momentum
medical scheme

2025

Our benefits

Guide to Prescribed Minimum Benefits (PMBs)

2025

This document provides an overview of Prescribed Minimum Benefits and how Momentum Medical Scheme covers our beneficiaries for these benefits.

What are Prescribed Minimum Benefits?

Prescribed Minimum Benefits are a set of defined benefits for which all medical schemes in South Africa have to provide cover to medical scheme beneficiaries in terms of the Medical Schemes Act 131 of 1998 and the Regulations thereto.

Prescribed Minimum Benefits fall into the following three broad categories

Life-threatening emergency medical conditions;

271 medical conditions defined in the Diagnostic Treatment Pairs

26 chronic conditions, known as the Chronic Disease List conditions

Click here to view more information about Prescribed Minimum Benefits and the conditions covered.

When are benefits considered for payment as Prescribed Minimum Benefits?

26 chronic conditions, known as the Chronic Disease List conditions, 271 medical conditions defined in the Diagnostic Treatment Pairs and emergencies	The condition and treatment must be included in the defined list of Prescribed Minimum Benefit conditions.
Establishing whether the treatment qualifies	To establish whether a condition and treatment qualifies to be paid as a Prescribed Minimum Benefit, we need to receive all the required information from you and your treating doctors, for consideration.

You need to comply with certain requirements to qualify for Prescribed Minimum Benefits. Medical schemes consider various criteria, including the ICD-10 code, which is the diagnostic code used to check if a condition qualifies as a Prescribed Minimum Benefit. However, the ICD-10 code alone does not guarantee that a benefit will be funded as a Prescribed Minimum Benefit.

What happens once your condition and treatment is confirmed as a Prescribed Minimum Benefit?

Once the condition and treatment are confirmed as a Prescribed Minimum Benefit, the claims will be paid accordingly. In some instances, your claims will not be paid in full, even if the ICD-10 code indicates a Prescribed Minimum Benefit condition, as certain criteria may not have been met, for example if you use a non-designated provider for your treatment or medicine, or non-formulary medicine, or if your treatment is not within the Prescribed Minimum Benefits level of care. At any time if you are not sure what is required for Prescribed Minimum Benefits, please contact us through our various communication channels.

When are Prescribed Minimum Benefits covered in full?

In order for Momentum Medical Scheme to cover Prescribed Minimum Benefits in full, there are certain requirements that need to be adhered to. These include, but are not limited to:

- You must obtain pre-authorisation for in- and out-of-hospital Prescribed Minimum Benefit treatment, prior to or during treatment;
- You must not have a waiting period or a condition specific exclusion on your membership;
- You must register on the health management programme or chronic management programme for your condition and adhere to the programme criteria;
- You must use Momentum Medical Scheme's Designated Service Providers or medicine formularies (please note that option specific co-payments may apply);
- The treatment must be within the level of care for Prescribed Minimum Benefits as indicated for that condition, and fall within the principles of funding allocation based on proven evidence-based protocols and guidelines, as well as clinical appropriateness and cost benefit;
- You must comply with the managed care principles or eligibility criteria required by Momentum Medical Scheme. We will explain these to you when you contact us for pre-authorisation; and
- Your claims must include the authorised ICD-10 and treatment codes.

If you do not adhere to the above, Prescribed Minimum Benefits may not be fully covered by Momentum Medical Scheme and/or co-payments or shortfalls may apply.

Requirements for the 26 chronic conditions, known as the Chronic Disease List conditions

The treating doctor or pharmacy needs to call us to register you on the chronic management programme. We will require details of the diagnosis, prescription, as well as certain test or scan results for specific conditions. If approved, benefits will be paid in accordance with a treatment plan and medicine formularies.

Requirements for the 271 medical conditions defined in the Diagnostic Treatment Pairs

You must obtain pre-authorisation for the treatment required. This may include registering on a health management programme. We will require details of the diagnosis and treatment, as well as any supporting test or scan results for certain conditions. If approved, benefits will be paid in accordance with the treatment authorised.

