

Empower

8 of 2021

COVID-19 benefits – ensure you get them!

All medical schemes have to fund for the testing, treatment and vaccination for COVID-19 from their risk benefits (not savings). This is because the Council for Medical Schemes (CMS) has declared these benefits as Prescribed Minimum Benefits (PMB), together with a list of 27 chronic conditions and over 250 in-hospital procedures. Schemes may ask you to use specific providers/medicines for these services/treatments, but must fund the full cost subject to specific guidelines.

GENERAL RULES TO ENSURE PAYMENT BY YOUR SCHEME

Tips

TESTS



- It is always advisable to obtain pre-authorization from your scheme.
- Referral pathology form from the doctor is needed, indicating reason for testing.
- Schemes may have limited tests available per beneficiary and further tests, linked to pre-admission, may be funded from available savings as this does not resort under PMB.
- COVID-19 tests (pathology claims) must be submitted with **correct ICD10 code**.
 - U07.1 COVID-19, VIRUS IDENTIFIED
 - U07.2 COVID-19, VIRUS NOT IDENTIFIED
- Medical schemes are not required to fund the cost of tests linked to travel requirements.

VACCINATION



If you have registered via the Government portal and visited a registered vaccination site, your vaccination should automatically be claimed by the provider administering the vaccine.

This will be funded from risk benefits.

TREATMENT



- When the CMS declared COVID-19 a PMB, they published a list of codes linked to specific treatments required for COVID-19, both in- and out of hospital, which need to be fully funded by medical schemes, once again subject to specific guidelines.
- It is important to obtain pre-authorization from your scheme, specifically for in-hospital treatments.
- Request/remind treating doctors to use the correct codes indicating that the treatments received are linked to a COVID-19 diagnosis.

TREATMENT WHILE OVERSEAS



Your medical scheme should not distinguish between COVID-19 and other illnesses to consider funding while overseas. The normal rules of the scheme should apply in terms of international cover.

Please be aware that your scheme might have certain requirements for funding of overseas treatment and typically could include being a medical emergency and/or first funding it from your own pocket and claiming back upon your return.

Always remember: when in doubt, contact your scheme on the number displayed on your membership card or via the app!