FEDHEALTH

Sanlam healthcare partner



# GP Practice Guide 2026

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# Introduction

As a medical scheme that treats its members like family, Fedhealth truly values the role that you, the General Practitioner (GP), play in the delivery of quality healthcare.

We believe that the General Practitioner should be the coordinator of care, and the member's first port of call, to avoid fragmented care and facilitate the best possible health outcomes.

It is therefore important to us to keep you abreast of all the changes with regard to our options for 2026, in order to ensure a good working relationship that always puts our members first. Please take the time to go through this guide, and don't hesitate to contact us if you need any clarification.

You will note that the my**FED** option information follows on from the rest of the guide – this has been done because my**FED** is structured differently to our other options.

**May the next year hold only great things for you and your practice.**

**Jeremy Yatt**
Principal Officer: Fedhealth





# Dear General Practitioner

Fedhealth would like to thank you for your services rendered to our members, and we look forward to partnering with you in 2026. Please take note that there will be a 3.1 % increase in the Fedhealth GP tariff rates with effect from 1 January 2026.

**From 1 January 2026, Fedhealth will offer the following options:**



flexi**FED**$^{Savvy}$



flexi**FED 1**
flexi**FED 1**$^{Elect}$



flexi**FED 2**
flexi**FED 2**$^{GRID}$
flexi**FED 2**$^{Elect}$



flexi**FED 3**
flexi**FED 3**$^{GRID}$
flexi**FED 3**$^{Elect}$



flexi**FED 4**
flexi**FED 4**$^{GRID}$
flexi**FED 4**$^{Elect}$



my**FED**



maxima **PLUS**



maxima **EXEC**

In 2026, we will continue to offer Efficiency Discounted Options (EDOs), namely flexi**FED 4**$^{GRID}$, flexi**FED 4**$^{Elect}$, flexi**FED 3**$^{GRID}$, flexi**FED 3**$^{Elect}$, flexi**FED 2**$^{GRID}$, flexi**FED 2**$^{Elect}$, flexi**FED 1**$^{Elect}$. An EDO is a sub-option which contains the same level of benefits as the main option at a discounted contribution.

## To this end, medical services must be obtained from the networks.

Members will voluntarily choose this option with the understanding that they are choosing a network-restricted option that also includes a hospital network. Please visit fedhealth.co.za for more information on these options.

This guide will supply you with the necessary information to provide optimal treatment to our Fedhealth members. We also include the initiatives that Fedhealth has in place, and discuss how they apply to the various Fedhealth options and to you as the General Practitioner.



# 1. General Practitioner network fees

Fedhealth recognises the General Practitioner's (GPs) role as the coordinator of care, which is key to ensuring the sustainability of the Fedhealth options. To this end, GPs are encouraged to manage downstream costs while still ensuring good quality care.

The Fedhealth GP Network reimbursement model for 2026 will continue to include an enhanced fee in accordance with the practice's REPI² category score as indicated below:

| GP Consultation Rates (0190-0192) | 2026 | Enhanced Fees Automatically added when consult is processed | |
|---|---|---|---|
| | | REPI² Cat 1 | REPI² Cat 2 |
| Fedhealth Scheme Rate | R519.80 | R52.00 | R26.00 |

The Fedhealth my**FED** Network GP consultation rate for 2026 will be as follows:

| GP Consultation Rates (0190-0192) | Dispensing GP | Non-dispensing GP |
|---|---|---|
| Fedhealth my**FED** Rate | R519.80 | R378.40 |

**Please take note of the following:**

- To protect Fedhealth members from unexpected co-payments, it is important that GPs adhere to their contract requirement to bill the Fedhealth Scheme Rate.
- Note that the enhanced fee will be automatically added when the practice is reimbursed for consultations.

# 2. The Fedhealth Specialist Network and specialist referral

## 2.1 The Fedhealth Specialist Network

Fedhealth has an extensive network of specialists in place, consisting of the following specialities:

Cardiology, Cardio Thoracic Surgery, Dermatology, Gastroenterology, Maxillo-Facial and Oral Surgery, Neurology, Obstetrics and Gynaecology, Neurosurgery, Ophthalmology, Orthopaedics, Otorhinolaryngology, Paediatrics, Physicians, Plastic and Reconstructive Surgery, Psychiatry, Pulmonology, Rheumatology, Surgery, Urology

The network specialists have all agreed to bill the Fedhealth Scheme Rate, therefore your patient will not incur a co-payment when consulting these specialists.

**Please note:**

- The Fedhealth Specialist Network is a Designated Service Provider (DSP) Network for PMBs.
- To access the most up-to-date list of network specialists, please log in to the HCP Portal at www.medscheme.com and follow these steps:
  Navigate to the **HCPs** tab on the home page and log in using your **provider credentials**. Click on the **Main Menu >Locator** Enter the **membership number** Choose **Country** and enter **South Africa**
  In the **Discipline Group** drop-down menu, select **Specialist**
  Specify the **preferred radius**
  Select the **Current Year** and **relevant Month**
  Click **Search**

- Alternatively, call the Healthcare Provider Contact Centre on **0861 112 666**.
- Should you need to refer a patient to an orthopaedic surgeon (for hip or knee surgery), please first read section 4.



## 2.2 Why Fedhealth patients need a referral and how to obtain a specialist referral

We have noticed that there is a growing trend of fragmented care, where a number of our beneficiaries are receiving duplicate treatment from multiple doctors and providers. This leads to a poor patient experience and unsatisfactory outcomes, instead of providing safe, appropriate and effective care. Fedhealth beneficiaries on ALL options must consult their Network GP BEFORE making a specialist appointment. This will ensure that the patient is referred to the appropriate specialist. Failing to do so will result in a co-payment on the specialist claim as specified below:

**Options that must obtain a specialist referral from the GP:**

maxima **PLUS** 10%
maxima **EXEC** 10%
flexi**FED 4** 20%
flexi**FED 4**$^{GRID}$ 20%
flexi**FED 4**$^{Elect}$ 20%
flexi**FED 3** 40%
flexi**FED 3**$^{GRID}$ 40%
flexi**FED 3**$^{Elect}$ 40%
flexi**FED 2** 40%
flexi**FED 2**$^{GRID}$ 40%
flexiFED 2Elect 40%
flexi**FED 1** 40%
flexi**FED 1**$^{Elect}$ 40%
flexi**FED**$^{Savvy}$ 40%
my**FED** 100% (Specialist consultation will reject without referral)

**How to obtain a Specialist Referral number.**

- Specialist referral can be done via the Healthcare Professional Portal (HCP) at www.medscheme.co.za and follow these steps:
  1. Select the HCPs tab on the home page and sign in as a provider
  2. Click on the Main Menu
  4. Click on My Patients
  5. Click on Specialist Referral
  6. Enter the membership number
  7. Select **Beneficiary** in the drop-down menu
  8. Choose the discipline
  9. Select the radius
  10. Click on the search button
- Alternatively, contact the Healthcare Provider Contact Centre on 0861 112 666 and use the Interactive Voice Recognition function to obtain a referral number. You will need to have the following information at hand:
  - Your practice number, e.g. 1234567
  - Your patient's membership number, e.g. 81600000001
  - Your patient's beneficiary number, e.g. 00
  - Your patient's date of birth in the format DDMMYYYY, e.g. 31121954
  - The practice type (e.g. 18 for a Physician)
  - The number of months that you want the patient to visit the specialist (between 1 and 6, e.g. 3). A referral number will be automatically created for the member on the system from the date that you created the referral, and adding the number of months you have chosen to create an end date for the referral.

