



2024
**GENERAL
PRACTITIONER**
COMMUNICATIONS

 **UMVUZO**
HEALTH
REWARDING LIFE

General Practitioner (GP) Communication 2024

Valued General Practitioner,

Thank you for seeing and helping our Umvuzo Health medical scheme members with all our Options. The information in this document focuses on the 2024 benefit year and highlights the changes to the Options instead of reiterating all the benefits.

Table 1 highlights the major changes. The biggest impact is on the Ultra Affordable, Ultra Affordable Value and Standard Options, which are detailed in the rest of the document.

Option	Primary care consultations & screening		Radiology	Pathology	Medication	
	GP	Platform*			Chronic	Acute
Ultra Affordable	8 specified visits p/ben	Additional access	Specified codes	Specified codes	Mediscor Core Formulary, CDL only	Mediscor Core Formulary
Ultra Affordable value	No specified visits	The only way to access consultations	Specified codes	Specified codes	Mediscor Core Formulary CDL only	Mediscor Core Formulary
Standard	10 specified visits p/ben	Additional access	Specified codes	Specified codes	Mediscor Core Formulary CDL + 6	Mediscor Core Formulary
Activator	Nominated GP unlimited	Additional access	Specified codes	Specified codes	Mediscor Core Formulary CDL only	No formulary applicable, only Mediscor Reference pricing
Supreme	No change – subject to available funds in the Family Benefit	Additional access	Clinically appropriate -Family Benefit (unchanged)	Clinically appropriate -Family Benefit (unchanged)	Mediscor Standard Formulary CDL + 6 (unchanged)	No formulary applicable, only Mediscor Reference pricing
Extreme	No change – subject to available funds in the Family Benefit	Additional access	Clinically appropriate - Family Benefit (unchanged)	Clinically appropriate -Family Benefit (unchanged)	Mediscor Standard Formulary CDL + 9 (unchanged)	No formulary applicable, only Mediscor Reference pricing

Table 1

***Umvuzo Digital Platform** – members on all Options can download the Umvuzo Digital Platform on their smartphones which will guide them towards additional screening benefits and services.

Changes to Ultra Affordable, Ultra Affordable Value and Standard

As you are aware the primary care benefits of our members on the Ultra Affordable, Ultra Affordable Value and Standard options were contracted to Universal Health in the form of provider networks with a specific fee structure as compiled and managed by Universal Health in the past.

This will no longer be the case in 2024.

- The GP primary care benefit has been converted to a non-capitated, non-network Fee for Service model.
- This means you will be able to consult with our members at the scheme tariff, which means a significantly higher consultation fee of **R524.50 per consultation**. In return for this higher consultation fee, we expect our primary care doctors to take cognizance of the benefit boundaries as detailed in this document and to render services accordingly. Services that fall outside these boundaries will be for the member's own pocket and we strive throughout to avoid members having any form of co-payment.
- Our Ultra Affordable and Standard Option members will be able to follow the normal pattern of making appointments with practices directly as before, but they can go to any GP, including your practice. These visits are limited to a specified number of consultations, namely eight consultations per beneficiary per year for Ultra Affordable, and ten consultations for Standard.
- Ultra Affordable Value is an EDO option. These members must use the Digital Platform to access all primary care benefits and do not have a specified number of consultations at GP practices.
- Your practice can verify if a beneficiary still has some of their specified consultations available by accessing the Provider Portal (see the section on Provider Portal).
- Members of the Activator Option must utilise their nominated GP for their primary care consultations and can access additional screening benefits and services via the Umvuzo Digital Platform.
- Rooms-based procedures and services that are covered in the benefits are listed in the Information Section on Rooms-based Services. Services and procedures not listed here will not be covered by the Scheme. The services that are listed will be funded at scheme tariff and their claim patterns will be monitored on an ongoing basis.
- The pathology and radiology benefits that are available (as special investigations requested by you as a General Practitioner) are listed in the Information Section on Pathology and Radiology respectively. You can refer members to any pathology laboratory or radiology practice in your area. Services not listed in the corresponding Information Sections are not covered in the members' benefits and will result in members being held liable for their costs.
- We want to reiterate that Umvuzo Health has always been structured around a philosophy of avoiding co-payments to members. As a result, we implore you not to request services that are not listed in this document. Any such services, including charging consultation fees higher than the scheme tariff, will be monitored and practices where co-payments occur will be flagged to members to allow them to choose service points that will be financially beneficial to them.
- Referrals to specialists will continue to require pre-authorisation as has been the case for Ultra Affordable, Ultra Affordable Value, Standard and Activator members (see Information Section on Specialist referrals). We will be communicating with our claiming GPs on an ongoing basis to relay the names and details of specialists where members will not be faced with paying co-payments, and we urge you to consider this when referring members.
- All referrals to specialists require the completion of a Referral Form, which is attached under the Specialist referral section. Unauthorised specialist visits will not be funded. Please note that an authorisation request can only be processed upon receipt of a complete Referral Form containing all the relevant clinical information and test results.
- Chronic medication benefits are defined in the Information Section on Chronic Medication and Acute Medication, likewise in the Information Section on Acute Medication. All medication must be claimed via Mediscor PBM, including medication dispensed at the primary care level. The Mediscor Core Formulary will apply to the Ultra Affordable, Ultra Affordable Value, Standard and Activator members and the Mediscor Standard Formulary to Supreme and Extreme members.

