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Tuberculosis as a PMB

Deadly as it may be when not properly treated, tuberculosis can be cured with proper treatment and care.

Tuberculosis (also known as TB) is an infection that is caused by mycobacterium tuberculosis, a bacterium that most often leads to TB of the lungs (pulmonary tuberculosis). Extrapulmonary TB is TB that has spread to other parts of the body, such as the digestive and urogenital tracts, the brain, bones, joints, the nervous system, lymph nodes and skin.

TB germs spread through the air when a person with TB of the lungs coughs, sneezes or talks. People who have weak immune systems, whether from illness (such as cancer or HIV/AIDS) or in general (such as young children, adolescents and older people), also have a higher risk of catching TB. If you have been exposed to or diagnosed with TB, take or refer your family and the people living close to you to the doctor or a clinic to be examined. In rare instances, people who live in close contact to a person with TB may be put on treatment to prevent infection.

Cover for TB

TB is deadly if it is not properly treated. As a prescribed minimum benefit (PMB), the benefits for pulmonary TB, as stated in Annexure A of the Medical Schemes Act, include the diagnosis of pulmonary TB, acute medical management thereof, and successful transfer to maintenance therapy in accordance with the guidelines of the Department of Health.

PMB entitlement includes the diagnosis, treatment and care costs of the condition. In most cases, you will discover that you have TB only after the diagnostic tests have been completed. Your scheme must provide cover for the consultation(s) and appropriate investigation(s) (radiology and pathology) that were necessary to make the diagnosis. If your scheme initially covered these costs from your savings account, you should ask them to review the claims and allocate the costs to the risk pool since PMB-related services may not be paid from savings accounts. If your funds were depleted and you had to pay for the diagnosis yourself, the scheme must once again be notified and requested to re-process the claims accordingly.

“Take your tuberculosis medicine every day and complete the whole course. Do not stop taking it once you start feeling better.” – Marli Weldhagen, Clinical Analyst at the Council for Medical Schemes

Extrapulmonary TB (TB that affects parts of the body other than the lungs) is covered under different sections of the PMB entitlements, for instance under metastatic infections (infections that have spread to other organs of the body).

Members who are HIV-positive have additional PMB entitlements for screening and preventative therapy of TB, regardless of the outcomes of the tests.

Treatment for TB can include a combination of medications for a period of 6-18 months, depending on whether you suffer from non-resistant TB, multi-drug resistant TB or extreme-drug resistant TB. If you are receiving medication for the treatment of TB, *take the medicine every day and complete the whole course*. Do not stop taking the medication if you start to feel better. The aim of the treatment is to get rid of the bacteria – and these bacteria remain in your body even when you start feeling better. The development of drug-resistant TB is almost always caused by the irregular, or otherwise improper, use of TB drugs. Drug-resistant TB is much more difficult to cure and requires a range of very expensive additional drugs, including regular injections. In addition, the treatment of drug-resistant TB frequently requires prolonged hospitalisation.

Hospitalisation for acute TB, TB meningitis and cases where surgery is required, is included in the PMBs for the disease.

Use DSPs for your TB

Medical schemes may use designated service providers (DSPs) to provide PMB-related services such as medication, consultations, investigations, and hospitalisation. DSPs could be radiology and pathology practices, doctors, pharmacists, hospitals and other healthcare providers 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 costs of diagnosing, treating and/or the care of TB and that you can only get this cover in the public sector.

Your scheme may refer you to a state facility only on a case-by-case basis and where it has arranged guaranteed access for certain services in the public sector. Co-payments may apply if you choose to use a non-DSP. But the scheme cannot refuse to cover TB treatment.

Symptoms of TB of the lungs include:

- a bad cough that lasts for weeks or longer
- weight loss
- coughing up blood or mucus
- weakness or fatigue
- fever and chills
- night sweats

How is TB diagnosed? By conducting:

- a full history of symptoms and exposure to TB;
- tests to determine why children have failed to gain weight;
- a chest x-ray; or
- a sputum examination. This includes direct microscopical examination of the sputum and the culture of the TB germs, and the testing to establish which drugs would be most effective to treat the germs. Up to three samples are taken and it may take 6-8 weeks to get a result. More expensive tests on sputum may provide the result within 3-5 days. These tests do, however, have other limitations and are generally only done in unusual circumstances
- In cases where TB occurs outside of the lungs, biopsies may have to be taken and/or body fluids (such as the fluid surrounding the lungs or the fluid around the spinal cord) may have to be examined in a laboratory.

support@medicalschemes.com

Tel: 012 431-0500 / 0861 123 267 Fax: 012 430-7644

Mail: Private Bag X34, Hatfield, 0028

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