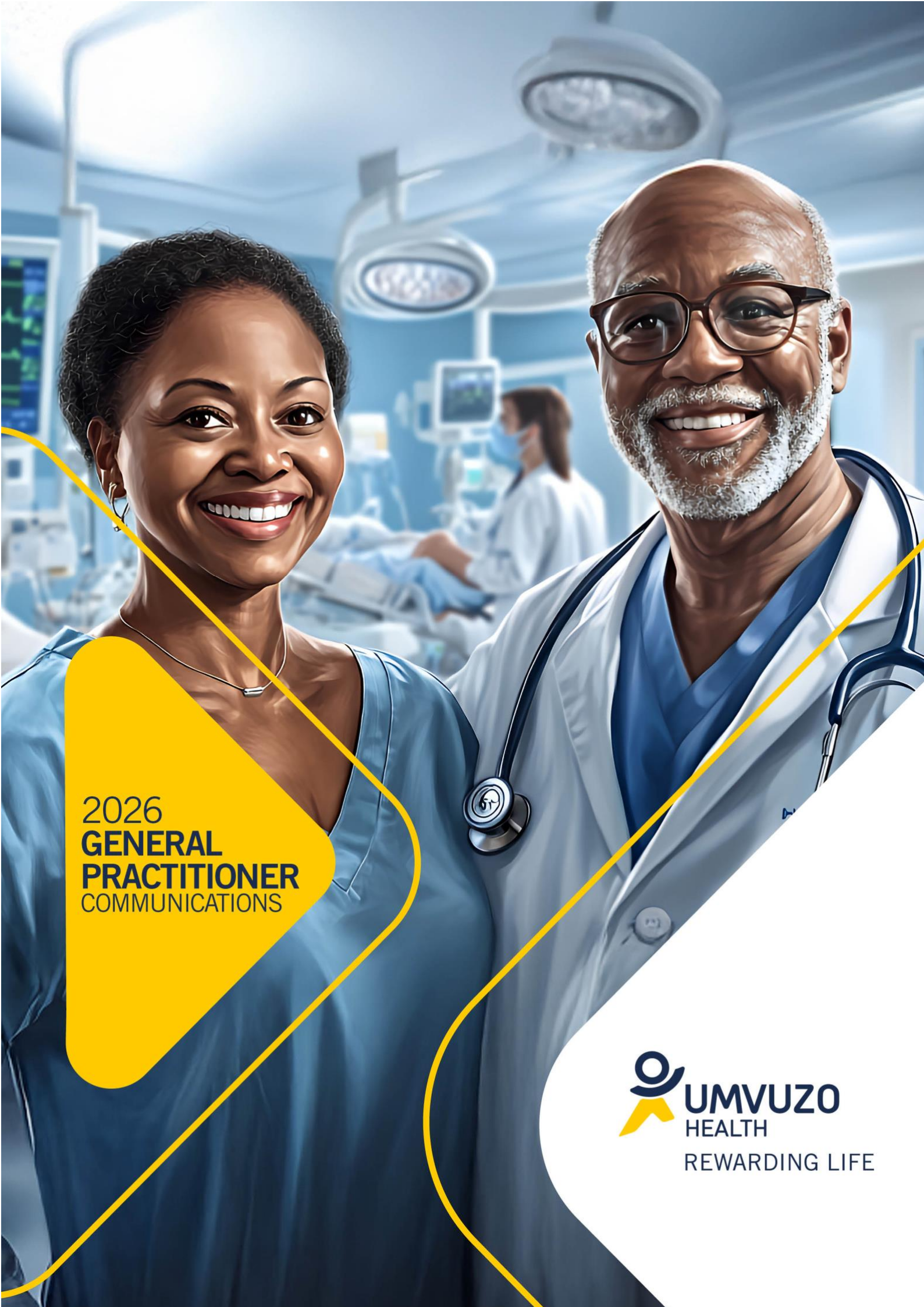

2026 GENERAL PRACTITIONER COMMUNICATIONS

UMVUZO HEALTH

REWARDING LIFE

Healthcare Provider Communication 2026

Valued Healthcare Provider,

This document contains a summary of the main **UMVUZO HEALTH** benefit framework details for 2026. The registered rules remain the source where benefits are defined. This framework is meant to assist all areas of service provision within **UMVUZO HEALTH** and RX Health to define processes, compile funding lists and structure communication to providers and members.

