



NETWORK OPTION

SUMMARY OF SERVICES

2024

A. Summary of services at network providers

General practitioners' consultations	<ul style="list-style-type: none"> • Medically necessary consultations • Basic primary care • Pre- and post-natal care • Specified minor trauma treatment
Acute medication	As dispensed by a network pharmacy according to the Network Option acute medication formulary.
Chronic medication (PMB*)	Subject to registration and approval from the Chronic Medication Risk Management department and according to the Network Option chronic medication formulary. Medication to be supplied by a network provider as arranged with the beneficiary or supplier.
Chronic Medication (non-PMB) <i>Subject to certain conditions only</i>	NO BENEFIT
Basic dentistry	Consultations, primary extractions, fillings, scaling and polishing.
Optical benefits	<ul style="list-style-type: none"> • Optical benefits are issued on a 24-month (two-year) cycle basis. • The 24-month cycle runs from the date of service e.g., should the beneficiary receive spectacles or contact lenses in June 2022, he/she will be eligible for spectacles or contact lenses in July 2024. • One eye test per beneficiary every 24 months. • One pair of clear, mono- or bi-focal lenses in a standard frame. • A benefit of R230 towards a frame selected outside the standard range OR • one set of contact lenses to the value of R600. <p>No benefit if a non-network provider is used.</p>
Pathology	Basic blood tests as requested by a network general practitioner and subject to network protocols.
Radiology	Basic x-rays as requested by a network general practitioner and subject to network protocols.
Out-of-network/emergency visits	Limited to three per family per annum to a maximum of R2 420 per family per annum.
Over-the-counter (OTC) medication	NO BENEFIT
Specialist benefit	Pre-authorisation and GP referral required for consultation, treatment in rooms, procedures, radiology, pathology and medication. R2 950 per beneficiary per annum.
Network hospitals	Subject to a network list of hospitals. No benefit if a non-network provider is used.

*Prescribed minimum benefit (PMB)

B. General practitioners' services

Consultations

Procedure code	Description
0190	New and established patient: Consultation/visit of new or established patient of an average duration and/or complexity.
0191	New and established patient: Consultation/visit of new or established patient of a moderately above average duration and/or complexity.
0192	New and established patient: Consultation/visit of new or established patient of long duration and/or high complexity.
0199	Completion of chronic application form

Minor trauma procedures performed by general practitioners (GPs)

Procedure code	Description
0300	Stitching of wound
0301	Stitching of additional wound
0307	Excision and repair
0308	Each additional small procedure done at the same time
0255	Drainage of subcutaneous abscess & avulsion of nail
0259	Removal of foreign body superficial to deep fascia
2133	Circumcision - clamp
1233 and 1232	Electrocardiogram (ECG) – limited to high-risk patients of five years and older Authorisation required for other cases
1136	Nebulisation (maximum of two per family per year)
0887	Limb cast - inclusive of cost of plaster of Paris and other material

Reimbursement will only be for approved diagnostic and procedural codes and is inclusive of all diagnostic and treatment procedures as specified under GP procedures included in consultations.

C. Dental services

Procedure code	Description	Comments
8101	Full mouth examination, charting and treatment planning	One per beneficiary per annum
8104	Examination or consultation for a specific problem, not requiring charting and treatment planning	Not within six weeks of 8101 and 8104
8107	Intra-oral radiographs, per film	Maximum four per annum combined, unless otherwise authorised
8112	Infection control	Maximum of two per visit
8109	Sterilised instrumentation	Maximum of one per visit
8110	Sterilised instrumentations	Maximum of one per visit
8145	Local anaesthetic per visit	Maximum of one per visit
8155	Polish (all ages)	Once per annum per member
8159	Scale and polish (older than 12 years)	Once per annum per member
8161	Fluoride treatment (children)	Maximum of one per child per annum for patients younger than 12 years
8163	Fissure sealant (children)	Maximum of two per child per annum for patients younger than 12 years
8935	Septic socket treatment	Once per tooth number
8201	Extraction single tooth	One per quadrant per member per visit
8202	Extraction each additional tooth in the same quadrant	Four and more require pre-authorisation
8131	Palliative dental pain treatment	Only with diagnostic codes on the same service date for the same tooth number
8132	Emergency root canal treatment	Not covered on primary teeth
8307	Pulp amputation (pulpotomy)	Only on primary teeth Maximum of two per child per annum without pre-authorisation Additional two per child per annum with authorisation
8341 8367	Amalgam or resin – one surface	Maximum of four restorations per year with an additional four allowed only upon pre-authorisation
8342 8368	Amalgam or resin – two surfaces	
8343 8369	Amalgam or resin – three surfaces	
8344 8370	Amalgam or resin – four or more	
8351	Resin – one surface	
8352	Resin – two surfaces	
8353	Resin - three surfaces	
8354	Resin – four surfaces	

