

TREATMENT BASKETS FOR THE CHRONIC DISEASE LIST CONDITIONS

DISCOVERY HEALTH MEDICAL SCHEME
2024



Overview

The Chronic Disease List (CDL) is a list of conditions which all registered medical schemes in South Africa must cover on all the plans they offer to their members. This cover includes funding for the diagnosis, treatment, and ongoing care for the listed conditions.

Read further to understand what procedures, investigations, and consultations we cover for both the diagnosis and ongoing management for each condition.

Discovery Health Medical Scheme plans are structured in such a way as to maximise cover no matter which plan members choose. Some plans cost more but offer more comprehensive benefits, while others have lower contributions with fewer benefits. Regardless of this, all our plans cover more than just the minimum benefits required by law.

About some of the terms we use in this document

There may be some terms we refer to in the document that you may not be familiar with. Here are the meanings of these terms.

TERMINOLOGY	DESCRIPTION
Comprehensive cover	<p>This cover includes benefits that go beyond the essential healthcare services and Prescribed Minimum Benefits as prescribed by the Medical Schemes Act. Comprehensive cover offers additional cover and supplementary benefits to compliment basic cover. You have the flexibility to choose your healthcare options and service providers. Whether it's full cover or options outside of full cover, we give you the freedom to decide what suits your needs. Our cover is in line with or goes beyond defined clinical best practices. This makes sure that you get treatment that is expected and clinically appropriate.</p> <p>We may review these principles from time to time to stay current with changes in the healthcare landscape. While comprehensive, cover remains subject to the Scheme's treatment guidelines, protocols, and designated service providers. We still prioritise managed care to ensure the best outcomes for your health.</p>
Designated service provider (DSP)	A healthcare provider (for example, a doctor, specialist, allied healthcare professional, pharmacist or hospital) who we have an agreement with to provide treatment or services at a contracted rate. Visit www.discovery.co.za or click on Find a provider on the Discovery Health app to view the full list of DSPs.
Discovery Health Rate (DHR)	This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant healthcare services.
Day-to-day benefits	These are the available funds allocated to the Medical Savings Account (MSA) and Above Threshold Benefit (ATB). Depending on the plan you choose, you may have cover for a defined set of day-to-day benefits. The level of day-to-day benefits depends on the plan you choose.
Emergency medical condition	<p>An emergency medical condition, also referred to as an emergency, is the sudden and (at the time) unexpected onset of a health condition that requires immediate medical and surgical treatment. Failure to provide medical or surgical treatment for an emergency medical condition can result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part and can place the person's life in serious jeopardy.</p> <p>An emergency does not necessarily require a hospital admission. We may ask you for additional information to confirm the emergency.</p>
ICD-10 diagnosis code	A clinical code that describes diseases and signs, symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the World Health Organization (WHO).
Prescribed Minimum Benefits (PMBs)	<p>In terms of the Medical Schemes Act of 1998 (Act No. 131 of 1998) and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of:</p> <ul style="list-style-type: none"> ▪ An emergency medical condition



TERMINOLOGY	DESCRIPTION
	<ul style="list-style-type: none"> ▪ A defined list of 271 diagnoses ▪ A defined list of 27 chronic conditions. <p>To access Prescribed Minimum Benefits (PMBs), there are rules that apply:</p> <ul style="list-style-type: none"> ▪ Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit (PMB) conditions. ▪ The treatment needed must match the treatments in the defined benefits. <p>You must use designated service providers (DSPs) in our network. This does not apply in emergencies. However, even in these cases, where appropriate and according to the rules of the Scheme, you may be transferred to a hospital or other service providers in our network, once your condition has stabilised. If you do not use a DSP we will pay up to 80% of the Discovery Health Rate (DHR). You will be responsible for the difference between what we pay and the actual cost of your treatment.</p> <p>If your treatment doesn't meet the above criteria, we will pay according to your plan benefits.</p>
Waiting Period	A waiting period can be general (up to 3 months) or condition-specific (up to 12 months) and means that the member has to wait for a set time before he or she can claim.

