



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

### Health Service Executive Cross-Border Healthcare Directive: Pro-Forma Invoice

The HSE operates a Cross-Border Healthcare Directive (CBD), for persons entitled to public patient treatment in Ireland who seek 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 should 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](mailto:crossborderdirective@hse.ie) Webpage: <http://www.hse.ie/crossborderdirective>

The CBD allows people normally resident in Ireland and who require public healthcare services to be referred to and avail of such healthcare in another EU/EEA member state. 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. Each country within the EU/EEA has established NCPs and information relating to services in each country may be accessed through these NCPs. Details of the NCPs in Europe are available on <http://europa.eu>. Funding will only be reimbursed for healthcare that is publicly available and/or funded in Ireland and which is not contrary to Irish legislation. Reimbursement will be at the cost of the treatment availed of abroad or the cost of the treatment in Ireland whichever is the lesser. Please note that in the case of inpatient care abroad the HSE will deduct the statutory inpatient levy per day as applies if the patient was accessing the inpatient care in Ireland (except where that maximum has already been reached within the preceding 12 months in Ireland or the patient holds a valid medical card). Healthcare in Ireland is funded through general taxation so the cost of the provision of the care is that funded through general taxation plus the statutory payment the patient would have made here in Ireland.

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. In the case of a patient's death, reimbursement of the healthcare costs will be subject to the executor of the estate providing evidence of the outstanding liability.

The invoice and receipt submitted for reimbursement must be from the providing hospital/consultant abroad. Only the cost of the medical treatment provided is eligible for reimbursement. The HSE will not reimburse an invoice from a third party e.g. a medical tourism facilitator. If you use one of these companies to organise your trip abroad for the necessary healthcare you should be aware that all fees associated with their services are not eligible for reimbursement by the HSE.

Prior authorisation, for all hospital care involving overnight accommodation, is strongly recommended.

This pro-forma invoice should be completed by you and your healthcare provider abroad in English in order to facilitate your claim for reimbursement. The completion of the pro-forma invoice is optional. The aim of this form is to ensure all the information required by the HSE to process your reimbursement claim in a timely and efficient manner is provided. If the pro-forma invoice is not completed in English, the patient/applicant will be required to provide a certified translation at his/her own cost. The completed pro-forma invoice should be submitted with the healthcare provider's original invoice and the original receipt and the referral letter from the referring GP/clinician in Ireland or the clinician abroad. Reimbursements will be made in line with the governing legislation and criteria for this scheme. The HSE accepts no liability for healthcare costs availed of abroad which fail to meet the governing legislation, criteria and the HSE's administration requirements. The HSE reserves the right to seek any additional documentation deemed necessary to confirm the bona fide of the reimbursement claim and or ensure the smooth transition of the patient back to the Irish healthcare system. Please also retain some form of proof of travel to submit with your documentation.

#### Completion of Pro-Forma Invoice: 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.

It is recommended the patient/applicant submits a fully completed pro-forma invoice accompanied by the supporting documentation to the HSE in order to claim reimbursement for the cost of treatment. The onus is on the patient to submit all the necessary original documentation to progress the claim for reimbursement. Incomplete documentation including the pro-forma invoices will be returned to the patient/applicant for provision of the appropriate information prior to re-submitting to the CBD office.

We strongly recommend you print off the pro-forma invoice and take it with you to the treating facility abroad so that the treating consultant can complete it for you prior to your discharge back to Ireland.

### **Section A**

This part of the form 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 form may be submitted on their behalf by a Parent/Guardian/Spouse/Partner.

Patients seeking reimbursement for inpatient care or day case treatment abroad must provide evidence of assessment at an outpatient consultation on a date prior to the date of admission for the inpatient or day case treatment, either with the consultant abroad or with a consultant treating the patient in a public capacity in Ireland.

In completing this pro-forma invoice you must ensure the information you provide is accurate and true. Where false, misleading or inaccurate information and/or documentation is included, or where relevant information is withheld or failed to be submitted, the CBD Office will reserve the right to refer the matter to the appropriate authority. If monies have been issued on the basis of false, misleading or inaccurate information and/or documentation the HSE will pursue the immediate recoupment of same from the payee. The CBD office reserves the right to review a patient's medical chart to clarify any information as appropriate.

### **Section B**

This part of the pro-forma invoice is to be fully completed by the patient's/applicants treating clinician.

### **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.

When the pro-forma invoice has been fully completed, please return it to the above mentioned CBD offices.