D. Optical benefit

A beneficiary shall be entitled to one of the following optometry benefits during a 24-month period:

Inclusive optometry benefit 1
One composite consultation per beneficiary (inclusive of refraction, tonometry and visual fields) per year
One pair of single vision, clear standard or mono- lenses
Standard frame or R230 discount on a non-standard frame

Inclusive optometry benefit 2
One composite consultation per beneficiary (inclusive of refraction, tonometry and visual fields) per year
One pair of bifocal, clear standard or mono- lenses
Standard frame or R230 discount on a non-standard frame

Inclusive optometry benefit 3
One composite consultation per beneficiary (inclusive of refraction, tonometry and visual fields)
Contact lenses to the value of R600

Inclusive optometry benefit 4
One composite consultation per beneficiary (inclusive of refraction, tonometry and visual fields) per year

The benefit is only available from contracted network suppliers. Any benefit or service outside the benefit (e.g. tinting) will be for the beneficiaries' own account.

E. Specialist out-of-hospital benefit

Out-of-hospital consultations	<ol style="list-style-type: none"> At a contracted network specialist and subject to the network referral process. Pre-authorisation is required. Benefits payable at the network agreed or negotiated rate and limited to the benefit limit of R2 950 per beneficiary per year.
Acute medication as prescribed by the network specialist	<ol style="list-style-type: none"> Medication obtainable from a Mediscor-enabled pharmacy. Subject to the acute medication formulary.
Radiology as requested by the network specialist	Subject to the network list of tests
Pathology as requested by the network specialist	Subject to the network list of tests
MRI and CT scans (out of hospital)	<ol style="list-style-type: none"> 100% of the agreed tariff if requested by a network specialist on referral from a network GP. Benefit subject to clinical motivation and authorisation.

F. Chronic conditions

Chronic disease list (CDL) conditions

CDL conditions
1. Addison’s disease
2. Asthma
3. Bronchiectasis
4. Cardiac (heart) failure
5. Cardiomyopathy
6. Chronic obstructive pulmonary disease (COPD)
7. Chronic renal (kidney) disease
8. Coronary artery (heart) disease
9. Crohn’s disease
10. Diabetes insipidus
11. Diabetes mellitus type 1
12. Diabetes mellitus type 2
13. Dysrhythmias
14. Epilepsy
15. Glaucoma
16. Hyperlipidaemia (hypercholesterolaemia)
17. Hypertension (high blood pressure)
18. Hypothyroidism
19. Multiple sclerosis
20. Parkinson’s disease
21. Rheumatoid arthritis
22. Schizophrenia
23. Systemic lupus erythematosus
24. Ulcerative colitis

Non-CDL conditions*
1. Acne
2. Allergic rhinitis
3. Depression
4. Gout
5. Menopause
6. Migraine prophylaxis
7. Osteoarthritis
8. Osteoporosis

*Non-CDL conditions are not covered.

