

## Chronic Medicine Benefit treatment basket

### Overview

The Chronic Disease List (CDL) is a list of conditions which all registered medical schemes in South Africa must cover on all options. This cover includes funding for the diagnosis, treatment and ongoing care for the listed conditions.

Read further to understand what procedures, investigations and consultations we cover for both the diagnosis and ongoing management for each condition.

MEDiPOS Medical Scheme options are structured in such a way as to maximise cover no matter which option members choose. Some options cost more but offer more comprehensive benefits, while others have lower contributions with fewer benefits. Regardless of this, all our options cover more than just the minimum benefits required by law.

### About some of the terms we use in this document

There may be some terms we refer to in the document that you may not be familiar with. Here are the meanings of them.

TERMINOLOGY	DESCRIPTION
Designated Service Provider (DSP)	A healthcare provider (for example, a healthcare provider or pharmacist) who we have an agreement with to provide treatment or services at a contracted rate. Visit <a href="http://www.medipos.co.za">www.medipos.co.za</a> to view the full list of DSPs.
Medical Scheme Rate (MSR)	This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare providers and other providers of relevant healthcare services.
Day-to-day benefits	Depending on the option you choose, you may have cover for a defined set of day-to-day benefits. The level of day-to-day benefits depend on the option you choose.
Emergency medical condition	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. Failure to provide medical or surgical treatment for an emergency medical condition can result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part and can place the person's life in serious jeopardy. An emergency does not necessarily require a hospital admission. We may ask you for additional information to confirm the emergency.

TERMINOLOGY	DESCRIPTION
ICD-10 diagnosis code	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 Organization (WHO).
Prescribed Minimum Benefits (PMBs)	<p>In terms of the Medical Schemes Act of 1998 (Act number 131 of 1998) and its regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of any life-threatening emergency medical condition, a defined set of 270 diagnoses and 27 chronic conditions. These conditions and their treatments are known as Prescribed Minimum Benefits (PMB).</p> <p>All medical schemes in South Africa have to include the PMBs in the benefit options they offer to their members. There are, however, certain requirements that a member must meet before they can benefit from this.</p> <p>The requirements are:</p> <ul style="list-style-type: none"> <li>• The condition must be part of the list of defined PMB conditions.</li> <li>• The treatment needed must match the treatments in the defined benefits on the PMB list.</li> <li>• Members must use the scheme's designated healthcare service providers.</li> </ul>
Waiting Period	A waiting period can be general (up to 3 months) or condition-specific (up to 12 months) and means that the member has to wait for a set time before they can claim.

## **We pay Chronic Disease List (CDL) claims if your condition has been approved on the Chronic Medicine Benefit**

Claims for procedures and consultations listed in the Chronic Disease List (CDL) treatment baskets will be paid from the chronic medicine benefit. The number of tests and consultations for the ongoing management of a condition are pro-rated based on the **date of approval** of your chronic condition. Where you have cover for the same procedure or test in more than one basket, we limit payment to the number of procedures or tests in the basket that has the highest number. For more information on the Chronic Disease List conditions and how to register, visit [www.medipos.co.za](http://www.medipos.co.za).

## **Mandatory Care Programme Enrolment**

If you are diagnosed with one or more of the following diabetes type 1 or 2, hypertension, ischaemic heart disease, hyperlipidaemia, HIV, or depression, you must be enrolled on the applicable Care Programme for your condition to receive full cover for your out-of-hospital chronic claims. If you are not enrolled on the Care Programmes, we will cover your claims up to 80% of the Discovery Health Rate (DHR) and you will be liable for the balance.

## How we pay for tests to diagnose your condition

If you have been recently diagnosed with and approved for cover for a Chronic Disease List condition, we will pay for the tests and procedures in the diagnostic basket in full. We will also pay in full for the consultation with the healthcare provider who made the diagnosis. We will only pay for these tests, procedures and consultations if you were an active and valid member of the Scheme at the time of the diagnosis and the relevant ICD-10 diagnosis codes are on the claim. Please ask your healthcare provider to provide the date of diagnosis of your condition(s) on the Chronic Medicine Benefit application form to assist us to pay your claims from the correct benefit.

