Discovery
Health Medical Scheme

COVER FOR MRI AND CT SCANS

DISCOVERY HEALTH MEDICAL SCHEME

2022

Overview

A magnetic resonance imaging (MRI) scan produces detailed two-or three-dimensional images of organs inside the body, for example, the spine or brain.

A computed tomography (CT) scan is a special radiography method that uses a computer to incorporate x-ray images into detailed two- or three-dimensional images.

MRI and CT scans are specialised imaging techniques used to diagnose illness or injury in the body and in certain circumstances, to stage disease and monitor treatment response.

This document gives you more information about how Discovery Health Medical Scheme covers you for MRI and CT scans. We explain how we cover MRI and CT scans done in hospital and out of hospital, including how we cover scans done during an admission for conservative back or neck treatment.

Other scans or x-rays used to investigate body systems or organs are not included in this document.

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
Above Threshold Benefit (ATB)	Available on the Executive, Comprehensive and Priority plans Once the day-to-day claims you have sent to us add up to the Annual Threshold, we pay the rest of your day-to-day claims from the Above Threshold Benefit (ATB), at the Discovery Health Rate (DHR) or a portion of it. The Executive and Comprehensive plans have an unlimited ATB, and the Priority plans have a limited ATB.
Annual Threshold	Available on the Executive, Comprehensive and Priority plans We set the Annual Threshold amount at the beginning of each year. The number and type of dependants (spouse, adult or child) on your plan will determine the amount. The Annual Threshold is an amount that your claims need to add up to before we pay your day-to-day claims from the Above Threshold Benefit.
Co-payment	This is an amount that you need to pay towards a healthcare service. The amount can vary by the type of covered healthcare service, place of service or if the amount the service provider charges is higher than the rate we cover. If the upfront amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service.
Day-to-day benefits	These are the available funds allocated to the Medical Savings Account (MSA) and Above Threshold Benefit (ATB), where applicable. 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.
Deductible	This is the amount that you must pay upfront to the hospital or day clinic for specific treatments/procedures or if you use a facility outside of the network.
Discovery Health Rate (DHR)	This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.
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, 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. An emergency does not necessarily require a hospital admission. We may ask you for additional information to confirm the emergency.

TERMINOLOGY	DESCRIPTION
Medical Savings Account (MSA)	Available on the Executive, Comprehensive, Priority and Saver plans The Medical Savings Account (MSA) is an amount that is allocated to you at the beginning of each year or when you join the Scheme. You pay this amount back in equal portions as part of your monthly contribution. We pay your day-to-day medical expenses such as GP and specialist consultations, acute medicine, radiology and pathology from the available funds allocated to your MSA. Any unused funds will carry over to the next year. Should you leave the Scheme or change your plan partway through the year and have used more of the funds than what you have contributed, you will need to pay the difference to us
Prescribed Minimum Benefits	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: ▪ An emergency medical condition ▪ A defined list of 271 diagnoses ▪ A defined list of 27 chronic conditions. To access Prescribed Minimum Benefits (PMBs), there are rules defined by the Council for Medical Schemes (CMS) that apply: ▪ Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit (PMB) 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 Discovery Health Rate (DHR). You will be responsible for the difference between what we pay and the actual cost of your treatment. ▪ If your treatment doesn't meet the above criteria, we will pay according to your plan benefits

MRI and CT scans Benefit

You don't need to call us for authorisation, but a specialist or accredited trauma GP must refer you for an MRI or CT scan

You don't need an authorisation number for MRI or CT scans. We will pay the cost of the MRI or CT scan if a specialist has referred you or an accredited trauma GP has referred you as a result of an emergency.

We cover MRI and CT scans up to 100% of the Discovery Health Rate (DHR). If your service provider charges above the Discovery Health Rate (DHR), you need to pay the difference between what we pay and what your service provider charges

We pay MRI and CT scans related to an approved admission from the Hospital Benefit

We pay MRI and CT scans conducted during an approved admission, that are clinically related to the reason for your admission, from the Hospital Benefit. If the scan is not related to an approved admission, we pay the scan the same way we pay a scan done out of hospital, with a co-payment where relevant.

