

## Focus on mental health

Mental health disorders comprise a broad range of diagnoses, with different symptoms. However, they are generally characterised by some combination of abnormal thoughts, emotions, behaviour and relationships with others. Examples of mental disorders are schizophrenia, depression and disorders due to substance abuse. Most of these disorders can be successfully treated.

Bipolar affective disorder and schizophrenia are mental health conditions which are classified as part of the 26 Chronic Disease List Prescribed Minimum Benefit conditions and will therefore be covered in accordance with your chosen chronic provider. Medication is covered as part of the 26 Chronic Disease List conditions.

Depression, drug and alcohol rehabilitation, and acute stress disorder, accompanied by recent significant trauma, are mental health conditions which are classified as part of the 271 Prescribed Minimum Benefit conditions. Medication for these conditions is not covered. Benefits to treat these conditions are either **21 days in-hospital treatment or 15 outpatient consultations**. These conditions will be covered at network providers in accordance with your chosen hospital provider, subject to the overall annual limit, where applicable. For outpatient benefits, members are encouraged to use Associated specialists to avoid having to pay for shortfalls when using non-Associated specialists who may charge above the Momentum Medical Scheme Rate.

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

### General rules regarding the mental health benefit

- Benefits are available at Designated Service Providers in accordance with your benefit option.
- Pre-authorisation is required for in and out-of-hospital benefits.
- A [treatment plan](#) from your treating doctor will be required.
- Scholastic/educational assessments, disability assessments, forensic investigations and marriage counselling do not form part of the mental health benefit.
- Requests for children under the age of 14 must be accompanied by a referral letter from the child's GP, paediatrician or psychiatrist.
- In line with Prescribed Minimum Benefit guidelines, either 21 days inpatient **or** 15 outpatient sessions can be authorised (not both). Upon admission, benefits are prorated and approved based on the available benefit limit. Benefits are shared among the mental health treating practices - psychologist, psychiatrist, counsellor, social worker and occupational therapist, when applicable.

	Ingwe	Evolve	Custom	Incentive	Extender	Summit
<b>Bipolar affective disorder: Forms part of the 26 Chronic Disease List Prescribed Minimum Benefit (PMB) conditions</b>						
Medication	Benefits available from applicable chronic network providers	Benefits available from applicable chronic network providers	Benefits available from applicable chronic network providers	Benefits available from applicable chronic network providers	Benefits available from applicable chronic network providers	Benefits available from any provider
Doctors, pathology and radiology	Limited to PMBs at State facilities	Limited to PMBs	Subject to the treatment plan	Subject to the treatment plan	Subject to the treatment plan	Subject to the treatment plan
<b>Schizophrenia: Forms part of the 26 Chronic Disease List Prescribed Minimum Benefit (PMB) conditions</b>						
Medication	Benefits available from applicable chronic network providers	Benefits available from applicable chronic network providers	Benefits available from applicable chronic network providers	Benefits available from applicable chronic network providers	Benefits available from applicable chronic network providers	Benefits available from any provider
Doctors, pathology and radiology	Limited to PMBs at State facilities	Limited to PMBs	Subject to the treatment plan	Subject to the treatment plan	Subject to the treatment plan	Subject to the treatment plan

## Summary of benefits per condition, per option

	Ingwe	Evolve	Custom	Incentive	Extender	Summit
<b>Depression, acute stress disorder accompanied by recent significant trauma, alcohol and drug rehabilitation: Form part of the 271 Prescribed Minimum Benefits (PMBs)</b>						
Medication	No benefit	No benefit	Subject to HealthSaver+ if available	Subject to available Savings and/or HealthSaver+	Covered from the chronic benefit up to R13 700 per family per year (combined limit for the 36 additional conditions)	Covered from the chronic benefit (accumulates to overall day-to-day limit of R34 500 per beneficiary per year)
In-hospital	Limited to PMBs at State facilities	Limited to PMBs at Evolve Network hospitals	21 days at private facility DSP Subject to mental health limit of R47 300 per beneficiary. Alcohol and drug rehabilitation forms part of this 21-day limit. 3 days allocated for detox not included	21 days at private facility DSP Subject to mental health limit of R50 600 per beneficiary. Alcohol and drug rehabilitation forms part of this 21-day limit. 3 days allocated for detox not included	21 days at private facility DSP Subject to mental health limit of R50 600 per beneficiary. Alcohol and drug rehabilitation forms part of this 21-day limit. 3 days allocated for detox not included	21 days at private facility DSP Subject to mental health limit of R50 600 per beneficiary. Alcohol and drug rehabilitation forms part of this 21-day limit. 3 days allocated for detox not included
Out-of-hospital	Limited to PMBs at State facilities	Limited to PMBs	15 outpatient psychotherapy consultations (this is not in addition to the in-hospital benefit and limit)	15 outpatient psychotherapy consultations (this is not in addition to the in-hospital benefit and limit)	15 outpatient psychotherapy consultations (this is not in addition to the in-hospital benefit and limit)	15 outpatient psychotherapy consultations (this is not in addition to the in-hospital benefit and limit)

