

Focus on asthma

Asthma is a chronic (long-term) lung disease that inflames and narrows the airways. Asthma causes recurring periods of wheezing (a whistling sound when you breathe), chest tightness, shortness of breath and coughing. The coughing often occurs at night or early in the morning.

Asthma affects people of all ages, but it most often starts during childhood. People who have asthma have inflamed airways. The inflammation makes the airways swollen and very sensitive. The airways tend to react strongly to certain inhaled substances.

When the airways react, the muscles around them tighten. This narrows the airways, causing less air to flow into the lungs. The swelling also can worsen, making the airways even narrower. Cells in the airways might make more mucus than usual. Mucus is a sticky, thick liquid that can further narrow the airways.

The signs and symptoms of asthma

- Coughing, especially at night, during exercise or when laughing
- Difficulty breathing
- Chest tightness
- Shortness of breath
- Wheezing (a whistling or squeaky sound in your chest when breathing, especially when exhaling)

Possible causes of asthma

- Allergens from dust, animal fur, cockroaches, mould, and pollens from trees, grasses and flowers.
- Irritants such as cigarette smoke, air pollution, chemicals or dust in the workplace, compounds in home décor products, and sprays (such as hairspray).
- Medicines such as aspirin or other non-steroidal anti-inflammatory drugs and non-selective beta-blockers.
- Sulphates in foods and drinks.
- Viral upper respiratory infections, such as colds.
- Physical activity, including exercise.

How to register on the chronic programme

Once you have been diagnosed with asthma, please ask your doctor to contact our Chronic Medicine Department on **0860 11 78 59** to register you on the Chronic Medicine Management Programme.

The chronic medicine consultant will liaise with your doctor regarding your treatment. Once the diagnostic criteria have been met and blood results have been submitted, the treatment will be approved. We will let you know whether the treatment falls within the Momentum Medical Scheme formulary or if you will need to pay a co-payment.



Once you receive authorisation, you can take your prescription to your designated service provider to get your medication and the claim can be submitted. A designated service provider (DSP) is a healthcare provider (doctor, pharmacist, hospital, etc) that is a medical scheme's first choice when its members require diagnosis, treatment or care for a Prescribed Minimum Benefit condition. If you voluntarily choose not to use the DSP and choose to rather use a different hospital, doctor or pharmacy, we may charge a co-payment.

The authorisation usually expires after 12 months. If there is no change in the medicine you need to take, your doctor or pharmacist can contact us on **0860 11 78 59** to renew the authorisation. The same process applies when there are any changes or additions to your authorisation.

For more on your chronic benefits and where to obtain chronic medicine and treatment, [click here](#).

Hospitalisation

If you need to be hospitalised for asthma complications, log in to the **Momentum App**, contact us via the web chat facility on momentummedicalscheme.co.za, email preauthorisation@momentumhealth.co.za, send us a WhatsApp message or call us on **0860 11 78 59** to request pre-authorisation. We will allocate a case manager to follow up regarding your hospital stay.

Treatment plan

Once you are registered on the programme, you will have access to a treatment plan, which may include cover for tests, doctors' visits or other benefits considered medically necessary by your doctor – these will be reviewed by our clinical team to ensure appropriateness.

Compliance

You need to:

- obtain your chronic medication on a monthly basis,
- make sure that you take your medication according to the dosage and quantity prescribed by your doctor, and
- make sure that you do not miss a dose - this is not only important for compliance, but it can have serious implications for your health and wellbeing.

Please make sure your claims have the appropriate ICD-10 code

It is important for all claims to include the appropriate ICD-10 codes (diagnostic codes), so we can identify the claim correctly and pay it from the Chronic Benefit.



We may pay claims from your Day-to-day Benefit if:

- The claims are submitted without the relevant ICD-10 codes.
- You have exceeded the frequency limit on consultations or tests.
- The treatment is not clinically appropriate.

Contact us

You can contact us via the web chat facility on momentummedicalscheme.co.za, email us at member@momentumhealth.co.za, send us a WhatsApp message or call us on **0860 11 78 59**.

Glossary of terms

Designated service providers: Momentum Medical Scheme uses a network of designated service providers, such as Associated GPs and Specialists, as well as State facilities, depending on the circumstances, to diagnose and treat our members for the Prescribed Minimum Benefits.

A **formulary** is a list of medicines covered on your option, from which a doctor can prescribe the appropriate medication for your chronic condition.

ICD-10 is the diagnosis code.

Prescribed Minimum Benefits is a list of benefits for which all medical schemes in South Africa have to provide cover in terms of the Medical Schemes Act 131 of 1998 and the Regulations thereto. In order to access these benefits:

- Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions.
- The treatment needed must match the treatments in the defined benefits.
- You must use the Scheme's Designated Service Providers. See the definition of Designated Service Providers on page 2 for more information.

If you voluntarily choose to use non-designated service providers, the Scheme will pay benefits up to the Momentum Medical Scheme Rate and relevant co-payments will apply. If you use non-designated service providers in cases of an emergency medical condition, it is deemed involuntary and co-payments are therefore waived.

If your medical condition and treatment do not meet the above criteria to access these benefits, we will pay according to the benefits on your chosen benefit option.