



Oncology
Care Guide
2020



Oncology benefit management

Oncology is a branch of medicine which deals with the prevention, diagnosis and treatment of cancer. A medical professional who practices oncology is an oncologist.

Types of cancer

1. Cancer that affects non-solid organs and systems
2. Cancer of solid organs

Cancer of solid organs qualifies as a prescribed minimum benefit (PMB) only if it is “treatable”. Thus not all cancers of non-solid organs necessarily meet the requirements for PMBs. However, there are various cancers of non-solid organs and systems which qualify as PMB conditions - whether they are treatable or not. For example, acute leukemia, lymphomas, multiple myeloma and chronic leukemia all qualify for PMB.

“Treatable” cancers are defined as cancers that affect solid organs

- Where they affect the organ of origin and have not spread to adjacent organs.
- Where there is no evidence of spread to other organs that are far from the organ where the cancer has started.
- Where they have not brought about incurable damage to the organ in which they originated or in another life-supporting organ.
- Or, if none of the above apply, there is scientific evidence that more than 10% of people with a similar cancer, in the same state, survive on treatment for at least 5 years.

The Oncology Care Programme - ICON

Bestmed’s various healthcare options have specified benefits that define the cover for cancer. These benefits are called oncology benefits.

Bestmed provides oncology benefits applying evidence-based medicine principles and considering affordability across the different benefit options.

We have appointed the Independent Clinical Oncology Network (ICON) for all our healthcare options as the DSP. Members on Pace3 and Pace4 have access to the

enhanced ICON protocols where it’s clinically appropriate whilst the other options have access to the standard ICON protocols.

Members registered on the oncology programme qualify for cancer benefits. Members must forward a clinical summary and histology of their cancer, as set out by their treating doctor, to register on the programme. This must contain the history, ICD-10 codes, the clinical findings of the doctor as well as the test results confirming the cancer and the specific type of cancer.

Oncology Care Programme Benefits

- Access to benefits and services which form part of the treatment protocol of the specified designated service provider: ICON.
- Oncology treatment which includes chemotherapy, radiotherapy, certain pathology and certain consultations.
- Certain supportive medicines in the Bestmed oncology formulary.
- Should the prescribed treatment fall outside of the protocols a clinical motivation can be submitted by the oncologist for consideration.

Register to access the Oncology Programme and associated benefits

- All services must be pre-authorised by Bestmed.
- Services are rendered by Bestmed’s preferred providers.
- The services must fall within Bestmed’s funding guidelines.
- If you would like to find out more about the oncology programme and benefits please visit our website on www.bestmed.co.za and click on “Managed Care”.
- Alternatively you can contact us on 012 472 6254 and one of our case managers will gladly assist you.

Below are some questions and answers which you might find useful with regards to the Bestmed oncology programme.

Is cancer a prescribed minimum benefit (PMB)?

Not all cancers qualify for PMBs benefits. Cancer of solid organs qualifies as a Prescribed Minimum Benefit (PMB) only if it is “treatable”. Thus not all cancers of non-solid organs necessarily meet the requirements for PMBs.

However, there are various cancers of non-solid organs and systems which qualify as PMB conditions - whether they are treatable or not. For example, acute leukemia, lymphomas, multiple myeloma and chronic leukemia all qualify for PMB.

Which conditions are funded from my oncology benefit?

Cancer (malignant tumours and malignant haematological/blood conditions) confirmed by a laboratory report will qualify for registration on the oncology programme. Normally a tissue sample is collected during a biopsy procedure and sent for evaluation by pathologists.

The findings of the diagnosis will be noted on a histology report. Benign tumours and pre-malignant conditions don't qualify for funding on the oncology programme. The diagnosis (ICD-10) code for cancer usually starts with a "C" and may be included in the oncology benefit. Codes for benign conditions mostly start with a "D" and are not funded from the oncology benefit as they are not cancerous.

Why do I have a co-payment on my oncology medicine?

