



## CIRCULAR

Reference: Mental Health PMB conditions  
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Date: 13 December 2018

### CIRCULAR 58 OF 2018 : BENEFIT DEFINITION SUBMISSIONS FOR SCHIZOPHRENIA, BIPOLAR MOOD DISORDER AND MENTAL HEALTH EMERGENCIES

The Council for Medical Schemes (CMS) is hereby calling for submissions for benefit definitions for the following conditions:

- Schizophrenia,
- Bipolar mood disorder and
- Mental health emergencies

The applicable DTPs and list of ICD10 codes which will be discussed are tabled below. The CMS acknowledges the PMB review process that is currently underway but recognizes the urgent need to clarify funded benefits for mental health conditions listed above. These benefit definition guidelines will be updated and reviewed once the PMB review process is finalized as part of a revised new set of PMB regulations in future.

## BIPOLAR MOOD DISORDER

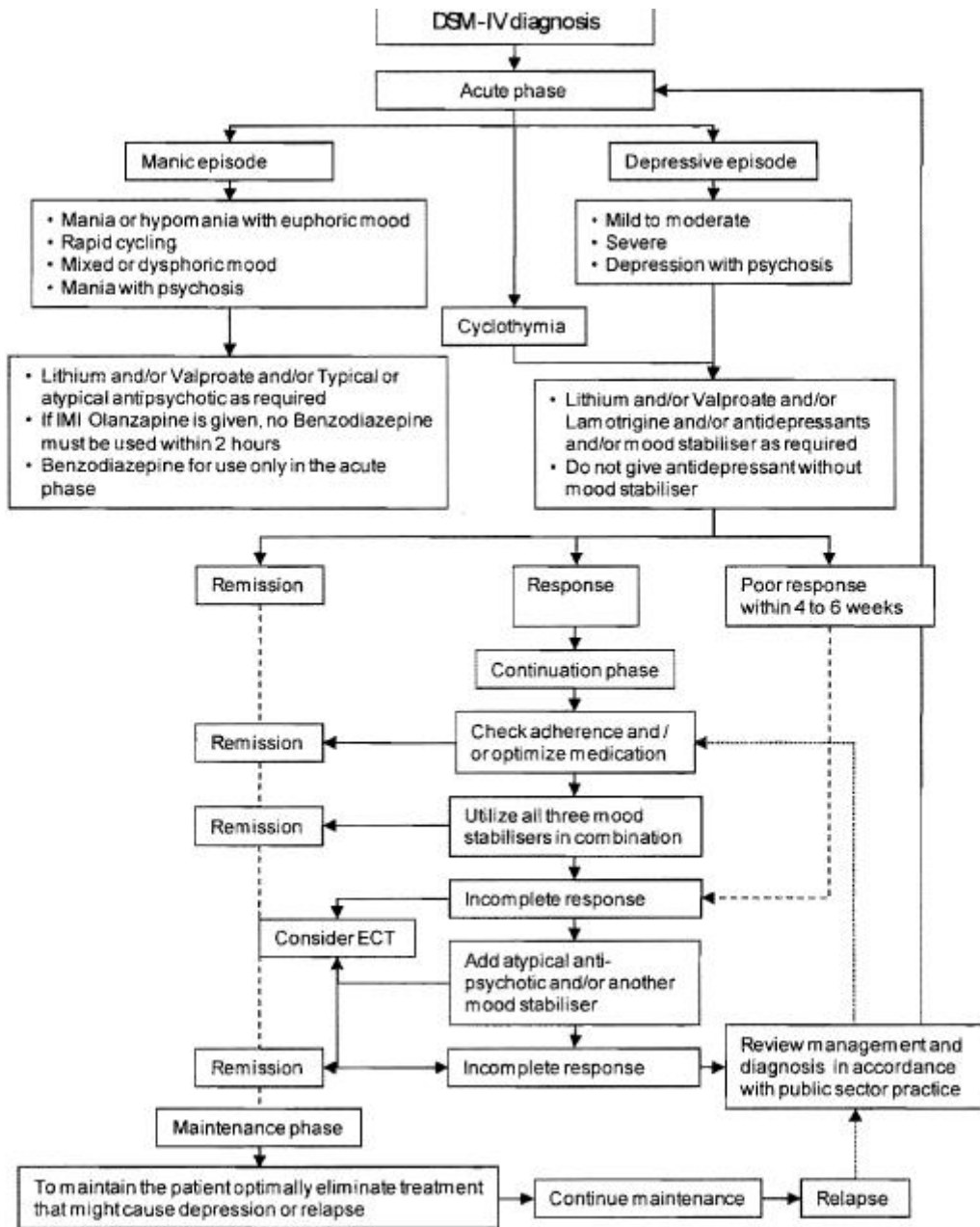
Applicable PMB code for bipolar mood disorder

