CHRONIC APPLICATION FORM

COMPREHENSIVE AND MIDMAS OPTION

1. Medication for all chronic conditions that are covered may be registered telephonically on **0800132 345** (doctors and pharmacists only)

2. Alternatively, please complete this form to apply for Chronic Medicine Benefits. One form must be completed per patient

3. Once the form has been completed, please email it to **chronic@medikredit.co.za**

4. Please note that **one form per patient** must be completed

4. Forms not completed in full will not be processed

5. Section 1 of the application form must be completed by the member

6. Sections 2 and 3 are for information purposes only and must not be sent back

7. Sections 4 – 6 must be completed by your doctor

8. Approval of any chronic condition and medicine is subject to clinical entry criteria and drug utilisation review

9. Please attach copies of any reports to support the diagnosis of chronic conditions where applicable

1. PATIENT INFORMATION

Surname | Initials

Full name(s)

RSA Identity No | Gender (M/F)

Medical Aid No | Patient Dependent Code

Telephone
Home Code | No. | Cellphone
Work Code | No. | Fax No.

Email Address

I understand that my application will not be processed if the information on this form is incomplete, or the relevant diagnostic results are not provided to Performance Health. I give permission to my doctor to provide Performance Health with my diagnosis and other relevant clinical information to review my application.

Patient Signature (unless a minor) | **Principal Member Signature (only if patient is a minor)** | **Date**

These conditions are reimbursed on all options provided the Clinical Entry Criteria are met as indicated below.

2. CLINICAL ENTRY CRITERIA FOR THE PRESCRIBED MINIMUM BENEFITS (PMB) CHRONIC DISEASES	
CDL Condition	**Clinical Entry Criteria (*please include the ICD 10 code*)**
Addison's Disease	Diagnosis to be confirmed by an endocrinologist, paediatrician or specialist physician
Asthma	1. Diagnostic lung function test (pre- & post-bronchodilator) for children ≥7 years old and for all adults 2. For children <7 years of age, a confirmation of diagnosis from a paediatrician, pulmonologist or specialist physician is required
Bipolar Mood Disorder	Diagnosis to be confirmed by a psychiatrist and clinical subtype (type I or type II) to be specified
Bronchiectasis	Diagnosis to be confirmed by a pulmonologist or specialist physician
Cardiac Failure	New York Heart Association (NYHA) stage and left ventricular ejection fraction (LVEF) required
Cardiomyopathy	Subtype and left ventricular ejection fraction (LVEF) required
Chronic Obstructive Pulmonary Disease (COPD)	1. Diagnostic Lung Function Test reflecting both pre- and post-bronchodilator FEV1 and FEV1/FVC
Chronic Renal Failure	1. Diagnostic creatinine clearance or estimated Glomerular Filtration Rate (eGFR) 2. Hb results and iron studies required when applying for erythropoietin or intravenous iron
Coronary Artery Disease	Report with diagnostic findings required – e.g., ECG (exercise/stress), echocardiography, angiography, or details of cardiac event (ACS/MI/PCI/CABG, including date)
Crohn`s Disease	Diagnosis to be confirmed by a gastroenterologist, surgeon or specialist physician
Diabetes Insipidus	Diagnosis to be confirmed by an endocrinologist, paediatrician or specialist physician
Diabetes Mellitus Type 1 & 2	Fasting blood glucose, and either the 2hr–OGTT, HbA1c (DCCT) or random blood glucose result are required (laboratory report); motivation including presenting symptoms required if only one test result provided
Dysrhythmias	Diagnosis to be confirmed by a cardiologist or specialist physician
Epilepsy	Diagnosis to be confirmed by a neurologist, specialist physician or paediatrician; alternatively, the seizure history or abnormal EEG report to be provided
Glaucoma	Diagnosis to be confirmed by an ophthalmologist
Haemophilia (A & B)	1. Diagnosis to be confirmed by a specialist physician or haematologist 2. Pathology report indicating factor VIII or IX levels
HIV/AIDS	Pathology report with positive ELISA result, CD4+ count and Viral load (note that RNA Viral load is not diagnostic, as it is not specific to HIV)
Hyperlipidaemia	1. Diagnostic Lipogram required – Must include Total Cholesterol, LDL, HDL and Triglyceride values 2. Blood pressure reading at time of diagnosis 3. Smoking status 4. Familial hyperlipidaemia requires an endocrinologist diagnosis 5. If applicable, please provide family history of premature cardiovascular event (detail required)

Hypertension	Two diagnostic blood pressure readings without any antihypertensive medication are required (the second reading to be 3 or more months after lifestyle modifications have been implemented) for newly diagnosed patients, unless diagnostic BP is ≥160/100 or significant CV risk factors present (please provide details thereof if applicable)
Hypothyroidism	Diagnostic thyroid function test results: TSH and FT4; thyroid antibody tests in case of sub-clinical results
Multiple Sclerosis	1. Diagnostic confirmation from a neurologist or specialist physician 2. The following information must be submitted: a. MRI reports b. Relapsing-remitting history (clinical presentation and dates) c. Extended Disability Status Score (EDSS) d. Relapses requiring cortisone therapy e. Current Functional Systems Scale score (Pyramidal System)
Parkinson's Disease	Diagnosis confirmation from a neurologist or specialist physician, otherwise the diagnostic motor signs and symptoms to be provided
Rheumatoid Arthritis	1. Diagnosis confirmation from a rheumatologist, paediatrician or specialist physician 2. Alternatively, supporting pathology report (CRP/ESR and Rheumatoid Factor) to be provided and clinical history confirming diagnosis, as well as treatment history
Schizophrenia	Diagnosis confirmation from a psychiatrist
Systemic Lupus Erythematosus	Diagnosis confirmation from a specialist physician or rheumatologist
Ulcerative Colitis	Diagnosis to be confirmed by a gastroenterologist, specialist physician or surgeon