## How we pay for consultations and ongoing management related to your condition

We pay claims from the treatment baskets for the ongoing management of your condition from healthcare providers such as radiologists, dietitians and podiatrists in full.

We pay claims from pathologists and medical technologists who we have a payment arrangement with in full up to the agreed rate. We will pay up to the Medical Scheme Rate if you use a pathologist or medical technologist who we do not have a payment arrangement with. You will have to pay any difference between what is charged and what we pay.

### HOW WE PAY FOR GP CONSULTATIONS RELATED TO YOUR CONDITION

All options	We pay for 4 consultations a year that are related to your approved condition at a GP in the MEDiPOS Medical Scheme GP Network in full up to the agreed rate. If you use a GP who is not in the network, we will pay up to 80% of the Medical Scheme Rate. You must pay any difference between what is charged and what we pay.
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### HOW WE PAY FOR SPECIALIST CONSULTATIONS RELATED TO YOUR CONDITION

All options	Depending on your condition, we pay for a specific number of consultations with a specialist, as listed in the treatment baskets. We will pay for the consultation at a specialist who is a preferred service provider in full up to the agreed rate. We pay up to the Medical Scheme Rate for consultations with a specialist who is not a preferred service provider. You must pay any difference between what is charged and what we pay.
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## Please make sure your claims have the appropriate ICD-10 diagnosis code

To make sure that we pay your claims from the correct benefit, we need the claims from your healthcare providers to be submitted with the relevant ICD-10 diagnosis codes. Please ask your healthcare provider to include your ICD-10 diagnosis codes on the claims they submit and on the form that they complete when referring you to pathologists and radiologists for tests. This will allow pathologists and radiologists to include the relevant ICD-10 diagnosis codes on the claims they submit to ensure that we pay your claims from the correct benefits.

**We may pay claims from your day-to-day benefits if these requirements are not met**

**We will pay claims from your available day-to-day benefits if:**

- The claims are submitted without the relevant ICD-10 diagnosis codes.
- You have exceeded the frequency limit on consultations or tests

## Treatment Baskets for Chronic Disease List (CDL) conditions

CONDITION	DIAGNOSTIC BASKET			ONGOING MANAGEMENT BASKET			
	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	NUMBER OF SPECIALISTS WE COVER EACH YEAR
<b>Addison's disease</b>	U & E only	4171	1	U & E only	4171	3	1
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	3	
	Cortisol level	4499	1				
	ACTH stimulation testing	4523	1				
<b>Asthma</b>	Flow volume test	1188 or 1186	1	Flow volume test	1188 or 1186	2	2
	Peak flow	1192	1	Peak flow	1192	3	
<b>Bipolar mood disorder</b>	AST – Aspartate aminotransferase	4130	1	AST – Aspartate aminotransferase	4130	2	2
	ALT – Alanine aminotransferase	4131	1	ALT – Alanine aminotransferase	4131	2	
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	2	
	CT Brain uncontrasted	10300 or 10310 or 10320	1	Lithium – flame ionisation	4067	2	
	ECG – Electrocardiogram	(1228 +1230) or (1229 +1231) or 1232 or 1233 or 1234 or 1235 or 1236	1	Serum calcium	4016 or 4017 or 4375 or 4376	1	
	EEG with special activation	75113	1				
	Full blood count (FBC)	3755	1	Full blood count (FBC)	3755	1	
	Gamma glutamyl transferase (GGT)	4134	1	Gamma glutamyl transferase (GGT)	4134	1	
	Glucose – random/fasting	4057 or 4050	1	Glucose – random/fasting	4057 or 4050	1	
	Thyrotropin (TSH)	4507	1	Thyrotropin (TSH)	4507	1	
U & E only	4171	1	U & E only	4171	2		

