

PCDT NETWORK HANDBOOK

DISCOVERY HEALTH
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Overview

Discovery Health Medical Scheme (DHMS) recognises that pharmacy clinics have an important role in managing primary healthcare in South Africa. For this reason, we will start reimbursing some of the services that are included in the Primary Care Drug Therapy (PCDT) permit issued by the Department of Health.

The aim of this document is to help the PCDT pharmacist understand the rules, procedures and processes for dealing with pharmacy clinic consultations, prescriptions and claims.

Due to the size and scope of this initiative, we will be rolling it out in phases.

- We have already started incorporating the following:
 - PCDT consultation fee
 - Point-of-care pathology tests claimable by the product's NAPPI code
 - PCDT-prescribing services

These are in line with the Standard Treatment Guidelines and Essential Medicines List used by valid PCDT pharmacists (permit holders), for which claims will be payable from the DHMS member's Medical Savings Account.

- In future we will phase in chronic benefits and referrals to pathologist laboratory services. We will also involve the rest of the schemes we administer.

Who qualifies

Members

- For now, the services are for members registered on **Discovery Health Medical Scheme** for selected services payable from acute benefits.
- To start, this benefit is only available to members on plans with a Medical Savings Account (the Executive, Comprehensive, Priority and Saver plans).
- Self-payment options will be used for Classic Smart Comprehensive, Smart, Core or KeyCare plans where medical saving accounts are not available.

Providers

Descriptors	Qualifying criteria
Section A: Pharmacy clinic	<ul style="list-style-type: none"> • Has at least one PCDT pharmacist available at the pharmacy • Has a private consultation room within the pharmacy with appropriate clinic equipment, furniture and an easily accessible bathroom • Has Good Pharmacy Practice (GPP) compliance and is registered with the South African Pharmacy Council • Has an electronic clinical practice management claims submission system and is able to submit the claim using the PCDT pharmacist's own PCDT BHF (Board of Healthcare Funders) number as the treating provider • Has appropriate referral networks in place (including pathology and general practitioners) • Must agree to log clinical results onto HealthID when available to make results available to doctors • If a contracted pharmacy, is paid at the agreed Discovery Health Rate • If a non-contracted pharmacy, is paid the balance by the member
Section B: Permit	<p>The pharmacist must have:</p> <ul style="list-style-type: none"> • A valid PCDT permit • A Board of Healthcare Funders client information sheet with own practice number, expiry date and associated pharmacy

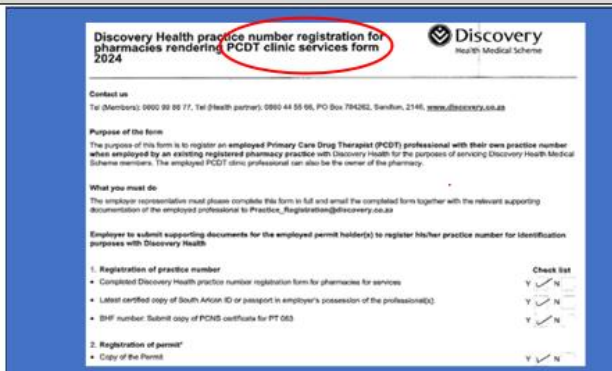





How to enrol your pharmacy on the PCDT Network

Pharmacy clinics are invited to join the PCDT Network by following the process below:

1. Register the practice number of the PCDT pharmacist (permit holder)
 - Complete and sign the [PCDT practice number registration form](#) for your employed PCDT pharmacists.
 - Attach the following documents:
 - Completed [PCDT practice number registration form](#)
 - Certified copy of the permit holder's ID (certification not older than 3 months)
 - Copy of the Board of Health Funders practice certificate
 - Copy of the permit certificate
 - Email everything to Provider_Administration@discovery.co.za.

THE 4 DOCUMENTS REQUIRED FOR PCDT REGISTRATION

<h3>1. Practice registration form</h3> 	<h3>2. CERTIFIED copy of the ID document</h3> 
<h3>3. Copy of PCDT BHF: Client information</h3> 	<h3>4. Copy of permit</h3> 

2. Join the PCDT Network
 - Complete and sign the [PCDT Network agreement](#)
 - Email the agreement to Provider_Administration@discovery.co.za

The turnaround time for feedback on the application is three to five working days.

