



2025
**HEALTHCARE
PROVIDER**
COMMUNICATIONS

 **UMVUZO**
HEALTH
REWARDING LIFE

Healthcare Provider Communication 2025

Valued Healthcare Provider,

Thank you for your dedicated services to Umvuzo Health Medical Scheme members and beneficiaries.

We are pleased to share the **2025 Benefit Framework**, designed to assist you and our members access healthcare services efficiently. Key changes from 2024 are **highlighted**.

Key Benefit Updates

- The most significant changes affect the **Ultra-Affordable, Ultra-Affordable Value, and Activator Options**.
- **Activator Option Revamp:** The Activator Option has been completely redesigned for 2025. It now includes a day-to-day benefit covering specific services, such as consultations and acute medication. The accompanying tables provide full details.

Benefit Summaries (Tables 1–8)

The tables outline benefits for:

- **Primary Care:** GP and nurse consultations
- **Secondary Care:** Specialist consultations
- **Radiology and Pathology**
- **Acute and Chronic Medication**

Claims Monitoring and Remuneration

To ensure fairness and efficiency, Umvuzo Health will continuously monitor claims and practice patterns. Should clarification be required, we will communicate directly with you. The insights from this monitoring process will help refine benefits, redefine access, and determine remuneration for the following benefit year.

Important Claiming Requirements

- **ICD-10 Codes:** Ensure the inclusion of appropriate ICD-10 codes when submitting claims for consultations and services. These codes, along with RPL tariff codes, are critical for data analysis to assess the alignment between diagnoses, treatments, and medications.
- **Z-Codes:** Please avoid using Z-codes on consultation claims, as this may delay claim processing while verifying the underlying clinical conditions.

Next Steps

We trust that our partnership will continue to be mutually beneficial within the benefit guidelines outlined in this document. Should you have any queries, please refer to the **“Contact Details”** section.

If no specific queries are raised by your practice within **30 days** of receiving this communication, we will consider the contents as **read and accepted**.

Yours in health,
UMVUZO HEALTH

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Primary Care Services

| Option | Primary care consultations & screening | | |
|-------------------------------|--|---|---|
| | GP | Nurse | Digital Platform |
| Ultra-Affordable | 8 managed consultations per beneficiary | Supplementary limit with specified amounts per consultation and associated medication | Access to an unlimited suite of digital primary care services |
| Ultra-Affordable value | Platform only access to primary care | Supplementary limit with specified amounts per consultation and associated medication | Access to an unlimited suite of digital primary care services |
| Standard | 10 managed consultations per beneficiary | Supplementary limit with specified amounts per consultation and associated medication | Access to an unlimited suite of digital primary care services |
| Activator | Subject to available funds in the Day-to-day benefit | Supplementary limit with specified amounts per consultation and associated medication | Access to an unlimited suite of digital primary care services |
| Supreme | Subject to available funds in the Family Benefit | Supplementary limit with specified amounts per consultation and associated medication | Access to an unlimited suite of digital primary care services |
| Extreme | Subject to available funds in the Family Benefit | Supplementary limit with specified amounts per consultation and associated medication | Access to an unlimited suite of digital primary care services |

Table 1

The Umvuzo Digital Platform – members on all options can download the Umvuzo Health Digital Platform on their smartphones to access healthcare providers and care digitally.

Specialist Benefit Framework (Out-Of-Hospital)

| Option | Specialist visits | GP referral required | Authorisation required |
|-------------------------------|---|----------------------|------------------------|
| Ultra-Affordable | 7 visits per family/year, clinically appropriate | Yes | Yes |
| Ultra-Affordable Value | 7 visits per family/year, clinically appropriate | Yes | Yes |
| Standard | 10 visits per family/year, clinically appropriate | Yes | Yes |
| Activator | 12 visits per family/year, clinically appropriate | No | Yes |
| Supreme | Subject to Family Benefit | No | No |
| Extreme | Subject to Family Benefit | No | No |

