



application for registration of medicine:

chronic and prescribed minimum benefits (pmb) 2010

(version 8 updated 10 August 2010)

section one: to be completed by the patient

general information

1 details of principal member

Title	<input type="text"/>	Identity number	<input type="text"/>
Surname	<input type="text"/>	Initials	<input type="text"/>
Benefit option	<input type="text"/>	Membership No	<input type="text"/>

2 details of patient

Title	<input type="text"/>	Identity number	<input type="text"/>
Surname	<input type="text"/>	Initials	<input type="text"/>
Date of birth	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Length (cm)	<input type="text"/>	Weight (kg)	<input type="text"/>
Tel No (H)	<input type="text"/>	Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell No	<input type="text"/>	Tel No (W)	<input type="text"/>

I declare and understand that my application shall be void should any information supplied by me be false or incomplete. I grant permission to my doctor to state the diagnosis of my medical condition on this form and understand that the information on this application form will remain confidential at all times. I understand that authorisation is subject to clinical entry criteria and algorithms as determined by MEDICHRON.

Signature of patient (parent/guardian if minor) _____ Date _____

section two: to be completed by the medical practitioner

details of medical practitioner

Initials and surname	<input type="text"/>		
Type of practitioner (e.g. general practitioner)	<input type="text"/>		
Practice No	<input type="text"/>	Tel No	<input type="text"/>
Fax No	<input type="text"/>	E-mail address	<input type="text"/>

Signature _____ Date ____ / ____ / ____

Members can apply for **chronic or PMB medicine** benefits for the following 26 chronic conditions on the Chronic Diseases List (CDL). It is imperative that a member **meet the criteria** as stipulated in the application form when applying for benefits for these conditions. The following details are provided for your information only, and should please not be faxed to Medihelp with your application.

PMB code	PMB condition	Requirements (for Medihelp Plus, Dimension Elite and Dimension Prime benefit options)
C001	Addison's disease	<ul style="list-style-type: none"> Diagnostic serum cortisol levels and ACTH stimulation test in case of a new application ICD-10 code and diagnosis by a specialist physician, paediatrician or endocrinologist
C002	Asthma	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical practitioner The application form for asthma in section four must be completed by the medical practitioner in case of a new application ICD-10 code and diagnosis by a paediatrician for children < three years in case of a new application Combination of asthma and COPD to be confirmed by a pulmonologist
C026	Bipolar mood disorder	<ul style="list-style-type: none"> In case of a new application or if applying for an antipsychotic drug the bipolar mood disorder application form must be completed by the psychiatrist ICD-10 code and DSM-IV diagnosis by a psychiatrist
C003	Bronchiectasis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a pulmonologist in case of a new application Attach the most recent microscopic culture results and motivation if an antibiotic is prescribed
C004	Cardiac failure	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a specialist physician or cardiologist in case of a new application
C005	Cardiomyopathy	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a specialist physician or cardiologist in case of a new application
C008	Chronic obstructive pulmonary disease (COPD)	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a pulmonologist or specialist physician in case of a new application A lung function test indicating the FEV1/FVC and FEV1 post-bronchodilator values A motivation and supporting lung function test that proves increased lung function after treatment with a corticosteroid inhaler
C006	Chronic renal disease	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a specialist in case of a new application Diagnostic serum creatinine clearance results or glomerular filtration rate (GFR) in case of a new application (please attach pathology results) Hemoglobin results if applying for erythropoietin
C007	Coronary artery disease	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a specialist physician or cardiologist in case of a new application
C009	Crohn's disease	<ul style="list-style-type: none"> Diagnostic colonoscopy in case of a new application ICD-10 code and diagnosis by a specialist physician, surgeon, gastroenterologist or paediatrician Complete the applicable application form if biologicals are prescribed Biologicals will only be considered for members of the Medihelp Plus benefit option
C010	Diabetes insipidus	<ul style="list-style-type: none"> Positive water deprivation test in case of a new application ICD-10 code and diagnosis by a specialist physician, paediatrician, endocrinologist, neurosurgeon or neurologist
C011	Diabetes mellitus type I	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical practitioner
C012	Diabetes mellitus type II	<ul style="list-style-type: none"> Diagnostic fasting plasma glucose results and/or glucose intolerance test results in case of a new application (please attach pathology results) SEMDSA guidelines are followed, i.e. fasting plasma glucose concentration ≥ 7.0 mmol/L, 2 hours post-glucose ≥ 11.1 mmol/L during a glucose tolerance test, Hb A1c $\geq 7.5\%$ ICD-10 code and diagnosis by a registered medical practitioner Motivation from a specialist if thiazolidinedione is prescribed
C013	Dysrhythmia	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a specialist physician or cardiologist in case of a new application Prescription form a specialist if an anti-arrhythmic drug is prescribed
C014	Epilepsy	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a neurologist in case of a new application Findings of an EEG report as confirmation of diagnosis by a registered medical practitioner in case of a new application
C015	Glaucoma	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a registered medical practitioner
C016	Haemophilia	<ul style="list-style-type: none"> Diagnostic results of factor VIII or IX pathology tests in case of a new application ICD-10 code and diagnosis by a registered medical practitioner

