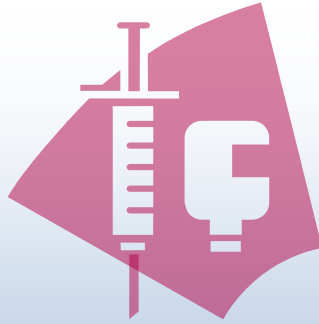




Diagnosis



Treatment



Care

October 2009

Eye care and PMBs

This month we celebrated World Sight Day. Let's take a closer look at eye care in the context of prescribed minimum benefits.



Many of us take our eyesight for granted yet thousands of people lose their sight every year due to negligence, injury, or disease. Some eye diseases and injuries can be treated and vision can be preserved but there are just as many diseases and injuries that can lead to the complete loss of your eyesight.

Eye diseases are caused by genetic problems or by other diseases. Those of us fortunate not to suffer from these have a great responsibility to preserve our vision and protect our eyes.

Those of us not so fortunate can hopefully be assisted in obtaining the necessary medical care and having the funds available to pay for it.

Prescribed minimum benefits

The prescribed minimum benefit (PMB) regulations in the Medical Schemes Act make provision for a number of eye diseases.

Section 29(1)(o) of the Act states that the rules of a medical scheme must provide for the scope and level of minimum benefits to be available to beneficiaries, as may be prescribed. Sub-regulation (p) then explains that the benefits may not be less than the services that would have been provided in the public sector.

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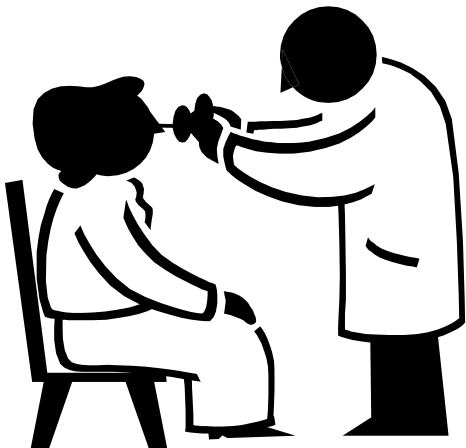
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Using DSPs for screening tests

Schemes can use designated service providers (DSPs) and network facilities to provide PMB-related services such as medication, consultations, investigations, and hospitalisation. DSPs could be general practitioners, specialists, and hospitals where you can obtain your PMB-related services without having to co-pay for them.

However, schemes may never indicate that they do not cover the payment of a PMB and that you can only get cover in the public sector.







Your scheme can refer you to a state facility only where it has arranged guaranteed access for certain services in the public sector. Co-payments may apply if you voluntarily choose not to use a DSP. The scheme cannot exclude the cover of screening tests, except in instances where co-payments apply, as mentioned above.



If you are unable to obtain the healthcare services you need from your scheme's DSP or network and are forced by circumstances to involuntarily use a non-DSP instead, for instance when the closest doctor or hospital is quite a distance away, make alternative arrangements with your scheme to make sure you can obtain your services from a non-DSP without having to incur co-payments.

Where a DSP is available and you voluntarily choose to get your PMB services at a non-DSP facility, the scheme may ask you to foot the bill partially.

General eye care tips

-  Have a check-up done by an eye care professional at least once every two years.
-  Protect your eyes from nature's elements like the sun, dust, wind, and bright light. Always wear sunglasses that block UV rays.
-  Eat healthy food. These include foods that are rich in antioxidants (leafy green vegetables and citrus fruits), carotenoids (carrots, kale, and spinach), zinc (beef, pork, and lamb), and selenium (fish, shellfish, and red meat).
-  Avoid accidental injury to your eyes. Wear protective glasses when using machinery. If a foreign object or chemical gets into your eye, wash it out with plenty of water and obtain emergency care as soon as possible.
-  Make sure there is sufficient light for all tasks, e.g. when reading at night.
-  Protect your eyes when watching television or working on a computer by ensuring that there is sufficient distance between your eyes and the screen. Look away from the screen frequently to give your eyes a break. Always ensure that there is enough light in the room.



The following list of conditions is included in the PMB regulations.

Code	Diagnosis	Treatment
47B	Acute orbital cellulitis	Medical and surgical management
394B	Angle-closure glaucoma	Iridectomy; laser surgery; medical and surgical management
586B	Bell's palsy; exposure keratoconjunctivitis	Tarsorrhaphy; medical and surgical management
950B	Cancer of the eye and orbit – treatable	Medical and surgical management, which includes radiation therapy and chemotherapy
901B	Cataract; aphakia	Extraction of cataract; lens implant
911B	Corneal ulcer; superficial injury of eye and adnexa	Conjunctival flap; medical management
405B	Glaucoma associated with disorders of the lens	Surgical management
386B	Herpes zoster and herpes simplex with ophthalmic complications	Medical management
389B	Hyphema	Removal of blood clot; observation
485B	Inflammation of lacrimal passages	Incision; medical management
909B	Open wound of eyeball and other eye structures	Medical and surgical management
407B	Primary and open angle glaucoma with failed medical management	Trabeculectomy; other surgery
419B	Purulent endophthalmitis	Vitrectomy
922B	Retained intraocular foreign body	Surgical management
904B	Retinal detachment, tear and other retinal disorders	Vitrectomy; laser treatment; other surgery
906B	Retinal vascular occlusion; central retinal vein occlusion	Laser surgery
409B	Sympathetic uveitis and degenerative disorders and conditions of globe; sight-threatening thyroid optopathy	Enucleation; medical management; surgery

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