

# AVOID THESE PITFALLS WHEN CLAIMING FOR A PMB

Your medical scheme offers you Prescribed Minimum Benefits (PMBs) to protect you financially when you need medical attention. However, it is important that you understand which conditions are covered under your PMBs and to know your rights and how to enforce them. A lack of knowledge can result in you being denied benefits to which you are entitled.

Here are some things to think about to make sure you get the benefits you are entitled to.

**1. Make sure the condition you think is a PMB, is a PMB**

It sounds simpler than it is because a condition you think is covered as a PMB, may not be. For example, hypertension is a PMB, but your claim for treatment of a mild form of this condition could be rejected by your medical scheme because the dose of medication prescribed is too low to meet the criteria to qualify as a PMB.

**2. Your claim will only be paid if the correct ICD10 code is given**

The diagnosis of a PMB condition is covered in full. However, the claim will only be paid if the correct diagnostic code is given on the claim. If you have diagnostic tests, scans or other treatment for a chronic condition, you must make sure your claim forms are completed by your doctor and that the correct ICD10 codes are supplied. (ICD stands for the "International Statistical Classification of Diseases and Health-related Problems".)

Remember, if you're sent for a diagnostic test and the diagnosis is not immediately available, your pathologist or radiologist will use a "z" code to show this. Your claim won't be paid because the "z" ICD10 code is not covered by your PMBs. Only when the doctor reads the test results is a diagnosis confirmed. You can resubmit these claims, but the claim must be accompanied by a letter from your doctor confirming the diagnosis. Pathologists and radiologists will not change the codes and resubmit the claim for you.

**3. Use a doctor who is a designated service provider**

If you want your PMB claims to be covered in full you must use a service provider (doctors and specialists) chosen by your scheme. However, you can choose to see a doctor or specialist who is not a designated service provider, but then you will pay extra.

**4. Beware of the emergency that isn't an emergency**

PMBs cover all medical emergencies. However, sometimes what you thought was an emergency turns out not to be. In this case your scheme will not pay for consultations in emergency rooms or for tests done to establish whether or not the emergency was a life-threatening condition. Find out if your medical scheme has a casualty benefit to cover tests and treatment in an emergency room, regardless of the diagnosis.

**5. Emergency treatment for which doctors charge more than scheme rates**

Even if you are treated for an emergency covered by your PMBs, your scheme may not recognise your claim as relating to an emergency and will only pay your claim up to the scheme rate. In a case like this you need to challenge their decision. The best way to do this is to get the doctor who treated you to add a message on his bill saying that the treatment related to a PMB and should be covered in full.

**6. Your doctor recommends an alternative treatment if the standard treatment is not suitable**

You may lose out on your scheme paying for your treatment of a PMB if the standard treatment prescribed for the PMB is not suitable and your doctor recommends an alternative. In cases where treatment is expensive and the consequences of not following the treatment are dire, a doctor may help you to claim by motivating for alternative treatment.

**7. Establish what treatments are covered by your scheme's PMBs**

Your medical scheme is obliged to provide a standard of care for a PMB condition that is at least equal to that provided in state healthcare facilities. However, your scheme may

## HEALTH NEWSFLASH



John Cranke

Welcome to the new and improved Newsflash. This month we give you handy tips on how to prevent pitfalls when claiming for PMB's (Prescribed Minimum Benefits). We also discuss high blood pressure (that can lead to hypertension) and why it's so important you use the free screening check that most medical schemes offer. If you would like any more information on either of these topics, please contact your PSG healthcare consultant.

reject treatment for a PMB condition, saying it is not common practice for public health facilities to provide this treatment.

#### **8. Prepare for PMBs that are paid only after completing reams of paperwork**

You may want to give up the battle to have your PMB claim paid when you

are faced with having to complete multiple forms your scheme wants before they pay your claim. You may also have to submit forms for chronic conditions each year. It can be time consuming to get these forms completed, but do persist as in the end you will benefit.

Source: The Independent on Saturday, Personal Finance - 24 May 2014 - Laura Du Preez

## HYPERTENSION, THE SILENT KILLER

A statistic that should shock you - 230 South Africans die of high blood pressure-related heart attacks and strokes every day. Three out of four men in South Africa with hypertension don't know they have it, according to the Heart and Stroke Foundation (HSF). Only half of the women with hypertension are aware of their illness, said the foundation's Vash Mungal-Singh.

#### **Hypertension symptoms are not visible or traumatic**

Hypertension is called the "silent killer" because most people with hypertension feel well and don't believe they need to test for it. However, it's the leading cause of strokes and heart disease in South Africa, and the fifth top cause of death, according to Mungal-Singh.

#### **Hypertension can be prevented by leading a healthy lifestyle**

The HSF estimates that 80% of heart diseases can be prevented by leading a healthy lifestyle. This includes watching your weight and reducing the amount of salt you eat.

You may not realise how much salt you eat, both at the table and hidden in processed foods. The biggest culprits are bread, cereals, margarine, gravy and soup powders, sausages, polony, meat pies and fast food. All of these foods have high amounts of salt added to them.

According to the HSF, South Africans consume a whopping 40g of salt a day. The South African government aims to reduce this high intake to the World Health Organisation's recommended 5g a day by the year 2020. Last year government implemented salt reduction legislation requiring the food industry to reduce salt content in processed foods.

#### **Black populations are more vulnerable to hypertension**

A hypertension study published in the Journal of the American Heart Association reveals that black South Africans have a stroke rate twice as high as that of white South Africans. According to the study, our black population is more vulnerable to hypertension than other races because of a genetic predisposition that permits factors like high salt intake, obesity, weight gain and alcohol consumption to set off the disease.

#### **Steps you can take to reduce your chances of suffering from hypertension**

- ◆ Try and reduce your salt intake,
- ◆ Check your blood pressure more often,
- ◆ Visit your local government-run hospital or clinic for a blood pressure screening
- ◆ Visit your pharmacy which may also offer blood-pressure screening for free or for a small fee.

Source: Thandeka Moyo: Mail & Guardian, 27 May 2014