

IPAF Compilation of Medical Tariffs 2016 v2.1

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<p>RED CELLS - NEW CHANGES</p>			
<p>GREEN CELLS - PREVIOUS CHANGES</p>			
AECI MEDICAL AID SOCIETY	Medscheme Limited	All practices to bill at scheme rate of R321.90 which is the equivalent of the REPI ² category III . For REPI ² category I and II participating doctors, an extra R96.60 and R32.20 will automatically be added when the consult is processed.	Doctors are allowed to balance bill. Doctors are to bill at standard rate of R321.90 and Medscheme will reimburse at the correct tariff. Code 0199 billed at R405.50.
AECI MEDICAL AID SOCIETY VALUE OPTION	Universal Healthcare Administrators		
AFROX MEDICAL AID SOCIETY	Discovery Health Administrators		Merged with Discovery Health from 1st May 2014.
ALLIANCE MIDMED MEDICAL SCHEME	Private Health Administrators		
ANGLO MEDICAL SCHEME	Discovery Health Administrators	Consultation rate for GPs participating in the Discovery Health GP Network = R384,00, non-GP Network = R346,00.	No balance billing allowed if network doctor.
ANGLOVAAL GROUP MEDICAL SCHEME	Discovery Health Administrators	Consultation rate for GPs participating in the Discovery Health GP Network = R384,00, non-GP Network = R346,00.	No balance billing allowed if network doctor.
BANKMED	Discovery Health Administrators	Bankmed Network, IPA Affiliated GPs paid at R383,04. Bankmed Network Non-IPA Affiliated Doctors paid at R352,28. Non-contracted doctors paid at R323,40.	For Bankmed contracted doctors, completion of PHA for R226,91 (use code 99100), HIV Counselling & testing (HCT) for R266,39 (code 99200). A PAP smear consultation (code 99400) is provided from insured benefits to the value of R395.
BANKMED BASIC PLAN	Discovery Health Administrators	Fee for service (Dispensing) = R300,70, FFS (Non-dispensing) = R221,50. Semi-Capitation (Dispensing) = R150,30, Semi-Capitation (Non-dispensing) = R110,70.	If a practice has 60 members for 3 consecutive months, practice will move from FFS to Semi-capitation reimbursement. Out-of-area consult fee is R300.70 (Dispensing) and R221.50 (Non-dispensing).
BANKMED PMB PLAN	Discovery Health Administrators	Fee for service (Dispensing) = R300,70, FFS (Non-dispensing) = R221,50.	Reimbursement for PMB Plan will be FFS only for 2016.
BARLOWORLD MEDICAL SCHEME	Medscheme Limited	Consultations to be billed at R319,80.	Doctors are allowed to balance bill. Code 0199 billed at R405.50.
BESTMED MEDICAL SCHEME	Bestmed	Bestmed GP Network doctors will be paid R364,00 for 0190-1092. Contracted providers in Cat 1 will be paid R403,00 and Cat 2 will be paid R375,00. Non-network GPs will be paid at R328,00.	
BESTMED MEDICAL SCHEME PULSE 1 OPTION	CareCross Health		
BESTMED MEDICAL SCHEME PULSE 2 OPTION	ONECARE Health		
BMW EMPLOYEES MEDICAL AID SOCIETY	Discovery Health Administrators	Consultation rate for GPs participating in the Discovery Health GP Network = R384,00, non-GP Network = R346,00.	No balance billing allowed if network doctor.
BONITAS MEDICAL AID	Medscheme Limited	All practices to bill at scheme rate of R317,90 which is the equivalent of the REPI ² category III . For REPI ² category I and II participating doctors, an extra R41,30 and R20,70 will automatically be added when the consult is processed.	No balance billing allowed. Code 0199 billed at R405,10.
BONITAS MEDICAL AID BONCAP OPTION	Medscheme Limited	Non-dispensing doctors reimbursed at R304,00. Dispensing doctors reimbursed at R360,50.	No balance billing allowed. From the 8th visit, consultations are subject to pre-authorisation and managed care protocols.
BP MEDICAL AID SOCIETY	Metropolitan Health Risk Management	Consultation tariff for 0190 for Metropolitan Network doctor is R367,82 and for Metropolitan Non-network doctor is R349,80.	Doctors are allowed to balance bill.
BUILDING AND CONSTRUCTION INDUSTRY MEDICAL AID FUND (BCIMA)	Universal Healthcare Administrators	Consultation rate for Network doctors is R324,90.	Code 0199 billed at R461,80

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CAPE MEDICAL PLAN	Self Administered	Consultation rate for Network doctors is R336,34	Code 0199 billed at R428,60
CHARTERED ACCOUNTANTS (SA) MEDICAL AID FUND (CAMAF)	Sanlam Healthcare Management	Consultation rate for Network doctors is R354,60	Code 0199 billed at R422,20.
COMMUNITY MEDICAL AID SCHEME (COMMED)	Allcare Administrators	Consultation rate for Network doctors is R326,48	Code 0199 billed at R415,94.
COMPICARE WELLNESS MEDICAL SCHEME	Universal Healthcare Administrators	Consultation rate for Network doctors is R324,36	Code 0199 billed at R412,13.
DE BEERS BENEFIT SOCIETY	De Beers Benefit Society	Consultation rate for Network doctors is R331,00.	Code 0199 billed at R471,00
DISCOVERY HEALTH MEDICAL SCHEME	Discovery Health Administrators	Consultation rate for GPs participating in the Discovery Health GP Network = R384,00, non-GP Network = R346,00. Executive option is paid at R460,00 for Discovery Health Network and non-network doctors. All other rates in and out of GP network will increase at 5%.	No balance billing for network doctors. For patients using a Discovery GP network doctor, there are unlimited GP visits paid for on Executive, Comprehensive, Priority options, and a defined number of visits on Saver series. Using the HealthID app (access patient's EHR at least 20% of the time, and submit 75% of CIBs) will ensure an extra R50 for Discovery Health member consults. An extended consultation fee can be billed for a chronic patient with an extended consultation for which you will be paid R630 from the Scheme risk pool. Personal Health Programme (PHP) monthly fee of R50 per month per PHP patient provided you meet the targets as set in the Quality Scorecard will be paid. You will earn R263.00 for follow-up consultations via video call (Smart plan members will have video call consultations paid for in full from scheme risk pool).
DISCOVERY HEALTH KEYCARE (INCLUDING LA KEYPLUS, QUANTUM KEYPLUS & KEYCARE ACCESS)	Discovery Health Administrators	Fee for service (dispensing) = R320,00, FFS (non-dispensing) = R243,20, Capitation dispensing = R160,00, Capitation non-dispensing = R121,70.	No balance billing for network doctors. Each dependant on a membership is entitled to three emergency visits at their chosen GP during the year. Using the HealthID app (access patient's EHR at least 20% of the time, and submit 75% of CIBs) will ensure an extra R25 for Discovery KeyCare member consults. An extended consultation fee can be billed for a chronic patient with an extended consultation for which you will be paid an additional amount from the Scheme risk pool over and above your standard consultation rate: FFS Dispensing = R587.80, FFS Non-dispensing = R510.90, Capitation Dispensing = R427.80, Non-capitation Dispensing = R389.40. Personal Health Programme (PHP) monthly fee of R50 per month per PHP patient provided you meet the targets as set in the Quality Scorecard will be paid.
DOMESTICARE	CareCross Health		
ENGEN MEDICAL BENEFIT FUND	Metropolitan Health Risk Management	Consultation rate for Network doctors is R331,10.	Code 0199 billed at R420,40.
FEDHEALTH MEDICAL SCHEME	Medscheme Limited	All practices to bill at scheme rate of R319,20 which is the equivalent of the REPI ² category III . For REPI ² category I and II participating doctors, an extra R31,90 and R16,00 will automatically be added when the consult is processed.	No balance billing allowed.
FEDHEALTH BLUE DOOR	Medscheme Limited	Non-dispensing doctors reimbursed at R232,40. Dispensing doctors reimbursed at R319,20.	No balance billing allowed. Fedhealth recognises the Family Practitioner (FP) as the coordinator of care and have implemented FP Nomination and Specialist Referral for the Blue Door, Maxima Saver and Maxima EntrySaver options. These members will be required to choose one FP for their FP visits for the benefit year and must obtain a specialist referral authorisation prior to visiting a Specialist in order for the claim to be paid. Preauthorization required after the 6th visit.
FISHING INDUSTRY MEDICAL SCHEME (FISH-MED)	Metropolitan Health Risk Management	Consultation rate for Network doctors is R380,12.	
GENESIS MEDICAL SCHEME	Self Administered		
GLENCORE MEDICAL AID	Medscheme Limited	All practices to bill at scheme rate of R317,30 which is the equivalent of the REPI ² category III . For REPI ² category I and II participating doctors, an extra R31,70 and R15,90 will automatically be added when the consult is processed.	No balance billing allowed. Code 0199 billed at R405,50.
GOLDEN ARROWS EMPLOYEES MEDICAL BENEFIT FUND	Metropolitan Health Risk Management	Consultation rate for Network doctors is R380,12.	

