



Focus on diabetes

Diabetes is a disorder of metabolism, which is the way the body uses digested food for growth and energy. Most of the food people eat is broken down into glucose, the form of sugar in the blood.

Glucose is the main source of fuel for the body. After digestion, glucose passes into the bloodstream, where it is used by cells for growth and energy. For glucose to get into cells, insulin must be present.

Insulin is a hormone produced by the pancreas, a large gland behind the stomach.

Diabetes is a chronic condition associated with abnormally high levels of sugar (glucose) in the blood. Insulin produced by the pancreas lowers blood glucose. Absence or insufficient production of insulin, or an inability of the body to properly use insulin causes diabetes.

Symptoms of diabetes may include:

- Increased urine output
- Excessive thirst
- Weight loss
- Hunger
- Fatigue
- Skin problems
- Slow healing wounds
- Yeast infections
- Blurred vision
- Tingling or numbness in the feet or toes

Type 1 diabetes

Type 1 diabetes, which used to be called juvenile diabetes, develops most often in young people, however, type 1 diabetes can also develop in adults. In type 1 diabetes, your body no longer makes insulin or enough insulin because the body's immune system, which normally protects you from infection by getting rid of bacteria, viruses and other harmful substances, has attacked and destroyed the cells that make insulin.

Type 2 diabetes

It occurs when the body doesn't produce enough insulin to function properly, or the body's cells don't react to insulin. This means that glucose stays in the blood and isn't used as fuel for energy.

Gestational diabetes

This type affects pregnant women. Some women have very high levels of glucose in their blood and their bodies are unable to produce enough insulin to transport all of the glucose into their cells, resulting in progressively rising levels of glucose. Diagnosis of gestational diabetes is made during pregnancy.

Diabetes insipidus

It is a rare condition that occurs when your kidneys are not able to conserve water. It results in extreme thirst for water and frequent urination.

How to register on the chronic management programme

Once you have been diagnosed with Diabetes, 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 Diabetes complications, log in to the **Momentum App**, contact us via the web chat facility on momentummmedicalscheme.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:

- 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.