Important:

- There is a validity period on the PCDT permit. The permit holder (PCDT pharmacist) may only practise within the associated pharmacy during that period.
- Once we have received the documents and registered the PCDT pharmacist's practice number, we will add the pharmacy to the PCDT Network. The pharmacy will then appear as offering PCDT services on our Find a provider [On-line search tool](#) on our website.
- Discovery Health will pay the claiming pharmacy (billing provider) for service delivered by the PCDT pharmacist (treating provider) if the claim is successfully adjudicated within the rules of the Scheme and PCDT services.



Consultation procedure

Follow these steps during your consultation with the member to help you with the Discovery claims procedure.

1. Confirm the identity of the patient

Ask to see the patient's ID and DHMS membership card. (It's best to ask to see their digital membership card in the Discovery app.)

2. Open a profile for the member on your system, if not already done

You will need their ID number, home address and contact details.

3. Check which benefits the member has

You must do this before continuing with the consultation. You can do it in two ways:

- Submit a claim before continuing with **the consultation**
- Create a virtual quote:
 - Go to [Discovery Healthcare Provider Zone](#).
 - Click on **Log in** to access the Healthcare Professional Zone.
 - Or go to: Enter your username and password.
 - Click on **Member validation** and **Virtual quote**.
 - Use the member's details (member number or ID number, name and surname) to confirm their membership is active.
 - Once you have confirmed the membership, use the virtual quote tool to complete a virtual quote.
 - If the member's plan does not cover the consultation, discuss the self-payment options with them.
 - For information about registering on the Healthcare Professional Zone, please read the 'How to register on the Healthcare Professional Zone' section of this handbook.

4. Discuss the reason for the consultation with the member

5. Get consent from the member

- Ask the member whether you can do any of the following:
 - A physical examination or other tests
 - Give them treatment or a prescription
 - Fill their prescription at your pharmacy (The member has the choice to fill the prescription somewhere else.)

6. Decide what the member needs

- Do the physical examination if necessary
- Decide whether the member needs extra medicine, tests or treatment

7. Load notes on your patient software system

- Include in detail the member's reason for visiting you, any complaints they have, your findings and what you did (tests diagnosis, care), the results and any referrals or treatment that you gave
- The PCDT Clinic Network agreement lets Discovery Health get the clinical results from your software vendor. Discovery Health will share this information on HealthID so that the treating provider can see it.

8. Send the consultation claim to us

- Using your pharmacy's dispensing system, send the claim to us. You must include the correct code for the agreed rate and the relevant plan. You will find the service description, submission codes and ICD-10 codes on your system. If not, please ask your contracted software provider to load them.

Payment of the claim

1. We will consider paying for:
 - The consultation and extra material, tests or vaccines, based on the relevant plan rules. Don't forget to include the ICD-10 code.
 - A written PCDT prescription within the Essential Medicines List, according to the allowed ICD-10 codes.
 - When you use a point-of-care device that is approved by Discovery Health, we will pay for appropriate pathology NAPPI codes. Approval is based on health technology assessment outcomes. The supplier can confirm which devices are approved
2. We may pay from the member's available day-to-day benefits. In future, we may pay from their other benefits. The member might also have to pay from their own pocket.



3. If the member pays in cash, please give them a paper copy of the claim statement. This must have the correct statement description on it to make sure that we can refund the member. (See *Statement description in the table in the next section of this document.)
4. Consultations are not time-based (the same as with general practitioner consultations).
5. Refer members back to their treating provider as their primary doctor for all chronic care. This is explained in the protocol of the Standard Treatment Guidelines and Essential Medicines List for South Africa.
6. We have drafted a pharmacy clinic pathology referral form, which the PCDT pharmacist can use when referring patients for in-scope pathology laboratory tests, if appropriate. This will be available during phase 2 of this initiative.
7. Raise queries and escalations through our servicing communication channels.
8. Make sure the consultation topics are customised for the member. You must also talk to them about self-care behaviours.

PCDT consultation code

Pharmacy code	*Statement description	Tariff description	*Tariff code
000525-001	DIS0190PCDT-CONSULTATION	PCDT consultation: A face-to-face consultation	0190

- Visit [Pharmacy clinic tariffs](#) for the latest rates.

*Arrange with your software provider to print 'Statement description' on the statement. Without these codes, we will not be able to pay paper claims when members prefer to pay cash.

Setting up your system

You must set up your claims system by adding your own **PCDT BHF (Board of Healthcare Funders) number** to the provider (doctor) list on your system. If you need help, contact your software system provider. They can also show you how they have made provision for the treating provider and how to claim on their system.