We pay MRI and CT scans for conservative back treatment in hospital the same way we pay for scans done out of hospital

If you are admitted to hospital for conservative back or neck treatment, we pay the scan the same way we pay a scan done out of hospital, with the co-payment where relevant. A limit of one scan per spinal and neck region applies to conservative back and neck scans.

On the *Essential Smart and KeyCare Plans*, you do not have cover for conservative back and neck treatment or back and neck surgery. Please refer to the section *Benefits available for your plan type* for more details.

A co-payment of R3 270 applies to out-of-hospital scans on Executive, Comprehensive, Priority, Saver and Classic Smart plans

COVER FOR MRI CT SCANS

On the *Executive, Comprehensive, Priority and Saver plans*, we pay the first R3 270 of the scan from the available funds in your day-to-day benefits (Medical Savings Account (MSA) and Above Threshold Benefit (ATB), where applicable). If you have run out of funds in your Medical Savings Account (MSA) and you have not yet reached your Annual Threshold, you will have to pay this amount. If this amount is higher than the amount charged for the healthcare service, you will have to pay for the cost of the healthcare service. We pay the balance of the scan from the Hospital Benefit, up to the Discovery Health Rate (DHR).

On the *Classic Smart Comprehensive Plan*, you have to pay the first R3 270 of the scan until you reach your Annual Threshold.

On the *Classic Smart Plan,* you have to pay the first R3 270 of the scan.

On the *Essential Smart and Core plans* you do not have cover for out-of-hospital scans and will have to pay these scans.

On the *KeyCare Plus and KeyCare Core plans*, we pay approved MRI and CT scans from the available funds in the Specialist Benefit, up to R4 730 for each person a year.

On *KeyCare Start*, MRI and CT scans are paid from the available funds in the Specialist Benefit up to R2 370 for each person a year.

We cover MRI or CT scans as a Prescribed Minimum Benefit (PMB) for certain conditions

Where an MRI or CT scan report confirms the diagnosis of a Prescribed Minimum Benefit (PMB) condition, the co-payment will not apply.

We will pay the claim as a Prescribed Minimum Benefit (PMB) if it meets the Scheme's criteria. You or your doctor must send us the report confirming the diagnosis. If the scan does not result in confirmation of a Prescribed Minimum Benefit (PMB) diagnosis, these scans are not considered to be a PMB.

Benefits available for your plan type

Executive plan

How we pay the claims for an MRI or CT scan done out of hospital

We pay the first R3 270 of each MRI or CT scan from the available funds allocated to your Medical Savings Account (MSA) and Above Threshold Benefit (ATB). If you have run out of funds in your Medical Savings Account (MSA) and have not yet reached your Annual Threshold you must pay this amount. We pay the balance from your Hospital Benefit up to the Discovery Health Rate (DHR).

We will pay the cost of the MRI or CT scan if a specialist has referred you or an accredited trauma GP has referred you for an emergency.

How we pay the claims for an MRI or CT scan done in hospital

We pay MRI and CT scans done during an approved hospital admission from your Hospital Benefit up to the Discovery Health Rate (DHR) as long as the scan is related to the reason for the admission.

If the scan is done during an approved hospital admission, but the scan is not related to the reason for admission, we will pay the MRI or CT scan the same way we pay scans done out of hospital.

How we pay the claims if you are admitted for conservative back or neck treatment

We pay the first R3 270 of each MRI or CT scan code from the available funds allocated to your Medical Savings Account (MSA) and Above Threshold Benefit (ATB). If you have run out of funds in your Medical Savings Account (MSA) and have not yet reached your Annual Threshold, you must pay this amount. We pay the balance from your Hospital Benefit up to the Discovery Health Rate (DHR).

For conservative back and neck scans, a limit of one scan per spinal and neck region applies.