- Quick reference guide for specialist practice types requiring a specialist referral:

| Specialist Type | Specialist Type Description | Specialist Type | Specialist Type Description |
|---|---|---|---|
| 12 | Dermatologist | 28 | Orthopaedic Surgeon |
| 16 | Gynaecologist | 30 | Otorhinolaryngologist (ENT) |
| 17 | Pulmonologist | 31 | Rheumatologist |
| 18 | Physician | 32 | Paediatrician |
| 19 | Gastroenterologist | 33 | Cardiology Paediatrician |
| 20 | Neurologist | 36 | Plastic and Reconstructive Surgeon |
| 21/33 | Cardiologist and Paediatric Cardiologist | 42 | Surgeon |
| 22 | Psychiatrist | 44 | Cardiothoracic Surgeon |
| 24 | Neurosurgeon | 46 | Urologist |

- Hospital networks – The following options have a hospital network in place:
  flexi**FED 4**$^{GRID}$ flexi**FED 4**$^{Elect}$ flexi**FED 3**$^{GRID}$ flexi**FED 3**$^{Elect}$ Flexi**FED 2**$^{GRID}$ flexi**FED 2**$^{Elect}$
  flexi**FED 1** flexi**FED 1**$^{Elect}$ flexi**FED**$^{Savvy}$ my**FED**

Members on these options need to pre-authorise any hospitalisation and use a hospital in the respective network to avoid a co-payment. Please refer to the Hospital Networks section in this guide for more information on the possible co-payments. Kindly ensure that members on these options are referred to a network hospital.





# 3. GP nomination

Fedhealth supports care coordination and considers the General Practitioner (GP) to be at the heart of this process. Fragmented healthcare has resulted in inefficient, costly treatment for our members, as such Fedhealth believes that GP care coordination improves the quality of healthcare and lowers overall healthcare expenditure.

We require beneficiaries on the options below to nominate their treating network GP to coordinate their care. This can be done by contacting the Fedhealth Customer Contact Centre on **0860 002 153.**

**Options that must nominate a network GP to coordinate their care:**

flexi**FED 4**[GRID] flexi**FED 4**[Elect] flexi**FED 3** flexi**FED 3**[GRID] flexi**FED 3**[Elect] flexi**FED 2**
flexi**FED 2**[GRID] flexi**FED 2**[Elect] flexi**FED 1** flexi**FED 1**[Elect] my**FED**

# 4. Non-PMB Hip and Knee Joint Replacement Surgery

Fedhealth has partnered with ICPS, JointCare, Surge Orthopaedics, Major Joints for Life and Care Expert (the latter only on maxima PLUS and maxima EXEC), who are all groups of orthopaedic surgeons specialising in performing hip and knee replacements according to standardised clinical care pathways. This ensures that the quality of the hip and/or knee replacement is of the highest standard, and brings about the best possible health outcomes.

**ICPS, JointCare, Surge Orthopaedics and Major Joints for Life are the Designated Service Provider (DSP) for members on:**

maxima **PLUS** maxima **EXEC** flexi**FED 4**
flexi**FED 4**[GRID] flexi**FED 4**[Elect] flexi**FED 3**
flexi**FED 3**[GRID] flexi**FED 3**[Elect]

**Care Expert is a Designated Service Provider for members on:**

maxima **EXEC** maxima **PLUS**

ICPS, JointCare, Surge Orthopaedics, Major Joints for Life and Care Expert will ensure payment in full for the procedure, which will include the following:

- All hospital costs
- Surgeons and anaesthetist fees
- Prosthesis (subject to prosthesis benefit)
- Physiotherapist (pre-, intra- and post-operative)

Please remember to call the Healthcare Professionals Contact Centre on **0861 112 666** to obtain a specialist referral for your patient. By calling the Healthcare Professionals Contact Centre, you will be given the details of a DSP orthopaedic surgeon closest to you.

**It is crucial that members are referred to a DSP orthopaedic surgeon to avoid co-payments as stated below:**

| Option | Voluntary use of a non-DSP for hip and knee surgery |
|---|---|
| maxima **PLUS** | R36 330 co-payment |
| maxima **EXEC** | |
| flexi**FED 4** | |
| flexi**FED 4**[GRID] | |
| flexi**FED 4**[Elect] | |
| flexi**FED 3** | |
| flexi**FED 3**[GRID] | |
| flexi**FED 3**[Elect] | |



# 5. Independent Clinical Oncology Network (ICON)

ICON is the designated service provider (DSP) for oncology treatment in 2026. Members will be subject to a 25% co-payment for the voluntary use of an oncologist outside of the DSP network for their active oncology treatment.

Please refer Fedhealth members to an oncologist within the ICON network to ensure that the member does not incur any potential co-payments as specified below.

To find an Oncology Management Programme oncologist or ICON oncologist:
Log in to the HCP Portal at **www.medscheme.com**
Navigate to Main **Menu > Locator**
Enter the membership number
Type South Africa into the **Country** dropdown
Choose **Specialist** from the **Discipline Group** dropdown
Set your preferred radius and click **search**

# 6. Fedhealth OrthoCare Spinal Programme

The goal of the Fedhealth OrthoCare Spinal Programme is to reduce the need for unnecessary surgery caused by chronic back and neck pain, and to restore normal function. This will, for most patients, decrease pain, reduce stiffness and improve mobility.

All Fedhealth options (excluding my**FED** and flexi**FED**$^{Savvy}$) have access to this programme. Members who are eligible for the programme are proactively identified by the Fedhealth Beneficiary Risk Management team. Eligible beneficiaries can also be identified by their General Practitioner, or they can self-refer.

The cost of the programme is covered by the Back and Neck Rehabilitation Benefit. To note that this excludes the cost of any other investigations or medication prescribed by a physiotherapist or medical practitioner, in which case acute benefits and Scheme rules will apply. For members who elect not to first use the conservative treatment offered by the Fedhealth OrthoCare Spinal Programme, non-PMB back and neck surgery will be declined at the point of pre-authorisation.

Should you wish to enrol your patient in the Fedhealth OrthoCare Spinal Programme, please call the Fedhealth Customer Contact Centre on **0860 002 153** to see if they qualify.

# 7. Diabetes Programme

Fedhealth provides support and benefits for all diabetic beneficiaries. This service offering is based on the principles of patient-centered care, and ensures that disease management is delivered in a holistic fashion accommodating associated co-morbidities and focusing interventions on high-risk beneficiaries.

**All Fedhealth diabetic beneficiaries will have access to a fully comprehensive and holistic treatment plan that includes, amongst others:**

- Consultations with a specialist
- Comprehensive diabetes education and mentoring
- Foot screening by a podiatrist
- Eye screening by an ophthalmologist
- Dietary advice from a registered dietician.