<i>PMB Code</i>	<i>PMB Description</i>	<i>Treatment Component</i>
902T	Major affective disorders, including unipolar and bipolar depression	Hospital-based management up to 3 weeks/year (including inpatient electro-convulsive therapy and inpatient psychotherapy) or outpatient psychotherapy of up to 15 contacts

Applicable ICD 10 codes for bipolar mood disorder

	F31.0	Bipolar affective disorder, current episode hypomanic
	F31.1	Bipolar affective disorder, current episode manic without psychotic symptoms
	F31.2	Bipolar affective disorder, current episode manic with psychotic symptoms
	F31.3	Bipolar affective disorder, current episode mild or moderate depression
	F31.4	Bipolar affective disorder, current episode severe depression without psychotic symptoms
	F31.5	Bipolar affective disorder, current episode severe depression with psychotic symptoms
	F31.6	Bipolar affective disorder, current episode mixed
	F31.7	Bipolar affective disorder, currently in remission
	F31.8	Other bipolar affective disorders
	F31.9	Bipolar affective disorder, unspecified

Treatment algorithm for bipolar mood disorder as outlined in the Medical Schemes Act



## SCHIZOPHRENIA

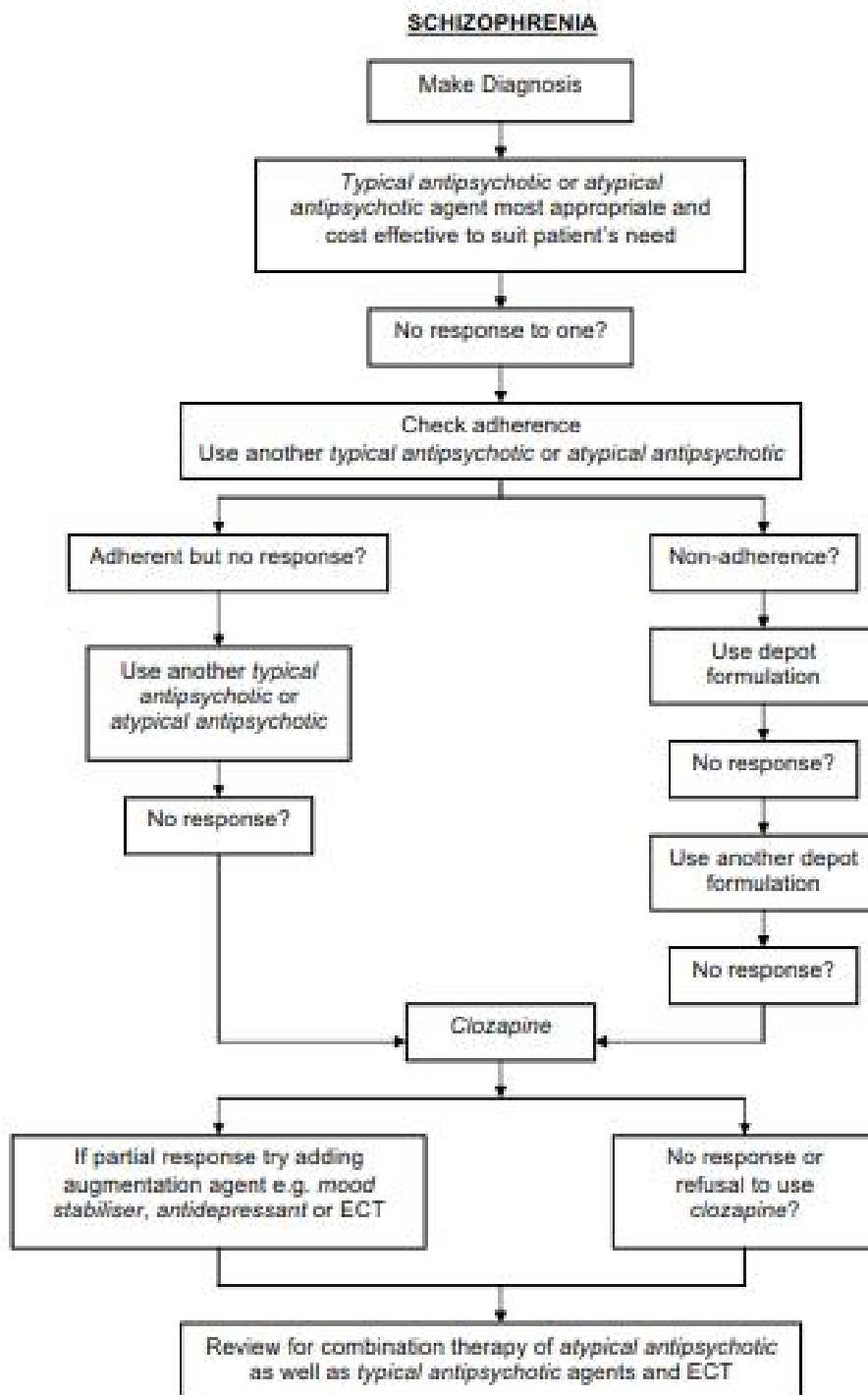
### Applicable PMB code for schizophrenia

