

# **TREATMENT BASKETS FOR THE PRESCRIBED MINIMUM BENEFIT CHRONIC DISEASE LIST CONDITIONS**

DISCOVERY HEALTH MEDICAL SCHEME  
2022







## Overview

The Prescribed Minimum Benefit (PMB) Chronic Disease List (CDL) is a list of conditions which all registered medical schemes in South Africa must cover on all the plans they offer to their members. 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.

Discovery Health Medical Scheme plans are structured in such a way as to maximise cover no matter which plan members choose. Some plans cost more but offer more comprehensive benefits, while others have lower contributions with fewer benefits. Regardless of this, all our plans 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 these terms.

TERMINOLOGY	DESCRIPTION
Designated service provider (DSP)	A healthcare provider (for example, a doctor, specialist, allied healthcare professional, pharmacist or hospital) who we have an agreement with to provide treatment or services at a contracted rate. Visit <a href="http://www.discovery.co.za">www.discovery.co.za</a> or click on Find a provider on the Discovery app to view the full list of DSPs.
Discovery Health Rate (DHR)	This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant healthcare services.
Day-to-day benefits	These are the available funds allocated to the Medical Savings Account (MSA) and Above Threshold Benefit (ATB). Depending on the plan you choose, you may have cover for a defined set of day-to-day benefits. The level of day-to-day benefits depends on the plan 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.
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 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"> <li>▪ An emergency medical condition</li> <li>▪ A defined list of 271 diagnoses</li> <li>▪ A defined list of 27 chronic conditions.</li> </ul> <p>To access Prescribed Minimum Benefits (PMBs), there are rules that apply:</p> <ul style="list-style-type: none"> <li>▪ Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit (PMB) conditions.</li> <li>▪ The treatment needed must match the treatments in the defined benefits.</li> <li>▪ 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 Discovery Health Rate (DHR). You will be responsible for the difference between what we pay and the actual cost of your treatment.</li> </ul>



TERMINOLOGY	DESCRIPTION
	If your treatment doesn't meet the above criteria, we will pay according to your plan benefits.
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 he or she can claim from their chosen plan's cover.

## We pay Prescribed Minimum Benefit Chronic Disease List claims if your condition has been approved on the Chronic Illness Benefit

Claims for procedures and consultations listed in the Prescribed Minimum Benefit (PMB) treatment baskets will be paid from the Chronic Illness Benefit. The number of tests and consultations allowed 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 PMB Chronic Disease List conditions and how to register, visit [www.discovery.co.za](http://www.discovery.co.za) and search under Medical Aid > Manage your health plan > Find important documents and certificates.

### 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 professional 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 doctor to provide the date of diagnosis of your condition(s) on the Chronic Illness 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 professionals such as radiologists, dietitians and podiatrists in full.

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

### Nominate a primary care GP for the management of your chronic conditions

If you are approved for a chronic Prescribed Minimum Benefit (PMB) condition, you must nominate a general practitioner (GP) in the Discovery Health GP network for your plan to be your primary care doctor for the management of your chronic conditions.

You can nominate your primary care doctor in three simple steps:

1. Log in to the Discovery app or [website](#)
2. Navigate to nominate your primary care doctor
3. Follow the prompts in the Care Portal and select your primary care doctor and their associated practice.

You can access your Care Portal on the Discovery app or website to update your nominated GP should you need to do so.

HOW WE PAY FOR GP CONSULTATIONS RELATED TO YOUR CONDITION	
Executive, Comprehensive, Priority, Saver & Core plans	We pay for 4 consultations a year that are related to your approved condition at a GP in the Discovery Health GP Network in full up to the agreed rate. If you use any other GP, we will pay up to 80% of the Discovery Health Rate. You must pay any difference between what is charged and what we pay.
Smart plans	We pay for 4 consultations a year that are related to your approved condition at a GP in the Smart GP Network in full up to the agreed rate. If you use any other GP, we will pay up to 80% of the Discovery Health Rate. You must pay any difference between what is charged and what we pay.