We pay Chronic Disease List (CDL) claims if your condition has been approved on the Chronic Illness Benefit (CIB)

Claims for procedures and consultations listed in the Chronic Disease List (CDL) treatment baskets will be paid from the Chronic Illness Benefit (CIB). The number of tests and consultations allowed for the ongoing management of a condition are pro-rated based on the **date of approval** of your chronic condition. Where you have cover for the same procedure or test in more than one basket, we limit payment to the number of procedures or tests in the basket that has the highest number. For more information on the Chronic Disease List conditions and how to register, visit www.discovery.co.za and search under Medical Aid > Find documents and certificates.

How we pay for tests to diagnose your condition

If you have been recently diagnosed with and approved for cover for a Chronic Disease List condition, we will pay for the tests and procedures in the diagnostic basket in full. We will also pay in full for the consultation with the healthcare professional who made the diagnosis. We will only pay for these tests, procedures and consultations if you were an active and valid member of the Scheme at the time of the diagnosis and the relevant ICD-10 diagnosis codes are on the claim. Please ask your doctor to provide the date of diagnosis of your condition(s) on the Chronic Illness Benefit (CIB) application form to assist us to pay your claims from the correct benefit.

How we pay for consultations and ongoing management related to your condition

We pay claims from the treatment baskets for the ongoing management of your condition from healthcare professionals such as radiologists, dietitians and podiatrists in full.

We pay claims from pathologists who we have a payment arrangement with in full up to the agreed rate. We will pay up to the Discovery Health Rate if you use a pathologist who we do not have a payment arrangement with. You will have to pay any difference between what is charged and what we pay.

We pay for claims from Diabetes Educators up to the agreed rate subject to the limit being available, and the provider being on the Diabetes Educator network.

Nominate a primary care GP for the management of your chronic conditions

There is overwhelming medical evidence that patients experience improved health outcomes when their primary care is coordinated through a single primary care GP. In line with this best practice, starting 1 January 2024, for all health plans except



the Executive Plan, you and your dependants need to nominate a primary care GP for the effective management of your chronic conditions.

When you visit your nominated network GP for the management of your chronic condition, we'll cover the consultation in full. If you see a GP who is not your nominated primary care GP, or your nominated GP is not a network GP, you will experience a co-payment. You and your dependants can change your nomination three times every calendar year. Nominate your GP or manage your existing nomination [here](#) or visit www.discovery.co.za > Medical aid > Nominate a primary care GP.

HOW WE PAY FOR GP CONSULTATIONS RELATED TO YOUR CONDITION	
Executive Plan	We pay for 4 consultations a year that are related to your approved condition at a GP in the Discovery Health GP Network in full up to the agreed rate. If you use a GP who is not in the Discovery Health GP Network, we will pay up to 80% of the Discovery Health Rate. You must pay any difference between what is charged and what we pay.
Comprehensive, Core, Priority & Saver plans	We pay for 4 consultations a year that are related to your approved condition at your nominated primary care GP in the Discovery Health GP Network in full up to the agreed rate. If you use any other GP or your nominated primary care GP is not a network GP, we will pay up to 80% of the Discovery Health Rate. You must pay any difference between what is charged and what we pay.
Smart plans	We pay for 4 consultations a year that are related to your approved condition at your nominated primary care GP in the Smart GP Network in full up to the agreed rate. If you use any other GP or your nominated primary care GP is not in the Smart GP Network, we will pay up to 80% of the Discovery Health Rate. You must pay any difference between what is charged and what we pay.
KeyCare Start, KeyCare Plus & KeyCare Core plans	We pay for 4 consultations a year that are related to your approved condition at your nominated primary care GP in the KeyCare GP Network in full up to the agreed rate. If you use any other GP or your nominated primary care GP is not in the KeyCare GP Network, we will pay up to 80% of the Discovery Health Rate. You must pay any difference between what is charged and what we pay.
KeyCare Start Regional Plan	We pay for 4 consultations a year that are related to your approved condition at your nominated primary care GP in the KeyCare Start Regional GP Network in full up to the agreed rate. If you use any other GP or your nominated primary care GP is not in the KeyCare Start Regional GP Network, we will pay up to 80% of the Discovery Health Rate. You must pay any difference between what is charged and what we pay.

