

The CNS covers all acts and services carried out by midwives at the provided rates and tariffs, set out in the nomenclature of acts and services provided by midwives. The insured person is free to choose any midwife.



### Services by midwives

Midwives may invoice all acts and services listed in the table of the nomenclature of acts and services provided by midwives, provided that they have actually and personally performed them and only outside the hospital environment.

The insured person may use the services of a midwife :

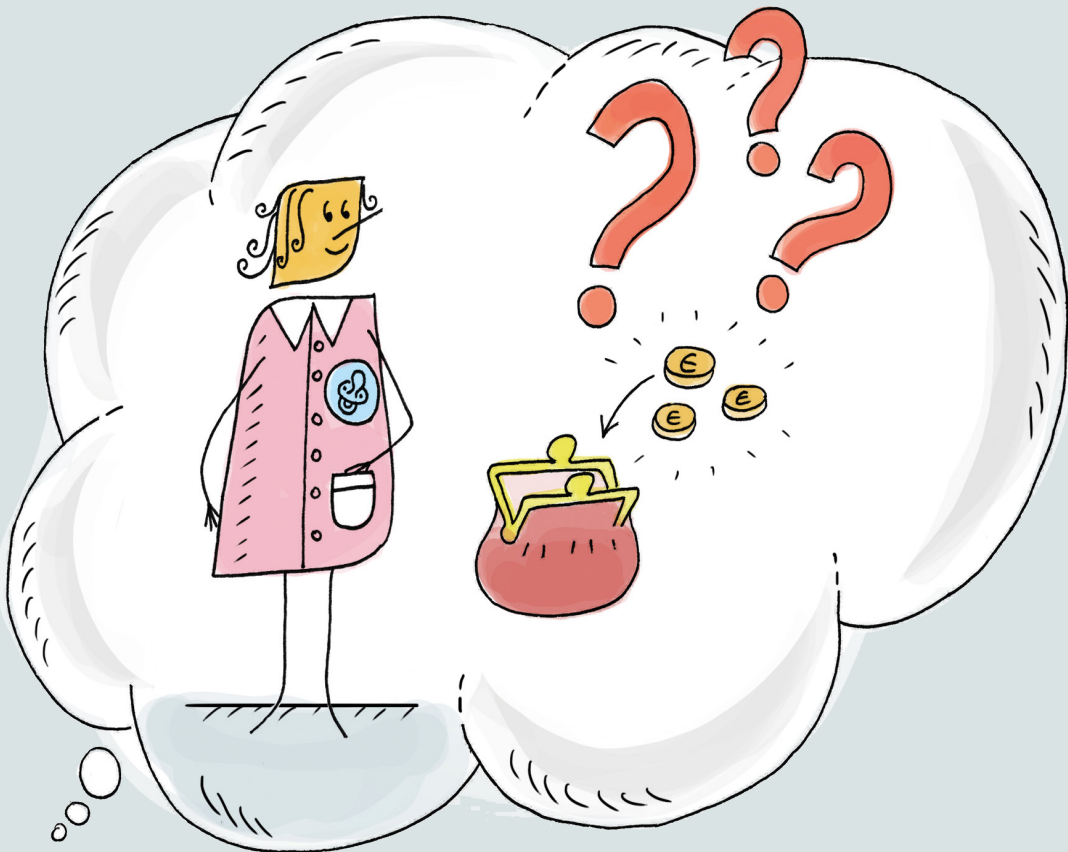
- in the prenatal period, among other things to prepare for birth and parenthood or to monitor and carry out obstetrical care,
- to accompany them during a birth outside the hospital, e.g. at home,
- after birth, especially for postpartum care but also to advise and accompany them during breastfeeding,
- for a preventive consultation for sexual and family education, in the context of sexual health and family planning.

In the event of a pathological pregnancy or a pathology following childbirth, the insured person must consult her gynaecologist or general practitioner before being able to use certain midwifery services.

f the insured person is in possession of a medical prescription and if the prescription does not indicate a period within which the treatment should begin, the treatment has to begin within 30 days of the prescription’s issuance.

Midwives may prescribe, under their own responsibility, certain medicines and biological tests.

