

Enquiries: 086 0100 678 Fax: 012 334 2466
 Postal address: PO Box 26042, ARCADIA, 0007
 E-mail address: medihelp@medihelp.co.za



application for registration of medicine: chronic and prescribed minimum benefits (pmb) 2011

(version 9 updated 30 November 2010)

section 1: to be completed by the patient

general information

1. details of principal member

Title	<input type="text"/>	Identity No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Surname	<input type="text"/>											Initials	<input type="text"/>									
Benefit option	<input type="text"/>											Membership No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. details of patient

Title	<input type="text"/>	Identity No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Surname	<input type="text"/>											Initials	<input type="text"/>								
Date of birth	<input type="text"/>											Gender	Male		Female						
Length (cm)	<input type="text"/>	Weight (kg)	<input type="text"/>	Do you smoke?								Yes		No							
Tel No (H)	<input type="text"/>											Tel No (W)	<input type="text"/>								
Cell No	<input type="text"/>																				

I understand and declare that my application shall be void should any information supplied by me be false or incomplete. I grant permission to my doctor to state the diagnosis of my medical condition on this form and understand that the information on this application form will remain confidential at all times. I understand that authorisation is subject to clinical entry criteria and algorithms as determined by MEDICHRON.

Signature of patient (parent/guardian if minor) _____ Date _____

section two: to be completed by the medical practitioner

details of medical practitioner

Initials and surname	<input type="text"/>																					
Type of practitioner (e.g. general practitioner)	<input type="text"/>																					
Practice No	<input type="text"/>											Tel No	<input type="text"/>									
Fax No	<input type="text"/>											E-mail address	<input type="text"/>									

Signature _____ Date _____

Members can apply for **chronic or PMB medicine** benefits for the following 26 chronic conditions on the Chronic Diseases List (CDL). It is imperative that a member **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 faxed to Medihelp with your application.

PMB code	PMB condition	Requirements (for Medihelp Plus, Dimension Elite and Dimension Prime benefit options)
C001	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
C002	Asthma	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical practitioner, for children younger than 3 years diagnosis by a paediatrician in case of a new application The application form for asthma in section four must be completed by the medical practitioner in case of a new application Combination of asthma and COPD to be confirmed by a pulmonologist
C026	Bipolar mood disorder	<ul style="list-style-type: none"> ICD-10 code and DSM-IV diagnosis by a registered medical practitioner In case of a new application the bipolar mood disorder application form must be completed You can phone Medihelp's contact centre for this application form
C003	Bronchiectasis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a pulmonologist in case of a new application Attach the most recent microscopic culture results and motivation if an antibiotic is prescribed
C004	Cardiac failure	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a specialist physician or cardiologist in case of a new application
C005	Cardiomyopathy	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a specialist physician or cardiologist in case of a new application
C008	Chronic obstructive pulmonary disease (COPD)	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a pulmonologist or specialist physician in case of a new application A lung function test indicating the FEV1/FVC and FEV1 post-bronchodilator values A motivation and supporting lung function test that proves 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
C006	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) Hemoglobin results if applying for erythropoietin
C007	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
C009	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 Complete the applicable application form if biologicals are prescribed Biologicals will only be considered for members of the Medihelp Plus benefit option
C010	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
C011	Diabetes mellitus type I	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical practitioner
C012	Diabetes mellitus type II	<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 in case of a new application (please attach pathology results) Motivation from a specialist physician or endocrinologist if thiazolidinedione is prescribed
C013	Dysrhythmia	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a specialist physician or cardiologist in case of a new application Prescription from a specialist physician or cardiologist if an anti-arrhythmic drug is prescribed
C014	Epilepsy	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a neurologist or specialist physician or the findings of an EEG report as confirmation of diagnosis by a registered medical practitioner in case of a new application
C015	Glaucoma	<ul style="list-style-type: none"> ICD-10 code and diagnosis by an ophthalmologist or a registered medical practitioner if accompanied by a topometry report
C016	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