The generic Mediscor Reference Price (MRP) is applicable to all medicines, including injectable and intravenous medicines. This means that if your doctor chooses to prescribe the original product, and a generic alternative is available, you will have to pay the difference between the price of the original medicine and that of the MRP.

Why do I have a co-payment on my consultation/procedure?

Oncology benefits are funded up to 100% of the Bestmed Scheme tariff. If a doctor charges more than the Scheme tariff you will have to pay the difference.

I visited my GP/specialist regarding my cancer. Will it be funded from my oncology benefit?

Yes. Bestmed will fund this if the member is registered for the oncology programme and the consultation was related to the cancer. As oncologists specialise in the treatment of cancer the oncology benefit makes provision for funding of oncologist consultations. Certain specialist visits may be funded from the oncology benefit depending on the type of cancer you are registered for.

For example, urologists for bladder cancer, dermatologists for skin cancer, etc. Always confirm benefits before assuming that a consultation will be funded from the oncology benefit.

Will breast reconstruction or prosthesis after mastectomy be funded from my oncology benefit?

Breast reconstruction may be considered for funding only after a mastectomy for breast cancer of the cancerous breast. Bestmed will consider funding the symmetrising surgery of the unaffected breast on the Pace2, Pace3, Pace4 and Pulse2 options, with motivation from the doctor, dependent on the cost of the procedure, up to a maximum of R35 000 where appropriate and pre-authorised.

Hospital authorisation has to be obtained from the pre-authorisation department for approval, subject to funding protocols and guidelines.

After a mastectomy a member may apply for a breast prosthesis that is inserted into her bra to provide shape where the breast used to be. A doctor's motivation and quotation may be sent to the Scheme. Only the prosthetic insert may be funded from the appliance benefit and not the special bra.

Will wigs be funded from my oncology benefit?

No. The oncology benefit does not make provision for funding of wigs and related items.

Are scans approved for members with cancer?

A range of scans and blood tests is approved from the available scan and pathology benefits and PMBs benefit where clinically appropriate depending on the type of cancer you are registered for. A group of specific services, directly related to the specific type of cancer, are authorised for payment. This may include basic radiology (such as sonars or black-and-white X-rays) or blood tests (such as liver function tests and blood counts). Pre-authorisation for scans and additional tests are required before they are done. Your doctor can confirm if the tariff codes for these scans and tests are funded before proceeding with these services. CT scans, PET scans and nuclear scans will be considered for funding from available benefit/PMBs benefit if they are on a PMB level of care and clinically appropriate.

Is hospice funded?

Hospice authorisation will be considered by the hospital pre-authorisation department. Palliative treatment is covered where it's required and clinically appropriate.



If I go into remission, will I be removed from the oncology programme?

No. You are registered for life on Bestmed's oncology programme. This means that you will be able to utilise the oncology benefit for services like annual oncologist consultations even when you are in remission.

A member needs to go for physiotherapy or lymph drainage. Will it be funded from the oncology benefit?

The requested treatment needs to be pre-authorized and will be considered as a PMB if clinically appropriate.

Why has my chemotherapy not been approved?

Bestmed provides oncology benefits applying evidence-based medicine principles and considering affordability to the different benefit options. Treatment plans may not be approved for several different reasons, including the following:

- The treatment plan falls outside the scope of ICON treatment protocols and guidelines;
- The medicine in the treatment plan is not registered with the South African Medicine Control Council for the treatment of the specific cancer;
- The medicine is not registered for use in the South African market by the Medicine Control Council; or
- The medicine in the treatment plan is not covered on your specific benefit option, biological and other high-cost medicine, etc. (Please take note that biological and other high-cost medicine will be considered if it's on a PMB level of care and/or clinically appropriate for the specific cancer.)

The member has a family history of cancer. Will precautionary measures and tests be paid from the oncology benefit?

No. Oncology benefits are limited to patients who have already been diagnosed with cancer and are registered on the oncology programme.

Will genetic testing be funded from the oncology benefit?

The request will need to go through the pre-authorization process and will be considered if clinically appropriate.

Please note: The tests will only be authorised if they have the potential to influence the treatment of the diagnosed cancer.

