



## Hospital benefits explained

No overall annual **limit**

Paid at **100%** of the Medihelp tariff\*

Quality **network facilities** for network plans

*If you need to be hospitalised you can rest assured that Medihelp is here to support you.*



### Day procedures

A day procedure is performed without requiring you to stay overnight in the facility. Hospitals and day procedure facilities can perform day procedures at a day rate which is less expensive than when you stay in hospital for several days.

Certain day procedures are only covered if performed in a day procedure/network facility. For MedMove! members, this applies to all day procedures.

### Prescribed minimum benefits

If you need to be admitted to hospital for treatment (including diagnostic procedures) and care of a PMB condition, Medihelp will cover the cost in full according to our clinical protocols.

#### Diagnostic procedures

To find out if your hospital procedure is a PMB condition, send an email to [enquiries@medihelp.co.za](mailto:enquiries@medihelp.co.za) for validation purposes.

Please include all the relevant supporting



documentation and information with your request, e.g. radiology and pathology reports, letters of motivation from your treating doctors, and confirmation of whether the services relate to a medical emergency, if applicable.

### Out of pocket expenses that may occur



Please take note of the following:

- Procedure-specific co-payments may apply for certain non-PMB procedures.
- Sub-limits or a maximum benefit amount may apply in some cases, e.g. for prostheses.
- An 80% benefit applies to planned hospital admissions that are not pre-authorized.
- Members of network options must use a network hospital or day procedure facility for planned procedures.

Certain procedures or treatments may also be excluded from benefits on some plans. Consult your benefit option's e-guide on the [Member Zone](#) or app for all the information you need.

**Pre-authorization is the key.** All admissions to a hospital, psychiatric facility or day procedure facility must be pre-authorized by Medihelp, and benefits are subject to our clinical protocols and case management.



### How to obtain pre-authorization

Apply for pre-authorization of planned hospital procedures well in advance. For authorization of emergency admissions, Medihelp must be notified on the next workday following the admission.



086 0200 678



[hospitalauth@medihelp.co.za](mailto:hospitalauth@medihelp.co.za)



Online on the [Member Zone](#) and member app



#### Dental procedure

Medihelp's dental benefit management partner, Dental Risk Company (DRC), manages all dental pre-authorisations 087 9439 618 | [auth@dentalrisk.com](mailto:auth@dentalrisk.com)



## What you need to pre-authorise your admission

	Dental	Other
Your membership number	✓	✓
Details of the patient	✓	✓
The procedure and diagnosis codes (you can get these from your doctor/dentist)	✓	✓
The treating doctor/dentist's details	✓	✓
Details of the hospital where the patient will be admitted	✓	✓
The date of admission	✓	✓
Details of the anaesthetist	✓	✓
For certain procedures, additional information may be required, such as medical reports, X-rays or blood test results. Speak to one of our pre-authorisation consultants for assistance.	✓	✓

## Changes to your pre-authorisation

Medihelp must be notified when a doctor makes changes to your treatments or procedures, as this may influence the benefits that the Scheme will grant. Phone Medihelp on 086 0200 678 or send email to [hospitalauth@medihelp.co.za](mailto:hospitalauth@medihelp.co.za). We will then send you an updated hospital pre-authorisation schedule reflecting the new details.



## Networks

### Specialist network

Out-of-pocket expenses can be limited by making use of a network specialist with whom we have negotiated tariffs. Find a network specialist [here](#).

#### Important:

- If the non-network specialist charges more than the Medihelp tariff\*, you will be liable to pay the difference to the specialist

### Hospital network

Members of network options must make use of network hospitals for planned admissions to avoid a co-payment. Locate a network hospital [here](#).

### Day procedure network

- Members of non-network benefit options must make use of any day procedure facility for the day procedures listed below.
- Members of network benefit plans must make use of a network day procedure facility for the following day procedures:
  - Ophthalmological procedures
  - Ear, nose and throat procedures
  - Circumcisions
  - Endoscopic procedures
  - Skin lesion removal
  - Dental procedures
  - Procedures as pre-authorised
- MedMove! members must use network day procedure facilities for all day procedures.

[Click here](#) to see list of network day procedure facilities for each benefit option.



## Private nursing services

Private nursing is medical care provided by a registered nurse at home or at an institution such as a hospital or nursing home. Nurses must be registered with the South African Nursing Council. General care\*\* services do not qualify for benefits in terms of Medihelp's Rules.

## What you need for pre-authorisation

- A written motivation from your treating doctor.
- A treatment plan and quotation which indicates the proposed period of treatment, the material and quantity are required.
- In the case of wound care, photos and/or a specialist's report.

## How to obtain pre-authorisation



086 0100 678



[hmanagement@medihelp.co.za](mailto:hmanagement@medihelp.co.za)



## Other medical services

Other medical services required while in hospital, including physiotherapy, occupational and speech therapy, will be considered for funding if referred by the attending medical doctor and deemed as clinically relevant to the hospital treatment the patient is receiving. A motivation by the treating medical doctor is required for additional services.

\* Medihelp tariff refers to the tariff paid by Medihelp for medical services, and include the contracted tariff for services agreed with hospitals or the Medihelp Dental Tariff for dental services.

\*\* General care refers to services such as assistance with personal hygiene (bathing, dressing, changing incontinence diapers and similar assistance), catheter care, oral or tube feeding (excluding the placement of catheters and tubes), administering and/or supervision of oral, rectal, vaginal or topical medicine, assistance with mobilisation and comfort care to prevent bedsores.