If you have any questions or require more information, please contact the Healthcare Professionals Contact Centre on **0861 112 666** or email queries@fedhealth.co.za



# 8. Weight Management Programme



A programme expertly designed for qualifying Fedhealth members with a high BMI and waist circumference (excluding flexi**FED**[Savvy] and my**FED**). Under this weight management programme, members will participate in a 12-week, biokineticist-led intervention plan that will give them access to a dietician and psychologist with the goal to lose the excess weight and lead healthier, more rewarding lives. Once the programme is completed, ongoing advice and monitoring will also be made available to the member.

**Fedhealth members with the following parameters will be eligible for the programme:**

- BMI of 25kg/m2 and above (with no chronic comorbidities as a requirement), or
- Men with a waist circumference ≥ 102 cm, or
- Women with a waist circumference ≥ 88 cm

To find out more about the weight management programme or to enroll your patient, please call **0860 106 155.**

# 9. Mental Health Programme

Patient activation and empowerment is becoming an important focus area in the management of other chronic diseases, this may be a particularly difficult achievement in the patient with a mental disorder. In recognition of this, Fedhealth offers a mental health programme which employs innovative solutions for empowerment, and leverages off social, family and workplace support. Please note that this programme is only available to members on flexi**FED 4**, maxima **EXEC** and maxima **PLUS.**

**Benefits of the programme compared to usual care:**

- Greater reduction in mental health symptoms
- Greater rates of care for mental health
- Improvement in quality of life
- Less functional impairment
- Better patient satisfaction
- Better provider satisfaction
- Significant benefits in terms of absenteeism reduction.



The Mental Health Programme follows an internationally successful model of integrating mental healthcare into the primary care setting through effective collaboration between General Practitioners, specialists, and auxiliary caregivers, and the introduction of a Care Manager to help coordinate the process. Should you require more information or wish to confirm whether your patient meets the criteria of the Fedhealth Mental Health Programme, please call **0860 002 153,** follow the prompts to select the Mental Health Programme or email **mentalhealth@fedhealth.co.za.**



# 10. Smoking Cessation Programme

Fedhealth offers the GoSmokeFree smoking cessation programme. Fedhealth is encouraging members who smoke on all options to sign up for the GoSmokeFree service that's available at 200 pharmacies countrywide, including Dis-Chem, Clicks, Pick n Pay and independent pharmacies. All smokers have access once per beneficiary per year to have the GoSmokeFree consultation paid from Risk. The service comprises a pre-quit assessment and five support sessions, and features an individual plan to help the member to quit smoking.

Where members may need nicotine-replacement therapies as part of their plan, Fedhealth will allow them to claim certain products from their Medical Savings Account. The GoSmokeFree Smoking Cessation Programme is available at various pharmacies throughout South Africa using a trained nursing sister or pharmacist.

For more information or to locate the nearest participating pharmacy, please visit **www.gosmokefree.co.za.** Alternatively, please call the Fedhealth Contact Centre on **0860 002 153.**



# 11. Preferred Provider Pharmacies

| Chronic medication | Benefit rules |
|---|---|
| Chronic medicine | Chronic Medication can be obtained from any pharmacy on maxima **PLUS**, maxima **EXEC**, flexi**FED 4**, flexi**FED 4**$^{GRID}$, flexi**FED 3** and flexi**FED 3**$^{GRID}$.<br><br>Members on flexi**FED 1**, flexi**FED 1**$^{Elect}$, flexi**FED 2**, flexi**FED 2**$^{GRID}$, flexi**FED 2**$^{Elect}$, flexi**FED 3**$^{Elect}$ and flexi**FED 4**$^{Elect}$ will need to use a Designated Service Provider (DSP) pharmacy to obtain chronic medicine. DSP's are Fedhealth Network Pharmacies. A 30% co-pay will apply for the non-use of a DSP<br><br>flexi**FED**$^{Savvy}$ and my**FED** Members need to use a Designated Service Provider (DSP) pharmacy to obtain chronic medicine. DSP's are: Dis-Chem Courier, Clicks Courier and Pharmacy Direct, or a 25% co-pay will apply for non-use of a DSP.<br><br>HIV chronic medication for all options can be obtained at any Pharmacy.<br><br>Dispensing fees in excess of the agreed rates may attract a co-payment for the member. |
| How to apply for chronic medicine | • Please call the Healthcare Professional Managed Care Call Centre on 0861 100 220 or email fedhealthcmm@medscheme.co.za<br>• You can also log onto medscheme.com > login as a provider > click chronic application > insert membership number. |
| Changes or updates | • Changes or updates to chronic medication are done telephonically by contacting the Healthcare Professional Managed Care Call Centre on 0861 100 220. |
| Chronic formularies and disease baskets | • Formularies can be viewed at medscheme.com > login as provider > click on clinical information > medicine management.<br>• Disease baskets can be viewed at www.medscheme.com > Login as a provider > click lookup tool > disease basket lookup. |
| Co-payments | • Co-payments can be avoided by:<br>- Prescribing in-formulary drugs<br>- Asking the pharmacist to substitute expensive medications with a generic equivalent that will not attract an MPL co-payment. |

Please contact the Healthcare Professional Managed Care Call Centre on **0861 100 220** for any other chronic medication queries.

| Acute medication | Benefit rules |
|---|---|
| Acute formularies | • Formularies can be viewed at medscheme.com > login as provider > click on clinical information > medicine management. |
| Co-payments | • Co-payments can be avoided by:<br>- Prescribing in-formulary drugs<br>- Asking the pharmacist to substitute expensive medications with a generic equivalent that will not attract an MPL co-payment. |

Please contact the Healthcare Professional Managed Care Call Centre



# 12. Hospital networks

Fedhealth has a well-established network of hospitals for flexi**FED 4**[GRID], flexi**FED 4**[Elect], flexi**FED 3**[GRID], flexi**FED 3**[Elect], flexi**FED 2**[GRID], flexi**FED 2**[Elect], flexi**FED 1,** flexi**FED 1**[Elect], flexi**FED 1**[Savvy] **and** my**FED.** In order to avoid the co-payments listed below, it is in the member's best interest to use a network facility. To find network hospitals and facilities:
Log in to the HCP Portal at **www.medscheme.com**
Navigate to the HCPs tab on the home page and log in using your **provider credentials**
Click on **Main Menu > Locator**
Enter the **membership number**
Choose **Country** and enter **South Africa**
In the **Discipline Group** drop-down menu, select **Facility**
Specify the **preferred radius**
Select the **Current Year** and relevant **Month**
Click **Search**

Alternatively, call the Provider Contact Centre on **0861 112 666**.

| Option | Hospital Co-payment | Day Surgery Co-payment | Mental Health Facility Co-payment | Substance Abuse Network |
|---|---|---|---|---|
| flexi**FED 1** | 30% | R 2 710.00 | 30% | 15% |
| flexi**FED 1**[Elect] | R 15 950.00 | R 15 950.00 | R 15 950.00 | 25% |
| flexi**FED 2** | N/A | R 2 710.00 | N/A | 15% |
| flexi**FED 2**[GRID] | 30% | R 2 710.00 | 30% | 15% |
| flexi**FED 2**[Elect] | R 15 950.00 | R 15 950.00 | R 15 950.00 | 25% |
| flexi**FED 3** | N/A | R 2 710.00 | N/A | 15% |
| flexi**FED 3**[GRID] | 30% | R 2 710.00 | 30% | 15% |
| flexi**FED 3**[Elect] | R 15 950.00 | R 15 950.00 | R 15 950.00 | 25% |
| flexi**FED 4** | N/A | R 2 710.00 | N/A | 15% |
| flexi**FED 4**[GRID] | 30% | R 2 710.00 | 30% | 15% |
| flexi**FED 4**[Elect] | R 15 950.00 | R 15 950.00 | R 15 950.00 | 25% |
| flexi**FED**[Savvy] | 30% | R 2 710.00 | 30% | 15% |
| my**FED** | 30% | R 2 710.00 | 30% | 25% |

A hospital procedure can be pre-authorised by contacting the Healthcare Professionals Contact Centre on 0861 100 220 or email authorisations@fedhealth.co.za

**Please have the following information at hand when requesting an authorisation:**
- the Fedhealth membership number
- the date of admission
- name of the practitioner and his/her telephone number and practice registration number
- the anaesthetist's practice number and contact details
- the name and telephone number of the hospital
- all relevant procedure codes and applicable tooth numbers, including diagnostic codes
- in certain instances an X-ray, clinical report or additional information will be requested in order to process the pre-authorisation.