<i>PMB Code</i>	<i>PMB Description</i>	<i>Treatment Component</i>
907T	Schizophrenic and paranoid delusional disorders	Hospital-based management up to 3 weeks/year

### Possible ICD10 codes for identifying schizophrenia

<i>ICD10 code</i>	<i>WHO description</i>
F20.0	Paranoid schizophrenia
F20.1	Hebephrenic schizophrenia
F20.2	Catatonic schizophrenia
F20.3	Undifferentiated schizophrenia
F20.4	Post-schizophrenic depression
F20.5	Residual schizophrenia
F20.6	Simple schizophrenia
F20.8	Other schizophrenia
F20.9	Schizophrenia, unspecified

Treatment algorithm for schizophrenia as outlined in the Medical Schemes Act



## MENTAL HEALTH EMERGENCY CONDITIONS

A mental health emergency is a life threatening situation in which an individual is imminently threatening harm to self or others, severely disorientated or out of touch with reality, has a severe inability to function, or is otherwise distraught and out of control.

The following mental health conditions that are listed in the current PMBs qualify as mental health emergencies:

PMB Code	PMB Description	Treatment Component	ICD10 Code
910T	Acute delusional mood, anxiety, personality, perception disorders and organic mental disorder caused by drugs	Hospital-based management up to 3 days	F06.- F07.- F09 F10.0 / F10.8 / F10.9 F11.0 / F11.3 – F11.9 F12.0 / F12.3 – F12.9 F13.0 / F13.3 – F13.9 F14.0 / F14.3 – F14.9 F15.0 / F15.3 - F15.9 F16.0 / F16.3 – F16.9 F17.- F18.0 / F18.3 – F18.9 F19.0 / F19.3 – F19.9 F24
901T	Acute stress disorder accompanied by recent significant trauma, including physical or sexual abuse	Hospital admission for psychotherapy / counselling up to 3 days, or up to 12 outpatient psychotherapy / counselling contacts	F43.0 / F43.8 / F43.9 T74.1 / T74.2
910T	Alcohol withdrawal delirium; alcohol intoxication delirium	Hospital-based management up to 3 days leading to rehabilitation	F10.3 / F10.4 / F10.5