Umvuzo Health will, as part of continuous monitoring, evaluate claims and practice patterns and communicate with you as provider if any matter arises that we need to clarify. The results of this data collection exercise will be used to refine benefits, redefine access to benefits and determine remuneration for the next benefit year.

We trust that our Provider-Funder relationship will be mutually beneficial given the benefit boundaries outlined herein. If you have any specific queries, please take note of our contact details under the 'Contact details' section.

Unless we receive any specific enquiry from your practice within thirty days of the sending of this document, we will regard the contents as read and agreed to.

Regards,

UMVUZO HEALTH

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Consultations

Option	Primary care consultations & screening		Rooms Procedures & Services
	GP	Platform	
Ultra-Affordable	8 specified visits p/ben	Additional access to screening and services	Specified tariff codes at scheme tariff
Ultra-Affordable Value	No specified visits	Platform is the only access to primary care services and screening	Specified tariff codes at scheme tariff
Standard	10 specified visits p/ben	Additional access to screening and services	Specified tariff codes at scheme tariff
Activator	Nominated GP unlimited (unchanged)	Additional access to screening and services	Specified tariff codes at scheme tariff
Supreme	No change – subject to available funds in the Family Benefit	Additional access to screening and services	Clinically appropriate primary care tariff codes – Family Benefit (unchanged)
Extreme	No change – subject to available funds in the Family Benefit	Additional access to screening and services	Clinically appropriate primary care tariff codes - Family Benefit (unchanged)

Table 2

- Every Ultra Affordable and Standard beneficiary has benefits for a specified number of consultations at any GP of their preference.
- Every **Ultra Affordable** beneficiary has 8 specified and managed consultations per beneficiary per annum. See consultation tariff codes listed in *Table 3*. Rooms-based procedures and services will be funded in accordance with the list of tariff codes set out in this document.
- Every **Standard** Option beneficiary has 10 specified and managed consultations per beneficiary per annum. See consultation tariff codes listed in *Table 3*. Rooms-based procedures and services will be funded in accordance with the list of tariff codes set out in this document.
- In situations where the specified number of visits have been utilised, only those services entrenched in the Umvuzo Health member Digital Platform will be funded. Members do not have to wait until their number of specified consultations is depleted before accessing services via the Platform but are encouraged to make use of platform-based services from the outset, including wellness screening.
- **Ultra Affordable Value** Option members only have access to primary care services via the Umvuzo Digital Platform. They do not have benefits for a specified number of consultations to see GPs outside the framework of the Platform, all their benefits need to be accessed by utilising the Digital Platform. Rooms-based procedures and services will be funded in accordance with the list of tariff codes set out in this document.
- **Activator** members have unlimited consultations at their nominated GP. All the consultations and related services are monitored and managed. See consultation tariff codes listed in *Table 3*. Rooms-based procedures and services will be funded in accordance with the list of tariff codes set out in this document.
- **Supreme** members' access to any GP of their preference remains unchanged and is limited to funds available in their Family Benefit. See consultation tariff codes listed in *Table 3*.
- **Extreme** members' access to any GP of their preference remains unchanged and is limited to funds available in their Family Benefit. See consultation tariff codes listed in *Table 3*.
- **ALL** the above services are funded at the scheme tariff.

Doctors are requested to provide **appropriate ICD 10 codes** when claiming consultations and services since the ICD 10 diagnosis and RPL tariff codes claimed will be used for data collection purposes, including analysing the alignment of diagnoses and treatment given or medication prescribed.