# 13. Healthcare Forensics

Fraud, Waste and Error costs the South African healthcare industry billions of rands annually – enriching criminals and contributing to escalating healthcare costs instead of being channeled into providing quality healthcare for our members.

While fraud involves intentional deception for financial gain, waste refers to inefficient use of resources, and abuse involves actions that deviate from accepted healthcare practices. Our Forensic team continually monitors provider and/or practice billing behavior and investigates concerns/anomalies that are identified.

Any provider or member complaints and whistleblower hotlines are regarded in a serious light and further investigated. Whilst these anomalies alert our Forensics team that there may be something a-miss, further review is required to establish if there are any valid concerns for fraud, waste or error.

A healthy claims audit and forensic capability enables Fedhealth to strengthen our ties with all healthcare professional bodies and ensures that we continue to work towards achieving our goal for holistic patient-centric and affordable care at all times.



# 14. Out-of-hospital tests for chronic PMB diseases

Tests specified in the PMB care templates are covered from the Risk benefit (Overall Annual Limit), and not from members' Savings.

# 15. Quick reference guide

| Service | Purpose | Telephone | Email address for queries |
|---|---|---|---|
| Healthcare Professional Contact Centre (IVR) including Website Assistance/Fedhealth Provider Contact Centre | General queries related to Fedhealth | 0861 112 666 | queries@fedhealth.co.za |
| my**FED** Call Centre | All my**FED** option-related queries, remittance, statement and Medscheme website enquiries, as well as specialist referral number requests | 0861 112 666 | queries@fedhealth.co.za |
| Chronic Medicine Management | Chronic submissions and queries | 0861 100 220 | cmm@fedhealth.co.za |
| Disease Management | Disease management updates | 0860 106 155 | dm@fedhealth.co.za |
| Fraud Hotline | Fraud related matters | 0800 112 811 | fraud@medscheme.co.za |
| Hospital Pre-authorisation | All hospital pre-authorisations for non-emergency events | 0861 100 220 | authorisations@fedhealth.co.za |
| Claims Submissions | To submit a claim for a Fedhealth patient | 0861 112 666 | claimsmanagement@medscheme.co.za |
| Claims Queries | Queries relating to a Fedhealth claim | 0861 112 666 | queries@fedhealth.co.za |
| Oncology Services | Any oncology related queries | 0861 100 220 | cancerinfo@fedhealth.co.za |
| Ambulatory PMB | Any Ambulatory PMB queries | 0861 100 220 | fedhealthapmbquery@medscheme.co.za |
| AfA | HIV Management | 0800 227 700 | afa@afadm.co.za |



# 16. Fedhealth myFED option

Fedhealth my**FED** offers a value for money medical aid option for lower income, previously uncovered employees. This option is not suitable for people already on a medical aid or those with higher benefit requirements.

Below is an explanation of the services and benefits that are covered on the my**FED** option in 2026.

## Important contact details

**Healthcare Professionals Contact Centre**
Monday to Friday 08h30 – 17h00
Saturday 08h30 – 13h00
Tel: 0861 112 666

**Healthcare Professional Managed Care Call Centre**
Monday to Friday 08h30 – 16h00
Tel: 0861 100 220

**Hospital Authorisation Centre**
Monday to Thursday 08h30 – 17h00
Friday 09h00 – 17h00
Tel: 0861 100 220
email: authorisations@fedhealth.co.za
Login as a provider on: www.medscheme.com

**AfA**
Monday to Friday 08h00 – 17h00
Tel: 0860 100 646
email: afa@afadm.co.za
Web: www.aidforaids.co.za
SMS (call me): 083 410 9078

**Chronic Medicine Management**
Monday to Friday 08h30 – 17h00
Tel: 0861 100 220
email: cmm@fedhealth.co.za
Login as a provider on:
www.medscheme.com
Postal address:
P O Box 38632,
Pinelands, 7430

**IsoLeso Optometry Network**
Monday to Thursday
08h00 – 16h30
Friday 08h00 - 16h00
Tel: 011 340 9200
email: info@isoleso.co.za
Web: www.isoleso.co.za



# a. General Practitioner (GP) benefits

Fedhealth supports the GP's role as the coordinator of care and has GP nomination in place for my**FED** beneficiaries. This means that my**FED** beneficiaries need to nominate two primary treating doctors and visit these doctors for all their consultations going forward.

Two visits per beneficiary per annum are available from the 'out of nomination' benefit if a beneficiary needs to see a GP other than their nominated GP.

In addition, please take note of the following for 2026:

- Fedhealth my**FED** beneficiaries are allowed up to ten (10) GP consultations at a nominated my**FED** network GP without pre-authorisation.
- After the tenth consultation, the nominated GP is required to obtain pre-authorisation via the Healthcare Professional Call Centre on 0861 112 666
- The 'out of nomination' GP benefit consists of 2 visits per beneficiary per year and is reimbursed at the my**FED** rate.

**Fee structure and GP in-room procedures**

| Scheme rate | Description | Fixed Fee 2026 |
|---|---|---|
| 0190 - 0192 | GP visit (dispensing) | R519.80 |
| 0190 - 0192 | GP visit (non-dispensing) | R378.40 |
| 0300 | Stitching of wound (additional code for setting sterile tray) | R212.10 |
| 0307/0308 | Excision and repair | R408.20 |
| 0255 | Drainage of abscess and avulsion of nail | R303.20 |
| 0259 | Removal of foreign body | R303.20 |
| 0887 | Limb cast | R200.30 |
| 0202 | Setting of sterile tray | R152.70 |
| 0210 | Collection of blood specimen | R62.10 |
| 0206 - 0207 | Intravenous treatment | R93.60 |
| 0222 - 0223 | Intralesional injection into areas of pathology | R123.00 |
| 0233 - 0237 | Biopsy | R93.60 |
| 0241 - 0243 | Treatment of benign skin lesion by chemo-cryotherapy | R93.60 |
| 0244 | Repair of nail bed | R453.30 |
| 0245 - 0246 | Removal of benign lesion by curretting | R162.10 |
| 1037 | Diathermy to nose or pharynx | R123.00 |
| 1228 - 1234 | ECG/Multi-stage treadmill test | R200.30 |
| 2129 - 2131 | Electrodesiccation | R314.60 |
| 2271 - 2272 | Removal of tag or polyp or benign lesions | R93.60 |
| 2316 - 2318 | Destruction of condylomata | R162.10 |
| 2399 - 2404 | Biopsy/Wedge biopsy | R200.30 |
| 3171 | Excision of Meibomian cyst | R309.90 |
| 3287 | Spinal joint and ligament injection | R303.20 |

