

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
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	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. An emergency does not necessarily require a hospital admission. We may ask you for additional information to confirm the emergency.
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 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.

TREATMENT BASKETS FOR THE CHRONIC DISEASE LIST (CDL) CONDITIONS

Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider. Find a healthcare provider and the Discovery Health app are brought to you by Discovery Health (Pty) Ltd; registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.



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 TTO 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.

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HOW WE PAY FOR GP CONSULTATIONS RELATED TTO YOUR CONDITION

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.

HOW WE PAY FOR SPECIALIST CONSULTATIONS RELATED TTO YOUR CONDITION

Executive, Comprehensive (except the Classic Smart Comprehensive Plan), Priority, Saver & Core plans	Depending on your condition, we pay for a specific number of consultations with a specialist, as listed in the treatment baskets. We will pay for the consultation at a specialist who is a designated service provider (DSP) in full up to the agreed rate. We pay up to the Discovery Health Rate for consultations with a specialist who is not a DSP. You must pay any difference between what is charged and what we pay.
Classic Smart Comprehensive, Smart and Core plans	Depending on your condition, we pay for a specific number of consultations with a specialist, as listed in the treatment baskets. We will pay for the consultation at a specialist who is a designated service provider (DSP) in full up to the agreed rate. We pay up to 80% of the Discovery Health Rate for consultations with a specialist who is not a DSP. You must pay any difference between what is charged and what we pay.
KeyCare Plus & KeyCare Core plans	Depending on your condition, we pay for a specific number of consultations with a specialist, as listed in the treatment baskets. We will pay for the consultation at a specialist who is in the KeyCare network specialist in full up to the agreed rate. We pay up to 80% of the Discovery Health Rate for consultations with any other specialist. You must pay any difference between what is charged and what we pay.
KeyCare Start Plan	Depending on your condition, we pay for a specific number of consultations with a specialist, as listed in the treatment baskets. We will pay for the consultation at a KeyCare Start network specialist in full up to the agreed rate. We pay up to 80% of the Discovery Health Rate for consultations with any other specialist. You must pay any difference between what is charged and what we pay.
KeyCare Start Regional Plan	Depending on your condition, we pay for a specific number of consultations with a specialist, as listed in the treatment baskets. We will pay for the consultation with your KeyCare Start Regional network specialist in full up to the agreed rate. We pay up to 80% of the Discovery Health Rate for consultations with any other specialist. 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.

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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	
					1233 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	1	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	2	
	B-Type natriuretic peptide	4488	1	B-Type natriuretic peptide	4488	1	

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Cardiomyopathy	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	
	X-ray of the chest two views, PA and lateral	30110	1	X-ray of the chest two views, PA and lateral	30110	1	
	Full blood count	3755	1	Drug level in biological fluid	4081 or 4370 or 4493	3	
	Thyrotropin (TSH)	4507	1				
	Total cholesterol	4027	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	
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	4	
	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	

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Chronic renal disease	Serum calcium	4016 or 4017 or 4375 or 4376	1	Serum calcium	4016 or 4017 or 4375 or 4376	4	
	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	
	LDL cholesterol	4026	1	LDL cholesterol	4026	1	
	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				
	Full blood count	3755	1				

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Coronary artery disease	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	
	Full blood count	3755	1	Full blood count	3755	2	
	Histology	4567 & 4571 or 4582 & 4584	3				
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	
	LDL cholesterol	4026	1	LDL cholesterol	4026	1	
	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	

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Diabetes mellitus type 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	
	LDL cholesterol	4026	1	LDL cholesterol	4026	1	
	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	

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Diabetes mellitus type 2	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	
				Podiatrist	68301 or 68302 or 68303 or 68304 or	1	
				Diabetes Educator	DFSC1		
				Diabetes Educator	DEDUT or DEDU1	2	
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	
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	1	
	U & E only	4171	1	U & E only	4171	2	
	Magnesium: Spectro-photometric	4094	1	Magnesium: Spectro-photometric	4094	1	
	C-reactive protein	3947	1	Prothrombin index (PI)	3805	24	
	Thyrotropin (TSH)	4507	1	Therapeutic drug level: Dosage	3806	24	
	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	1	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	1	

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Dysrhythmia	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	1	
Epilepsy	EEG – Electro-encephalography	2711 & 2712	1	EEG – Electro-encephalography	2711 & 2712	1	3
	EEG with special activation	75133	1	Drug level in biological fluid	4081 or 4370 or 4493	3	
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	

TREATMENT BASKETS FOR THE CHRONIC DISEASE LIST (CDL) CONDITIONS

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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
Haemophilia	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				
	PTT - Partial thromboplastin time	3837	1				
	Prothrombin index (PI)	3805	1				
	Therapeutic drug level: Dosage	3806	1				
	Thrombin time	3841	1				
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	
	U & E only	4171	1	Potassium	4113	1	
	24 Hour ambulatory blood pressure	1237	1				
Hypothyroidism	Free thyroxine (FT4)	4482	1	Free thyroxine (FT4)	4482	2	0

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Hypothyroidism	Thyrotropin (TSH)	4507	1	Thyrotropin (TSH)	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	1	
	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	
	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	
	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	4	
	AST – Aspartate aminotransferase	4130	1	AST – Aspartate aminotransferase	4130	4	
	ALT – Alanine aminotransferase	4131	1	ALT – Alanine aminotransferase	4131	4	
	Anti-CCP	4600	1	Anti-CCP	4600	1	
	ANF	3934	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
Rheumatoid arthritis	X-ray of the left foot	74120	1	X-ray of the left foot	74120	1	
	X-ray of the right foot	74125	1	X-ray of the right foot	74125	1	
	X-ray of the right hand	65105	1	X-ray of the right hand	65105	1	
	X-ray of the left hand	65100	1	X-ray of the left hand	65100	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	
	Rheumatoid factor	3959	1				
Schizophrenia				AST – Aspartate aminotransferase	4130	2	4
				ALT – Alanine aminotransferase	4131	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	1	Antiglobulin test (Coombs)	3709	2	
	Full blood count	3755	1	Full blood count	3755	4	
	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	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	
	ANF	3934	1	ALT – Alanine aminotransferase	4131	4	

TREATMENT BASKETS FOR THE CHRONIC DISEASE LIST (CDL) CONDITIONS

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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
Systemic lupus erythematosus	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	1				
	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	

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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.

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