To find the closest providers on our networks, go to [Find a healthcare provider](#) on the Discovery website.

Please make sure your claims have the appropriate ICD-10 diagnosis code

To make sure that we pay your claims from the correct benefit, we need the claims from your healthcare providers to be submitted with the relevant ICD-10 diagnosis codes. Please ask your doctor to include your ICD-10 diagnosis codes on the claims they submit and on the form that they complete when they refer you to pathologists and radiologists for tests. This will allow pathologists and radiologists to include the relevant ICD-10 diagnosis codes on the claims they submit to ensure that we pay your claims from the correct benefits.

We may pay claims from your day-to-day benefits if these requirements are not met

We will pay claims from your available day-to-day benefits if:

- The claims are submitted without the relevant ICD-10 diagnosis codes.
- You have exceeded the frequency limit on consultations or tests.



Treatment Baskets for Chronic Disease List (CDL) conditions

CONDITION	DIAGNOSTIC BASKET			ONGOING MANAGEMENT BASKET			
	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Addison's disease	U & E only	4171	1	U & E only	4171	3	1
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	3	
	Cortisol level	4499	1				
	ACTH stimulation testing	4523	1				
Asthma	Flow volume test	1188 or 1186	1	Flow volume test	1188 or 1186	1	1
	Peak flow	1192	1	Peak flow	1192	3	
Bipolar mood disorder	AST – Aspartate aminotransferase	4130	1	AST – Aspartate aminotransferase	4130	2	2
	ALT – Alanine aminotransferase	4131	1	ALT – Alanine aminotransferase	4131	2	
	Thyrotropin (TSH)	4507	1	Thyrotropin (TSH)	4507	1	
	U & E only	4171	1	U & E only	4171	2	
				Lithium – flame ionisation	4067	2	
			Drug level in biological fluid	4081 or 4370 or 4493	3		
			Creatinine	4032 or 4221 or 4223	2		
Bronchiectasis	Sputum MC&S – sputum analysis for infection	3867 & 3881 & 3885 & 3887 & 3895 & 3923 & 3924	1	Sputum MC&S – sputum analysis for infection	3867 & 3881 & 3885 & 3887 & 3895 & 3923 & 3924	4	1
	Flow volume test	1188 or 1186	1	Flow volume test	1186	1	
	Peak flow	1192	1	Peak flow	1192	2	
	X-ray of the chest two views, PA and lateral	30110	1				
Cardiac failure	U & E only	4171	1	U & E only	4171	4	2



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	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Cardiac failure	ECG – Electrocardiogram	1232 or 1233 or 1234 or 1235 or 1236	1	ECG – Electrocardiogram	1232	3	2
					1233 or 1234 or 1235 or 1234 or 1235 or 1236	1	
	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	1	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	2	
	B-Type natriuretic peptide	4488	1	B-Type natriuretic peptide	4488	1	
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	4	
	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	4	
	Urine analysis (dipstick)	4188	1	X-ray of the chest two views, PA and lateral	30110	1	
	X-ray of the chest two views, PA and lateral	30110	1	Drug level in biological fluid	4081 or 4370 or 4493	3	
	Troponin isoforms	4161	1				
	Glucose –random/ fasting	4057	1				
	C-reactive protein	3947	1				
	Full blood count	3755	1				
	Total cholesterol	4027	1				
Thyrotropin (TSH)	4507	1					
Cardiomyopathy	ECG – Electrocardiogram	1232 or 1233 or 1234 or 1235 or 1236	1	ECG – Electrocardiogram	1232	3	2
					Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	



