



Focus on cardiomyopathy

Cardiomyopathy is a condition where the heart muscle is abnormal. The main types of cardiomyopathy include dilated, hypertrophic and restrictive cardiomyopathy. Cardiomyopathy makes it harder for your heart to pump and deliver blood to the rest of your body. Cardiomyopathy can lead to heart failure.

The signs and symptoms of cardiomyopathy

In the early stages, people with cardiomyopathy may not have any signs and symptoms but as the condition advances, signs and symptoms usually appear. These may include:

- Breathlessness with exertion or even at rest
- Swelling of the legs, ankles and feet
- Bloating of the abdomen due to fluid build-up
- Coughing while lying down
- Fatigue
- Irregular heartbeats that feel rapid, pounding or fluttering
- Chest pain
- Dizziness, light-headedness and fainting

Possible causes of cardiomyopathy

Often, the cause of the cardiomyopathy is unknown. In some people, however, doctors are able to identify some contributing factors. Possible causes of cardiomyopathy include:

- Genetic conditions
- Long-term high blood pressure
- Heart tissue damage from a previous heart attack
- Chronic rapid heart rate
- Heart valve problems
- Metabolic disorders, such as obesity, thyroid disease or diabetes
- Nutritional deficiencies of essential vitamins or minerals, such as thiamine (vitamin B-1)
- Pregnancy complications
- Drinking too much alcohol over many years
- Use of cocaine, amphetamines or anabolic steroids
- Use of some chemotherapy drugs and radiation to treat cancer
- Certain infections, which may injure the heart and trigger cardiomyopathy
- Iron build-up in your heart muscle (hemochromatosis)
- A condition that causes inflammation and can cause lumps of cells to grow in the heart and other organs (sarcoidosis)
- Connective tissue disorders.

How to register on the chronic programme

Once you have been diagnosed with cardiomyopathy, 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 benefit consultant will liaise with your doctor regarding your treatment. Once the diagnostic criteria have been met and relevant blood results have been submitted, the treatment will be approved.

We will let you know whether the treatment falls within the Momentum Medical Scheme Reference Price. If the cost is greater than the Momentum Medical Scheme Reference Price, you will need to pay the difference.

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, a co-payment may apply.

The authorisation of your prescription is valid for 6 months. Your treating doctor will review your chronic condition 6-monthly and update your prescription when required.

- If there are no changes to the medication and/or diagnosis, the prescription can be sent directly to your DSP pharmacy.
- If there is a change to your medication prescription and/or diagnosis, then your doctor or pharmacist can contact us on **0860 11 78 59** to review the changes and renew the 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 cardiomyopathy complications, log in to the **Momentum App**, contact us via the web chat facility on momentummcomingscheme.co.za, email us at 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 Benefits 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 momentummmedicalscheme.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 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.