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

KeyCare Plus & KeyCare Core plans	We pay for 4 consultations a year that are related to your approved condition at a GP in the KeyCare GP Network in full up to the agreed rate. If you use any other GP, we will pay up to 80% of the Discovery Health Rate. You must pay any difference between what is charged and what we pay.
KeyCare Start plan	We pay for 4 consultations a year that are related to your approved condition at your chosen GP in the KeyCare Start GP Network in full up to the agreed rate. If you use any other GP, we will pay up to 80% of the Discovery Health Rate. You must pay any difference between what is charged and what we pay.
KeyCare Start Regional plan	We pay for 4 consultations a year that are related to your approved condition at your GP in the KeyCare Start Regional GP Network in full up to the agreed rate. If you use any other GP, we will pay up to 80% of the Discovery Health Rate. You must pay any difference between what is charged and what we pay.

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

Executive, Comprehensive (except the Classic Smart Comprehensive Plan), Priority & Saver plans	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 designated service provider (DSP) in full up to the agreed rate. We pay up to the Discovery Health Rate for consultations with a specialist who is not a DSP. You must pay any difference between what is charged and what we pay.
Classic Smart Comprehensive, Smart & Core plans	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 designated service provider (DSP) in full up to the agreed rate. We pay up to 80% of the Discovery Health Rate for consultations with a specialist who is not a DSP. You must pay any difference between what is charged and what we pay.
KeyCare Plus & KeyCare Core plans	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 in the KeyCare network specialist in full up to the agreed rate. We pay up to 80% of the Discovery Health Rate for consultations with any other specialist. You must pay any difference between what is charged and what we pay.
KeyCare Start plan	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 KeyCare Start network specialist in full up to the agreed rate. We pay up to 80% of the Discovery Health Rate for consultations with any other specialist. You must pay any difference between what is charged and what we pay.
KeyCare Start Regional plan	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 with your KeyCare Start Regional network specialist in full up to the agreed rate. We pay up to 80% of the Discovery Health Rate for consultations with any other specialist. You must pay any difference between what is charged and what we pay.

To find the closest providers on our networks, go to [Find a healthcare provider](#) on the Discovery website.

### 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 doctor to include your ICD-10 diagnosis codes on the claims they submit and on the form that they complete when they refer 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 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 EACH YEAR	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Addison’s disease	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				
Asthma	Flow volume test	1188 or 1186	1	Flow volume test	1188 or 1186	1	1
	Peak flow	1192	1	Peak flow	1192	3	
Bipolar mood disorder	AST – Aspartate aminotransferase	4130	1	AST – Aspartate aminotransferase	4130	2	2
	ALT – Alanine aminotransferase	4131	1	ALT – Alanine aminotransferase	4131	2	
	Thyrotropin (TSH)	4507	1	Thyrotropin (TSH)	4507	1	
	U & E only	4171	1	U & E only	4171	2	
				Lithium – flame ionisation	4067	2	
				Drug level in biological fluid	4081 or 4370 or 4493	3	
				Creatinine	4032 or 4221 or 4223	2	
Bronchiectasis	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				
Cardiac failure	U & E only	4171	1	U & E only	4171	4	2
	C-reactive protein	3947	1				