Out-of-hospital treatment for a confirmed Prescribed Minimum Benefit condition

The treating doctor will need to complete the **Momentum Medical Scheme Prescribed Minimum Benefit application form** and submit it to us for pre-authorisation. You, or the treating doctors, may need to submit any results of medical tests, x-rays, scans and pathology tests, as well as any other documentation or motivation to us to authorise the treatment to facilitate payment as a Prescribed Minimum Benefit. Approval is subject to clinical policies and evidence based therapies.

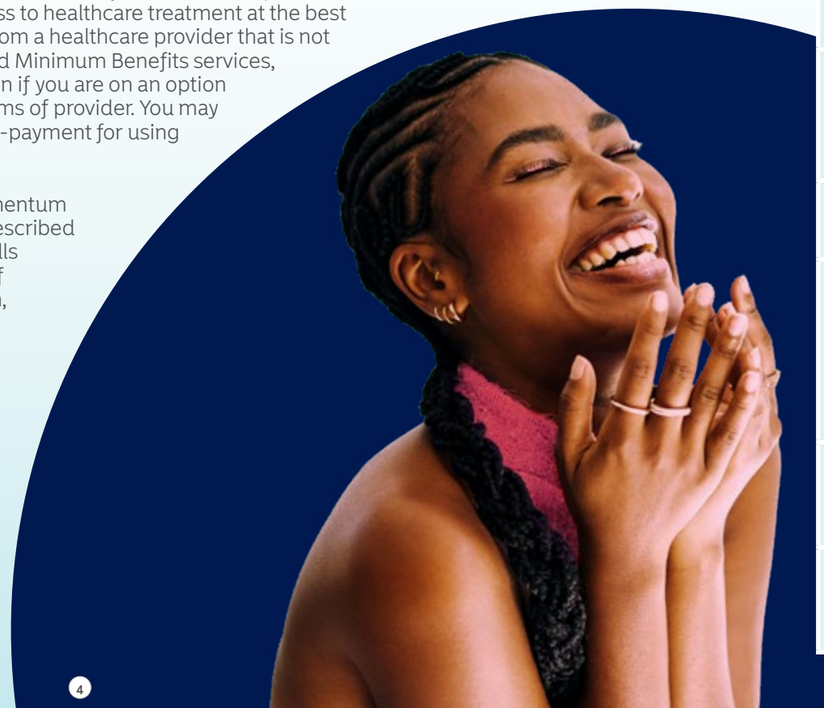
Life-threatening emergencies

In a life-threatening emergency, you may obtain treatment from the nearest facility as there may not be sufficient time to travel to a Designated Service Provider. However, the other criteria will still apply, for example the level of care still needs to be appropriate.

What are your responsibilities regarding Prescribed Minimum Benefits?

While medical schemes are obligated to provide cover for Prescribed Minimum Benefits, you also have certain responsibilities:

- **Understand your condition:** Familiarise yourself with the Prescribed Minimum Benefit conditions and treatments covered on your Momentum Medical Scheme benefit option. This information is available on our website and in your member brochure. It is essential to note that you need to meet the eligibility criteria and that we need to receive the information we request to determine whether the condition or treatment qualifies as a Prescribed Minimum Benefit.
- **Use Designated Service Providers (DSPs):** You must use Momentum Medical Scheme's Designated Service Providers for Prescribed Minimum Benefit conditions, to prevent shortfalls and/or co-payments, except for emergencies where you do not have a choice in terms of the healthcare providers used. These DSPs are designed to ensure that you get access to healthcare treatment at the best industry rates possible. If you seek treatment from a healthcare provider that is not included in the DSP arrangement for Prescribed Minimum Benefits services, the Scheme might not fully cover the costs, even if you are on an option that provides you with freedom of choice in terms of provider. You may be required to pay the difference or a higher co-payment for using non-designated service providers.
- **Use medicine formularies:** You must use Momentum Medical Scheme's medicine formularies for Prescribed Minimum Benefit conditions to prevent shortfalls and/or co-payments. You can find the details of the formulary medicines on your benefit option, as well as information about co-payments that apply to your chronic medicine by logging in to **momentummedicalscheme.co.za**.
- **Ensure relevant and accurate information is shared with us:** Make sure that all relevant information is submitted to us when you obtain pre-authorisation, register for chronic benefits and submit claims. We will require the appropriate ICD-10 codes, tariffs and any health-related information that enables us to appropriately review requests for Prescribed Minimum Benefits registrations.