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	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Cardiomyopathy	B-Type natriuretic peptide	4488	1	B-Type natriuretic peptide	4488	1	2
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	4	
	U & E only	4171	1	U & E only	4171	4	
	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	4	
	Glucose – random/fasting	4057	1	Prothrombin index (PI)	3805	24	
	C-reactive protein	3947	1	Therapeutic drug level: Dosage	3806	24	
	Full blood count	3755	1	Drug level in biological fluid	4081 or 4370 or 4493	3	
	Thyrotropin (TSH)	4507	1	Threshold testing: own equipment	1268	1	
	Total cholesterol	4027	1	Programming of the Atrioventricular sequential pacemaker	1270 or 75075	1	
	X-ray of the chest two views, PA and lateral	30110	1	X-ray of the chest two views, PA and lateral	30110	1	
Chronic obstructive pulmonary disease (COPD)	X-ray of the chest two views, PA and lateral	30110	1	Peak flow	1192	2	1
	Flow volume test	1188 or 1186	1	Flow volume test	1186	1	
	Alpha-1-antitrypsin	4005	1	Drug level in biological fluid	4081 or 4370 or 4493	2	
Chronic renal disease	ECG – Electrocardiogram	1232 or 1233 or 1236	1	ECG – Electrocardiogram	1232 or 1233 or 1236	2	2
	Full blood count	3755	1	Full blood count	3755	4	
	U & E only	4171	1	U & E only	4171	4	



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Chronic renal disease	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	4	2
	Serum calcium	4016 or 4017 or 4375 or 4376	1	Serum calcium	4016 or 4017 or 4375 or 4376	4	
	Serum phosphates	4109 or 4313	1	Serum phosphates	4109 or 4313	4	
	Serum parathyroid hormone (PTH)	4512	1	Serum parathyroid hormone (PTH)	4512	2	
	Protein: Quantitative	4213	1	Protein: Quantitative	4213	1	
				Iron	4071	2	
				Urine analysis (dipstick)	4188	4	
				Platelet count	3797	1	
				Transferrin	4144	2	
				Ferritin	4528	2	
Dietitian	84200 or 84201 or 84202 or 84203 or 84204 or 84205	1					
Coronary artery disease	ECG – Electrocardiogram	1232 or 1233 or 1234 or 1235 or 1236	1	ECG – Electrocardiogram	1232 or 1233 or 1234 or 1235 or 1236	2	2
	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	1	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	1	
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	2	
	U & E only	4171	1	U & E only	4171	2	
	Glucose – random/fasting	4057	1	Glucose – random/fasting	4057	1	



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	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Coronary artery disease	LDL cholesterol	4026	1	LDL cholesterol	4026	1	2
	HDL cholesterol	4028	1	HDL cholesterol	4028	1	
	Total cholesterol	4027	1	Total cholesterol	4027	1	
	Triglycerides	4147	1	Triglycerides	4147	1	
	Platelet count	3797	1				
	C-reactive protein	3947	1				
	Full blood count	3755	1				
	Thyrotropin (TSH)	4507	1				
	Urine analysis (dipstick)	4188	1				
	X-ray of the chest two views, PA and lateral	30110	1				
Crohn's disease	Colonoscopy	1653 or 1656	1	Colonoscopy	1653 or 1656	1	3
	Erythrocyte sedimentation rate or C-reactive protein	3743 or 3947	1	C-reactive protein	3947	2	
	Histology	4567 & 4571 or 4582 & 4584	3	Faecal Calprotectin (Elastase Quantitative ELISA)	4362	1	
	Full blood count	3755	1	Full blood count	3755	2	
Diabetes insipidus	U & E only	4171	1	U & E only	4171	3	1
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	3	
	Osmolality: Serum or urine	4093	1	Osmolality: Serum or urine	4093	1	
Diabetes mellitus type 1	ECG – Electrocardiogram	1232 or 1233 or 1236	1	ECG – Electrocardiogram	1232 or 1233 or 1236	1	1 (Ophthalmologist) 4 (Other Specialist)
	Microalbuminuria	4261 or 4262	1	Microalbuminuria	4261 or 4262	2	
	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	4	