The following consultation codes will be covered at the scheme tariff:

0190*	New and established patient: Consultation/visit of new or established patient of an average duration and/or complexity. Includes counselling with the patient and/or family and coordination with other healthcare providers or liaison with third parties on behalf of the patient.
0191*	New and established patient: Consultation/visit of new or established patient of a moderately above average duration and/or complexity. Includes counselling with the patient and/or family and coordination with other healthcare providers or liaison with third parties on behalf of the patient.
0192*	New and established patient: Consultation/visit of new or established patient of long duration and/or high complexity. Includes counselling with the patient and/or family and coordination with other healthcare providers or liaison with third parties on behalf of the patient.
0193*	New and established patient: Consultation/visit of new or established patient of long duration and/or high complexity. Includes counselling with the patient and/or family and coordination with other healthcare providers or liaison with third parties on behalf of the patient. Typically, the doctor spends between 46 and 60 minutes with the patient and/ or family.
0145	For consultation/visit away from the doctor's home or rooms (non-emergency): ADD only to the consultation/visit items 0190-0192, items 0173-0175, items 0161-0164 or items 0166-0169, as appropriate. Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof. Clinical motivation may be requested prior to funding this code.
0146	For an unscheduled emergency consultation/visit at the doctors' home or rooms, all hours: ADD only to the consultation/visit items 0190-0192, items 0161-0164 or items 0151-0153, as appropriate (refer to general rule B). Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof. Clinical motivation may be requested prior to funding this code.
0147	For an unscheduled emergency consultation/visit away from the doctor's home or rooms, all hours: ADD only to the consultation/visit items 0190-0192, items 0173-0175, items 0161-0164, items 0166-0169 or items 0151-0153, as appropriate. Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof. Clinical motivation may be requested prior to funding this code.
0149	After-hours bona fide emergency consultation/visit (21:00-06:00 daily): ADD 25% of the fee for the appropriate consultation/visit item (only to be used with items 0190-0192, items 0173-0175, items 0161-0164, items 0166-0169 or items 0151-0153) and reflect this as a separate item 0149. Note: The after-hour period applicable to this item is from Monday to Sunday 21:00-06:00 Clinical motivation will be required prior to funding this code.

Table 3

Note for Ultra Affordable, Ultra Affordable Value and Standard members: codes marked * that are claimed apart from using the Digital Platform all count as specified visits and are added up in calculating the available number of specified visits.

- Code 0132 (writing a repeat script) will not be funded in addition to a normal consultation code (0190, 0191, 0192, 0193).
- Code 0199 (chronic medicine form completion) can be charged when the form is completed without physically seeing the member. If the form is completed in the member's presence, a standard consultation (0190, 0191, 0192, 0193) will be funded and not 0199.
- 0133 (special motivation – meaning clinical input and motivation for services based thereupon as provided by the primary care doctor) will only be funded where such a motivation was specifically requested by the Scheme or by the Scheme's contracted managed care organization, RX Health. Providing a copy of clinical findings or results will not attract an additional tariff as it does not constitute a 'motivation.'

All services related to in-hospital services, such e.g., procedures, emergency procedures and anaesthesia tariff codes will remain part of the hospital pre-authorisation process and will be specified during this process. Please note that the Authorisation Centre is open 24/7 and as a result, unauthorised services will not be funded. Emergency admissions need to be authorised within 24 hours of admission to be considered for benefits.

Pathology

Option	Pathology
Ultra Affordable	Specified tariff codes
Ultra Affordable Value	Specified tariff codes
Standard	Specified tariff codes
Activator	Specified tariff codes
Supreme	Clinically appropriate - Pathology limit (unchanged)
Extreme	Clinically appropriate - Pathology limit (unchanged)

Table 4

From 1 January 2024, GPs may use their standard pathology request forms for each of the pathology laboratories and can make use of any accredited laboratory for these purposes, preferred pricing is however available via Ampath. This applies to members of all Options, including those Options where only specified pathology tariff codes were included in the benefits (Ultra Affordable, Ultra Affordable Value, Standard and Activator). A tailor-made pathology request form will be made available to GPs during the course of 2024.

The pathology codes included in the member's primary care benefits for Ultra Affordable, Ultra Affordable Value, Standard and Activator members are listed below. These codes will be funded at the Scheme tariff.