PMB code	PMB condition	Requirements (for Medihelp Plus, Dimension Elite and Dimension Prime benefit options)
C017	Hyperlipidaemia	<ul style="list-style-type: none"> The application form for hyperlipidaemia in section five must be completed by the medical practitioner, accompanied by a fasting baseline lipogram, including the total cholesterol, HDL, triglyceride and LDL values ICD-10 code and diagnosis by a registered medical practitioner Most recent fasting lipogram should the medicine or dosage change
C018	Hypertension	<ul style="list-style-type: none"> ICD-10 code and diagnosis by any registered medical practitioner Classify the severity of hypertension – complete section six
C019	Hypothyroidism	<ul style="list-style-type: none"> Diagnostic TSH or FT4 pathology results in case of a new application (please attach pathology results) ICD-10 code and diagnosis by a registered medical practitioner
C020	Multiple sclerosis	<ul style="list-style-type: none"> ICD-10 code and diagnostic report supported by MRI findings from a specialist physician or neurologist Complete the applicable application form if beta-interferon is prescribed
C021	Parkinson's disease	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a neurologist or specialist physician
C022	Rheumatoid arthritis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a specialist physician, rheumatologist or paediatrician Complete the applicable application form if biologicals are prescribed Biologicals will only be considered for members of the Medihelp Plus benefit option
C023	Schizophrenia	<ul style="list-style-type: none"> ICD-10 code and DSM-IV diagnosis by a psychiatrist
C024	Systemic lupus erythematosus	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a specialist physician, rheumatologist or paediatrician
C025	Ulcerative colitis	<ul style="list-style-type: none"> Diagnostic colonoscopy or sigmoidoscopy report in case of a new application ICD-10 code and diagnosis by a specialist physician, gastroenterologist or surgeon

The following chronic conditions are also covered for members of the Medihelp Plus and Dimension Elite benefit options. Please note that cover is subject to clinical entry criteria and protocols:

Chronic condition	Requirements (for Medihelp Plus and Dimension Elite benefit options only)
Acne	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a dermatologist Only severe grade of acne (previously defined as grade IV and V) will be considered Clear colour photo of the affected area
Allergic rhinitis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a general practitioner Only cost-effective corticosteroid nasal sprays are considered
Alzheimer's disease	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a neurologist or psychiatrist, submitted with the results of an initial Mini-mental report Authorisation period: six months Follow-up authorisation: Results of Mini-mental report every six months
Ankylosing spondylitis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a rheumatologist, specialist physician or orthopaedic surgeon Complete the applicable application form if biologicals are prescribed Biologicals will only be considered for members of the Medihelp Plus benefit option
Attention-deficit disorder with or without hyperactivity (ADHD)	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a paediatrician, psychiatrist or neurologist in case of a new application
Benign prostate hypertrophy	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a general practitioner ICD-10 code and diagnosis by a urologist if finasteride or dutasteride or a combination of drugs are prescribed
Bile reflux	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a general practitioner Gastroscopy report not older than 12 months to confirm diagnosis
Cushing's disease	<ul style="list-style-type: none"> ICD-10 code and diagnosis by an endocrinologist
Cystic fibrosis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a relevant specialist
Dermatitis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a dermatologist if combination therapy is prescribed
Disorders of the circulatory system	<ul style="list-style-type: none"> ICD-10 code, diagnosis, motivation and applicable application form completed by a specialist physician or cardiologist if clopidogrel is prescribed
Endometriosis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a gynaecologist
Enuresis	<ul style="list-style-type: none"> ICD-10 code and diagnosis by a general practitioner
Gastric esophageal reflux disease	<ul style="list-style-type: none"> ICD-10 code, diagnosis and the applicable application form completed by a general practitioner, specialist physician, surgeon or gastroenterologist Gastroscopy report not older than 12 months to confirm diagnosis
General anxiety disorder	<ul style="list-style-type: none"> ICD-10 code and DSM-IV diagnosis by a psychiatrist