3.A. CLINICAL ENTRY CRITERIA FOR THE ADDITIONAL CHRONIC CONDITIONS (Comprehensive plan only)	
Additional Chronic Condition	**Clinical Entry Criteria (*please include the ICD 10 code*)**
Acne	Diagnosis to be confirmed by a dermatologist
Allergic Rhinitis	Diagnosis to be confirmed by an ENT, paediatrician or specialist physician unless there is associated asthma
Alzheimer's Disease	1. Diagnosis to be confirmed by a neurologist or psychiatrist 2. Baseline Folstein MMSE score is required 3. CT scan report to be supplied (if available) 4. Laboratory test results confirming the exclusion of other causes of dementia to be supplied (e.g., vitamin B12)
Ankylosing Spondylitis	Diagnosis to be confirmed by a rheumatologist or specialist physician
Anaemia	Diagnostic Hb and iron studies are required
Benign Prostatic Hyperplasia	No specific criteria except for ICD10-code for alpha blockers. For 5-α-reductase inhibitors, the prostate size in grams or millilitres is required
Cushing's Disease	Diagnosis to be confirmed by a specialist physician or endocrinologist. Supporting bloodwork (i.e., diagnostic serum cortisol) to be supplied
Cystic Fibrosis	Diagnosis to be confirmed by a pulmonologist, paediatrician or specialist physician
Deep Vein Thrombosis	Date of event required as well as clinical risk factors for recurrence
Depression	No specific criteria required apart from ICD10 code for antidepressants. A letter of motivation is required for any non-antidepressants (e.g., mood stabilisers and antipsychotics)

Gastro-Oesophageal Reflux Disorder (GORD)	No specific information required apart from ICD-10 code for standard dose PPI up to 3 months, or for ongoing low dose PPI; FOLLOW UP scope report or gastroenterologist motivation required for standard dose PPI beyond 3 months and in all cases of double dose PPI
Gout	No specific criteria apart from ICD10 code
Heart Valve Disease	Diagnosis to be confirmed by a cardiologist or cardiothoracic surgeon
Hyperkinesis (Attention Deficit Hyperactivity Disorder)	Diagnosis to be confirmed by a paediatrician, neurologist or psychiatrist unless the prescriber is certified with a special qualification in ADHD (certification required)
Hypoparathyroidism	Laboratory results required
Hyperthyroidism	Diagnostic thyroid function results are required (TSH and T4)
Malabsorption Syndrome	Diagnosis to be confirmed by a surgeon, physician, gastroenterologist or paediatrician
Meniere's Disease	Diagnosis to be confirmed by an ENT or neurologist
Menopause	Accepted from any prescriber for patients between the ages of 40 and 69 without cardiovascular comorbidities. Laboratory reports are required for confirmation of premature menopause
Motor Neuron Disease	Diagnosis to be confirmed by a neurologist or specialist physician
Myasthenia Gravis	Diagnosis to be confirmed by a neurologist or specialist physician
Osteoarthritis	No specific criteria apart from ICD10 code
Osteoporosis	DEXA scan to be supplied; in the case of fractures, an X-ray report is also required
Paget's Disease	Diagnosis to be confirmed by a neurologist or specialist physician
Paraplegia/Quadriplegia	Diagnosis to be confirmed by a neurologist, neurosurgeon or specialist physician. All relevant reports (including scans) to be submitted.
Peripheral Vascular Disease	Diagnosis to be confirmed by a vascular surgeon or specialist physician
Pituitary Adenoma/Hyperfunction Of Pituitary Gland	Diagnosis to be confirmed by a physician, neurologist, neurosurgeon or endocrinologist
Psoriasis	Diagnosis to be confirmed by a dermatologist
Pulmonary Interstitial Fibrosis	Diagnosis to be confirmed by a pulmonologist or specialist physician
Stroke	Date of event required
Systemic Connective Tissue Disorders	Diagnosis to be confirmed by a rheumatologist, specialist physician or paediatrician
Testicular Dysfunction/Testosterone Deficiency	Diagnosis to be confirmed by a urologist or specialist physician

3.B. CLINICAL ENTRY CRITERIA FOR THE ADDITIONAL CHRONIC CONDITIONS (Midmas plan only)	
Additional Chronic Condition	**Clinical Entry Criteria (*please include the ICD 10 code*)**
Acne	Diagnosis to be confirmed by a dermatologist
Hyperkinesis (Attention Deficit Hyperactivity Disorder)	Diagnosis to be confirmed by a paediatrician, neurologist or psychiatrist unless the prescriber is certified with a special qualification in ADHD (certification required)
Eczema	Diagnosis to be confirmed by a dermatologist or paediatrician

4. Additional Clinical Information

Please refer to Sections 2 and 3 for requirements relating to Clinical Entry Criteria

5. PRESCRIBED MEDICINE DETAILS

Please refer to Sections 2 and 3 for information relating to Clinical Entry Criteria

Diagnosis	ICD10 code	Date of diagnosis	Medicine name and strength	Dosage/quantity per month	How long has the patient used this medicine	
					Years	Months

6. DOCTOR DETAILS

Name

BHF Practice Number Specialty

Telephone No

Email Address

Doctor Signature **Date**

1. Please ensure all relevant reports and / or tests are included with this applicationform.
2. For completion of this application form, use claim code 0199. Please remember to use the relevant ICD 10 code with the claim.
3. This form only needs to be completed when applying for a new chronic condition.
4. For any changes to the patient's medicine for approved conditions please call **0800 132 345**.