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GOVERNMENT EMPLOYEES MEDICAL SCHEME (GEMS) - BERYL & SAPPHIRE OPTIONS	Medscheme Limited	Dispensing doctors will be paid R332,50, R319,10 and R290,80 for REPI Cat 1, 2 and 3 respectively. Non-dispensing, doctors will be paid R250,50, R250,50, and R232,90 respectively for REPI Cat 1, 2 and 3.	Doctors are allowed to balance bill. Preauthorization is needed after 6th visit.
GOVERNMENT EMPLOYEES MEDICAL SCHEME (GEMS) - ONYX, EMERALD & RUBY OPTIONS	Medscheme Limited	All practices to bill at scheme rate of R326,70 which is the equivalent of the REPI ² category III. For REPI ² category I and II participating doctors, an extra R46,60 and R21,10 will automatically be added when the consult is processed.	Doctors are allowed to balance bill. Preauthorization is needed after 6th visit.
SAAB GRINTEK ELECTRONICS MEDICAL AID SCHEME	Universal Healthcare Administrators	Consultations to be billed at R324,89	Doctors are allowed to balance bill. Code 0199 billed at R412,13.
HARMONY HEALTH SERVICES	Providence Healthcare Risk Managers		
HORIZON MEDICAL SCHEME	Medscheme Limited	Consultations to be billed at R317,90.	Doctors are allowed to balance bill. Code 0199 billed at R412,10.
HORIZON MEDICAL SCHEME MAJOR MEDICAL PLAN	CareCross Health		
HOSMED DSP GP NETWORK - ESSENTIAL & ACCESS OPTION	Thebe-ya-bophelo Healthcare	Consultations to be billed at R326,48	Doctors are allowed to balance bill. Code 0199 billed at R465,66
IMPALA MEDICAL PLAN	Providence Healthcare Risk Managers		
IMPERIAL GROUP MEDICAL SCHEME - BUDGET OPTION	Metropolitan Health Risk Management	Consultation tariff for 0190 for Metropolitan Network IPA doctor is R358,20 and for Metropolitan Network Non-IPA doctor is R341,90 and for non-network doctor is R325,60.	Doctors are allowed to balance bill.
KEYHEALTH	PMSA	Consultations to be billed at R338,10	Doctors are allowed to balance bill. Code 0199 billed at R417,90.
LA-HEALTH	Discovery Health Administrators	Consultation rate for GPs participating in the Discovery Health GP Network = R384,00, non-GP Network = R346,00.	No balance billing allowed if network doctor.
LIBCARE MEDICAL SCHEME	V Medical Aid Administrators		
LIBERTY MEDICAL SCHEME	V Medical Aid Administrators	Consultation tariff for 0190-0192 for network doctors reimbursed at R377,20, and non-network doctors at R328,00.	Reimbursement for code 0133 is R175,50. Code 0199 billed at R418,00.
LIBERTY MEDICAL SCHEME TRADITIONAL STANDARD	CareCross Health		
LIBERTY MEDICAL SCHEME TRADITIONAL BASIC	Prime Cure		
LONMIN MEDICAL SCHEME	Discovery Health Administrators	Consultation rate for GPs participating in the Discovery Health GP Network = R346,00, non-GP Network = R346,00.	No balance billing allowed if network doctor.
MALCOR MEDICAL SCHEME	Discovery Health Administrators	Consultation rate for GPs participating in the Discovery Health GP Network = R384,00, non-GP Network = R346,00.	No balance billing allowed if network doctor.
MASSMART HEALTH PLAN	Universal Healthcare Administrators		
MBMED MEDICAL AID FUND	Medscheme Limited	All practices to bill at scheme rate of R318,80 which is the equivalent of the REPI ² category III. For REPI ² category I and II participating doctors, an extra R26,60 and R13,30 will automatically be added when the consult is processed.	No balance billing allowed. Code 0199 billed at R406,60.
MEDIHELP	Strata Healthcare Management	Consultation rate for Network doctors is R328,60	Code 0199 billed at R418,70.
MEDIHELP NICESSE OPTION	Strata Healthcare Management	Non-contracted GPs - not benefit. Non-dispensing IPA GPs will be paid at R283,00, R254,00 and R226,00 for Cat 1, 2 and 3 respectively. Dispensing IPA GPs will be paid at R367,00, R339,00 and R333,00 for Cat 1, 2 and 3 respectively. Non-dispensing non- IPA GPs will be paid at R249,00, R243,00 and R220,00 for Cat 1, 2 and 3 respectively. Dispensing non-IPA GPs will be paid at R333,00, R322,00 and R316,00 for Cat 1, 2 and 3 respectively.	Following procedures may be billed for and the tariff includes materials: 0300 at R374,00; 0301 at R81,00; 0307 at R466,00; 0255 at R388,00 and 0887 at R411,00.
MEDIMED MEDICAL SCHEME	Providence Healthcare Risk Managers		
MEDIPOS MEDICAL SCHEME	Metropolitan Health Risk Management	Consultation rate for Network doctors is R328,02	Code 0199 billed at R420,40.