List of procedures included in standard fixed fee consultation rate

| Code | Description |
|---|---|
| 0201 | Cost of material in treatment |
| 0316 - 0317 | Fine needle aspiration/Aspiration of cyst or tumour |
| 1136 | Nebulisation (in rooms) |
| 1186 - 1192 | Flow volume test |
| 3304 | All other physical treatments |



## b. Specialists

Please note that Fedhealth has partnered with Specialists to ensure that our members have no co-payments when visiting Specialists. It is important that our my**FED** members are only referred to Specialists who are part of the Fedhealth Specialist Network. To access the most up to date list of network specialists, please log in to the HCP Portal at www.medscheme.com and follow these steps:

Navigate to the **HCPs** tab on the home page and log in using your **provider credentials** >>> Click on the **Main Menu > Locator** Enter the **membership number** >>> Choose **Country** and enter **South Africa** >>> In the **Discipline Group** drop-down menu, select **Specialist** >>> Specify the **preferred radius** >>> Select the **Current Year** and relevant **Month** >>> Click **Search** \

Alternatively, call the Healthcare Provider Contact Centre on **0861 112 666**.

### In-hospital benefit

All costs for hospitalisation are covered from this benefit from the first day of hospitalisation in a public or network private hospital and must be pre-authorised

| BENEFIT | COVER | LIMIT PER FAMILY PER YEAR |
|---|---|---|
| Overall annual limit (OAL) | Unlimited at network hospitals only. 30% co-payment on voluntary use of a non-network hospital | |
| Healthcare Professional tariff (HPT)<br><br>- Fedhealth Network GPs and Specialists<br><br>- Non-Fedhealth Network GPs and Specialists<br><br>- Other Healthcare Professionals | <br><br>Covered at cost<br><br>Up to 100% of FR<br><br>Up to 100% of FR | <br><br>Unlimited<br><br>Limited to R2 730 per family per year<br><br>Unlimited |
| Hospitalisation costs<br><br>Accommodation, use of operating theatres and hospital equipment, medicine, pharmaceuticals and surgical items | Negotiated tariff | Unlimited at network hospitals only. 30% co-payment on voluntary use of a non-network hospital |
| Alternatives to hospitalisation<br><br>Acute facilities and rehabilitation facilities<br><br>(Does not include Hospice) | Negotiated tariff | Unlimited at PMB level of care |
| Ambulance services | Negotiated tariff | Unlimited with Europ Assistance |
| Appliances, external accessories, orthotics, blood, blood equivalents and blood products | 100% of cost | Unlimited |
| Physical Therapy<br>Physiotherapy and biokinetics | Up to 100% of FR | Unlimited |
| Immune deficiency related to HIV infection<br><br>- Hospitalisation<br><br>- Anti-retroviral and related medication<br><br>- Related pathology | Up to 100% of FR | Unlimited at PMB level of care |
| Maternity | Up to 100% of FR | PMB level of care<br><br>Elective Caesarean sections subject to a R15 950 co-payment<br>Scans by GP or Gynaecologist:<br>3615 - Routine obstetric ultrasound at 10 to 20 weeks gestational age preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment<br>3617 - Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment<br>5106 - Obstetric ultrasound before 10 weeks gestational age for complicated pregnancy. Not to be used for routine diagnosis of pregnancy<br>5107 - Ultrasound after 24 weeks |
| Oncology | Up to 100% of FR | PMBs only at ICON |
| Organ, tissue and haemopoietic stem cell transplant including immunosuppression medication | Unlimited at PMB level of care | |
| Pathology and medical technology | Up to 100% of FR | Unlimited subject to basic protocols and limited list of tests and procedures |
| Prostheses<br>- Internal<br>- External | <br>Unlimited at PMB level of care<br>Unlimited at PMB level of care | |
| Psychiatric services | See Healthcare Professional tariff | PMB level of care |
| Radiology<br><br>- General<br><br>- Specialised | <br><br>Up to 100% of FR<br><br>Up to 100% of FR | <br><br>Unlimited subject to basic protocols and limited list of tests and procedures<br>R15 500 per family |
| Renal dialysis (chronic)<br>Haemodialysis and peritoneal dialysis | Unlimited at PMB level of care at designated service provider | |
| Take out medicines | Up to 7 days supply to a maximum of R412 per beneficiary per admission | |

*MPL - Medicine Price List Rate
*ICON - Independent Clinical Oncology Network
FR - Fedhealth Rate



## Day-to-day benefit

Day-to-day benefits provided through the nominated my**FED** GP Network

| BENEFIT | COVER | LIMIT PER FAMILY PER YEAR |
|---|---|---|
| General Practitioners (GP) | | |
| - Contracted | Agreed tariff | Unlimited at contracted nominated GP subject to protocols & utilisation monitoring after 10 visits per beneficiary. Limited to 2 psychiatric consultations per family. Use of non-nominated GP limited to 2 visits per beneficiary per year at a contracted GP (referred to as out-of-area) |
| - Not contracted | No benefit | No benefit |
| Specialists | | |
| - Fedhealth Network Specialists | At cost | 2 x Specialist consultations up to R2 220 per family per year. Must be referred by contracted GP |
| - Non-Fedhealth Network Specialists | No benefit | |
| Dentistry (Basic)<br><br>Removal of teeth and roots and suturing of traumatic wounds<br>Oral medical procedures:<br>diagnosis and treatment of oral and associated conditions, plastic dentures and dental technicians fees for all such dentistry | Agreed tariff | Subject to a contracted list of dentists and limited to a list of approved procedures, dental tariff codes and protocols.<br>Plastic dentures limited to one set per beneficiary every two years |
| Mental health | No benefit | See GP benefit |
| Optometry | Agreed tariff | Subject to IsoLeso network optometrists. Frame to the value of R230 or R230 off any other frame<br>1 Pair of single vision clear CR39 lenses or 1 pair of bifocal clear CR39 lenses<br>1 Comprehensive consultation. This benefit is available in a 2-year benefit cycle |
| Over-the-counter medication | No benefit | |
| Maternity | Up to 100% of FR | Ultrasound as per radiology benefit |
| Pathology | Up to 100% of FR | Unlimited subject to basic protocols and limited list of tests & procedures. Must be referred by contracted Medical Practitioner |
| Prescribed medication | | |
| - Dispensing GP | Unlimited | Unlimited at GP Network |
| - Non-dispensing Medical Practitioner (eg. Fedhealth Network Specialists, GPs and dentists) | Up to 100% of MPL | Unlimited subject to acute formulary for all Medical Practitioners |
| Physiotherapy | No benefit | |
| Radiology | | |
| - General | Up to 100% of FR | Unlimited subject to basic protocols and a limited list of tests and procedures. Must be referred by contracted Medical Practitioner |
| - Specialised | No benefit | |

Agreed Tariff - the service fee as agreed to by the Scheme with the Healthcare Professional

## c. Chronic medication

- Medscheme applies a Disease Authorisation model which means that once a patient is approved for a chronic condition they will have access to a selection of pre-approved medicines for the condition, referred to as a basket. The medicine in the basket is still subject to MPL and out of formulary co-payments and can be viewed on **www.medscheme.com** by logging into the provider zone. A patient can update or change their medicine directly with the pharmacy with their new prescription. Not all conditions are managed this way; a patient will need to contact the Scheme if:
  - the medicine is not in the basket; or
  - they are diagnosed with a new chronic condition; or
  - they need a quantity or dosage of a medicine that is more than the quantity listed in the basket.

