

Guide to Transplant Claims 2026



This document explains how we pay for pre-transplant investigations; the transplant procedure and post-transplant care approved as a Prescribed Minimum Benefit (PMB).

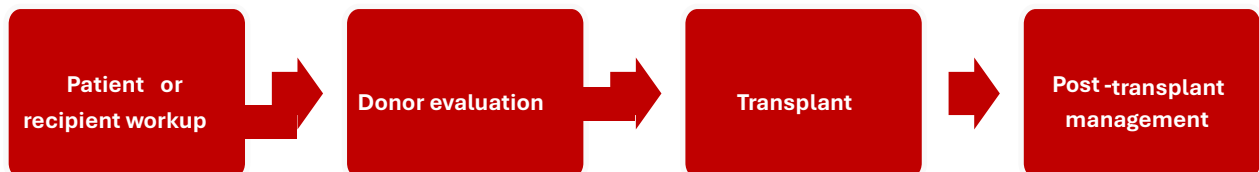
We cover kidney, heart or liver transplant-related treatment as a Prescribed Minimum Benefit.

Who we are

SAB Medical Aid (referred to as 'the Scheme'), registration number 1209 is a not-for-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07) which takes care of your membership for the Scheme.

Understanding how the transplant claims process works?

To keep it simple and to streamline the process, we have identified four definite steps that must take place for a transplant, as shown below:



The information below describes each step in the claims process.

The process to have the patient or recipient's accounts paid is different to the process for the donor accounts. We explain these two processes separately.

Patient or recipient workup

SAB Medical Aid will pay for the recipient's appropriate, approved workup costs, which include:

- Consultations
- Procedures
- Investigations, such as blood tests and X-rays
- Medicine

Making sure we pay workup accounts as a Prescribed Minimum Benefit:

- To make sure we correctly pay claims as Prescribed Minimum Benefits, it is important that all healthcare professionals submit claims with the approved ICD-10 codes.
- Claims may be submitted using electronic submission channels. Alternatively, paper claims may be submitted by email to claims@sabmas.co.za.
- If the member paid these workup accounts upfront, they must submit proof of payment to us.

If we initially paid the approved accounts from the member's day-to-day benefits

In this case, we will pay the amounts back into the member's day-to-day benefits. If the member paid the accounts upfront and have submitted proof of payment with the claim, we would refund the money back into their bank account. However, if the member has not paid the healthcare professional yet, we will pay the healthcare professional directly.

Donor workup

Paying the accounts:

- Once a suitable or compatible donor is found, where appropriate, the transplant coordinator will send us the donor's full name and ID number. We will pay for the procurement (collecting) of the organ and the tests that must be done before the surgery to harvest the donor's organ (including X-rays, electrocardiogram (ECG) and blood tests) as well as after the transplant surgery has been done.
- SAB Medical Aid will only approve and pay for one donor workup.
- The donor does not have to be a member of SAB Medical Aid. We pay these accounts as an exception process (outside of the normal claims process).
- If the donor later becomes unsuitable, we need a letter of motivation from the treating doctor for review by a clinical panel. We will notify the member of the outcome of the review.

Making sure we pay the donor accounts from the appropriate benefit:

- Make sure the accounts are clearly marked as “donor account approved as ex gratia”.
- Make sure that the donor’s full name and ID number are on the account.
- Please send the accounts by email to exgratia_approved_claims@sabmas.co.za.

The transplant

We pay the hospitalisation costs for the transplant surgery from the member’s Major Medical Benefits.

We will pay for the transplant procedure from the Major Medical Benefit. Members can contact us on 0860 002 133 for authorisation. We will also explain the details of payment when they call for authorisation.

Post-transplant management

Certain treatment that is needed after the transplant surgery may also qualify for payment as a Prescribed Minimum Benefit. After the transplant surgery, the member will need treatment as part of ongoing management of the condition. The condition being treated may be a Prescribed Minimum Benefit (PMB) and the treatment may be part of the basket of care for that PMB. This may include tests or investigations, chronic medicine and consultations.

Making sure we cover the post-surgery treatment as a Prescribed Minimum Benefit

Consultations, tests or investigations and medicine:

- Let us know that the transplant surgery has taken place by emailing solidorgantransplants@sabmas.co.za. We will then activate the post-transplant benefit for the PMB condition.

Where to get application forms

You can find all forms on our website at www.sabmas.co.za. Alternatively, you can also contact us on **0860 002 133** to ask for the forms.

If we do not approve payment, you may challenge the payment decision by submitting extra clinical information for treatment that falls outside of the benefit definition.

Contact us

You can contact us on 0860 002 133 or visit www.sabmas.co.za for more information.

Complaints process

You may lodge a complaint or query with SAB Medical Aid on **0860 002 133** or address a complaint in writing directly to the Principal Officer. If your complaint remains unresolved, you may lodge a formal dispute by following the Scheme's internal dispute process on our website.

Members who want to approach the Council for Medical Schemes for help, may do so in writing to Council for Medical Schemes, Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion 0157, or by email to complaints@medicalschemes.co.za, or by phoning their Customer Care Centre on 0861 123 267.

You can also visit their website at www.medicalschemes.co.za for more information.