Tables 1-8 summarize out of hospital consultations on primary care level (General Practitioner (GP), electronic platform and nurse consultations), secondary care level (specialist consultations), radiology, pathology, as well as acute and chronic medication benefits. Please note that there will only be one Ultra-Affordable option in 2026 with no Ultra-Affordable Value sub-option.

All services are funded at Scheme tariff, except for a differential funding of specialist consultations as outlined in the various Annexures B. **It must be emphasized that the use of Z-codes on consultation claims may lead to delays in processing claims in order to verify underlying clinical conditions**.

Please provide **appropriate ICD 10 codes** when claiming consultations and services since the ICD 10 diagnosis and RPL tariff codes claimed will be used for data collection purposes, including analysing the alignment of diagnoses and treatment given or medication prescribed.

UMVUZO HEALTH will, as part of continuous monitoring, evaluate claims and practice patterns and communicate with you as provider if any matter arises that we need to clarify. The results of this data collection exercise will be used to refine benefits, redefine access to benefits and determine remuneration for the next benefit year.

We trust that our Provider-Funder relationship will be mutually beneficial given the benefit boundaries outlined herein. If you have any specific queries, please take note of our contact details under the “Contact details” section.

Unless we receive any specific enquiry from your practice within thirty days of the sending of this document, we will regard the contents as read and agreed to.

Yours in health,
UMVUZO HEALTH

Table of Contents

Primary Care Services 4

Specialist Benefit Framework (Out-Of-Hospital) 5

Consultations - GPs and Specialists 5

Pathology and Radiology Framework 7

Pathology Codes (As referred to in table 4) 8

Radiology 14

Medicine Benefits 16

Dental Benefit Framework 17

Room-Based Services 19

Contact Information 22

Primary Care Services

Option	Primary care consultations & screening		
	GP	Nurse	Digital Platform
Ultra-Affordable	8 managed visits per beneficiary	Supplementary limit with specified amounts per consultation and associated medication	Unlimited access to digital primary care services
Standard	10 managed visits per beneficiary	Supplementary limit with specified amounts per consultation and associated medication	Unlimited access to digital primary care services
Activator	Subject to available funds in the Day-to-day benefit	Supplementary limit with specified amounts per consultation and associated medication	Unlimited access to digital primary care services
Supreme	Subject to available funds in the Family Benefit	Supplementary limit with specified amounts per consultation and associated medication	Unlimited access to digital primary care services
Extreme	Subject to available funds in the Family Benefit	Supplementary limit with specified amounts per consultation and associated medication	Unlimited access to digital primary care services

Table 1 Primary Care Services

***Umvuzo Digital Platform** – members on all options can download the Umvuzo Digital Platform on their smartphones. Members can access providers via the platform and can also get a digital assessment done that tells them about the status of their health and wellbeing.

Option	Specialist visits	Authorisation required
Ultra-Affordable	7 visits per family/year, clinically appropriate	Yes
Standard	10 visits per family/year, clinically appropriate	Yes
Activator	12 visits per family/year, clinically appropriate	Yes
Supreme	Subject to Family Benefit	No
Extreme	Subject to Family Benefit	No

Table 2 Specialist benefit framework *(out of hospital)*

Consultations - GPs and Specialists

The following consultation codes will be covered at Scheme tariff for in-person visits:

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.
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.
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.

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. Clinical motivation may be requested prior to funding this code.
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 0161-0164 or items 0151-0153, as appropriate (refer to general rule B). Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof
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, items 0166-0169 or items 0151-0153, as appropriate. Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof
0133	Special motivation (meaning clinical input and motivation for services based thereupon as provided by the primary care doctor) will only be funded where such a motivation was specifically requested by the Scheme or by the Scheme's contracted managed care organization, RX Health. Providing a copy of clinical findings or results will not attract an additional tariff as it does not constitute a 'motivation.'

Table 3 Consultations

Note for Ultra-Affordable and Standard members: All primary care consultations, including the tariff codes in Table 3, form part of the number of visits stipulated in their benefits.

