

Focus on chronic obstructive pulmonary disease (COPD)

COPD is a lung disease that makes it hard to breathe. It is caused by damage to the lungs over many years and is a progressive disease that gets worse over time.

It includes chronic bronchitis and emphysema. COPD is a condition where the airways become inflamed and the air sacs in your lungs are damaged. This causes your airways to become narrower, which makes it harder to breathe in and out. Cigarette smoking is the leading cause of COPD.

The signs and symptoms of COPD

- Wheezing, particularly when breathing out
- Breathlessness when resting or active
- Tight chest
- Coughing
- Producing more mucus or phlegm than usual

Possible causes of COPD

- Smoking – Smoking is by the far the most common reason people get COPD. You can also get it from tobacco products, like cigar and pipe smoke, especially if you breathe in the smoke.
- Second-hand smoke - Even if you don't smoke yourself, you can get COPD from living with a smoker and breathing in the smoke.
- Pollution and fumes - You can get COPD from air pollution. Breathing in chemical fumes, dust or toxic substances at work can also cause it.
- Asthma - It's not common, but asthma can lead to COPD. If you do not treat your asthma, over time you can get lifetime damage.

How to register on the chronic programme

Once you have been diagnosed with Chronic obstructive pulmonary disease, 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 Chronic obstructive pulmonary disease complications, log in to the **Momentum App**, contact us via the web chat facility on momentummedicalscheme.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 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 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.