



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
<b>Ultra-Affordable</b>	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
<b>Ultra-Affordable value</b>	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
<b>Standard</b>	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
<b>Activator</b>	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
<b>Supreme</b>	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
<b>Extreme</b>	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
<b>Ultra-Affordable</b>	7 visits per family/year, clinically appropriate	Yes	Yes
<b>Ultra-Affordable Value</b>	7 visits per family/year, clinically appropriate	Yes	Yes
<b>Standard</b>	10 visits per family/year, clinically appropriate	Yes	Yes
<b>Activator</b>	12 visits per family/year, clinically appropriate	No	Yes
<b>Supreme</b>	Subject to Family Benefit	No	No
<b>Extreme</b>	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	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>
0145	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. <i>Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof.</i>
0146	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. <i>Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof.</i>
0147	For an unscheduled emergency consultation/visit away from the doctor's home or rooms, all hours: ADD only to the consultation/visit items 0190-0193 or items 7021-7032 as appropriate. <i>Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof.</i>
0133	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.

**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)
<b>Ultra-Affordable</b>	Specified codes for clinically appropriate listed codes (see list “Pathology codes”)	Specified codes for clinically appropriate listed codes (see list “Radiology codes”)
<b>Ultra-Affordable Value</b>	Specified codes for clinically appropriate listed codes (see list “Pathology codes”)	Specified codes for clinically appropriate listed codes (see list “Radiology codes”)
<b>Standard</b>	Specified codes for clinically appropriate listed codes (see list “Pathology codes”)	Specified codes for clinically appropriate listed codes (see list “Radiology codes”)
<b>Activator</b>	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.
<b>Supreme</b>	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.
<b>Extreme</b>	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
<b>Liver, pancreas</b>	
4130	AST
4131	ALT
4001	Alkaline Phosphatase
4134	GGT
4009	Bilirubin Total
4010	Bilirubin Conjugated
3999	Albumin
4117	Protein: Total
4006	Amylase
<b>Kidneys &amp; Electrolytes</b>	
4151	Urea
4032	Creatinine serum
4113	Potassium
4114	Sodium
4017	Calcium: Spectrophotometric
4171	Urea + Sodium + Potassium + Chloride + CO2
4006	Amylase
4155	Uric acid
<b>Pregnancy (see also Maternity Programme)</b>	
4071	Iron
4144	Transferrin
4528	Ferritin
<b>Infection</b>	
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

<b>Drugs</b>	
4493	Drug concentration: Quantitative
<b>Serology</b>	
3946	IgM: Specific antibody titer: ELISA/EMIT: Per Ag
3948	IgG: Specific antibody titer: ELISA/EMIT: Per Ag
3947	CRP
<b>Biochemistry</b>	
4352	Occult blood faeces
<b>Cardiac</b>	
4152	CK-MB Quantitative (Automated)
4153	CK-MB Quantitative (Not automated)
4161	Troponin isoforms
<b>Tuberculosis</b>	
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
<b>HIV</b>	
4614	Rapid test
3932	HIV qualitative (ELISA)
4429	Viral load
3816	CD4 count
3974	PCR newborn
<b>Culture and Sensitivity</b>	
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
<b>Cytology</b>	
4559	Cytology preparation
4566	Vaginal or cervical smears, each
<b>Histology</b>	
4567	Histology per sample (only together with 0307, 2400, 2272, 2271, 2127, 2125, 0237, 0235, 0234, 0233, 2399)

<b>Male &amp; Female</b>	
4519	PSA
4516	FSH
4442	Semen analysis
4503	Oestradiol
4505	Oestriol
4520	17 Hydroxy progesterone
4521	Progesterone
<b>Pregnancy</b>	
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
<b>Upper limb, shoulder</b>	
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)

<b>Lower limb</b>	
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
<b>Skull, facial</b>	
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

<b>Mammogram</b>	
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
<b>Sonar</b>	
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
<b>Pregnancy (see also Maternity Programme)</b>	
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)
<b>Ultra-Affordable</b>	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
<b>Ultra-Affordable Value</b>	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
<b>Standard</b>	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
<b>Activator</b>	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
<b>Supreme</b>	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
<b>Extreme</b>	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
<b>Ultra-Affordable</b>	R 3 900 per beneficiary per year	No benefit	No benefit
<b>Ultra-Affordable Value</b>	R 3 900 per beneficiary per year	No benefit	No benefit
<b>Standard</b>	R 4 650 per beneficiary per year	No benefit	No benefit
<b>Activator</b>	R 5 400 per beneficiary per year	No benefit	No benefit
<b>Supreme</b>	Subject to Family Benefit	R 7 500 per beneficiary per year	Exception, once off, Scheme Funding Guidelines
<b>Extreme</b>	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.