PMB code	PMB condition	Requirements (for Medihelp Plus, Dimension Elite and Dimension Prime benefit options)
C017	Hyperlipidaemia	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical practitioner The application form for hyperlipidaemia in section six must be completed by the medical practitioner, accompanied by a fasting baseline lipogram, including the total cholesterol, HDL, triglyceride and LDL values Most recent fasting lipogram should be the medicine or dosage increase
C018	Hypertension	<ul style="list-style-type: none"> ICD-10 code and diagnosis by any registered medical practitioner Classify the severity of hypertension – complete section five
C019	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 pathology results)
C020	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, including the liver function test report as well as the full blood count
C021	Parkinson's disease	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a neurologist or specialist physician
C022	Rheumatoid arthritis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a specialist physician, rheumatologist or paediatrician Complete the applicable application form if biologicals are prescribed Biologicals will only be considered for members of the Medihelp Plus benefit option
C023	Schizophrenia	<ul style="list-style-type: none"> ICD-10 code and DSM-IV diagnosis by a psychiatrist or paediatric psychiatrist
C024	Systemic lupus erythematosus	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a specialist physician, rheumatologist or paediatrician
C025	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. Please note that cover is subject to clinical entry criteria, protocols and chronic limits:

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 defined 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 general practitioner Only cost-effective corticosteroid nasal sprays are considered
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 Authorisation period: six months Follow-up authorisation: Results of Mini-mental report every six months
Ankylosing spondylitis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a rheumatologist, specialist physician or orthopaedic surgeon Complete the applicable application form if biologicals are prescribed Biologicals will only be considered for members of the Medihelp Plus benefit option
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 general practitioner ICD-10 code and diagnosis by a urologist if finasteride or dutasteride or a combination of drugs are 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 applicable application form
Endometriosis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a gynaecologist
Gastric esophageal reflux disease	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a general 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 general practitioner

Chronic condition	Requirements (for Medihelp Plus and Dimension Elite benefit options only)
Gout (only preventative treatment)	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a general 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 or endocrinologist Annual pathology report not older than 12 months
Hyperthyroidism	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a general practitioner Diagnostic pathology report
Incontinence	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a general 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
Major depression	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a general practitioner
Menière'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 general practitioner Motivation from a gynaecologist if tibolone (Livifem[®]) is prescribed
Migraine (only preventative treatment)	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a general practitioner for first line treatment Second line treatment from 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 or specialist physician Complete the application form for myasthenia gravis in case of a new application
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 general 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 general practitioner Motivation required if a COX-2 inhibitor is prescribed
Osteoporosis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a general practitioner BMD report and an indication of the relevant risk factors Only a DEXA scan is accepted
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 general practitioner
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 general practitioner Pathology report to confirm diagnosis
Polycystic ovarian syndrome	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a gynaecologist
Post traumatic stress disorder	<ul style="list-style-type: none"> ICD-10 code and DSM-IV diagnosis by a general practitioner
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
Sjogren's syndrome	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a general practitioner
Social phobia	<ul style="list-style-type: none"> ICD-10 code and DSM-IV diagnosis by a psychiatrist or a 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 or specialist physician , with the patient's medicine history included

Surname and initials of principal member

Name of patient

Membership No

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section three: 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 2011.**
3. If the medicine has changed for a **registered condition**, a new application form should be completed, indicating the relevant changes with ICD-10 codes.
4. Fax the completed and signed application form to **012 334 2466**, post it to **PO Box 26042, ARCADIA, 0007** or e-mail it to **medihelp@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)	Specify: Chronic or PMB medicine	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 - 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 MEDICHRON.

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 four: asthma

Please indicate the level of therapy that the patient needs:

Level 1: short-acting bronchodilator only

Level 2: needs regular inhalation corticosteroids

Level 3: needs supplementary long-acting bronchodilator

Level 4: needs supplementary fourth-line medication for control

Level 5: needs regular or long-term oral corticosteroids for control

Other (specify): _____

section five: hypertension

Please classify the severity of hypertension:

Mild hypertension Moderate hypertension Severe hypertension

Blood pressure reading

On therapy

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

section six: application form for hyperlipidaemia

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				
If answer to above question is no, please give the name of the medicine on which the attached lipogram or values supplied was done	<input type="text"/>	Triglycerides	<input type="text"/>		
Age when diagnosed	<input type="text"/>	HDL	<input type="text"/>		
		LDL	<input type="text"/>		

Surname and initials of principal member

Name of patient

Membership No

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

- Supply the correct ICD-10 code for the above condition

- Type I diabetes with microalbuminuria or proteinuria- please attach the pathology results

Yes	No
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- Type II diabetes – please attach the **pathology results** of the **fasting glucose levels** if **newly diagnosed**

Yes	No
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- Please supply the fasting glucose or HbA1c results

- 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 premature vascular event in:

- First-degree male relative < 55 years

Yes	No
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- First-degree female relative < 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