Haematology	Code
Full blood count	3755
Haemaglobin	3762
Total white blood cells	3785
Platelets	3797
White blood cells differential	3783
INR / PI	3805
Therapeutic dosage	3806
ESR	3743
Blood group A B and O antigens	3764
Grouping: Rh antigen	3765
Coombs' antiglobulin	3709
Endocrine, Metabolic	
HDL Cholesterol	4028
LDL Cholesterol	4026
Triglyceride	4147
Lipogram	4025
Free Thyroxine	4482

TSH	4507
Glucose random or fasting	4057
GTT two specimens	4049
GTT pregnancy	4053
HbA1c	4064
Liver, kidneys, pancreas	
AST	4130
ALT	4131
Alkaline Phosphatase	4001
GGT	4134
Billirubin Total	4009
Billirubin Conjugated	4010
Urea	4151
Creatinine serum	4032
Potassium	4113
Sodium	4114
Urea + Sodium + Potassium + Chloride + CO ₂	4171
Amylase	4006
Iron studies	
Iron	4071
Transferrin	4144
Ferritin	4528
DNA/RNA based tests*	
Semen analysis	4442
Hepatitis per antigen or antibody	4531
First trimester Downs screening	4546
Second trimester Downs screening	4552
Immunology	
PSA	4519
FSH	4516
HCG Quantitative	4451
Syphilis	3949
VDRL, Kahn quantitative	3951
Drug concentration: Quantitative	4493
Anticardiolipin IgM	3946
Anticardiolipin IgG	3948
Serology	
CRP	3947
Biochemical tests	

Occult blood faeces	4352
CK-MB Quantitative (Automated)	4152
CK-MB Quantitative (Not automated)	4153
Troponin isoforms	4161
Quantitative PCR - viral load (not HIV) - hepatitis C, hepatitis B, CMV, etc.	4439
Specific conditions	
Malaria	
P falciparum monoclonal identification	3792
Blood smear for parasites	3865
Parasite concentration techniques	3883
Tuberculosis* (see TB under Chronic medication)	
Mycobacteria ZN stain	3881
TB Cytochemical stain	3885
Radiometric culture	3916
Non-radiometric culture	4651
GeneXpert	3974/4434/4431
LF-LAM	4655
HIV* (also see HIV under Chronic medication)	
Rapid test	4614
HIV qualitative (ELISA)	3932
Viral load	4429
CD4 count	3816
PCR newborn	3974
Covid	
Covid-19 test / Influenza / Pertussis	3979
Culture and Sensitivity	
Fungal culture	3901
Anaerobe culture limited	3909
Antibiotic susceptibility test: Per organism	3887
Rapid automated antibiotic susceptibility per organism	4653
Biochemical identification of bacterium: Abridged	3923
Biochemical identification of bacterium: Extended	3924
Grouping for streptococci	3927
Rapid automated bacterial identification per organism	4652
Histology	
Histology per sample (only together with 0307, 2400, 2272, 2271, 2127, 2125, 0237, 0235, 0234, 0233)	4567

Table 5

NOTE: DNA analysis for pharmacogenomic purposes will be implemented by the Scheme and will only be funded for members identified by the Scheme as part of their Disease Management Programmes.

Radiology

Option	Radiology
Ultra Affordable	Specified tariff codes
Ultra Affordable Value	Specified tariff codes
Standard	Specified tariff codes
Activator	Specified tariff codes
Supreme	Clinically appropriate - Radiology limit (unchanged)
Extreme	Clinically appropriate - Radiology limit (unchanged)

Table 6

GPs may use their standard referral method to request radiology benefits and may make use of any registered radiology practice. This applies to members of all Options, including those Options where only specified radiology tariff codes are included in the benefits (Ultra Affordable, Ultra Affordable Value, Standard and Activator).

The radiology codes included in the member's primary care benefits for Ultra Affordable, Ultra Affordable Value, Standard and Activator members are listed below. These codes will be funded at the Scheme tariff.

Chest, Abdomen, Pelvis	
30100	Chest, single view
30110	Chest PA and lateral
30150	Ribs
30155	Chest and ribs
40100	Abdomen
40105	Abdomen supine, erect or decubitus
55100	Pelvis
56100	Hip – Left
56110	Hip – Right
56120	Pelvis and hips
Spine	
51110	Cervical spine – one or two views
53100	X-ray of the lumbar spine – stress study only
52100	Thoracic spine – one or two views
53110	Lumbar spine – one or two views
Upper limb, shoulder	
61100	Left Clavicle
61105	Right Clavicle
61110	Left Scapula

