

# Claims Hound

WE GET MEDICAL SCHEME & INSURANCE CLAIMS PAID  
AND TREATMENTS APPROVED



## HOW TO MAXIMISE YOUR MEDICINE BENEFITS

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## **How to maximise your medicine benefits**

1. The goal is to get your medical scheme to pay for your medication in full, from scheme funds. When your scheme pays for your medication from your Medical Savings Account (MSA) you are effectively paying for the medicines out of your own pocket.
2. There is a set of benefits called **Prescribed Minimum Benefits (PMBs)** that your medical scheme **must pay for in full** provided that **specific criteria** are met, **irrespective of which benefit option you belong to**.

**The benefits are the same whether you are on a hospital plan or the most comprehensive option available.**

3. Your medical scheme must cover the costs related to the diagnosis, treatment, and care of:

- Any emergency medical condition,
- 271 specific medical conditions defined in the Diagnostic Treatment Pairs (DTPs), and
- 26 chronic conditions defined in the Chronic Disease List (CDL).

If your treatment is for any of the above and you follow your schemes rules, then the scheme must pay for the treatment in **FULL** irrespective of which benefit option you are on.

**The scheme may not pay any of these benefits from your MSA, if you have one.**

4. **Emergency medical conditions:** (As determined by the Council for Medical Schemes)

An emergency medical condition means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical treatment and/or an operation. If the treatment is not available, the emergency could result in weakened bodily functions, serious and lasting damage to organs, limbs, or other body parts, or even death.

In an emergency it is not always possible to diagnose the condition before admitting the patient for treatment. However, if doctors suspect that the patient suffers from a condition that is covered by PMBs, the medical scheme must approve treatment.

**Schemes may request that the diagnosis be confirmed with supporting evidence within a reasonable time.**

**Note that there is NO requirement that the treatment must be in hospital or that the patient needs to be admitted to hospital.**

#### 4.1. How medical schemes avoid their obligation to pay for medical emergencies.

- They ignore the indication on the medical service provider's invoice that the treatment was for a medical emergency and pay for the treatment from your Medical Savings Account (MSA) if funds are available.
- If funds are not available in your MSA, they simply don't pay and reflect the following typical reason code on your Member Statement:

*"No funds available in MSA, member must pay service provider."*

- If you don't have a Medical Savings Account (MSA) they simply don't pay and reflect the following typical reason code on your Member Statement:

*"No benefits available, member must pay service provider."*

**Very few medical schemes advise their members that they have received a claim from a medical service provider indicating your treatment as a medical emergency and that a motivation is required for payment to be made from scheme funds.**

#### 4.2. What you must do if your treatment is for an emergency medical condition:

- Request a motivation letter from the medical service provider as soon as possible following the treatment.
- Request a detailed invoice from the medical service provider and insist that it must indicate that it was:
  - a medical emergency AND
  - have an ICD-10 diagnostic code.
- Submit the invoice together with the motivation letter to your medical scheme by e-mail and **NOT** on their system (you may have to show evidence of submission later).
- Check you member statements and if these claims were either paid from your MSA or not paid, you should submit a complaint to the **Principal Officer** of your medical scheme by e-mail and copy this e-mail to the complaints, claims and membership departments of your scheme.
- Using e-mail makes your life very simple since you can use the same email when following up by forwarding it to the relevant parties.

## 5. Diagnostic Treatment Pairs (DTP):

**How to check if your treatment was for one of the 271 Diagnostic Treatment Pairs (DTP) that must be paid for.**

Your medical scheme hopes that you don't, and some medical schemes do not reflect sufficient detail on their member statements for you to check whether your treatment qualifies for payment as a Prescribed Minimum Benefit (PMB).

Fortunately, the Council for Medical Schemes maintains a down-loadable list of all the qualifying diagnostic codes on their website where you can check whether your treatment qualifies as a PMB.

### 5.1. What you must do.

- Always request an invoice from your Medical Service Provider whenever you have received treatment and insist that it has the **relevant ICD10** code on it.
- Submit the invoice to your medical scheme by e-mail as well as on their system and request that the medical scheme confirms whether the ICD-10 used is a PMB.

Do **NOT only** submit your claim on their system (you may require evidence of submission later).

- To **independently check if the ICD-10 code is for a PMB** you can go to the Council for Medical Schemes website and download the PMB list with ICD10 codes.
- If the ICD10 code on your medical service provider's invoice is on the list, then your treatment qualifies as a PMB and your medication **must be paid** by your medical scheme irrespective of the benefit option that you are on.
- **Check your member statements** and if these claims were paid from your MSA or not paid in full, from scheme funds, submit a complaint to the **Principal Officer** of your medical scheme by e-mail and copy this e-mail to the complaints-, claims- and membership-departments of your scheme.
- Using e-mail makes your life very simple since you can use the same email when following up by simply forwarding it to the relevant parties.

### 5.2. Your medical scheme may require that:

- You obtain authorisation for your treatment from the scheme, and
- The medication must be on their Formulary (prescribed medication list). Ask them if it is, and
- The medication be supplied by one of their Designated Service Providers (DSPs). Ask them which pharmacies are on their DSP List.

If you do not adhere to the requirements in this regard, you may have a co-payment.