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MEDSHIELD	Full Circle Health	Consultation rate for Medshield-IPAF network doctors is R323, and non-network doctors is R303.	
MEDSHIELD MEDI-PHILA		Non-dispensing doctors reimbursed at R247,19. Dispensing doctors reimbursed at R320,23.	
METROPOLITAN MEDICAL SCHEME - PREMIER OPTION	Metropolitan Health Risk Management		
MOMENTUM HEALTH MEDICAL SCHEME - CUSTOM, INCENTIVE, EXTENDER AND SUMMIT OPTIONS.	Momentum Medical Scheme Administrators	Tariff for 0190 - 0192 for Momentum Health Cat 1 - R383, Cat 2 - R353, Cat 3, 4 and 5 - R323.	No balance billing for network doctors. All dispensed medicines (including unscheduled) are priced according to the SEP / List Cost Price + 30% to a maximum of R23.40 per item. All unscheduled consumable products (0201) used during procedures are priced according to List Cost Price + 31% mark-up. All scheduled consumable products (schedule 0 to 8) used during procedures are priced according to SEP + 30% to a maximum of R23.40 per item.
MOMENTUM HEALTH MEDICAL SCHEME - INGWE AND ACCESS OPTIONS.	Momentum Medical Scheme Administrators		
MOTO HEALTH	Metropolitan Health Risk Management	Consultation rate for Network doctors is R325,10	Code 0199 billed at R414,30
MOTO HEALTH CUSTOM AND ESSENTIAL	CareCross Health		
NASPERS MEDICAL FUND MMED OPTIONS	Discovery Health Administrators	Consultation rate for GPs participating in the Discovery Health GP Network = R384,00, non-GP Network = R346,00.	No balance billing allowed if network doctor.
NASPERS MEDICAL FUND N OPTIONS	Discovery Health Administrators	Consultation rate for GPs participating in the Discovery Health GP Network = R384,00, non-GP Network = R346,00.	No balance billing allowed if network doctor.
NEDGROUP MEDICAL AID SCHEME	Medscheme Limited	Consultations to be billed at R324,00.	Doctors are allowed to balance bill. Code 0199 billed at R412,80.
NEDGROUP MEDICAL AID SCHEME TRADITIONAL PLUS PLAN	ONECARE Health		
NETCARE MEDICAL SCHEME	Metropolitan Health Risk Management	Consultation rate for Network doctors is R323,40	
OCSACARE	CareCross Health		
OLD MUTUAL STAFF MEDICAL AID SCHEME	Medscheme Limited	Consultations to be billed at R321,40	Doctors are allowed to balance bill. Code 0199 billed at R409,50.
OLD MUTUAL STAFF MEDICAL AID SCHEME NETWORK PLAN	CareCross Health		
PARMED MEDICAL AID SCHEME	Medscheme Limited	Consultations to be billed at R318,60	Doctors are allowed to balance bill. Code 0199 billed at R405,80
PG BISON MEDICAL AID SOCIETY	Discovery Health Administrators		Merged with Discovery Health from 1st May 2014.
PG GROUP MEDICAL SCHEME	Metropolitan Health Risk Management	Consultation rate for Network doctors is R326,25	
PHAROS MEDICAL PLAN	Private Health Administrators		Merged with Topmed from 1st Jan 2014.
PICK & PAY MEDICAL SCHEME	Metropolitan Health Risk Management	Consultation rate for Network doctors is R487,21	Doctors are allowed to balance bill.
PLATINUM HEALTH	Self Administered		
PLATINUM HEALTH PLATCAP	CareCross Health		
PROFMED	PMSA		
QUANTUM MEDICAL AID SOCIETY	Discovery Health Administrators	Consultation rate for GPs participating in the Discovery Health GP Network = R384,00, non-GP Network = R346,00.	No balance billing allowed if network doctor.
RAND WATER MEDICAL SCHEME	Metropolitan Health Risk Management	Consultations to be billed at R318,60	Doctors are allowed to balance bill. Code 0199 billed at R405,80
REMED1 MEDICAL AID SCHEME	Discovery Health Administrators	Consultation rate for GPs participating in the Discovery Health GP Network = R384,00, non-GP Network = R346,00.	No balance billing allowed if network doctor.
RESOLUTION HEALTH MEDICAL SCHEME - HIGHER OPTIONS	Agility Administrators	Acute Consultations plus procedures excluding medicine to be charged at R350. Chronic Consultations plus procedures excluding medicine charged at R432.	
RESOLUTION HEALTH MEDICAL SCHEME - FOUNDATION	Agility Administrators	Non-dispensing doctors reimbursed at R245,00. Dispensing doctors reimbursed at R335,00.	
RETAIL MEDICAL SCHEME	Discovery Health Administrators	Consultation rate for GPs participating in the Discovery Health GP Network = R384,00, non-GP Network = R346,00.	No balance billing allowed if network doctor.
RHODES UNIVERSITY MEDICAL SCHEME	Providence Healthcare Risk Managers	Consultations to be billed at R322,56.	Doctors are allowed to balance bill. Code 0199 billed at R391,48.

