



CIRCULAR

Reference: PMB Terminal Care  
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## Circular 65 of 2014: PMB's and Terminal Care

During the registration of scheme rules at the end of 2013, an enquiry with regards to the inclusion of terminal care in the prescribed minimum benefits was received. CMS realised that there was confusion in the industry about the funding of terminal care.

A number of the PMB conditions may lead to terminal disease where the member/ beneficiary cannot be cured anymore. These members will then be treated with palliative care / terminal care. Palliative care / terminal care focuses on ensuring that the member is comfortable and pain free.

Terminal care and the subsequent admission to a hospice forms part of the treatment and care of certain PMB conditions. The PMB regulations further includes category 260S - # Imminent death regardless of diagnosis. The treatment for this category is specified as # Comfort care; pain relief; hydration.

This category in the PMB regulations is an overriding factor as indicated by the # (hashtag) sign at the front of the condition. Explanatory (6) below determines that certain specified categories take precedence over others that are present and the entitlements for the non-overriding categories are overridden in these instances.

- (6) In certain cases, **specified categories shall take precedence** over others present. Such “overriding” categories are preceded by the sign “#” in their descriptions within Annexure A. For example, where someone is suffering from pneumonia and HIV, because the HIV category (168S) is an overriding category, the entitlements guaranteed by the “pneumonia” category (903D) are overridden.

In cases where the member suffers from a PMB condition and is terminal or his/her condition is included in # imminent death regardless of diagnosis, no monetary value may be placed on the terminal PMB care. Regulation 8 of the Medical Schemes Act 131 of 1998 explains that concerning PMBs, the medical scheme must pay in full, without co-payment or the use of deductibles, the diagnosis, treatment and care costs of the prescribed minimum benefit conditions.



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