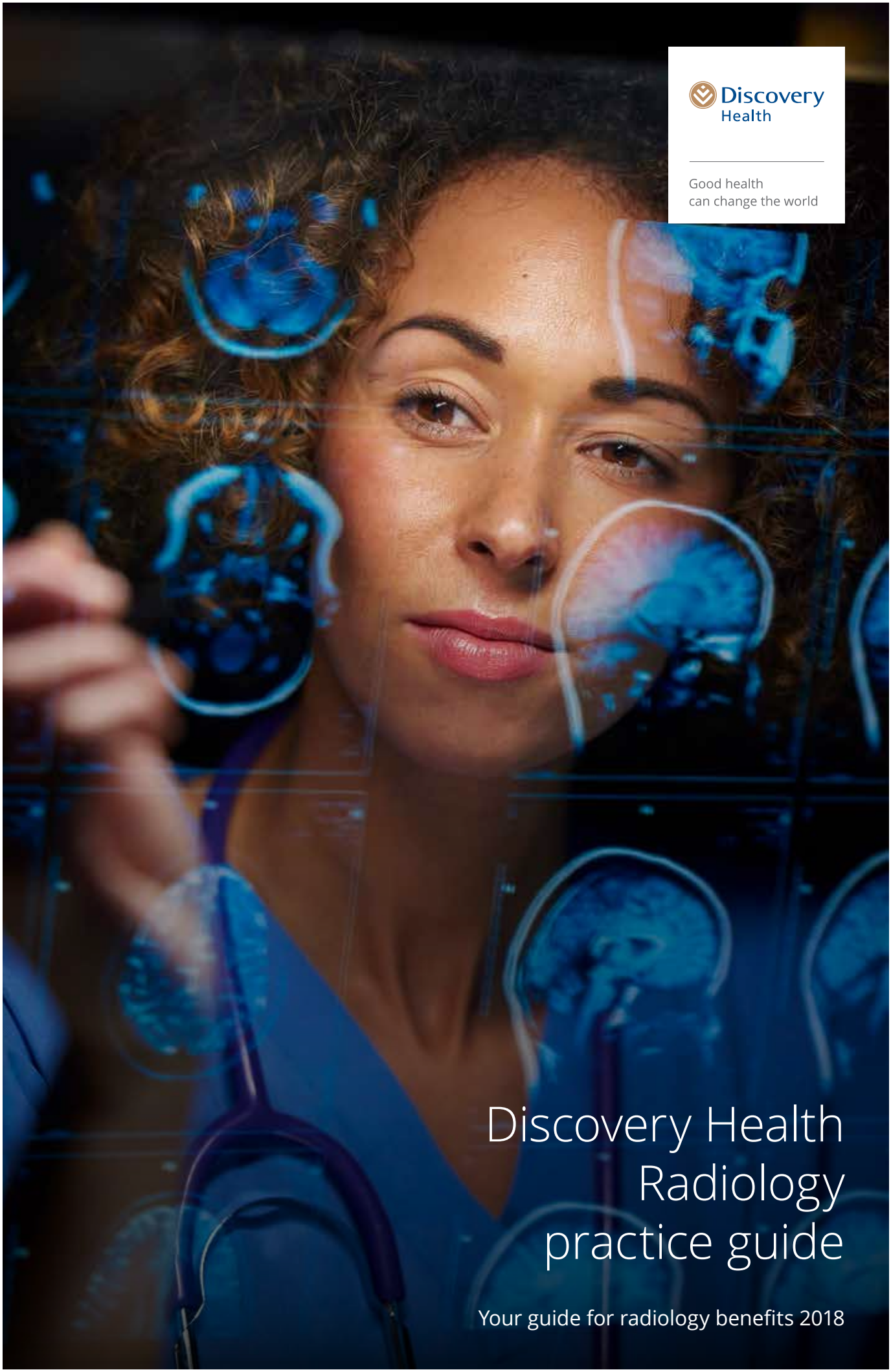


Discovery Health

Good health
can change the world

Discovery Health Radiology practice guide

Your guide for radiology benefits 2018

Content

Overview of radiology benefits on the Discovery Health Medical Scheme plans

Executive plan		
Basic radiology	In-hospital	No overall limit.
	Out-of-hospital	Paid from the Medical Savings Account and Above Threshold Benefit.
Nuclear medicine	In-hospital	No overall limit.
	Out-of-hospital	Paid from the Medical Savings Account and Above Threshold Benefit.
MRI and CT scans	In-hospital	No overall limit. Paid from the Hospital Benefit if the scan is clinically related to an approved hospital admission. If the scan is not related to the approved hospital admission, or it is done during an admission for conservative back or neck treatment, the cost of the scan will be paid as an out-of-hospital scan.
	Out-of-hospital	Paid from the Medical Savings Account and Above Threshold Benefit. The first R2 750 of the scan is paid from the available funds allocated to the Medical Savings Account or Above Threshold Benefit. We pay the balance of the scan from the Hospital Benefit up to the Discovery Health Rate.
Oncology PET-CT scans	In Discovery Health's PET-CT Network	The first R400 000 of approved cancer treatment, including PET-CT scans, will be paid from the Oncology Benefit over a 12-month cycle at 100% of the Network Rate. Once the R400 000 limit is depleted, we will fund approved PET-CT scans at 80% of the Network Rate. If the condition is a Prescribed Minimum Benefit (PMB), the approved scan will be funded at 100% of the PMB rate at a PMB PET-CT designated service provider (DSP). The member is responsible for a 20% co-payment.

EXECUTIVE 2018 PLAN

Overview of radiology benefits on the Discovery Health Medical Scheme plans

Comprehensive Series		
Basic radiology	In-hospital	No overall limit. Paid from the Hospital Benefit if related to an approved hospital admission.
	Out-of-hospital	No overall limit. Paid from the funds allocated to the Medical Savings Account and Above Threshold Benefit.
Nuclear medicine	In-hospital	No overall limit. Paid from the Hospital Benefit if related to an approved hospital admission.
	Out-of-hospital	No overall limit. Paid from the funds allocated to the Medical Savings Account and Above Threshold Benefit.
MRI and CT scans	In-hospital	Paid from the Hospital Benefit if the scan is clinically related to an approved hospital admission. If the scan is not related to the approved hospital admission, or it is done during an admission for conservative back or neck treatment, the cost of the scan will be paid as an out-of-hospital scan.
	Out-of-hospital	The first R2 750 of the scan is paid from the available funds allocated to the Medical Savings Account or Above Threshold Benefit. We pay the balance of the scan from the Hospital Benefit up to the Discovery Health Rate.
Oncology PET-CT scans	In Discovery Health's PET-CT Network	The first R400 000 of approved cancer treatment, including PET-CT scans, will be paid from the Oncology Benefit over a 12-month cycle at 100% of the Network Rate. Once the R400 000 limit is depleted, we will fund approved PET-CT scans at 80% of the Network Rate. If the condition is a Prescribed Minimum Benefit (PMB), the approved scan will be funded at 100% of the PMB rate at a PMB PET-CT designated service provider (DSP). The member is responsible for a 20% co-payment.

COMPREHENSIVE 2018 SERIES

Overview of radiology benefits on the Discovery Health Medical Scheme plans

Classic Comprehensive Zero MSA plan		
Basic radiology	In-hospital	No overall limit. Paid from the Hospital Benefit if related to an approved hospital admission.
	Out-of-hospital	Member must pay the account if they have not yet reached their Annual Threshold. Once the Annual Threshold is reached, we pay the account from the Above Threshold Benefit. Please submit accounts for it to accumulate to the Above Threshold Benefit.
Nuclear medicine	In-hospital	No overall limit. Paid from the Hospital Benefit if related to an approved admission.
	Out-of-hospital	Member must pay the account if they have not yet reached their Annual Threshold. Once the Annual Threshold is reached, we pay the account from the Above Threshold Benefit. Please submit accounts for it to accumulate to the Above Threshold Benefit.
MRI and CT scans	In-hospital	Paid from the Hospital Benefit if the scan is clinically related to an approved hospital admission. If the scan is not related to the approved hospital admission, or it is done during an admission for conservative back or neck treatment, the cost of the scan is for the member's own pocket, if they have not yet reached their Annual Threshold. Once the Annual Threshold is reached the scan is paid from the Above Threshold Benefit.
	Out-of-hospital	MRI and CT scans are covered only when the member reaches their Annual Threshold. Members must pay the scan cost if they have not yet reached the Annual Threshold. Once the Annual Threshold is reached we pay the account from the Above Threshold Benefit. Please submit accounts for it to accumulate to the Above Threshold Benefit.
Oncology PET-CT scans	In Discovery Health's PET-CT Network	The first R400 000 of approved cancer treatment, including PET-CT scans, will be paid from the Oncology Benefit over a 12-month cycle at 100% of the Network Rate. Once the R400 000 limit is depleted, we will fund approved PET-CT scans at 80% of the Network Rate. If the condition is a Prescribed Minimum Benefit (PMB), the approved scan will be funded at 100% of the PMB rate at a PMB PET-CT designated service provider (DSP). The member is responsible for a 20% co-payment.

COMPREHENSIVE 2018 SERIES

Overview of radiology benefits on the Discovery Health Medical Scheme plans

Priority Series		
Basic radiology	In-hospital	No overall limit. Paid from the Hospital Benefit if related to an approved hospital admission.
	Out-of-hospital	No overall limit. Paid from the funds allocated to the Medical Savings Account and limited Above Threshold Benefit.
Nuclear medicine	In-hospital	No overall limit. Paid from the Hospital Benefit if related to an approved hospital admission.
	Out-of-hospital	No overall limit. Paid from the funds allocated to the Medical Savings Account and limited Above Threshold Benefit.
MRI and CT scans	In-hospital	Paid from the Hospital Benefit if the scan is clinically related to an approved hospital admission. If the scan is not related to the approved hospital admission, or it is done during an admission for conservative back or neck treatment, the cost of the scan will be paid as an out-of-hospital scan.
	Out-of-hospital	The first R2 750 of the scan is paid from the available day-to-day benefits. We pay the balance of the scan from the Hospital Benefit up to the Discovery Health Rate.
Oncology PET-CT scans	In Discovery Health's PET-CT Network	The first R200 000 of approved cancer treatment, including PET-CT scans, will be paid from the Oncology Benefit over a 12-month cycle at 100% of the Network Rate. Once the R200 000 limit is depleted, we will fund approved PET-CT scans at 80% of the Network Rate. If the condition is a Prescribed Minimum Benefit (PMB), the approved scan will be funded at 100% of the PMB rate at a PMB PET-CT designated service provider (DSP). The member is responsible for a 20% co-payment.

PRIORITY 2018 SERIES

Overview of radiology benefits on the Discovery Health Medical Scheme plans

Saver Series		
Basic radiology	In-hospital	No overall limit. Paid from the Hospital Benefit if related to an approved hospital admission.
	Out-of-hospital	No overall limit. Paid from the available funds allocated to the Medical Savings Account.
Nuclear medicine	In-hospital	No overall limit. Paid from the Hospital Benefit if related to an approved hospital admission.
	Out-of-hospital	No overall limit. Paid from the available funds allocated to the Medical Savings Account.
MRI and CT scans	In-hospital	Paid from the Hospital Benefit if the scan is clinically related to an approved hospital admission. If the scan is not related to the approved hospital admission, or it is done during an admission for conservative back or neck treatment, the cost of the scan will be paid as an out-of-hospital scan.
	Out-of-hospital	The first R2 750 of the scan is paid from the available funds in the Medical Savings Account. We pay the balance of the scan from the Hospital Benefit up to the Discovery Health Rate.
Oncology PET-CT scans	In Discovery Health's PET-CT Network	The first R200 000 of approved cancer treatment, including PET-CT scans, will be paid from the Oncology Benefit over a 12-month cycle at 100% of the Network Rate. Once the R200 000 limit is depleted, we will fund approved PET-CT scans at 80% of the Network Rate. Where the condition is a Prescribed Minimum Benefit (PMB), the approved scan will be funded at 100% of the PMB rate at a PMB PET-CT designated service provider (DSP). The member is responsible for a 20% co-payment.

SAVER 2018 SERIES

Overview of radiology benefits on the Discovery Health Medical Scheme plans

Core Series		
Basic radiology	In-hospital	No overall limit. Paid from the Hospital Benefit if related to an approved hospital admission.
	Out-of-hospital	Member is responsible for costs.
Nuclear medicine	In-hospital	No overall limit. Paid from the Hospital Benefit if related to an approved hospital admission.
	Out-of-hospital	Member is responsible for costs.
MRI and CT scans	In-hospital	Paid from the Hospital Benefit if the scan is clinically related to an approved hospital admission. If the scan is not related to the approved hospital admission, or it is done during an admission for conservative back or neck treatment, the member will be responsible for the cost.
	Out-of-hospital	Member is responsible for costs.
Oncology PET-CT scans	In Discovery Health's PET-CT Network	The first R200 000 of approved cancer treatment, including PET-CT scans, will be paid from the Oncology Benefit over a 12-month cycle at 100% of the Network Rate. Once the R200 000 limit is depleted, we will fund approved PET-CT scans at 80% of the Network Rate. If the condition is a Prescribed Minimum Benefit (PMB), the approved scan will be funded at 100% of the PMB rate at a PMB PET-CT designated service provider (DSP). The member is responsible for a 20% co-payment.

