

**NMC GUIDELINES ON THE APPROVAL FOR THE EXTENSION OF BENEFIT FOR
PHYSIOTHERAPY**

GENERAL GUIDELINES

The following guidelines will be used on the approval of extension of benefit for Physiotherapy:

1. No extension of benefit will be considered for membership exclusion related condition/diagnosis (exclusion placed on member/dependant upon entry to the fund);
2. Condition/diagnosis that is related to fund exclusion will not be considered. For example: attempted suicide;
3. No extension of benefit will be considered for condition/diagnosis that can be claimed from the third party. For example: MVA , Injury on Duty;
4. No extension of benefit for Power Plus, Protector Health and Essential Plus options;
5. Extension of benefit consideration applicable only to Sapphire, Ruby and Diamond options;
6. Members/dependants who have utilized their overall Auxiliary benefit limit per beneficiary and/or per family will not be considered for extension of benefit;
7. Extension of benefit will only be considered if the relevant information and documentation required as indicated on the **Pre-authorisation Form for Extension of Benefit** are supplied;
8. Maximum of 90% of the requested additional benefit will be considered;
9. Ex Gratia will not be considered for member portion e.g. member portion of the benefit booster and member portion of the approved additional benefit;
10. If the member was referred by a medical practitioner, the referral letter must be attached to the application for extension benefit;
11. All claims submitted must indicate the name of the physiotherapist attending to the patient at the time of service;
12. All claims submitted must reflect the Risk/Diagnosis Classification Code as per Risk/Diagnosis Classification Code and Description indicated below:

Risk/Diagnosis Classification Code	Description
C1	Postural Syndromes
C2	Sport related injuries
C3	Degenerative conditions
C4	Spinal injuries or conditions
C5	Neurological conditions
C6	Peripheral injuries or conditions
C7	In hospital procedures
C8	Chest and airway related conditions
C9	Wound and related conditions
C10	Pre- and Post natal conditions
C11	Pre- and Post Surgery
C12	Rehabilitation
C13	Trauma



PRE-AUTHORISATION FORM FOR EXTENSION OF BENEFIT (PHYSIOTHERAPY)

1. MEMBERSHIP DETAILS:

MEMBERSHIP NUMBER:
MAIN MEMBER NAME & SURNAME:
MAIN MEMBER DOB:
PATIENT NAME & SURNAME:
PATIENT DOB:

2. SERVICE PROVIDER DETAILS:

PRACTICE NAME:
PRACTICE NUMBER:

3. PATIENT TREATMENT DETAILS:

DIAGNOSIS:

REFERRED BY MEDICAL PRACTITIONER? (If referred, please attach referral letter) Yes No

PROGRESS REPORT & MOTIVATION: (Please attach progress report & motivation)

TREATMENT PLAN:

Ongoing Case New Case:

RISK/DIAGNOSIS CLASSIFICATION CODE:

Table with 5 columns: Tariff Code, No. of Sessions/Treatment, Cost per Session/treatment (NAMAF Tariff), Total Cost (NAMAF Tariff), Sessions/Treatment Completion Date. Includes a row for TOTAL COST OF TREATMENT.

SERVICE PROVIDER NAME & SIGNATURE

DATE



FOR OFFICIAL USE ONLY:

1. TOTAL STANDARD BENEFIT:

STANDARD BENEFIT: N\$ _____

BENEFIT BOOSTER: N\$ _____

(Only 70% of the NAMAF tariff is paid, 30% payable by the member)

TOTAL BENEFIT (STANDARD BENEFIT + BENEFIT BOOSTER):N\$ _____

2. TOTAL ADDITIONAL BENEFIT:

TOTAL COST OF TREATMENT (NAMAF TARIFF): N\$ _____

LESS

TOTAL BENEFIT (STANDARD BENEFIT + BENEFIT BOOSTER): N\$ _____

ADDITIONAL BENEFIT APPLIED: N\$ _____

ADDITIONAL BENEFIT APPROVED: N\$ _____

(Maximum of 90% of additional benefit applied)

MEMBER'S PORTION (Approximate Only): N\$ _____

(Including 30% member portion of the Benefit Booster)

COMMENT:

APPROVED BY:

NAME & SIGNATURE

DATE

Please fax or e-mail form and relevant documentation to:

Fax No. (061) 287 6176

E-mail: mhc@methealth.com.na

Important: The extended benefit will be paid from the member / dependant's Auxiliary benefit limit while the benefit is available. If the member / dependant used up the Auxiliary benefit for other services, the approved extended benefit will no longer be valid and the claim must be paid by the member. Please inform member accordingly.