements.

Completion of Application Form: Applicant/Patient

No liability shall attach to the Health Service Executive, its servants or agents, in respect of any costs or expenses incurred by the Patient or Applicant prior to a determination by the Health Service Executive, on this application and the results of such determination being communicated to the Applicant. Any arrangements made by the Applicant or Patient prior to such determination may not subsequently be ratified by the Health Service Executive, and may invalidate the application. A decision on an application will be issued via letter to the applicant, telephone confirmation of a decision will only be provided when the decision letter has been issued. Only information pertaining to the expected date of issue of a decision will be provided by phone in advance of the issue of a decision letter. A decision can be expected between 15 and 20 working days following the receipt of a completed application and any other information/clarification requested.

The patient/applicant must submit a fully completed application form accompanied by the appropriate referring letter in sufficient time to allow the HSE assess and make a decision on same. The onus is on the patient to submit a fully completed application form and to provide the necessary information from the referring clinician. Incomplete applications will be returned to the patient/applicant for provision of the appropriate information prior to re-submitting to the CBD office.

Section A

This part of the application is to be fully completed by the patient/applicant.

All parts of the section must be completed; if a question is not relevant to you please mark same N/A e.g. if you do not hold a medical card mark that section N/A (not applicable).

Where a patient is under 18 years of age or is incapacitated, the application may be submitted on their behalf by a Parent/Guardian/Spouse/Partner.

Upon completion of Section A, the applicant should present the application to their treating consultant for completion. They must also provide a copy of the original referral letter by which the patient accessed the assessment from the consultant. To clarify, to access an assessment with a consultant a patient must first have a referral letter from his/her GP or other treating clinician with referral rights in Ireland or abroad. Therefore to demonstrate that this pathway has been followed the patient will be required to provide a copy of this letter.

Section B

This part of the application is to be fully completed by the patient/applicant's treating consultant.

When the application form has been fully completed, please return it complete with the referring clinician's letter of referral to the above mentioned CBD offices. The application will be assessed and a decision will be issued within 15 to 20 working days or as soon as possible thereafter.

In completing this application form you must ensure the information you provide is accurate and true. The inclusion of false, misleading or inaccurate information will mean the CBD Office will reserve the right to refer the matter to the appropriate authority and reimbursement of any funding accessed will be sought without exception. The CBD office reserves the right to review a patient's medical chart to clarify any information as appropriate. Consultants referring paediatric patients abroad must be satisfied as to the compliance of the service abroad with Children First guidelines and legislation.

CODE OF ETHICS FOR CLINICAL CODERS

It is expected that all clinicians identifying a DRG code for the purpose of reimbursement under the provisions of the Cross Border Directive would be familiar with and adhere to the Code of Ethics for Clinical Coders.

The identification of a DRG code for the purpose of reimbursement requires the clinician to be ethical and transparent in his/her selection. The selection of an incorrect code may lead to a patient being reimbursed an amount less than that applied for and confirmed at prior approval stage. Any such occurrence will be a matter for the patient to pursue with the clinician who identified the incorrect code and not for the HSE. The HSE reserves the right to have any DRG code identified, independently assessed to confirm its appropriateness this may include our accessing the patient's medical record for this purpose.

Therefore in line with the Code of Ethics for Clinical Coders, a clinician identifying a code for the purpose of reimbursement will ensure that clinical record content justifies selected DRG code.

Decisions

During the processing of an application, CBD staff will only be able to confirm the estimated date for issue of a decision. When an application has been processed the decision on same will be issued by letter and it is only after the decision letter has been issued that CBD staff are permitted to inform the applicant (and only the applicant) of the decision by phone.

Please note that the Cross-Border Healthcare Directive does not provide for reimbursement of travel or subsistence costs incurred by patients.

**APPLICATION FORM FOR ASSISTANCE TOWARDS
THE COST OF MEDICAL TREATMENT OUTSIDE THE STATE**

No liability shall attach to the Health Service Executive, its servants or agents, in respect of any costs or expenses incurred by the Patient or Applicant on this application and the results of such determination being communicated to the Applicant. Any arrangements made by the Applicant or Patient prior to such determination may not subsequently be ratified by the Health Service Executive and may invalidate the application.

In submitting this application form (complete or incomplete) I as the applicant give my permission for my medical records or other clinical information to be accessed and copied for the purposes of processing the application. I understand and accept my clinical information can and may be provided to other hospitals or health care facilities or clinical advisors in the assessment of the application form and in the availing of any approved treatment. In signing my name hereunder I acknowledge and accept this position and give my consent for same.