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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 EACH YEAR	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Cardiac failure	ECG – Electrocardiogram	1232 or 1233 or 1234 or 1235 or 1236	1	ECG – Electrocardiogram	1232 or	3	
					1233 or 1234 or 1235 or 1236	1	
	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	1	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	2	
	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	4	
	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	
	X-ray of the chest two views, PA and lateral	30110	1	X-ray of the chest two views, PA and lateral	30110	1	
	Troponin isoforms	4161	1	Drug level in biological fluid	4081 or 4370 or 4493	3	
	Glucose –random/ fasting	4057	1				
	Full blood count	3755	1				
	Total cholesterol	4027	1				
	Thyrotropin (TSH)	4507	1				
Cardiomyopathy	ECG – Electrocardiogram	1232 or 1233 or 1234 or 1235 or 1236	1	ECG – Electrocardiogram	1232 or	3	2
					1233 or 1234 or 1235 or 1236	1	
	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	1	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	2	
	U & E only	4171	1	U & E only	4171	4	
	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	4	
	B-Type natriuretic peptide	4488	1	B-Type natriuretic peptide	4488	1	

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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 EACH YEAR	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Cardiomyopathy	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	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	
	Glucose – random/fasting	4057	1	Prothrombin index (PI)	3805	24	
	C-reactive protein	3947	1	Therapeutic drug level: Dosage	3806	24	
	Full blood count	3755	1	Drug level in biological fluid	4081 or 4370 or 4493	3	
	Thyrotropin (TSH)	4507	1				
	Total cholesterol	4027	1				
Chronic obstructive pulmonary disease (COPD)	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	
Chronic renal disease	ECG – Electrocardiogram	1232 or 1233 or 1236	1	ECG – Electrocardiogram	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	
				Iron	4071	2	
	Protein: Quantitative	4213	1	Urine analysis (dipstick)	4188	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 EACH YEAR	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Chronic renal disease				Protein: Quantitative	4213	1	
				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	1232 or 1233 or 1234 or 1235 or 1236	1	ECG – Electrocardiogram	1232 or 1233 or 1234 or 1235 or 1236	2	2
	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	1	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	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	
	Glucose – random/fasting	4057	1	Glucose – random/fasting	4057	1	
	Total cholesterol	4027	1	Total cholesterol	4027	1	
	LDL cholesterol	4026	1	LDL cholesterol	4026	1	
	HDL cholesterol	4028	1	HDL cholesterol	4028	1	
	Triglycerides	4147	1	Triglycerides	4147	1	
	C-reactive protein	3947	1				
	Urine analysis (dipstick)	4188	1				
	X-ray of the chest two views, PA and lateral	30110	1				
	Platelet count	3797	1				
	Full blood count	3755	1				
	Thyrotropin (TSH)	4507	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 EACH YEAR	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Crohn's disease	Erythrocyte sedimentation rate or C-reactive protein	3743 or 3947	1	C-reactive protein	3947	2	3
	Colonoscopy	1653 or 1656	1	Colonoscopy	1653 or 1656	1	
	Full blood count	3755	1	Full blood count	3755	2	
	Histology	4567 & 4571 or 4582 & 4584	3				
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 type 1	ECG – Electrocardiogram	1232 or 1233 or 1236	1	ECG – Electrocardiogram	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	
	Total cholesterol	4027	1	Total cholesterol	4027	1	
	LDL cholesterol	4026	1	LDL cholesterol	4026	1	
	HDL cholesterol	4028	1	HDL cholesterol	4028	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	
	Two-hour glucose-OGTT	4049	1	Tonometry	3014	1	
	Glucose – random/fasting	4057	1	HBA1c	4064	4	
				Podiatrist	68301 or 68302 or 68303 or 68304	1	
	Urine creatinine	4221	1	Urine creatinine	4221	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 EACH YEAR	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Diabetes type 1				Fundus examination	3003 or 3004 or 3027	1	
				Basic capital equipped in own rooms by ophthalmologists	3009	1	
				Dietitian	84200 or 84201 or 84202 or 84203 or 84204 or 84205	1	
Diabetes type 2	ECG – Electrocardiogram	1232 or 1233 or 1236	1	ECG – Electrocardiogram	1232 or 1233 or 1236	1	1 (Ophthalmologist)  1 (Other Specialist)
	Microalbuminuria	4261 or 4262	1	Microalbuminuria	4261 or 4262	2	
	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	4	
	Total cholesterol	4027	1	Total cholesterol	4027	1	
	LDL cholesterol	4026	1	LDL cholesterol	4026	1	
	HDL cholesterol	4028	1	HDL cholesterol	4028	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	
	Glucose – random/fasting	4057	1	HBA1c	4064	4	
	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	