### **Processing**

Pro-forma invoices will be processed as quickly as possible and on receipt of the fully completed paper work the target time frame will be 30 days. Please note that the Cross-Border Healthcare Directive does not provide for reimbursement of travel or subsistence costs incurred by patients.

Only healthcare accessed abroad is eligible for reimbursement. Telemedicine may not be used to circumvent the requirement to travel abroad, for example you cannot use skype consultation in place of an outpatient appointment abroad. An outpatient appointment takes place on a date prior to inpatient or day case treatment.

Reimbursement will be at the cost of the treatment you availed of abroad or the cost of providing the healthcare in Ireland whichever is the lesser. Please note that in the case of inpatient care abroad the HSE will deduct the inpatient levy charge as if the treatment were availed of in the public healthcare system in Ireland. Healthcare in Ireland is funded through general taxation therefore the cost of the provision of the care is that funded through general taxation plus the inpatient levy that would have charged here in Ireland. Please also note that where healthcare is provided on an inpatient basis abroad but on an outpatient basis in Ireland the reimbursable rate will be the outpatient rate. Or where the healthcare would have been provided on a day case basis in Ireland but was provided on an inpatient basis abroad, the reimbursable rate will be the day case rate. The public healthcare system is not required to assume costs it would not have otherwise assumed if the treatment had been provided in Ireland.

**Where proof of the exchange rate as accessed by the applicant is evidenced in the application that is the rate that is issued for calculating the reimbursement.**

### **Orthodontic Treatment**

All claims for reimbursement will be processed when the patient enters the retainer stage of their treatment. Please ensure that all the required documentation has been submitted to allow your claim to be processed. Please ensure that you obtain a proof of travel for each appointment attended abroad such as a till receipt, parking ticket etc. Failure to provide proof of travel for each appointment may result in your application being declined for payment.

**PRO-FORMA INVOICE**

**APPLICATION FORM FOR REIMBURSEMENT OF THE COST UNDER THE PROVISIONS OF THE CROSS BORDER DIRECTIVE**

**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. *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.			
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.			

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

NAME of referring clinician	
Referring clinician's address	
Referring clinician's telephone/email	

**Please read in full before signing the declaration.**

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 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 information relevant to the decision on reimbursement, will mean the CBD office will reserve the right to refer the matter to the appropriate authority and the repayment of any reimbursement accessed will be required without exception. The CBD office reserves the right to review a patient's medical records to clarify any information as appropriate. I accept that in the event of the submission of false, misleading or inaccurate information or documentation, or the failure to submit relevant information, for the purposes of seeking reimbursement from the HSE that the claim will be disqualified for any further consideration and that all outstanding costs will be a matter for myself.

In submitting this pro-forma invoice (complete or incomplete) I the undersigned give my permission for my medical records or other clinical information to be accessed and copied for the purposes of processing this claim by the HSE. 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 reimbursement claim. In signing my name hereunder I acknowledge and accept this position and give my consent for same.

I declare that the above particulars are true and correct. I am aware that reimbursement is based on the information provided by me and that any additional information coming to light may impact on the monies reimbursed and I will be liable to repay any monies secured by me on the basis of incorrect, misleading or omission of information.

I also agree to notify and arrange to refund to the HSE immediately should I receive any refund from the provider or any other party e.g. insurance provider, in respect of the treatments for which the costs were reimbursed to me by the HSE. Such reimbursement will be due to the HSE without delay and in the case of undue delay I understand that the HSE may seek interest on monies due.

\* Reimbursement will be at the cost of the treatment you availed of abroad or the cost of providing the healthcare in Ireland whichever is the lesser. Please note that in the case of inpatient care abroad the HSE will deduct the inpatient levy charge as if the treatment were availed of in the public healthcare system in Ireland. Healthcare in Ireland is funded through general taxation therefore the cost of the provision of the care is that funded through general taxation plus the inpatient levy that would have charged here in Ireland. Please also note that where healthcare is provided on an

inpatient basis abroad but on an outpatient basis in Ireland the reimbursable rate will be the outpatient rate. Or where the healthcare would have been provided on a day case basis in Ireland but was provided on an inpatient basis abroad the reimbursable rate will be the day case rate. The public healthcare system is not required to assume costs it would not have otherwise assumed if the treatment had been provided in Ireland.

\_\_\_\_\_  
**Applicant's signature**

\_\_\_\_\_  
**Date**

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			
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.			