Applicant's signature (or parent or guardian's signature)

Date

SECTION A

(To be completed in full by Patient/Applicant)

FORENAME		SURNAME	
SURNAME ON BIRTH CERTIFICATE		DATE OF BIRTH	
ADDRESS			
TEL NO.		MOBILE NO.	
PPS/RSI NO.		MEDICAL CARD NO.	
NAME PRIVATE HEALTH INSURANCE COMPANY		MEMBERSHIP NO.	
HAVE YOU APPLIED TO YOUR HEALTH INSURANCE COMPANY FOR FUNDING?			
IF YES, HAS FUNDING BEEN APPROVED BY YOUR HEALTH INSURANCE COMPANY? Please submit a copy of the decision letter with your application.			

NAME of Patient's GP	
GP's Address	
GP's Telephone Number	

Only complete the next section if you are making an application on behalf of a Patient under 18 years of age or over 18 years of age and dependant.

RELATIONSHIP TO PATIENT			
FORENAME		SURNAME	
ADDRESS			

Section A Continued

TEL NO.		MOBILE NO.	
NAME PRIVATE HEALTH INSURANCE COMPANY		MEMBERSHIP NO.	
HAVE YOU APPLIED TO YOUR HEALTH INSURANCE COMPANY FOR FUNDING?			
HAS FUNDING BEEN APPROVED BY YOUR HEALTH INSURANCE COMPANY? Please submit a copy of the decision letter with your application.			

Is the patient a victim of a road traffic accident or other accidental injury? YES NO

If yes, is there a claim for compensation against a third party? YES NO

If yes, please provide the details of your solicitor:

Solicitors name (acting for the patient) _____

Solicitor's address

Please note that solicitors who are making a legal claim for compensation on behalf of victims of road traffic accidents or other accidental injuries are required to include in the claim the cost of treatment received outside the state, as provided by the HSE Cross-Border Healthcare Directive, resulting from the road traffic accident or accidental injury.

However, please note that it is the patient who is obliged to make sure that the treatment costs provided by the HSE under the Cross-Border Healthcare Directive are reimbursed to the HSE. Unsuccessful claims must be brought to the attention of the HSE Cross-Border Healthcare Directive.

I agree to repay to the HSE the gross amount of the money spent by the HSE when the claim I am pursuing against a third party has been finalised.

Please confirm the reason why you/the patient is opting to travel abroad?

Length of wait for the treatment in Ireland:		Quality of the service abroad:	
Proximity to my place of residence:		Other	

If Other please provide details: _____

(this information has no bearing on the application decision it is just for the purposes of information on the reasons why patients are opting for care under the CBD)

Applicant's signature: _____ **Date:** _____

- I declare that the above particulars are, to the best of my knowledge true and correct. I am aware that my application will be based on this information and that any new information coming to light may impact on the decision in this case.
- I acknowledge that the decision given will be based on the request for the particular treatment specified on the application and any additional or future treatment will require additional application to the HSE Cross-Border Healthcare Directive.
- I understand that this is merely an application for reimbursement under the CBD and that at this stage no commitment has been entered into by the Health Service Executive.
- I also agree to notify or to arrange to notify the HSE immediately should there be any change in the medical treatment plans, costs or dates indicated, or non attendance for same or if I or my dependants change address, or starts to work outside Ireland.

Applicant's signature _____ **Date:** _____

Completion of Application Form: Treating Consultant:

The treating consultant must fully complete the application form and provide sufficient information, giving details of the patient's medical condition, the type of treatment envisaged and the provider of treatment abroad. **In compliance with their duty of care the application must be completed by the treating consultant pursuant to his/her clinical assessment of the patient thus confirming it is the consultant's recommendation based on this clinical review that the patient requires the treatment. Only applications completed and submitted within a two week period following clinical assessment of the patient will be accepted. Any consultant referring a paediatric patient abroad must satisfy him/herself as to the compliance of the service abroad with Children First guidelines and legislation.**

Referrals must be on the basis of medical necessity and to the healthcare system of another EU/EEA member state.

Applications must be accompanied by a copy of the detailed clinical referral letter from the treating clinician to the accepting clinician, outlining details and history of the patient's condition and the type of treatment envisaged.

The onus is on the treating consultant to seek, provide and certify the answer to each question in Section B.

