

PRE-AUTHORISATION

Understanding the “ins and outs”

Pre-authorisation is a process you need to complete before hospitalisation/procedures, as well as for certain other medical scheme benefits. This helps your medical scheme to plan for costs and ensure that the most cost-effective treatment is used.



Without pre-authorisation, your claim will be rejected, and you will be liable for any costs incurred.

Here's how it works



You or your doctor can either call or email the pre-authorisation department of your respective medical scheme. The **responsibility to check** that pre-authorisation has been obtained **before** your planned procedure or treatment is yours.



What you need to **provide** to your medical scheme:

- The membership number and the details of the member who requires pre-authorisation.
- The dates for hospitalisation and the date of the treatment or procedure.
- The name of the doctor and/or other specialist(s) who will be involved in the procedure/treatment of the member, their telephone number(s) and practice number(s).
- The name, telephone number and practice number of the hospital.
- The relevant procedure and diagnosis (ICD-10) codes for the treatment (ask your doctor for these).



When **approval** is granted, you will receive an official document from the medical scheme which will contain the pre-authorisation number. This document will also outline the approved length of your hospital stay and the status of all codes and could also reflect co-payments, if any.

REMEMBER THE PRE-AUTHORISATION IS NOT A COMMITMENT THAT THE MEDICAL SCHEME WILL PAY THE FULL AMOUNT AND YOU WILL BE RESPONSIBLE FOR ANY CO-PAYMENTS.

What about unplanned emergencies?

Emergencies must be authorised within **48 hours** of going to hospital, or on the **first working day** after a weekend or public holiday. If you don't obtain pre-authorisation, your account will not be settled by the medical scheme.

A few final points to note

- **Get a quote** before being admitted to hospital (if it's not an emergency). Submit this to your medical scheme to find out if there are any co-payments and if so, how much the co-payment will be.
- **Co-payments** and short payments may differ from one medical scheme to another, and are often higher than anticipated, mostly due to medical practitioners charging more than the medical scheme rates.
- **Gap Cover** is a helpful resource when it comes to co-payments. Even if you have comprehensive medical cover, it doesn't mean there will not be 'gaps' between the tariffs your medical scheme is prepared to pay and the amount your specialist charges.