CORE 2018 SERIES

Overview of radiology benefits on the Discovery Health Medical Scheme plans

Classic Smart Plan

General Radiology and ultrasound	In-hospital	Paid from the Hospital Benefit as part of an approved admission.
	Out-of-hospital	Not covered. For member's own pocket.
Nuclear medicine scans	In-hospital	Paid from the Hospital Benefit as part of an approved admission.
	Out-of-hospital	Not covered. For member's own pocket.
MRI and CT scans*	In-hospital	Paid from the Hospital Benefit as part of an approved admission. If not related to admission, member is liable for R2 750 of the scan. Balance of the scan codes plus consumables covered from the hospital benefit.
	Out-of-hospital	The first R2 750 of the scan code is for member's own pocket. The balance of the scan code as well as materials and contrast related to the scan will be paid from the Hospital Benefit.
PET scans	In-hospital	Covered from the Oncology Benefit. PET/CT Protocols apply, subject to preauthorisation. No deductable applies, default to scheme rate if non-DSP is used.
	Out-of-hospital	

Black and white X-rays for sports-related injuries are covered for members on the Classic Smart Plan when a Smart Network GP refers the member. A R100 co-payment applies to each X-ray and should be collected upfront from these members.

SMART 2018 PLAN

Overview of radiology benefits on the Discovery Health Medical Scheme plans

Essential Smart Plan		
General Radiology and ultrasound	In-hospital	Paid from the Hospital Benefit as part of an approved admission.
	Out-of-hospital	Not covered. For member's own pocket.
Nuclear medicine scans	In-hospital	Paid from the Hospital Benefit as part of an approved admission.
	Out-of-hospital	Not covered. For member's own pocket.
MRI and CT scans*	In-hospital	Paid from the Hospital Benefit as part of an approved admission. If not related to admission, member is liable for R2 750 of the scan. Balance of the scan codes plus consumables covered from the Hospital Benefit.
	Out-of-hospital	Not covered. For member's own pocket.
PET scans	In-hospital	Covered from the Oncology Benefit. PET/CT protocols apply, subject to preauthorisation. No deductible applies, default to scheme rate if non-DSP is used.
	Out-of-hospital	

SMART 2018 PLAN

Overview of radiology benefits on the Discovery Health Medical Scheme plans

KeyCare and 360˚ for students		
Basic radiology	In-hospital	No overall limit. Paid from the Hospital Benefit if related to an approved hospital admission.
	Out-of-hospital	**KeyCare Core** No benefit: member is responsible for costs. **KeyCare Access, KeyCare Plus, and 360˚ for students** Basic X-rays covered in KeyCare Radiology Network.
Nuclear medicine	In-hospital	**KeyCare Core** Paid from the Hospital Benefit if related to an approved hospital admission. **KeyCare Access, KeyCare Plus, and 360˚ for students** Scan must be referred by a specialist. Paid from the Hospital Benefit if related to an approved hospital admission.
	Out-of-hospital	**KeyCare Core** No benefit: member is responsible for costs. **KeyCare Access, KeyCare Plus, and 360˚ for students** Nuclear medicine scans referred by either a specialist or a casualty doctor (listed on our network 100) – we will pay from the Specialist Benefit, up to a limit of R3 860 a person, each year.
MRI and CT scans	In-hospital	**KeyCare Core** Paid from the Hospital Benefit if the scan is clinically related to an approved hospital admission. If the scan is not related to the approved hospital admission, we pay it from the annual Specialist Benefit, up to R3 860 a person each year. **KeyCare Access, KeyCare Plus, and 360˚ for students** MRI and CT scans referred by a specialist – we will pay from the Hospital Benefit, if related to an approved event.
	Out-of-hospital	**KeyCare Core** No benefit: member is responsible for costs. **KeyCare Access, KeyCare Plus, and 360˚ for students** The annual Specialist Benefit limit of R3 860 for each person each year applies to the cost of the MRI or CT scan.
Oncology PET-CT scans	In Discovery Health's PET-CT Network	**KeyCare Core, Access, Plus Plans, and 360˚ for students** KeyCare members do not have access to the PET-CT payment arrangement. Funded as a Prescribed Minimum Benefit (PMB), subject to benefit confirmation, clinical entry criteria and PMB network provider.

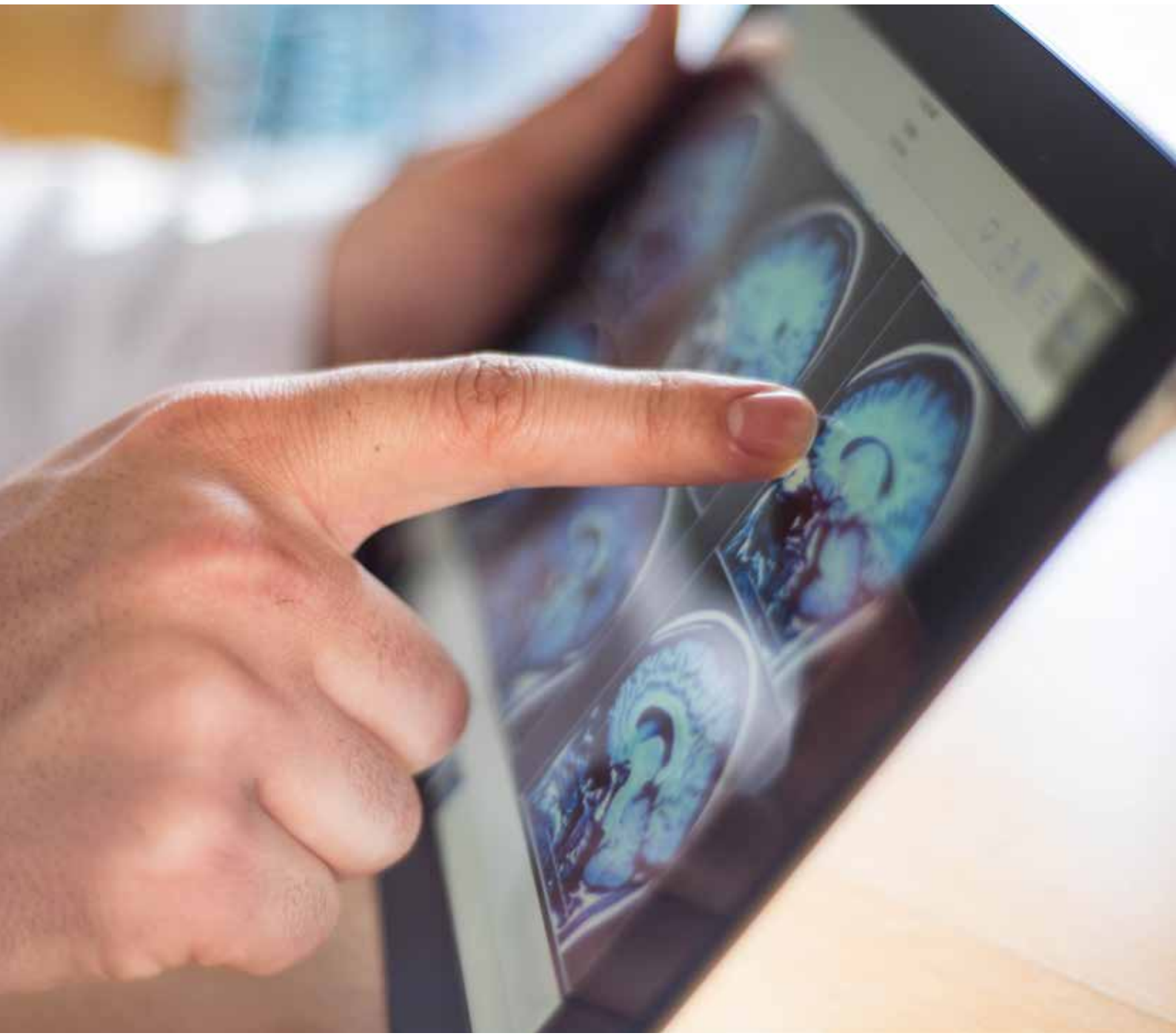
- **All radiology investigations for Discovery Health Medical Scheme members are paid at the Discovery Health Rate.**
- **For an overview of the radiology benefits on the restricted schemes administered by Discovery Health, please see pages 28 – 40.**

KEYCARE 2018 SERIES

General radiology

Points to remember when a member is referred for general radiology

- Members and practices do not need preauthorisation if they're having radiological investigations, except for PET-CT scans.
- If the member is admitted and is an inpatient, the cost of the tests will be covered from the Hospital Benefit.
- If a member is not admitted as an inpatient, the cost of the tests will be covered from the member's day-to-day benefits.
- If radiological tests are done as part of a casualty visit, the cost of the tests will be covered from the member's day-to-day benefits, unless the patient is admitted to hospital.



Screening and prevention

Breast Cancer Screening

Richer benefits for high risk individuals

For patients at a high risk of developing breast cancer, the breast cancer screening benefits have been enhanced to provide additional screening benefits including annual mammograms.

Patients at average risk of developing breast cancer will have access to mammography screening benefits every 2 years (biennially).

The Screening and Prevention Benefit covers the following tests for breast cancer screening:

Test	Cover	Paid from
Breast cancer screening	One mammogram every two years up to a maximum of the Discovery Health Rate (1). For individuals at high risk, access to yearly mammography screening (2) provided. High risk individuals will also have access to additional benefits where they meet our clinical entry criteria: ■ Breast MRI scan (3) ■ BRCA testing (once-off) for those who meet criteria and upon consultation with a genetic counsellor	The Screening and Prevention Benefit Once a medical scheme member reaches the frequency limit, any additional screening and preventive tests will be paid from their available day to-day benefits. Members will need to access *MyBreastCancerRisk Calculator* on www.discovery.co.za to determine their breast cancer risk.

01 | Patients who had screening mammograms done in 2016 and are **not high risk**, will have cover for their next mammogram from the Screening and Prevention Benefit in 2018.

02 | Patients at high risk for breast cancer have the following risk factors:

- Aged 35 and older with a 5 year risk of ≥1.7% for invasive breast cancer
- A greater than 20% lifetime risk of breast cancer based on family history
- A personal history of breast cancer
- A significant family history or genetic predisposition (BRCA positive or a genetic syndromes associated with an elevated risk of breast cancer)
- Had radiation to the chest wall for treatment of Hodgkin's Lymphoma.

03 | MRI will be considered for high risk individuals based on the following criteria:

- A lifetime risk of breast cancer of greater than 20%
- A known BRCA1 or BRCA2 mutation
- Have Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome, or have first-degree relatives with one of these syndromes
- Had radiation therapy to the chest wall for treatment of Hodgkin's lymphoma before the age of 30.

Which codes will be covered?

The Screening and Prevention benefit covers the following codes based on your risk profile outlined above:

	Code	Description
Mammography	34100	X-ray mammography including ultrasound OR
	34101	X-Ray mammography unilateral, including ultrasound OR
	34200	Ultrasound study of the breast
MRI	34410	MRI Breast pre and post contrast

The screening tests are paid up to the Discovery Health Rate. Patients may be responsible for any shortfall or payment if their healthcare provider charges more than the Discovery Health Rate.

Screening and prevention

Steps to follow

01 | Patients will need to complete a risk assessment questionnaire to establish their risk

The automated *MyBreastCancerRisk calculator,* for medical scheme members is available on www.discovery.co.za.

Should members experience any problems with the MyBreastCancerRisk Calculator, they can call us on 0860 99 88 77 and select option 4, which is for the CHO call centre (Chronics, HIV and Oncology). During the call they will be taken through a risk assessment questionnaire.

02 | High risk identifier

Once the medical scheme member's risk has been assessed, they will be assigned an indicator (average risk or high risk) and will be informed of the results. This indicator will be used to allocate appropriate screening benefits.

When a patient captures their information into the *MyBreastCancerRisk calculator,* it will generate a report which will indicate their risk. Patients will be able to access this at any point and will be able to print the information for their records.

03 | Confirming benefits

The practice can confirm benefits by utilising the medical scheme Member Virtual Quote and Fund Check tools on the Practice Manager Connect Application. This will show the practice which benefits the mammogram and/or MRI will be funded from.

04 | Claiming

The practice can submit the claims electronically.

Other important information you may need to know

Patients with a personal history of breast cancer.