Glossary of terms used in this document

Term	Description
Chronic Disease List	A list of 26 chronic conditions for which all medical schemes in South Africa have to provide cover in terms of the Medical Schemes Act No 131 of 1998.
Clinical protocol	Momentum Medical Scheme uses appropriate treatment principles, called clinical protocols, to determine and manage benefits for specific conditions.
Clinically appropriate	Treatment that is in line with the clinical protocols (see definition above) for your condition.
Co-payment	This is an amount that you need to pay towards medical procedures and treatments. The amount payable may vary depending on the type of procedure or treatment, and where the procedure or treatment is performed. If the co-payment amount is higher than the amount charged by the healthcare provider, you will have to pay for the cost of the procedure or treatment. A co-payment will not apply in the event of an emergency medical condition, but may still apply for non-emergency Prescribed Minimum Benefit treatment.
Designated Service Providers	Momentum Medical Scheme has Designated Service Providers and networks for Prescribed Minimum Benefits, which vary according to your benefit option. In order to avoid co-payments when accessing Prescribed Minimum Benefits, you must use Designated Service Providers with whom we have negotiated rates and have a payment arrangement in place. They include Ingwe Primary Care Network providers, Associated Network GPs, Associated Specialists, pharmacies and hospitals, as well as State facilities. This will not apply in the event of an emergency medical condition or where you involuntarily use a non-designated service provider. To view a list of Designated Service Providers in your area, log on to the Momentum App or **momentummedicalscheme.co.za**. Alternatively, contact us. In addition to this list, where the State is your Designated Service Provider, you may use any State facility.
Diagnostic Treatment Pairs	The Medical Schemes Act provides a schedule of diagnosis and treatment pairs, which cumulatively comprise the Prescribed Minimum Benefits to be provided to beneficiaries of medical schemes. A list of 271 Diagnostic Treatment Pairs, linked to specified treatment, must be funded by all medical schemes.
Emergency medical condition	Means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's life in serious jeopardy.
Formulary	A formulary is a list of medicines covered on your benefit option, from which a doctor can prescribe the appropriate medication for your chronic condition.
Pre-authorisation	Pre-authorisation is when you contact us to let us know that you are about to receive medical treatment. The Scheme will confirm whether you are covered for the expected treatment, and at what rate your option covers such treatment. You will receive a pre-authorisation number which you need to provide to the doctor. While pre-authorisation is not a guarantee that your treatment will be covered, it gives you the peace of mind that benefits will be paid in line with the Scheme Rules, your option and membership status.
PMB level of care	PMB level of care is based on the principle of medical necessity, meaning that services and treatments are provided when they are appropriate and essential for diagnosing or treating the condition based on accepted medical standards and guidelines.
Reference Price List (RPL)	Is a set of guidelines published by the Department of Health. The RPL serves as a price guideline that helps determine the tariffs or rates used by medical schemes when calculating reimbursements for healthcare services.

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Contact us

To register your Prescribed Minimum Benefit condition, or if you need more information about Prescribed Minimum Benefits, please contact us as follows:

Contact centre	0860 1 1 78 59
WhatsApp	0860 1 1 78 59
Web chat	Log in to **momentummedicalscheme.co.za** and click on the chat button
Virtual help	Visit **momentummedicalscheme.co.za**, click on "Contact us" and then on "Click here to join a virtual help session" for one of our consultants to assist you
Email	Email us at **member@momentumhealth.co.za** (please include your membership number in your email)

If you need more clarity regarding your claims for Prescribed Minimum Benefits, or if you believe your claims have not been paid or processed correctly as a Prescribed Minimum Benefit, please email us at **pmb@momentummedicalscheme.co.za**.

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