CONDITION	DIAGNOSTIC BASKET			ONGOING MANAGEMENT BASKET			
	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	NUMBER OF SPECIALISTS WE COVER EACH YEAR
<b>Bipolar mood disorder</b>	LDL Cholesterol	4026	1	LDL Cholesterol	4026	1	
	HDL cholesterol	4028	1	HDL cholesterol	4028	1	
	Triglycerides	4147	1	Triglycerides	4147	1	
	Toxic drug screen	4287 or 4370 or 4493	1	Toxic drug screen	4287 or 4370 or 4493	3	
	Syphilis testing (VDRL or THPA)	3940 or 3949 or 3951	1				
<b>Bronchiectasis</b>	Sputum MC&S – sputum analysis for infection	3867 & 3881 & 3885 & 3887 & 3895 & 3923 & 3924	1	Sputum MC&S – sputum analysis for infection	3867 & 3881 & 3885 & 3887 & 3895 & 3923 & 3924	4	1
	Flow volume test	1188 or 1186	1	Flow volume test	1186	1	
	Peak flow	1192	1	Peak flow	1192	2	
	X-ray of the chest two views, PA and lateral	30110	1				
<b>Cardiac failure</b>	U & E only	4171	1	U & E only	4171	4	2
	ECG – Electrocardiogram	(1228+1230) or (1229+1231) or 1232 or 1233 or 1234 or 1235 or 1236	1	ECG – Electrocardiogram	(1228+1230) or 1232	3	
					(1229+1231) or 1233 or 1234 or 1235 or 1236	1	
	Echocardiography	3620 & 3621 & 3622 & 3623 & 3624 & 3625	1	Echocardiography	3620 & 3621 & 3622 & 3623 & 3624 & 3625	2	
	B-Type natriuretic peptide	4488	1	B-Type natriuretic peptide	4488	1	
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	4	

CONDITION	DIAGNOSTIC BASKET			ONGOING MANAGEMENT BASKET			
	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Cardiac failure	C-reactive protein	3947	1	Drug level in biological fluid	4081 or 4370 or 4493	3	
	Full blood count	3755	1				
	Troponin isoforms	4161	1	Threshold testing: own equipment	1268	1	
	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	4	
	Glucose – random/fasting	4050 or 4057	1	Programming of the Atrioventricular sequential pacemaker	1270 or 75075	1	
	Total cholesterol	4027	1				
	Thyrotropin (TSH)	4507	1				
	X-ray of the chest two views, PA and lateral	30110	1	X-ray of the chest two views, PA and lateral	30110	1	
Cardiomyopathy	ECG – Electrocardiogram	(1228+1230) or (1229+1231) or 1232 or 1233 or 1234 or 1235 or 1236	1	ECG – Electrocardiogram	(1228+1230) or 1232	3	2
					(1229+1231) or 1233 or 1234 or 1235 or 1236	1	
	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	1	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	2	
	B-Type natriuretic peptide	4488	1	B-Type natriuretic peptide	4488	1	
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	4	
	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	4	
	Glucose – random/fasting	4057 or 4050	1	Prothrombin index (PI)	3805	24	
	C-reactive protein	3947	1	Therapeutic drug level: Dosage	3806	24	

CONDITION	DIAGNOSTIC BASKET			ONGOING MANAGEMENT BASKET			
	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	NUMBER OF SPECIALISTS WE COVER EACH YEAR
<b>Cardiomyopathy</b>	Full blood count	3755	1	Drug level in biological fluid	4081 or 4370 or 4493	3	
	U & E only	4171	1	U & E only	4171	4	
	X-ray of the chest two views, PA and lateral	30110	1	X-ray of the chest two views, PA and lateral	30110	1	
	Thyrotropin (TSH)	4507	1	Threshold testing: own equipment	1268	1	
	Total cholesterol	4027	1	Programming of the Atrioventricular sequential pacemaker	1270 or 75075	1	
<b>Chronic obstructive pulmonary disease (COPD)</b>	X-ray of the chest two views, PA and lateral	30110	1	Peak flow	1192	2	1
	Flow volume test	1188 or 1186	1	Flow volume test	1186	1	
	Alpha-1-antitrypsin	4005	1	Drug level in biological fluid	4081 or 4370 or 4493	2	
<b>Chronic renal disease</b>	ECG – Electrocardiogram	(1228+1230) or (1229+1231) or 1232 or 1233 or 1236	1	ECG – Electrocardiogram	(1228+1230) or (1229+1231) or 1232 or 1233 or 1236	2	2
	Full blood count	3755	1	Full blood count	3755	4	
	U & E only	4171	1	U & E only	4171	4	
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	4	
	Serum calcium	4016 or 4017 or 4375 or 4376	1	Serum calcium	4016 or 4017 or 4375 or 4376	4	
	Serum phosphates	4109 or 4313	1	Serum phosphates	4109 or 4313	4	
	Serum parathyroid hormone (PTH)	4512	1	Serum parathyroid hormone (PTH)	4512	2	