- Patients who have a personal history of breast cancer, will have access to annual screening mammography. The practice can submit the claims electronically.

Symptomatic members

- For symptomatic patients requiring a mammogram who have not used their existing screening benefits, the mammogram will pay from the Screening and Prevention benefits.
- Where screening benefits have already been depleted, the mammogram will pay from their available day-to-day benefits.
- If the mammogram results indicate a diagnosis of cancer, this will be regarded as a diagnostic mammogram.
- Diagnostic mammograms may be funded from the PMB benefit. If a diagnostic mammogram has paid from the member's day-to-day benefits, the DTPMB appeals process can be followed for this to be paid as a PMB.

MRI and CT Scans

Points to remember when a member is referred for an MRI or CT scan

- Members and practices **do not** need to call us if they're having an MRI or CT scan.
- A specialist must refer a member for an MRI or CT scan. We will accept a referral by an approved trauma GP in an emergency situation.
- If the scan is not related to an approved hospital admission, or it is done during an admission for conservative back or neck treatment, we will pay the scan as an out-of-hospital scan.
- We pay MRI and CT scan claims out at up to 100% of the Discovery Health Rate.

Paying MRI and CT scans as Prescribed Minimum Benefits

The Prescribed Minimum Benefits are minimum benefits for specific conditions which the Medical Schemes Act defines that all medical schemes are required to cover, according to clinical guidelines.

The following three requirements must apply

01 | The medical condition must be part of the list of defined conditions for Prescribed Minimum Benefits. Members may need to send us the results of their medical tests and investigations that confirm the diagnosis for the medical condition.

02 | The treatment needed must match the treatments included in the defined benefits.

03 | Members must use a doctor, specialist or other healthcare provider that is a designated service provider (DSP).

Process for claims for MRI and CT scans done to confirm a Prescribed Minimum Benefit (PMB) condition

Where MRI and CT scans are performed and confirm the diagnosis of a Prescribed Minimum Benefit condition, we will reprocess the account so that the member does not have a co-payment.

The member or the treating doctor must send us the report confirming the diagnosis. We will pay the claim as a Prescribed Minimum Benefit if it meets the Scheme's criteria.

If the MRI or CT scan does not result in confirmation of a PMB diagnosis or is unrelated to the PMB condition, these scans are not considered to be Prescribed Minimum Benefits.

There are some cases where this is not necessary, for example a life-threatening emergency.

PET-CT scans

PET-CT scan direct payment arrangement

Global fee reimbursement for participating practices

The 2018 global fee for a full-body PET-CT scan is R22 106.60. This includes all costs relating to the PET-CT scan, including the radiology procedure fee, the cost of the FDG isotope, and the cost related to any medicine and material used. The member is not responsible for paying any co-payment.

All PET-CT scans must be preauthorised, even on the network

Discovery Health's PET-CT scan policy and processes still apply on the network. Each request for a PET-CT scan is subject to preauthorisation, clinical entry criteria, advisory panel assessment (where required) and approval from Discovery Health.

Once we have approved funding for the scan, funding will be subject to our standard benefit rules. Payment to the participating healthcare professional will be made upon receipt of a claim, provided that such claim remains undisputed by Discovery Health.

The enhanced PET-CT network will apply to all medical schemes under administration by Discovery Health, according to current benefit rules for the individual schemes.

KeyCare benefits do not support access to the PET-CT direct payment arrangement

KeyCare members must access treatment from providers within the PMB PET-CT networks, as per Prescribed Minimum Benefit regulations.

PMB cover for members not on a KeyCare Plan

Members must access treatment from providers within the PMB PET-CT network, as per PMB regulations. Funding will be at 100% of the PMB PET-CT network rate.

PET-CT scans

How we cover PET-CT scans

Members must be registered on DiscoveryCare's Oncology Programme.

We fund approved PET-CT scans from the Oncology Benefit for the conditions listed below subject to clinical entry criteria and approval. The referring doctor's discipline must correspond with the condition as listed in the table below:

Condition	Referring doctor
Non small cell lung cancer – Solitary Pulmonary Nodule (SPN)	Physicians, pulmonologists, thoracic surgeons and oncologists
Hodgkin's and Non-Hodgkin's Lymphoma	Physicians, oncologists and haematologists
Thyroid cancer	General surgeons, head and neck surgeons, oncologists
Head and Neck Cancer	General surgeons, head and neck surgeons and oncologists
Breast Cancer	General surgeon, breast surgeons and oncologists
Colorectal Cancer	General surgeons, colorectal surgeons, gastroenterologists and oncologists
Stomach Cancer	General surgeons, gastroenterologists and oncologists
Testicular Cancer	Urologist and oncologists
Oesophageal Cancer	Thoracic surgeons, general surgeons, gastroenterologists, oncologists
Melanoma	General surgeons and oncologists
Ovarian Cancer	Gynaecologists, surgeons and oncologists
Pleural malignancy	Surgeons, physicians, thoracic surgeons and oncologists
Thymic Cancer	Surgeons, physicians, thoracic surgeons and oncologists
Hepato-pancreatico – Biliary tumours	Surgeons, physicians, gastroenterologists, hepatobiliary surgeons and oncologists
Brain	Neurosurgeon and oncologists
Gynaecological Cancer (Cancer of the uterus and cervix)	Gynaecologists and oncologists
Myeloma	Haematologist, orthopaedic surgeons and oncologists
Musculoskeletal tumours	Haematologist, orthopaedic surgeons and oncologists
Carcinoma of unknown primary	Physicians, surgeons and oncologists

***Note** that this list may be amended from time to time.*

We fund PET-CT scans for monitoring and re-staging only

We fund PET-CT scans for monitoring of disease during active treatment and re-staging after treatment.
We do not fund PET-CT scans as diagnostic aids.

PET-CT scans

We pay approved PET-CT scans from the defined amount for cancer treatments

On approval, the requested treatment will be funded from the member's Oncology Benefit, subject to the patient's chosen plan type, accumulating to the 12-month Oncology Benefit limit (threshold) as follows:

- Executive and Comprehensive Plans: R400 000
- Priority, Core and Saver Plans: R200 000

Retrospective reviews

We do not do retrospective reviews and funding for any PET-CT scans that are done without prior authorisation from our oncology case managers.

Funding for PET-CT scans will not be considered in these circumstances

- Routine monitoring of disease after treatment, where there is no active disease or once the disease is controlled
- Diagnosis and screening
- Any other condition not listed on the covered conditions
- PET-CT scans that have not been preauthorised
- Retrospective requests.

ICD-10 codes must match those that the treating doctor uses

- Our PET-CT scan benefit covers scans for monitoring of disease during active treatment and re-staging after treatment
- We do not fund PET-CT scans as diagnostic aids, even though radiologists may make an additional diagnosis based on what is seen on the PET-CT scan
- If during the process you do make an additional diagnosis, you could include the ICD-10 code for the new diagnosis in the secondary ICD-10 coding position on the claim, as additional information.

Please include the following specific information on your claims

- Valid authorisation number
- Dates (these must match the approved dates)
- ICD-10 codes (this must match the referring doctor's codes)
- Referring doctor's details.

To ensure your claims are paid correctly, please ensure the icd-10 code matches the original diagnosis that we have registered on our system and for which the member has received or is currently receiving treatment.

Please submit claims in the following billing format for your PET-CT scans

PET-CT network

Description	PET-CT codes	2018 PET tariff for PET codes in PET-CT network	PET-CT codes	2018 PET tariff for PET codes in PET-CT network
Procedure code	00956	R16 577.60	00957	R16 577.60
FDG	00990	R5 529	00990	R5 529
Total		**R22 106.60**		**R22 106.60**

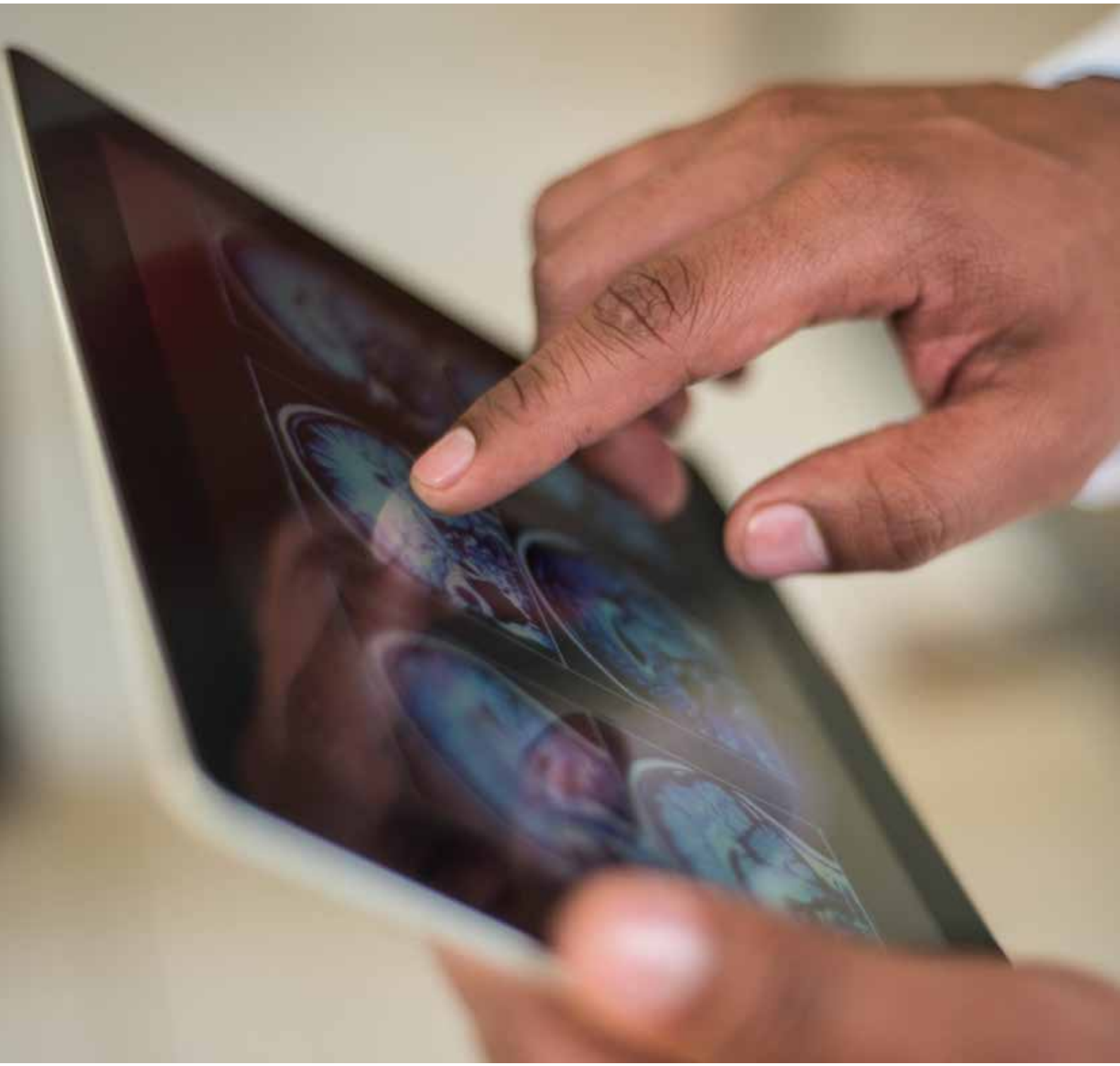
PMB PET-CT network

Description	PET-CT codes	2018 PET tariff for PET codes in PMB PET-CT network	PET-CT codes	2018 PET tariff for PET codes in PMB PET-CT network
Procedure code + FDG	00956 + 00990	R15 921.70	00956 + 00990	R15 921.70
Total		**R15 921.70**		**R15 921.70**

PET-CT scans

Points to remember when a member is referred for a PET-CT scan

- All PET-CT scans must be authorised.
- Each request for a PET-CT scan is subject to preauthorisation, clinical entry criteria, advisory panel assessment (where required) and approval from Discovery Health.



General radiology for oncology patients

Points to remember for general radiology for oncology patients

- Members have cover of R400 000 on Executive and Comprehensive Plans and R200 000 on Priority, Saver and Core plans.
- All approved treatments, including radiological investigations, add up to this amount.
- If the member has used up the rand amount before the next benefit cycle, Discovery Health will pay 80% of the Discovery Health Rate and the member will be responsible for paying the difference.
- The member is responsible for the 20% balance.

Examples of radiological investigations that add up to the 12-month rand limit include

- Basic black and white X-rays
- Some ultrasounds (subject to a defined list of codes – Basket of Care)
- Fluoroscopy procedures, for example Barium studies (subject to a defined list of codes – Basket of Care)
- CT and MRI scans (subject to a defined list of codes – Basket of Care)
- Nuclear medicine, for example bone scan (subject to a defined list of codes – Basket of Care and clinical entry criteria).