### Who is eligible for mental health benefits?

If you have been diagnosed with a mental health condition by your family doctor, specialist psychiatrist or psychologist, you will be eligible for the mental health benefits.

### How to register

1. Obtain a treatment plan from your treating doctor and/or facility.
2. For hospitalisation, you need to request pre-authorisation. You can do this by emailing us at [preauthorisation@momentumhealth.co.za](mailto:preauthorisation@momentumhealth.co.za), sending us a WhatsApp message or calling us on 0860 11 78 59 and providing the following details in the letter of motivation from your treating doctor:
  - The diagnosis and ICD-10 code;
  - The current clinical condition;
  - The estimated length of stay if you are being admitted to a facility;
  - The completed assessment or DSM form (diagnostic assessment and treatment plan report);
  - The treatment plan, including the duration of the treatment with tariff codes to be charged by all healthcare providers, such as psychologists, psychiatrists, etc.
3. Submit a [motivation for psychiatric evaluation](#) from your treating doctor **for in-hospital benefits for depression, drug and alcohol rehabilitation, and acute stress disorder** to us via email at [hospitalpsychiatry@momentumhealth.co.za](mailto:hospitalpsychiatry@momentumhealth.co.za). Your treating doctor will subsequently also need to send us the psychiatric event [first](#) and [second](#) reports.
4. **For out-of-hospital psychotherapy sessions (for Prescribed Minimum Benefit conditions)** instead of hospitalisation, email an [application for outpatient mental health treatment](#) from the treating psychiatrist, psychologist or allied practices to us at [behavioural-science@momentum.co.za](mailto:behavioural-science@momentum.co.za).
5. **Registration for mental health chronic benefits** (for bipolar affective disorder and schizophrenia) must be done by the treating psychiatrist via the chronic registration process. The contact number for chronic medication registration is **0860 11 78 59**.

Once authorised, you need to obtain your chronic medication monthly and make sure that you take your medication according to the dosage and quantity prescribed by your doctor. Make sure that you do not miss a dose, not only from a compliance perspective, but more importantly because it can have serious implications for your health and wellbeing. Chronic medication scripts must be emailed to [chronic@momentumhealth.co.za](mailto:chronic@momentumhealth.co.za).

## Glossary of terms used in this document

Term	Description
Chronic Disease List (CDL)	A list of 26 chronic conditions for which all medical schemes in South Africa have to provide cover in terms of the Medical Schemes Act No 131 of 1998.
Designated service provider (DSP)	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. See the definition of Prescribed Minimum Benefits below for more information.
DSM form	The DSM form is a diagnostic assessment and treatment plan report that is universally used as per the Diagnostic Statistical manual.
ICD-10 code	This is a system of coding that notes various medical records including diseases, symptoms, abnormal findings and external causes of injury. It is your diagnosis code.
Prescribed Minimum Benefits (PMBs)	<p>Prescribed Minimum Benefits (PMBs) 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:</p> <ul style="list-style-type: none"> <li>• Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions.</li> <li>• The treatment needed must match the treatments in the defined benefits.</li> <li>• You must use the Scheme's Designated Service Providers. See the definition of Designated Service Providers above for more information.</li> </ul> <p>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.</p> <p>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.</p>
Tariff codes	These are the codes that are billed by the healthcare provider for services rendered.
HealthSaver	HealthSaver is a voluntary complementary product available from Momentum. Momentum Medical Scheme members may choose to make use of additional products available from Momentum Group Limited and its subsidiaries as well as Momentum Multiply (herein collectively referred to as Momentum). Momentum is not a medical scheme and is a separate entity to Momentum Medical Scheme. Momentum products are not medical scheme benefits. You may be a member of Momentum Medical Scheme without taking any of the products offered by Momentum.