



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Health Service Executive Cross Border Directive: Prior Authorisation Application Form

(FOR INPATIENT CARE ONLY - Outpatient and Daycase care do not require prior authorisation)

The HSE operates a Cross Border 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 2011/24/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, Ireland. Tel: 056 7784547 or 056 7784546, Email: crossborderdirective@hse.ie Webpage: <https://www2.hse.ie/services/cross-border-directive/about-the-cross-border-directive.html>

In general the CBD allows for patients ordinarily resident in Ireland who require and are entitled to public healthcare services, to access that healthcare in another EU/EEA member state and to seek reimbursement for that care in accordance with the legislation. It will be a matter for the patient and/or 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 available and/or publicly funded 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 or 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 reimbursement under the CBD.

Cross Border Healthcare where Prior Authorisation is not required:

Prior authorisation is not required for outpatient services accessed under the provisions of the CBD. However, if you are in any doubt as to the need to seek prior authorisation 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 you are accessing on an outpatient basis.

Prior Authorisation is optional but recommended:

The application for prior authorisation may be assessed and a determination given prior to the patient availing of the treatment abroad. Valid applications will be processed within 15 - 20 working days and a decision will be issued via letter. Appointments that are made prior to decision will have no bearing on the review process or its expedition.

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 for example GP referral, outpatient consultation on a date prior to inpatient/day case treatment, etc.

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) and an outpatient assessment either by the treating consultant abroad or by a consultant in Ireland treating the patient in a public capacity. (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

within 15 - 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 referral letter and confirmation of the outpatient consultation which will be the basis of demonstrating necessary care for the purposes of this application 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 and treating clinicians. 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.

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 to complete Section B. A copy of the original referral letter by which the patient accessed the assessment from the consultant should be submitted with this application form. 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 office. The application will be assessed and a decision will be issued within 15 - 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 or the omission of relevant 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 authorisation 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 Directive does not provide for reimbursement of travel or subsistence costs incurred by patients.

**APPLICATION FORM FOR ASSISTANCE TOWARDS THE COST OF MEDICAL TREATMENT
UNDER THE CROSS BORDER DIRECTIVE SCHEME**

SECTION A- To be completed in full by Patient/Applicant

Patient Details

NAME:	<input type="text"/>	ADDRESS:	<input type="text"/>
DATE OF BIRTH:	<input type="text"/>		
TEL NO:	<input type="text"/>	MOBILE NO:	<input type="text"/>
PPS NO:	<input type="text"/>	MEDICAL CARD NO:	<input type="text"/>
		*Submit Photocopy also	
Are you in receipt of a pension or other income from another country? If so which other country and please provide details to include the nature and value of the income.			<input type="text"/>
NAME PRIVATE HEALTH INSURANCE COMPANY	<input type="text"/>	MEMBERSHIP NO.	<input type="text"/>
HAVE YOU APPLIED TO YOUR HEALTH INSURANCE COMPANY FOR FUNDING?			<input type="text"/>
IF YES, HAS FUNDING BEEN APPROVED BY YOUR HEALTH INSURANCE COMPANY? Please submit a copy of the decision letter with your application.			<input type="text"/>

GP's Details

The details of the referring clinician below are required or you may attach a copy of the referral letter as an alternative.

Name of Patient's GP	<input type="text"/>
GP's Address	<input type="text"/>
GP's Telephone Number	<input type="text"/>

Parent/Guardian Details

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:	<input type="text"/>	ADDRESS:	<input type="text"/>
NAME:	<input type="text"/>		
TEL NO:	<input type="text"/>	MOBILE NO:	<input type="text"/>
NAME PRIVATE HEALTH INSURANCE COMPANY	<input type="text"/>	MEMBERSHIP NO.	<input type="text"/>
HAVE YOU APPLIED TO YOUR HEALTH INSURANCE COMPANY FOR FUNDING?			<input type="text"/>
IF YES, HAS FUNDING BEEN APPROVED BY YOUR HEALTH INSURANCE COMPANY? Please submit a copy of the decision letter with your application.			<input type="text"/>

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

(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)

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

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, health care facilities or clinical advisors in the assessment of the application form. In signing my name hereunder, I acknowledge and accept this position and give my consent for same.

- 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 Directive.
- I understand that this is merely an application for prior authorisation 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 information provided in this application or if I or my dependants change address, or becomes resident outside Ireland.

Applicant's signature _____

Date: _____

Is the patient a victim of a road traffic incident 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

Solicitors 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 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 Directive are reimbursed to the HSE. Unsuccessful claims must be brought to the attention of the HSE Cross Border 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.

Applicant's Signature: _____ **Date:** _____

Signature is required where the patient has been a victim of a road traffic accident or other accidental injury and a claim for compensation against third party is/will occur.

SECTION B

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.

Referrals and treatment must be on the basis of medical necessity.

Applications must be accompanied by a copy of the detailed clinical referral letter from the referring clinician to the accepting clinician outlining details and history of the patient's condition and the type of treatment envisaged. A clinician referring a paediatric patient abroad must satisfy himself/herself as to the compliance of the service abroad with Children First guidelines and legislation.