For more complex studies, which are not on the defined list of codes (Basket of Care), will require authorisation from the Oncology Benefit. To authorise these specific items, the treating specialist will need to follow the process outlined here.

Appeals process for radiology for oncology patients

If an oncology patient requires additional or specialised radiology in the management of their cancer, they can request this using the following processes

- Their treating specialist may request the radiology as part of the patient's treatment plan. This may be done by adding the requested code and description under "Treatment review" on the treatment application form; or
- The treating specialist may complete a PMB appeal form requesting the additional scans. This form is available on the Discovery Health website or the member may call the oncology call centre on 0860 100 417 and request the form to be sent to them.
- We will review the individual circumstances of the case, however it's important to note that an appeals process doesn't guarantee approval or payment and neither does it change the way we cover Prescribed Minimum Benefits.

KeyCare radiology

How to identify KeyCare members

Schemes administered by Discovery Health with KeyCare Plans

- LA KeyPlus
- Quantum KeyCare Plus

01 | Plan indicated on member card
02 | Access our website **www.discovery.co.za**
03 | Call us on 0860 44 55 66

KeyCare radiology

Process for when a KeyCare member needs radiology

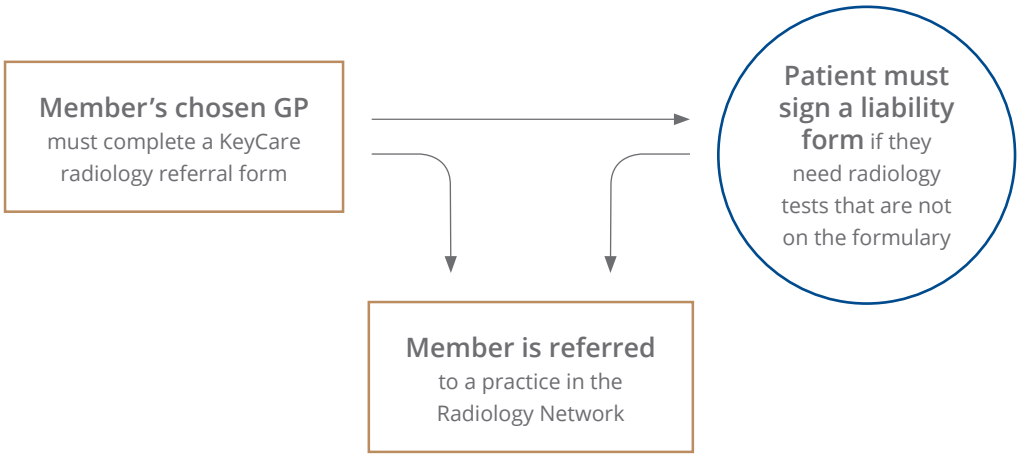
Out-of-hospital radiology

KeyCare Core Plan

Members on the KeyCare Core Plan have cover for out-of-hospital radiology as part of the Specialist Benefit, up to the limit of R3 860 for each person each year if it is to manage a chronic condition.

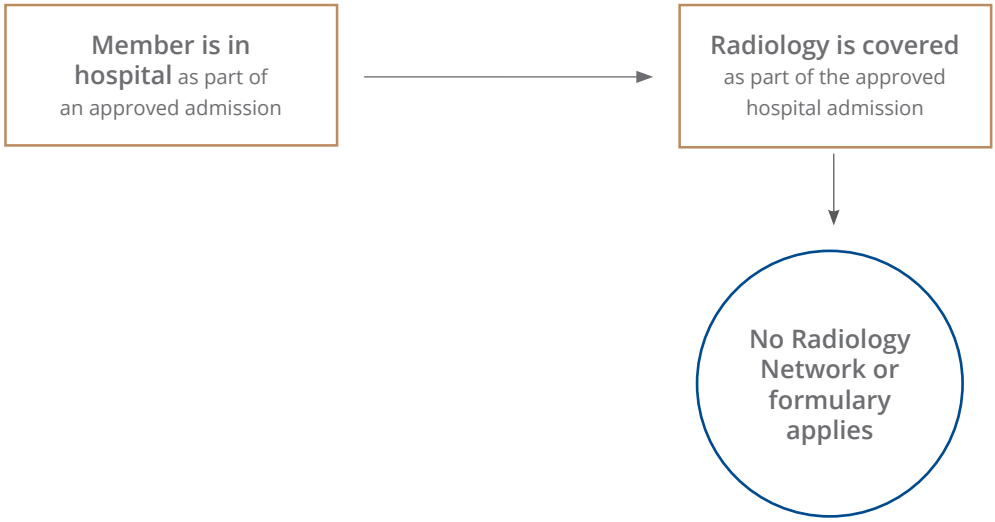
KeyCare Plus Plan and KeyCare Access Plan

- We cover selected basic X-rays at a radiology practice in our network.
- These must be requested by the member's chosen KeyCare network GP.



In-hospital radiology

KeyCare Core, Access and Plus Plans



KeyCare radiology

About the KeyCare Radiology Network

KeyCare rates for CT and MRI scans

The Radiological Society of South Africa (RSSA), on behalf of its members, has committed to supporting a 15% discount on the Discovery Health Rate for all MRI and CT scans performed on KeyCare members.

Encouraging radiology practices to participate in the network

The substantial discounts that other participating healthcare professionals (including hospitals, specialists, GPs, pharmacy and pathology laboratories) provide for KeyCare members assist in ensuring that the KeyCare Plans are able to offer excellent benefits at very low premiums, thus allowing low-income families to benefit from private healthcare.

It is encouraging that over half of the members of KeyCare have been new entrants to the medical scheme environment. This new growth is critical for the long-term sustainability of the private healthcare environment.

The KeyCare Radiology Network

To ensure the simplicity of this offering to members and practitioners, participants on the KeyCare Radiology Network agree to provide a 15% discount on all CT and MRI scans performed on our KeyCare members, and to charge all other services to these members at the Discovery Health Rate.

In addition, the participants agree not to charge any additional fees, including levies and administration fees, and not to balance bill these members.

Payment is subject to the current rules governing our benefit design and payments. For practitioners participating in this network, we reimburse the practice directly at the agreed rates, subject to the available member benefits.

An important point to note is that these radiology claims are paid from our risk pool. In addition, this network incorporates administrative features that will ensure direct reimbursement at the agreed rate, even in the event of an administrative error where a higher rate is claimed. These features of this offering significantly reduce the risk associated with claim reimbursement.

The KeyCare Radiology Network is not applicable to KeyCare oncology members. For KeyCare Access, we cover cancer treatment if it is a PMB condition, in a state facility only.

Participating in the KeyCare Radiology Network

If you would like to participate, please email **healthpartners@discovery.co.za** and we will send you an application form.

KeyCare radiology

Points to remember when a KeyCare member is referred for radiology

Basic X-rays

Please refer to codes on the KeyCare radiology formulary on pages 24 – 27.

Scans done out-of-hospital

- A specialist must refer the member for an MRI or CT scan.
- The annual limit of R3 860 that applies to the cost of the MRI or CT scan is a limit for specialist consultations, blood tests, etc, for each person a year.
- We pay MRI and CT scan claims up to 100% of the Discovery Health Rate.

Breast Biopsy done out-of-hospital

- KeyCare members currently have access to the Screening Benefit for Mammography
- A subsequent breast biopsy (Fine needle aspiration and Core biopsy) will be funded from the Specialist Benefit, subject to the annual limit of R3 860 per person
- A breast condition specific ICD 10 code should be used for billing,instead of the generic Z code
- VABB remains an exclusion on KeyCare plans

Scans done in-hospital

- We pay MRI and CT scans performed during an approved hospital admission from the Hospital Benefit, as long as the scan is related to the reason for the admission.
- MRI and CT scans that are not related to an approved hospital admission will be paid from the Specialist Benefit, up to R3 860 for each person a year.

KeyCare radiology

The KeyCare radiology formulary

- We cover the following X-rays listed below on the KeyCare Plus and KeyCare Access Plans.
- The member's chosen KeyCare GP must refer the member for the X-ray.
- Radiology tests not on this list will not be covered. If any other X-ray is required, the member's chosen GP will discuss this with the member and, if necessary, the member will sign the KeyCare Patient Liability form acknowledging they will be responsible for the costs.

Chest	
30100	X-ray of the chest, single view
30110	X-ray of the chest, two views, PA and lateral
30150	X-ray of the ribs
30155	X-ray of the chest and ribs
Abdomen	
40100	X-ray of the abdomen
40105	X-ray of the abdomen, supine and erect, or decubitus
Reproductive system	
43250	Ultrasound study of the pregnant uterus, first trimester
43260	Ultrasound study of the pregnant uterus, second trimester
43273	Ultrasound study of the pregnant uterus, third trimester, follow-up visit
Spine, pelvis and hips	
51110	X-ray of the cervical spine, one or two views
52100	X-ray of the thoracic spine, one or two views
53110	X-ray of the lumbar spine, one or two views
55100	X-ray of the pelvis
56100	X-ray of the left hip
56110	X-ray of the right hip
56120	X-ray pelvis and hips
Upper limbs	
Shoulder	
61100	X-ray of the left clavicle
61105	X-ray of the right clavicle
61110	X-ray of the left scapula
61115	X-ray of the right scapula
61120	X-ray of the left acromio-clavicular joint
61125	X-ray of the right acromio-clavicular joint

The KeyCare radiology formulary (Continued)

61130	X-ray of the left shoulder
61135	X-ray of the right shoulder
Upper arm	
62100	X-ray of the left humerus
62105	X-ray of the right humerus
Elbow	
63100	X-ray of the left elbow
63105	X-ray of the right elbow
Forearm	
64100	X-ray of the left forearm
64105	X-ray of the right forearm
Wrist and hand	
65100	X-ray of the left hand
65105	X-ray of the right hand
65120	X-ray of a finger
65130	X-ray of the left wrist
65135	X-ray of the right wrist
65140	X-ray of the left scaphoid
65145	X-ray of the right scaphoid
Lower limbs	
Femur	
71100	X-ray of the left femur
71105	X-ray of the right femur
Knee	
72100	X-ray of the left knee, one or two views
72105	X-ray of the right knee, one or two views
72120	X-ray of the left knee including patella
72125	X-ray of the right knee including patella
Lower leg	
73100	X-ray of the lower left leg
73105	X-ray of the lower right leg

The KeyCare radiology formulary (Continued)

Ankle and foot	
74100	X-ray of the left ankle
74105	X-ray of the right ankle
74120	X-ray of the left foot
74125	X-ray of the right foot
74130	X-ray of the left calcaneus
74135	X-ray of the right calcaneus
74145	X-ray of a toe
Other	
34100	X-ray mammography including ultrasound
34101	X-ray mammography unilateral including ultrasound
34200	Ultrasound study of the breast
34205	Ultrasound guided FNA/localisation of the breast
80610 + 00230	Cutting needle, trochar biopsy, any region, under Ultrasound guidance
34130	X-Ray stereotactic mammography biopsy

KeyCare radiology

Additional radiology codes we'll pay for in casualty

In addition to the codes contained in the KeyCare radiology formulary (pages 24 – 26), casualty units can also request:

Code	Description
00130	X-ray with mobile unit in other facility
10100	X-ray of the skull
40210	Ultrasound study of the whole abdomen, including the pelvis
41200	Ultrasound study of the upper abdomen
51120	X-ray of the cervical spine, more than 2 views
72140	X-ray of the left patella
72145	X-ray of the right patella
70230	Ultrasound peripheral venous system lower limbs including pulse and colour Doppler for deep-vein thrombosis
43220	Ultrasound study of the testes

Overview of radiology benefits on the restricted schemes administered by Discovery Health