903T	Attempted suicide, irrespective of cause	Hospital-based management up to 3 days or up to 6 outpatient contacts	X60.- to X84.-
184T	Brief reactive psychosis	Hospital-based management up to 3 weeks/year	F10.5 / F11.5 / F12.5 / F13.5 / F14.5 / F15.5 / F16.5  F17.5 / F17.7  F18.5 / F18.7  F19.5 / F19.7  F23.-  R44.0 / R44.1 / R44.2 / R44.3
910T	Delirium: Amphetamine, Cocaine, or other psychoactive substance	Hospital-based management up to 3 days	F11.4 / F11.5  F12.4 / F12.5  F13.4 / F13.5  F14.4 / F14.5  F15.4 / F15.5  F16.4 / F16.5  F17.4 / F17.5  F18.4 / F18.5  F19.4 / F19.5
902T	Major affective disorders, including unipolar and bipolar depression  Not an emergency unless severely suicidal  All mania is an emergency	Hospital-based management up to 3 weeks/year (including inpatient electro-convulsive therapy and inpatient psychotherapy) or outpatient psychotherapy of up to 15 contacts	F20.4  F25.-  F30.1 / F30.2  F31.-  F32.-

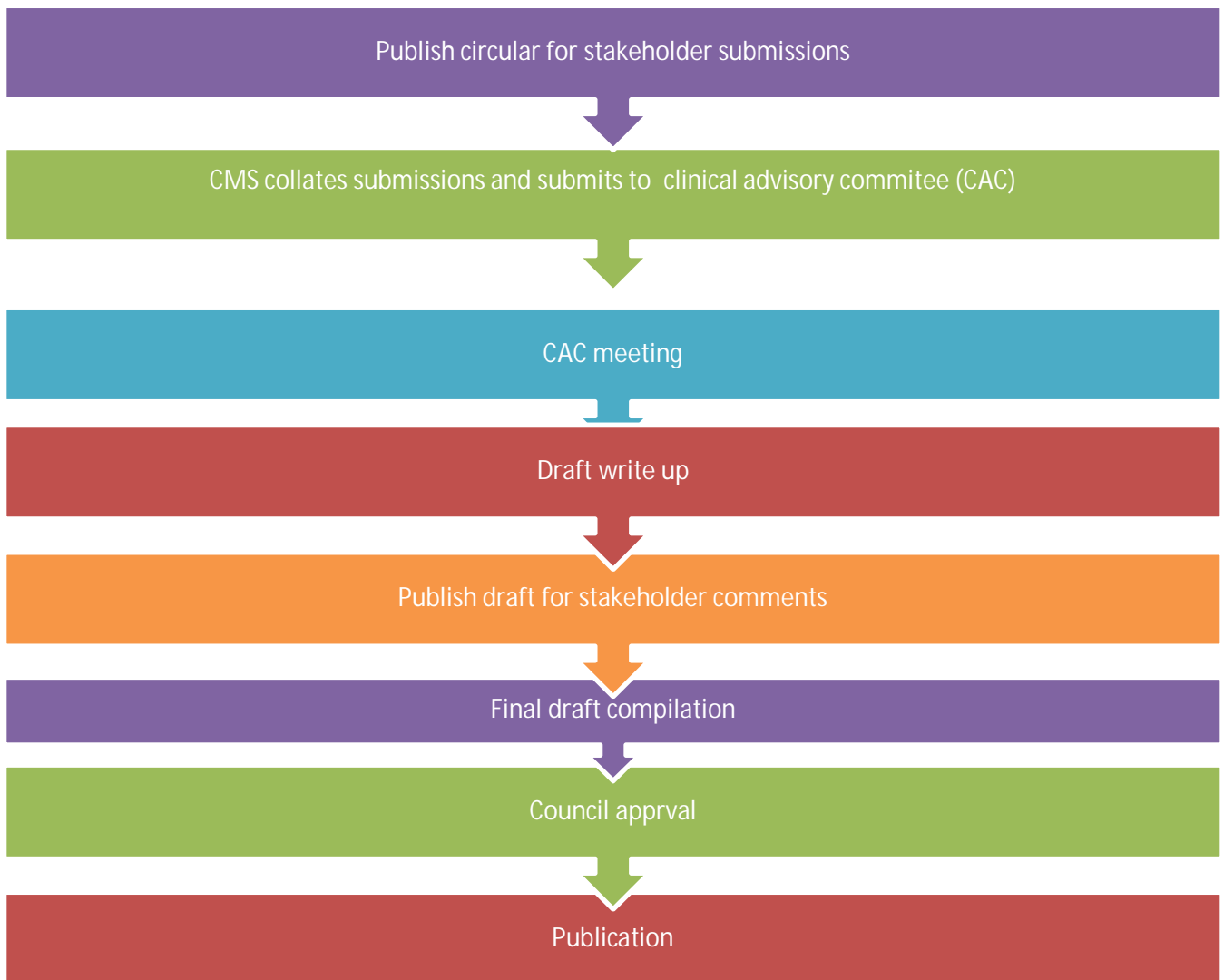
			F33.- F53.1 / F53.8 / F53.9
907T	Schizophrenic and paranoid delusional disorders  Not an emergency unless accompanied by aggression	Hospital-based management up to 3 weeks/year	F20.- F22.- F23.1 / F23.2 / F23.2 F25.- F28 F29

