



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

PLEASE ADDRESS CORRESPONDENCE TO:

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Deputy Pádraig Mac Lochlainn TD,
Dáil Éireann,
Leinster House,
Kildare Street,
Dublin 2.

30th April 2021

PQ20041/21* *“To ask the Minister for Health if he will carry out an urgent review of the Cross Border Directive that is being administered by the HSE following recurrent problems with the compatibility of DRG codes that have cost applicants thousands of euro.”*

Dear Deputy Mac Lochlainn,

Thank you for your PQ above, which has been forwarded to me for direct reply.

The HSE CBD provides for a public patient to choose to access healthcare in another EU or EEA country which she/he would have been entitled to receive in the public health system in Ireland. The patient must pay for the healthcare up front and claim reimbursement from the HSE CBD upon return to Ireland. The reimbursement is at the cost of the healthcare abroad or the cost of the healthcare in the public system in Ireland, whichever is the lesser.

A full list of the diagnostic related group (DRG) codes with the associated costs being the reimbursement rate applicable in the public healthcare system in Ireland is published on the CBD webpage. Hospital care costs as they apply for the purpose of reimbursement is calculated using the DRG coding system. This DRG coding and costing model used in Ireland is ICD 10 Coding. DRG coding is used internally albeit in different versions. All day case and inpatient episodes of hospital care have an associated DRG code. When a patient accesses healthcare abroad under the CBD the consultant should identify the relevant DRG code. A DRG code is identified using the individual patient demographics (age, gender, health etc) and details of the treatment provided by using the licensed DRG coding system operated by trained coders.

Unfortunately, it is our experience that hospitals abroad are using a best guess to arrive at the DRG code for the patients and are not using the relevant IT system operated by trained coders. In most cases this may be sufficient but in other cases it is not.

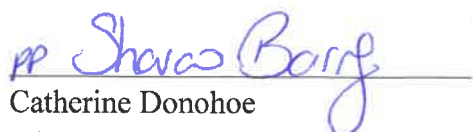
In instances where the CBD department considers that an incorrect DRG code may have been identified, independent coding is sought.

The issue of hospitals abroad not advising patients as to how the DRG code the hospital is identifying was arrived at is a problem for the patients. The HSE has done all it can to

protect patients in this scenario. For example the HSE introduced prior authorisation on an optional basis so that patients can in so far as possible be aware of the risk of an incorrect code being identified by the provider abroad.

If you have any queries, or would like to discuss further, please do not hesitate to contact me on 0872668759 or via catherinet.donohoe@hse.ie.

Yours sincerely,



Catherine Donohoe

A/Assistant National Director