

GUIDE TO TRANSPLANT CLAIMS



Overview

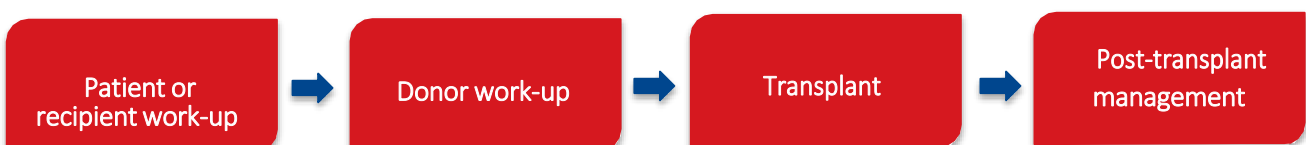
This document explains how we pay for pre-transplant investigations, the transplant procedure and post-transplant care approved as a Prescribed Minimum Benefit (PMB).

Who we are

Bankmed Medical Scheme (referred to as ‘the Scheme’), registration number 1279, is a non-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as ‘the administrator’) is a separate company and an authorised financial services provider (registration number 1997/013480/07) which takes care of the administration of your membership for the Scheme.

Understanding how the transplant claims process works

For simplicity and to streamline the process, we have identified four definite steps that must take place for a transplant, as illustrated below:



Bankmed will only pay for treatment that is included in the benefit definition, without using your day-to-day benefits. The following information describes each step in the claims process.

The process to have the patient or recipient’s accounts paid is different to the process for the donor accounts. We explain these two processes separately.



Patient or recipient work-up

Bankmed will pay for the appropriate, approved work-up costs for the recipient and the donor.

Getting work-up accounts paid as a Prescribed Minimum Benefit

- To ensure claims are funded correctly as Prescribed Minimum Benefits, it is important that all Healthcare Professionals submit claims with the approved diagnostic ICD-10 codes.
- Claims may be submitted using electronic submission channels. Alternatively, paper claims may be submitted by e-mail to claims@bankmed.co.za or by fax to 021 527 1940.
- Proof of payment must be submitted if these claims have been paid up front.

If we have paid approved accounts from the day-to-day benefits

In this case, we will pay the amounts back into your day-to-day benefits retrospectively. If you paid the accounts up front, we will pay the money back into your bank account. If the Healthcare Professional has not been paid yet, we will pay the Healthcare Professional directly.

Donor work-up

Paying the accounts

- Once a suitable or compatible donor is found (and where appropriate) the transplant coordinator will send us the donor's full name and ID number. The tests that are required before the surgery to harvest the donor's organ (including X-rays, ECG, and blood tests) will be paid for retrospectively after the transplant surgery.
- Bankmed will only approve and pay for one donor work-up.
- The donor does not have to be a member of Bankmed. We pay these accounts as an exception.
- In the event that the donor later becomes unsuitable, a letter of motivation is required from the Healthcare Professional for review by a clinical panel. We will notify you of the outcome of the review.

Getting the donor accounts to us so that we may pay them correctly

- Make sure the accounts are clearly marked as "Donor account approved as exception management"
- Ensure the donor's full name and ID number reflects on the account
- Kindly e-mail the accounts to claims@bankmed.co.za or fax it to 021 527 1940 for payment.

The transplant

The hospitalisation costs for the transplant surgery are paid from your Insured Benefit

We will pay for the transplant procedure in-hospital from the Insured Benefit. You may contact us on 0800 BANKMED (0800 226 5633) for an authorisation number and we will explain the details of payment at the same time.



Post-transplant management

Certain treatment required after the transplant surgery may also qualify for payment as a Prescribed Minimum Benefit

After the transplant surgery, treatment is required as part of ongoing management of the condition. The condition being treated may be a Prescribed Minimum Benefit (PMB) and the treatment may be part of the basket of care for that PMB. This may include tests or investigations, chronic medication and consultations.

Ensuring the post-surgery treatment is covered as a Prescribed Minimum Benefit Chronic medication

Funding for chronic medication is not automatic. You will need to apply for funding for chronic medication and we will approve the request subject to certain criteria that needs to be met.

A *Chronic Illness Benefit application form* must be completed and sent back to us by e-mail or fax as follows:

Core Saver, Traditional, Comprehensive and Plus Plans:

E-mail: chronic@bankmed.co.za

Fax: 011 770 6247

Basic and Essential Plans:

E-mail: chronicbasicesential@bankmed.co.za

Fax: 011 539 7000

Should you already be registered on the Chronic Illness Benefit for this condition, we require a copy of the new prescription for the medication required.

Consultations, tests or investigations

Notify us once the transplant surgery has taken place by e-mailing pmb_app_forms@bankmed.co.za or by faxing 011 539 7000. We will then activate the post-transplant benefit.

Where to obtain application forms

You may print the forms from our website at www.bankmed.co.za or call us on 0800 BANKMED (0800 226 5633) to send the forms to you.

If we do not approve funding, you may appeal the funding decision by submitting additional clinical information for treatment that falls outside of the benefit definition.

Contact us for more details

For more information, you may call us on 0800 226 5633, or visit the website on www.bankmed.co.za

Complaints process

You may lodge a complaint or query with Bankmed Medical Scheme directly on 0800 BANKMED (0800 226 5633) or address a complaint in writing directly to the Principal Officer. Should your complaint remain unresolved, you may lodge a formal dispute by following Bankmed Medical Scheme's internal disputes process.

Members, who wish to approach the Council for Medical Schemes for assistance, may do so in writing to: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 or via e-mail at complaints@medicalschemes.com. Customer Care Centre: 0861 123 267/website www.medicalschemes.com