Scheme name	Benefit Option	General radiology and ultrasound	Nuclear medicine scans	MRI and CT scans*	PET scans
Anglo Medical Scheme	Value Care Plan	The Value Care plan is managed by PrimeCure. Please contact PrimeCure on 0861 665 665 for queries.			
	Standard Care Plan	**In-hospital:** Subject to Overall Annual limit **Out-of-hospital:** Subject to the Overall Annual Radiology limit of R1 600 per adult and R965 per child	**In-hospital:** Subject to Overall Annual limit **Out-of-hospital:** Subject to Overall Annual limit All specialised radiology needs to be preauthorised	**In-hospital:** Subject to Overall Annual limit **Out-of-hospital:** Subject to Overall Annual limit All specialised radiology needs to be preauthorised	Subject to Oncology Management Programme No deductible applicable
	Managed Care Plan	**In-hospital:** Covered from the Hospital Benefit **Out-of-hospital:** Covered from the Hospital Benefit	**In-hospital:** Covered from the Hospital Benefit **Out-of-hospital:** Covered from the Hospital Benefit. All specialised radiology needs to be preauthorised	**In-hospital:** Covered from the Hospital Benefit **Out-of-hospital:** Covered from the Hospital Benefit. All specialised radiology needs to be preauthorised	Subject to Oncology Management Programme No deductible applicable
Anglovaal Group Medical Scheme	AVGMS Option	**In-hospital:** Subject to in-hospital benefit **Out-of-hospital:** Subject to available day-to-day benefits	**In-hospital:** Covered from the Hospital Benefit **Out-of-hospital:** Subject to the Insured Procedures Benefit (IPB) of R17 580 per family per year, thereafter covered from the available funds in the MSA **If oncology related, will first be paid from the IPB limit. Will be paid from the Oncology Benefit when the IPB limit is depleted**	**In-hospital:** Covered from the Hospital Benefit, thereafter from the relevant benefit **Out-of-hospital:** Subject to the Insured Procedures Benefit (IPB) of R17 580 per family per year, thereafter covered from the available funds in the MSA **If oncology related, will first be paid from the IPB limit. Will be paid from the Oncology Benefit when the IPB limit is depleted**	If oncology-related and approved, will first be paid from the IPB limit. Will be paid from the Oncology Benefit when the IPB limit is depleted Out-of-network claims will be funded at the Scheme Rate PET-CT scans need to be preauthorised

* All MRI and CT scans require referral from a specialist

Overview of radiology benefits on the restricted schemes administered by Discovery Health

Scheme name	Benefit Option	General radiology and ultrasound	Nuclear medicine scans	MRI and CT scans*	PET scans
Bankmed	Plus Plan	**In-hospital:** Unlimited. Subject to preauthorisation. **Out-of-hospital:** Subject to fund in MSA/ATB of R5 650 per family per year	**In-hospital:** Unlimited. Subject to preauthorisation. **Out-of-hospital:** Unlimited. Subject to preauthorisation	**In-hospital:** Unlimited. Subject to preauthorisation. **Out-of-hospital:** Unlimited. Subject to preauthorisation	**In-and-out-of-hospital:** Covered from the Oncology benefit. PET/CT Protocols apply, subject to preauthorisation. No deductable applies, and to default to scheme rate if non DSP is used.
	Comprehensive Plan	**In-hospital:** Unlimited. Subject to preauthorisation. **Out-of-hospital:** Limited to R3 550 per family per year. Thereafter paid from available funds in MSA	**In-hospital:** Unlimited. Subject to preauthorisation. **Out-of-hospital:** Unlimited. Subject to preauthorisation	**In-hospital:** Unlimited. Subject to preauthorisation. **Out-of-hospital:** Unlimited. Subject to preauthorisation	**In-and-out-of-hospital:** Covered from the Oncology benefit. PET/CT Protocols apply, subject to preauthorisation. No deductable applies, and to default to scheme rate if non DSP is used.
	Traditional Plan	**In-hospital:** Unlimited. **Out-of-hospital:** Limited to R5 300 per beneficiary per year	**In-hospital:** Unlimited. Subject to preauthorisation. **Out-of-hospital:** Unlimited. Subject to preauthorisation	**In-hospital:** Unlimited. Subject to preauthorisation. **Out-of-hospital:** Unlimited. Subject to preauthorisation	**In-and-out-of-hospital:** Covered from the Oncology benefit. PET/CT Protocols apply, subject to preauthorisation. No deductable applies, and to default to scheme rate if non DSP is used.
	Core Saver Plan	**In-hospital:** Unlimited. Subject to preauthorisation. **Out-of-hospital:** Subject to Care Plan and referral by Bankmed GP Entry Plan provider. Subject to available funds in the MSA for Non-Care plan benefit	**In-hospital:** Unlimited. Subject to preauthorisation. **Out-of-hospital:** Unlimited. Subject to preauthorisation	**In-hospital:** Unlimited. Subject to preauthorisation. **Out-of-hospital:** Unlimited. Subject to preauthorisation	**In-and-out-of-hospital:** Covered from the Oncology benefit. PET/CT Protocols apply, subject to preauthorisation. No deductable applies, and to default to scheme rate if non DSP is used.
	Basic Plan	**In-hospital:** Unlimited. **Out-of-hospital:** Subject to scheme approved formulary and below limits: Member: R1 765 per beneficiary per annum. Member + 1: R2 770 per beneficiary per annum	**In-hospital:** Unlimited. Subject to preauthorisation. **Out-of-hospital:** Limited to PMB's and subject to preauthorisation	**In-hospital:** Unlimited. Subject to preauthorisation. **Out-of-hospital:** Limited to PMB's and subject to preauthorisation	**In-and-out-of-hospital:** Limited to PMB's and subject to preauthorisation, and the use of PMB PET CT network
	PMB Plan	**In-hospital:** Limited to PMB's and subject to preauthorisation **Out-of-hospital:** Limited to PMB's and subject to preauthorisation	**In-hospital:** Limited to PMB's and subject to preauthorisation **Out-of-hospital:** Limited to PMB's and subject to preauthorisation	**In-hospital:** Limited to PMB's and subject to preauthorisation **Out-of-hospital:** Limited to PMB's and subject to preauthorisation	**In-and-out-of-hospital:** Limited to PMB's and subject to preauthorisation, and the use of PMB PET CT network

* All MRI and CT scans require referral from a specialist

Overview of radiology benefits on the restricted schemes administered by Discovery Health

Scheme name	Benefit Option	General radiology and ultrasound	Nuclear medicine scans	MRI and CT scans*	PET scans
BMW Employees Medical Aid Society	BEMAS	**In-hospital:** Covered from the Overall Annual Limit **Out-of-hospital:** Subject to a combined limit for radiology and pathology of R7 900 per family per year	**In-hospital:** Covered from the Overall Annual Limit **Out-of-hospital:** Covered from the Overall Annual Limit, benefits must be confirmed **If oncology related, will first be paid from the Oncology Benefit**	**In-hospital:** Covered from the Overall Annual Limit **Out-of-hospital:** Covered from the Overall Annual Limit, benefits must be confirmed **If oncology related, will first be paid from the Oncology Benefit**	Covered from the Oncology Benefit. PET-CT scans need to be preauthorised No deductible applicable
Glencore		**Combined in- and out-of-hospital limits:** R9 870 per family per year	**Combined in- and out-of-hospital limits: Specialised radiology: R18 740** per family per year	**Combined in- and out-of-hospital limits: Specialised radiology: R18 740** per family per year	PET scans are limited to 1 scan per family per year however, your condition determines how many PET-CT scans will be covered. You need to preauthorise PET-CT scans with us before having it done.

* All MRI and CT scans require referral from a specialist

Overview of radiology benefits on the restricted schemes administered by Discovery Health

Scheme name	Benefit Option	General radiology and ultrasound	Nuclear medicine scans	MRI and CT scans*	PET scans
Malcor	Plan A	**In-hospital:** Subject to pre-approval. Paid from the In-hospital Overall Annual Limit. **Out-of-hospital**: Subject to Out-of-hospital Overall Annual Limit with sub-limits: Member: R3 030 Member + 1: R5 300 Member + 2: R6 825 Member + 3: R8 340 Member + 4 or more: R9 850 Once the limit is reached, claims will fund at 80% of scheme rate from the Out-of-hospital Overall Annual Limit	**In-and-out-of-hospital:** Subject to pre-approval. Paid from the In-hospital Overall Annual Limit.	**In-and-out-of-hospital:** Subject to pre-approval. Paid from the In-hospital Overall Annual Limit. **Please note:** Only a specialist may refer a member for an MRI/CT scan.	**In-and-out-of-hospital**: Subject to pre-approval. Paid from In-hospital Overall Annual Limit.
	Plan B	**In-hospital:** Subject to pre-approval. Paid from the In-hospital Overall Annual Limit. **Out-of-hospital:** Subject to Out-of-hospital Overall Annual Limit with sub-limits: Member: R1 475 Member + 1: R2 585 Member + 2: R3 315 Member + 3: R4 055 Member + 4 or more: R4 790 Once the limit is reached, claims will fund at 80% of scheme rate from Out-of-hospital Overall Annual Limit	**In-and-out-of-hospital**: Subject to pre-approval. Paid from the In-hospital Overall Annual Limit.	**In-and-out-of-hospital**: Subject to pre-approval. Paid from the In-hospital Overall Annual Limit. **Please note:** Only a specialist may refer a member for an MRI/CT scan.	**In-and-out-of-hospital**: Subject to pre-approval. Paid from the In-hospital Overall Annual Limit.
	Plan C	**In-hospital:** Subject to pre-approval. Paid from the In-hospital Overall Annual Limit. **Out-of-hospital:** Funded from the Out-of-hospital overall annual limit	**In-hospital**: Subject to pre-approval. Paid from the In-hospital Overall Annual Limit.	**In-and-out-of-hospital**: Subject to pre-approval. Paid from the In-hospital Overall Annual Limit. **Please note:** Only a specialist may refer a member for an MRI/CT scan.	**In-hospital**: Subject to pre-approval. Paid from the In-hospital Overall Annual Limit.

* All MRI and CT scans require referral from a specialist

Overview of radiology benefits on the restricted schemes administered by Discovery Health

Scheme name	Benefit Option	General radiology and ultrasound	Nuclear medicine scans	MRI and CT scans*	PET scans
LA Health Medical Scheme	LA Comprehensive	**In-hospital:** Paid from the Major Medical Benefit **Out-of-hospital:** Subject to available day-to-day benefits. Paid from the member's Medical Savings Account or Above Threshold Benefit	**In-hospital:** Paid from the Major Medical Benefit **Out-of-hospital:** Paid from the member's Medical Savings Account or Above Threshold Benefit	**In-and-out-of-hospital:** Paid from the Major Medical Benefit. Preauthorisation is required.	Paid from the Oncology Benefit Subject to availability of funds, and clinical entry criteria. Pet Scans to be preauthorised. If the member's limit is depleted and the member is on PMB treatment, the Pet Scan will pay up to the PMB rate at a PMB provider. If the member's limit is depleted and they are not on PMB treatment the Pet Scan will be funded at 80% of the scheme rate and the member will be liable for the co-payment.
	LA Core	**In-hospital:** Paid from the Major Medical Benefit **Out-of-hospital:** Subject to available day-to-day benefits. Paid from the member's Medical Savings Account or limited Extended Day-to-day Benefit	**In-hospital:** Paid from the Major Medical Benefit **Out-of-hospital:** Subject to available day-to-day benefits. Paid from the member's Medical Savings Account or limited Extended Day-to-day Benefit	**In-and-out-of-hospital:** Paid from the Major Medical Benefit. Preauthorisation is required.	Paid from the Oncology Benefit Subject to availability of funds, and clinical entry criteria. Pet Scans to be preauthorised. If the member's limit is depleted and the member is on PMB treatment, the Pet Scan will pay up to the PMB rate at a PMB provider. If the member's limit is depleted and they are not on PMB treatment the Pet Scan will be funded at 80% of the scheme rate and the member will be liable for the co-payment.
	LA Active	**In-hospital:** Paid from the Major Medical Benefit **Out-of-hospital:** Subject to available day-to-day benefits. Paid from the member's Medical Savings Account or limited Extended Day-to-day Benefit	**In-hospital:** Paid from the Major Medical Benefit **Out-of-hospital:** Subject to available day-to-day benefits. Paid from the member's Medical Savings Account or limited Extended Day-to-day Benefit	**In-hospital:** Paid from the Major Medical Benefit **Out-of-hospital:** The first R2 550 is paid from the Medical Savings Account, subject to the availability of funds. The balance is paid from the Major Medical Benefit	Paid from the Oncology Benefit Subject to availability of funds, and clinical entry criteria. Pet Scans to be preauthorised. If the member's limit is depleted and the member is on PMB treatment, the Pet Scan will pay up to the PMB rate at a PMB provider. If the member's limit is depleted and they are not on PMB treatment the Pet Scan will be funded at 80% of the scheme rate and the member will be liable for the co-payment.