Why isn't all cancer-related medicine funded from my oncology benefit?

The oncology benefit provides funding for chemotherapy and radiotherapy – treatment directly linked to treating and minimising the progression of the cancer itself. Bestmed makes use of formularies for certain additional supportive medicines (for nausea, pain, inflammation, etc.). Medicines which are excluded from the oncology benefit include anti-depressants, proton pump inhibitors for acid reflux, sleeping tablets, anti-anxiety medicines, etc.

Are there specific limits or exclusions in terms of benefits?

Certain services/procedures are excluded from oncology benefits, including (but not limited to) the following:

- If a biological product or other costly medicine (only applicable to specific benefit options) is approved according to Scheme funding guidelines an annual monetary limit is applicable. This limit is shown in the benefits and brochures of the various benefit options. This benefit will be considered if clinically appropriate or PMB level of care.
- Specialised radiology services, including CT scans, PET scans and nuclear scans, will be considered if clinically appropriate and/or PMB level of care, assessed on a case-by-case basis.
- Only benefits as stipulated and authorised by the Scheme will be funded in accordance with the specific benefit option.

BIOLOGICAL AND OTHER HIGH-COST MEDICINE

Biological medicines are derived from a living source, for example interferon treatment for advanced melanoma. Biological and other high-cost medicines are limited to the following amounts:

Please refer to the oncology benefits table for a detailed description.

Biological benefits allocated per option

- Beat1 & Beat1N, Beat2 & Beat2N, Beat3 & Beat3N and Beat4: No benefit

- Pace1: No benefit
- Pace2: Limited to R158 221 per beneficiary, subject to pre-authorisation
- Pace3: R316 652 per beneficiary, subject to pre-authorisation
- Pace4: Limited to R468 645 per beneficiary, subject to pre-authorisation
- Pulse1: No benefit
- Pulse2: Limited to R149 279 per beneficiary, subject to pre-authorisation

ONCOLOGY BENEFITS

OPTIONS	EXTENDED BENEFIT	STANDARD BENEFIT (PMB)
	-	Pulse1
	Pace3	Pulse2
	Pace4	Beat1 & Beat1N
	-	Beat2 & Beat2N
	-	Beat3 & Beat3N
	-	Beat4
	-	Pace1
	-	Pace2
Providers	Make use of ICON as the DSP	
Protocols/formularies	Essential, core and enhanced (if first-line treatment has failed)	
Registration on oncology programme	Only approved treatment would qualify for the oncology benefit	
	ICON network has to be used	
	Evidence-based medicine principles are applied	



OPTIONS	EXTENDED BENEFIT	STANDARD BENEFIT (PMB)
	Registered indication/s of medicines at the MCC are taken into account	
Medicines reimbursed at MRP		
Biologicals and other costly medicine	Annual limit applicable <ul style="list-style-type: none"> Pace3: R316 652* Pace4: R468 645* 	Annual limit applicable <ul style="list-style-type: none"> Beat1 & Beat1N: No benefit Beat2 & Beat2N: No benefit Beat3 & Beat3N: No benefit Beat4: No benefit Pace1: No benefit Pace2: R158 221* Pulse1: No benefit Pulse2: 100% Scheme tariff. R149 279*
	*per beneficiary subject to pre-authorisation at Bestmed	

ICON = Independent Clinical Oncology Network, MCC = Medicines Control Council, MRP = Mediscor Reference Price.

DIAGNOSTIC IMAGING

What is specialised diagnostic imaging?

The term Specialised Diagnostic Imaging is used for scans and includes all types of scans such as Computed Tomography (CT) scans, Magnetic Resonance Imaging (MRI) scans and Positron Emission Tomography (PET) scans. All of these services must be pre-authorized in order for the Scheme to cover the associated expenses.

Who can obtain pre-authorization?

The member, dependant, a family member with the necessary information, the radiologist's rooms or referring provider can call in to obtain an authorisation number. Clinical information to support or motivate the application for funding will be required in order for authorisation to be granted (this information is usually supplied by the referring provider).