Table 2

Consultations - GPs and Specialists

The following consultation codes will be covered at the Scheme tariff for in-person visits:

| | |
|------|--|
| 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 co-ordination with other health care 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 co-ordination with other health care 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 co-ordination with other health care providers or liaison with third parties on behalf of the patient. <i>Note: Clinical motivation may be requested prior to funding this code.</i> |

| | |
|------|--|
| 0193 | <p>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 co-ordination with other health care providers or liaison with third parties on behalf of the patient.</p> <p><i>Note: Clinical motivation may be requested prior to funding this code.</i></p> |
| 0145 | <p>For consultation/visit away from the doctor's home or rooms (non-emergency): ADD only to the consultation/visit items 0190-0193 or items 7021-7032 as appropriate.</p> <p><i>Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof.</i></p> |
| 0146 | <p>For an unscheduled emergency consultation/visit at the doctors' home or rooms, all hours: ADD only to the consultation/visit items 0190-0193 or items 7021-7032 as appropriate.</p> <p><i>Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof.</i></p> |
| 0147 | <p>For an unscheduled emergency consultation/visit away from the doctor's home or rooms, all hours: ADD only to the consultation/visit items 0190-0193 or items 7021-7032 as appropriate.</p> <p><i>Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof.</i></p> |
| 0133 | <p>Writing of special motivations i.e. clinical input and motivation for procedures and treatment without the physical presence of a patient will only be funded where such a motivation was specifically requested by the Scheme or by the Scheme's contracted managed care organisation, RX Health. Providing a copy of clinical findings or results will not attract an additional tariff as it does not constitute a motivation.</p> |

Table 3

PLEASE NOTE: For Ultra-Affordable, Ultra-Affordable Value and Standard members - all primary care consultations, including the tariff codes in Table 3, form part of the number of visits as stipulated within the relevant option's benefit structure in Table 1.

Pathology and Radiology Framework

| Option | Pathology (Detail codes available in Table 7) | Radiology (Detail codes available in Table 8) |
|-------------------------------|---|--|
| Ultra-Affordable | Specified codes for clinically appropriate listed codes (see list “Pathology codes”) | Specified codes for clinically appropriate listed codes (see list “Radiology codes”) |
| Ultra-Affordable Value | Specified codes for clinically appropriate listed codes (see list “Pathology codes”) | Specified codes for clinically appropriate listed codes (see list “Radiology codes”) |
| Standard | Specified codes for clinically appropriate listed codes (see list “Pathology codes”) | Specified codes for clinically appropriate listed codes (see list “Radiology codes”) |
| Activator | Access to clinically appropriate codes on code list (see list “Pathology codes”) and a limit of R 7,500* per family/year that includes codes not on this list. Access to the codes on the Pathology Codes list will be unlimited. | Access to clinically appropriate codes on code list (see list “Radiology codes”) and a limit of R 7,500* per family/year that includes codes not on this list. Access to the codes on the Radiology Codes list will be unlimited. |
| Supreme | Access to clinically appropriate codes on code list (see list “Pathology codes”) and a limit of R 12,800 per family/year that includes codes not on this list. Access to the codes on the Pathology Codes list will be unlimited. | Access to clinically appropriate codes on code list (see list “Radiology codes”) and a limit of R 12,800* per family/year that includes codes not on this list. Access to the codes on the Radiology Codes list will be unlimited. |
| Extreme | Access to clinically appropriate codes on code list (see list “Pathology codes”) and a limit of R 16,600 per family/year that includes codes not on this list. Access to the codes on the Pathology Codes list will be unlimited. | Access to clinically appropriate codes on code list (see list “Radiology codes”) and a limit of R 16,600* per family/year that includes codes not on this list. Access to the codes on the Radiology Codes list will be unlimited. |

Table 4

PLEASE NOTE: The Rand amount limit above is a joint limit for Pathology and Radiology. Codes outside the Pathology and Radiology Code lists must be clinically appropriate to be considered for benefits.

Pathology Codes (As referred to in table 4)

- **GPs and Specialists may use their standard pathology request forms** for any one of the pathology laboratories and can make use of any accredited laboratory to render pathology services. This applies to members of all options, including those options where only specified pathology tariff codes are included in the benefits.
- **The pathology codes listed below comprise the basic Pathology code list.** For members on the Ultra Affordable, Ultra Affordable Value and Standard options only these pathology codes will be funded.
- **For members of Activator, any appropriate pathology code that is not otherwise excluded from benefits will be considered for funding subject to available funds in their Pathology benefit.** After this benefit is depleted, access to clinically appropriate service requests for the codes on the list below will be available without a benefit limit.

