

GP Network Medical Consultations 2017

The Discovery Health Medical Scheme Rates are applicable for services rendered from 01 January 2017

'Blank': There is no fixed amount for this code. Discovery Health Medical Scheme will pay the claimed amount subject to the Discovery Health Medical Scheme benefit rules, available funds and benefits.

R0.00: Discovery Health Medical Scheme does not pay for this procedure code.

For detailed code descriptions please visit: <https://www.medicalschemes.com/Publications.aspx> and select NHRL Schedules on the left hand side and select "2006 Lists (version 0.6) from the Category dropdown list.

Practice Type	Procedure Code	Procedure Description	Scheme Rate
014	0107	New born attendance: Exclusive attendance to baby at Caesarean section, normal delivery or visit in the ward (once per patient) (items 0109, 0111, 0113, 0145, 0146 and/or 0147 may not be added to item 0107)	661.00
014	0109	Hospital follow-up visit to patient in ward or nursing facility - Refer to general rule G(a) for post-operative care) (may only be charged once per day) (not to be used with items 0111, 0145, 0146, 0147 or ICU items 1204-1214)	215.50
014	0113	New born attendance: Emergency attendance to newborn at all hours (once per patient) (items 0107, 0109, 0111, 0145, 0146 and/or 0147 may not be added to item 0113)	901.50
014	0129	Prolonged face-to-face attendance to a patient: ADD to either item 0192, item 0175 or item 0169 as appropriate, for each 15-minute period only if service extends 10 minutes or more into the next 15-minute period following on the first 60 minutes	300.50
014	0130	Telephone consultation (all hours)	240.60
014	0132	Consulting service e.g. writing of repeat scripts or requesting routine pre-authorisation without the physical presence of the patient (needs not be face-to-face contact) ("Consultation" via SMS or electronic media included)	100.00
014	0133	Writing of special motivations for procedures and treatment without the physical presence of a patient (includes report on the clinical condition of a patient) requested by or on behalf of a third party funder or its agent	180.10
014	0145	For consultation/visit away from the doctor's home or rooms (non-emergency): ADD only to the consultation/visit items 0190-0192, items 0173-0175, items 0161-0164 or items 0166-0169, as appropriate. Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof	120.30
014	0146	For an unscheduled emergency consultation/visit at the doctors' home or rooms, all hours: ADD only to the consultation/visit items 0190-0192, items 0173-0175, items 0161-0164 or items 0166-0169, as appropriate. (Refer to general rule B). Note: Only one of items 0145, 0146 or items 0147 may be charged and not combinations thereof	160.30
014	0147	For an unscheduled emergency consultation/visit away from the doctor's home or rooms, all hours: ADD only to the consultation/visit items 0190-0192, items 0173-0175, items 0161-0164 or items 0166-0169, as appropriate. Note: Only one of items 0145, 0146 or items 0147 may be charged and not combinations thereof	280.70
014	0151	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient (all hours). Problem focused history and clinical examination and straightforward decision making for minor problem. Typically occupies the doctor face-to-face with the patient for between 10 and 20 minutes	338.50
014	0152	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient (all hours). Detailed history and clinical examination and straightforward decision making and counselling. Typically occupies the doctor face-to-face with the patient for between 20 and 35 minutes	338.50

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Practice Type	Procedure Code	Procedure Description	Scheme Rate
014	0153	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient or other consultative service. Consultation with detailed history, complete examination and moderate complex decision making and counselling. Typically occupies the doctor face-to-face for between 30 and 45 minutes	338.50
014	0173	First hospital consultation of average duration. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient	337.20
014	0174	First hospital consultation of moderately above average duration. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient	337.20
014	0175	First hospital consultation/visit of long duration and/or high complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient	337.20
014	0190	New and established patient: Consultation/visit of new or established patient of an average duration and/or complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure	406.00
014	0191	New and established patient: Consultation/visit of new or established patient of a moderately above average duration and/or complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for preanaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure	406.00
014	0192	New and established patient: Consultation/visit of new or established patient of long duration and/or high complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure	406.00
014	1204	Intensive care: Category 1: Cases requiring intensive monitoring (to include cases where physiological instability is anticipated e.g. diabetic pre-coma, asthma, gastro-intestinal haemorrhage, etc.): Per day	372.00
014	1205	Intensive care: Category 2: Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): First day	1240.70

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Practice Type	Procedure Code	Procedure Description	Scheme Rate
014	1206	Intensive care: Category 2: Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): Subsequent days, per day	620.30
014	1207	Intensive care: Category 2: Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): After two weeks, per day	372.00
014	1208	Intensive care: Category 3: Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: First day (primary practitioner)	1489.00
014	1209	Intensive care: Category 3: Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: First day (per involved practitioner)	719.50
014	1210	Intensive care: Category 3: Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: Subsequent days (per involved practitioner)	620.30
014	2957	Individual psychotherapy (specify type): Including play therapy for children: Per short session (20 minutes)	208.20
014	2958	Psychoanalytic therapy: Per 60-minute session	624.00
014	2962	Directive therapy to family, parent(s), spouse: Per 20-minute session	208.20
014	2963	Pairs, marriage or sex therapy: Per 20-minute session	208.20
014	2968	Group therapy: Adults (specify number): Tariff per person per 80-minute session; Children (specify number): Tariff per person per 80-minute session	104.00
014	2974	Individual psychotherapy (specify type): Including play therapy for children: Per intermediate session (40 minutes)	415.70
014	2975	Individual psychotherapy (specify type): Including play therapy for children: Per extended session (60 minutes or longer)	624.00
014	2976	Intermediate treatment where either items 2962 or 2963 are used: Per 40-minute session	415.70
014	2977	Extended treatment where either items 2962 or 2963 are used: Per 60-minute session	624.00