G. Pathology benefits

Haematology	
3762	Haemoglobin estimation (Hb)
3783	Leucocyte differential count
3785	Leucocytes: total count
3739	Erythrocyte count
3791	Packed cell volume
3755	Full blood count
3797	Platelet count
3743	Erythrocyte sedimentation rate (ESR)
4528	Ferritin

Coagulation	
3805	Prothrombin index (PI) / international normalised ratio (INR)
3806	PI / INR dosage information

Pregnancy	
4450	Beta (human chorionic gonadotropin) hCG qualitative
3764	Blood group (A, B, O) - pregnancy only
3709	Direct coombs
3709	Indirect coombs
3949	Syphilis serology
3951	Quantitative Kahn, venereal disease research laboratory (VDRL) or other flocculation
3948	Rubella IgG - <i>pre-authorisation required</i>

Malaria blood smear	
3792	Malaria: antigen
3865	Parasites in blood smear
3883	Concentration technique for parasites

General endocrine	
4507	Thyrotropin (TSH)
4519	Prostate-specific antigen (PSA) - <i>pre-authorisation required (if screening patient older than 70 years)</i>

Lipid metabolism	
4027	Cholesterol total (fasting)
4028	HDL cholesterol
4147	Triglycerides
4026	LDL cholesterol

G. Pathology benefits (continued)

Lung, kidney, skeleton	
4017	Calcium spectrophotometric
4113	Potassium
4114	Sodium
4117	Protein (total)
4023	Chloride
4032	Creatinine
4113/4114 4023/4032	Potassium/sodium/chloride/creatinine
4151	Urea
4171	Urea & electrolytes only
4155	Uric acid
4161	Troponin isoforms

Glucose metabolism	
4057	Glucose - random/fasting
4049	Glucose tolerance test

Liver, pancreas, gastrointestinal tract (GIT)	
3999	Albumin
4006	Amylase
4001	Alkaline phosphatase
4009	Bilirubin: total
4010	Bilirubin: conjugated
4130	Aspartate transaminase (AST) / serum glutamic-oxaloacetic transaminase (SGOT)
4131	Alanine aminotransferase (ALT) / serum glutamic-pyruvic transaminase (SGPT)
4134	Gamma-glutamyl transferase (GGT)

HIV tests	
3932	HIV: ELISA

Immunology	
4531	Hepatitis A immunoglobulin (HAV IgM) antibody
4531	Hepatitis B surface antigen
3947	C-reactive protein

Gynaecology	
4567	Histology per sample
4571	Histology (more than 2 units) per additional block (max 1)
4566	Pap smear

G. Pathology benefits (continued)

Microbiology	
4188	Urine dipstick (per stick)
3867	Microscopy (including gram stain)
3881	Ziehl-Neelsen (ZN) stain (mycobacterium) tuberculosis
4352	Occult blood
3883	Urine parasites
3885	Cytochemical stain tuberculosis
3980	Bilharzia antigen serum/urine

H. Radiology benefits

Chest	
30100	Chest, single view
30110	Chest posteroanterior (PA) & lateral – two views
30150	Ribs
30155	Ribs and chest

Abdomen	
40100	Abdomen
40105	Abdomen supine, erect or decubitus

Ultrasound (only in pregnancy)	
43250	Study of pregnant uterus – first trimester

Spinal column	
51110	Cervical spine – one or two views
52100	Thoracic spine – one or two views
53110	Lumbar spine – one or two views

H. Radiology benefits (continued)

Limbs	
55100	Pelvis
56100	Hip – left
56200	Ultrasound of the hip joints
56110	Hip – right
56120	Pelvis and hips
61100	Clavicle – left
61105	Clavicle – right
61110	Scapula – left
61115	Scapula – right
61120	Acromioclavicular Joint – left
61125	Acromioclavicular Joint – right
61130	Shoulder – left
61135	Shoulder – right
62100	Humerus – left
62105	Humerus – right
63100	Elbow – left
63105	Elbow – right
64100	Forearm (radius & ulna) left
64105	Forearm (radius & ulna) right
65100	Hand – left
65105	Hand – right
65120	Finger
65130	Wrist – left
65135	Wrist – right
65140	Scaphoid – left
65145	Scaphoid – right
71100	Femur – left
71105	Femur – right
72100	Knee – left
72105	Knee – right
72150	Both knees standing – single view
73100	Lower leg – left
73105	Lower leg – right
74100	Ankle – left
74105	Ankle – right
74120	Foot – left
74125	Foot – right
74130	Calcaneus – left
74135	Calcaneus – right
74145	Toe