The Fedhealth my**FED** option applies the Basic Chronic Formulary (also known as the Low Option Chronic Formulary).

**The following must be kept in mind when prescribing chronic medication to myFED members:**

- Chronic medication must be prescribed by a my**FED** contracted GP
- my**FED** Members need to use a Designated Service Provider (DSP) pharmacy to obtain chronic medicine. DSP's are: Dis-Chem Courier, Clicks Courier and Pharmacy Direct. A co-payment of 25% applies for the non-use of a DSP.
- A co-payment of 25% will apply to medicines outside of formulary
- 26 PMB (CDL) conditions only
- Medscheme Basic Formulary applies (also known as the Low Option Chronic Formulary)
- Members to register for chronic medication
- Medicine Price List (MPL) rule applies which ensures that the most effective and yet cost effective generics will be supplied to my**FED** members.

## Telephonic chronic medicine application

- Call our Chronic Medicine Management department between 08h30 and 17h00 on 0861 100 220 and select option number 3
- Your call will be routed through to a clinical consultant. Make sure you have all relevant details of your patient at hand
- On approval the medication will be paid from the chronic medicine benefit
- Normal 0199 payment will apply for first time telephonic registrations.

## Online chronic medicine application

- Patients can also be registered to the Chronic Disease Management Programmes and Medicine by using the New Medscheme Healthcare Professional (HCP) Portal. Visit www.medscheme.com, select the **HCPs** tab on the home page and sign in as a provider, click *on the Main Menu > click on My Patients > click on Chronic Treatments> enter the membership number > select the dependant > click on the Create a new Chronic Treatment Button (+) button*
- Remember the online application can be used for members applying for chronic medicine for the first time or for updating current authorisations
- Normal 0199 payment will apply for first time online chronic applications.

## HIV Management (AfA)

- Subject to registration and management by AfA
- Medicine provided by any Preferred Provider pharmacy
- Pathology tests are part of management by AfA
- Benefit includes treatment for mother-to-child transmission, and post-exposure-prophylaxis.





## Chronic Disease Benefit

| Medication for approved chronic diseases is covered from this benefit | |
|---|---|
| Limit | Unlimited |
| Conditions covered | 26 Chronic Conditions below |
| Formulary | Basic formulary |
| Preferred Provider pharmacy | Dis-Chem Courier, Clicks Courier and Pharmacy Direct |
| HIV MEDICINE BENEFIT INCLUDING TREATMENT FOR MOTHER-TO-CHILD TRANSMISSION, & POST-EXPOSURE PROPHYLAXIS | |
| Limit | Unlimited |
| Non-compliance with formulary requirements will attract a co-payment of 25%. All medicine claims are subject to the Medicine Price List (MPL), a generic reference price, and the maximum negotiated dispensing fee. | |
| 26 CHRONIC CONDITIONS | |
| Addison's Disease, Asthma, Bipolar Mood Disorder, Bronchiectasis, Cardiac Failure, Cardiomyopathy, COPD/ Emphysema/ Chronic Bronchitis, Chronic Renal Disease, Coronary Artery Disease, Crohn's Disease, Diabetes Insipidus, Diabetes Mellitus Type 1 & 2, Dysrhythmias, Epilepsy, Glaucoma, Haemophilia, Hyperlipidaemia, Hypertension, Hypothyroidism, Multiple Sclerosis, Parkinson's Disease, Rheumatoid Arthritis, Schizophrenia, Systemic Lupus Erythematosus, Ulcerative Colitis | |

## Major Medical Benefit

Please note the following important points:

- Costs for hospitalisation are covered unlimited from this benefit – from the first day of hospitalisation in public or network private hospitals
- Voluntary use of non-network or public hospitals will result in the member having to make a co-payment of 30% on their hospital bill. To find network hospitals and facilities:

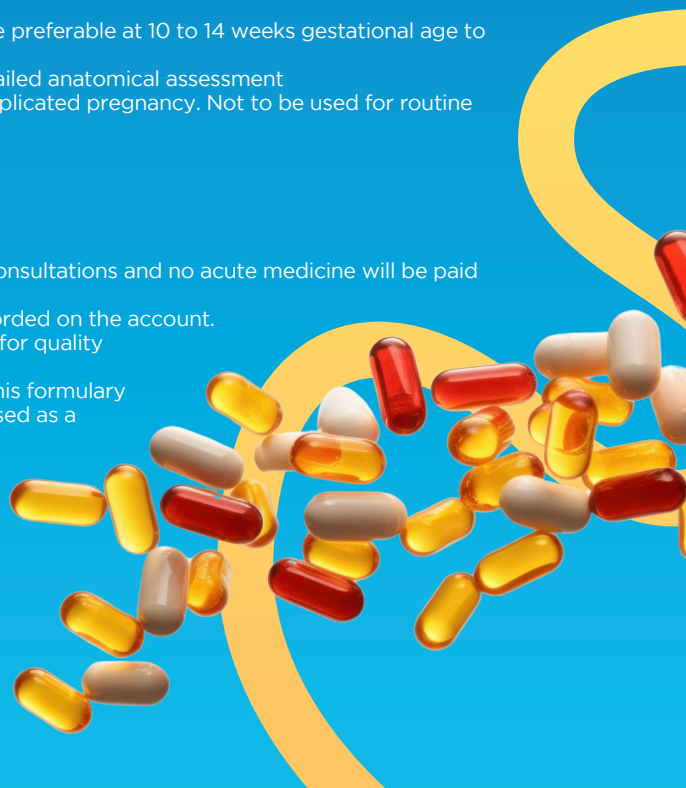
Log in to the HCP Portal at **www.medscheme.com**
Navigate to the **HCPs** tab on the home page and log in using your **provider credentials**
Click on **Main Menu > Locator**
Enter the **membership number**
Choose **Country** and enter **South Africa**
In the **Discipline Group** drop-down menu, select **Facility**
Specify the **preferred radius**
Select the **Current Year** and **relevant Month**
Click **Search**

Alternatively, call the Provider Contact Centre on **0861 112 666**.

- Organ transplants and renal dialysis are covered as Prescribed Minimum Benefits unlimited at cost at PMB level of care
- Oncology is covered unlimited as a Prescribed Minimum Benefit at the Independent Clinical Oncology Network (ICON), the Scheme's Designated Service Provider
- Hospital admissions require a referral from a nominated GP and must be pre-authorised by the Healthcare Professional Managed Care Line on 0861 100 220
- Psychiatric admissions are limited to PMB level of care and will require a referral from a nominated GP and is subject to pre-authorisation
- Maternity is limited to PMB level of care. Elective Caesarian sections are subject to a R15 950 co-payment. Scans to be performed by GP or Gynaecologist:
  - 3615 - Routine obstetric ultrasound at 10 to 20 weeks gestational age preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment
  - 3617 - Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment
  - 5106 - Obstetric ultrasound before 10 weeks gestational age for complicated pregnancy. Not to be used for routine diagnosis of pregnancy
  - 5107 - Ultrasound after 24 weeks.