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 EACH YEAR	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Diabetes type 2				Podiatrist	68301 or 68302 or 68303 or 68304	1	
				Fundus examination	3003 or 3004 or 3027	1	
Dysrhythmia	ECG – Electrocardiogram	1232 or 1233 or 1234 or 1235 or 1236	1	ECG – Electrocardiogram	1232 or	3	2
					1233 or 1234 or 1235 or 1236	1	
	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	1	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	1	
	U & E only	4171	1	U & E only	4171	2	
	Magnesium: Spectro-photometric	4094	1	Magnesium: Spectro-photometric	4094	1	
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	1	
	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	Drug level in biological fluid	4081 or 4370 or 4493	2	
	Serum calcium	4016 or 4017 or 4375 or 4376	1	Threshold testing: Own equipment	1268	1	
				Programming of atrio-ventricular sequential pacemaker	1270	1	
Epilepsy	EEG – Electro-encephalography	2711 & 2712	1	EEG – Electro-encephalography	2711 & 2712	1	3
	EEG with special activation	75133	1	Drug level in biological fluid	4081 or 4370 or 4493	3	



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 EACH YEAR	NUMBER OF SPECIALISTS WE COVER EACH YEAR
<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 (Ophthalmologist or Ocular Therapeutic Optometrist)
	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	
	Basic capital equipped in own rooms by ophthalmologists	3009	1	Basic capital equipped in own rooms by ophthalmologists	3009	3	
	Visual fields	3016 or 3017 or *11443	1	Visual fields	3016 or 3017 or *11443	2	
	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				
	PTT - Partial thromboplastin time	3837	1				
	Prothrombin index (PI)	3805	1				
	Therapeutic drug level: Dosage	3806	1				
	Bleeding time	3713	1				
	Thrombin time	3841	1				





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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 EACH YEAR	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Hyperlipidaemia	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	
Hypertension	ECG – Electrocardiogram	1232 or 1233	1	ECG – Electrocardiogram	1232 or 1233	1	1
	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	1	
	Glucose – random / fasting	4057	1	Glucose – random/fasting	4057	1	
	Total cholesterol	4027	1	Total cholesterol	4027	1	
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	1	
	24 Hour ambulatory blood pressure	1237	1	Potassium	4113	1	
	U & E only	4171	1				
Hypothyroidism	Thyrotropin (TSH)	4507	1	Thyrotropin (TSH)	4507	2	0
	Free thyroxine (FT4)	4482	1	Free thyroxine (FT4)	4482	2	
	Total cholesterol	4027	1				
Multiple sclerosis	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	