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

Applications should be made and a decision given in advance of the patient travelling abroad. Decisions on applications will be based on the medical information provided in line with the provisions of the scheme and public healthcare eligibility and pathways in Ireland. Appointments made in advance of submission of an application will not be used as a deciding factor in applications. The Cross Border Directive office will aim to provide a decision within 15 - 20 working days of receipt of a completed application.

SECTION B- To be completed in full by the treating consultant

Details of Healthcare provider abroad

Name of Treating Consultant:

Name of Treating Hospital:

Patient Name:

Patient Address:

Date of Birth:

Is the patient attending you in a public or private capacity?

Date when the patient was assessed at an outpatient consultation to determine necessary care (outpatient consultation must have occurred on a date prior to any inpatient treatment either in the public healthcare sector in Ireland or in the private healthcare sector abroad):

In person:

Telephone:

Video:

PROPOSED TREATMENT:

DRG CODE OF PROPOSED PROVIDED
(the relevant ABF price list is available on the HSE website by following the link below).

Inpatient: <https://www2.hse.ie/file-library/cross-border-directive/admitted-patient-price-list-summary-inpatient.pdf>

How was the DRG Code arrived at: ICD 10 SYSTEM OPERATED BY TRAINED CODERS BEST GUESS

CONSULTATION OUTPATIENT APPOINTMENT

DAYCASE PROCEDURE INPATIENT TREATMENT

PROPOSED TREATMENT (SECONDARY):

DRG CODE OF PROPOSED PROVIDED
(the relevant ABF price list is available on the HSE website by following the link below).

Inpatient: <https://www2.hse.ie/file-library/cross-border-directive/admitted-patient-price-list-summary-inpatient.pdf>

How was the DRG Code arrived at: ICD 10 SYSTEM OPERATED BY TRAINED CODERS Best Guess

CONSULTATION OUTPATIENT APPOINTMENT

DAYCASE PROCEDURE INPATIENT TREATMENT

Section B-continued

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:

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| Is this treatment available within the State?
(Only treatments that are available within the State qualify for reimbursement under the CBD.) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is the patient currently receiving this treatment in Ireland? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is the treatment medically necessary? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Will the treatment meet the patient's needs? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is this treatment contrary to the Irish Constitution or any legislation to your knowledge? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is the treatment regarded as a proven form of medical attention and not experimental or test treatment? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is the treatment required as a result of injuries received in a road traffic accident or other accidental injury? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Does the proposed healthcare pose any public health risks for the patient and/or the public in general? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If yes, please give details:

Section B-continued

NAME OF ACCEPTING CONSULTANT (outside the State if different from the treating consultant):

NAME OF ACCEPTING HOSPITAL (outside the State if different from the treating consultant):

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: _____

IMPORTANT – CHECK LIST

Required documents for Prior Authorisation

Prior authorisation is optional but recommended for all inpatient healthcare abroad under the CBD. Prior authorisation was introduced so that:

- A patient can ensure he/she is compliant with public patient pathways and the necessary care requirement prior to incurring costs and thus make sure he/she will be eligible for reimbursement.
- A patient can ensure he/she knows the costs and reimbursement of proposed healthcare prior to committing to expensive inpatient healthcare abroad.
- A patient will have a cooling off period between his/her outpatient consultation and proceeding with inpatient care abroad.

An application for Prior authorisation should include the following documentation:

- A valid referral letter* issued prior to and for the purpose of accessing the healthcare in question or a copy of waiting list letter for a public hospital in Ireland. *See below for clarification on a valid referral letter.
- Evidence of the outpatient consultation with the consultant abroad or a consultant treating the patient in a public capacity in Ireland at which the recommendation of inpatient care was determined.
- A fully completed Application form (Green in colour)
- Proof of travel abroad e.g. flight/ferry tickets, accommodation in patients/applicants name, toll/parking charges or a till receipt from a shop in the locality.

Checklist

Have you included?

- *Path of referral:

A valid GP/consultant (public) letter of referral:

1. Predating your consultation abroad
2. To a named consultant abroad
3. Addressed to a specific hospital
4. Signed by your GP/consultant (public)

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
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Or

A waiting list letter from a public hospital in Ireland:

1. A waiting list letter confirming that you are on the public waiting list in Ireland at the time of your consultation abroad

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
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Prior Authorisation Application Form

1. Section A completed in full by applicant
2. Section B completed in full by your treating consultant/clinician abroad. **

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
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**Please ensure that your treating consultant/clinician abroad provides a valid HSE DRG code. This can be accessed on the HSE ABF price list, please follow this link (<https://www2.hse.ie/file-library/cross-border-directive/admitted-patient-price-list-summary-inpatient.pdf>). The rate of reimbursement will be up to the maximum of the DRG code applicable in your case or the cost of your treatment abroad, whichever is the lesser.

- Proof of Travel

Yes No

1. Flight/ferry tickets, accommodation receipts in patients/applicants name, toll/parking charges or a till receipt from a shop

<input type="checkbox"/>	<input type="checkbox"/>
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- Evidence of your initial outpatient consultation with your treating clinician abroad on a date prior to your admission

Yes No

1. An invoice and receipt from your initial consultation

<input type="checkbox"/>	<input type="checkbox"/>
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2. A medical report which includes the date of your initial consultation

<input type="checkbox"/>	<input type="checkbox"/>
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Proof of an initial consultation is not required where a person has already attended their public consultant in Ireland and subsequently been placed on an