## d. Acute medicine

- For dispensing doctors acute medicine forms part of the fixed fee for consultations and no acute medicine will be paid additional to this fee
- Even though a fixed fee is paid, the medicine billing codes must be recorded on the account. This ensures proper information on dispensing patterns and is required for quality management purposes
- An acute medicines formulary is available to non-dispensing doctors. This formulary represents least costly and yet effective generic products and can be used as a prescribing guide
- It is important for doctors to prescribe medicines on the acute formulary so that members do not have any out of pocket expenses. Acute medicines that are not on the acute formulary will not be covered
- Contraceptives are payable from the in-hospital benefit and limited to the acute formulary.



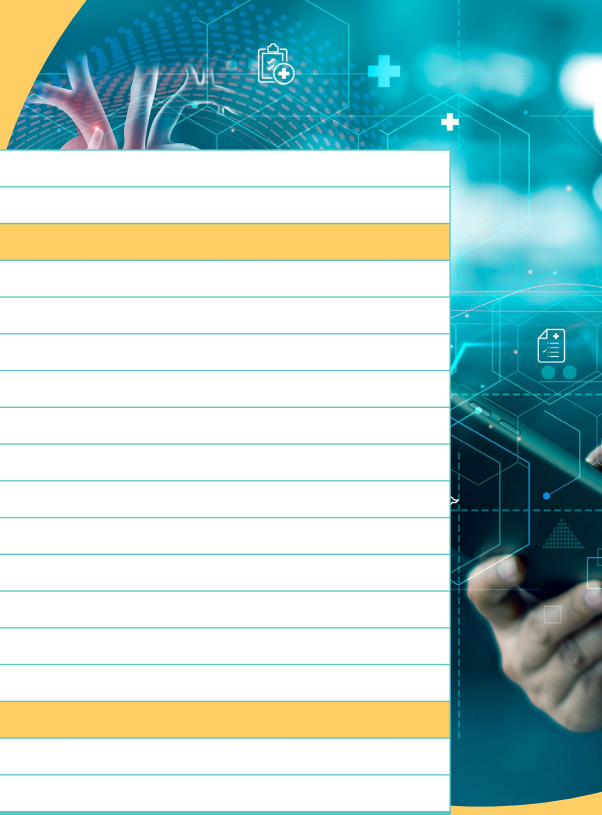


## e. myFED pathology benefit schedule

- The member must be referred by a my**FED** nominated GP
- Pathology is covered at 100% of the my**FED** scheme rate
- Unlimited but subject to the tests listed below.

### Pathology codes payable

| TARIFF CODE | DESCRIPTION |
|---|---|
| CHEMISTRY | |
| Cardia/ Muscle | |
| 4152 | CK-MB: Mass determination: Quantitative (Automated) |
| 4161 | Troponin isoforms: Each |
| Diabetes | |
| 4057 | Glucose: Quantitative |
| 4064 | HbA1C |
| Inflammation/Immune | |
| 3947 | C-reactive protein |
| Lipids | |
| 4027 | Cholesterol total |
| 4026 | LDL cholesterol |
| 4028 | HDL cholesterol |
| 4147 | Triglyceride |
| 4132 | Creatinine Kinase (CK) |
| Liver/Pancreas | |
| 3999 | Albumin |
| 4001 | Alkaline phosphatase |
| 4006 | Amylase |
| 4009 | Bilirubin: Total |
| 4010 | Bilirubin: Conjugated |
| 4117 | Protein: Total |
| 4130 | Aspartate aminotransferase (AST) |
| 4131 | Alanine aminotransferase (ALT) |
| 4133 | Lactate dehydrogenase (LD) |
| 4134 | Gamma glutamyl transferase (GGT) |
| Renal/Electrolytes/Bone | |
| 4017 | Calcium: Spectrophotometric |
| 4032 | Creatinine |
| 4086 | Lactate |
| 4094 | Magnesium: Spectrophotometric |
| 4109 | Phosphate |
| 4113 | Potassium |
| 4114 | Sodium |
| 4155 | Uric acid |
| 4151 | Urea |
| HAEMATOLOGY | |
| 3709 | Antiglobulin test (Coombs' or trypsinzied red cells) |
| 3716 | Mean cell volume |
| 3739 | Erythrocyte count |
| 3743 | Erythrocyte sedimentation rate |
| 3755 | Full blood count (including items 3739, 3762, 3783, 3785, 3791) |
| 3762 | Haemoglobin estimation |



| | |
|---|---|
| 3764 | Grouping: A B and O antigens |
| 3765 | Grouping: Rh antigen |
| HAEMATOLOGY (CONTINUED) | |
| 3783 | Leucocyte differential count |
| 3785 | Leucocytes total count |
| 3791 | Packed cell volume: haematocrit |
| 3797 | Platelet count |
| 3805 | Prothrombin index |
| 3809 | Reticulocyte count |
| 3865 | Parasites in blood smear |
| 4071 | Iron |
| 4144 | Transferrin |
| 4491 | Vitamin B12 |
| 4528 | Ferritin |
| 4533 | Folic acid |
| ENDOCRINE - REPRODUCTIVE | |
| 4450 | HCG: Monoclonal immunological: Qualitative |
| 4537 | Prolactin |
| Endocrine - Thyroid | |
| 4482 | Free thyroxin (FT4) |
| 4507 | Thyrotropin (TSH) |
| Other Endocrine | |
| 4519 | Prostate specific antigen |
| SEROLOGY | |
| Auto immune | |
| 3934 | Auto antibodies by labelled antibodies: FOR ANF ONLY |
| 3939 | Agglutination test per antigen |
| 4155 | Uric acid |
| 4182 | Quantitative protein estimation: Nephelometer or Turbidometeric method: FOR RHEUMATOID FACTOR ONLY |
| Hepatitis tests | |
| 4531 | Hepatitis: Per antigen or antibody |
| 4531 | Acute hepatitis A (IgM) |
| 4531 | Chronic Hepatitis A (IgG) |
| 4531 | Acute Hepatitis B (BsAG) |
| 4531 | Hepatitis B: carrier/immunity (BsAB) |
| HIV tests | |
| 3816 | T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts) |
| 3932 | Antibodies to human immunodeficiency virus (HIV): ELISA |
| 3974 | Qualitative PCR (only for children <age 6 months) |
| 4429 | Quantitative PCR (DNA/RNA) |
| Infectious Diseases and Others | |
| 3946 | IgM: Specific antibody titer: ELISA/ EMIT: RUBELLA |
| 3948 | IgG: Specific antibody titer: ELISA/ EMIT: RUBELLA |
| 3949 | Qualitative Kahn, VDRL or other flocculation |
| 3951 | Quantitative Kahn, VDRL or other flocculation |
| CYTOLOGY | |
| 4566 | Vaginal or cervical smears, each |
| HISTOLOGY | |
| 4567 | Histology per sample |