CONDITION	DIAGNOSTIC BASKET			ONGOING MANAGEMENT BASKET			
	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Chronic renal disease	Protein: Quantitative	4213	1	Protein: Quantitative	4213	1	
				Iron	4071	2	
				Urine analysis (dipstick)	4188	4	
				Platelet count	3797	1	
				Transferrin	4144	2	
				Ferritin	4528	2	
				Dietitian	84200 or 84201 or 84202 or 84203 or 84204 or 84205	1	
Coronary artery disease	ECG – Electrocardiogram	(1228+1230) or (1229+1231) or 1232 or 1233 or 1234 or 1235 or 1236	1	ECG – Electrocardiogram	(1228+1230) or (1229+1231) or 1232 or 1233 or 1234 or 1235 or 1236	2	2
	Echocardiography	3620 & 3621 & 3622 & 3623 & 3624 & 3625	1	Echocardiography	3620 & 3621 & 3622 & 3623 & 3624 & 3625	1	
	Glucose – random/fasting	4050 or 4057	1	Glucose – random/fasting	4050 or 4057	1	
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	2	
	U & E only	4171	1	U & E only	4171	2	
	HDL cholesterol	4028	1	HDL cholesterol	4028	1	
	LDL cholesterol	4026	1	LDL cholesterol	4026	1	
	Total cholesterol	4027	1	Total cholesterol	4027	1	
	Triglycerides	4147	1	Triglycerides	4147	1	
	Platelet count	3797	1				

CONDITION	DIAGNOSTIC BASKET			ONGOING MANAGEMENT BASKET			
	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Coronary artery disease	C-reactive protein	3947	1				
	Full blood count	3755	1				
	Thyrotropin (TSH)	4507	1				
	Urine analysis (dipstick)	4188	1				
	X-ray of the chest two views, PA and lateral	30110	1				
Crohn's disease	Colonoscopy	1653 or 1656	1	Colonoscopy	1653 or 1656	1	3
	Erythrocyte sedimentation rate or C-reactive protein	3743 or 3947	1	C-reactive protein	3947	2	
	Histology	4567 & 4571 or 4582 & 4584	3	Faecal Calprotectin (Elastase Quantitative ELISA)	4362	1	
	Full blood count	3755	1	Full blood count	3755	2	
Diabetes insipidus	U & E only	4171	1	U & E only	4171	3	1
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	3	
	Osmolality: Serum or urine	4093	1	Osmolality: Serum or urine	4093	1	
Diabetes mellitus type 1	ECG – Electrocardiogram	(1228+1230) or (1229+1231) or 1232 or 1233 or 1236	1	ECG – Electrocardiogram	(1228+1230) or (1229+1231) or 1232 or 1233 or 1236	1	1 (Ophthalmologist)  4 (Other Specialist)
	Microalbuminuria	4261 or 4262	1	Microalbuminuria	4261 or 4262	2	
	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	4	
	LDL cholesterol	4026	1	LDL cholesterol	4026	1	
	HDL cholesterol	4028	1	HDL cholesterol	4028	1	
	Total cholesterol	4027	1	Total cholesterol	4027	1	