Radiology & Pathology

Option	Radiology (Detail codes available in Table 8)	Pathology (Detail codes available in Table 7)
Ultra-Affordable	Specified codes for clinically appropriate listed codes (see list "Radiology codes")	Specified codes for clinically appropriate listed codes (see list "Pathology codes")
Standard	Specified codes for clinically appropriate listed codes (see list "Radiology codes")	Specified codes for clinically appropriate listed codes (see list "Pathology codes")
Activator (*the limit is a joint limit that includes both pathology and radiology)	Access to clinically appropriate codes on code list (see list "Radiology codes") and a limit of R 7,800* per family/year that includes clinically appropriate codes not on this list. Access to the codes that are on the Radiology Codes list will be unlimited.	Access to clinically appropriate codes on code list (see list "Pathology codes") and a limit of R 7,800* per family/year that includes clinically appropriate codes not on this list. Access to the codes on the Pathology Codes list will be unlimited.
Supreme (*the limit is a joint limit that includes both pathology and radiology)	Access to clinically appropriate codes on code list (see list "Radiology codes") and a limit of R 13,400* per family/year that includes clinically appropriate codes not on this list. Access to the codes on the Radiology Codes list will be unlimited.	Access to clinically appropriate codes on code list (see list "Pathology codes") and a limit of R 13,400 per family/year that includes clinically appropriate codes not on this list. Access to the codes on the Pathology Codes list will be unlimited.
Extreme (*the limit is a joint limit that includes both pathology and radiology)	Access to clinically appropriate codes on code list (see list "Radiology codes") and a limit of R 17,400* per family/year that includes clinically appropriate codes not on this list. Access to the codes on the Radiology Codes list will be unlimited.	Access to clinically appropriate codes on code list (see list "Pathology codes") and a limit of R 17,400 per family/year that includes clinically appropriate codes not on this list. Access to the codes on the Pathology Codes list will be unlimited.

Table 4 Pathology and Radiology framework

PLEASE NOTE: *the Rand amount limits in the table above constitute a joint limit for Radiology and Pathology. Codes outside the Pathology and Radiology Code lists must be clinically appropriate to be considered for benefits.

Medication

Option	Medication		
	Chronic	*Acute*	*OTC (Over-the-counter)*
Ultra-Affordable	Mediscor Core Formulary, limited to PMB CDL and related algorithms only	Acute Medicine list (unlimited) together with reference pricing and defined fills per annum on certain items	Rand value limit per event and annual limit
Standard	Mediscor Core Formulary PMB CDL and related algorithms + 6 specified conditions as per protocol	Acute Medicine list (unlimited) together with reference pricing and defined fills per annum on certain items	Rand value limit per event and annual limit
Activator	Mediscor Core Formulary, limited to PMB CDL and related algorithms only	Day-to-Day limit, reference pricing and defined fills per annum on certain items, unlimited access to Acute Medicine List	Rand value limit per event and annual limit
Supreme	Mediscor Standard Formulary PMB CDL and related algorithms + 6 specified conditions as per protocol	Family Benefit, reference pricing and defined fills per annum on certain items, unlimited access to Acute Medicine List	Rand value limit per event and annual limit
Extreme	Mediscor Standard Formulary PMB CDL and related algorithms + 9 specified conditions as per protocol	Family Benefit, reference pricing and defined fills per annum on certain items, unlimited access to Acute Medicine List	Rand value limit per event and annual limit

Table 5 Medication framework

Note:
The Acute Medicine List (AML) contains a list of basic acute medicines. This list will be available as an unlimited benefit on all options to extend primary care treatment for common acute conditions.

The Ultra-Affordable and Standard options do not have a monetary limit like the Rand amount linked to the Family Benefit on Supreme and Extreme or the Day-to-Day benefit on Activator, but they do have limited in-person visits: 8 for Ultra-Affordable and 10 for Standard. Scripts that flow from these visits will qualify for medication benefits as per Table 5. Once the stipulated number of visits are depleted, items on the AML will be available via provider interactions on the Digital Platform. In the same way the AML medicines will be available to Activator after depleting related in person consultations benefits, as well as for Supreme and Extreme as an unlimited benefit once their Family Benefit has been depleted.

Medicine related benefits

- Code 0132 (writing a repeat script) will not be funded in addition to a normal consultation code (0190, 0191, 0193).
- Code 0199 (chronic medicine form completion) can be charged where the form is completed without physically seeing the member. If the form is completed in the member's presence a standard consultation (0190, 0191, 0193) will be funded and not 0199.

Dental benefits

Option	Standard Dental services*	Specialised dentistry**	Dental under GA
Ultra-Affordable	R 4,100 per beneficiary per year	No benefit	No benefit
Standard	R 4,900 per beneficiary per year	No benefit	No benefit
Activator	R 5,700 per beneficiary per year	No benefit	No benefit
Supreme	Subject to Family Benefit	R 7,800 per beneficiary per year	Exception, once off, Scheme Funding Guidelines
Extreme	Subject to Family Benefit	R 15,700 per beneficiaryper year	Exception, once off, Scheme Funding Guidelines

Table 6 Dental benefit framework

*Standard dental services encompass consultations, extractions, fillings, crowns, bridges, clearance, preventative and fluoride treatment according to Scheme Funding Guidelines.