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	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Diabetes mellitus type 1	LDL cholesterol	4026	1	LDL cholesterol	4026	1	1 (Ophthalmologist) 4 (Other Specialist)
	HDL cholesterol	4028	1	HDL cholesterol	4028	1	
	Total cholesterol	4027	1	Total cholesterol	4027	1	
	Triglycerides	4147	1	Triglycerides	4147	1	
	U & E only	4171	1	U & E only	4171	1	
	Serum creatinine	4032 or 4223	1	Serum creatinine	4032 or 4223	1	
	Urine creatinine	4221	1	Urine creatinine	4221	1	
	Two-hour glucose-OGTT	4049	1	HbA1c	4064	4	
	Glucose – random/fasting	4057	1	Tonometry	3014	1	
				Fundus examination	3003 or 3004 or 3027	1	
				Basic capital equipped in own rooms by ophthalmologists	3009	1	
				Dietitian	84200 or 84201 or 84202 or 84203 or 84204 or 84205	1	
				Podiatrist	68301 or 68302 or 68303 or 68304 or	1	
Diabetes Educator				DFSC1			
Diabetes Educator	DEDUT or DEDU1	2					
Diabetes mellitus type 2	ECG – Electrocardiogram	1232 or 1233 or 1236	1	ECG – Electrocardiogram	1232 or 1233 or 1236	1	1 (Ophthalmologist) 1 (Other Specialist)
	Microalbuminuria	4261 or 4262	1	Microalbuminuria	4261 or 4262	2	
	HDL cholesterol	4028	1	HDL cholesterol	4028	1	
	Total cholesterol	4027	1	Total cholesterol	4027	1	



CONDITION	DIAGNOSTIC BASKET			ONGOING MANAGEMENT BASKET			
	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Diabetes mellitus type 2	LDL cholesterol	4026	1	LDL cholesterol	4026	1	1 (Ophthalmologist) 1 (Other Specialist)
	Triglycerides	4147	1	Triglycerides	4147	1	
	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	4	
	U & E only	4171	1	U & E only	4171	1	
	Urine creatinine	4221	1	Urine creatinine	4221	1	
	Glucose – random/fasting	4057	1	HbA1c	4064	4	
	Serum creatinine	4032 or 4223	1	Serum creatinine	4032 or 4223	1	
	Two-hour glucose-OGTT	4049	1	Tonometry	3014	1	
				Basic capital equipped in own rooms by ophthalmologists	3009	1	
				Fundus examination	3003 or 3004 or 3027	1	
Dietitian				84200 or 84201 or 84202 or 84203 or 84204 or 84205	1		
Diabetes Educator	DEDUT or DEDU1	2					
Podiatrist	68301 or 68302 or 68303 or 68304 or	1					
Diabetes Educator	DFSC1						
Dysrhythmia	ECG – Electrocardiogram	1232 or 1233 or 1234 or 1235 or 1236	1	ECG – Electrocardiogram	1232	3	2
					1233 or 1234 or 1235 or 1236	1	
	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	1	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	1	



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	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Dysrhythmia	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	1	2
	U & E only	4171	1	U & E only	4171	2	
	Magnesium: Spectrophotometric	4094	1	Magnesium: Spectrophotometric	4094	1	
	C-reactive protein	3947	1	Prothrombin index (PI)	3805	24	
	Thyrotropin (TSH)	4507	1	Therapeutic drug level: Dosage	3806	24	
	Serum calcium	4016 or 4017 or 4375 or 4376	1	Drug level in biological fluid	4081 or 4370 or 4493	2	
	24 Hour ambulatory ECG monitoring (holter)	1238 & 1239	1	Threshold testing: Own equipment	1268	1	
				Programming of atrio-ventricular sequential pacemaker	1270 or 75075	1	
Epilepsy				Drug level in biological fluid	4081 or 4370 or 4493	3	3
	Clinical interpretation and report of item 2711: Electro-encephalogram (EEG): 20-40 minutes record (Professional component)	2712	1	Clinical interpretation and report of item 2711: Electro-encephalogram (EEG): 20-40 minutes record (Professional component)	2712	1	
	Electro-encephalogram (EEG): 20-40 minutes record: (done by Medical Practitioners) 2711 or EEG with special activation (done by Clinical Technologists) 75133	2711 or 75133	1	Electro-encephalogram (EEG): 20-40 minutes record: (done by Medical Practitioners) 2711 or EEG with special activation (done by Clinical Technologists) 75133	2711 or 75133	1	