CONDITION	DIAGNOSTIC BASKET			ONGOING MANAGEMENT BASKET			
	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Diabetes mellitus type 1	Triglycerides	4147	1	Triglycerides	4147	1	
	U & E only	4171	1	U & E only	4171	1	
	Serum creatinine	4032 or 4223	1	Serum creatinine	4032 or 4223	1	
	Urine creatinine	4221	1	Urine creatinine	4221	1	
	Two-hour glucose-OGTT	4049	1	HbA1c	4064	4	
	Glucose – random/fasting	4057 or 4050	1	Tonometry	3014	1	
				Basic capital equipped in own rooms by ophthalmologists	3009	1	
				Fundus examination	3003 or 3004 or 3027	1	
				Dietitian	84200 or 84201 or 84202 or 84203 or 84204 or 84205	1	
				Podiatrist	68301 or 68302 or 68303 or 68304 or	1	
Diabetes Educator				DFSC1			
Diabetes Educator	DEDUT or DEDU1	2					
Diabetes mellitus type 2	ECG – Electrocardiogram	(1228+1230) or (1229+1231) or 1232 or 1233 or 1236	1	ECG – Electrocardiogram	(1228+1230) or (1229+1231) or 1232 or 1233 or 1236	1	1 (Ophthalmologist)  1 (Other Specialist)
	Microalbuminuria	4261 or 4262	1	Microalbuminuria	4261 or 4262	2	
	HDL cholesterol	4028	1	HDL cholesterol	4028	1	
	Total cholesterol	4027	1	Total cholesterol	4027	1	
	LDL cholesterol	4026	1	LDL cholesterol	4026	1	

CONDITION	DIAGNOSTIC BASKET			ONGOING MANAGEMENT BASKET			
	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Diabetes mellitus type 2	Triglycerides	4147	1	Triglycerides	4147	1	
	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	4	
	U & E only	4171	1	U & E only	4171	1	
	Urine creatinine	4221	1	Urine creatinine	4221	1	
	Glucose – random/fasting	4057 or 4050	1	HbA1c	4064	4	
	Serum creatinine	4032 or 4223	1	Serum creatinine	4032 or 4223	1	
	Two-hour glucose- OGTT	4049	1	Tonometry	3014	1	
				Basic capital equipped in own rooms by ophthalmologists	3009	1	
				Dietitian	84200 or 84201 or 84202 or 84203 or 84204 or 84205	1	
				Fundus examination	3003 or 3004 or 3027	1	
Podiatrist				68301 or 68302 or 68303 or 68304 or	1		
Diabetes Educator	DFSC1						
Diabetes Educator	DEDUT or DEDU1	2					
Dysrhythmia	ECG – Electrocardiogram	(1228+1230) or (1229+1231) or 1232 or 1233 or 1234 or 1235 or 1236	1	ECG – Electrocardiogram	(1228+1230) or 1232	3	2
					(1229+1231) or 1233 or 1234 or 1235 or 1236	1	
	Magnesium: Spectro-photometric	4094	1	Magnesium: Spectro-photometric	4094	1	

CONDITION	DIAGNOSTIC BASKET			ONGOING MANAGEMENT BASKET			
	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Dysrhythmia	Echocardiography	3620& 3621 & 3622 & 3623 & 3624 & 3625	1	Echocardiography	3620& 3621 & 3622 & 3623 & 3624 & 3625	1	
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	1	
	U & E only	4171	1	U & E only	4171	2	
	C-reactive protein	3947	1	Prothrombin index (PI)	3805	24	
	Thyrotropin (TSH)	4507	1	Therapeutic drug level: Dosage	3806	24	
	24 Hour ambulatory ECG monitoring (holter)	1238 & 1239	1	Threshold testing: Own equipment	1268	1	
				Programming of atrio-ventricular sequential pacemaker	1270 or 75075	1	
Serum calcium	4016 or 4017 or 4375 or 4376	1	Drug level in biological fluid	4081 or 4370 or 4493	2		
Epilepsy	Clinical interpretation and report of item 2711: Electro-encephalogram (EEG): 20-40 minutes record (Professional component)	2712	1	Clinical interpretation and report of item 2711: Electro-encephalogram (EEG): 20-40 minutes record (Professional component)	2712	1	3
	Electro-encephalogram (EEG): 20-40 minutes record: (done by Medical Practitioners) 2711 or EEG with special activation (done by Clinical Technologists) 75133	2711 or 75133	1	Electro-encephalogram (EEG): 20-40 minutes record: (done by Medical Practitioners) 2711 or EEG with special activation (done by Clinical Technologists) 75133	2711 or 75133	1	