61115	Right Scapula
61120	Left Acromio – Clavicular joint
61125	Right Acromio – Clavicular joint
61130	Left Shoulder
61135	Right Shoulder
62100	Left Humerus
62105	Right Humerus
63100	Left Elbow
63105	Right Elbow
64100	Left Forearm
64105	Right Forearm
65130	Left Wrist
65135	Right Wrist
65100	Left Hand
65105	Right Hand
65120	X-ray Finger
65140	Left Scaphoid
65145	Right Scaphoid
Lower limb	
72100	Left knee, one or two views
72105	Right knee, one or two views
72120	Left knee including patella
72125	Right knee including patella
72145	Right Patella
71100	Left Femur
71105	Right Femur
73100	Left lower leg
73105	Right lower leg
74100	Left Ankle
74105	Right Ankle
74120	Left Foot
74125	Right Foot
74130	Left Calcaneus
74135	Right Calcaneus
74145	X-ray Toe
Skull, facial	
10100	Skull
11120	Nasal bone
11100	Facial bones and/or orbits
14100	X-ray of the mandible
13100	X-ray of the paranasal sinuses, single view
Sonar	
34100	Mammogram including ultrasound (see also Wellness & Screening)
34101	X -ray mammography unilateral, including ultrasound

34200	Ultrasound of the breast
40210	Ultrasound study of the whole abdomen, including pelvis
41200	Ultrasound study of upper abdomen
43220	Ultrasound study of the testes
43200	Ultrasound of the pelvis
Pregnancy (see also Maternity Program)	
43250	Ultrasound of pregnant uterus – 1st Trimester
43260	Ultrasound of pregnant uterus – 2nd Trimester
43270	Ultrasound of pregnant uterus – 3rd Trimester – First Visit
43273	Ultrasound of pregnant uterus – 3rd Trimester – Follow up

Table 7

Specialist Referral

Option	Specialist Visits
Ultra Affordable	Requires pre-authorisation, 5 visits per family per year (unchanged)
Ultra Affordable Value	Requires pre-authorisation, 5 visits per family per year (unchanged)
Standard	Requires pre-authorisation, 10 visits per family per year (unchanged)
Activator	Requires pre-authorisation, 5 visits per family per year (unchanged)
Supreme	No pre-authorisation required - Family Benefit (unchanged)
Extreme	No pre-authorisation required - Family Benefit (unchanged)

Table 8

- Referrals for specialist visits for Ultra Affordable, Ultra Affordable Value, Standard and Activator members require pre-authorisation. Unauthorised specialist visits will not be funded, and authorisation can only be processed upon receipt of a complete Referral Form (see attached) containing all the relevant clinical information and test results.
- We will be communicating with our claiming GPs on an ongoing basis to relay the names and details of specialists where members are not faced with paying co-payments, and we urge you to take this into consideration when referring members.
- Apart from sharing results with the Scheme during the pre-authorisation process, kindly also forward copies of all the relevant special investigation results to the specialist once pre-authorisation has been obtained. This will help prevent out-of-pocket expenses for members since certain pathology tests are only funded within 'minimum repeat intervals' and will therefore not be covered if the date that the same test is requested by a specialist falls within the minimum interval that was triggered by the GP's test request.

SPECIALIST REFERRAL FORM

Kindly ensure that the form is signed and contains all the required information and forward it together with the results of relevant special investigations to auth@rxhealth.co.za

PATIENT DETAILS (ALL FIELDS ARE MANDATORY)

Patient name and surname

If the patient is not the main member, please list the name and surname of the main member

Name and surname

Membership number verified

Y

N

Gender

Male

Female

Date of birth

ID number

Cellphone number where member can be contacted

E-mail address if available

REFERRING PRACTITIONER DETAILS

Full name and surname

Contact number (for professional interaction)

E-mail address (for professional interaction)

PR number

SPECIALIST REFERRED TO

Specialist name and surname

Discipline

PR number

CLINICAL DETAILS

ICD 10 codes

Date this condition was first treated

Date of last consultation for this condition

Reason for referral, please include relevant history, symptoms, and clinical findings

Treatment given thus far (please include details e.g., medication, dosage, frequency, duration etc.)