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	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Glaucoma * These codes can only be billed by an Ocular Therapeutic Optometrist	Tonometry	3014 or *11202 or *11212	1	Tonometry	3014 or *11202 or *11212	3	3 (Ophthalmologist or Ocular Therapeutic Optometrist)
	Fundus examination	3003 or 3004 or *11366	1	Fundus examination	3003 or 3004 or *11366	3	
	Gonioscopy	3002 or *11356	1	Gonioscopy	3002 or *11356	3	
	Visual fields	3016 or 3017 or *11443	1	Visual fields	3016 or 3017 or *11443	2	
	Basic capital equipped in own rooms by ophthalmologists	3009	1	Basic capital equipped in own rooms by ophthalmologists	3009	3	
	Central corneal thickness measurement	3020 or *11702	2 (1 per eye)	Retinal threshold trend evaluation	3018	1	
	Optical Coherent Tomography (OCT) of Optic nerve or macula	3028 or *11802	2 (1 per eye)	Optical Coherent Tomography (OCT) of Optic nerve or macula	3028 or *11802	2 (1 per eye)	
	Disc and nerve fibre layer analysis or Disc photography	3026 or 3027 or *11624	1	Disc and nerve fibre layer analysis or Disc photography	3026 or 3027 or *11624	1	
Haemophilia	Full blood count	3755	1	Full blood count	3755	1	2
	Platelet count	3797	1	Platelet count	3797	1	
	Factor VIII or Factor IX antigen or Coagulation factors	3758 or 3757	1	Factor VIII or Factor IX inhibitors	3724	1	
	Fibrinogen titre	3825	1				
	Bleeding time	3713	1				
	Prothrombin index (PI)	3805	1				
	PTT - Partial thromboplastin time	3837	1				
	Thrombin time	3841	1				
	Therapeutic drug level: Dosage	3806	1				



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	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Hyperlipidaemia	Total cholesterol	4027	1	Total cholesterol	4027	1	0
	LDL cholesterol	4026	1	LDL cholesterol	4026	1	
	HDL cholesterol	4028	1	HDL cholesterol	4028	1	
	Triglycerides	4147	1	Triglycerides	4147	1	
	Thyrotropin (TSH)	4507	1	AST – Aspartate aminotransferase	4130	1	
ALT – Alanine aminotransferase				4131	1		
Hypertension	ECG – Electrocardiogram	1232 or 1233	1	ECG – Electrocardiogram	1232 or 1233	1	1
	Glucose – random/fasting	4057	1	Glucose – random/fasting	4057	1	
	Total cholesterol	4027	1	Total cholesterol	4027	1	
	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	1	
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	1	
				Potassium	4113	1	
	U & E only	4171	1	U & E only	4171	1	
24 Hour ambulatory blood pressure	1237	1	24 Hour ambulatory blood pressure	1237	1		
Hypothyroidism	Free thyroxine (FT4)	4482	1	Free thyroxine (FT4)	4482	2	0
	Thyrotropin (TSH)	4507	1		4507	2	
	Total cholesterol	4027	1				
Multiple sclerosis	MR of the lumbar spine pre and post contrast or uncontrasted	53420 or 53410 or 53400	1	MR of the lumbar spine pre and post contrast or uncontrasted	53420 or 53410 or 53400	1	2
	MR of the brain pre and post contrast or uncontrasted	10430 or 10410	1		MR of the brain pre and post contrast or uncontrasted	10430 or 10410	