* All MRI and CT scans require referral from a specialist

Overview of radiology benefits on the restricted schemes administered by Discovery Health

Scheme name	Benefit Option	General radiology and ultrasound	Nuclear medicine scans	MRI and CT scans*	PET scans
LA Health Medical Scheme	LA Focus	**In-hospital:** Paid from the Major Medical Benefit **Out-of-hospital:** Paid from the available day-to-day benefits in the Medical Savings Account	**In-hospital:** Paid from the Major Medical Benefit **Out-of-hospital:** Paid from available day-to-day benefits in the Medical Savings Account	**In-hospital:** Paid from the Major Medical Benefit **Out-of-hospital:** The first R2 550 is paid from the Medical Savings Account, subject to the availability of funds. The balance is paid from the Major Medical Benefit	Paid from the Oncology Benefit Subject to availability of funds, and clinical entry criteria. Pet Scans to be preauthorised. If the member's limit is depleted and the member is on PMB treatment, the Pet Scan will pay up to the PMB rate at a PMB provider. If the member's limit is depleted and they are not on PMB treatment the Pet Scan will be funded at 80% of the scheme rate and the member will be liable for the co-payment.
	LA KeyPlus	**In-hospital:** Paid from the Major Medical Benefit **Out-of-hospital:** Unlimited, according to a list of X-rays and only if requested or referred by the member's chosen primary or secondary GP. Requests from a specialist will be subject to the Specialist Benefit limit of R3 860 for each person, each year.	**In-hospital:** Paid from the Major Medical Benefit **Out-of-hospital:** Paid from and subject to the Specialist benefit limit of R3 860 per person per year.	**In-hospital:** Paid from the Major Medical Benefit if performed at a KeyCare hospital and must be related to hospital admission **Out-of-hospital:** Paid from and subject to the Specialist Benefit limit of R3 860 per person per year	Prescribed Minimum Benefit cover only from the Oncology Benefit, at a PMB PET-CT network provider. PET-CT scans need to be preauthorised.
Lonmin Medical Scheme	Lonmin Plan	**In-hospital:** Subject to the overall annual hospital limit if referred by Lonmin Medical Scheme (LMS) provider, if not a PMB condition **Out-of-hospital:** • 100% of Scheme Rate if referred by LMS provider • 50% of Scheme Rate if not referred by LMS provider – limited to R1 080 per person per year	**In-hospital:** Subject to the overall annual hospital limit if referred by LMS provider, if not a PMB condition **Out-of-hospital:** • 100% of Scheme Rate if referred by LMS provider • 50% of Scheme Rate if not referred by LMS provider – limited to R1 080 per person per year	**In-hospital:** Subject to the overall annual hospital limit if referred by LMS provider, if not a PMB condition **Out-of-hospital:** • 100% of Scheme Rate if referred by LMS provider • 50% of Scheme Rate if not referred by LMS provider – limited to R1 080 per person per year	PMB cover only from the overall annual hospital limit and at a PMB PET-CT provider. PET-CT scans need to be preauthorised.

* All MRI and CT scans require referral from a specialist

Overview of radiology benefits on the restricted schemes administered by Discovery Health

Scheme name	Benefit Option	General radiology and ultrasound	Nuclear medicine scans	MRI and CT scans*	PET scans
MMED Option Naspers Medical Fund	MMED Option	**In-hospital:** Subject to the overall annual limit for in-hospital benefits **Out-of-hospital:** Subject to available day-to-day benefits	**In-hospital:** Subject to the overall annual limit for in-hospital benefits **Out-of-hospital:** Subject to available day-to-day benefits	**In-and-out-of-hospital:** Subject to a limit of R21 100 per family per year If oncology-related, will be paid from the Oncology Benefit	Subject to availability of funds, and clinical entry criteria. Pet Scans to be preauthorised. If the member's limit is depleted and the member is on PMB treatment, the PET scan will pay up to the PMB rate at a PMB provider. If the member's limit is depleted and they are not on PMB treatment the Pet Scan will be funded at 80% of the scheme rate and the member will be liable for the co-payment.
Netcare medical scheme		**In-and-out-of-hospital:** Annual family limit applies to in and out of hospital basic radiology (black and white X-rays, ultrasonography) Member: R2 850 Member + 1: R4 260 Member + 2: R4 970 Member + 3: R5 320	**In-and-out-of-hospital:** Need authorisation. Unlimited cover from Insured benefit with R500 co-payment where it is not a PMB. Member may be refunded for the co-payment from MSA and is applied on the radiology account.	**In-and-out-of-hospital:** Need authorisation. Unlimited cover from Insured benefit with R500 co-payment where it is not a PMB. Member may be refunded for the co-payment from MSA and is applied on the radiology account.	PET-CT scans need to be preauthorised. No deductible applicable.

* All MRI and CT scans require referral from a specialist

Overview of radiology benefits on the restricted schemes administered by Discovery Health

Scheme name	Benefit Option	General radiology and ultrasound	Nuclear medicine scans	MRI and CT scans*	PET scans
Quantum Medical Aid Society	Essential Comprehensive	**In-hospital:** Subject to Hospital Benefit **Out-of-hospital:** Subject to available day-to-day benefits	**In-hospital:** Covered from Hospital Benefit **Out-of-hospital:** Subject to available day-to-day benefits	**In-hospital:** Covered from Hospital Benefit. R1 650 of the scan account will be paid from day-to-day benefits if unrelated to admission **Out-of-hospital**: R1 650 of the account will be paid from available day-to-day benefits. The balance of will be paid from the Hospital Benefit	Paid from the Oncology Benefit. Subject to availability of funds, and clinical entry criteria. PET Scans to be preauthorised. If the member's limit is depleted and the member is on PMB treatment, the PET Scan will pay up to the PMB rate at a PMB provider. If the member's limit is depleted and they are not on PMB treatment the Pet Scan will be funded at 80% of the scheme rate and the member will be liable for the co-payment.
	Essential Saver	**In-hospital:** Subject to Hospital Benefit **Out-of-hospital:** Subject to available day-to-day benefits	**In-hospital:** Covered from Hospital Benefit **Out-of-hospital:** Subject to available day-to-day benefits	**In-hospital:** Covered from Hospital Benefit. R1 650 of the scan account will be paid from day-to-day benefits if unrelated to admission **Out-of-hospital:** R1 650 of the account will be paid from available day-to-day benefits. The balance of will be paid from the Hospital Benefit	Paid from the Oncology Benefit. Subject to availability of funds, and clinical entry criteria. PET Scans to be preauthorised. If the member's limit is depleted and the member is on PMB treatment, the Pet Scan will pay up to the PMB rate at a PMB provider. If the member's limit is depleted and they are not on PMB treatment the Pet Scan will be funded at 80% of the scheme rate and the member will be liable for the co-payment.
Quantum Medical Aid Society	Quantum KeyCare Plus Plan	Unlimited, according to a list of X-rays and only if requested or referred by the member's chosen primary or secondary GP Requests from specialist will be subject to the Specialist Benefit limit of R3 800 for each person, each year	**In-hospital:** Covered from Hospital Benefit **Out-of-hospital:** No benefit	**In-hospital:** Covered from Hospital Benefit if related to an approved hospital admission If unrelated to approved hospital admission, will be paid from the Specialist Benefit, subject to the availability of funds **Out-of-hospital:** Subject to the annual Specialist Benefit limit of R3 800 for each person, each year	Prescribed Minimum Benefit cover only from the Oncology Benefit, at a PMB PET-CT network provider. PET-CT scans need to be preauthorised.

* All MRI and CT scans require referral from a specialist

Overview of radiology benefits on the restricted schemes administered by Discovery Health

Scheme name	Benefit Option	General radiology and ultrasound	Nuclear medicine scans	MRI and CT scans*	PET scans
Remedi Medical Aid Scheme	Remedi Comprehensive	**In-hospital:** Paid from the Scheme's Risk benefits. Subject to the overall annual limit **Out-of-hospital:** Paid from the Insured Out-of-hospital Benefit limit, subject to the annual overall limit and the following sub limits: Principal party: R7 110 Spouse/adult dependant: R4 200 Child (limited to 3 children): R1 180	**In-and-out-of-hospital:** Paid from the Scheme's Risk benefits. Subject to overall annual limit	**In-and-out-of-hospital:** Paid from the Scheme's Risk benefits. Subject to overall annual limit	Paid from the Oncology Benefit Subject to availability of funds, and clinical entry criteria. Pet Scans to be preauthorised. If the member's limit is depleted and the member is on PMB treatment, the PET Scan will pay up to the PMB rate at a PMB provider. If the member's limit is depleted and they are not on PMB treatment the PET Scan will be funded at 80% of the scheme rate and the member will be liable for the co-payment.
	Remedi Classic	**In-hospital:** Paid from the Scheme's Risk benefits. Subject to the overall annual limit **Out-of-hospital:** Paid from the Insured Out-of-hospital Benefit limit, subject to the annual overall limit and the following sub limits: Principal party: R6 300 Spouse/adult dependant: R3 720 Child (limited to 3 children): R1 040	**In-and-out-of-hospital:** Paid from the Scheme's Risk benefits. Subject to overall annual limit	**In-and-out-of-hospital:** Paid from the Scheme's Risk benefits. Subject to overall annual limit	Paid from the Oncology Benefit Subject to availability of funds, and clinical entry criteria. PET Scans to be preauthorised. If the member's limit is depleted and the member is on PMB treatment, the PET Scan will pay up to the PMB rate at a PMB provider. If the member's limit is depleted and they are not on PMB treatment the PET Scan will be funded at 80% of the scheme rate and the member will be liable for the co-payment.
	Remedi Standard	**In-hospital:** Paid from the Scheme's Risk benefits. Subject to the overall annual limit **Out-of-hospital:** Basic radiology only.	**In-hospital:** Paid from the Scheme's Risk benefits Subject to the overall annual limit **Out-of-hospital:** No benefit	**In-hospital:** Paid from the Scheme's Risk benefits. Subject to overall annual limit and referral by a specialist **Out-of-hospital:** No benefit	Paid from the Oncology Benefit Subject to availability of funds, and clinical entry criteria. PET Scans to be preauthorised. If the member's limit is depleted and the member is on PMB treatment, the PET Scan will pay up to the PMB rate at a PMB provider. If the member's limit is depleted and they are not on PMB treatment the PET Scan will be funded at 80% of the scheme rate and the member will be liable for the co-payment.

* All MRI and CT scans require referral from a specialist

Overview of radiology benefits on the restricted schemes administered by Discovery Health

Scheme name	Benefit Option	General radiology and ultrasound	Nuclear medicine scans	MRI and CT scans*	PET scans
Retail Medical Scheme	Retail Essential Plus	**In-hospital:** Covered from the Hospital Benefit **Out-of-hospital:** Subject to available day-to-day benefits	**In-hospital:** Paid by the Scheme from the risk benefits **Out-of-hospital**: Subject to available day-to-day benefits in the Medical Savings Account and limited Above Threshold Benefit	**In-hospital:** Paid by the Scheme from the risk benefits **Out-of-hospital:** Paid by the Scheme from the risk benefits	Paid from the Oncology Benefit Subject to availability of funds, and clinical entry criteria. Pet Scans to be preauthorised. If the member's limit is depleted and the member is on PMB treatment, the Pet Scan will pay up to the PMB rate at a PMB provider. If the member's limit is depleted and they are not on PMB treatment the Pet Scan will be funded at 80% of the scheme rate and the member will be liable for the co-payment.
	Retail Essential	**In-hospital:** Covered from the Hospital Benefit **Out-of-hospital:** Subject to available day-to-day benefits	**In-hospital:** Paid by the Scheme from the risk benefits **Out-of-hospital:** No benefit, except for PMB cover	**In-hospital:** Paid by the Scheme from the risk benefits **Out-of-hospital:** Paid by the Scheme from the risk benefits	Paid from the Oncology Benefit Subject to availability of funds, and clinical entry criteria. Pet Scans to be preauthorised. If the member's limit is depleted and the member is on PMB treatment, the Pet Scan will pay up to the PMB rate at a PMB provider. If the member's limit is depleted and they are not on PMB treatment the Pet Scan will be funded at 80% of the scheme rate and the member will be liable for the co-payment.

* All MRI and CT scans require referral from a specialist

Overview of radiology benefits on the restricted schemes administered by Discovery Health

Scheme name	Benefit Option	General radiology and ultrasound	Nuclear medicine scans	MRI and CT scans*	PET scans
SABMAS	Essential Option	Diagnostic and scans, including Vacuum Assisted Breast Biopsy (VABB) All other codes except scans; x-ray, tomography, injections in shoulder joints, fluoroscopy. **Out-of-hospital** will be covered from Limited Overall Annual Limit. **In-hospital** will be covered as part of the authorisation from Limited Overall Annual Limit.	**Out-of-hospital** will be covered from Limited Overall Annual Limit. **In-hospital** will be covered as part of the authorisation from Limited Overall Annual Limit.	MRI and CT scans are funded from the Limited Overall Annual Limit. **Out-of-hospital** will require a separate authorisation. **In-hospital** will be covered as part of the authorisation from Limited Overall Annual Limit.	Funded as part of the Oncology benefit from Limited Overall Annual Limit
	Comprehensive Option	Cover is provided for diagnostic radiology and scans, including Vacuum Assisted Breast Biopsy (VABB) All other codes except scans; x-ray, tomography, injections in shoulder joints, fluoroscopy. **Out-of-hospital:** Funding is funded from the Major Medical Benefit and limited to funds in the day-to-day benefit : Member R18 900 Member + 1 R25 200 Member + 2 R30 300 Member + 3 R34 200 **In-hospital** will be covered as part of the authorisation from Major Medical Benefit	**Out-of-hospital** will require a separate authorisation. **In-hospital** will be covered as part of the authorisation from Major Medical Benefit.	MRI and CT scans are funded from the Major Medical Benefit. **Out-of-hospital** will require a separate authorisation. **In-hospital** will be covered as part of the authorisation from Major Medical Benefit	Funded as part of the Oncology benefit from Major Medical Benefit.