How to claim

1. You must use your normal dispensing system to submit claims.
2. Use your clinic system to keep comprehensive notes of the consultation, findings and treatment.
3. We will pay claims according to the specific plan's benefits.
4. It is important to:
 - Claim the consultation using the correct ICD-10 codes.
 - Claim all point-of-care tests with ICD-10 codes that are allowed within PCDT.
 - Write the correct ICD-10 codes on your written prescription for every line item.
 - Prescription items are verified according to the Essential Medicines List.
 - The ICD-10 codes are verified according to the Standard Treatment Guidelines. You will find a list of codes most often used in Annexure A.

Understanding what information we need to pay the claim

The treating and referring provider are mutually exclusive. They cannot be the same in one claim. It is very important to submit two separate claims to us.

1. One claim for the consultation code, where you were the attending provider. You add the pharmacy as the referring provider and add your own PCDT number in the pop-up as the treating/attending/examining provider. You can add material used in the clinic as part of your claim. Pay the consultation first.
2. One claim for the dispensing service, as you've always done. Instead of the doctor referring or requesting your services, you will now add your own PCDT number as the prescribing/referring provider. This is the same as it's always been.



Example:

While dispensing systems may differ, these examples show what you need to submit to us.

Example:

While pharmacy dispensing systems may differ, the below examples serve as guidance of what you need to submit to us.

Claiming medicines when dispensed

1. Pharmacist claiming medicine scripted by the doctor.
2. Pharmacist Advised Therapy for Schedule 0 – 2
3. PCDT prescribed Rx for >S3

Prescriber	Dispenser
Medicine	
Doctor BHF	Dispenser
Pharmacy BHF	Dispenser
PCDT BHF	Dispenser

Claim consultations as PCDT / Diabetes Educator

4. PCDT pharmacist claiming Diabetes educator codes
5. Nurse claiming Diabetes Education consultation codes
6. Claiming Point of care tests when referred by doctor

Referring provider	Treating provider
Consultations	
Pharmacy BHF	PCDT BHF
Pharmacy BHF	Nurse BHF
Doctor BHF	Nurse BHF/ PCDT BHF

NB: If the consultation code is claimed as part of the prescription (or the other way around), the claim will be rejected: 'PCDT not authorised to prescribe item.'

Understanding the reason a payment is rejected

Look carefully at the reason code and its explanation. Fix any errors in the claim before submitting it again.

Codes	Reason description	Member explanation
1344	PCDT permit not registered on network	You, the PCDT pharmacist, are not registered as a PCDT pharmacist with us. We cannot pay the claim.
1337	Must use primary care GP for chronic/PMB	This condition is under chronic or Prescribed Minimum Benefits cover. We cannot pay this from acute benefits. The member must speak to their nominated primary care GP about it.
1339	Consumables limited for consultation	The member has reached the limit for consumables on this consultation. The member will have to pay this amount from their own pocket.
1340	Limited meds use in consult. Write Rx	You, the PCDT pharmacist, must write the member a prescription for these items, as the system is set up in a way that you cannot bill the items as part of the consultation.
1341	PCDT not authorised to prescribe item	You, the PCDT pharmacist, cannot prescribe and charge for this treatment under your practice type. Your patient is not responsible for this amount.
1342	PCDT not authorised to treat condition	You, the PCDT pharmacist, cannot treat and charge for this condition under your practice type. Your patient is not responsible for this amount.
1343	Non-network PCDT pharmacy. Co-payment.	You, the PCDT pharmacist, are not part of the pharmacy network for this member's health plan. The member must pay the difference between what you charge and what we pay.
727	Your plan does not cover these services. You must pay this amount.	The member's plan does not cover these services. The member must pay this amount.



Contact us

Type of query	Centre	Contact details
<ul style="list-style-type: none">▪ Remittance advices▪ Payment runs▪ Reconciliations▪ Claim queries▪ Request a network agreement	Health provider call centre	Tel: 0860 44 55 66 Email: healthpartnerinfo@discovery.co.za
<ul style="list-style-type: none">• Updating contact details• Permit registration• Network registration• Contracts	Provider administration	Email: Provider_Administration@discovery.co.za
Joining the network	Provider administration	Email: Provider_Administration@discovery.co.za
Documents	Website	PCDT Network agreement
Reporting fraud	Fraud hotline	Tel: 0800 00 45 00 Email: discovery@tip-offs.com



Annexure A

PCDT: ICD-10 codes

- The ICD-10 codes listed here are the ones most often used.
- We fund PCDT-prescribed treatment within available plan benefits for in-scope conditions (ICD-10 codes) and where treatment is within the Essential Medicines List.