CONDITION	DIAGNOSTIC BASKET			ONGOING MANAGEMENT BASKET			
	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Multiple sclerosis	MR of the cervical spine and cranio-cervical junction pre and post contrast or uncontrasted	51420 or 51410 or 51400	1	MR of the cervical spine and cranio-cervical junction pre and post contrast or uncontrasted	51420 or 51410 or 51400	1	2
	MR of the thoracic spine pre and post contrast or uncontrasted	52420 or 52410 or 52400	1	MR of the thoracic spine pre and post contrast or uncontrasted	52420 or 52410 or 52400	1	
	Visual evoked potentials (VEP): Bilateral	2682	1	ALT – Alanine aminotransferase	4131	1	
	Visual evoked potentials (VEP): Unilateral	2681	1	AST – Aspartate aminotransferase	4130	1	
Parkinson's disease	No diagnostic or monitoring tests apply as the diagnosis of this condition remains a clinical one						2
Rheumatoid arthritis	Erythrocyte sedimentation rate or C-reactive protein	3743 or 3947	1	Erythrocyte sedimentation rate or C-reactive protein	3743 or 3947	4	4
	Full blood count	3755	1	Full blood count	3755	2	
	Platelet count	3797	1	Platelet count	3797	2	
Rheumatoid arthritis	AST – Aspartate aminotransferase	4130	1	AST – Aspartate aminotransferase	4130	4	4
	ALT – Alanine aminotransferase	4131	1	ALT – Alanine aminotransferase	4131	4	
	Creatinine	4221	1	Creatinine	4221	1	
	U & E only	4171	1	U & E only	4171	1	
	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	4	
	X-ray of the left foot or left ankle	74120 or 74100	4	X-ray of the left foot or left ankle	74120 or 74100	4	
	X-ray of the right foot or right ankle	74125 or 74105		X-ray of the right foot or right ankle	74125 or 74105		
	X-ray of the right hand or right wrist	65105 or 65135		X-ray of the right hand or right wrist	65105 or 65135		
X-ray of the left hand or left wrist	65100 or 65130	X-ray of the left hand or left wrist		65100 or 65130			



CONDITION	DIAGNOSTIC BASKET			ONGOING MANAGEMENT BASKET			
	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Rheumatoid arthritis	X-ray of the left hip	56100	4	X-ray of the left hip	56100	4	4
	X-ray of the right hip	56110		X-ray of the right hip	56110		
	X-ray of the left shoulder	61130		X-ray of the left shoulder	61130		
	X-ray of the right shoulder	61135		X-ray of the right shoulder	61135		
	X-ray of the left elbow	63100		X-ray of the left elbow	63100		
	X-ray of the right elbow	63105		X-ray of the right elbow	63105		
	X-ray of the left knee	72100		X-ray of the left knee	72100		
	X-ray of the right knee	72105		X-ray of the right knee	72105		
	X-ray of the chest two views, PA and lateral	30110	1	X-ray of the chest two views, PA and lateral	30110	1	
	Anti-CCP	4600	1				
	Anti-Nuclear Factor (ANF)	3934	1				
	Rheumatoid factor	3959 or 4182	1				
Juvenile Rheumatoid arthritis	In addition to the above, the below is available for members less than 18 years old						1 Ophthalmologist visit for > 10 years OR 2 Ophthalmologist visits for < 10 years
	Erythrocyte sedimentation rate or C-reactive protein	3743 or 3947	1	Erythrocyte sedimentation rate or C-reactive protein	3743 or 3947	2	
	Ultrasound of the right wrist or left wrist	65210 or 65200	1	Ultrasound of the right wrist or left wrist	65210 or 65200	1	
	Ultrasound of the right foot or right ankle	74225 or 74215		Ultrasound of the right foot or right ankle	74225 or 74215		
Ultrasound of the left foot or left ankle	74220 or 74210	Ultrasound of the left foot or left ankle		74220 or 74210			



CONDITION	DIAGNOSTIC BASKET			ONGOING MANAGEMENT BASKET			
	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Juvenile Rheumatoid arthritis	Ultrasound of the Hip joints	56200	1	Ultrasound of the Hip joints	56200	1	Ophthalmologist visit for > 10 years OR 2 Ophthalmologist visits for < 10 years
	Ultrasound of the left shoulder joint	61200		Ultrasound of the left shoulder joint	61200		
	Ultrasound of the right shoulder joint	61210		Ultrasound of the right shoulder joint	61210		
	Ultrasound of the left elbow joint	63200		Ultrasound of the left elbow joint	63200		
	Ultrasound of the right elbow joint	63205		Ultrasound of the right elbow joint	63205		
	Ultrasound of the left knee joint	72200		Ultrasound of the left knee joint	72200		
	Ultrasound of the right knee joint	72205		Ultrasound of the right knee joint	72205		
	Ultrasound of the tempero-mandibular joints, one or both sides	15200		Ultrasound of the tempero-mandibular joints, one or both sides	15200		
	Ultrasound of any joint	5102		Ultrasound of any joint	5102		
Schizophrenia				AST – Aspartate aminotransferase	4130	2	4
				ALT – Alanine aminotransferase	4131	2	
				U & E only	4171	2	
				Creatinine	4032 or 4221 or 4223	2	
				Drug level in biological fluid	4081 or 4370 or 4493	3	
Systemic lupus erythematosus	Complement fixation test	3963 or 4182	1	Complement fixation test	3963 or 4182	2	4
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	4	
	Extractable nuclear antigens	3934 or 3948	2	Antiglobulin test (Coombs)	3709	2	
	Full blood count	3755	1	Full blood count	3755	4	



