



Focus on hypertension

High blood pressure is a common condition in which the long-term force of the blood against your artery walls is high enough that it may eventually cause health problems, such as heart disease.

Blood pressure is determined both by the amount of blood your heart pumps and the amount of resistance to blood flow in your arteries. The more blood your heart pumps and the narrower your arteries, the higher your blood pressure.

The signs and symptoms of hypertension

Most people with high blood pressure have no signs or symptoms, even if blood pressure readings reach dangerously high levels.

A few people with high blood pressure may have headaches, shortness of breath or nosebleeds, but these signs and symptoms aren't specific and usually don't occur until high blood pressure has reached a severe or life-threatening stage.

Possible causes of hypertension

Primary (essential) hypertension: for most adults, there's no identifiable cause of high blood pressure. This type of high blood pressure tends to develop gradually over many years.

Secondary hypertension: some people have high blood pressure caused by an underlying condition. This type of high blood pressure, called secondary hypertension, tends to appear suddenly and cause higher blood pressure than does primary hypertension. Various conditions and medications can lead to secondary hypertension, including:

- Obstructive sleep apnoea
- Kidney problems
- Adrenal gland tumours
- Thyroid problems
- Certain defects in blood vessels you're born with (congenital)
- Certain medications, such as birth control pills, cold remedies, decongestants, over-the-counter pain relievers and some prescription drugs
- Illegal drugs, such as cocaine and amphetamines
- Alcohol abuse or chronic alcohol use.

How to register on the chronic programme

Once you have been diagnosed with hypertension, 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.

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

Hospitalisation

If you need to be hospitalised for hypertension 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 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 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.