| | |
|---|---|
| G.MISCELLANEOUS | |
| 4352 | Faecal occult blood test (FOB) |
| MICROBIOLOGY | |
| MCS | |
| 3909 | Anaerobe culture: Limited procedure |
| 3901 | Fungal culture |
| MCS | |
| 3918 | Mycoplasma culture: Comprehensive |
| 4401 | Cell count |
| 4188 | Urine dipstick, per stick (irrespective of the number of tests on stick) |
| 3928 | Antimicrobic substances |
| 3893 | Bacteriological culture: Miscellaneous |
| 3867 | Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.) |
| 3922 | Viable cell count |
| 3879 | Campylobacter in stool: Fastidious culture |
| 3895 | Bacteriological culture: Fastidious organisms |
| 3928 | Antimicrobic substances |
| 3887 | Antibiotic susceptibility test: Per organism |
| 3924 | Biochemical identification of bacterium: Extended |
| 3869 | Faeces (including parasites) |
| 3868 | Fungus identification |
| 3881 | Mycobacteria |
| 3901 | Fungal culture |
| AFB fluorochrome auramine (ZN) only | |
| 3885 | Cytochemical stain |
| 3881 | Antigen detection with monoclonal antibodies |
| TB culture | |
| 3881 | Antigen detection with monoclonal antibodies |
| 4433 | Bacteriological DNA identification (LCR) |
| 3916 | Radiometric tuberculosis culture |
| 3867 | Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.) |
| 3895 | Bacteriological culture: Fastidious organisms |
| TB sensitivity | |
| 3887 | Antibiotic susceptibility test: Per organism |
| 3974 | Polymerase chain reaction |
| Parasites | |
| 3869 | Faeces (including parasites) |
| 3883 | Concentration techniques for parasites |
| 3865 | Parasites in blood smear |
| Bilharzia micro | |
| 3980 | Bilharzia Ag Serum/Urine |
| 3867 | Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.) |
| 3946 | IgM: Specific antibody titer: ELISA/ EMIT: Per Ag |
| 3883 | Concentration techniques for parasites |



## f. myFED radiology benefit schedule

- The member must be referred by a nominated GP
- X-rays are covered at 100% of the my**FED** scheme rate
- General radiology is unlimited but subject to the list below
- Specialised radiology (in hospital) is limited to R15 500 per family

### Radiology codes payable

| | |
|---|---|
| Skull and Brain | |
| 10100 | X-ray of the skull |
| Facial bones and nasal bones | |
| 11100 | X-ray of the facial bones |
| 11120 | X-ray of the nasal bones |
| Orbits, lachrymal glands and tear ducts | |
| 12100 | X-ray orbits |
| Paranasal sinuses | |
| 13100 | X-ray of the paranasal sinuses, single view |
| 13110 | X-ray of the paranasal sinuses, two or more views |
| Mandible, teeth and maxilla | |
| 14100 | X-ray of the mandible |
| 14130 | X-ray of the teeth single quadrant |
| 14140 | X-ray of the teeth more than one quadrant |
| 14150 | X-ray of the teeth full mouth |
| 15100 | X-ray tempero-mandibular joint, left |
| 15110 | X-ray tempero-mandibular joint, right |
| 16100 | X-ray of the mastoids, unilateral |
| 16110 | X-ray of the mastoids, bilateral |
| Thorax | |
| 30100 | X-ray of the chest, single view |
| 30110 | X-ray of the chest two views, PA and lateral |
| 30150 | X-ray of the ribs |
| Abdomen and Pelvis | |
| 40100 | X-ray of the abdomen |
| 40105 | X-ray of the abdomen supine and erect, or decubitus |
| 40110 | X-ray of the abdomen multiple views including chest<br>Skeleton: Spinal column - per region, e.g. cervical, sacral, lumbar coccygeal, one region thoracic |
| 50100 | X-ray of the spine scoliosis view AP only |
| Cervical | |
| 51110 | X-ray of the cervical spine, one or two views |
| Thoracic | |
| 52100 | X-ray of the thoracic spine, one or two views |
| Lumbar | |
| 53110 | X-ray of the lumbar spine, one or two views |
| 54100 | X-ray of the sacrum and coccyx |
| 54110 | X-ray of the sacro-iliac joints |
| Pelvis | |
| 55100 | X-ray of the pelvis |
| 56120 | X-ray pelvis and hips |
| Hips | |

| | |
|---|---|
| 56100 | X-ray of the left hip |
| 56110 | X-ray of the right hip |
| Shoulder | |
| 61100 | X-ray of the left clavicle |
| 61105 | X-ray of the right clavicle |
| 61110 | X-ray of the left scapula |
| 61115 | X-ray of the right scapula |
| 61120 | X-ray of the left acromio-clavicular joint |
| 61125 | X-ray of the right acromio-clavicular joint |
| 61130 | X-ray of the left shoulder |
| 61135 | X-ray of the right shoulder |
| Humerus | |
| 62100 | X-ray of the left humerus |
| 62105 | X-ray of the right humerus |
| Elbow | |
| 63100 | X-ray of the left elbow |
| 63105 | X-ray of the right elbow |
| Forearm | |
| 64100 | X-ray of the left forearm |
| 64105 | X-ray of the right forearm |
| Hand and Wrist | |
| 65100 | X-ray of the left hand |
| 65105 | X-ray of the right hand |
| 65120 | X-ray of a finger |
| 65130 | X-ray of the left wrist |
| 65135 | X-ray of the right wrist |
| 65140 | X-ray of the left scaphoid |
| 65145 | X-ray of the right scaphoid |
| Lower Leg | |
| 73100 | X-ray of the left lower leg |
| 73105 | X-ray of the right lower leg |
| Ankle and Foot | |
| 74100 | X-ray of the left ankle |
| 74105 | X-ray of the right ankle |
| 74120 | X-ray of the left foot |
| 74125 | X-ray of the right foot |
| 74130 | X-ray of the left calcaneus |
| 74135 | X-ray of the right calcaneus |
| 74140 | X-ray of both feet – standing – single view |
| 74145 | X-ray of a toe |





# GP Practice Guide 2026

FEDHEALTH

Sanlam healthcare partner

| Femur | |
|---|---|
| 71100 | X-ray of the left femur |
| 71105 | X-ray of the right femur |
| 72100 | X-ray of the left knee one or two views |
| 72105 | X-ray of the right knee one or two views |
| 72120 | X-ray of the left knee including patella |
| 72125 | X-ray of the right knee including patella |
| 72140 | X-ray of left patella |
| 72145 | X-ray of right patella |
| 72150 | X-ray both knees standing – single view |
| 74150 | X-ray of the sesamoid bones one or both sides |
| **Ultrasound Abdomen and Pelvis** | |
| 41200 | Ultrasound study of the upper abdomen |
| 40210 | Ultrasound study of the whole abdomen including the pelvis |
| 43200 | Ultrasound study of the pelvis trans abdominal |
| 43250 | Ultrasound study of the pregnant uterus, first trimester |
| 43260 | Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment |
| 43270 | Ultrasound study of the pregnant uterus, third trimester, first visit |
| 43273 | Ultrasound study of the pregnant uterus, third trimester, follow-up visit |
| 43277 | Ultrasound study of pregnant uterus, multiple gestation, second or third trimester |

