



## Prescribed minimum benefits (PMB) explained

Cover for **271 PMB** conditions

**26** listed chronic diseases (**CDL**)

Medical **emergencies**

### What are PMB?



Prescribed minimum benefits (PMB) are benefits that all medical schemes must provide for certain defined healthcare services rendered to all members, irrespective of the benefit option on which they are enrolled.

The Medical Schemes Act stipulates that medical schemes must cover the cost of the diagnosis, treatment and care of –

- 26 specific chronic conditions listed in the Chronic Diseases List (CDL),
- 271 diagnoses and treatment pairs (DTPs), and
- emergency medical conditions as defined in the Act.

**To read more about PMB**, visit the [website](#) of the Council for Medical Schemes (CMS).

- [Click here](#) to find the complete list of CDL conditions and the PMB treatment algorithms for each condition.
- To see the full list of DTPs, [click here](#).
- The Regulations published under the Medical Schemes Act set out the algorithms or clinical treatment plans for the listed diseases that must be adhered to in order to qualify for PMB.

### How Medihelp pays PMB



Medihelp pays PMB\* subject to the treatment protocols and formularies that are applicable to the various PMB conditions and benefit options. Members must use the Scheme's designated service providers (DSPs) and benefits are subject to pre-authorization, except emergencies. Members must pre-authorise the PMB services by following the existing pre-authorization process for –

- hospital admissions,
- PMB chronic medicine and other related services like renal dialysis and oxygen,
- oncology,
- HIV/Aids treatment, and
- specialised radiology.

All other PMB pre-authorization requests must be submitted with the claim documents and any other supporting clinical documentation.

\*Remember that PMB services are first paid without any co-payments from your benefit option's available benefits for the relevant services, e.g. consultations or radiology, and only once these benefits have been depleted will you continue to receive unlimited benefits for PMB services. Medihelp may not pay PMB services from a member's medical savings account. For more about the authorisation processes, please see the next page.



## Important

- 1** Your treatment must be the same as the prescribed PMB treatment for the condition. For example, if the PMB treatment is defined as a surgical intervention, treatment other than a surgical intervention would not be considered PMB treatment.
- 2** Pre-authorise your PMB condition and treatments – read more under “How to pre-authorise PMB conditions and treatments”.
- 3** Use the medicine formularies for your benefit option, if applicable, and choose generic alternatives that cost less than the original patented medicine and are in line with the Medihelp Reference Price (MHRP), if available.

### Designated service providers (DSPs) and networks

Use service providers who are part of Medihelp's networks:



**Network general practitioners** – members of MedElect, MedVital Elect, MedAdd Elect and MedMove! must be treated by a network GP.



**Specialist referrals** – members of MedElect, MedVital Elect and MedAdd Elect must consult a network GP to obtain a referral to certain network specialists. Members of MedMove! must obtain a network GP referral for all specialist visits. For more information, [click here](#).



**Network specialists** – members of all benefit options must use network specialists to prevent or limit co-payments on PMB services, and members of network options must ensure that their network specialists will admit them to a network hospital for hospital treatment.



**Private network hospitals** (procedures where patients have to stay overnight and longer) – members of MedVital Elect, MedAdd Elect, MedElect, MedPrime Elect and MedMove! must use a network hospital to avoid a co-payment on the hospital account. [Click here](#) to find a network hospital near you.



**Day procedure network** (procedures where patients don't have to stay overnight):

- MedMove! members must use the MedMove! day procedure network for all day procedures.
- MedVital Elect, MedAdd Elect, MedElect and MedPrime Elect members must use their day procedure network for the procedures listed below.
- All other members don't have to use a network facility but must use a day procedure facility (not a hospital) for the day procedures mentioned below.

**Day procedures** include the following: Ophthalmological procedures; ear, nose and throat procedures; endoscopic procedures; removal of skin lesions; circumcisions; dental services; and all other procedures as pre-authorised by Medihelp as day procedures.



#### PMB chronic medicine:

- MedVital Elect, MedAdd Elect and MedPrime Elect members must order their PMB chronic medicine from Medipost and collect it at an Elect collection point. A formulary applies.
- MedMove! and MedElect members must obtain their medicine from a pharmacy in the Medihelp Preferred Pharmacy Network. A formulary applies to the MedMove! option.
- All other members can obtain their medicine from any pharmacy and are not restricted to a formulary.



**Oncology** – members of all options must be treated by ICON oncologists, and members of MedVital Elect, MedAdd Elect, MedPrime Elect, MedMove! and MedElect must order their oncology medicine from Dis-Chem Oncology at [oncology@dischem.co.za](mailto:oncology@dischem.co.za) or Medipost at [oncology@medipost.co.za](mailto:oncology@medipost.co.za).



**HIV/Aids medicine** – all members must register on the HIV/Aids programme and must use Dis-Chem and Medipost to obtain their medicine.



**Pathology** – members of all Medihelp's benefit options should use Ampath Laboratories to avoid co-payments.

You can find details of all the networks and DSPs specific to your benefit option on the [Member Zone](#).





## How to pre-authorise PMB conditions and treatments

### Hospital admissions and other related services\*

All hospital admissions and other related services\* must be pre-authorised, including admissions for PMB conditions. You must provide all the supporting clinical information (such as the results of X-rays and blood tests) relating to the admission to Medihelp, to enable the Scheme to consider whether the condition and related treatment qualify for PMB. Where patients are admitted to hospital in an emergency, authorisation must be requested on the first workday following the admission.