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SA BREWERIES MEDICAL AID SOCIETY	Metropolitan Health Risk Management	Consultation rate for Network doctors is R319,84	
SABC MEDICAL SCHEME	Medscheme Limited	Consultations to be billed at R318,20	Doctors are allowed to balance bill. Code 0199 billed at R405,50.
SAMWUMED	Metropolitan Health Risk Management	Consultations to be billed at R321,18.	Doctors are allowed to balance bill.
SASOLMED	Medscheme Limited	All practices to bill at scheme rate of R317,90 which is the equivalent of the REPI ² category III . For REPI ² category I and II participating doctors, an extra R76,90 and R53,20 will automatically be added when the consult is processed.	No balance billing allowed. Code 0199 billed at R405,50.
SEDMED	Self Administered		
SELFMED MEDICAL SCHEME	Self Administered	Consultation rate for Network doctors is R337,34.	Doctors are allowed to balance bill.
SISONKE MEDICAL AID	Providence Healthcare Risk Managers		
SIZWE MEDICAL FUND	Sechaba Medical Solutions	Consultation rate for Network doctors is R335,79.	Doctors are allowed to balance bill.
SOUTH AFRICAN POLICE SERVICE MEDICAL SCHEME (POLMED)	Metropolitan Health Risk Management	Consultation rate for Network doctors is R355,00.	
SPECTRAMED	V Medical Aid Administrators	Consultation rate for Network doctors is R331,06.	
SUREMED HEALTH	Providence Healthcare Risk Managers		
THEBE-MED DSP GP NETWORK - UNIVERSAL OPTION	Thebe-ya-bophelo Healthcare		
THEBE-MED DSP GP NETWORK - ENERGY OPTION	Thebe-ya-bophelo Healthcare		
TIGER BRANDS MEDICAL SCHEME	Universal Healthcare Administrators	Consultation rate for Network doctors is R324,90.	Code 0199 billed at R412,10.
TOPMED MEDICAL SCHEME	Metropolitan Health Risk Management	Consultation rate for Network doctors is R328,00.	Code 0199 billed at R420,10.
TRANSMED MEDICAL FUND	Metropolitan Health Risk Management	Consultation tariff for 0190 for Metropolitan Network doctor is R325.00 and for Metropolitan Non-network doctor is R315.00.	Doctors are allowed to balance bill.
TRANSMED MEDICAL FUND - STATE OPTION	Universal Healthcare Administrators		
TRUWORTHS FOSCHINI GROUP MEDICAL AID SCHEME	Discovery Health Administrators	Consultation rate for GPs participating in the Discovery Health GP Network = R384,00, non-GP Network = R346,00.	No balance billing allowed if network doctor.
TSGO SUN GROUP MEDICAL SCHEME	Discovery Health Administrators	Consultation rate for GPs participating in the Discovery Health GP Network = R384,00, non-GP Network = R346,00.	No balance billing allowed if network doctor.
UMVUZO HEALTH MEDICAL SCHEME - STANDARD AND ULTRA AFFORDABLE OPTIONS	Universal Healthcare Administrators	Consultation rate for Network doctors is R328,00.	Code 0199 billed at R420,10.
UNIVERSITY OF KWA-ZULU NATAL MEDICAL SCHEME	Discovery Health Administrators	Consultation rate for GPs participating in the Discovery Health GP Network = R384,00, non-GP Network = R346,00.	No balance billing allowed if network doctor.
WITSMED	Discovery Health Administrators	Consultation rate for GPs participating in the Discovery Health GP Network = R384,00, non-GP Network = R346,00.	No balance billing allowed if network doctor.
WITBANK COALFIELDS MEDICAL AID SCHEME	Witbank Coal Medical Aid Society	Consultation rate for Network doctors is R326,73.	
WOOLTRU HEALTHCARE FUND	Metropolitan Health Risk Management	Consultation rate for Network doctors is R329,23	Doctors are allowed to balance bill. Code 0199 billed at R419,49.
WOOLTRU HEALTHCARE FUND CORE OPTION	CareCross Health		

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Sanlam: Medical tariff codes and fees for 2016

Medical examinations

General Practitioners		Note: Fee includes VAT	
Tariff code	Description	Units	Fee (R)
A1101	Standard Medical Report including copies of specialist reports or special	25	697.30
A1102	Standard Medical Report without any copies of specialist reports or	20	557.80
A1103	Short Medical Report or abbreviated variations thereof	10	279.00
A1105	Cardiovascular examination and report only	10	279.00
A1106	Three blood pressure recordings during one visit	10	279.00

Specialist Physicians			
Tariff code	Description	Units	Fee (R)
A2100	Standard Medical Report including copies of specialist reports or special	30	1002.20
A2200	Standard Medical Report with resting ECG only - 12 leads	40	1309.10
A2300	Standard Medical Report with Effort ECG (resting, post-effort, 3- and 6 minutes post recovery tracings)	45	1448.60
A2401	Examination and completion of questionnaire on cardiovascular system	18	601.30
A2402	Examination and completion of questionnaire on cardiovascular system, including resting 12-lead ECG	27	902.10
A2403	Examination and completion of questionnaire on cardiovascular system, including effort ECG	32	1069.20

Nurses (doctor delegated exams, in fulltime employment of a doctor)			
Tariff code	Description	Units	Fee (R)
A1103	Short Medical Report or abbreviated variations thereof	10	279.00
A1104	Body mass index (BMI) assessment	2	54.50
A1106	Three blood pressure recordings during one visit	10	279.00

Sample collection

General Practitioners and Specialist Physicians			
Tariff code	Description	Units	Fee (R)
A1202	Collection of blood sample(s) for pathological examination(s), per	4	111.60

Electrocardiograms

General Practitioners and Specialist Physicians			
Tariff code	Description	Units	Fee (R)
A1301	Resting ECG only - 12 leads	11	306.90
A1302	Effort ECG (including resting, immediately post-effort, 3- and 6 minutes	16	446.40

Lung function tests

General Practitioners			
Tariff code	Description	Units	Fee (R)
A1306	Lung function test with vitalometer (no interpretation or report)	10	279.00

Specialist Physicians			
Tariff code	Description	Units	Fee (R)
A1307	Lung function test with vitalometer (no interpretation or report)	11	279.00

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Sanlam: Medical tariff codes and fees for 2016

Extracts from records/special questionnaires

General Practitioners			
Tariff code	Description	Units	Fee (R)
A1401	Personal Medical Attendant Report	12	334.70
A1402	Copies of previous reports	8	223.10

A1403	Completion of specific reports (e.g. Diabetes, psychological/nervous disorders questionnaire etc.)	10	279.00
A1404	Loan of one or more ECG,s	4	111.60
A1405	Report for deceased estate	12	334.70
A4104	Personal Medical Attendant Report for sportspeople by team	18	518.90

Counselling

General Practitioners and Specialist Physicians			
Tariff code	Description	Units	Fee (R)
A1501	HIV Post-Test Counselling	20	557.80

Radiology

Specialist Radiologists			
Tariff code	Description	Units	Fee (R)
A3101	X-Ray chest PA and lateral	18	601.20
A3103	X-Ray chest PA only	14	467.70

Reports

Specialist Physicians			
Tariff code	Description	Units	Fee (R)
A4101	Copies of previous reports	8	267.20
A4102	PMA by a Specialist	12	400.80
A4103	PMA by a Specialist with copies of previous reports and test results	15	501.00
A1450	Completion of specific reports (Psychological/Nervous disorders questionnaire/blood pressure treatment)	10	334.00



December 2015

Dear Doctor

KeyCare GP Network updates

Thank you for your continued participation in the KeyCare Primary Care Network. We recognise the important role you play in ensuring the ongoing success of this plan.

Through our combined efforts, KeyCare continues to make a major contribution to increasing access to private healthcare for a growing sector of the South African population.

KeyCare GP rates for 2016

There will be a 5% increase on consultation fees. The 2016 rates are as follows:

Code	Description	Fee-for-service		Capitation	
		Dispensing	Non-dispensing	Dispensing	Non-dispensing
0190 – 0192	Consultation	R320.00	R243.20	R160.00	R121.70
0146	Emergency consultation at doctor's rooms	R103.60	R103.60	R103.60	R103.60
0147	Emergency consultation away from doctor's rooms	R182.40	R182.40	R182.40	R182.40

Each dependent is entitled to three emergency visits at their chosen GP during the year.

