



## Making it easy

Prescribed minimum benefits (PMB) shouldn't be a hassle; simply follow the process of authorisation and remain within the treatment guidelines.

### This pamphlet will tell you more about:



The terms and other words you may come across;



How to access PMB;



Which conditions qualify for PMB; and



How to avoid co-payments.

## DSPs specific to your benefit option

Please study your benefit option to make sure you use the designated service provider (DSP) indicated, e.g. ICON for oncology.

## Prescribed Minimum Benefits (PMB)

PMB are a series of services and conditions that medical schemes must cover in terms of the Medical Schemes Act 131 of 1998 and include –

- Medical emergencies (in terms of the legal definition – see the terms below)
- 270 listed diagnosis and treatment pairs (DTPs)
- 26 listed chronic diseases (the CDL).

PMB must be pre-authorized, follow specified protocols and must be rendered by designated service providers (DSPs). Medicine formularies could apply (Prime network and Necesses).

## Specialist networks

Medihelp has different specialist networks per benefit option for the treatment of PMB conditions. Visiting a network specialist will curb co-payments, and if you belong to a network option, will ensure that specialist services are aligned with the network hospital.

## Terms

**Authorisation schedule** – a list of all approved services for your PMB condition which will qualify for PMB.

**CDL (Chronic Diseases List)** – a list of 26 chronic conditions described in the Act.

**Co-payments** – in the case of PMB, co-payments apply if the patient does not visit a designated service provider, does not pre-authorise the relevant service(s) or if the treatment does not follow the specified protocols.

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

**Entry & verification criteria** – these are certain requirements to which a patient's condition has to adhere in order to qualify for PMB.

**Medical emergency** – a medical emergency is defined in the Act as “the sudden and unexpected onset of a health condition that requires immediate medical and/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”.

**Formulary** – a list of PMB medicines for which the Scheme will pay on the Prime network and Necesses options.

**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 Medihelps' benefit options. Doctors and pharmacies may prescribe or provide medicine that contains the same molecule in the same therapeutic class, and Medihelp applies an average benefit amount for that specific medicine's therapeutic class. You can download the list from our website at [www.medihelp.co.za](http://www.medihelp.co.za) or phone our call centre at **086 0100 678**. A formulary (list of medicine) applies to the Prime network options and Necesses.

**Non-PMB cases** – cases where the illness, emergency or diagnosis does not qualify for PMB in terms of the criteria published in the Act. Non-PMB cases receive the normal benefits in terms of your benefit option and are subject to limits.

**PMB code** – this code indicates the specific diagnosis and listed treatment (treatment protocol) that apply to this diagnosis.

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

**086 0100 678**  
[www.medihelp.co.za](http://www.medihelp.co.za)



Medihelp is an authorised financial services provider (FSP No 15738)

# PMB and CDL

## How to access your PMB

Follow the steps below to obtain PMB for:

- Consultations and services
- Medicine
- Hospitalisation
- Emergencies

Benefits for PMB will apply from the date on which these are approved and PMB services are first paid from the day-to-day benefits applicable to the relevant service. Once the day-to-day benefits are depleted, PMB conditions will be paid from the unlimited core benefits.

## Consultations and services

### Step 1: Register your illness

Phone Medihelp's PMB pre-authorization desk at **086 0100 678** and provide them with the relevant ICD-10 code (your doctor will give you these codes). Your illness has now been registered for PMB – once you receive the authorisation schedule, you will know exactly which services have been approved.

### Step 2: Your benefit schedule

The authorisation schedule sets out how many consultations and what other treatment have been approved as part of your treatment protocol. Please study this schedule, because only services listed here will qualify for PMB. If your doctor wants to prescribe other services not listed on your schedule, you will have to contact Medihelp at **086 0100 678** to apply for these services to be authorised.

## Medicine

Please complete a PMB/chronic medicine application form, which you can download from Medihelp's secured site for members at [www.medihelp.co.za](http://www.medihelp.co.za) or obtain a form by phoning our call centre at **086 0100 678**.

Certain conditions on the application form indicate entry verification & criteria that must be met to qualify for PMB. These may include test results and doctors' motivations or reports. Please include these, where necessary, to assist in finalising your application.

## Hospitalisation

If your condition requires hospitalisation, you must pre-authorise the hospital admission by phoning Medihelp on **086 0200 678**. If you do not pre-authorise your hospital admission, a co-payment of 20% of the benefit amount of the hospital account applies. Emergency admissions must be authorised on the first workday after the admission. Remember that members of the Prime network and Necesses options must be admitted to a network hospital to avoid a 35% co-payment for voluntary admission to a non-network hospital.

## Emergencies

Medical emergencies that adhere to the criteria explained under "terms" also qualify for PMB, provided that a doctor motivates it as such. Please authorise an emergency hospital admission on the first workday after the admission, by phoning Medihelp at **086 0200 678**.

## Avoiding co-payments

The four steps to ensure you avoid co-payments are as follows:

### Step 1:

Pre-authorise all PMB services – make sure you pre-authorise the relevant services where required, including the hospital admission.

### Step 2:

Visit designated service providers or network providers – always make use of designated service providers or network providers where these are specified.

### Step 3:

Follow the protocols – you can ask your treating doctor or healthcare provider to follow the treatment guidelines specified in the Regulations published under the Medical Schemes Act, 1998.

### Step 4:

Use the MHRP calculator on our website – the calculator will show you what co-payment will apply (if any) if you use generic or original medicines.

## The 26 CDL conditions

1. Addison's disease
2. Asthma
3. Bipolar mood disorder
4. Bronchiectasis
5. Cardiac failure
6. Cardiomyopathy
7. Chronic renal disease (renal failure)
8. Chronic obstructive pulmonary disease (e.g. emphysema)
9. Coronary artery disease (e.g. angina)
10. Crohn's disease
11. Diabetes insipidus
12. Diabetes mellitus type 1
13. Diabetes mellitus type 2
14. Dysrhythmia
15. Epilepsy
16. Glaucoma
17. Haemophilia A and B
18. Hyperlipidaemia (elevated cholesterol levels)
19. Hypertension (high blood pressure)
20. Hypothyroidism
21. Multiple sclerosis (MS)
22. Parkinson's disease
23. Rheumatoid arthritis
24. Schizophrenia
25. Systemic lupus erythematosus (SLE)
26. Ulcerative colitis

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