CONDITION	DIAGNOSTIC BASKET			ONGOING MANAGEMENT BASKET			
	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	NUMBER OF SPECIALISTS WE COVER EACH YEAR
<b>Epilepsy</b>				Drug level in biological fluid	4081 or 4370 or 4493	3	
<b>Glaucoma</b>  * These codes can only be billed by an Ocular Therapeutic Optometrist	Tonometry	3014 or *11202 or *11212	1	Tonometry	3014 or *11202 or *11212	3	3
	Fundus examination	3003 or 3004 or *11366	1	Fundus examination	3003 or 3004 or *11366	3	
	Gonioscopy	3002 or *11356	1	Gonioscopy	3002 or *11356	3	
	Visual fields	3016 or 3017 or *11443	1	Visual fields	3016 or 3017 or *11443	2	
	Basic capital equipped in own rooms by ophthalmologists	3009	1	Basic capital equipped in own rooms by ophthalmologists	3009	3	
	Disc and nerve fibre layer analysis or Disc photography	3026 or 3027 or *11624	1	Disc and nerve fibre layer analysis or Disc photography	3026 or 3027 or *11624	1	
	Optical Coherent Tomography (OCT) of Optic nerve or macula	3028 or *11802	2 (1 per eye)	Optical Coherent Tomography (OCT) of Optic nerve or macula	3028 or *11802	2 (1 per eye)	
	Central corneal thickness measurement	3020 or *11702	2 (1 per eye)	Retinal threshold trend evaluation	3018	1	
<b>Haemophilia</b>	Full blood count	3755	1	Full blood count	3755	1	2
	Platelet count	3797	1	Platelet count	3797	1	
	Factor VIII or Factor IX antigen or Coagulation factors	3758 or 3757	1	Factor VIII or Factor IX inhibitors	3724	1	
	Fibrinogen titre	3825	1				
	Bleeding time	3713	1				
	PTT - Partial thromboplastin time	3837	1				
	Thrombin time	3841	1				

CONDITION	DIAGNOSTIC BASKET			ONGOING MANAGEMENT BASKET			
	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	NUMBER OF SPECIALISTS WE COVER EACH YEAR
<b>Haemophilia</b>	Therapeutic drug level: Dosage	3806	1				
<b>Hyperlipidaemia</b>	Total cholesterol	4027	1	Total cholesterol	4027	1	0
	LDL cholesterol	4026	1	LDL cholesterol	4026	1	
	HDL cholesterol	4028	1	HDL cholesterol	4028	1	
	Triglycerides	4147	1	Triglycerides	4147	1	
	Thyrotropin (TSH)	4507	1	AST – Aspartate aminotransferase	4130	1	
			ALT – Alanine aminotransferase	4131	1		
<b>Hypertension</b>	ECG – Electrocardiogram	(1228+1230) or (1229+1231) or 1232 or 1233	1	ECG – Electrocardiogram	(1228+1230) or (1229+1231) or 1232 or 1233	1	1
	Glucose – random/fasting	4057 or 4050	1	Glucose – random/fasting	4057 or 4050	1	
	24 Hour ambulatory blood pressure	1237	1	24 Hour ambulatory blood pressure	1237	1	
	Total cholesterol	4027	1	Total cholesterol	4027	1	
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	1	
				Potassium	4113	1	
	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	1	
	U & E only	4171	1	U & E only	4171	1	
<b>Hypothyroidism</b>	Free thyroxine (FT4)	4482 AND	1	Free thyroxine (FT4)	4482 AND	2	0
	Thyrotropin (TSH)	4507 OR	1	Thyrotropin (TSH)	4507 OR	2	
	Thyrotropin (TSH) + Thyrotoxine (FT4)	4484	1	Thyrotropin (TSH) + Thyrotoxine (FT4)	4484	2	
	Total cholesterol	4027	1				