CLINICAL DETAILS CONTINUED

Height		Weight		BP		/	
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SPECIAL INVESTIGATIONS

Investigation	Pertinent result	Copy included	
		<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> Y	<input type="checkbox"/> N

CO-MORBIDITIES / CHRONIC CONDITIONS

Date	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> D	<input type="checkbox"/> D
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Signature confirming that the above information is complete and accurate	
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Chronic Medication

Option	Medication
	Chronic
Ultra Affordable	Mediscor Core Formulary, CDL conditions: see list
Ultra Affordable Value	Mediscor Core Formulary, CDL conditions: see list
Standard	Mediscor Core Formulary, CDL + 6 conditions: see list
Activator	Mediscor Core Formulary, CDL conditions: see list (unchanged)
Supreme	Mediscor Standard Formulary, CDL conditions + 9 (unchanged)
Extreme	Mediscor Standard Formulary, CDL conditions + 9 (unchanged)

Table 9

All medication claims, including claims for dispensed medication by a GP registered for dispensing, must be claimed via Mediscor PBM.

Members must be registered for their chronic condition in order to obtain chronic benefits. Registration is done by contacting Mediscor's Chroniline on 0860 11 3238.

Certain conditions such as Hyperlipidaemia will need verification e.g., by submitting pathology results. Where verification is needed, the type of information required will be communicated during the chronic registration process. See the list of requirements below.

- Members on the **Ultra Affordable, Ultra Affordable Value, Standard and Activator** Options qualify for chronic medication benefits for the conditions listed below in Tables 10 and 11, in accordance with PMB algorithms and Scheme Funding Guidelines, and subject to registration as chronic as well as the Mediscor Core Formulary.
- The **Core Formulary** can be viewed at http://secure.mediscor.co.za/formulary_lookup.html
- Members on the **Supreme and Extreme** Options qualify for chronic medication benefits listed below in Tables 10 and 11, in accordance with PMB algorithms and Scheme Funding Guidelines, and subject to registration as chronic as well as the Mediscor Standard Formulary.
- The **Standard Formulary** can be viewed at http://secure.mediscor.co.za/formulary_lookup.html
- The first fill for a chronic condition as defined herein will be funded from acute benefits but subsequent fills will only be funded once the member has been registered for the chronic condition.
- Kindly note that medication that falls outside the scope of PMB and Scheme Funding Guidelines and that is not contained in the Formularies of the various Options will be at the member's own cost; you are kindly requested to assist our members by attempting to prescribe treatment within this framework.

Chronic conditions list – applies to ALL Options

Addison's Disease
Asthma
Anticoagulation for specific conditions
Bipolar Mood Disorder
Bronchiectasis
Cardiac Failure
Cardiomyopathy
Chronic Obstructive Pulmonary Disease
Chronic Renal Failure
Congestive Cardiac Failure
Coronary Artery Disease
Crohn's Disease
Diabetes Insipidus
Diabetes Mellitus Type 1
Diabetes Mellitus Type 2
Dysrhythmia
Epilepsy
Glaucoma
Haemophilia
HIV
Hormone Replacement Therapy (Female HRT)
Hyperlipidaemia
Hypertension
Hypothyroidism
Multiple Sclerosis
Parkinson's Disease
Rheumatoid Arthritis
Schizophrenia
Systemic Lupus Erythematosus
Ulcerative Colitis

Table 10

In addition to the conditions listed in *Table 10*, members of the Standard, Supreme and Extreme Options qualify for additional chronic conditions. These conditions are unchanged from 2023. They are listed in Table 11.

	Ultra Affordable	Ultra Affordable Value	Standard	Activator	Supreme	Extreme
Severe acne	X	X	✓	X	✓	✓
Severe eczema	X	X	✓	X	✓	✓
Endometriosis	X	X	✓	X	✓	✓
Anemia	X	X	✓	X	✓	✓
GORD	X	X	✓	X	✓	✓
Sjogren disease	X	X	✓	X	✓	✓
Celiac disease	X	X	X	X	✓	✓
Tay-Sachs	X	X	X	X	✓	✓
RP isomerase deficiency	X	X	X	X	✓	✓

Table 11

Results of special investigations may be required during first-time registration for a chronic condition. These results will be communicated during the registration process.

See the requirements for the results of special investigations listed below. Please attach copies of recent results (within the last 3 months) for the conditions listed below.

Condition	Investigation
Hypertension	BP readings over last 3 months
Hyperlipidaemia	Lipogram
Diabetes	HbA1c
	Random / Fasting glucose
Renal failure	UK&E
	eGFR

HIV program

Patients need to be registered by a GP on the HIV Disease Management Program by contacting the Umvuzo Health/RxHealth Call Centre on 0861 083 084 or emailing completed registration forms to chronic@rxhealth.zo.za.