*\*Other related services include renal dialysis, wound care, private nursing and supplementary services.*



To pre-authorise PMB hospital admissions and emergency admissions:  
086 0200 678 | [hospitalauth@medihelp.co.za](mailto:hospitalauth@medihelp.co.za)

**Important:** Use the network hospitals, GPs and specialists specified for your benefit option to ensure that accounts are paid and to avoid co-payments. You can find this information on the Member Zone or read more under "Designated service providers and networks" above.



### HIV/Aids treatment

LifeSense is Medihelp's partner for all HIV/Aids-related services and post-exposure prophylaxis. To pre-authorise your HIV treatment please contact LifeSense:

- Tel: 0860 50 60 80  
SMS: 31271 for a call-back  
Fax: 0860 80 49 60
- Enquiries: [enquiry@lifesense.co.za](mailto:enquiry@lifesense.co.za)
- Scripts & pathology: [results@lifesense.co.za](mailto:results@lifesense.co.za)

[Click here](#) to read more about the LifeSense programme.



### Oncology

All oncology treatment and services require pre-authorisation. ICON is Medihelp's DSP for oncology treatment. Your ICON provider can apply for authorisation on your behalf. Alternatively you can email your treatment plan to [oncology@medihelp.co.za](mailto:oncology@medihelp.co.za).



### PMB chronic medicine

Complete the PMB/chronic medicine application form, which you can download here or from the [Member Zone](#). The application form indicates the entry criteria for certain conditions that must be met to qualify for PMB. Please provide the required test results and doctors' motivations or reports with your application where this is requested on the form. Email the completed application form and supporting documents to [medicineapp@medihelp.co.za](mailto:medicineapp@medihelp.co.za).

**Please note:** Members of MedMove!, MedVital Elect, MedAdd Elect and MedPrime Elect must use formulary PMB chronic medicine and DSPs as mentioned under "Designated service providers and networks" when obtaining their PMB medicine.

### Medihelp's PMB basket of care

Once the Scheme has registered your PMB condition, treatment or chronic medicine, you will have access to a basket of care (treatment schedule) which is a pre-approved list of consultations, treatments, blood tests and/or radiology that will be covered and will support you in managing your PMB condition. Please study this schedule carefully, as only the listed services will qualify for PMB.

If your doctor prescribes other services not listed in your care basket, please follow the pre-authorisation process described under "Other PMB conditions" above.

### Other PMB conditions

To apply for cover for all other PMB-related treatment, you need to complete a form to register your condition and services:

- You can find the relevant form on the Member Zone. [Click here](#) to access the [Member Zone](#) and browse under the tab "forms" for "prescribed minimum benefits".
- You can also phone the Medihelp Customer Care Centre on 086 0100 678 if you need assistance.



### Investigational procedures

You must pre-authorise investigational procedures such as specialised radiology, scopes (endoscopic procedures) and pathology tests that are performed to diagnose or confirm a PMB condition by completing the relevant PMB form, which you can download on the Member Zone. Email the form with all the relevant supporting documentation and information that you have received from your treating doctors to [enquiries@medihelp.co.za](mailto:enquiries@medihelp.co.za) for validation purposes. Should the services relate to a medical emergency, please also provide confirmation of this.

### PMB terminology

**Algorithms** – treatment guidelines for specific medical conditions. These guidelines are set by government for the 26 PMB conditions and by Medihelp for chronic medicine, using international guidelines.

**Chronic Diseases List (CDL)** – a list of 26 chronic conditions published in the Regulations under the Medical Schemes Act that qualify for PMB.

**Co-payments** – in the case of PMB, co-payments apply if the patient does not obtain services from a designated service provider, does not pre-authorise the relevant services or receives treatment that does not follow the specified protocols.

**Diagnosis and treatment pairs (DTPs)** – the list of 271 PMB diagnoses published in Annexure A to the Regulations under the Medical Schemes Act with the treatments for each diagnosis that are regarded as the standard level of care/treatment. The treatments focus on an evidence-based and cost-effective approach and indicate how each PMB condition should be managed.

**Designated service providers (DSPs)** – service providers or networks of service providers who have been assigned to render specific PMB-related services to ensure quality and reduce co-payments for members.

**Emergency medical condition** – this is defined in the Medical Schemes Act as the sudden and unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide such treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy.

**Entry and verification criteria** – requirements that a patient must meet in order to qualify for PMB.

**Formulary** – a list of PMB medicines for which the Scheme will pay on certain benefit options.

**Generic medicine** – medicine that contains the same active ingredient(s) in the same dosage as the original patented medicine, but is much more affordable. The generic medicine is manufactured after the patent right of the original product has expired and can therefore be introduced at a reduced cost, as the research and development costs of the original product need not be covered.

**ICD-10 code** – a code on the list of clinical codes used internationally to describe different diagnoses.

**Medihelp Reference Price (MHRP)** – the MHRP applies to all PMB medicine for all Medihelp's benefit options and is calculated by comparing the prices of original and generic medicines and then setting a generic reference price at which medicines will be reimbursed. If the price of a medicine item matches the MHRP, no co-payment is payable by the member. Should the medicine cost more than the MHRP, the member is liable for the cost difference.

**PMB application form** – the form to be completed and submitted to the Scheme to request approval of services and medicine for PMB.

**Protocol** – a set of clinical guidelines in relation to the optimal sequence of diagnostic testing and treatments for specific conditions and includes, but is not limited to, clinical practice guidelines, standard treatment guidelines, disease management guidelines, treatment algorithms, clinical pathways and formularies.