* All MRI and CT scans require referral from a specialist

Overview of radiology benefits on the restricted schemes administered by Discovery Health

Scheme name	Benefit Option	General radiology and ultrasound	Nuclear medicine scans	MRI and CT scans*	PET scans
TFG Medical Aid Scheme	Plan A	**In-hospital:** Paid from the Scheme's Risk benefits. Subject to the overall annual limit **Out-of-hospital:** Paid at 80% of the Scheme Rate from the Scheme Risk benefits, subject to the overall annual limit and a specific sub-limit of R15 800 for each family, each year	**In-hospital:** Paid from the Scheme's Risk benefits Subject to the overall annual limit **Out-of-hospital:** Paid at 80% of the Scheme Rate from the Scheme Risk benefits, subject to the overall annual limit and a specific sub-limit of R15 800 for each family, each year	**In-hospital:** Paid from the Schemes Risk benefits Subject to the overall annual limit **Out-of-hospital:** Paid at 100% of the Scheme Rate from the Scheme Risk benefits, subject to the overall annual limit and a specific sub-limit of R15 800 for each family, each year	Paid at 100% of the Scheme Rate from the Oncology Benefit, subject to the overall annual limit and a specific limit of R200 000 a beneficiary, each year. If the member's limit is depleted and the member is on PMB treatment, the Pet Scan will pay up to the PMB rate at a PMB provider. If the member's limit is depleted and they are not on PMB treatment the Pet Scan will be funded at 80% of the scheme rate and the member will be liable for the co-payment.
	Plan B	**In-hospital:** Paid from the Scheme's Risk benefits. Subject to the overall annual limit **Out-of-hospital:** Paid at 80% of the Scheme Rate from the Scheme Risk benefits, subject to the overall annual limit and a specific sub-limit of R22 700 for each family, each year	**In-hospital:** Paid from the Scheme's Risk benefits Subject to the overall annual limit **Out-of-hospital:** Paid at 80% of the Scheme Rate from the Scheme Risk benefits, subject to the overall annual limit and a specific sub-limit of R22 700 for each family, each year	**In-hospital:** Paid from the Schemes Risk benefits Subject to the overall annual limit **Out-of-hospital:** Paid at 100% of the Scheme Rate from the Scheme Risk benefits, subject to the overall annual limit and a specific sub-limit of R22 700 for each family, each year	Paid at 100% of the Scheme Rate from the Oncology Benefit, subject to the overall annual limit and a specific limit of R550 000 a beneficiary, each year. PET-CT scans need to be preauthorised. If the member's limit is depleted and the member is on PMB treatment, the Pet Scan will pay up to the PMB rate at a PMB provider. If the member's limit is depleted and they are not on PMB treatment the Pet Scan will be funded at 80% of the scheme rate and the member will be liable for the co-payment.

* All MRI and CT scans require referral from a specialist

Overview of radiology benefits on the restricted schemes administered by Discovery Health

Scheme name	Benefit Option	General radiology and ultrasound	Nuclear medicine scans	MRI and CT scans*	PET scans
Tsogo Sun Group Medical Scheme	Classic Comprehensive	**In-hospital:** Covered from Hospital Benefit **Out-of-hospital:** Subject to available day-to-day benefits	**In-hospital:** Covered from Hospital Benefit **Out-of-hospital:** Subject to available day-to-day benefits	**In-hospital:** Covered from Hospital Benefit for authorised admissions. The first R2 900 is paid from available day-to-day benefits if for conservative back or neck treatment or if the scan is not related to the hospital admission **Out-of-hospital:** The first R2 900 is paid from available day-to-day benefits. The balance is paid from the Hospital Benefit. Also applies if member is admitted to hospital for conservative back or neck treatment	Paid from the Oncology Benefit. Subject to availability of funds, and clinical entry criteria. Pet Scans to be preauthorised. If the member's limit is depleted and the member is on PMB treatment, the Pet Scan will pay up to the PMB rate at a PMB provider. If the member's limit is depleted and they are not on PMB treatment the Pet Scan will be funded at 80% of the scheme rate and the member will be liable for the co-payment.
	Classic Saver	**In-hospital:** Covered from Hospital Benefit **Out-of-hospital:** Subject to available day-to-day benefits	**In-hospital:** Covered from Hospital Benefit **Out-of-hospital:** Subject to available day-to-day benefits	**In-hospital:** Covered from Hospital Benefit for authorised admissions. The first R2 900 is paid from available day-to-day benefits if for conservative back or neck treatment or if the scan is not related to the hospital admission **Out-of-hospital:** The first R2 900 is paid from available day-to-day benefits. The balance is paid from the Hospital Benefit. Also applies if member is admitted to hospital for conservative back or neck treatment	Paid from the Oncology Benefit. Subject to availability of funds, and clinical entry criteria. Pet Scans to be preauthorised. If the member's limit is depleted and the member is on PMB treatment, the Pet Scan will pay up to the PMB rate at a PMB provider. If the member's limit is depleted and they are not on PMB treatment the Pet Scan will be funded at 80% of the scheme rate and the member will be liable for the co-payment.
University of KwaZulu-Natal Medical Scheme	UKZN MS Standard Plan	**In-hospital:** Subject to the overall annual limit **Out-of-hospital:** Subject to General Benefit Pool, thereafter, the Medical Savings Account	**In-and-out-of-hospital:** ■ Limited to R25 750 per beneficiary per annum, This limit applies to in and out of hospital and the co-payment applies in and out of hospital ■ A co-payment of 30% of the cost of the scan up to a maximum of R2 600 per scan is covered from General Benefit Pool. Remainder of the account covered from the Major Risk Benefit	**In-and-out-of-hospital:** ■ Limited to R25 750 per beneficiary per annum, This limit applies to in and out of hospital and the co-payment applies in and out of hospital ■ A co-payment of 30% of the cost of the scan up to a maximum of R2 600 per scan is covered from the General Benefit Pool. Remainder of the account covered from Major Risk benefits	Prescribed Minimum Benefit cover only from the Oncology Benefit. Out-of-network claims will be funded at the Scheme Rate. PET-CT scans need to be preauthorised.

* All MRI and CT scans require referral from a specialist

How to identify members

How to identify members on schemes administered by Discovery Health – 2018

Open Scheme

Scheme name and logo	Scheme member card	Contact number	Reimbursement	Plans
Discovery Health Medical Scheme		**Providers:** 0860 44 55 66 **Members:** 0860 99 88 77	Discovery Health Rate	**Executive Plan** **Comprehensive Series:** ▪ Classic Comprehensive ▪ Classic Delta Comprehensive ▪ Classic Comprehensive Zero MSA ▪ Essential Comprehensive ▪ Essential Delta Comprehensive **Priority Series:** ▪ Classic Priority ▪ Essential Priority **Saver Series:** ▪ Classic Saver ▪ Classic Delta Saver ▪ Essential Saver ▪ Essential Delta Saver ▪ Coastal Core **Smart Series:** ▪ Classic Smart ▪ Essential Smart **Core Series:** ▪ Classic Core ▪ Classic Delta Core ▪ Essential Core ▪ Essential Delta Core ▪ Coastal Core **KeyCare Series:** ▪ KeyCare Plus ▪ KeyCare Access ▪ KeyCare Core

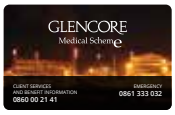
Closed Schemes

Scheme name and logo	Scheme member card	Contact number	Reimbursement	Plans
AMS ANGLO MEDICAL SCHEME		**Providers:** 0860 44 55 66 **Members:** 0860 222 633	Anglo Medical Scheme Reimbursement Rate = Discovery Health Rate	▪ Value Care Plan ▪ Standard Care Plan ▪ Managed Care Plan
ANGLOVAAL GROUP MEDICAL SCHEME		**Providers:** 0860 44 55 66 **Members:** 0860 100 693 **Cell to cell:** 083 123 0693	Anglovaal Group Medical Scheme Rate = Discovery Health Rate	One plan available

How to identify members

How to identify members on schemes administered by Discovery Health – 2018

Closed Schemes

Scheme name and logo	Scheme member card	Contact number	Reimbursement	Plans
Bankmed		**0800 Bankmed** 0800 226 5633	Bankmed Scheme Rate = Discovery Health Rate	▪ Essential Plan ▪ Basic Plan ▪ Core Saver Plan ▪ Traditional Plan ▪ Comprehensive Plan ▪ Plus Plan
BMW Employees Medical Aid Society		**Providers:** 0860 44 55 66 **Members:** 0860 002 107	BMW Employees Medical Aid Society = Discovery Health Rate	One plan available
GLENCORE Medical Scheme		**Providers:** 0860 44 55 66 **Members:** 0860 00 21 41	Scheme Rate = Discovery Health Rate	Glencore Plan
LA Health		**Providers:** 0860 44 55 66 **Members:** 0860 103 933 **Cell to cell:** 083 123 3933	LA Health Rate and LA Health Medication Rate = Discovery Health Rate	▪ LA Comprehensive ▪ LA Core ▪ LA Active ▪ LA Focus ▪ LA KeyPlus
LONMIN MEDICAL SCHEME		**Providers:** 0860 44 55 66 **Members:** 0860 104 883	For members who do not use Lonmin Medical Services, Lonmin Medical Scheme Rate = Discovery Health Rate except for optometry, anaesthesiology and pathology	One plan available
MALCOR MEDICAL AID SCHEME		**Providers:** 0860 44 55 66 **Members:** 0860 100 698	Malcor Medical Aid Scheme Rate = Discovery Health Rate	▪ Plan A ▪ Plan B ▪ Plan C ▪ Plan D (managed by Enablemed)
THE M-MED OPTION		**Providers:** 0860 44 55 66 **Members:** 0860 11 66 33	The M-Med Option of the Naspers Medical Fund Scheme Rate = Discovery Health Rate	The M-MED Option