The following Pathology tests are required to register a member on the HIV Disease Management Program:

Tariff code	Tariff Description
3816	CD4 cell count
3755	Full blood count
4531	Hepatitis Screen (Hep B)
4130-4131	Liver function test
3974	PCR qualitative, in PMTCT only (newborn)
3881, 3885, 3893, 3916, 4188, 4651	TB screen – refer to TB section
4032, 41151	Urea and creatinine
4429	Viral load

Six monthly prescription renewals, together with the 6 to 12 monthly monitoring pathology test results, are to be emailed to chronic@rxhealth.co.za.

ART Treatment Regime:

Umvuzo Health ART formulary is in line with DOH and SAHIVSOC guidelines and treatment should be initiated using TEE/ TLD.

Kindly note the following special precautions when initiating treatment for TLD:

- Metformin dose for patients treated for Diabetes and initiated on ART on TLD who must be adjusted to 500mg BD
- Dolutegravir 50mg must be added to patients on TLD who commence TB treatment.

HIV Drug Resistance testing:

Authorisation needs to be obtained by contacting the Umvuzo Health Call Centre at 0861 083 084. Alternatively, a letter of motivation can be emailed to chronic@rxhealth.co.za.

Tariff code	Tariff Description
4766	HIV Drug Resistance Test

PeP/ Prep Registration:

Please indicate the ICD-10 code for Pep or PrEP on the prescription – in the absence thereof the medicine claim could fail.

PeP / PrEP Screening	
ICD-10 Code	ICD-10 Code Description
Z29.9	PeP
Z20.9	PreP

PeP Registration:

PeP registration may be done telephonically by calling the Rx Health Pharma Department Call Centre at 0861 083 084 for medicine authorisation. Please note that the ELISA test result must be emailed to: chronic@rxhealth.co.za

PrEP Registration:

PrEP registration may be done telephonically by calling the Rx Health Pharma Department Call Centre at 0861 083084 for medicine authorization. Please note that the ELISA test result and the prescription must be emailed to: chronic@rxhealth.co.za

PMTCT Registration:

PMTCT registration may be done telephonically by calling the Rx Health Pharma Department Call Centre at 0861 083 084 or email completed registration forms to: chronic@rxhealth.co.za

Kindly note that the EDD must be indicated on the registration form and that after the delivery, the Baby PCR test must be mailed to: chronic@rxhealth.co.za

Mother and baby have access to the following:

1. Pre-natal vitamins
2. AZT Syrup for the baby for a period of 6 weeks
3. Baby PCR Test
4. Baby is allowed milk formula for a period of 2 months

TB Disease

Testing:

- Xpert (GXP) or Xpert MTB/RIF test
- Chest X-ray
- Urine LF-LAM - Lateral flow urine lipoarabinomannan assay).

Tariff code	Tariff Description
3881	Mycobacteria ZN stain
3885	TB Cytochemical stain
3916	Radiometric culture
4651	Non-radiometric culture
3974 / 4434 / 4431	GeneXpert
4655	LF-LAM

GeneXpert test is limited to one (1) every three (3) months.

Motivation is required for any additional tests and is subject to review and approval.

LAM test is available once per annum and cannot be done in combination with the GeneXpert test.

Tuberculosis Resistant Testing	
Tariff Description	Tariff code
4656	TB Lipoarabinomannan Ag (LAM)
3974	PCR M.TB
4434	Bacteriological DNA identification (PCR)
4431	Mycobacterium PCD ID

Acute Medication

Option	Medication
	Acute
Ultra Affordable	Mediscor Core Formulary
Ultra Affordable Value	Mediscor Core Formulary
Standard	Mediscor Core Formulary
Activator	No formulary applicable, only Mediscor Reference Pricing
Supreme	No formulary applicable, only Mediscor Reference Pricing
Extreme	No formulary applicable, only Mediscor Reference Pricing

Table 12

Members on the Ultra Affordable, Ultra Affordable Value and Standard options qualify for acute medication benefits in accordance with the Mediscor Core Formulary. The Core Formulary can be viewed at: http://secure.mediscor.co.za/formulary_lookup.html

Kindly note that non-formulary medication will be at the member's own cost; you are kindly requested to assist our members by attempting to prescribe treatment within this framework.

Maternity Program

Members of all Options can utilise their primary care and specialist benefits towards antenatal care. Additional benefits can be unlocked by registering on the Umvuzo Health Maternity Program. These benefits are structured in accordance with the trimester that the member registers in.

