

CMSScript

Issue 2 of 2016

Member of a medical scheme? Know your guaranteed benefits!



Emergency Medical Conditions

All medical emergencies are PMBs and require full payment from your medical scheme.

Prescribed Minimum Benefits (PMBs) refer to the benefits contemplated in section 29 (1) (o) of the Medical Schemes Act (the Act) 131 of 1998, and consist of the provision of the diagnosis, treatment and care costs

- Any emergency medical condition;
- A limited set of 270 medical conditions defined in the Diagnostic Treatment Pairs (DTPs);
- And 25 chronic conditions defined in the Chronic Disease List (CDL)

What is an emergency medical condition?

Regulation 7 of the Medical Schemes Act defines an emergency medical condition as the sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide immediate medical or surgical 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.

Before a condition can be classified as an emergency the following issues should be taken into consideration:

- There must be an onset of a health condition
- The onset must be sudden and unexpected
- The health condition must warrant an immediate treatment, that can be either medical or surgical
- If the condition is not treated immediately, three eventualities may happen namely, that is, serious impairment to a bodily function, serious dysfunction of a body part or organ, or death.

Level of care

The Regulations of the Medical Schemes Act make provision for any relevant care regarding an emergency medical condition to be provided in any setting other than a hospital, provided that the setting is clinically appropriate.

Confirmation and registration for PMBs

The PMB Code of Conduct published in 2010 stipulates that considering that many PMB claims cannot be correctly identified as PMB benefits based on ICD10 codes, procedure or medicine codes, a pre-registration, application or authorisation process may be required by medical schemes. Such pre-registration, application or authorisation process must not place an unnecessary burden on, and must be readily accessible to patients and provider. In the case of emergencies, medical schemes may not deny benefits because authorisation or registration was not obtained prior to the diagnosis,

treatment or care intervention. The onus is on both "diagnosing" and "non-diagnosing" providers to submit accurate and specific ICD10 codes on claims, and any relevant clinical information necessary to facilitate the identification of PMB benefits.

What must be funded under the PMB?

The PMB regulations specify that the diagnosis, treatment and care of the PMB conditions must be funded in full provided that the services were obtained from a Designated Service Provider. In most cases, people that experience emergency medical conditions seek medical help at the nearest health establishment which might not be a designated service provider for their particular medical scheme. In such instances, the member would have involuntarily sought health care services from a non-designated service provider. Diagnosis, treatment and care of the member's condition should therefore be funded in full. Funding of treatment according to the medical scheme's formulary and protocols should not be less than what would have been provided in the state sector.

According to the PMB code of conduct, where a medical emergency is diagnosed, and is not confirmed by additional medical evidence as PMB, the medical scheme should cover the costs from the PMB benefits up to the stage where a non-PMB diagnosis was made. This means that, consultations, blood tests and / or radiology investigations (x-rays, sonars and scans) that were needed for the diagnosis and treatment of the condition should be funded by the medical scheme. Therefore, where a non-PMB diagnosis is finally confirmed, health interventions from that point should be covered by the medical scheme according to the scheme rules.

This CMSScript replaces all prior CMSScripts that have been published regarding medical emergency conditions.

What are prescribed minimum benefits?

PMBs include 270 serious health conditions, any emergency condition, and 25 chronic diseases; they can be found on our [website](#)

The Communications Unit would like to thank **Thabiso Mpehlo** for compiling this edition of CMSScript.

information@medicalschemes.com | Hotline: 0861 123 267 | Fax: 012 430 7644

The clinical information furnished in this article is intended for information purposes only and professional medical advice must be sought in all instances where you believe that you may be suffering from a medical condition. The Council for Medical Schemes is not liable for any prejudice in the event of any person choosing to act or rely solely on any information published in CMSScript without having sought the necessary professional medical advice.