CONDITION	DIAGNOSTIC BASKET			ONGOING MANAGEMENT BASKET			
	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Systemic lupus erythematosus	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	4	4
	U & E only	4171	1	U & E only	4171	4	
	Platelet count	3797	1	Platelet count	3797	1	
	Erythrocyte sedimentation rate or C-reactive protein	3743 or 3947	1	Erythrocyte sedimentation rate or C-reactive protein	3743 or 3947	4	
	Anti-Nuclear Factor (ANF)	3934	1	ALT – Alanine aminotransferase	4131	4	
	Kidney biopsy	1841	1	Creatinine kinase	4152 or 4153	2	
	Urine microscopy	3867	1	AST – Aspartate aminotransferase	4130	4	
	Skin biopsy	0233 & 0234 & 0235 & 0237	1	Total cholesterol	4027	1	
	X-ray of the chest two views, PA and lateral	30110	1	X-ray of the chest two views, PA and lateral	30110	1	
	DNA antibodies	4529 or 3948	2				
	Histology	4567 & 4571 or 4582 & 4584	3				
Ulcerative colitis	Colonoscopy	1653 or 1656	1	Colonoscopy	1653 or 1656	1	3
	C-reactive protein	3947	1	C-reactive protein	3947	2	
	Full blood count	3755	1	Full blood count	3755	2	
	Histology	4567 & 4571 or 4582 & 4584	3	Histology	4567 & 4571 or 4582 & 4584	1	
				Flexible sigmoidoscopy	1676	1	
				Faecal Calprotectin (Elastase Quantitative ELISA)	4362	1	



Working to care for and protect you

Our goal is to provide support for you in the times when you need it most.

How to contact us

Tel (members): 0860 99 88 77, Tel (health partners): 0860 44 55 66

Go to www.discovery.co.za to Get Help or ask a question on WhatsApp. Save this number 0860 756 756 on your phone and say "Hi" to start chatting with us 24/7.

PO Box 784262, Sandton, 2146. 1 Discovery Place, Sandton, 2196.

What to do if you have a complaint

01 | TO TAKE YOUR QUERY FURTHER:

If you have already contacted the Discovery Health Medical Scheme and feel that your query has still not been resolved, please complete our online complaints form on www.discovery.co.za. We would also love to hear from you if we have exceeded your expectations.

02 | TO CONTACT THE PRINCIPAL OFFICER:

If you are still not satisfied with the resolution of your complaint after following the process in Step 1 you are able to escalate your complaint to the Principal Officer of the Discovery Health Medical Scheme. You may lodge a query or complaint with Discovery Health Medical Scheme by completing the online form on www.discovery.co.za or by emailing principalofficer@discovery.co.za.

03 | TO LODGE A DISPUTE:

If you have received a final decision from Discovery Health Medical Scheme and want to challenge it, you may lodge a formal dispute. You can find more information of the Scheme's dispute process on the [website](#).

04 | TO CONTACT THE COUNCIL FOR MEDICAL SCHEMES:

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You may contact the Council at any stage of the complaints process, but we encourage you to first follow the steps above to resolve your complaint before contacting the Council. Contact details for the Council for Medical Schemes: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion 0157 | complaints@medicalschemes.co.za | 0861 123 267 | www.medicalschemes.co.za.

Your privacy is important to us

We hold your privacy in the highest regard. Our unwavering commitment to protecting your personal information and ensuring the security and confidentiality of your data is clearly outlined in our Privacy Statement. You can view our latest version on www.discovery.co.za > Medical aid > About Discovery Health Medical Scheme.