For members of Supreme and Extreme, any appropriate pathology code that is not otherwise excluded from benefits will be considered for funding subject to available funds in their Pathology benefit. After this benefit is depleted, access to clinically appropriate service requests for the codes on the list below will be available without a benefit limit.

| Haematology | |
|-------------|--|
| 3755 | Full blood count |
| 3762 | Haemoglobin |
| 3785 | Total white blood cells |
| 3797 | Platelets |
| 3783 | White blood cells differential |
| 3805 | INR / PI |
| 3806 | Therapeutic dosage |
| 3743 | ESR |
| 3764 | Blood group A B and O antigens |
| 3765 | Grouping: Rh antigen |
| 3709 | Coombs' antiglobulin |
| Lipids | |
| 4028 | HDL Cholesterol |
| 4026 | LDL Cholesterol |
| 4027 | Cholesterol total |
| 4147 | Triglyceride |
| 4025 | Lipogram |
| Thyroid | |
| 4482 | Free Thyroxine |
| 4507 | TSH |
| 4484 | Thyrotropin (TSH) + Free Thyroxine (FT4) |
| Diabetes | |
| 4057 | Glucose random or fasting |
| 4049 | GTT two specimens |
| 4052 | Glucose tolerance test (3 specimens) |

| | |
|---|---|
| 4053 | GTT pregnancy |
| 4064 | HbA1c |
| Liver, pancreas | |
| 4130 | AST |
| 4131 | ALT |
| 4001 | Alkaline Phosphatase |
| 4134 | GGT |
| 4009 | Bilirubin Total |
| 4010 | Bilirubin Conjugated |
| 3999 | Albumin |
| 4117 | Protein: Total |
| 4006 | Amylase |
| Kidneys & Electrolytes | |
| 4151 | Urea |
| 4032 | Creatinine serum |
| 4113 | Potassium |
| 4114 | Sodium |
| 4017 | Calcium: Spectrophotometric |
| 4171 | Urea + Sodium + Potassium + Chloride + CO2 |
| 4006 | Amylase |
| 4155 | Uric acid |
| Pregnancy (see also Maternity Programme) | |
| 4071 | Iron |
| 4144 | Transferrin |
| 4528 | Ferritin |
| Infection | |
| 3949 | Syphilis |
| 3951 | VDRL, Kahn quantitative |
| 4531 | Hepatitis per antigen or antibody |
| 4439 | Quantitative PCR - viral load (not HIV) - hepatitis C, hepatitis B, CMV, etc. |
| 3895 | Bacteriological culture: Fastidious organisms |
| 3893 | Bacteriological culture: Miscellaneous |
| 3922 | Viable cell count |
| 3792 | P falciparum monoclonal identification |
| 3865 | Blood smear for parasites |
| 3883 | Parasite concentration techniques |
| 3979 | Covid-19 test / Influenza / Pertussis |
| 3867 | Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.) |
| 3882 | Antigen detection with monoclonal antibodies |
| 4538 | Procalcitonin: Semi-quantitative |
| 4539 | Procalcitonin: Quantitative |

| Drugs | |
|--------------------------------|--|
| 4493 | Drug concentration: Quantitative |
| Serology | |
| 3946 | IgM: Specific antibody titer: ELISA/EMIT: Per Ag |
| 3948 | IgG: Specific antibody titer: ELISA/EMIT: Per Ag |
| 3947 | CRP |
| Biochemistry | |
| 4352 | Occult blood faeces |
| Cardiac | |
| 4152 | CK-MB Quantitative (Automated) |
| 4153 | CK-MB Quantitative (Not automated) |
| 4161 | Troponin isoforms |
| Tuberculosis | |
| 3881 | Mycobacteria ZN stain |
| 3885 | TB Cytochemical stain |
| 3916 | Radiometric culture |
| 3930 | Radiometric mycobacterium antibiotic sensitivity |
| 4651 | Non-radiometric culture |
| 3974/4434/ 4431 | GeneXpert |
| 4655 | LF-LAM |
| HIV | |
| 4614 | Rapid test |
| 3932 | HIV qualitative (ELISA) |
| 4429 | Viral load |
| 3816 | CD4 count |
| 3974 | PCR newborn |
| Culture and Sensitivity | |
| 3901 | Fungal culture |
| 3909 | Anaerobe culture limited |
| 3887 | Antibiotic susceptibility test: Per organism |
| 4653 | Rapid automated antibiotic susceptibility per organism |
| 3923 | Biochemical identification of bacterium: Abridged |
| 3924 | Biochemical identification of bacterium: Extended |
| 3927 | Grouping for streptococci |
| 4652 | Rapid automated bacterial identification per organism |
| Cytology | |
| 4559 | Cytology preparation |
| 4566 | Vaginal or cervical smears, each |
| Histology | |
| 4567 | Histology per sample (only together with 0307, 2400, 2272, 2271, 2127, 2125, 0237, 0235, 0234, 0233, 2399) |