Applications must be made and a decision given in advance of the patient travelling abroad. Decision on applications will be based on the medical information provided in line with the regulations, guidelines and criteria of the scheme. Appointments made in advance of submission of an application will not be used as a deciding factor in applications. The Cross-Border Healthcare Directive office will aim to provide a decision within 20 working days of receipt of a completed application.

SECTION B

(To be completed in full by treating consultant)

NAME OF TREATING CONSULTANT	
NAME OF TREATING HOSPITAL	
PATIENT NAME	
PATIENT ADDRESS	
DATE OF BIRTH	/ /
PLEASE STATE WHETHER THE PATIENT IS ATTENDING YOU IN A PRIVATE OR PUBLIC CAPACITY	
DATE WHEN THE PATIENT WAS LAST REVIEWED BY YOU (In the case of a Hospital Consultant this does not include review by a member of your team) (Must be within the previous 2 weeks of application being completed)	/ /
PROPOSED TREATMENT	
DRG CODE OF PROPOSED TREATMENT (the relevant ready reckoner is available on the HSE website by following the link below).	
http://www.hse.ie/eng/services/list/1/schemes/cbd/Ready%20Reckoner.pdf	
CONSULTATION <input type="checkbox"/>	OUT PATIENT APPOINTMENT <input type="checkbox"/>
DAY CASE PROCEDURE <input type="checkbox"/>	INPATIENT TREATMENT <input type="checkbox"/>

Section B-continued

PROPOSED TREATMENT (SECONDARY)	
DRG CODE OF PROPOSED TREATMENT (the relevant ready reckoner is available on the HSE website by following the link below).	
http://www.hse.ie/eng/services/list/1/schemes/cbd/Ready%20Reckoner.pdf	
CONSULTATION <input type="checkbox"/>	OUT PATIENT APPOINTMENT <input type="checkbox"/>
DAY CASE PROCEDURE <input type="checkbox"/>	INPATIENT TREATMENT <input type="checkbox"/>

Please set out hereunder a summary of the condition from which the patient suffers:

Please certify the specific treatment that the patient requires outside the state:

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Is this treatment available within the State? YES NO
 (Only treatments that are available within the State qualify for reimbursement under the CBD.)

Is the patient currently receiving this treatment in Ireland? YES NO

If yes, please provide details:

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Is the treatment medically necessary? YES NO

Will the treatment meet the patient's needs? YES NO

Is this treatment contrary to the Irish Constitution or any legislation, to your knowledge? YES NO

Is the treatment regarded as a proven form of medical attention and not experimental or test treatment? YES NO

Is the treatment required as a result of injuries received in a road traffic accident or other accidental injury? YES NO

Does the proposed healthcare pose any public health risks for the patient and/or the public in general? YES NO

If yes, please give details:

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Section B-continued

NAME OF ACCEPTING CONSULTANT (outside the State)	
NAME OF ACCEPTING HOSPITAL (outside the State)	

Is the treatment abroad being provided in a recognized hospital or other institution which is under the control of a Registered Medical Practitioner? YES NO

Is that hospital a public hospital available to National Health Agencies for Public Patients in that country? YES NO

Confirmed cost of treatment	
Date of Admission (if known)	
Probable duration of stay	
Probable date(s) of Out-Patient Department visit(s):	

THE ONGOING CARE OF A PATIENT WHO HAS AVAILED OF TREATMENT ABROAD REVERTS TO THE REFERRING PHYSICIAN IMMEDIATELY UPON THE PATIENT'S RETURN TO IRELAND.

I declare that the above particulars are, to the best of my knowledge true and correct. I am aware that the application will be based on this information and that any new information coming to light may impact on the decision in this case and/or negate any prior authorisation given without such relevant information.

It is policy of the HSE to ensure that therapeutic and medical facilities abroad where children are placed are fully compliant with their local child protection laws and policies and that they are signatories to the Hague Convention. In signing this application form I the treating consultant am confirming that I am satisfied the facility to which I am treating this child meets the requirements of the policy.

Signature of treating consultant: _____ **Date:** _____

For Office Use Only

PRIOR AUTHORISATION GRANTED

PRIOR AUTHORISATION DENIED

Comment:

Signature: _____ Date: _____
HSE, Designated Officer

Approved Not Approved

Signed: _____ Grade: _____ Date: _____

*** Please ensure that the HSE National Financial Regulations are adhered to in this regard.**