## **6. Chronic conditions:**

### **There are 26 conditions on the Chronic Disease List (CDL)**

If your condition is on the list, then it qualifies for payment as a PMB irrespective of which benefit option you are on. Your scheme must pay for your treatment even if you are on a hospital plan only and irrespective of whether you are hospitalised or not.

- Addison's disease
- Asthma
- Bipolar mood disorder\*
- Bronchiectasis
- Cardiac failure
- Cardiomyopathy
- Chronic obstructive pulmonary disorder
- Chronic renal disease
- Coronary artery disease
- Crohn's disease
- Diabetes insipidus
- Diabetes mellitus type 1
- Diabetes mellitus type 2
- Dysrhythmias
- Epilepsy
- Glaucoma
- Haemophilia
- Hyperlipidaemia
- Hypertension
- Hypothyroidism
- Multiple sclerosis
- Parkinson's disease
- Rheumatoid arthritis
- Schizophrenia
- Systemic lupus erythematosus
- Ulcerative colitis

### **To pay for your medication in full your medical scheme may require that:**

- You register on their chronic disease program, and
- That the medication must be on their Formulary (prescribed medication list). Ask them if it is, and
- That you obtain your treatment and medication ~~for~~ from one of their Designated Service Providers (DSPs). Ask them which pharmacies are on their DSP List.

If you do not adhere to their requirements in this regard, you may have a co-payment.

## 7. Summary of what you must do to get the scheme to pay in full.

- **Check if your condition is:**
  - An emergency, or
  - Is on the Chronic Disease List (CDL), or
  - Is a PMB in terms of its ICD10 code.
- **Comply with your scheme's procedures:**
  - Register on your medical schemes chronic program if your condition is on the list, and/or
  - Apply for authorisation from your scheme if required.
- **Formulary requirements:**
  - Confirm that the medication prescribed by your treating service provider is on your scheme's Formulary and if it is not, request that your service provider changes the prescription accordingly, or ask your pharmacy to substitute the medication with one that is on the Formulary.
  - If there is no medication for the treatment of your specific condition on the formulary your doctor must provide a motivating letter to be submitted to your scheme.
  - If your scheme does not approve the motivated medication submit a complaint to the **Principal Officer** of your medical scheme by e-mail and copy this e-mail to the complaints, claims and membership departments of your scheme.
  - If your scheme still refuses to pay for your medication, your next step would be to complain to the Registrar of Medical Schemes in terms of Regulation 15(H). This is complicated and you may need help.
- **Designated service providers:**
  - If your scheme has Designated Service Providers (DSPs) for the supply of your medication, locate one that is convenient for you and obtain your medication from that supplier.
  - If you use a DSP, your PMB medication for your condition **MUST** be paid in full and there cannot be a co-payment.
  - If you do not use a DSP, then the maximum co-payment your scheme can charge is the difference in cost between what your supplier and the DSP charges. If your provider's cost is the same or lower than that of the DSP, the scheme must pay in full.
- **Check from which funds your medication was paid for:**
  - Check your member statements to ensure that the PMB benefits are **NOT** paid from your Medical Savings Account (MSA).
  - Check that the scheme did not overcharge you on the co-payment.

- **Lodge a Complaint:**

- If you complied with the above and:
  - The scheme paid for your medication from your Medical Savings Account, or
  - The scheme did not pay in full for your medication and you must make a co-payment, then:
- Submit a complaint to the **Principal Officer** of your medical scheme by e-mail and copy this e-mail to the complaints-, claims- and membership-departments of your scheme.

## 8. Medication for the treatment of conditions that are not PMBs.

- If your benefit option provides benefits payable from scheme funds, ensure that you obtain your medication from a Designated Service Provider (DSP) and that the specific medication is on your schemes' Formulary.
- Ask the dispensing service provider if there are alternative medicines available at a lower price and request a substitute product if available.
- If the medication is going to be funded from your MSA or out of your own pocket, you need to ask whether there are cheaper alternatives and well as whether the product is available over the counter (OTC).
- Substitute the product for a cheaper one and if it is available over the counter request that it not be dispensed and buy it off the shelf to avoid the dispensing fee.

## 9. What should your medicine cost?

Medicine prices are regulated in South Africa, and you can check the maximum price of prescription medication on the Medical Price Registry (MPR) website. What makes this website particularly useful is that it also provides the names and prices of available generics.

It should be noted that these are the maximum prices and that dispensers often sell at well below these prices. It is worth your while to shop around.

## 10. Tax tip

Always submit the claim for your medicine to your medical scheme, even if you have run out of funds or the scheme does not cover the items.

All valid medical expenses paid out of pocket may qualify for tax deductions, especially if you are over 65.

By submitting the claims to your medical scheme these expenses will be reflected on your annual tax statement which is automatically submitted to SARS.

## 11. Useful web sites

**Medicine Price Registry:**

<https://medicineprices.org.za/>

**Prescribed Minimum Benefits:**

<https://www.medicalschemes.co.za/resources/pmb/>

**Medical Scheme Contact Details:**

<https://www.medicalschemes.co.za/regulated-entities/medical-schemes-in-south-africa/>

**Council for Medical Schemes**

<https://www.medicalschemes.co.za/>



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