The following mental health conditions that are NOT listed in the current PMBs qualify as mental health emergencies:

- Delirium due to other causes
- Panic attacks

The process for the PMB definition process is once again outlined below:





Please note:

Submissions from different stakeholders should follow the template provided below and emailed to [pmbprojects@medicalschemes.com](mailto:pmbprojects@medicalschemes.com) by the date indicated below. Any submissions for mental health conditions which are not currently listed as PMBs will be addressed with the PMB review project. Submissions should be limited to the ICD10 codes mentioned above.

The CMS would also like to extend an invite to all stakeholders who would like to be part of the clinical advisory committee (CAC) meeting to email their CVs to [pmbprojects@medicalschemes.com](mailto:pmbprojects@medicalschemes.com). The committee will consider all the submissions received and propose recommendations regarding the basket of benefits and care to be made available in the management of the mental health conditions mentioned earlier. In order to protect the intellectual property of stakeholders, submissions will be treated as anonymous and distributed to committee members only.

Please take note of the following dates:

	Due date for submissions	Due date for CVs	CAC meeting date
Schizophrenia	31 January 2019	31 January 2019	11 February 2019
Bipolar mood disorder	31 January 2019	31 January 2019	12 February 2019
Mental health emergencies	31 January 2019	31 January 2019	13 February 2019



Dr S. Kabane

Acting Chief Executive & Registrar

Council for Medical Schemes

TEMPLATE FOR SUBMISSION FOR SCHIZOPHRENIA, BIPOLAR MOOD DISORDER AND MENTAL HEALTH EMERGENCIES

Please make a separate submission for bipolar mood disorder and schizophrenia. For mental health emergencies, please make a separate submission for each emergency for all relevant categories shown below.

1. Entry criteria

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2. Diagnostic basket

2.1. Consultations and disciplines for diagnosis

Discipline	Frequency
e.g. psychiatrist	

2.2. Lab investigations for diagnosis

Description	Comment (if necessary)
e.g. FBC	

2.3. Other investigations for diagnosis

Description	Comment (if necessary)
e.g. EEG	


### 3. Medical management

#### 3.1. In hospital medical management

*Please list medicine classes required with examples and the route of administration if necessary. Do not use any brand names.*

Medicine	First line	
e.g.		

#### 3.2. Out of hospital Medical management

*Please list medicine classes required with examples and the route of administration if necessary. Do not use any brand names.*

Medicine				
1 <sup>st</sup> line	2 <sup>nd</sup> line	3 <sup>rd</sup> line	4 <sup>th</sup> line	Relapse

### 4. Follow up

#### 4.1. Consultations and disciplines

*Please list all providers the patient needs to see out of hospital*

Discipline	Frequency/ annum
e.g. psychologist	
e.g. psychiatrist	

#### 4.2. Lab investigations

*Please list all follow up investigations that are required out of hospital. These are not diagnostic tests.*

Description	Frequency
e.g. Aspartate aminotransferase	

*Please list all drug related investigations that are required out of hospital*

Medicine name	Lab investigation	Frequency
e.g. Quetiapine	Aspartate aminotransferase (AST)	
	Alanine aminotransferase(ALT)	
	Full Blood count (FBC)	

#### 5. Any other comments