**Specialised dentistry encompasses orthodontic, prosthodontic and periodontic treatment.

Optometry benefit

All queries related to optical and optometry benefits must be channelled to PPN as the contracted provider in accordance with the matrix below. Benefits cannot be confirmed or reserved other than following this defined PPN communication pathway.

Pathology codes

(As referred to in the tables on Pathology benefits above)

Pathology services will be funded at a standardised Scheme tariff in 2026. Referring Umvuzo Health members to a laboratory that does not claim in accordance with the Scheme tariff could result in members being liable for a copayment. The Scheme will communicate with referring practices during the year where such challenges are experienced.

Umvuzo Health does not include copayments in our benefit design and strongly urge our providers to assist members in this regard.

The pathology codes listed below comprise the basic Pathology code list. For members on Ultra-Affordable and Standard only these pathology codes will be funded.

For members on Activator, clinically appropriate pathology codes that are not otherwise excluded from benefits will be considered for funding subject to available funds in their Pathology benefit.* After this benefit is depleted, only access to clinically appropriate service requests for the codes on the list below will be available without a benefit limit.

For members on Supreme and Extreme, any clinically appropriate pathology code that is not otherwise excluded from benefits will be considered for funding subject to available funds in their Pathology benefit.* After this benefit is depleted, only access to clinically appropriate service requests for the codes on the list below will be available without a benefit limit.

*In the Extreme, Supreme and Activator options, the Rand amount per family per year is a combined limit for Radiology and Pathology.

The table below lists the *minimum repeat intervals* (MRI) for some of the pathology codesclaimed on an outpatient basis. It is important that providers check with the laboratories to verify if a test had already been done within the MRI timeframe since tests repeated within the MRI timeframe will not be funded. In clinically appropriate situations where there are clinical indications to perform a repeat test within the MRI, a clinical motivation will be required outlining the clinical indications that necessitated the earlier request for the test before funding will be considered.

Tariff descriptor	Tariff code	MRI***
GROUP CODE* Full Blood Count	**3755**	4 days
INDIVIDUAL CODES that form part of Full Blood Count**		
Erythrocyte count	3739	1 day
Haemoglobin	3762	1 day
Leucocyte differential count	3783	4 days
Leucocyte total count	3785	4 days
Packed cell volume (Haematocrit)	3791	1 day
GROUP CODE* Lipogram	**4025**	60 days
INDIVIDUAL CODES that form part of Lipogram**		
LDL cholesterol (chemical determination)	4026	60 days
Cholesterol total	4027	60 days
HDL cholesterol	4028	60 days
Triglyceride	4147	60 days
GROUP CODE* Urea and Electrolytes	**4171**	7 days
INDIVIDUAL CODES that form part of Urea & Electrolytes**		
Potassium (urine)	4315	1 day
Sodium (urine)	4316	1 day
Urea (urine)	4319	1 day
Urea (blood)	4151	1 day
Chloride	4301	1 day

CO2	4031	1 day
Potassium (blood)	4113	1 day
Sodium (blood)	4114	1 day
Creatinine (blood)	4032	1 day
Thyroid function		
Thyrotropin (TSH)	4507	28 days
Free thyroxine (FT4)	4482	28 days
Standalone tests		
HbA1c	4064	90 days
Ferritin	4528	10 days
Transferrin	4144	28 days
Vit D	4156	365 days
Iron	4071	10 days
Haematology additional codes		
Platelets	3797	N/A
INR / PI	3805	N/A
Therapeutic dosage	3806	N/A
ESR	3743	N/A
Blood group A, B, and O antigens	3764	365 days
Grouping: Rh antigen	3765	365 days
Coombs' antiglobulin	3709	N/A
Diabetes		
Glucose random or fasting	4057	N/A
GTT two specimens	4049	365 days
Glucose tolerance test (3 specimens)	4052	N/A
GTT pregnancy	4053	N/A
HbA1c	4064	60 days
Liver, pancreas		
AST	4130	N/A
ALT	4131	N/A
Alkaline Phosphatase	4001	N/A
GGT	4134	N/A
Bilirubin Total	4009	N/A
Bilirubin Conjugated	4010	N/A
Albumin	3999	N/A
Protein: Total	4117	N/A
Electrolytes & additional		

