

# Application for out-of-hospital management of a Prescribed Minimum Benefit condition

## Contact details

Tel: 0860 103 933 • PO Box 652509, Benmore 2010 • [www.lahealth.co.za](http://www.lahealth.co.za)

The latest version of the application form is available on [www.lahealth.co.za](http://www.lahealth.co.za). Alternatively members can phone 0860 103 933 and health professionals can phone 0860 44 55 66.

## Who we are

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, is a not-for-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the Administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

## Purpose of the form

- This form is to apply for out-of-hospital treatment of a Prescribed Minimum Benefit condition
- You are required to complete the psychotherapy treatment application on HealthID to proceed.

## How to complete this form

1. Please use one letter per block, complete in black ink and print clearly. Alternatively, complete it digitally.
2. You (the member) must complete section 1 of this form.
3. Your healthcare provider must complete sections 2 and 3 and include detailed documents to support this application for acute and/or ongoing treatment for a Prescribed Minimum Benefit.
4. Please email this completed and signed form with any supporting documents to [PMB\\_APP\\_FORMS@lahealthms.co.za](mailto:PMB_APP_FORMS@lahealthms.co.za).
5. You will receive a letter informing you of our decision and the process you should follow for claims submission.

## 1. Important patient information

Title	<input type="text"/>	Initials	<input type="text"/>
First name(s)	<input type="text"/>		
Surname	<input type="text"/>		
ID or passport number	<input type="text"/>	Membership number	<input type="text"/>
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cellphone	<input type="text"/>		
Email	<input type="text"/>		
Relationship to main member	<input type="text"/>		

## Member's acceptance and permission

I give permission for my healthcare provider to provide LA Health Medical Scheme and the administrator with my diagnosis and other relevant clinical information required to review my application. I agree to my information being used to develop registries. This means that you give permission for us to collect and record information about your condition and treatment. This data will be analysed, evaluated and used to measure clinical outcomes and make informed funding decisions.

I understand that:

- 1.1. Funding from Prescribed Minimum Benefits is subject to meeting benefit entry criteria requirements as determined by LA Health Medical Scheme and the Administrator.
- 1.2. The Prescribed Minimum Benefit provides cover for disease-modifying therapy only, which means that not all medicines for a listed condition are automatically covered by Prescribed Minimum Benefits.
- 1.3. By registering for Prescribed Minimum Benefits, I agree that my condition may be subject to disease management interventions and periodic review and that this may include access to my medical records.
- 1.4. Funding for treatment from Prescribed Minimum Benefits will only be effective from when LA Health Medical Scheme or the Administrator receives an application form that is completed in full.
- 1.5. An application form needs to be completed when applying for a new PMB condition.
- 1.6. If you are approved on the benefit, you need to let us know when your treating doctor changes your treatment plan so that we can update your Prescribed Minimum Benefit authorisation/s. You can do this by emailing the new prescription to us or asking your doctor or pharmacist to do this for you.

1.7. To make sure that we pay your claims from the correct benefit, we need the claims from your healthcare providers to be submitted with the relevant ICD-10 diagnosis code(s). Please ask your doctor to include your ICD-10 diagnosis code(s) on the claims they submit and on the form that they complete when they refer you to the pathologists and/or radiologists for tests. This will enable the pathologists and radiologists to include the relevant ICD-10 diagnosis code(s) on the claims they submit, ensuring that we pay your claims from the correct benefit.

**Consent for processing my personal information**

I give the Scheme and the Administrator consent to have access to and process all information (including general, personal, medical or clinical information) that is relevant to this application. I understand that this information will be used for the purposes of applying for and assessing my funding request for Prescribed Minimum Benefits. I consent to the Scheme and the Administrator disclosing, from time to time, information supplied to them (including general, personal, medical or clinical information) to my healthcare provider and to relevant third parties, to administer the Prescribed Minimum Benefits as well as undertake managed care interventions related to the PMB condition. Withdrawing consent for your general, personal, medical or clinical information to be accessed or shared with relevant third parties, means that you will no longer have access to funding from the applicable disease management benefits. Claims which would usually be funded from the disease management benefits will, once consent is withdrawn, be funded from other available benefits according to the rules of your benefit option. Should you wish to withdraw consent, then please call **0860 103 933**.

Patient's signature   
(if patient is a minor, main member to sign)

Date

**2. Application (Healthcare provider to complete)**

Date of diagnosis

**2.1. Application for out-of-hospital treatment\***

Condition	ICD-10 code	Consultation or procedure code**	Consultation or procedure description	Quantity required

\*Please clearly specify what is required, for example consultations, pathology, radiology and/or procedure.  
\*\*The professional billing codes must be supplied for us to review the application.

Please attach any relevant supporting documents, for example pathology tests.

**Applications for psychotherapy:**

- You are required to complete the psychotherapy treatment application on HealthID to proceed.
- If the application is for psychotherapy treatment for members younger than 13 years of age, the Scheme will require the latest Diagnostic and Statistical Manual of Mental Disorders (DSM V) form including the Global Assessment of Functioning (GAF) score.
- Date of 1st psychotherapy session
- Internet-based Cognitive Behavioural Therapy (iCBT) has been demonstrated to be a helpful adjunct to treatment for people with Major Depression\*. An iCBT course is included in the treatment basket for Major Depression for all members of participating schemes who are 18 years and older. iCBT will be funded as one (1) psychotherapy consultation from the member's Out-of-Hospital Treatment of a Prescribed Minimum Benefit, where PMB funding is approved. Qualifying members will be alerted that they have access to an iCBT course.

**Please indicate below if you feel that information on iCBT should not be shared with this member.**

This member should not receive information on iCBT

If no preference is indicated, the member will be given more information on the iCBT course.  
\*ICD-10 codes: F32.2; F32.3; F32.8; F32.9; F33.0; F33.1; F33.2; F33.3; F33.4; F33.8; F33.9, F34.0; F34.1; F53.1; F53.8; F53.9

**Please note the following for patients on LA KeyPlus:**

To ensure that psychotherapy is covered at 100% of the Scheme Rate, the patient must be enrolled on the Mental Health Care Programme. If enrolment is not completed prior to the submission of this application form, the patient will incur a 20% co-payment on claims related to their approved condition until the date of enrolment. To avoid this co-payment, please refer the patient to their nominated GP, who is part of the applicable Network for their Option, to facilitate registration on the Mental Health Care Programme. If the patient is not eligible for the Programme, kindly submit supporting clinical information for further review.

