

The insured person is entitled to reimbursement of acts, services and supplies during scheduled treatment abroad authorised by the CNS.



Consultations abroad: Prior authorisation or not?

For consultations with a doctor in the European Union (EU), the European Economic Area (EEA) and Switzerland, the insured person is not obliged to request prior authorisation. The consultation will be reimbursed by the Luxembourg health insurance fund at the rates and tariffs in force in Luxembourg. However, if the doctor carries out special examinations during this consultation using highly specialised and expensive hospital facilities or equipment, prior authorisation is required.

Planned outpatient or inpatient treatment

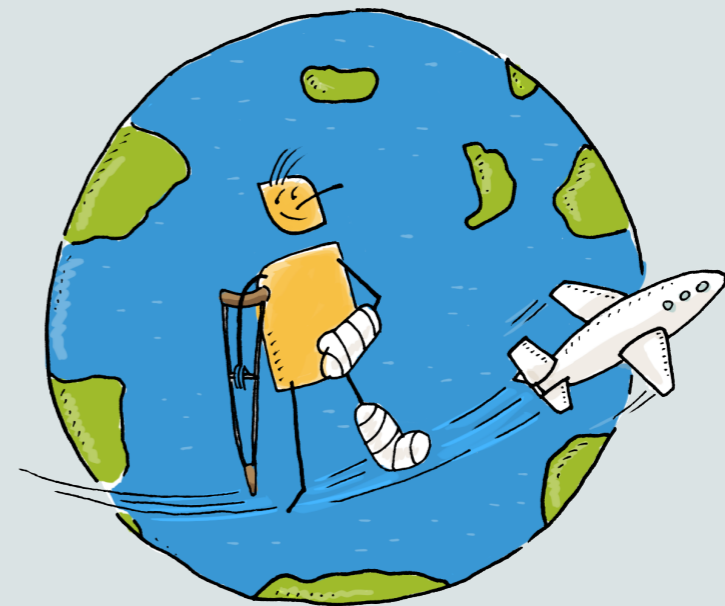
For any planned inpatient treatment (min. 1 night) in a hospital abroad, prior authorisation must be obtained from the CNS. For planned outpatient treatment, prior authorisation is always required if the treatment requires highly specialised and costly hospital infrastructure or equipment (restrictive list in Annex 4 of Grand Ducal Regulation A no. 54 of 13 March 2009).

Authorisation procedure

A request for prior authorisation duly completed and medically justified by a doctor (general practitioner or specialist) must be submitted to the CNS before the planned treatment begins. It is recommended that the application be made at least 2 weeks before the planned treatment is to begin. The doctor must state the medical reasons for which treatment is impossible or inappropriate in Luxembourg.

The request can be submitted by mail or e-mail (tae.cns@secu.lu) to the Department "Transfert à l'étranger". After verification, the CNS will issue a favorable opinion or a refusal regarding coverage of costs.

A prior request is not sufficient for coverage! There is an obligation to obtain prior authorisation. Without it, the CNS will not be able to reimburse the costs.



Coverage of treatment

1. EU, EEA and Switzerland

In the event of a favourable opinion from the CNS, the latter issues an authorisation for reimbursement. This authorisation can take two forms:

1. A form known as "S2", certifying that health care provided during treatment abroad is covered. The reimbursement is made according to the legal rates and tariffs applicable in the country where the treatment is provided. As the costs charged may exceed the reimbursement applicable in the country of treatment, the insured may be faced with additional costs that they must pay! In this case, the insured person can ask their supplementary insurance company about a possible contribution. If, on the other hand, the coverage in Luxembourg is higher than in the country of treatment for equivalent care, a complementary reimbursement can be requested from the CNS.
2. If it is not a public care provider (private) or if the insured person deliberately so wishes, the CNS may issue certificate of coverage called "Directive 2011/24". In this case, the insured person is treated as a private patient and must advance all costs. They are then reimbursed at the Luxembourg rates and tariffs (art. 20 of the CSS), without exceeding the actual costs advanced by the insured.

2. Countries outside the EU, EEA and Switzerland, bound by a bilateral agreement to Luxembourg

Luxembourg is bound by bilateral agreements in terms of social security with the following countries: Bosnia-Herzegovina, Cap Verde, Macedonia, Morocco, Montenegro, Serbia, Tunisia and Turkey. The authorisation procedure described above applies (using a special form provided for in the agreement) and only to conventional hospitals (not private ones). Costs are covered according to the statutory rates and tariffs applicable in the country of treatment.

3. countries outside the EU, the EEA and Switzerland that are not linked to Luxembourg by a bilateral agreement.

The approval procedure explained above also applies to these countries. If the treatment is approved, reimbursement will be made on the basis of the Luxembourg tariffs or otherwise on the basis of the tariffs set by the CNS, not exceeding the actual costs incurred.



Transportation costs

Reimbursement of transport costs within the framework of an authorised transfer abroad requires the prior agreement of the CNS. To this end, the doctor must specify in point 6) of the request for prior authorisation which means of transport (ambulance, serial transport by taxi, air transport) will be used. If treatment abroad is refused or if own means of transport are used, the insured person who has obtained prior authorisation for treatment abroad is entitled to reimbursement of travel costs.

Accompanying the insured person abroad

A person accompanying the insured person (in an acute hospital setting or for consultations) may, upon request and subject to a certificate from the doctor stating that this person's presence was necessary, receive a flat-rate reimbursement of their travel and/or accommodation expenses, subject to the approval of the CNS (no approval is required in the case of minors).



More information:

www.cns.lu > Insured person > Private life > Treatment abroad > Treatment scheduled abroad