The number of additional benefits may vary between Options but include the same type of benefits for all Options e.g.:

- Consultations (GP, Specialist)
- Rooms-based rapid tests and pathology tests including Down screening
- Sonars
- Antenatal vitamins and supplements

Registration is a member-driven process. Members can register by contacting the Umvuzo Health Call Centre during office hours or by completing the Maternity Program registration document available at <https://www.umvuzohealth.co.za/umvuzo-health-maternity.php>

Screening, Wellness, Vaccination

Wellness screening benefits can be accessed through the Digital Platform. Biometric screening is funded at Dischem and Clicks pharmacy clinics. Flu, HPV, and adult pneumococcal vaccines form part of the benefits and are pharmacy-based, clinical criteria may apply.

Rooms-based Services and Procedures

The rooms-based procedures and services listed below are covered at scheme tariff on **ALL Options**. Additional clinical information may be requested.

Tariff Code	Tariff Description
0201	Cost of material
0202	Setting of sterile tray
0206	Intravenous infusions (push-in)
0210	Collection of blood specimen
0222	Intralesional injection into areas of pathology e.g. Keloid: Single
0223	Intralesional injection into areas of pathology e.g. Keloids: Multiple
0233	Biopsy without suturing: First lesion
0234	Biopsy without suturing: Subsequent lesions (each)
0235	Biopsy without suturing: Maximum for multiple additional lesions
0237	Deep skin biopsy by surgical incision with local anaesthetic and suturing
0241	Treatment of benign skin lesion by chemo-cryotherapy: First Lesion
0242	Treatment of benign skin lesion by chemo-cryotherapy: Subsequent lesions (each)
0243	Treatment of benign skin lesion by chemo-cryotherapy: Maximum for multiple additional lesions

0316	Fine needle aspiration for soft tissue (all areas)
0317	Aspiration of cyst or tumour
1037	Diathermy to nose or pharynx
1136	Nebulisation (in rooms)
1189	Forced expirogram only
1192	Peak expiratory flow only
1229	General Practitioner's fee for the taking of an ECG only: Without and with effort
1232	Electrocardiogram: Without effort
1233	Electrocardiogram: Without and with effort
2125	Destruction of condylomata/chemo- or cryotherapy: Limited number: Male
2127	Destruction of condylomata
2129	Electrodesiccation: Limited number
2131	Electrodesiccation: Multiple extensive
2271	Removal of tag or polyp
2272	Removal of small superficial benign lesions
2316	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: First lesion: Female
2317	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Repeat: Female
2318	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Widespread: Female
2399	Punch biopsy (excluding after-care)
2400	Biopsy during pregnancy (excluding after-care)
2957	Individual psychotherapy: Per short session (20 minutes)
2962	Directive therapy to family, parent(s), spouse: Per 20-minute session
2963	Pairs, marriage, or sex therapy: Per 20-minute session
4050	Glucose strip-test with photometric reading
4188	Urine dipstick, per stick (irrespective of the number of tests on stick)

Table 13

Provider Portal

The Umvuzo Health provider portal is a “self-help” platform and gives you the ability to conveniently perform basic validations and view benefits, forgoing the need to contact the Umvuzo Health Call Centre. You can access the portal to view available benefits, claims submitted and received, as well as claims paid. Additionally, you can download your Remittance Advices and Statements.

To register on the Umvuzo Health Provider Portal, please visit live.umvuzohealth.co.za and follow the instructions to create your account.

Contact Information

Information on benefits, a member's status quo and general queries can be obtained through utilising the Provider Portal.

Other contact details

General and Account enquiries – contact Client Services (available extended hours and on Saturdays):

Tel: 0861 083 084

Please Call Me: 060 070 2095

WhatsApp: 060 070 2094

Email: info@umvuzohealth.co.za

Pre-authorisation call centre for hospital admissions, specialist visits and disease registrations (available 24/7):

Tel: 0861 083 084

Please Call Me: 060 070 2352

Email: auth@rxhealth.co.za

Chronic Medicine registrations – please contact Mediscor PBM (office hours only Monday to Friday):

Tel: 0860 113 238

Email: preauth@mediscor.co.za

Formulary look-up: http://secure.mediscor.co.za/formularly_lookup.html

Disease and Medicine registration for HIV (office hours only Monday to Friday):

Tel: 0861 083 084

Email: chronic@rxhealth.co.za

For any other information please visit our website at:
www.umvuzohealth.co.za