Information required when requesting authorisation for a scan

- The member's medical aid number.
- Name of member or beneficiary and date of birth.
- Date of CT/MRI/PET scan.
- Name of the treating specialist/referring specialist and the practice number.
- Name of the radiologist and practice number.
- The reason for the CT/MRI/PET scan.
- The ICD-10 code/s.
- Tariff codes to be used for the CT/MRI/PET scan.



Definitions

TERM	DESCRIPTION
Bestmed tariff	The amount Bestmed reimburses for a medical service provided.
Biological medicine	Biological medicine is medicine which is derived from living sources, e.g. Insulin and growth hormones.
Co-payment	This is the portion of the total cost of a procedure or consultation which you must pay directly to the service provider or you may request it to be paid from the available funds in your medical Savings Account.
Designated Service Provider (DSP)	A Designated Service Provider (DSP) is a healthcare provider (doctor, pharmacist, hospital, etc.) that is a medical scheme's first choice or has been contracted by the Scheme to provide services to its members at a pre-arranged fee when its members need diagnosis, treatment or care for a PMB condition.
Evidence-Based Medicine (EBM)	Evidence-based medicine (EBM) aims to apply the best available evidence gained from scientific methods to medical decision making. It seeks to assess the quality of evidence of the risks and benefits of treatments (including lack of treatment).



TERM	DESCRIPTION
Formulary	A formulary is a list of prescription medicines covered by the Scheme for a specific option. The Bestmed formularies have been developed on the basis of evidence-based medicine, taking cost-effectiveness and affordability into account, and are compliant with the gazetted algorithms for chronic diseases and the public sector protocols for the Diagnosis Treatment Pairs. You can access our formulary lists on our website: www.bestmed.co.za .
Mediscor Reference Price (MRP)	<p>A generic reference price is a maximum set price a medical Scheme is prepared to pay for a specific generic molecule for a specific dosage. Bestmed uses the Mediscor Reference Price (MRP) to set the generic reference price. This allows the prescriber and the member choice, if they want to use a specific brand for some reason, whilst limiting the Scheme's financial exposure. This means that a member may use the original medicine but the Scheme will only reimburse the medicine up to the MRP price. The member has, however, a choice when a generic reference price is applied. He/she can use the original medicine and pay the difference between the price of the chosen medicine and that of the MRP (thus have a co-payment); or the member can use a generic alternative within the MRP price range and have no co-payment.</p> <p>MRP is applicable to medicines, including formulary and non-formulary medicines, and on all medicine benefits. For Pace1 and Pace2 members the difference in price will be paid from the available funds in the Bonus Account.</p>
Pre-authorisation	Giving approval for a medical event before it occurs.

TERM	DESCRIPTION
Prescribed Minimum Benefit (PMB)	A PMB is a benefit which, by law, must be provided by Bestmed to all its members. This includes diagnosis, treatment and on-going care costs.
Protocols	Protocols are clinical guidelines, compiled by experts in the field of a specific medical condition, which specify how a condition should be treated based on best practice principles.

Abbreviations

DSP = Designated Service Provider; GP = Family Practitioner or Doctor; MRI/CT Scans = Magnetic Resonance Imaging/Computed Tomography Scans; MRP = Mediscor Reference Price; PET Scan = Positron Emission Tomography Scan; PMB = Prescribed Minimum Benefits;

* Beat# & N = Refers to Beat benefit option /Beat Network option respectively.

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SMS

SMS the corresponding letter A, B or C to 31416

A = Personal details, B = Benefits available,

C = Last 3 claims

WEBMAIL FACILITY

E-mail: webmail@bestmed.co.za

WEBSITE TECHNICAL ISSUES

E-mail: webmaster@bestmed.co.za

COMPLAINTS

If you are not satisfied with Bestmed's service:

Tel: +27 (0)86 000 2378

E-mail: service@bestmed.co.za

(Subject box: Manager, escalated query)





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BESTMED HOTLINE

Should you be aware of any fraudulent, corrupt or unethical practices involving Bestmed, members, service providers or employees, please report this anonymously.

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