

Members can apply for **PMB medicine** benefits for the following 26 chronic conditions on the Chronic Disease List (CDL). It is imperative that a patient **meet the criteria** as stipulated in the application form when applying for benefits for these conditions. The following details are provided for your information only, and should kindly not be returned to Medihelp with your application. In the case of **Necesse and Dimension Prime network members** the formulary must be consulted before medicine for PMB conditions are prescribed.

PMB condition	Requirements (for Medihelp Plus, Dimension Elite and Dimension Prime benefit options)
Addison's disease	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a specialist physician, paediatrician or endocrinologist • Diagnostic serum cortisol levels and ACTH stimulation test in case of a new application
Asthma	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a registered medical practitioner • Children younger than 3 years: diagnosis by a paediatrician or paediatric pulmonologist in case of a new application • Combination of asthma and COPD to be confirmed by a pulmonologist or specialist physician
Bipolar mood disorder	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a registered medical practitioner • Complete the application form for bipolar mood disorder in section 6
Bronchiectasis	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a pulmonologist or specialist physician in case of a new application • Attach the most recent microscopic culture results and a motivation if an antibiotic is prescribed
Cardiac failure	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a specialist physician or cardiologist or the Pro-BNP pathology test result as confirmation of diagnosis if diagnosed by another registered medical practitioner in case of a new application
Cardiomyopathy	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a specialist physician or cardiologist in case of a new application
Chronic obstructive pulmonary disease (COPD)	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a registered medical practitioner • A lung function test indicating the FEV1/FVC and FEV1 post-bronchodilator values • A motivation and supporting lung function test that proves the percentage increased lung function after treatment with a corticosteroid inhaler if applying for a corticosteroid inhaler • Combination of asthma and COPD to be confirmed by a pulmonologist or specialist physician
Chronic renal disease	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a specialist physician or nephrologist in case of a new application • Diagnostic serum creatinine clearance results or glomerular filtration rate (GFR) in case of a new application (please attach pathology results) • Haemoglobin results if applying for erythropoietin
Coronary artery disease	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a specialist physician or cardiologist in case of a new application
Crohn's disease	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a specialist physician, surgeon, gastroenterologist or paediatrician • Diagnostic colonoscopy in case of a new application
Diabetes insipidus	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a specialist physician, paediatrician, endocrinologist, neurosurgeon or neurologist • Positive water deprivation test in case of a new application
Diabetes mellitus type 1	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a registered medical practitioner
Diabetes mellitus type 2	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a registered medical practitioner • Diagnostic fasting plasma glucose results and/or glucose tolerance test results or random blood glucose results in case of a new application (please attach pathology results which confirmed your initial diagnosis)
Dysrhythmia	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a specialist physician or cardiologist in case of a new application
Epilepsy	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a neurologist or paediatric neurologist or the findings of an EEG report as confirmation of diagnosis if diagnosed by another registered medical practitioner in case of a new application
Glaucoma	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a registered medical practitioner
Haemophilia	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a registered medical practitioner • Diagnostic results of factor VIII or IX pathology tests in case of a new application
Hyperlipidaemia	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a registered medical practitioner • Complete the application form for hyperlipidaemia in section 5 • Fasting diagnostic baseline lipogram, including the total cholesterol, HDL, triglyceride and LDL values (please note that "baseline lipogram" refers to the pathology results which confirmed your initial diagnosis) • Most recent fasting lipogram should the medicine or dosage increase
Hypertension	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by any registered medical practitioner • Classify the severity of hypertension – complete section 4
Hypothyroidism	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a registered medical practitioner • Diagnostic TSH and FT4 pathology results in case of a new application (please attach diagnostic pathology results)

PMB condition	Requirements (for Medihelp Plus, Dimension Elite and Dimension Prime benefit options)
Multiple sclerosis	<ul style="list-style-type: none"> • ICD-10 code and diagnostic report supported by MRI findings from a specialist physician or neurologist • Complete the applicable application form if beta-interferon is prescribed, and include the liver function test report as well as the full blood count
Parkinson's disease	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a neurologist or specialist physician in case of a new application and any regime change
Rheumatoid arthritis	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a specialist physician, rheumatologist or paediatrician
Schizophrenia	<ul style="list-style-type: none"> • ICD-10 code and DSM-IV diagnosis by a psychiatrist or paediatric psychiatrist
Systemic lupus erythematosus	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a specialist physician, rheumatologist or paediatrician
Ulcerative colitis	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a specialist physician, gastroenterologist or surgeon • Diagnostic colonoscopy or sigmoidoscopy report in case of a new application

The following chronic conditions are also covered for members of the Medihelp Plus and Dimension Elite benefit options only. Please note that cover is subject to clinical entry criteria and protocols:

Chronic condition	Requirements (for Medihelp Plus and Dimension Elite benefit options only)
Acne	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a dermatologist • Only severe grade of acne (previously classified as grade IV and V) will be considered • Clear colour photo of the affected area
Allergic rhinitis	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a registered medical practitioner
Alzheimer's disease	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a neurologist or psychiatrist, submitted with the results of a Mini-mental report • Changes in therapy: Results of the Mini-mental report
Ankylosing spondylitis	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a rheumatologist, specialist physician or orthopaedic surgeon
Attention-deficit disorder with or without hyperactivity (ADHD)	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a paediatrician, psychiatrist or neurologist in case of a new application
Benign prostate hypertrophy	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a registered medical practitioner • ICD-10 code and diagnosis by a urologist if finasteride, dutasteride or a combination of drugs is prescribed
Cushing's disease	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by an endocrinologist
Cystic fibrosis	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a relevant specialist
Dermatitis	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a dermatologist if combination therapy is prescribed
Disorders of the circulatory system	<ul style="list-style-type: none"> • ICD-10 code, diagnosis, motivation and applicable application form completed by a specialist physician or cardiologist if clopidogrel is prescribed • Please phone the Medihelp Customer Care centre for the clopidogrel application form
Endometriosis	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a gynaecologist
Gastric oesophageal reflux disease	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a registered medical practitioner, specialist physician, surgeon or gastroenterologist • Gastroscopy report not older than 12 months to confirm diagnosis
General anxiety disorder	<ul style="list-style-type: none"> • ICD-10 code and DSM-IV diagnosis by a psychiatrist
Gout (only preventative treatment)	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a registered medical practitioner
Heart valve disease	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a cardiologist
Huntington chorea	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a relevant specialist
Hyperprolactinaemia	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a specialist physician, gynaecologist or endocrinologist • Annual pathology report not older than 12 months
Hyperthyroidism	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a registered medical practitioner • Diagnostic pathology report
Incontinence	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a registered medical practitioner
Macular degeneration	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by an ophthalmologist • Complete the applicable application form if applying for ophthalmic intravitreal anti-VEGF injection or Visudyne • Please phone the Medihelp Customer Care centre for the applicable application form
Major depression	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a registered medical practitioner

Chronic condition	Requirements (for Medihelp Plus and Dimension Elite benefit options only)
Ménière's disease	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by an ear, nose and throat specialist
Menopause	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a registered medical practitioner
Migraine (only preventative treatment)	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a registered medical practitioner for first-line treatment • Second-line treatment will be considered if prescribed by a neurologist
Motor neuron disease	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a neurologist
Myasthenia gravis	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a neurologist • Complete the application form for myasthenia gravis in case of a new application • Please phone the Medihelp Customer Care centre for the applicable application form
Narcolepsy	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a neurologist
Neuropathic pain	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a registered medical practitioner
Obsessive-compulsive disorder	<ul style="list-style-type: none"> • ICD-10 code and DSM-IV diagnosis by a psychiatrist or paediatric psychiatrist
Osteo-arthritis	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a registered medical practitioner • Motivation required if a COX-2 inhibitor is prescribed
Osteoporosis	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a registered medical practitioner • BMD report (only a DEXA scan is accepted) and an indication of the relevant risk factors
Paget's disease	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a relevant specialist • Pathology report to confirm diagnosis
Panic disorder	<ul style="list-style-type: none"> • ICD-10 code and DSM-IV diagnosis by a psychiatrist
Pemphigus/Pemphigoid	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a dermatologist
Pernicious anaemia	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a registered medical practitioner • Pathology report to confirm diagnosis
Polycystic ovarian syndrome	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a gynaecologist
Posttraumatic stress disorder	<ul style="list-style-type: none"> • ICD-10 code and DSM-IV diagnosis by a psychiatrist or paediatric psychiatrist
Psoriasis	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a dermatologist
Psoriatic arthritis	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a rheumatologist or specialist physician
Pulmonary interstitial fibrosis	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a pulmonologist
Raynaud's disease	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a relevant specialist
Sjögren's syndrome	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a registered medical practitioner
Social phobia	<ul style="list-style-type: none"> • ICD-10 code and DSM-IV diagnosis by a psychiatrist or paediatric psychiatrist
Thrombocytopenic purpura	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a relevant specialist
Trigeminal neuralgia	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a neurologist • Include the patient's medicine history

Surname and initials of principal member

Name of patient

Membership No

section 3: to be completed by the medical practitioner

Instructions:

1. Complete one application form per patient.
2. **Incomplete or old application forms will not be processed. This application form is only valid for 2015.**
3. If the medicine has changed for a **registered condition**, a new script and ICD-10 codes must be sent to MEDICHRON.
4. Fax the completed and signed application form to **012 334 2466**, post it to **PO Box 26042, ARCADIA, 0007** or email it to **medicineapp@medihelp.co.za**.
5. Registration with MEDICHRON or changes to an authorisation schedule will only be valid from the date of approval. **Authorisation schedules will under no circumstances be backdated.**
6. If you have any enquiries please phone Medihelp's Customer Care centre on **086 0100 678**.
7. The Customer Care centre is available Mondays to Thursdays from 7.00 to 17.00 and Fridays from 8.00 to 16.00.
8. Clinical queries from medical practitioners will be handled from Mondays to Thursdays from 7.30 to 16.00 and Fridays from 8.00 to 16.00. Only queries regarding conditions already registered with MEDICHRON will be handled telephonically.

details of medicine

Diagnosis (compulsory)	ICD-10 code (compulsory)	Prescribed medicine and strength	Quantity per month

Please remember to attach the applicable pathology and/or diagnostic reports, as indicated in the list of requirements on pages 2 to 4. Reports must be clear and readable. Please do not highlight sections of the report if you send it by fax, as this will affect legibility. Please note that approval of medicine is subject to entry criteria and protocols as determined by Medihelp. Please refer to the Necesses formulary when prescribing medicine for Necesses members and to the Dimension Prime network formulary for Dimension Prime network members.

Name of attending physician Practice No

Type of practitioner (e.g. cardiologist)

Signature _____

Date _____

Surname and initials of principal member

Name of patient

Membership No

section 4: hypertension

Please classify the severity of hypertension:

Mild hypertension Moderate hypertension Severe hypertension

Current blood pressure reading

On therapy

Yes	No
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If on therapy, please specify the medicine used:

section 5: hyperlipidaemia

Please supply the baseline lipogram values. If the baseline values are not available, indicate that the lipogram was done on therapy and specify the medicine currently being used:

Baseline lipogram	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	Total cholesterol	<input type="text"/>
Yes	No				
On therapy	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	Triglycerides	<input type="text"/>
Yes	No				
Medicine used when the attached lipogram was done or values were determined	<input type="text"/>	HDL	<input type="text"/>		
Duration of therapy, if on therapy	<input type="text"/>	LDL	<input type="text"/>		
Age when diagnosed	<input type="text"/>				

• Does the patient have symptomatic atherosclerotic disease confirmed by a cardiologist/specialist physician or did the patient have a previous incident?

Yes	No
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• Supply the correct ICD-10 code for the above condition or incident

• Practice number of specialist physician/cardiologist or type of incident

• Type 1 diabetes with demonstrated microalbuminuria or proteinuria – please attach the pathology results

Yes	No
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• Type 2 diabetes – please attach the **diagnostic pathology results** if not yet registered with Medihelp

Yes	No
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Fasting glucose	<input type="text"/>	or	Random glucose	<input type="text"/>
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Surname and initials of principal member

Name of patient

Membership No

• Systolic blood pressure reading

• Is the patient on treatment for hypertension?

Yes	No
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• Does the patient smoke?

Yes	No
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• Genetic hyperlipidaemia:

○ Diagnosed by an endocrinologist?

Yes	No
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○ Practice number of endocrinologist

○ Positive family history of myocardial infarction in:

▪ First-grade male blood relative (father/brother) < 55 years

Yes	No
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▪ First-grade female blood relative (mother/sister) < 65 years

Yes	No
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○ Presence of tendon xanthoma

Yes	No
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• Please specify the medicine for which you are applying

• ICD-10 code

section 6: bipolar mood disorder

1. Please mark the diagnosis that is applicable to this patient:

➤ Bipolar I disorder

- Single manic episode
- Most recent episode – manic
- Most recent episode – mixed/rapid cycling
- Most recent episode – depressive

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

➤ Cyclothymic disorder

➤ Bipolar II disorder

- Most recent episode –hypomanic
- Most recent episode – depressive

<input type="checkbox"/>
<input type="checkbox"/>

Date of most recent episode:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

<input type="text"/>
<input type="text"/>

ICD-10 code

Surname and initials of principal member

Name of patient Membership No

2. Please indicate whether the current episode is a first or recurrent episode:

First episode **OR** Recurrent episode

3. Please state the phase of illness at onset:

4. Please supply the patient's medicine history:

Medicine	Dosage	Duration of treatment	Specify reason for discontinuation if known

5. Specify the medicine for which you are applying:

Please note that medicine will only qualify for PMB if it is used for the indications, duration of treatment and at the dosage for which it is registered in South Africa.

Medicine	Dosage	Duration of treatment

I declare that to the best of my knowledge, all the information provided in the sections above is true and accurate. I acknowledge that Medihelp can only make informed reimbursement decisions if supplied with all relevant information regarding the patient's condition.

Signature of medical practitioner _____ Date

Reference:

*This questionnaire was compiled using the criteria explained in the **Maudsley prescribing guidelines 9th Ed.** in consultation with Psychiatrists in Private Practice (P3) and the South African Society of Psychiatry (SASOP)*