CONDITION	DIAGNOSTIC BASKET			ONGOING MANAGEMENT BASKET			
	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	NUMBER OF SPECIALISTS WE COVER EACH YEAR
<b>Multiple sclerosis</b>	MR of the lumbar spine pre and post contrast or uncontrasted	53420 or 53410 or 53400	1	MR of the lumbar spine pre and post contrast or uncontrasted	53420 or 53410 or 53400	1	2
	MR of the brain pre and post contrast or uncontrasted	10430 or 10410	1	MR of the brain pre and post contrast or uncontrasted	10430 or 10410	1	
	MR of the cervical spine and cranio-cervical junction pre and post contrast or uncontrasted	51420 or 51410 or 51400	1	MR of the cervical spine and cranio-cervical junction pre and post contrast or uncontrasted	51420 or 51410 or 51400	1	
	MR of the thoracic spine pre and post contrast or uncontrasted	52420 or 52410 or 52400	1	MR of the thoracic spine pre and post contrast or uncontrasted	52420 or 52410 or 52400	1	
	Visual evoked potentials (VEP): Bilateral	2682	1	ALT – Alanine aminotransferase	4131	1	
	CSF-IgG Index	4036	1	AST – Aspartate aminotransferase	4130	1	
	Visual evoked potentials (VEP): Unilateral	2681	1				
<b>Parkinson's disease</b>	No diagnostic or monitoring tests apply as the diagnosis of this condition remains a clinical one						2
<b>Rheumatoid arthritis</b>	X-ray of the left foot or left ankle	74120 or 74100	4	X-ray of the left foot or left ankle	74120 or 74100	4	4
	X-ray of the right foot or right ankle	74125 or 74105		X-ray of the right foot or right ankle	74125 or 74105		
	X-ray of the right hand or right wrist	65105 or 65135		X-ray of the right hand or right wrist	65105 or 65135		
	X-ray of the left hand or left wrist	65100 or 65130		X-ray of the left hand or left wrist	65100 or 65130		
	X-ray of the left hip	56100		X-ray of the left hip	56100		
	X-ray of the right hip	56110		X-ray of the right hip	56110		
	X-ray of the left shoulder	61130		X-ray of the left shoulder	61130		

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Rheumatoid arthritis	X-ray of the right shoulder	61135		X-ray of the right shoulder	61135		
	X-ray of the left elbow	63100		X-ray of the left elbow	63100		
	X-ray of the right elbow	63105		X-ray of the right elbow	63105		
	X-ray of the left knee	72100		X-ray of the left knee	72100		
	X-ray of the right knee	X2105		X-ray of the right knee	X2105		
	X-ray of the chest two views, PA and lateral	30110	1	X-ray of the chest two views, PA and lateral	30110	1	
	Erythrocyte sedimentation rate or C-reactive protein	3743 or 3947	1	Erythrocyte sedimentation rate or C-reactive protein	3743 or 3947	4	
	AST – Aspartate aminotransferase	4130	1	AST – Aspartate aminotransferase	4130	4	
	ALT – Alanine aminotransferase	4131	1	ALT – Alanine aminotransferase	4131	4	
	Platelet count	3797	1	Platelet count	3797	2	
	Creatinine	4221 OR 4032 OR 4223	1	Creatinine	4221 OR 4032 OR 4223	1	
	U & E	4171	1	U & E	4171	1	
	Anti-CCP	4600					
Full blood count	3755	1	Full blood count	3755	2		
Juvenile Rheumatoid arthritis	In addition to above, the below is available for members less than 18 years old						1 Ophthalmologist visit for > 10 years  OR  2 Ophthalmologist visit for < 10 years
	Ultrasound of the right wrist or left wrist	65210 or 65200	1	Ultrasound of the right wrist or left wrist	65210 or 65200	1	