In addition to the consultation fees above, a weighted average increase of 5% was applied to the capitation model. Doctors on the capitation arrangement will receive payment according to the following demographic tables, taking into account differences in underlying practice demographics.

Age (years)	Dispensing		Non-dispensing	
	Female	Male	Female	Male
0	R58.02	R64.87	R49.22	R54.32
1 - 4	R52.79	R55.99	R43.01	R46.01
5 - 9	R33.99	R55.99	R27.95	R27.95
10 - 19	R30.39	R34.31	R23.85	R19.26
20 - 24	R57.19	R24.53	R41.81	R27.15
25 - 29	R63.95	R36.46	R45.30	R31.88
30 - 34	R66.54	R49.58	R47.19	R34.25
35 - 54	R64.23	R52.92	R45.30	R36.16
55 - 64	R68.01	R61.36	R47.65	R40.62
65 - 74	R72.29	R69.55	R49.79	R45.99
75+	R71.17	R80.28	R48.61	R53.84

16 Fredman Drive, Sandton, PO Box 786722, Sandton 2146 | Tel 0860 99 88 77 or 083 123 8877 (Client Services) | (011) 529 2888 (Switchboard)
Fax (011) 539 2958 | www.discovery.co.za

Directors: M I Hilkowitz (Chairperson), A Gore* (Group CEO), Dr J Broomberg* (CEO), H L Bosman, Dr B A Brink, J J Durand, S B Epstein (USA), R Farber*, H D Kallner*, N S Koopowitz*, Dr T V Maphai, H P Mayers*, T T Mboweni, Dr P M Moumakwa* (Tilabi), Dr A Ntsaluba*, A L Owen (UK), A Pollard*, J M Robertson* (CIO), S E De Bruyn Sebotsa, T Slabbert, B Swartzberg*, S V Zilwa (*Executive), Secretary: M J Botha

Discovery Health (Pty) Ltd. registration number: 1997/013480/07. An authorised financial services provider, administrator of medical schemes.

There will be a weighted average increase of 5% on procedures commonly performed in the rooms. Doctors will be reimbursed irrespective of which network they are on, for the following procedures:

Minor baskets

Code	Description	Reimbursement
0206	Intravenous treatment: Intravenous infusions: Insertion of cannula - chargeable once per 24 hours	R255.40
0244	Repair of nail bed	R558.20
0255	Drainage of abscess	R323.20
0259	Removal of foreign body	R355.00
0300	Stitching of wound	R345.50
0301	Stitching of additional wound	R79.80
0307	Excision and repair	R401.70
0308	Each additional small procedure done at the same time	R161.80
0887	POP	R327.50
2133	Circumcision: Clamp procedure	R601.60
2137	Circumcision: Surgical excision other than by clamp or dorsal slit, any age	R955.50
2139	Circumcision: Dorsal slit of prepuce (independent procedure)	R585.10
0316	Fine needle aspiration for soft tissue (all areas)	R250.40
0317	Aspiration of cyst or tumour	R181.10
0321	Biopsy or excision of cyst, benign tumour. Aberrant breast tissue, duct papilloma	R1 186.50
0922	Removal of foreign bodies requiring incision	R470.30
1136	Nebulisation (in rooms)	R235.60
1192	Peak expiratory flow only	R104.10
1996	Bladder catheterisation: Male (not at operation)	R184.80
1997	Bladder catheterisation: Female (not at operation)	R150.20

Code	Description	Reimbursement
1228	General practitioner's fee for taking of an ECG only: Without effort: ½ (item 1232)	R96.90
1229	General practitioner's fee for taking of an ECG only: Without and with effort: ½ (item 1233)	R120.00
1232	Electrocardiogram: Without effort	R148.90
1233	Electrocardiogram: With and without effort	R195.20
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus	R507.40
1235	Multi-stage treadmill test	R738.70
1236	Electrocardiogram without effort: under 4 years old	R253.00

Health ID

HealthID gives you fast, up-to-date access to your patients' health information, which facilitates the efficient co-ordination of patient care, enabling better patient outcomes. By using some of the HealthID functionality available on the app and Discovery website you can:

- Access your patients' data and details of their previous doctor and hospital visits
- Complete an electronic Chronic Illness Benefit application form
- Prescribe medicine for chronic and acute conditions – *Only available on the app*
- Your patients can grant you consent real-time by signing on screen helping you to remain compliant with your professional indemnity cover.
- Refer a patient to another healthcare professional with automatic approval on select plans
- View your patients' personal and benefit information.

Health Professional Zone on Discovery's website

The Health Professional Zone provides your practice with a user-friendly, real-time desktop application, which enables you to:

- Reduce costs and administration required to manage your patients
- Easily access information about your patients' benefits, formularies, network specialists and hospitals.

You will be able to access all the KeyCare GP rates and the GP pack on the Health Professional Zone at www.discovery.co.za from early December 2015. The KeyCare GP Network information pack will be delivered to you in the first quarter of 2016.

If you need any further information, please visit www.discovery.co.za or email us at healthpartners@discovery.co.za

Regards



Darren Sweidan
Head: Health Profession Unit
Discovery Health

CARECROSS GP TARIFFS FOR 2016

PROCEDURE CODE	DESCRIPTION	TARIFF 2015	
		Dispensing	Scripting
190	New and established patient: Consultation/visit of new or established patient of an average duration and/or complexity.	R298,00	
191	New and established patient: Consultation/visit of new or established patient of a moderately above average duration and/or complexity.	R298,00	
192	New and established patient: Consultation/visit of new or established patient of long duration and/or high complexity.	R298,00	

- The fee includes the completion of a chronic application form.

PROCEDURE CODE	DESCRIPTION	TARIFF 2015
Procedures		
300	Stitching of wound	R 331.00
301	Stitching of additional wound	R 74.00
307	Excision and repair	R 441.00
308	Each additional small procedure done at the same time	R 146.00
255	Drainage of subcutaneous abscess & Avulsion of nail	R 269.00
259	Removal of foreign body superficial to Deep fascia	R 368.00
2133	Circumcision - clamp	R 551.00
887	Limb cast - Inclusive of cost of P.O.P. and other material	R 368.00

Electrocardiogram

1232	Without effort - Limited to High Risk Patients (Please refer to Desk Reference for further details)	R 100.00
1233	With and without effort - Limited to High Risk Patients (Please refer to Desk Reference for further details)	R 146.00

- The fees are inclusive of 14% VAT.
- The tariff for the procedure is in addition to the normal consultation fee.
- IF THE PROCEDURE IS BOOKED FOR A DAY OTHER THAN THE DAY OF THE DIAGNOSIS AND DECISION ON TREATMENT PLAN, NO ADDITIONAL CONSULTATION FEE SHOULD BE CHARGED.
- The fee includes tariff codes 0202 & 0201 (setting of sterile tray & material).