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 referring consultant am confirming that I am satisfied the facility to which I am referring this child meets the requirements of the policy.

**Signature of Parent or Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**This section should only be completed if you are making a claim for compensation for your injury from a third party.**

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:

\_\_\_\_\_  
 Solicitor's 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.

**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 - (to be completed in full by the treating clinician abroad)**

The treating clinician must fully complete Section B and provide sufficient information including details of the treatment provided to the patient. Reimbursement of healthcare is based on the evidence of the medical necessity which has been appropriately demonstrated.

Applications for reimbursement 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. In the case of a reimbursement for inpatient or day case treatment evidence of the outpatient consultation which took place on a date prior to the inpatient or day case procedure and at which the medical necessity was determined must also be included for the purposes of reimbursement.

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

Details of the healthcare provider abroad:

NAME of clinician			
Clinician's address/Hospital address			
Contact details – telephone, fax and email.			
Clinician's professional registration details – registering body and registration number			
PATIENT NAME			
PATIENT ADDRESS			
DATE OF BIRTH		/ /	
Treatment Date(s)			
Admission Date:		Discharge Date:	
Type of the treatment – i.e. outpatient/daycase/inpatient			
Specific Treatment/Procedure provided			
DRG CODE OF TREATMENT PROVIDED (DRG codes only apply to inpatient and day case treatments and not to outpatient care. It is only the treating consultant abroad who can identify the DRG for the treatment he or she has provided). The relevant ABF Price list is available on the HSE website by following the link below.			
Day case Treatment from 01 <sup>st</sup> August 2020: <a href="https://www2.hse.ie/file-library/cross-border-directive/admitted-patient-price-list-summary-daycase.pdf">https://www2.hse.ie/file-library/cross-border-directive/admitted-patient-price-list-summary-daycase.pdf</a>			
Inpatient Treatment from 01 <sup>st</sup> August 2020: <a href="https://www2.hse.ie/file-library/cross-border-directive/admitted-patient-price-list-summary-inpatient.pdf">https://www2.hse.ie/file-library/cross-border-directive/admitted-patient-price-list-summary-inpatient.pdf</a>			
Day case Treatment carried out up to 31 <sup>st</sup> July 2020: <a href="https://www2.hse.ie/file-library/cross-border-directive/2019-admitted-patient-price-list-summary-daycase.pdf">https://www2.hse.ie/file-library/cross-border-directive/2019-admitted-patient-price-list-summary-daycase.pdf</a>			
Inpatient Treatment carried out up to 31 <sup>st</sup> July 2020: <a href="https://www2.hse.ie/file-library/cross-border-directive/2019-admitted-patient-price-list-summary-inpatient.pdf">https://www2.hse.ie/file-library/cross-border-directive/2019-admitted-patient-price-list-summary-inpatient.pdf</a>			
Cost*		€ _____* (original invoice and receipts must be submitted, these will be copied for file purposes and returned to you)*	
Treatment provided (secondary)			
Type of the (secondary) treatment – e.g. outpatient/day-case/inpatient			
Specific (secondary) Treatment/Procedure provided			
DRG code of secondary treatment (where appropriate)			

Cost*	€ _____* (original invoice and receipts must be submitted these will be copied for file purposes and returned to you)*
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**SECTION B-Continued**

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


Please identify the specific treatment provided:


Is this treatment available within the State?                      YES                          NO      
 (only treatments which are available in or are publicly funded in Ireland qualify for reimbursement under the CBD)

Please confirm the reason for accessing the healthcare abroad?  
 (this information has no bearing on the application decision it is recorded 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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:

**SECTION B-Continued**

Is the treatment 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

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.

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 referring consultant am confirming that I am satisfied the facility to which I am referring this child meets the requirements of the policy.

Signature of treating clinician:

\_\_\_\_\_

Date:

\_\_\_\_\_

## IMPORTANT – CHECK LIST

Submitting a claim for reimbursement in respect of CBD healthcare.

