RFMCF

REGULAR FORCE
MEDICAL CONTINUATION FUND

UNDERSTANDING YOUR CLAIMS STATEMENTS

It is essential to understand a claim's journey after services are rendered to empower members to act on their monthly statements. These statements provide vital details for verifying services, checking for rejections, and managing healthcare expenses. Understanding the codes and charges helps members to prevent billing misunderstandings. Here is your quick guide to better understand message codes on your statements.

1. SUBMIT A CLAIM TO THE FUND WITHIN 4 MONTHS OF TREATMENT
2. RECEIVE MONTHLY STATEMENTS AND RECONCILE CLAIMS
3. ACT UPON OUTSTANDING OR REJECTED CLAIMS WHERE NEEDED

MESSAGE CODES

An informative message or "call to action" for your claim to be re-evaluated. Refer to the most frequently used message codes below with accompanying explanations.

COMMUNICATION

Statements are a formal form of communication between the Fund and its members and claiming healthcare providers. These statements are sent per email on a monthly basis.

SELF-SERVICE

Use the Self-Service Platforms, such as the RFMCF Mobi App and Web Portal to reconcile your claims diligently every month.

012 679 4200 | www.rfmcf.co.za | info@rfmcf.co.za

UNDERSTANDING THE MESSAGE CODES YOU SEE ON YOUR STATEMENTS

Claim Previously Processed

090

Your claim has already been processed by the Fund. This is a therefore a duplicate claim. Refer to a previous statement to view the outcome of your claim.

Stale claim - Older than 4 Months

136

Your claim was submitted after 4 months from the date the service was rendered. A claim must be submitted within 4 months from the date of service to avoid it from being stale. If your claim was submitted on time, you must submit proof of submission to info@rfmcf.co.za for your claim to be reviewed.

Limit Exceeded - No Benefit

272

At the time the claim was processed by the Fund, your available benefits were exceeded. You will be liable for the payment of the claim to the provider.

Authorisation Required for Services Rendered

262

Certain services require pre-authorisation prior the treatment being rendered. No authorisation could be traced for the treatment you received, which, as per the Schedule of Benefits, require pre-authorisation. You must contact the Client Services Department to submit an enquiry for investigation if authorisation was obtained.

Military Authorisation Needed for Service Rendered

089

All services prior to 01 April 2023 required a DD2703 to process the claims against. Dental services continue to require a DD2703 (G-authorisation) prior to services being rendered. No DD2703 authorisation could be traced at the time your claim was processed.

Incorrect Member Number Used / No Member Number

022

Your VPA membership number must reflect on your claims for the Fund to process it on your membership profile. If your VPA number does not reflect on the claim, it will be rejected. You must ask the provider to resubmit your claim with your correct VPA number on it.

UNDERSTANDING THE MESSAGE CODES YOU SEE ON YOUR STATEMENTS

Treatment Plan - Authorisation Amount Will Be Paid

138

The services claimed forms part of your treatment plan (Disease Risk Management Programme or Oncology Programme). This is not a rejection message, but an indication that the services relate to your relevant healthcare programme.

Incorrect Patient / Dependant Code Used

024

Each beneficiary on the Fund has a unique dependant code. If the provider submits a claim on the incorrect dependant code, the claim will reject, and must be resubmitted with the correct patient details. The dependant code and patient details are available on your membership card.

Item Not Covered By Scheme Rules

229

The Fund must adhere to strict healthcare protocols, and certain items fall outside of these protocols. Your item/claim is outside protocols and has been rejected accordingly. View a list of exclusions in the Schedule of Benefits.

Tariff Code Invalid / Lacking

010

The claim was submitted with an invalid tariff code, or the tariff code does not reflect on the claim at all. Contact your treating provider to resubmit the claim with the correct tariff code to info@rfmcf.co.za for re-processing.

Membership and Surname not Corresponding

282

The Fund must ensure that the correct claim is processed under the correct membership profile and for the correct patient. If there are any discrepancies, it will be rejected, and the member and provider must act upon the feedback by reviewing, amending and resubmitting the claim to info@rfmcf.co.za for investigation.

UNDERSTANDING THE MESSAGE CODES YOU SEE ON YOUR STATEMENTS

Service Rendered Before RFMCF Benefit Date

143

The treatment received was prior to you becoming a member of the RFMCF. Your membership benefit date is used to validate your inception of receiving benefits from the Fund. If your treatment is received before joining the Fund, it will be rejected.

ICD-10 Code Required / Invalid

018

ICD-10 codes are a coding system used by healthcare providers to diagnose their patients. These codes must reflect on each claim for the Fund to process it. If the ICD-10 codes are omitted or incorrect, the Fund will reject the claim. Contact your treating provider to resubmit the claim to info@rfmcf.co.za with valid ICD-10 codes.

Claim Outside Doctor Start / End Dates

115

A private healthcare provider must be registered with the Board of Healthcare Funders (BHF) to practice medicine. Their registration date is recorded on the Fund's system, to ensure that the doctor can only claim for services within their practicing registration period. Ask your doctor to contact the Fund if your claim is rejected with this message.

Claim Within Specified Period From Previous Service

227

Certain services have claiming cycles, such as hearing aids and spectacles. The hearing aid, as an example, can only be claimed for once every 5 years. If you submit a claim prior to the cycle being lapsed, the claim will be rejected. Refer to the Schedule of Benefits for all the benefit cycles.

Authorisation Pended

988

Your claim was processed prior to the authorisation being accepted/approved. Contact the Client Services Department to investigate whether the authorisation has been approved for the claim to be resubmitted. If outstanding documentation is needed for the authorisation to be approved, you will be notified accordingly.

UNDERSTANDING THE MESSAGE CODES YOU SEE ON YOUR STATEMENTS

Ambulance Claim - Refer to ER24

307

Ambulance claims for services rendered during 2023 was processed by ER24 on behalf of the Fund. Your treatment date should fall within that period for the claim to receive this message code. Contact Client Services on 012 679 4200 if you are uncertain whether the claim was paid or not.

Specified Account is Required

004

An account, also known as a claim, must include non-negotiable information, for the Fund to process it. A receipt is not a detailed claim. Your claim does not include the necessary information for the Fund to process your claim, therefore it has been rejected. Contact your treating provider to obtain a detailed claim and resubmit it to info@rfmcf.co.za for processing.

This is a Quotation / Interim Account. Need Final Account

063

A quotation or performa is not a final claim for the services rendered, and cannot be used to process the treatment that was received. A detailed claim is required for the Fund for processing. Contact your treating provider to obtain a detailed claim and resubmit it to info@rfmcf.co.za for processing.

Authorisation Denied

987

The services you required authorisation for was denied. The treatment relating to the denied authorisation can therefore not be processed by the Fund. Contact the Client Services Department for a detailed explanation in this regard.

ACT UPON ANY CALL TO ACTION MESSAGE CODES THAT REFLECT ON YOUR STATEMENT WITHIN 30 DAYS FROM THE STATEMENT DATE.

There are a long list of message codes that could reflect on your statements, which is not listed above. If you are unsure of any message codes, do not hesitate to contact the Client Service Centre on 012 679 4200 during operating hours or email info@rfmcf.co.za