PROCEDURES NECESSITATING HOSPITAL ADMISSION

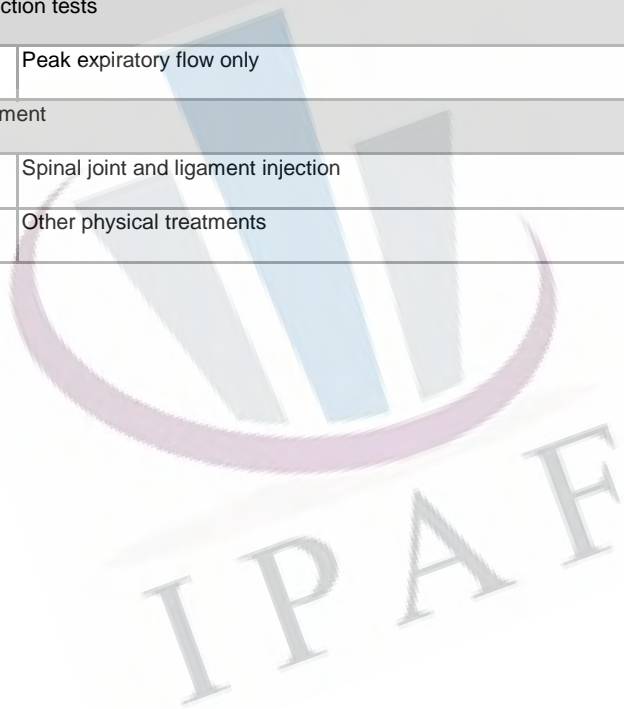
Should any of the above or similar procedures be performed in a hospital, the following process comes into effect:

- Authorization to perform the procedure should be obtained from the relevant medical scheme.
- Accounts pertaining to procedures for which authorization were obtained from the medical scheme, should be rendered to the said medical scheme. The medical schemes will reimburse the doctor directly.

CARECROSS SMALL PROCEDURES PERFORMED IN ROOMS - INCLUDED IN CONSULTATION FEE

PROCEDURE CODE	DESCRIPTION
201	Cost of material
202	Setting of Sterile Tray
206	Intravenous infusion (push-in) patients over 2 years: Insertion of cannula : chargeable once per 24 hours
207	Intravenous infusion (cutdown) patients over 2 years: Cutdown and Insertion of cannula : chargeable once per 24 hours

Intralesional Injection into areas of pathology	
222	Single
223	Multiple
227	Special treatment of severe acne cases
Treatment of benign skin lesion chemo-cryotherapy	
241	First Lesion
242	Subsequent Lesion, each
243	Maximum for multiple additional lesions
Removal of benign lesion by curetting under local or general anaesthesia followed by diathermy and curetting or electrocautery	
245	First Lesion
246	Subsequent Lesion, each
317	Aspiration of cyst or tumour
1136	Nebulisation
Pulmonary function tests	
1192	Peak expiratory flow only
Physical Treatment	
3287	Spinal joint and ligament injection
3304	Other physical treatments



Affiliated Schemes 2016

ONECARE Health

MEDICAL SCHEME	OPTION
Nedgroup	Traditional Plus
Bestmed	Pulse 2

ONECARE Health DSPs

MEDICAL SCHEME	OPTION
Engen	All Options
Nedgroup	Other options (Not Traditional Plus)

GP TARIFFS FOR 2016

Scripting provider: ONECARE Health will pay **R311.00** per consultation which includes the additional small procedures as stipulated in this document. This is excluding acute medication.

Patients are to be directed to the nearest Scriptpharm Pharmacy with their scripts.

Dispensing provider: ONECARE Health will pay **R423.00** per consultation. Inclusive in this fee is the dispensing of acute medication as per the ONECARE Acute Formulary as well as the additional small procedures as stipulated in the manual.

PROCEDURE CODE	DESCRIPTION	TARIFF 2016	
		Dispensing	Scripting
0190	New and established patient: Consultation/visit of new or established patient of an average duration and/or	R423.00	R311.00
0191	New and established patient: Consultation/visit of new or established patient of a moderately above average	R423.00	R311.00
0192	New and established patient: Consultation/visit of new or established patient of long duration and/or high	R423.00	R311.00

- The fee includes the completion of a chronic application form

0145	For consultation/visit away from the doctor's home or rooms : add to 0190 - 0192	R115.39
0146	For emergency or unscheduled consultation/visit, all hours : add to 0190-0192	R153.86
0147	For emergency or unscheduled consultation/visit away from doctor's rooms : add to 0190-0192	R269.26

ADDITIONAL PROCEDURES FEE STRUCTURE 2016

PROCEDURE CODE	DESCRIPTION	ONECARE TARIFF
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0201	Cost of Material	As claimed with NAPPI code
0202	Setting of sterile tray	R119.18
1228	General practitioner's fee for the taking of an ECG only:	R53.63
1229	General practitioner's fee for the taking of an ECG only:	R77.46
1232	Electrocardiogram: without effort	R107.26
1233	Electrocardiogram: with and without effort	R154.93
1234	Effort electrocardiogram with the aid of a special bicycle	R476.70
1235	Multi Stage treadmill test	R715.05
0887	Limb Cast	R154.93
0255	Drainage of subcutaneous abscess onychia,paronychia, nail space or avulsion of nail	R238.35
0259	Removal of foreign body superficial to deep fascia	R238.35
0300	Stitching of soft-tissue injuries: stitching of wound (with or without local anaesthesia)	R166.84
0301	Stitching of soft-tissue injuries: additional wounds	R83.42
0307	Excision and repair by direct suture	R321.77
0308	Each additional and procedure done at the same time	R166.84
2133	Circumcision: clamp procedure	R504.11
0017	Injections administered by Practitioners	R144.24
0132	Consulting Service e.g. Writing of repeat script	R96.16
3171	Excision Meibomian cyst eyelid	R243.12

PROCEDURES NECESSITATING HOSPITAL ADMISSION

Should any of these procedures or similar procedures be performed in hospital, the following process should be followed:

- Authorisation to perform the procedure in hospital should be obtained from ONECARE on 0860 102 183.
- Accounts pertaining to procedures for which authorisation was obtained from the medical scheme, should be submitted to the said scheme at the National Health Tariffs rate. The medical scheme will reimburse the doctor directly.