| Male & Female | |
|--------------------------|---|
| 4519 | PSA |
| 4516 | FSH |
| 4442 | Semen analysis |
| 4503 | Oestradiol |
| 4505 | Oestriol |
| 4520 | 17 Hydroxy progesterone |
| 4521 | Progesterone |
| Pregnancy | |
| 4451 | HCG Quantitative |
| 4450 | HCG Qualitative |
| 4448 | HCG: Latex agglutination: Qualitative (side room) |
| 4449 | HCG: Latex agglutination: Semi-quantitative (side room) |
| 4546 | First trimester Downs screen |
| 4552 | 2nd trimester Down screening |

Table 5

Radiology

- **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 and Standard).
- The radiology codes included in the member's primary care benefits for Ultra-Affordable, Ultra-Affordable Value and Standard members are listed below.
- **For members of Activator, any appropriate radiology code that is not otherwise excluded from benefits will be considered for funding subject to available funds in their Radiology benefit.** After this benefit is depleted, access to clinically appropriate service requests for the codes on the list below will be available without a benefit limit.
- **For members of Supreme and Extreme, any appropriate radiology code that is not otherwise excluded from benefits will be considered for funding subject to available funds in their Radiology benefit.** After this benefit is depleted, access to clinically appropriate service requests for the codes on the list below will be available without a benefit limit.

| 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 |
| 6518 | Hip |
| 3331 | Pelvis (Sacro-iliac or hip joints only to be added where an extra set of view is required) |
| 3445 | Chest (item 3601 included) |
| 3447 | Chest and cardiac studies (item 3601) |
| 3449 | Ribs |
| 3477 | Control films of the Abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram etc.) |
| 3479 | Acute abdomen or equivalent studies |
| 39027 | Pelvis (sacro-iliac or hip joints only to be added where an extra set of views is required) |
| 39107 | Chest (item 167 included) |
| 39109 | Chest and cardiac studies (item 167 included) |
| 39111 | Ribs |
| 39113 | Sternum or sterno-clavicular joints |
| 39127 | Acute abdomen or equivalent studies |
| 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 |
| 39017 | Per region, e.g. cervical, sacral, coccygeal, one region thoracic |
| 39029 | Myelography lumbar |
| 39031 | Myelography thoracic |
| 39033 | Myelography cervical |
| 3321 | Per region, e.g. cervical, sacral, lumbar coccygeal, one region thoracic |
| 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 |
| 3305 | Finger, toe |
| 6500 | Hand |
| 6501 | Wrist (specify region) |
| 6503 | Scaphoid |
| 6504 | Radius and ulna |
| 6505 | Elbow |
| 6506 | Humerus |
| 6507 | Shoulder |
| 6508 | Acromio-Clavicular joint |
| 6509 | Clavicle |
| 6510 | Scapula |
| 39001 | Finger, toe |
| 39003 | Limb per region, e.g. shoulder, elbow, knee, foot, hand, wrist or ankle (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand) |

| 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 |
| 6511 | Foot |
| 6512 | Ankle |
| 6513 | Calcaneus |
| 6514 | Tibia and fibula |
| 6515 | Knee |
| 6516 | Patella |
| 6517 | Femur |
| 39015 | Arthrography per joint |
| 72140 | X-ray of left patella |
| 72145 | X-ray of right patella |
| Skull, facial | |
| 3349 | Skull studies |
| 3351 | Paranasal sinuses |
| 3353 | Facial bones and/or orbits |
| 3355 | Mandible |
| 3357 | Nasal bone |
| 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 |
| 39039 | Skull studies |
| 39041 | Paranasal sinuses |
| 39043 | Facial bones and/or orbits |
| 39045 | Mandible |
| 39047 | Nasal bone |