Comprehensive series

How we pay the claims for an MRI or CT scan done out of hospital

We pay the first R3 270 of each MRI or CT scan code from the available funds allocated to your Medical Savings Account (MSA) and Above Threshold Benefit (ATB). If you have run out of funds in your Medical Savings Account (MSA) and have not yet reached your Annual Threshold you must pay this amount. We pay the balance from your Hospital Benefit up to the Discovery Health Rate (DHR).

We will pay the cost of the MRI or CT scan if a specialist has referred you or an accredited trauma GP has referred you for an emergency.

On the *Classic Smart Comprehensive Plan*, you have to pay the first R3 270 of each scan code until you reach your Annual Threshold, and we will pay the balance from the Hospital Benefit up to the Discovery Health Rate (DHR).

How we pay the claims for an MRI or CT scan done in hospital

We pay MRI and CT scans done during an approved hospital admission from your Hospital Benefit up to the Discovery Health Rate (DHR) as long as the scan is related to the reason for the admission.

If the scan is done during an approved hospital admission, but the scan is not related to the reason for admission, we will pay the MRI or CT scan the same way we pay scans done out of hospital.

How we pay the claims if you are admitted for conservative back or neck treatment

We pay the first R3 270 of each MRI or CT scan code from the available funds allocated to your Medical Savings Account (MSA) and Above Threshold Benefit (ATB). If you have run out of funds in your Medical Savings Account (MSA) and have not yet reached your Annual Threshold you must pay this amount. We pay the balance from your Hospital Benefit up to the Discovery Health Rate (DHR).

On the *Classic Smart Comprehensive Plan*, you have to pay the first R3 270 of each scan code until you reach the Annual Threshold, and we will pay the balance from the Hospital Benefit up to the Discovery Health Rate.
For conservative back and neck scans, a limit of one scan per spinal and neck region applies.

Priority series

How we pay the claims for an MRI or CT scan done out of hospital

We pay the first R3 270 of each MRI or CT scan code from the available funds allocated to your Medical Savings Account (MSA) and limited Above Threshold Benefit (ATB). If you have run out of funds in your Medical Savings Account (MSA) and have not yet reached your Annual Threshold or you have reached your Above Threshold Benefit (ATB) limit, you must pay this amount. We will pay the cost of the MRI or CT scan if a specialist has referred you or an accredited trauma GP has referred you for an emergency.

How we pay the claims for an MRI or CT scan done in hospital

We pay MRI and CT scans performed during an approved hospital admission from your Hospital Benefit up to the Discovery Health Rate (DHR) as long as the scan is related to the reason for the admission.

If the scan is done during an approved hospital admission, but the scan is not related to the reason for admission, we will pay the MRI or CT scan the same way we pay scans done out of hospital.

How we pay the claims if you are admitted for conservative back or neck treatment

We pay the first R3 270 of each MRI or CT scan code from your Medical Savings Account (MSA) and limited Above Threshold Benefit (ATB). If you have run out of funds in your Medical Savings Account (MSA) and have not yet reached your Annual

Threshold or you have reached your Above Threshold Benefit (ATB) limit, you must pay this amount. We pay the balance from your Hospital Benefit up to the Discovery Health Rate (DHR).

For conservative back and neck scans, a limit of one scan per spinal and neck region applies.

Saver series

How we pay the claims for an MRI or CT scan done out of hospital

We pay the first R3 270 of each scan code from available funds allocated to your Medical Savings Account (MSA) and the balance of the scan from the Hospital Benefit, up to 100% of the Discovery Health Rate (DHR). If you have run out of funds in your Medical Savings Account (MSA) you must pay this amount. We will pay the cost of the MRI or CT scan if a specialist has referred you or an accredited trauma GP has referred you for an emergency.

How we pay the claims for an MRI or CT scan done in hospital

We pay MRI and CT scans performed during an approved hospital admission from your Hospital Benefit up to the Discovery Health Rate (DHR) as long as the scan is related to the reason for the admission.