SMALL PROCEDURES PERFORMED IN ROOMS – INCLUDED IN CONSULTATION FEE

PROCEDURE CODE	DESCRIPTION
0206	Intravenous infusions (push-in) patients over 2 years : Insertion of cannula - chargeable once per 24 hours
0207	Intravenous infusions(cutdown) patients over 2 year s: Cutdown and insertion of cannula - chargeable once per 24 hours
0222	Intralesional injection into areas of pathology e.g. keloid: single
0223	Intralesional injection into areas of pathology e.g. keloids: multiple
0225	Epilation : per session
0227	Special treatment of severe acne cases
1136	Nebulisation
1063	Removal of foreign body from nose: At rooms
1192	Peak expiratory flow only
2705	Transcutaneous nerve stimulation in the treatment of post-operative and chronic intractable pain

ADDENDUM TO THE AGREEMENT

DOCTOR FEE AND REIMBURSEMENT STRUCTURE

The reimbursement structure will consist of the following:

1. Participating GP's receive a semi-capitation fee and a fixed service fee for members on the Basic Plan. The reimbursement structure combines a semi-capitation fee for each member, adjusted to your specific patient demographics, and a fixed fee for service. Using this model ensures you earn a regular income based on the members allocated to your practice. The reimbursement model will depend on the number of members who have chosen your practice. We will engage your practice when, for either plan, your practice reaches 60 members for 3 consecutive months; to convert it from fee for service to the semi-capitation structure. Reimbursement on the PMB Plan will be on a Fee for Service basis for 2016.
2. Members choose their GP; Members on both the PMB and Basic Plan can select any participating GP as their primary healthcare provider. Members need to visit their selected GP for day-to-day consultations and minor procedures. All GPs in this network will receive a member list showing their member allocations. The selected GPs will be reimbursed on the semi-capitation payment arrangement demonstrated in point 4 below. GPs may claim an out-of-area fee of R300.70 (Dispensing) and R221.50 (Non-dispensing), if they treat a patient who is not on their member list, and if the benefit is still available.
3. Consultation Fee Schedule

Practice Type	Plan type	Fee for service	Semi-capitation (For practices with more than 60 allocated GP Entry Network patients *)
Dispensing	Basic Plan	R300.70 each visit	R150.30 each visit plus Monthly fee per life as indicated in Point 4
	PMB Plan	R300.70 each visit	Not applicable
Non-dispensing	Basic Plan	R221.50 each visit	R110.70 each visit plus Monthly fee per life as indicated in point 4
	PMB Plan	R221.50 each visit	Not applicable



4. Capitation Payment Arrangement

The monthly fee takes the age and gender of the patient into consideration. The table shows the monthly fee your practice will receive for each member allocated to your practice. You receive this fee upfront, irrespective of whether the patient consults with you. The fee is inclusive of VAT.

Monthly capitation fee is only applicable for the Basic Plan.

Age (years)	Dispensing		Non-dispensing	
	Female	Male	Female	Male
0	R 46.90	R 52.69	R 40.37	R 44.12
1 - 4	R 43.51	R 45.71	R 36.31	R 38.65
5 - 9	R 28.54	R 28.81	R 24.03	R 24.14
10 - 19	R 25.87	R 20.78	R 20.40	R 16.54
20 - 24	R 46.91	R 30.76	R 35.46	R 23.89
25 - 29	R 51.95	R 38.07	R 38.43	R 27.82
30 - 34	R 53.81	R 40.86	R 40.03	R 29.60
35 - 54	R 51.45	R 43.00	R 38.77	R 31.39
55 - 64	R 53.22	R 49.86	R 40.61	R 35.43
65 - 74	R 58.18	R 55.99	R 42.22	R 39.73
75+	R 58.65	R 65.54	R 42.21	R 43.74

OTHER ADDITIONAL FEES

1. Post-hospital GP consultation within 30 days of discharge from hospital (excluding day cases)
 - a. Basic Plan – R323.40
 - b. PMB Plan – R323.40
2. Emergency consultations
 - a. This emergency benefit is limited to three visits per family each year.

Procedure code	Description and rates	Rate
0146	Emergency consultation	R103.60
0147	Emergency consultation away from doctor's room	R182.40

3. Completion of Personal Health Assessment PMB and Basic Plan
 - a. PHA – R226.91
4. HIV Counselling and Testing PMB and Basic Plan
 - a. HCT – R266.39



5. Pap smear
a. R393.75

IN-ROOMS PROCEDURES

- a. Additional payment for procedures can be billed in addition to the capitation fee if you perform any of these in the rooms
b. These procedures only apply to the Basic Plan

Procedure Code	Descriptor	Rate
0255	Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail	R 323.20
0259	Removal of foreign body superficial to deep fascia (except hands)	R 355.00
0300	Stitching of soft tissue injuries: Stitching of wound (with or without local anaesthesia): Including normal after care)	R 345.50
0301	Stitching of soft tissue injuries: Additional wounds stitched at same session (each)	R 79.80
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude	R 401.70
0308	Each additional small procedure done at the same time	R 161.80
0887	Limb cast (excluding after care) (modifier 0005 not applicable)	R 327.50
2133	Circumcision: Clamp procedure	R 601.60
2137	Circumcision: Surgical excision other than by clamp or dorsal slit, any age	R 955.50
2139	Circumcision: Dorsal slit of prepuce (independent procedure)	R 585.10
0206	Intravenous treatment: Intravenous infusions (push-in) (patients over three years): Insertion of cannula - chargeable once per 24 hours	R 255.40
0244	Repair of nail bed	R 558.20
0922	Removal of foreign bodies requiring incision: Under local anaesthetic	R 470.30
1136	Nebulisation (in rooms)	R 235.60
1192	Peak expiratory flow only	R 104.10
1996	Bladder catheterisation: Male (not at operation)	R 184.80
1997	Bladder catheterisation female (not at operation)	R 150.20
1228	General Practitioner's fee for the taking of an ECG only: Without effort: 1/2 (item 1232)	R 96.90
1229	General Practitioner's fee for the taking of an ECG only: Without and with effort: 1/2 (item 1233)	R 120.00
1232	Electrocardiogram: Without effort	R 148.90
1233	Electrocardiogram: With and without effort	R 195.20
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus	R 507.40
1235	Multi-stage treadmill test	R 738.70
1236	Electrocardiogram without effort: Under 4 years old	R 253.00
0316	Fine needle aspiration for soft tissue (all areas)	R 250.40
0317	Aspiration of cyst or tumour	R 181.10
0321	Biopsy or excision of cyst, benign tumour, aberrant breast tissue, duct papilloma	R 1,186.50



Medshield Medical Scheme
PO Box 4346
Randburg 2125

Physical Address
288 Kent Avenue
Randburg 2194

Contact Centre Number
088 000 2120
www.medshield.co.za



17 December 2015

Dear Family Practitioner,

MEDI PHILA FAMILY PRACTITIONERS NETWORK FOR 2016

With a pedigree stretching back to 1968, Medshield has the experience and commitment to withstand the test of time. Our values of innovation, accountability, dependability, transparency, integrity and mutual respect have allowed us to create a trusted connection with you – always offering uncomplicated healthcare. And the year ahead is no exception.

Currently over 157 000 South Africans entrusts their health and wellbeing to Medshield Medical Scheme. This clearly demonstrates that the Scheme never loses sight of what matters most to our members - quality healthcare without the complications.

We have been in business for almost 47 years by listening to our stakeholders and building one-on-one relationships and we recognize the importance of constantly innovating and adapting to new ways of doing business.

Medshield has a low contribution option called MediPhila. MediPhila aims to provide its members with quality, cost effective medical treatment and sees the Family Practitioner (FP) as the coordinator of care. Medscheme manages the MediPhila Family Practitioners Network, Pharmacy Networks and the MediPhila managed care services on behalf of Medshield.

