

Diabetes Care Programme Guide 2026

Overview

Diabetes mellitus (diabetes) is a chronic condition which if left untreated, can result in serious complications like blindness, kidney failure and heart attacks. However, good control of diabetes will reduce the incidence of these complications.

As a member registered on the Chronic Illness Benefit (CIB) for diabetes, you can join the Diabetes Care Programme. This programme together with your Premier Plus GP will help you actively manage your diabetes. The Programme gives you and your Premier Plus GP access to various tools to monitor and manage your condition and to ensure you get high quality coordinated healthcare and the best outcomes.

This document gives you more information about the Diabetes Care Programme, which is available on all MEDiPOS options.

About some of the terms we use in this document

There may be some terms in the document that you may not be familiar with. Here are the meanings of these terms.

TERMINOLOGY	DESCRIPTION
Cover	Refers to the benefits that you can access on your health plan and how we pay for these healthcare services. The services may include consultations, medicine and hospital visits.
Medical Scheme Rate	This is the rate that we pay for healthcare services from hospitals, pharmacies, healthcare providers and other providers of relevant healthcare services.
Find a healthcare provider	'Find a healthcare provider' is a medical provider search tool that is available on the MEDiPOS website.
HealthID	HealthID is an online digital platform that gives your doctor fast, up-to-date access to your health information. Once you have given consent, your doctor can use HealthID to access your medical history, make referrals to other healthcare providers and check your relevant test results.
Chronic Illness Benefit (CIB)	The Chronic Illness Benefit (CIB) covers you for a defined list of chronic conditions. You need to apply to have your medicine covered for your chronic condition.
Designated service provider (DSP)	A healthcare provider (for example doctor, specialist, pharmacist or hospital) who we have an agreement with to provide treatment or services at a contracted rate.

TERMINOLOGY	DESCRIPTION
Emergency Medical Condition	<p>An emergency medical condition, also referred to as an emergency, is the sudden and, at the time unexpected onset of a health condition that requires immediate medical and surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's life in serious jeopardy.</p> <p>An emergency does not necessarily require a hospital admission. We may ask you for additional information to confirm the emergency.</p>
ICD-10 (diagnosis) code	<p>A clinical code that describes diseases and signs, symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the World Health Organisation (WHO).</p>
Premier Plus GP	<p>A Premier Plus GP is a network GP who has contracted with us to provide you with high quality healthcare for your condition.</p>
Prescribed Minimum Benefits (PMBs)	<p>In terms of the Medical Schemes Act of 1998 (Act No. 131 of 1998) and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of:</p> <ul style="list-style-type: none"> • An emergency medical condition • A defined list of 271 diagnoses • A defined list of 27 chronic conditions. <p>To access Prescribed Minimum Benefits, there are rules that apply:</p> <ul style="list-style-type: none"> • Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions • The treatment needed must match the treatments in the defined benefits • You must use designated service providers (DSPs) in our Network. This does not apply in emergencies. However, even in these cases, where appropriate and according to the rules of the Scheme, you may be transferred to a hospital or other service providers in our Network, once your condition has stabilised. If you do not use a DSP, we will pay up to 80% of the Medical Scheme Rate. You will be responsible for the difference between what we pay and the actual cost of your treatment. <p>If your treatment doesn't meet the above criteria, we will pay according to your membership benefits.</p>

About joining the Diabetes Care Programme

If you have been diagnosed with and registered on the CIB for diabetes, you have access to the Diabetes Care Programme. A Premier Plus GP can enrol you on the Diabetes Care Programme.

How to find a doctor in the network

Log on to the MEDiPOS Medical Scheme website www.medipos.co.za, under **Going to see a healthcare provider > Medical and provider search tool**. Type in the name or category of healthcare provider you would like to find closest to you.

Your Premier Plus GP will work with you to manage your condition

The Diabetes Care Programme is based on clinical and lifestyle guidelines. Through the Programme, you and your GP can agree on key goals and track your progress on a personalised dashboard on HealthID. This will help to identify which areas require you and your GP's attention so that you can improve the management of your condition.

In addition to the standard basket of procedures and consultations available to members with diabetes, members who join the Diabetes Care Programme will have the following additional benefits per year funded from Risk:

- A biokineticist consultation is offered to ensure that you obtain the best advice about exercise, tailored to your needs. To make sure that we fund this from the correct benefit, **please ask your biokineticist to claim the code DCARE and include the ICD-10 code on the claim.**
- An additional dietitian consultation is offered to ensure that you obtain the best advice about nutrition. To make sure that we fund this from the correct benefit, **please ask your dietitian to claim the most appropriate code from the table below and include the ICD-10 code on the claim.**

Procedure code	Description
84200	Nutritional assessment, counselling and/or treatment. Duration: 1-10min
84201	Nutritional assessment, counselling and/or treatment. Duration: 11-20min
84202	Nutritional assessment, counselling and/or treatment. Duration: 21-30min
84203	Nutritional assessment, counselling and/or treatment. Duration: 31-40min
84204	Nutritional assessment, counselling and/or treatment. Duration: 41-50min
84205	Nutritional assessment, counselling and/or treatment. Duration: 51-60min

- You will have access to additional blood glucose test strips per year. Blood glucose test strips that are on our formulary will be funded in full up to the Medical Scheme Rate. Blood glucose test strips that are not on our formulary will be funded up to the monthly Chronic Drug Amount (CDA) for option A, B and B Classic and Therapeutic Reference Price for option C.

Additional benefits for members with diabetes

Cover for continuous glucose monitoring sensors

Continuous glucose monitoring (CGM) devices automatically track blood glucose levels, helping members manage their condition more effectively. When prescribed by a doctor and subject to preauthorisation, members with diabetes registered on the Chronic Illness Benefit (CIB) have cover for CGM sensors Up to 100% of the lower of cost or Medical Scheme Rate subject to the External Medical Appliances, Aids & Supporting Devices and the Major Medical Expenses limit and will require preauthorisation.

Option	Annual External Medical Appliances, Aids & Supporting Devices Limit
A	R10,780 per family per annum
B	R8,800 per family per annum
B Classic	R8,430 per family per annum
C	R8,400 per family per annum

Contact us

You can call us on **0860 100 078** or visit www.medipos.co.za for more information

Complaints process

You may lodge a complaint or query with MEDiPOS directly on 0860 100 078 or address a complaint in writing directly to the Principal Officer. Should your complaint remain unresolved, you may lodge a formal dispute by following the Scheme's internal disputes process.

Members who wish to approach the Council for Medical Schemes for assistance, 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 email complaints@medicalschemes.co.za.
Customer Care Centre: 0861 123 267 / website: www.medicalschemes.co.za