Category	Description	ICD-10
1. Cardiovascular conditions in adults	<i>Refer to a doctor after six months</i> Essential (primary) hypertension in adults	I10
	Angina pectoris, unstable	I20.0
2. Diabetes in adults	<i>Refer to a doctor after six months</i> Type 1 diabetes mellitus without complications in adults	E10.9
	Type 2 diabetes mellitus without complications in adults	E11.9
3. Ear, nose and throat conditions	Otitis externa Otitis externa, unspecified	H60.0
	Otitis media, acute Otitis media, unspecified	H66.9
	Sinusitis, acute, bacterial Acute sinusitis, unspecified	J01.9
	Tonsillitis and pharyngitis Acute pharyngitis, unspecified	J02.9
	Acute tonsillitis, unspecified	J03.9
4. Eye	Bacterial eye conditions (excluding newborn)	H10.0
5. Epilepsy in adults	<i>Refer to a doctor after six months</i> Epilepsy, unspecified	G40.9
6. Family planning	General counselling and advice on contraception	Z30.0
	Surveillance of contraceptive drugs	Z30.4
7. Gastro-intestinal conditions	Diarrhoea: Non-infective gastroenteritis and colitis, unspecified in adults	K52.9
	Nausea and vomiting, non-specific	R11
	Indigestion: Functional dyspepsia	K30
	Indigestion: Heartburn	R12
8. HIV, post-exposure prophylaxis (PEP)	PEP: Contact with and exposure to human immunodeficiency virus (HIV)	Z20.6
	PrEP: Pre-exposure prophylaxis	Z29.2
	Exposure to other specified factors, unspecified place, while working for income	X58.92*
9. Infections and related conditions – pyrexia	Pyrexia: Other specified fever	R50.8
	Pyrexia: Fever, unspecified	R50.9
10. Kidney and urological disorders	Acute cystitis	N30.0
	Other chronic cystitis	N30.2
	Other cystitis	N30.8
	Cystitis, unspecified	N30.9
	Urinary tract infection, site not specified	N39.0



11. Musculoskeletal conditions and specific regions

Gout, acute

Idiopathic gout, multiple sites	M10.00
Idiopathic gout, other site	M10.08
Idiopathic gout, site unspecified	M10.09
Gout, unspecified	M10.90

Osteoarthritis

Primary arthrosis of other joints, multiple sites	M19.00
Primary arthrosis of other joints, site unspecified	M19.09
Other secondary arthrosis, site unspecified	M19.29
Other specified arthrosis, multiple sites	M19.80
Other specified arthrosis, site unspecified	M19.89
Arthrosis, unspecified, multiple sites	M19.90
Arthrosis, unspecified, site unspecified	M19.99

Arthritis, rheumatoid

Refer to a doctor

Rheumatoid arthritis, unspecified, multiple sites	M06.90
Rheumatoid arthritis, unspecified, site unspecified	M06.99

12. Obstetrics and gynaecology

Primary dysmenorrhoea	N94.4
Secondary dysmenorrhoea	N94.5
Dysmenorrhoea, unspecified	N94.6

13. Pain

Acute pain	R52.0
Pain, unspecified	R52.9

15. Penicillin allergy

Personal history of allergy to penicillin	Z88.0
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14. Respiratory conditions

Pneumonia uncomplicated in adults (exclusions: paediatrics and over 65 years)

Bronchopneumonia, unspecified	J18.0
Other pneumonia, organism unspecified	J18.8
Pneumonia, unspecified	J18.9
Acute bronchitis, unspecified	J20.9

Acute attacks and controlled asthma

Acute asthma & exacerbations: COPD with acute exacerbation, unspecified	J44.1
Chronic Asthma: Predominantly allergic asthma	J45.0
Chronic Asthma: Nonallergic asthma	J45.1
Chronic Asthma: Mixed asthma	J45.8
Chronic Asthma: Asthma, unspecified	J45.9

16. Skin conditions

Acne vulgaris	L70.0
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17. Systemic and nosocomial infections

Rickettsiosis, unspecified	A79.9
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18. Trauma and emergencies

Animal and human bites

Superficial injury of unspecified body region	T14.0*
Open wound of unspecified body region	T14.1*

