

Claims submission guide to transplants

Who we are

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, is a not-for-profit medical scheme, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'we' 'us' and 'our' or as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

Contact us

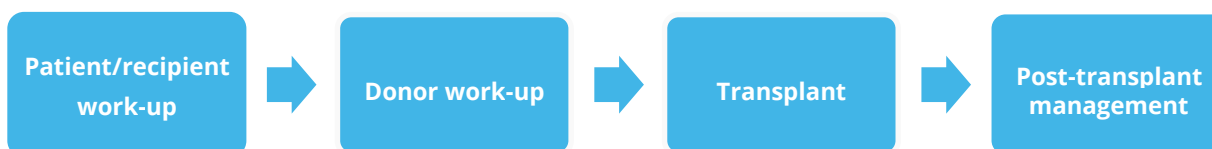
For further information, call us on 0860 103 933 or visit us at www.lahealth.co.za

How we pay costs related to a transplant

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

Understanding how the transplant claims process works

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



LA Health Medical Scheme will pay for treatment that is included in the benefit definition without using your day-to-day benefits. The information below 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/Recipient work-up

LA Health Medical Scheme will pay for the appropriate, approved work-up costs for the recipient.

Getting work-up accounts paid as a Prescribed Minimum Benefit (PMB)

- To ensure claims are funded correctly as PMB, it is important that all healthcare providers submit claims with the approved ICD-10 codes.
- Claims may be submitted using electronic submission channels. Alternatively, paper claims may be submitted by email to claims@lahealthms.co.za
- Proof of payment must be submitted if these claims have been paid for upfront.

Paying approved accounts

- If you paid the accounts upfront, we will refund your bank account, if proof of payment is submitted with the claim.
- If we have inadvertently paid a claim from your day-to-day benefits, and you provide the necessary information, we will retrospectively review the payment and refund the amounts to your day-to-day benefits.
- If the service provider has not been paid yet, and has a payment arrangement with us, we will pay the provider directly.

Donor work-up

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 donor does not have to be a member of the Scheme.

The Scheme will only approve and pay for one donor work-up.

If the approved donor later becomes unsuitable, a letter of motivation is required from the treating doctor for review by a clinical panel. We will notify the member of the outcome of the review.

Paying the accounts

We will pay for the tests that are necessary to be done before the surgery to harvest the donor's organ (including X-rays, ECG and blood tests). We pay these claims retrospectively, once the transplant surgery has been done, via an exception process (outside the normal claims process).

Getting the donor accounts to us so we can pay them correctly

- Make sure the accounts are clearly marked as *'Donor account approved as ex gratia'*.
- Ensure that the donor's full name and ID number as well as the recipient's LA Health membership number reflect on the account.
- Please email to EXGRATIA_APPROVED_CLAIMS@lahealthms.co.za for payment of the claims.

The transplant

The in hospital costs, for the transplant procedure, is paid from your Major Medical Benefit. We pay for the in hospital costs related to the transplant procedure the Major Medical Benefit.

You can call us on 0860 103 933 for an authorisation number, and we will explain the details of the payment at the same time.

Post-transplant management

Certain treatment needed 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 PMB, and the treatment may be part of the basket of care for that PMB. This may include tests or investigations, chronic medicine and consultations.

Making sure that the post-surgery treatment is covered as Prescribed Minimum Benefit chronic medicine

Notify us that the transplant surgery has taken place by emailing PMB_APP_FORMS@lahealthms.co.za. We will then activate the post-transplant benefit.

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

A Chronic Illness Benefit application form must be completed and sent back to us by email at CIB_APP_FORMS@lahealthms.co.za. If you are already registered on the Chronic Illness Benefit for this condition, we need a copy of the new prescription for the medicine required.

Where to get application forms

You can print the forms off our website at www.lahealth.co.za or call us on 0860 103 933 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.

Queries and complaints process

You may lodge a complaint or query on 0860 103 933. If you are not satisfied with the assistance provided by the Administrator, address a complaint in writing to the Principal Officer at the Scheme's registered address. Should your complaint remain unresolved, you may lodge a formal dispute by following Scheme's disputes process. You may find more information about the disputes process on www.lahealth.co.za.

You may, as a last resort, approach the Council for Medical Schemes for assistance:

Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 / 0861 123 267 / complaints@medicalschemes.co.za / www.medicalschemes.co.za