When submitting a claim for reimbursement of healthcare provided under the provisions of the Cross Border Directive Scheme please ensure you include the following:

- A valid path of referral i.e. a referral letter\* or a copy of waiting list letter for a public hospital in Ireland if same has not already been provided at prior authorisation stage. \*See below for clarification on a valid referral letter.
- A fully completed Pro-Forma Invoice\*\* form (Pink in colour) in English only – optional but recommended.  
*\*\* Use of the pro-forma invoice is optional but it will ensure we have all the information we need to process the reimbursement as efficiently as possible. In the instance where a Pro-forma Invoice is not submitted the DRG code for the healthcare you are accessing abroad must be provided on the invoice provided from your treating hospital/clinic.*
- The original invoice from the healthcare provider abroad.
- The original receipt of payment from the healthcare provider abroad.
- Proof of your payment of your healthcare costs e.g. Bank transfer, Credit Card Payment (statement)
- Proof of travel abroad e.g. flight/ferry tickets, accommodation receipts, 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:	Yes	No	
1. Pre-dating your consultation abroad	<input type="checkbox"/>	<input type="checkbox"/>	
2. To a named consultant abroad	<input type="checkbox"/>	<input type="checkbox"/>	
3. Addressed to the treating hospital abroad	<input type="checkbox"/>	<input type="checkbox"/>	
4. Signed by your GP/consultant (public)	<input type="checkbox"/>	<input type="checkbox"/>	

**Or**

A waiting list letter from a public hospital in Ireland:	Yes	No	
1. A waiting list letter confirming that you are on the public waiting list in Ireland at the time of your consultation abroad	<input type="checkbox"/>	<input type="checkbox"/>	

• Pro-forma Invoice (Pink Form), (optional but recommended)	Yes	No	
1. Section A completed in full by applicant	<input type="checkbox"/>	<input type="checkbox"/>	
2. Section B completed in full by your treating consultant/clinician abroad***.	<input type="checkbox"/>	<input type="checkbox"/>	

\*\*\*Please ensure that your treating consultant/clinician abroad provides the inpatient or day case DRG code for the list published on the HSE website. This can be accessed on the HSE ABF Price List, please follow this links:

Day case Treatment from 01<sup>st</sup> August 2020: <https://www2.hse.ie/file-library/cross-border-directive/admitted-patient-price-list-summary-daycase.pdf>

Inpatient Treatment from 01<sup>st</sup> August 2020: <https://www2.hse.ie/file-library/cross-border-directive/admitted-patient-price-list-summary-inpatient.pdf>

Day case Treatment carried out up to 31<sup>st</sup> July 2020: <https://www2.hse.ie/file-library/cross-border-directive/2019-admitted-patient-price-list-summary-daycase.pdf>

Inpatient Treatment carried out up to 31<sup>st</sup> July 2020: <https://www2.hse.ie/file-library/cross-border-directive/2019-admitted-patient-price-list-summary-inpatient.pdf>

	Yes	No	
• Invoice(s) for healthcare subject to claim for reimbursement	<input type="checkbox"/>	<input type="checkbox"/>	
• Receipt(s) for each invoice submitted subject to claim for reimbursement	<input type="checkbox"/>	<input type="checkbox"/>	
• Proof of your payment of your healthcare costs e.g. Bank transfer, Credit Card Payment (Statement)	<input type="checkbox"/>	<input type="checkbox"/>	
• Proof of Travel	Yes	No	
1. flight/ferry tickets, accommodation receipts, toll/parking charges or a till receipt from a shop	<input type="checkbox"/>	<input type="checkbox"/>	
• Evidence of your initial outpatient consultation with your treating clinician abroad on a date prior to your admission.	<input type="checkbox"/>	<input type="checkbox"/>	Yes    No
1. An invoice & receipt from your initial consultation.	<input type="checkbox"/>	<input type="checkbox"/>	
Or			
2. A medical report which includes the date of your initial consultation.			



Proof of an initial consultation is not required where a person has already been assessed by their public consultant in Ireland and subsequently been placed on an inpatient treatment waiting list and where this waiting list letter is being submitted as your path of referral for your treatment abroad. The initial consultation or outpatient consultation must pre-date any inpatient or day case treatment.

- Medical Card Details  
1. Have you included a photocopy of your medical card  Yes  No
- For Orthodontic Treatment Only.**
- A HSE Orthodontic Assessment\* confirming the grade  Yes  No  
and category you have been assessed.

If you are currently on a HSE Orthodontic Assessment Waiting list in Ireland but have not yet been assessed then you can choose to have this assessment carried out abroad and claim up to €100.00 towards the cost of the assessment. The assessment abroad must be carried out in line with the HSE Orthodontic Assessment Tool. (Where the orthodontic assessment has already been carried out in Ireland, a claim for assessment abroad is not eligible for reimbursement under the scheme).