Chronic condition	Requirements (for Medihelp Plus and Dimension Elite benefit options only)
Gout (only preventative treatment)	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a general practitioner
Heart valve disease	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a cardiologist
Huntington chorea	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a relevant specialist
Hyperprolactynaemia	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a general practitioner • Annual pathology report not older than 12 months
Hyperthyroidism	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a general practitioner • Diagnostic pathology report
Incontinence	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a general practitioner
Major depression	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a general practitioner • Medication for moderate to severe depression must be initiated by a psychiatrist
Menière's disease	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by an ear, nose and throat specialist
Menopause	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a general practitioner • Motivation from a gynaecologist if tibolone (Livifem[®]) is prescribed
Migraine (only preventative treatment)	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a general practitioner
Motor neuron disease	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a neurologist
Myasthenia gravis	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a neurologist • Complete the application form for myasthenia gravis in case of a new application
Narcolepsy	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a neurologist
Obsessive-compulsive disorder	<ul style="list-style-type: none"> • ICD-10 code and DSM-IV diagnosis by a psychiatrist or paediatric psychiatrist
Osteo-arthritis	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a general practitioner • Motivation required if a COX-2 inhibitor is prescribed
Osteoporosis	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a general practitioner • BMD report and an indication of the relevant risk factors • Only a DEXA scan is accepted
Paget's disease	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a relevant specialist • Pathology report to confirm diagnosis
Pemphigus/Pemphigoid	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a dermatologist
Pernicious anaemia	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a general practitioner • Pathology report to confirm diagnosis
Polycystic ovarian syndrome	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a gynaecologist
Psoriasis	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a dermatologist
Pulmonary interstitial fibrosis	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a pulmonologist
Raynaud's disease	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a relevant specialist
Thrombocytopenic purpura	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a relevant specialist
Trigeminal neuralgia	<ul style="list-style-type: none"> • ICD-10 code and diagnosis by a neurologist, with the patient's medicine history included



section three: to be completed by the medical practitioner

Surname and initials of principal member

Name of patient Membership No

Instructions:

1. Complete one application form per patient.
2. **Incomplete or old application forms will not be processed. This application form is only valid for 2010.**
3. If the medicine has changed for a **registered condition**, a new application form should be completed, indicating the relevant changes with ICD-10 codes.
4. Fax the completed and signed application form to **012 334 2466** or post it to **PO Box 26042, ARCADIA, 0007.**
5. Registration with MEDICHRON or changes to an authorisation schedule will only be valid from the date of approval. **Authorisation schedules will under no circumstances be backdated.**
6. If you have any enquiries please phone Medihelp's Customer Care Centre on **086 0100 678.**
7. The Customer Care Centre is available Mondays to Thursdays from 7.00 to 17.00 and Fridays from 8.00 to 16.00.
8. Clinical queries from medical practitioners will be handled from Mondays to Thursdays from 7.30 to 16.00 and Fridays from 8.00 to 16.00. Only queries regarding conditions already registered with MEDICHRON will be handled telephonically.

details of medicine				
Diagnosis (compulsory)	ICD-10 code (compulsory)	Specify: Chronic or PMB medicine authorisation	Prescribed medicine and strength	Quantity per month

Please remember to attach the applicable pathology and/or diagnostic reports, as indicated in the list of requirements on pages 2-4. Reports must be clear and readable. Please do not highlight sections of the report if you send it by fax, as this will affect legibility. Please note that approval of medicine is subject to entry criteria and protocols as determined by MEDICHRON.

Name of attending physician Practice No

Type of practitioner (e.g. cardiologist)

Signature _____

Date _____

Surname and initials of principal member

Name of patient

<input type="text"/>	Membership No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	---------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

section four: asthma

Please indicate the level of therapy that the patient needs:

Level 1: short-acting bronchodilator only

Level 2: needs regular inhalation corticosteroids

Level 3: needs supplementary long-acting bronchodilator

Level 4: needs supplementary fourth-line medication for control

Level 5: needs regular or long-term oral corticosteroids for control

Other (specify): _____

section five: application form for hyperlipidaemia

Supply the baseline lipogram values. If the baseline values are not available, indicate that the lipogram was done on therapy and specify the medication currently being used:

Total cholesterol	<input type="text"/>	Baseline lipogram	<input type="text"/>	Yes	No
Triglycerides	<input type="text"/>	Lipogram on therapy	<input type="text"/>	Yes	No
HDLC	<input type="text"/>	Specify above therapy	<input type="text"/>		
LDLC	<input type="text"/>	Age when diagnosed	<input type="text"/>		

- Does the patient have symptomatic atherosclerotic disease?

Yes	No
-----	----
- Supply the correct ICD-10 code for the above condition
- Type I diabetes with microalbuminuria or proteinuria- please attach the pathology results

Yes	No
-----	----
- Type II diabetes – please attach the pathology results of the fasting glucose levels if newly diagnosed

Yes	No
-----	----
- Systolic blood pressure reading
- Is the patient on treatment for hypertension?

Yes	No
-----	----
- Does the patient smoke?

Yes	No
-----	----
- Genetic hyperlipidaemia:
 - Diagnosed by an endocrinologist?

Yes	No
-----	----
 - Practice number of endocrinologist
 - Positive family history of premature vascular event in:
 - First-degree male relative < 55 years

Yes	No
-----	----
 - First-degree female relative < 65 years

Yes	No
-----	----
 - Presence of tendon xanthoma

Yes	No
-----	----
- Please specify the medicine for which you are applying
- ICD-10 code

Surname and initials of principal member

Name of patient Membership No

section six: hypertension

Please classify the severity of hypertension:

Mild hypertension Moderate hypertension Severe hypertension

Blood pressure reading

On therapy Yes No

If on therapy, please specify the medicine used :