CONDITION	DIAGNOSTIC BASKET			ONGOING MANAGEMENT BASKET			
	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Juvenile Rheumatoid arthritis	Ultrasound of the right foot or right ankle	74225 or 74215		Ultrasound of the right foot or right ankle	74225 or 74215		
	Ultrasound of the left foot or left ankle	74220 or 74210		Ultrasound of the left foot or left ankle	74220 or 74210		
	Ultrasound of the Hip joints	56200		Ultrasound of the Hip joints	56200		
	Ultrasound of the left shoulder joint	61200		Ultrasound of the left shoulder joint	61200		
	Ultrasound of the right shoulder joint	61210		Ultrasound of the right shoulder joint	61210		
	Ultrasound of the left elbow joint	63200		Ultrasound of the left elbow joint	63200		
	Ultrasound of the right elbow joint	63205		Ultrasound of the right elbow joint	63205		
	Ultrasound of the left knee joint	72200		Ultrasound of the left knee joint	72200		
	Ultrasound of the right knee joint	X2205		Ultrasound of the right knee joint	X2205		
	Ultrasound of the temporo-mandibular joints, one or both sides	15200		Ultrasound of the temporo-mandibular joints, one or both sides	15200		
	Ultrasound of any joint	5102		Ultrasound of any joint	5102		
	Erythrocyte sedimentation rate or C-reactive protein	3743 or 3947		1	Erythrocyte sedimentation rate or C-reactive protein		
Schizophrenia				AST – Aspartate aminotransferase	4130	2	4
				ALT – Alanine aminotransferase	4131	2	
				Creatinine	4032 or 4221 or 4223	2	

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	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Schizophrenia				Drug level in biological fluid	4081 or 4370 or 4493	3	
Systemic lupus erythematosus	Complement fixation test	3963 or 4182	1	Complement fixation test	3963 or 4182	2	4
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	4	
	Extractable nuclear antigens	3934 or 3948	2	Antiglobulin test (Coombs)	3709	2	
	Full blood count	3755	1	Full blood count	3755	4	
	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	4	
	U & E only	4171	1	U & E only	4171	4	
	Platelet count	3797	1	Platelet count	3797	1	
	Erythrocyte sedimentation rate or C-reactive protein	3743 or 3947	1	Erythrocyte sedimentation rate or C-reactive protein	3743 or 3947	4	
	Anti-Nuclear Factor (ANF)	3934	1	ALT – Alanine aminotransferase	4131	4	
	Kidney biopsy	1841	1	Creatinine kinase	4152 or 4153	2	
	Urine microscopy	3867	1	AST – Aspartate aminotransferase	4130	4	
	Skin biopsy	0233 & 0234 & 0235 & 0237	1	Total cholesterol	4027	1	
	X-ray of the chest two views, PA and lateral	30110	1	X-ray of the chest two views, PA and lateral	30110	1	
	DNA antibodies	4529 or 3948	2				
	Histology	4567 & 4571 or 4582 & 4584	3				

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Ulcerative colitis	Colonoscopy	1653 or 1656	1	Colonoscopy	1653 or 1656	1	3
	C-reactive protein	3947	1	C-reactive protein	3947	2	
	Full blood count	3755	1	Full blood count	3755	2	
	Histology	4567 & 4571 or 4582 & 4584	3	Histology	4567 & 4571 or 4582 & 4584	1	
				Flexible sigmoidoscopy	1676	1	
				Faecal Calprotectin (Elastase Quantitative ELISA)	4362	1	

## Contact us

You can contact us on 0860 100 078 or visit our website at [www.medipos.co.za](http://www.medipos.co.za) for more information.

## Complaints process

If you do not accept the Scheme's authorisation decision at any time, you can lodge a complaint or query with the Scheme directly on 0860 100 078 or address a complaint in writing to the Principal Officer at the Scheme's registered address. If your complaint remains unresolved, you can lodge a formal dispute by following the Scheme's internal disputes process.

You can, as a last resort, approach the Council for Medical Schemes for assistance.

Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 / 0861 123 267 / [complaints@medicalschemes.co.za](mailto:complaints@medicalschemes.co.za) / [www.medicalschemes.co.za](http://www.medicalschemes.co.za).