Open wounds

Multiple open wounds, unspecified	T01.9*
Superficial injury of unspecified body region	T14.0*
Open wound of unspecified body region	T14.1*

**Add external cause code (V, W, X or Y) in addition to S or T code*



Contact with and exposure to rabies	Z20.3
Need for immunisation against rabies	Z24.2

Anaphylaxis

Anaphylactic shock, unspecified	R57.90
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19. Vaccinations

Need for immunisation against other single bacterial diseases	Z23.8
Need for immunisation against other specified single viral diseases	Z25.8
Need for immunisation against unspecified infectious disease	Z26.9
Need for immunisation against unspecified combinations of infectious diseases	Z27.8

Specific immunisations

Need for immunisation against cholera with typhoid-paratyphoid [cholera + TAB]	Z27.0
Need for immunisation against COVID-19	U11.9
Need for immunisation against COVID-19, unspecified	Z27.9
Need for immunisation against diphtheria-tetanus-pertussis with poliomyelitis [DTP + polio]	Z27.3
Need for immunisation against diphtheria-tetanus-pertussis with typhoid-paratyphoid [DTP + TAB]	Z27.2
Need for immunisation against diphtheria-tetanus-pertussis, combined [DTP]	Z27.1
Need for immunisation against influenza	Z25.1
Need for immunisation against measles alone	Z24.4
Need for immunisation against measles-mumps-rubella [MMR]	Z27.4
Need for immunisation against mumps alone	Z25.0
Need for immunisation against poliomyelitis	Z24.0
Need for immunisation against rubella alone	Z24.5
Need for immunisation against tetanus alone	Z23.5
Need for immunisation against tuberculosis [BCG]	Z23.2
Need for immunisation against viral hepatitis	Z24.6
Need for immunisation against rabies	Z24.2

**Add external cause code (V, W, X or Y) in addition to S or T code*



Annexure B

PCDT: Prescription medicine

- This is a list of examples of medicines that can be prescribed.
- We fund PCDT-prescribed treatment within available plan benefits for in-scope conditions (ICD-10 codes) and where treatment is within the Essential Medicines List.

	Active ingredient	Formulation	Schedule
Antacids			
	Aluminium hydroxide	ORAL	OTC
	Ordinary salt combinations	ORAL	OTC
	Antacids with antispasmodics	ORAL	OTC
	Antacids, other combinations	ORAL	OTC
Antibiotics			
	Doxycycline	ORAL	4
	Amoxicillin	ORAL	4
	Phenoxymethylpenicillin	ORAL	4
	Amoxicillin and beta-lactamase inhibitor	ORAL	4
	Sulfamethoxazole and trimethoprim	ORAL	4
	Erythromycin	ORAL	4
	Azithromycin	ORAL	4
	Nitrofurantoin	ORAL	4
	Fosfomycin	ORAL	4
	Metronidazole	ORAL	4
Antihistamine			
	Brompheniramine, combinations	ORAL	OTC
	Chlorphenamine	ORAL	OTC
	Chlorphenamine, combinations	ORAL	OTC
	Clemastine	ORAL	OTC
	Diphenhydramine	ORAL	OTC
	Diphenhydramine, combinations	ORAL	OTC
	Pheniramine	ORAL	OTC
Bronchodilators and corticosteroid inhalers			
<i>Doctor-initiated treatment – continue treatment with close monitoring for six months, after which patient should be referred to a doctor.</i>			
	Salbutamol	INH	3
	Fenoterol	INH	3
	Ipratropium bromide	INH	3
	Beclomethasone	INH	3
	Budesonide	INH	3
	Prednisone	ORAL	4
Cardiovascular conditions			
<i>Doctor-initiated treatment – continue treatment with close monitoring for six months, after which patient should be referred to a doctor.</i>			
	Acetylsalicylic acid	ORAL	OTC
	Amlodipine	ORAL	3