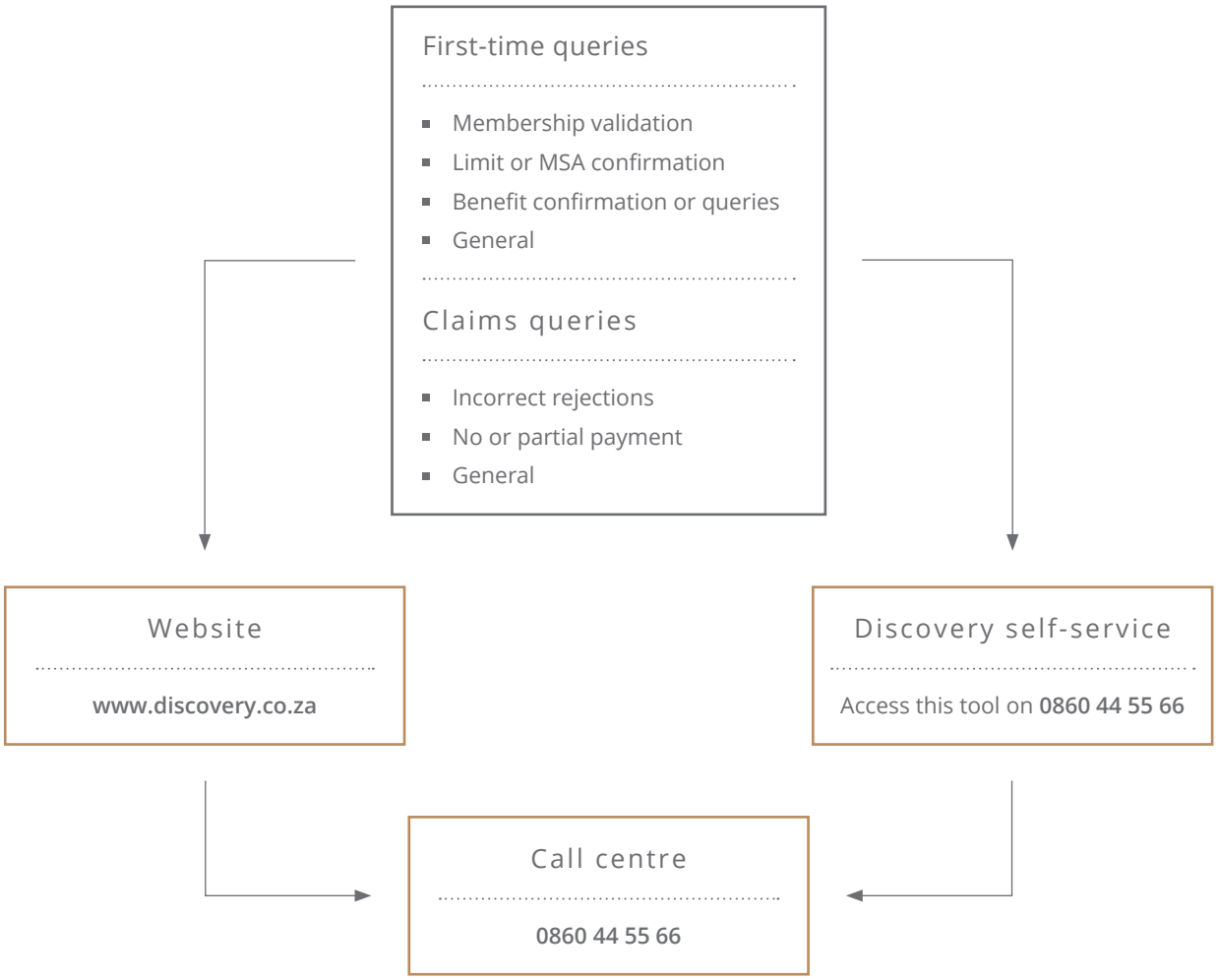
How to identify members

How to identify members on schemes administered by Discovery Health – 2018

Closed Schemes

Scheme name and logo	Scheme member card	Contact number	Reimbursement	Plans
NETCARE MEDICAL SCHEME Administered by Discovery Health		**Providers:** 0860 44 55 66 **Members:** 0861 638 633	Netcare Medical Scheme Rate = Discovery Health Rate	Netcare Savings Option
Quantum Medical Aid Society		**Providers:** 0860 44 55 66 **Members:** 0860 102 958 **Cell to cell:** 083 123 2958	Quantum Medical Aid Society Rate = Discovery Health Rate	▪ Essential Comprehensive ▪ Essential Saver ▪ KeyCare Plus
REMEDI Administered by Discovery Health		**Providers:** 0860 44 55 66 **Members:** 0860 116 116	Remedi Medical Aid Scheme Rate = Discovery Health Rate	▪ Remedi Comprehensive Option ▪ Remedi Classic Option ▪ Remedi Standard Option
Retail Medical Scheme		**Providers:** 0860 44 55 66 **Members:** 0860 101 252	Retail Medical Scheme Rate = Discovery Health Rate	▪ Essential Plus ▪ Essential
SAB The South African Breweries | Medical Aid		**Providers:** 0860 44 55 66 **Members:** 0860 002 133		▪ Comprehensive Benefit Option ▪ Essential Benefit Option
TFG MEDICAL AID SCHEME		**Providers:** 0860 44 55 66 **Members:** 0860 123 077	TFG Medical Aid Scheme Rate = Discovery Health Rate	▪ Plan A ▪ Plan B
UKZN MEDICAL SCHEME Administered by Discovery Health		**Providers:** 0860 44 55 66 **Members:** 0860 11 33 22 or 031 576 7015	University of Kwazulu-Natal Medical Scheme Rate = Discovery Health Rate	▪ Standard Plan

Servicing: escalation routing



If your query remains unresolved, please email **radiology@discovery.co.za**
When appropriate, a service consultant will visit your practice

Frequently asked questions

Typical rejection codes on radiology claims

The typical rejection codes on radiology claims and how to fix them

Rejection code	Description	What does it mean?	How do I fix it?
RC 549	We cover CT and MRI scans only if the referring practice is a specialist. To review the claim, we may need a copy of the request form, the radiology report and additional clinical information.	The referring doctor on the claim is not a specialist or is not on our network of GPs who may refer for CT and MRI scans.	If the incorrect referring doctor was indicated on the claim, an enquiry can be logged with an amended account indicating the correct referring doctor's practice number.
RC 162	This claim has not been paid, as the referring provider's practice number could not be validated.	This means that either the referring doctor's practice number does not appear on the claim, or the practice number is incorrect, eg too many digits, digits missing or digits scrambled.	Double check if the referring doctor's practice number appears on the claim and is correct. Log an enquiry with an amended account indicating the referring doctor's correct practice number.
RC 6	Your health plan excludes cover for this claim – we have not paid it.	This means that the member might be in hospital for a procedure that is a general scheme exclusion. Therefore, all related accounts will reject with this reason code.	See if member is in hospital for a possible general scheme exclusion (check ICD-10 coding). If the admission is for general scheme exclusion, the member is responsible for the radiology account.
RC 9	We have not paid this claim, because your plan excludes payment of this type of treatment.	This reasons code typically appears on claims for members on Core plans for MRI and CT scans done in an out-of-hospital setting. Members on Core Plans do not have any out-of-hospital MRI or CT scan benefits.	Member is responsible for the account.
RC 183	This code has been rejected as this service is included in the main procedure code. You are not responsible for paying this amount.	This rejection code is typically indicative of a rule in the radiology RPL, which has been hard-coded in our system. For example, code 30360 may not be billed with codes 40330 or 40333.	Double check the rule in the radiology guide. RSSA could provide more information regarding combination of codes and correct billing practice. Enquiries may be logged with **radiology@discovery.co.za**

Frequently asked questions

Typical rejection codes on radiology claims

The typical rejection codes on radiology claims and how to fix them

Rejection code	Description	What does it mean?	How do I fix it?
RC 92	This code has been rejected as this service is included (ie, incidental) in the main procedure code.	This rejection is typically indicative of "logical" rules. For example, CT brain pre- and post-contrast may not be billed with CT brain post-contrast.	Enquiries may be logged with **radiology@discovery.co.za**
RC 287	We have not paid this after-hours fee, as this is not a covered benefit for this provider type.	We do not pay for after-hours fees. We do however pay for the two emergency call-out fees (codes 01010 and 01020), except on the KeyCare Plans.	Radiology practices must not be billing in-hospital patients for an after-hours fee. If the practice bills out-of-hospital patients for an after-hours fee, the patients should be made aware of it and told that they would be responsible for this fee.
RC 357	3D reconstruction. We have not paid the amount on this claim line, as the procedure code is no longer in use. Please ask the provider to send us an updated claim with the correct procedure code.	We have blocked the 3D codes from 1 June 2010. This was done with the support of RSSA.	Resubmit the account for the same procedure, but with the code that does not include the 3D description, ie code 11310 – CT of the facial bones with 3D reconstructions (will be rejected). Resubmit with code 11300 – CT of the facial bones.
RC 391	We paid the amount on this line according to the agreed payment arrangement. You do not have to pay the amount shown in the portion not payable column	This reason code typically appears on claims for members on our KeyCare Plans. Your radiology practice is on our KeyCare Radiology Network.	Do not log an enquiry. Our system will automatically cut and pay the claim at a 15% discount, as per the KeyCare radiology agreed rate.

Frequently asked questions

Submitting accounts

I have an amended account for a claim that cannot be reversed and a paper claim needs to be submitted. How do I go about sending this?

You need to have a reference number for the amended account. Get this by calling us on 0860 44 55 66, where a consultant will provide the number. Thereafter, please fax the account with the reference number to 0860 235 878, or email it to **radiology@discovery.co.za**

What must I do if I need to submit an amended account?

If you need to amend an account, you need to reverse the claim before resubmitting it to us electronically. You have 90 days in which to reverse a claim. You must ensure all claims are sent to us within 120 days. Claims older than this will not be processed or paid.

Reprocessing of accounts

Currently the practice has to phone to get accounts reprocessed after a membership suspension has been lifted. Is there any automatic process that can accommodate this?

When this happens, an enquiry has to be logged to have the account reprocessed and paid, once the member suspension has been lifted.

Reference numbers

What is the reference number I get given when I call the call centre?

The number you are given refers to the number of the call and not the query itself. Please remember that this number is not an authorisation number and it does not guarantee payment or reserve funds for claims.

Do I get a reference number when I use the self-service (VXML) function?

When you dial 0860 66 55 44 for speech-enabled member validation and benefit confirmation, you are given a reference number at the beginning of your call. The number you are given refers to the number of the call and not the query itself. It is important to remember that this number is not an authorisation number and it does not guarantee payment or reserve funds for claims.

Website functionality

Does the website allow me to confirm benefits and do member validations?

Discovery's website, www.discovery.co.za, offers real-time benefit confirmation that is correct and up to date. If web access is a problem, Discovery's self-service function (VXML) also enables member validation and benefit confirmation.

I'm not registered on the website. Who can assist me with this process?

Your Key Account Manager will be able to assist you to register on the website. Please call your Key Account Manager to set up a time that is convenient for you.

How far can the practice go back for a claims search?

The claims search functionality allows you to go back six months.

PET scans

Why does Discovery Health not fund PET-CT scans used in planning for radiotherapy for all cancers?

There is insufficient clinical evidence to support the use of PET-CT scans in planning.

When can a radiology practice participating in the PET-CT scan direct payment arrangement withdraw?

Participation in the payment arrangement is voluntary. The participating healthcare provider may withdraw from the PET-CT payment arrangement upon providing Discovery Health with 30 days' written notice.

How will members know there won't be a deductible for PET-CT scan services for practices participating in the PET-CT scan direct payment arrangement?

When our members contact Discovery Health to confirm benefits for PET-CT services, they will be made aware that a deductible will not be required for healthcare providers participating in the PET-CT scan direct payment arrangement.

Frequently asked questions

Co-payments on MRI and CT scans

Does the co-payment apply to all Discovery Health Plans?

Co-payments for out-of-hospital MRI and CT scans apply to the Comprehensive, Priority and Saver Plans only.

Would there ever be a time when Discovery Health will waive the co-payment?

Where MRI and CT scans are performed and confirm the diagnosis of a Prescribed Minimum Benefit condition, we will reprocess the account so that the member does not have a co-payment.

Can our practice collect the co-payment from the member upfront and tell them this will be paid to them from their day-to-day benefit?

We are unable to reverse the co-payment of R2 750 into the member's Medical Savings Account when a member makes a cash payment to a practice. Our system will always apply a co-payment on claims for MRI and CT scan codes, even if the claim reflects that the co-payment has been made.

Which CT scan codes can a GP refer, that will not reject with reason code 549 (need specialist referral)?

▪ **13300**	CT of the paranasal sinuses single plane, limited study
▪ **42300**	CT of the renal tract for a stone

NAPPI codes

How are the NAPPI code prices calculated?

The 2018 Discovery Health Rate for surgical items is cost plus 36% with a maximum of R59.40 (including VAT). Therefore, the mark-up of any item costing R165 or more will be capped at R59.40.

Why do our NAPPI code prices differ from Discovery's codes? We use Medprax to update.

We receive our updates directly from the manufacturer. These discrepancies can be because Medprax has not yet updated their files (there is a time delay between when Discovery and Medprax update their respective files).

Also, different prices are given to different vendors. You can email us at ProPBM_Queries@discovery.co.za to check a price.

What is the capped amount on consumables?

The capped amount on consumables is R59.40. This means that all consumables costing more than R165, the mark up will be capped at R59.40. We do however pay the consumable item in full, it is only the mark up that is capped.

Disclosure of HIV status with ICD-10 codes

Does the HIV ICD-10 code have to be indicated on the account?

It is not a requirement to have the HIV ICD-10 code on the radiology account.

Confirming benefits

How does the practice find out if the radiology request is related to an admission, without having to call the preauthorisation call centre?

The radiology practice can view the patient's admission diagnosis on their admission file or sticker that accompanies them to the X-ray department. For example, if a patient is requested to have a CT scan of the brain, and is in hospital for a CVA, then it is related. However, if a patient is requested to have an MRI of the brain, but the member's diagnosis is gastroenteritis, then it is not related.

Screening and Prevention Benefit

Does the member have to be a specific age to activate the Screening and Prevention Benefit for mammogram screening?

No. The benefit is available to all ages and to males and females.

Frequently asked questions

KeyCare Plans

If a specialist requests an X-ray for a KeyCare member and the X-ray is on the KeyCare radiology formulary, is the X-ray paid from the member's Specialist Benefit?

Yes, it will pay from the Specialist Benefit.

Communication to members

How does Discovery Health communicate benefits to its members?

We provide a host of different communication channels for our members.

Year-end revision: Benefit information is sent to our members every year during our year-end revision when we ask members to review their benefits and make any changes.

Discovery Magazine: This is sent out three times a year and provides members with comprehensive details about their benefits.

Website, call centre and Discoverymobi all provide members access to comprehensive up-to-date benefit information.

Remedi claims

Where do I send claims for Remedi members on the Standard Option?

Remedi Medical Aid has contracted CareCross to provide and manage defined out-of-hospital healthcare services to members on the Standard Option. All radiology claims for members on the Standard Option must be sent to CareCross, who will validate and process the claims according to the benefits.

Who do I call if I have a query about a Remedi claim?

CareCross is responsible for processing and paying out radiology claims for members on the Standard Option. Please call CareCross on 0860 101 159.