| Mammogram | |
|---|--|
| 3605 | Mammography: Unilateral or bilateral, including ultrasound and doppler ultrasound examination, where necessary. This item may not be used together with an item from the ultrasound section. Note that when an ultrasound of the breast is requested without mammography, item 3629 is used |
| 3606 | Repeat mammography: Unilateral or bilateral, including ultrasound and doppler ultrasound examination, where necessary. This item may not be used together with an item from the ultrasound section. Note that when an ultrasound of the breast is requested without mammography, item 3629 is used |
| Sonar | |
| 3618 | Pelvic organs ultrasound transabdominal probe (this is a gynaecological ultrasound examination and may not be used in pregnancy) |
| 3627 | Ultrasound examination includes whole abdomen and pelvic organs, where pelvic organs are clinically indicated (including liver, gall bladder, spleen, pancreas, abdominal vascular anatomy, para-aortic area, renal tract, pelvic organs) |
| 3629 | High definition (small parts) scan: Thyroid, breast lump, scrotum, etc. |
| 5100 | Pelvic organs ultrasound: Transvaginal or trans rectal probe |
| 5103 | Ultrasound soft tissue, any region |
| 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 Programme) | |
| 5106 | Obstetric ultrasound before 10 weeks gestational age for complicated pregnancy i.e. suspected ectopic pregnancy abortion or discrepancy between gestational age and dates. Not to be used for routine diagnosis of pregnancy |
| 3615 | Routine obstetric ultrasound at 10 to 20 weeks gestational age preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment |
| 3617 | Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment |
| 5107 | Ultrasound after 24 weeks - motivation required |
| 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 6

Medicine Benefits

| Option | Medication | | |
|-------------------------------|--|--|---|
| | Chronic | Acute | Over-The-Counter (OTC) |
| Ultra-Affordable | Mediscor Core Formulary, limited to PMB CDL only | Acute Medicine List (AML) (unlimited) together with reference pricing, defined number of fills and/ or quantity limits per annum on certain items | Rand value limit per event and annual limit |
| Ultra-Affordable Value | Mediscor Core Formulary, limited to PMB CDL only | Acute Medicine List (AML) (unlimited) together with reference pricing, defined number of fills and/ or quantity limits per annum on certain items | Rand value limit per event and annual limit |
| Standard | Mediscor Core Formulary PMB CDL + 6 specified conditions | Acute Medicine List (AML) (unlimited) together with reference pricing, defined number of fills and/ or quantity limits per annum on certain items | Rand value limit per event and annual limit |
| Activator | Mediscor Core Formulary PMB CDL only | Day-to-Day limit, reference pricing, defined number of fills and/ or quantity limits per annum on certain items, unlimited access to Acute Medicine List | Rand value limit per event and annual limit |
| Supreme | Mediscor Standard Formulary PMB CDL + 6 specified conditions | Family Benefit, reference pricing, defined number of fills and/ or quantity limits per annum on certain items, unlimited access to Acute Medicine List | Rand value limit per event and annual limit |
| Extreme | Mediscor Standard Formulary PMB CDL + 9 specified conditions | Family Benefit, reference pricing, defined number of fills and/ or quantity limits per annum on certain items, unlimited access to Acute Medicine List | Rand value limit per event and annual limit |

Table 7

The Ultra-Affordable, Ultra-Affordable Value and Standard options do not have a monetary limit like the Rand amount linked to the Family Benefit on Supreme and Extreme or the Day-to-Day benefit on Activator, but they do have limited in-person visits: 8 for Ultra-Affordable and 10 for Standard.

Scripts that flow from these visits will qualify for medication benefits as per Table 7. Once the stipulated number of visits is depleted, items on the Acute Medicine List (AML) will be available via provider interactions on the Umvuzo Health Digital Platform. The Acute Medicine List (AML) medicines will be available to Activator, Supreme and Extreme in a similar manner as an unlimited benefit.

Medicine related benefits

- **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**.

Dental Benefit Framework

| Option | Standard Dental services* | Specialised dentistry** | Dental under GA Dental under General Anaesthetic |
|-------------------------------|----------------------------------|-----------------------------------|---|
| Ultra-Affordable | R 3 900 per beneficiary per year | No benefit | No benefit |
| Ultra-Affordable Value | R 3 900 per beneficiary per year | No benefit | No benefit |
| Standard | R 4 650 per beneficiary per year | No benefit | No benefit |
| Activator | R 5 400 per beneficiary per year | No benefit | No benefit |
| Supreme | Subject to Family Benefit | R 7 500 per beneficiary per year | Exception, once off, Scheme Funding Guidelines |
| Extreme | Subject to Family Benefit | R 15 500 per beneficiary per year | Exception, once off, Scheme Funding Guidelines |

Table 8

*Standard Dental services encompass consultations, extractions, fillings, crowns, bridges, clearance, preventative and fluoride treatment according to Scheme Funding Guidelines.