Active ingredient	Formulation	Schedule
Isosorbide dinitrate	ORAL	3
Cough suppressants / decongestions / bronchodilators / expectorants / mucolytics		
Aminophylline, combinations	ORAL	OTC
Combinations of xanthines	ORAL	OTC
Theophylline	ORAL	OTC
Theophylline, combinations excl. psycholeptics	ORAL	OTC
Dextromethorphan	ORAL	OTC
Noscapine	ORAL	OTC
Opium alkaloids and derivatives	ORAL	OTC
Pholcodine	ORAL	OTC
Cough suppressants and expectorants	ORAL	OTC
Cough suppressants and expectorants, combinations	ORAL	OTC
Opium derivatives and expectorants	ORAL	OTC
Acetylcysteine	ORAL	OTC
Bromhexine	ORAL	OTC
Guaifenesin	ORAL	OTC
Hederae helix folium	ORAL	OTC
Ipecacuanha	ORAL	OTC
Carbocisteine	ORAL	OTC
Phenylpropanolamine, combinations	ORAL	OTC
Pseudoephedrine, combinations	ORAL	OTC
Contraception		
Norethisterone and ethinylestradiol	ORAL	3
Norgestrel and ethinylestradiol	ORAL	3
Levonorgestrel and ethinylestradiol	ORAL	3
Levonorgestrel and ethinylestradiol	ORAL	3
Levonorgestrel	ORAL	3
Etonogestrel	ORAL	4
Estradiol	ORAL	4
Medroxyprogesterone	ORAL / INJ	4
Diabetes – insulins		
<i>Doctor-initiated treatment – continue treatment with close monitoring for six months, after which patient should be referred to a doctor</i>		
Diabetes – oral anti-diabetics		
<i>Doctor-initiated treatment – continue treatment with close monitoring for six months, after which patient should be referred to a doctor</i>		
Dyspepsia, heartburn and indigestion: Proton-pump inhibitors		
Omeprazole	ORAL	4
Pantoprazole	ORAL	4
Lansoprazole	ORAL	4
Epilepsy		
<i>Doctor-initiated treatment – continue treatment with close monitoring for six months, after which patient should be referred to a doctor</i>		
Hypertension in adults		
<i>Doctor-initiated treatment – continue treatment with close monitoring for six months, after which patient should be referred to a doctor</i>		
Nasal preparations		
Oxymetazoline	NAS	OTC
Budesonide	NAS	3
Fluticasone	NAS	3



	Active ingredient	Formulation	Schedule
Nausea and vomiting			
	Metoclopramide	ORAL	4
	Cyclizine	ORAL	OTC
	Other antiemetics	ORAL	OTC
Ophthalmic preparations			
	Chloramphenicol	OPD	4
	Sulfacetamide	OPD	OTC
	Oxymetazoline	OPD	OTC
	Tetryzoline, combinations	OPD	OTC
	Cromoglicic acid	OPD	OTC
Pain			
	Paracetamol	ORAL	OTC
	Ibuprofen	ORAL	3
	Diclofenac	ORAL	OTC
	Codeine and paracetamol	ORAL	OTC
	Acetylsalicylic acid	ORAL	OTC
Topicals			
	Clotrimazole	CRE	OTC
	Antihistamines for topical use	CRE	OTC
	Mepyramine	CRE	OTC
	Tetracaine	CRE	OTC
	Other antipruritics	LOT	OTC
	Aciclovir	CRE	OTC
	Hydrocortisone	CRE	OTC
	Betamethasone	CRE	4
	Povidone-iodine	OIN	OTC
	Tretinoin	CRE	3
	Benzoyl peroxide	LOT	OTC
	Benzyl benzoate	LOT	OTC
Urologicals and alkalinisers			
	Potassium citrate	ORAL	OTC
	Other urologicals	ORAL	OTC
Vaccines			
	<i>Claim with consultation code</i>		
	BCG (Bacillus Calmette-Guérin) vaccine	VAC	2
	Hib (haemophilus influenzae type B) vaccine	VAC	2
	Hib (haemophilus influenzae type B) purified antigen conjugated	VAC	2
	Hepatitis B vaccine	VAC	4
	Measles vaccine	VAC	2
	OPV (oral polio vaccine)	VAC	2
	DTP (diphtheria, tetanus and pertussis) vaccine	VAC	2



Annexure C

PCDT: Consultation medicine

- We fund consultations and procedures and point-of-care pathology tests within available plan benefits for in-scope conditions. Claim on the selected product's NAPPI code.
- We have made provision for claiming vaccines, selected injectables and infusions within the consultation claim.
- Please write out prescriptions for other treatment.

Epinephrine, injectable

Lidocaine, injectable

Medroxyprogesterone

Saline for slow IV

Vaccines: *Claim with consultation code*

BCG (Bacillus Calmette-Guérin) vaccine

Hib (haemophilus influenza type B) vaccine

Hib (haemophilus influenza type B) purified antigen conjugated

Hepatitis B vaccine

Measles vaccine

OPV (oral polio vaccine)

DTP (diphtheria, tetanus and pertussis) vaccine