If the scan is done during an approved hospital admission, but the scan is not related to the reason for admission, we will pay the MRI or CT scan the same way we pay scans done out of hospital.

How we pay the claims if you are admitted for conservative back or neck treatment

We pay the first R3 270 of each MRI or CT scan code from your Medical Savings Account (MSA). If you have run out of funds in your Medical Savings Account (MSA) you must pay this amount. We pay the balance from your Hospital Benefit up to the Discovery Health Rate (DHR).

For conservative back and neck scans, a limit of one scan per spinal and neck region applies

Smart series

How we pay the claims for an MRI or CT scan done out of hospital

Classic Smart Plan: You must pay the first R3 270 of each MRI or CT scan code. We pay the balance from your Hospital Benefit up to the Discovery Health Rate (DHR). We will pay the cost of the MRI or CT scan if a specialist has referred you or an accredited trauma GP has referred you for an emergency.

Essential Smart Plan: You do not have cover for out-of-hospital scans.

How we pay the claims for an MRI or CT scan done in hospital

We pay MRI and CT scans done during an approved hospital admission from your Hospital Benefit as long as the scan is related to the reason for the admission.

If the scan is done during an approved hospital admission, but the scan is not related to the reason for admission, we will pay the MRI or CT scan the same way we pay scans done out of hospital.

How we pay the claims if you are admitted for conservative back or neck treatment

Classic Smart Plan: You will have to pay the first R3 270 of each MRI or CT scan code. We pay the balance from your Hospital Benefit up to the Discovery Health Rate (DHR). For conservative back and neck scans, a limit of one scan per spinal and neck region applies.

Essential Smart Plan: You do not have cover for conservative back and neck treatment. We will therefore not pay for MRI or CT scans for conservative back and neck treatment.

Core series

How we pay the claims for an MRI or CT scan done out of hospital

You do not have cover for out-of-hospital scans.

How we pay the claims for an MRI or CT scan done in hospital

We pay MRI and CT scans done during an approved hospital admission from your Hospital Benefit up to the Discovery Health Rate (DHR) as long as the scan is related to the reason for the admission.
If the scan is done during an approved hospital admission, but the scan is not related to the reason for admission, you must pay these costs.

How we pay the claims if you are admitted for conservative back or neck treatment

You do not have cover for out-of-hospital scans or for scans for conservative back or neck treatment

Keycare series

How we pay the claims for an MRI or CT scan done out of hospital

On *KeyCare Plus* and *KeyCare Core*, we pay approved MRI or CT scans from the available funds in the Specialist Benefit of up to R4 730 for each person a year at the Discovery Health Rate (DHR) at a KeyCare radiology practice. On *KeyCare Start*, MRI and CT scans are paid from the available funds in the Specialist Benefit up to a limit of R2 370 for each person a year. If you have used up the Specialist Benefit for the year, you must pay the cost of the scan.

We will pay the cost of the MRI or CT scan if a specialist has referred you or an accredited trauma GP has referred you for an emergency and you need to get a valid reference number from Discovery Health.

How we pay the claims for an MRI or CT scan done in hospital

We pay MRI and CT scans done during an approved hospital admission from your Hospital Benefit up to the Discovery Health Rate (DHR) as long as the scan is related to the reason for the admission.
If it is not related to an approved hospital admission, we will pay the MRI or CT scan the same way we pay scans done out of hospital.

The scan must be done in a network hospital.

How we pay the claims if you are admitted for conservative back or neck treatment

You do not have cover for conservative back and neck treatment. We will therefore not pay for MRI or CT scans for conservative back and neck treatment.

Contact us

Tel (members): 0860 99 88 77, Tel (health partners): 0860 44 55 66
Go to 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.

Complaint's 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 still not been resolved, please complete our online complaints form on 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 are able to escalate your complaint to the Principal Officer of the Discovery Health Medical Scheme. You may lodge a query or complaint with Discovery Health Medical Scheme by completing the online form on www.discovery.co.za or by emailing 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 of 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 | 0861 123 267 | www.medicalschemes.co.za