**Specialised dentistry encompasses orthodontic, prosthodontic and periodontic treatment.

| Chronic Disease List (CDL) conditions list applicable to ALL options. | |
|--|------------------------------|
| Addison's Disease | Dysrhythmia |
| Asthma | Epilepsy |
| Bipolar Mood Disorder | Glaucoma |
| Bronchiectasis | Haemophilia |
| Cardiac Failure | HIV |
| Cardiomyopathy | Hyperlipidaemia |
| Chronic Obstructive Pulmonary Disease | Hypertension |
| Chronic Renal Failure | Hypothyroidism |
| Congestive Cardiac Failure | Multiple Sclerosis |
| Coronary Artery Disease | Parkinson's Disease |
| Crohn's Disease | Rheumatoid Arthritis |
| Diabetes Insipidus | Schizophrenia |
| Diabetes Mellitus Type 1 | Systemic Lupus Erythematosus |
| Diabetes Mellitus Type 2 | Ulcerative Colitis |

Table 9

In addition to the CDL conditions listed in Table 9, members on the Standard, Supreme and Extreme options also qualify to be registered for additional chronic conditions. They are listed in Table 10 below.

| | 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 10 – Additional chronic conditions

Optometry Benefit

All queries related to optical and optometry benefits must be channeled to PPN as a contracted provider in accordance with the matrix below. Benefits cannot be confirmed or reserved other than by following this defined PPN communication pathway.

For all:

Enquiries: info@ppn.co.za
 Motivations: motivations@ppn.co.za
 Paper Claim: mailroom@ppn.co.za
 Self-Help: www.ppn.co.za
 Contact number: 041 065 0650

Room-Based Services

| Tariff code | Tariff Description |
|-------------|---|
| 0201 | Cost of material |
| 0202 | Setting of sterile trays |
| 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 |
| 0244 | Repair of nail bed |
| 0245 | Removal of benign lesion by curetting under local or general anaesthesia followed by diathermy and curetting or electrocautery: First lesion |
| 0246 | Removal of benign lesion by curetting under local or general anaesthesia followed by diathermy and curetting or electrocautery: Subsequent lesions (each) |
| 0255 | Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail |
| 0259 | Removal of foreign body superficial to deep fascia (except hands) |
| 0300 | Stitching of soft-tissue injuries: Stitching of wound (with or without local anaesthesia): Including normal after-care) |
| 0301 | Stitching of soft-tissue injuries: Additional wounds stitched at same session (each) |
| 0307 | Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude |
| 0887 | Limb cast (excluding after-care) (modifier 0005 not applicable) |

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| 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) |
| 1186 | Flow volume test: Inspiration/expiration |
| 1188 | Flow volume test: Inspiration/expiration/pre- and post-bronchodilator (to be charged for only with first consultation - thereafter item 1186 applies) |
| 1189 | Forced expirogram only |
| 1192 | Peak expiratory flow only |
| 1228 | General Practitioner's fee for the taking of an ECG only: Without effort: ½ (item 1232) |
| 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 |
| 1234 | Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus |
| 1235 | Multi-stage treadmill test |
| 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) |
| 2403 | Wedge biopsy: Cervix (excluding after-care) |
| 2404 | Biopsy: Wedge during pregnancy: Cervix (excluding after-care) |
| 2405 | Cone biopsy: Cervix (excluding after-care) |
| 2957 | Individual psychotherapy: Per short session (20 minutes) |
| 2958 | Psychoanalytic therapy: Per 60-minute session |
| 2962 | Directive therapy to family, parent(s), spouse: Per 20-minute session |
| 2963 | Pairs, marriage or sex therapy: Per 20-minute session |
| 3171 | Excision of Meibomian cyst. Additional fee for sterile tray (see item 0202) |
| 3218 | Removal of impacted wax (one or both ears) |

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| 3304 | All other physical treatments carried out: Complete physical treatment: Specify treatment (For subsequent treatments by a general practitioner, for the same condition within 4 months after initial treatment: A fee for the treatment only, is applicable: See general rules L and M), motivation required |
| 4050 | Glucose strip-test with photometric reading |
| 4188 | Urine dipstick, per stick (irrespective of the number of tests on stick) |

Table 11

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/formulary_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