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 EACH YEAR	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Multiple sclerosis	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	
	Visual evoked potentials (VEP): Unilateral	2681	1	AST – Aspartate aminotransferase	4130	1	
Parkinson’s disease	No diagnostic or monitoring tests apply as the diagnosis of this condition remains a clinical one						2
Rheumatoid arthritis	Erythrocyte sedimentation rate or C-reactive protein	3743 or 3947	1	Erythrocyte sedimentation rate or C-reactive protein	3743 or 3947	4	4
	Full blood count	3755	1	Full blood count	3755	2	
	Platelet count	3797	1	Platelet count	3797	2	
	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	4	
	AST – Aspartate aminotransferase	4130	1	AST – Aspartate aminotransferase	4130	4	
	ALT – Alanine aminotransferase	4131	1	ALT – Alanine aminotransferase	4131	4	
	Anti-CCP	4600	1	Anti-CCP	4600	1	
	X-ray of the right hand	65105	1	X-ray of the right hand	65105	1	
	X-ray of the left hand	65100	1	X-ray of the left hand	65100	1	
	X-ray of the right foot	74125	1	X-ray of the right foot	74125	1	
	X-ray of the left foot	74120	1	X-ray of the left foot	74120	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	
	Rheumatoid factor	3959	1				
	ANF	3934	1				
Schizophrenia				AST – Aspartate aminotransferase	4130	2	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 EACH YEAR	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Schizophrenia				ALT – Alanineaminotransferase	4131	2	
				Creatinine	4032 or 4221 or 4223	2	
				Drug level in biological fluid	4081 or 4370 or 4493	3	
				U & E only	4171	2	
Systemic lupus erythematosus	Full blood count	3755	1	Full blood count	3755	4	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	
	X-ray of the chest two views, PA and lateral	30110	1	X-ray of the chest two views, PA and lateral	30110	1	
	Complement fixation test	3963 or 4182	1	Complement fixation test	3963 or 4182	2	
	Erythrocyte sedimentation rate or C-reactive protein	3743 or 3947	1	Erythrocyte sedimentation rate or C-reactive protein	3743 or 3947	4	
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	4	
	Skin biopsy	4567 & 0233 & 0234 & 0235 & 0237	1	Total cholesterol	4027	1	
	Kidney biopsy	1841	1	Creatinine kinase	4152 or 4153	2	
	Extractable nuclear antigens	3934 or 3948	1	Antiglobulin test (Coombs)	3709	2	
	Urine microscopy	3867	1	AST – Aspartate aminotransferase	4130	4	
	ANF	3934	1	ALT – Alanine aminotransferase	4131	4	
	DNA antibodies	4529 or 3948	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 EACH YEAR	NUMBER OF SPECIALISTS WE COVER EACH YEAR
<b>Systemic lupus erythematosus</b>	Histology	4567 & 4571 or 4582 & 4584	3				
<b>Ulcerative colitis</b>	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	





## Contact us

Tel 0860 99 88 77 (members); 0860 44 55 66 (health partners)

Go to [www.discovery.co.za](https://www.discovery.co.za) to Get Help or ask a question on WhatsApp. Save this number 0860 756 756 on your phone and say "Hi" to start chatting with us 24/7.

PO Box 784262, Sandton, 2146. 1 Discovery Place, Sandton, 2196.

## Complaints process

Discovery Health Medical Scheme is committed to providing you with the highest standard of service and your feedback is important to us. The following channels are available for your complaints and we encourage you to follow the process:

### 1 | Step 1 – To take your query further:

If you have already contacted the Discovery Health Medical Scheme and feel that your query has not been resolved, please complete our online complaints form on our website at [www.discovery.co.za](https://www.discovery.co.za). We would also love to hear from you if we have exceeded your expectations.

### 2 | Step 2 – To contact the principal officer:

If you are still not satisfied with the resolution of your complaint after following the process in Step 1, you can escalate your complaint to the Principal Officer of Discovery Health Medical Scheme.

You may lodge a query or complaint with Discovery Health Medical Scheme by completing the online form on our website at [www.discovery.co.za](https://www.discovery.co.za) or by emailing [principalofficer@discovery.co.za](mailto:principalofficer@discovery.co.za).

### 3 | Step 3 – To lodge a dispute:

If you have received a final decision from Discovery Health Medical Scheme and want to challenge it, you may lodge a formal dispute. You can find more information on the Scheme's dispute process on the website.

### 4 | Step 4 – To contact the Council for Medical Schemes:

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You may contact the Council at any stage of the complaints process, but we encourage you to first follow the steps above to resolve your complaint before contacting the Council. Contact details for the Council for Medical Schemes: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion 0157 | [complaints@medicalschemes.co.za](mailto:complaints@medicalschemes.co.za)  
0861 123 267 | [www.medicalschemes.co.za](https://www.medicalschemes.co.za)