



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 kindly not be faxed to Medihelp with your application.

<b>PMB code</b>	<b>PMB condition</b>	<b>Requirements (for Medihelp Plus, Dimension Elite and Dimension Prime benefit options)</b>
C001	Addison's disease	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a <b>specialist physician, paediatrician or endocrinologist</b></li> <li>• Diagnostic serum cortisol levels and ACTH stimulation test in case of a <b>new application</b></li> </ul>
C002	Asthma	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a registered medical practitioner, for children younger than 3 years diagnosis by a <b>paediatrician</b> in case of a <b>new application</b></li> <li>• The <b>application form for asthma in section four</b> must be completed by the medical practitioner in case of a <b>new application</b></li> <li>• Combination of asthma and COPD to be confirmed by a <b>pulmonologist</b></li> </ul>
C026	Bipolar mood disorder	<ul style="list-style-type: none"> <li>• ICD-10 code and DSM-IV diagnosis by a registered medical practitioner</li> <li>• In case of a <b>new application</b> the <b>bipolar mood disorder application form</b> must be completed</li> <li>• You can phone Medihelp's contact centre for this application form</li> </ul>
C003	Bronchiectasis	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a <b>pulmonologist</b> in case of a <b>new application</b></li> <li>• Attach the most recent microscopic culture results and motivation if an antibiotic is prescribed</li> </ul>
C004	Cardiac failure	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a <b>specialist physician or cardiologist</b> in case of a <b>new application</b></li> </ul>
C005	Cardiomyopathy	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a <b>specialist physician or cardiologist</b> in case of a <b>new application</b></li> </ul>
C008	Chronic obstructive pulmonary disease (COPD)	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a <b>pulmonologist or specialist physician</b> in case of a <b>new application</b></li> <li>• A lung function test indicating the FEV1/FVC and FEV1 post-bronchodilator values</li> <li>• A motivation and supporting lung function test that proves increased lung function after treatment with a corticosteroid inhaler if applying for a corticosteroid inhaler</li> <li>• Combination of asthma and COPD to be confirmed by a <b>pulmonologist</b></li> </ul>
C006	Chronic renal disease	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a <b>specialist physician or nephrologist</b> in case of a <b>new application</b></li> <li>• Diagnostic serum creatinine clearance results <b>or</b> glomerular filtration rate (GFR) in case of a <b>new application (please attach pathology results)</b></li> <li>• Hemoglobin results if applying for erythropoietin</li> </ul>
C007	Coronary artery disease	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a <b>specialist physician or cardiologist</b> in case of a <b>new application</b></li> </ul>
C009	Crohn's disease	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a <b>specialist physician, surgeon, gastroenterologist or paediatrician</b></li> <li>• Diagnostic colonoscopy in case of a <b>new application</b></li> <li>• Complete the <b>applicable application form</b> if biologicals are prescribed</li> <li>• Biologicals will only be considered for members of the Medihelp Plus benefit option</li> </ul>
C010	Diabetes insipidus	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a <b>specialist physician, paediatrician, endocrinologist, neurosurgeon or neurologist</b></li> <li>• Positive water deprivation test in case of a <b>new application</b></li> </ul>
C011	Diabetes mellitus type I	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a registered medical practitioner</li> </ul>
C012	Diabetes mellitus type II	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a registered medical practitioner</li> <li>• Diagnostic fasting plasma glucose results and/or glucose tolerance test results in case of a <b>new application (please attach pathology results)</b> Motivation from a <b>specialist physician or endocrinologist</b> if thiazolidinedione is prescribed</li> </ul>
C013	Dysrhythmia	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a <b>specialist physician or cardiologist</b> in case of a <b>new application</b></li> <li>• Prescription from a specialist physician or cardiologist if an anti-arrhythmic drug is prescribed</li> </ul>
C014	Epilepsy	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a <b>neurologist or specialist physician or the findings of an EEG report as confirmation of diagnosis by a registered medical practitioner</b> in case of a <b>new application</b></li> </ul>
C015	Glaucoma	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by an ophthalmologist or a registered medical practitioner if accompanied by a topometry report</li> </ul>
C016	Haemophilia	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a registered medical practitioner</li> <li>• Diagnostic results of factor VIII or IX pathology tests in case of a <b>new application</b></li> </ul>

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

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, protocols and chronic limits:

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

<b>Chronic condition</b>	<b>Requirements (for Medihelp Plus and Dimension Elite benefit options only)</b>
Gout (only preventative treatment)	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a general practitioner</li> </ul>
Heart valve disease	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a cardiologist</li> </ul>
Huntington chorea	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a relevant specialist</li> </ul>
Hyperprolactinaemia	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a specialist physician or endocrinologist</li> <li>• Annual pathology report not older than 12 months</li> </ul>
Hyperthyroidism	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a general practitioner</li> <li>• Diagnostic pathology report</li> </ul>
Incontinence	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a general practitioner</li> </ul>
Macular degeneration	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by an ophthalmologist.</li> <li>• Complete the applicable application form if applying for ophthalmic intravitreal anti-VEGF injection or Visudyne</li> </ul>
Major depression	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a general practitioner</li> </ul>
Menière's disease	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by an ear, nose and throat specialist</li> </ul>
Menopause	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a general practitioner</li> <li>• Motivation from a gynaecologist if tibolone (Livifem<sup>®</sup>) is prescribed</li> </ul>
Migraine (only preventative treatment)	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a general practitioner for first line treatment</li> <li>• Second line treatment from a neurologist</li> </ul>
Motor neuron disease	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a neurologist</li> </ul>
Myasthenia gravis	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a neurologist or specialist physician</li> <li>• Complete the <b>application form for myasthenia gravis</b> in case of a <b>new application</b></li> </ul>
Narcolepsy	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a neurologist</li> </ul>
Neuropathic pain	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a general practitioner</li> </ul>
Obsessive-compulsive disorder	<ul style="list-style-type: none"> <li>• ICD-10 code and DSM-IV diagnosis by a <b>psychiatrist or paediatric psychiatrist</b></li> </ul>
Osteo-arthritis	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a general practitioner</li> <li>• Motivation required if a COX-2 inhibitor is prescribed</li> </ul>
Osteoporosis	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a general practitioner</li> <li>• BMD report and an indication of the relevant risk factors</li> <li>• Only a DEXA scan is accepted</li> </ul>
Paget's disease	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a relevant specialist</li> <li>• Pathology report to confirm diagnosis</li> </ul>
Panic disorder	<ul style="list-style-type: none"> <li>• ICD-10 code and DSM-IV diagnosis by a general practitioner</li> </ul>
Pemphigus/Pemphigoid	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a dermatologist</li> </ul>
Pernicious anaemia	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a general practitioner</li> <li>• Pathology report to confirm diagnosis</li> </ul>
Polycystic ovarian syndrome	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a gynaecologist</li> </ul>
Post traumatic stress disorder	<ul style="list-style-type: none"> <li>• ICD-10 code and DSM-IV diagnosis by a general practitioner</li> </ul>
Psoriasis	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a dermatologist</li> </ul>
Psoriatic arthritis	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a rheumatologist or specialist physician</li> </ul>
Pulmonary interstitial fibrosis	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a pulmonologist</li> </ul>
Raynaud's disease	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a relevant specialist</li> </ul>
Sjogren's syndrome	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a general practitioner</li> </ul>
Social phobia	<ul style="list-style-type: none"> <li>• ICD-10 code and DSM-IV diagnosis by a <b>psychiatrist or a paediatric psychiatrist</b></li> </ul>
Thrombocytopenic purpura	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a relevant specialist</li> </ul>
Trigeminal neuralgia	<ul style="list-style-type: none"> <li>• ICD-10 code and diagnosis by a neurologist or specialist physician , with the patient's medicine history included</li> </ul>

Surname and initials of principal member

Name of patient  Membership No

**section three: to be completed by the medical practitioner**

**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 2011.**
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**, post it to **PO Box 26042, ARCADIA, 0007** or e-mail it to [medihelp@medihelp.co.za](mailto:medihelp@medihelp.co.za)
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	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

Membership No

### 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: 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 :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### section six: 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 medicine currently being used:

Baseline lipogram	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total cholesterol	<input type="text"/>
If answer to above question is no, please give the name of the medicine on which the attached lipogram or values supplied was done	<input type="text"/>	Triglycerides	<input type="text"/>
Age when diagnosed	<input type="text"/>	HDL	<input type="text"/>
		LDL	<input type="text"/>

Surname and initials of principal member

Name of patient

Membership No 

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- Does the patient have symptomatic atherosclerotic disease confirmed by a cardiologist/specialist physician or did the patient have a previous incident?

Yes	No
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- Practice number of specialist physician/cardiologist or type of incident

- Supply the correct ICD-10 code for the above condition

- Type I diabetes with microalbuminuria or proteinuria- please attach the pathology results

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

Yes	No
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- Please supply the fasting glucose or HbA1c results

- Systolic blood pressure reading

- Is the patient on treatment for hypertension?

Yes	No
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- Does the patient smoke?

Yes	No
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- Genetic hyperlipidaemia:

- Diagnosed by an endocrinologist?

Yes	No
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- Practice number of endocrinologist

- Positive family history of premature vascular event in:

- First-degree male relative < 55 years

Yes	No
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- First-degree female relative < 65 years

Yes	No
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- Presence of tendon xanthoma

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

- ICD-10 code