<b>Chronic Disease List (CDL) conditions list applicable to ALL options.</b>	
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.

	<b>Ultra-Affordable</b>	<b>Ultra-Affordable Value</b>	<b>Standard</b>	<b>Activator</b>	<b>Supreme</b>	<b>Extreme</b>
<b>Severe acne</b>	X	X	✓	X	✓	✓
<b>Severe eczema</b>	X	X	✓	X	✓	✓
<b>Endometriosis</b>	X	X	✓	X	✓	✓
<b>Anemia</b>	X	X	✓	X	✓	✓
<b>GORD</b>	X	X	✓	X	✓	✓
<b>Sjogren disease</b>	X	X	✓	X	✓	✓
<b>Celiac disease</b>	X	X	X	X	✓	✓
<b>Tay-Sachs</b>	X	X	X	X	✓	✓
<b>RP isomerase deficiency</b>	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](mailto:info@ppn.co.za)  
 Motivations: [motivations@ppn.co.za](mailto:motivations@ppn.co.za)  
 Paper Claim: [mailroom@ppn.co.za](mailto:mailroom@ppn.co.za)  
 Self-Help: [www.ppn.co.za](http://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)

<b>0316</b>	Fine needle aspiration for soft tissue (all areas)
<b>0317</b>	Aspiration of cyst or tumour
<b>1037</b>	Diathermy to nose or pharynx
<b>1136</b>	Nebulisation (in rooms)
<b>1186</b>	Flow volume test: Inspiration/expiration
<b>1188</b>	Flow volume test: Inspiration/expiration/pre- and post-bronchodilator (to be charged for only with first consultation - thereafter item 1186 applies)
<b>1189</b>	Forced expirogram only
<b>1192</b>	Peak expiratory flow only
<b>1228</b>	General Practitioner's fee for the taking of an ECG only: Without effort: ½ (item 1232)
<b>1229</b>	General Practitioner's fee for the taking of an ECG only: Without and with effort
<b>1232</b>	Electrocardiogram: Without effort
<b>1233</b>	Electrocardiogram: Without and with effort
<b>1234</b>	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus
<b>1235</b>	Multi-stage treadmill test
<b>2125</b>	Destruction of condylomata/chemo- or cryotherapy: Limited number: Male
<b>2127</b>	Destruction of condylomata
<b>2129</b>	Electrodesiccation: Limited number
<b>2131</b>	Electrodesiccation: Multiple extensive
<b>2271</b>	Removal of tag or polyp
<b>2272</b>	Removal of small superficial benign lesions
<b>2316</b>	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: First lesion: Female
<b>2317</b>	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Repeat: Female
<b>2318</b>	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Widespread: Female
<b>2399</b>	Punch biopsy (excluding after-care)
<b>2400</b>	Biopsy during pregnancy (excluding after-care)
<b>2403</b>	Wedge biopsy: Cervix (excluding after-care)
<b>2404</b>	Biopsy: Wedge during pregnancy: Cervix (excluding after-care)
<b>2405</b>	Cone biopsy: Cervix (excluding after-care)
<b>2957</b>	Individual psychotherapy: Per short session (20 minutes)
<b>2958</b>	Psychoanalytic therapy: Per 60-minute session
<b>2962</b>	Directive therapy to family, parent(s), spouse: Per 20-minute session
<b>2963</b>	Pairs, marriage or sex therapy: Per 20-minute session
<b>3171</b>	Excision of Meibomian cyst. Additional fee for sterile tray (see item 0202)
<b>3218</b>	Removal of impacted wax (one or both ears)

<b>3304</b>	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
<b>4050</b>	Glucose strip-test with photometric reading
<b>4188</b>	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: +1 (240) 702 1954

Email: [info@umvuzohealth.co.za](mailto: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](mailto: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](mailto:preauth@mediscor.co.za)

Formulary look-up: [http://secure.mediscor.co.za/formulary\\_lookup.html](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](mailto:chronic@rxhealth.co.za)

For any other information please visit our website at:  
[www.umvuzohealth.co.za](http://www.umvuzohealth.co.za)