

# > HOSPITAL PRE-AUTHORISATION

Your in-hospital benefits will depend on the plan you're on. You must get pre-authorization for all hospital admissions. This is subject to Scheme Rules and available benefits.

## HOSPITAL BENEFITS

Hospital benefits offer cover for major medical events that result in a beneficiary being admitted to hospital. The level of cover you have in hospital depends on the plan you've chosen. We encourage all our members to use healthcare providers on our network, as this will ensure that the providers are paid in full.

## WHAT ARE HOSPITAL CO-PAYMENTS AND WHEN WILL I HAVE TO PAY THESE?

Co-payments are amounts that have to be paid to the hospital directly before admission.

### There are two instances where co-payments apply in hospital:

- If there is a list of procedures for which your plan requires you to pay a co-payment
- If you are required to use a specific network of hospitals and you choose not to on BonSave, Primary, BonFit and BonEssential you will have to pay the co-payments shown for the procedures listed below

On Standard Select and BonFit, a 30% co-payment will apply to all non-network and un-authorized hospital admissions, except in the case of an emergency.

R1 300 co-payment	R3 300 co-payment	R6 500 co-payment
1. Colonoscopy	1. Arthroscopy	1. Back Surgery including Spinal Fusion
2. Conservative Back Treatment	2. Diagnostic Laparoscopy	2. Joint Replacements
3. Cystoscopy	3. Laparoscopic Hysterectomy	3. Laparoscopic Pyeloplasty
4. Facet Joint Injections	4. Laparoscopic Appendectomy	4. Laparoscopic Radical Prostatectomy
5. Flexible Sigmoidoscopy	5. Percutaneous Radiofrequency Ablations (Percutaneous Rhizotomies)	5. Nissen Fundoplication (Reflux Surgery)
6. Functional Nasal Surgery		
7. Gastroscopy		
8. Hysteroscopy (not Endometrial Ablation)		
9. Myringotomy		
10. Tonsillectomy and Adenoidectomy		
11. Umbilical Hernia Repair		
12. Varicose Vein Rurgery		

## HOW DO I FIND A HOSPITAL ON THE NETWORK?

Simply call us on **0860 002 108** and we will assist you, or log in to [www.bonitas.co.za](http://www.bonitas.co.za) and use the Find a network provider tool.

**Please note:** A co-payment will apply to admissions at specific hospitals. Please call us on **0860 002 108** or log in to [www.bonitas.co.za](http://www.bonitas.co.za) for a list of these hospitals.

## PRE-AUTHORISATION

All hospital stays (including emergencies) must be pre-authorised to ensure that your hospital stay is covered. It is best to do this at least two days before you go to hospital. If you do not get pre-authorisation, you will be liable for the full hospital account.

## HOW DO I GET PRE-AUTHORISATION?

### Step 1

**Have the following information ready:**

- Membership number
- Beneficiary name and date of birth
- Date of admission and proposed date of the operation
- Name of the doctor, his/her telephone number and practice number
- Name of the hospital, the telephone number and practice number
- All the relevant procedure and associated medical diagnosis codes (your doctor can assist you with this)

### Step 2

Call us on **0860 002 108**

or

Email the information in **Step 1** to us at [hospital@bonitas.co.za](mailto:hospital@bonitas.co.za)

### Step 3

Once your procedure has been authorised, you will receive a letter confirming pre-authorisation by email or post. This letter contains important information about your hospital stay. Please make sure that you read and understand the contents of the letter, as it explains how your procedure will be covered. If you are unsure of anything, please discuss the letter with your doctor.

**Please note the following pre-authorisation information provided in the letter:**

- The unique pre-authorisation number
- The initial approved length of stay
- The status of all the codes (whether approved or rejected in accordance with the Scheme Rules)

## WHAT ABOUT EMERGENCIES?

Emergencies must be pre-authorised within 48 hours of admission to hospital or on the first working day after a weekend or public holiday. No account will be paid unless pre-authorisation is obtained.

## WHAT OTHER TREATMENTS OR PROCEDURES REQUIRE PRE-AUTHORISATION?

### You will also need pre-authorisation for the following:

- Renal clinic admissions for dialysis
- Procedures in the doctors rooms instead of hospitalisation
- Physical rehabilitation care in rehabilitation facilities
- Drug and alcohol rehabilitation in specific facilities
- Hospice admissions
- Oxygen therapy at home
- All specialised radiology (such as MRIs and CT scans)

## WHY ARE SOME REQUESTS FOR PRE-AUTHORISATION DECLINED?

### Pre-authorisation requests may be declined if:

- The planned procedure is not covered by your benefit option as specified in the Scheme Rules
- The planned procedure is not in line with the acceptable treatment standards for a particular condition
- The appropriate clinical information has not been received
- Your Bonitas membership is inactive

## THE ROLE OF HOSPITAL CASE MANAGERS

While you are in hospital, case managers ensure that the appropriate care is provided at all times and that the appropriate discharge planning takes place where clinically indicated and where benefits are available. This takes place according to the Scheme Rules, clinical protocols and funding guidelines.

When extended length of stay or level of care is requested, the case manager will request supporting information to be able to make an informed clinical decision. If there is any doubt at all, a medical adviser will assist and motivation might be requested from your treating provider, if needed. All changes in initial approvals are communicated to the hospital and treating provider. With long-term cases, your family members may also be involved.

## CONTACT DETAILS

Call: 0860 002 108

Email: [hospital@bonitas.co.za](mailto:hospital@bonitas.co.za)