Important: The CNS only accepts pregnancy certificates issued by doctors.



### Method of payment and rate of reimbursement

#### The third-party payment system

Usually, midwifery care is covered directly by health insurance through the third-party payment system.

#### The insured person pays the full amount of the treatment and requests a refund

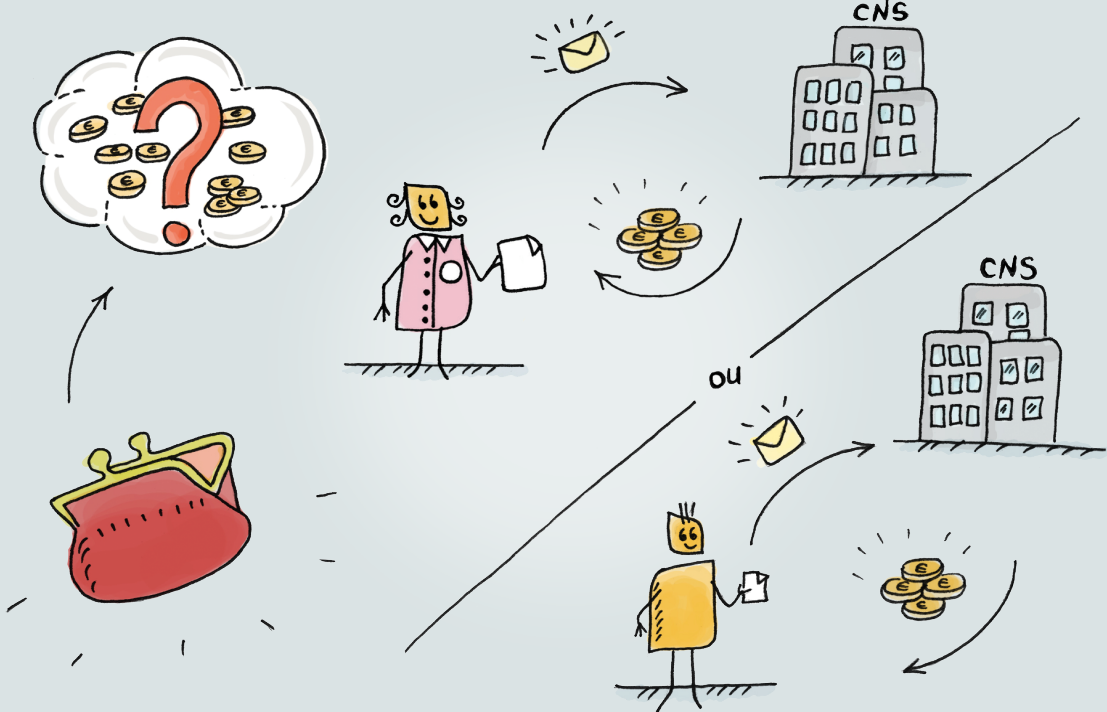
If the insured person receives an invoice, they must pay the costs upfront and send the original, paid and receipted invoice to the competent fund (CNS or public sector fund) along with the original medical prescription.

Acts and services from the midwives’ nomenclature are covered at a rate of hundred percent (100%).

### Compensation for lost fees

If the insured person failed to keep an appointment or was away from home at the time they were supposed to receive the treatment, and if the insured person failed to notify the midwife at least during the day before the appointment, the midwife is entitled to a compensation for lost fees

This compensation, as well as potential travel costs incurred, are not covered by health insurance.



### Travel expenses incurred by the midwife

The travel expenses include the travel allowance as well as the travel costs per kilometre driven.

Travel expenses for midwives can be covered, provided that:

- the doctor indicates on the prescription that the insured person is unable to leave their home for medical reasons;
- the journey takes place on Luxembourg territory. Journeys beyond the borders cannot be covered;
- the treatment has been carried out in a non-hospital setting.

### Midwifery care abroad

When it comes to midwifery care delivered in the country of residence of a cross-border worker, these services are exclusively reimbursed by the local health fund of the country of residence, in accordance with the rates, tariffs and conditions of that country.

Midwives established in Luxembourg may only provide care in Luxembourg.