To ensure the sustainability of the MediPhila option and to protect our members from unexpected co-payments, it is imperative that participating MediPhila Family Practitioners adhere to the formularies and protocols.

Family Practitioner Tariffs and Fees

- MediPhila members are allowed consultations per annum as follows:
 - Single member: 8 visits
 - Member with one dependant: 9 visits
 - Member with two+ dependants: 11 visits
- After this limit is reached, pre-authorisation is required.
- Limited to two (2) non-network FP visits per family per annum. Thereafter 40% co-payment will apply for additional benefits over the above allowed consultations.

Code	Description	Fixed Fee 2016
0190-0192	FP visit (dispensing)	R320.23
0190-0192	FP visit (non-dispensing)	R247.19

To ensure the sustainability of MediPhila option, network FPs are encouraged to perform certain procedures in their room i.e. intravenous rehydration as opposed to referring patients to hospital for these interventions.

Board of Trustees: Mr T Mphela (Chairman); Mr B Hlakola (Dep. Chairman); Mr C Akeroyd; Dr L Erasmus; Mrs A Fourie-Van Zyl; Mrs S Mallma; Adv K.T Ntsewa; Mr C Parsons; Dr J Soni. **Principal Officer:** Dr Stanley Moloabi **Scheme Secretary:** Mr Sandile Mtolo



Tariffs that can be charged in addition to a consultation (cost of material included):

Code	Description	Fixed Fee 2016
0202	Setting of sterile tray	R96.03
0206	Intravenous treatment (all ages)	R70.80
0241	Cauterization of warts/chemocryotherapy of lesions	R70.80
0242	Cauterization of warts/chemocryotherapy of lesions - Additional	R35.29
0255	Drainage of abscess and avulsion of nail	R186.77
0259	Removal of foreign body	R186.77
0300	Stitching of wound (additional code for setting sterile tray)	R133.13

0301	Stitching of an additional wound	R82.57
0307	Excision and repair	R251.32
0310	Radical excision of nail bed in rooms	R352.13
0887	Limb cast	R153.17
1232	Resting ECG (including electrodes)	R106.00
1725	Drainage of external thrombosed pile	R106.21
4614	HIV rapid test	R109.18

MEDSHIELD PREVENTATIVE CARE PROGRAMME

Our benefit design is a true reflection of this focus. Medshield's wellness and preventative care benefit incorporates the Health Risk Assessment (HRA). The HRA is offered on all Medshield options and to all beneficiaries over the age of 18 years.

Members may access their HRA benefits through Family Practitioners (FPs) as specified in the Medshield Scheme rules. As an eligible HRA service provider, Medshield respectfully request that you provide HRA consultations in addition to your normal day-to-day consultations with Medshield members, in support of this valuable initiative.

Note that a mutually exclusive rule exists between a claim submitted for a consultation (0190, 0191 and 0192) and a HRA on the same day – i.e. should a HRA be completed, the HRA will be honoured when received but a consultation will also not be allowed to be claimed on the same day and vice versa.

The benefit comprises of:

- One HRA annually for the wellness benefit from either a GP, Pharmacy or through our Wellness Day partner (Wellness Odyssey) per beneficiary 18 years and older.



Our comprehensive annual HRA benefit includes the following tests:

- Blood pressure test; Glucose test; Cholesterol tests and Body Mass Index (BMI)

Also note that on completion and submission of the HRA, an authorisation number will be issued subject to membership eligibility and benefits available. The claim will be automatically generated on the provider's behalf and interfaced to Nexus for payment. Should the provider forward the claim for payment, this will result in a rejection - line error code 2664 - description - wellness claim rejected, ensure HRA is captured via MSD website allowing claim to be auto generated, will attach to the claim line.

Chargeable Code	Chargeable Description	Rate
07343	Family Practitioner Health Risk Assessment	R303.00

Synaxon HRA online registration:

The Medshield HRA benefit can be accessed via the MSD provider portal.

Medshield HRA Synaxon online registration process:

Step 1	<ul style="list-style-type: none"> - Log on to www.medshield.co.za - Click on <i>Log in Zone</i>
Step 2	<ul style="list-style-type: none"> - If you are already registered as a provider click on <i>Sign in</i> - If not yet registered, click on <i>Create account</i>
Step 3	<ul style="list-style-type: none"> - Sign in to the Medshield Provider Portal and access the <i>Wellness Assessment Tab</i>

Step 4	<ul style="list-style-type: none"> - The MSD Provider Tab will appear on your screen. <i>Click on register</i> - Complete the account information and submit
Step 5	<ul style="list-style-type: none"> - A Wellness Consultant will be in touch to take you through the Desk top installation process - A desktop icon will be loaded on your computer and the necessary will be provided

Manual HRA process for providers without online capabilities:

Step 1	<ul style="list-style-type: none"> - Call the MSO call centre on 0860 002 121 and choose option 4 for Disease Management to provide the HRA service
Step 2	<ul style="list-style-type: none"> - Provider submits completed document to MSO operations - by fax : 086 634 2490 or e-mail : dm@mso.co.za
Step 3	<ul style="list-style-type: none"> - MSO will issue an authorisation number to provider. The MSO Call Centre agent will capture the clinical data and effectively raise the claim to be interfaced via Nexus.



All questions related to the online registration may be directed to the Synaxon Call Centre on 012 991 1706 or you can click on the *contact me* tab to submit your enquiry and a Synaxon consultant will contact you.

Medshield in addition encourages our members to take charge of their health through preventative tests and procedures and our Wellness Benefits also comprise of the following tests. We encourage our members to have the necessary tests at least once a year.

BENEFIT CATEGORY	BENEFIT LIMIT AND COMMENTS
Flu Vaccination	One per beneficiary 18+ years old to a maximum of R80, thereafter payable from the Day-to-Day Limit.
Pap Smear	One per female beneficiary, thereafter payable from the Day-to-Day Limit.
Health Risk Assessment	One per beneficiary 18+ years old per annum.
TB Test	One test per beneficiary, thereafter payable from the Day-to-Day Limit.
National HIV Counselling Testing (HCT)	One test per beneficiary, thereafter payable from the Day-to-Day Limit.
Birth Control (Oral Contraceptive Medication)	Restricted to one month's supply to a maximum of 12 prescriptions per annum per female beneficiary, with a script limit of R90 . Limited to the Scheme's Contraceptive formularies and protocols.

Medshield recognises the pivotal role of the Family Practitioners in ensuring members wellbeing.

We look forward to welcoming you into the Medshield MediPhila Family Practitioner Network.

If you would like to participate in this Network, please contact the MediPhila Call Centre on **0860 000 376** or send an email to nc@medscheme.co.za.

Should your practice still not be interested in joining either of the Networks, kindly disregard this letter, and accept our apology for writing to you again.

Kind regards,

Rosalind Reddy
Executive: Clinical Risk
Medshield Medical Scheme