Amylase	4006	N/A
Uric acid	4155	N/A
Calcium	4017	N/A
Iron studies		
Iron	4071	10 days
Transferrin	4144	28 days
Ferritin	4528	10 days
Infection		
Syphilis	3949	N/A
VDRL, Kahn quantitative	3951	N/A
Hepatitis per antigen or antibody	4531	180 days
Quantitative PCR - viral load (not HIV) - hepatitis C, hepatitis B, CMV, etc.	4439	N/A
Bacteriological culture: Fastidious organisms	3895	N/A
Bacteriological culture: Miscellaneous	3893	N/A
Viable cell count	3922	N/A
P falciparum monoclonal identification	3792	N/A
Blood smear for parasites	3865	N/A
Parasite concentration techniques	3883	N/A
Covid-19 test / Influenza / Pertussis	3979	N/A
Miscellaneous (body fluids, urine, exudate, fungi, pus, scrapings, etc.)	3867	N/A
Antigen detection with monoclonal antibodies	3882	N/A
Procalcitonin: Semi-quantitative	4538	N/A
Procalcitonin: Quantitative	4539	N/A
Drugs		
Drug concentration: Quantitative	4493	N/A
Serology		
IgM: Specific antibody titre: ELISA/EMIT: Per Ag	3946	N/A
IgG: Specific antibody titre: ELISA/EMIT: Per Ag	3948	N/A
CRP	3947	N/A
Biochemistry		
Occult blood faeces	4352	12 months
Cardiac		
CK-MB Quantitative (Automated)	4152	N/A
CK-MB Quantitative (Not automated)	4153	N/A
Troponin isoforms	4161	N/A
Tuberculosis		
Mycobacteria ZN stain	3881	N/A

TB Cytochemical stain	3885	N/A
Radiometric culture	3916	N/A
Radiometric mycobacterium antibiotic sensitivity	3930	N/A
Non-radiometric culture	4651	N/A
GeneXpert, rapid test	3974/4434/4431	N/A
LF-LAM	4655	N/A
HIV		
Rapid test	4614	180 days
HIV qualitative (ELISA)	3932	120 days
Viral load	4429	180 days
CD4 count	3816	N/A
PCR newborn	3974	30 days
Culture and Sensitivity		
Fungal culture	3901	N/A
Anaerobe culture limited	3909	N/A
Antibiotic susceptibility test: Per organism	3887	N/A
Rapid automated antibiotic susceptibility per organism	4653	N/A
Biochemical identification of bacterium: Abridged	3923	N/A
Biochemical identification of bacterium: Extended	3924	N/A
Grouping for streptococci	3927	N/A
Rapid automated bacterial identification per organism	4652	N/A
Cytology preparation	4559	N/A
Vaginal/cervical smears, each **[F]**	4566	365 days
Histology		
Histology per sample (only together with 0307, 2400, 2272, 2271, 2127, 2125, 0237, 0235, 0234, 0233, 2399)	4567	N/A
Male & Female		
PSA **[M]**	4519	365 days
FSH **[F]**	4516	N/A
Semen analysis **[M]**	4442	N/A
Oestradiol **[F]**	4503	N/A
Oestriol **[F]**	4505	N/A
17 Hydroxy progesterone	4520	N/A
Progesterone **[F]**	4521	N/A
Pregnancy		
HCG Quantitative **[F]**	4451	N/A
HCG Qualitative **[F]**	4450	N/A
HCG: Latex agglutination: Qualitative (side room) **[F]**	4448	N/A

HCG: Latex agglutination: Semi-quantitative (side room) **[F]**	4449	N/A
First trimester Downs screen **[F]**	4546	365 days
2nd trimester Down screening **[F]**	4552	365 days

Table 7 Pathology Codes

Explanation of symbols and abbreviations used in Table 7:

GROUP CODE* – these codes are so called 'parent codes' since they represent tests where a number of sub-codes are bundled together and combined under one code e.g. Sodium (4114) and Potassium (4223) are both included in a U&E test (4171). A group tests such as a U&E have a Minimum Repeat Interval of 7 days where the individual codes that form part of a U&E have an MRI of only one day. This means that the individual codes that needs more frequent monitoring can be repeated on a daily basis whereas the combined code can't.

INDIVIDUAL CODES that form part of…** – The individual codes that form part of a Group Code as set out above are listed below the group code in Table 7 under this header.

[M] – tests followed by this symbol in Table 7 indicate tests that will routinely only be funded for Male patients. Where clinical indications warrant any of these tests to be done on female patients such an exception can be clinically motivated and will be reviewed by the Clinical Committee for possible funding.

[F] – tests followed by this symbol in Table 7 indicate tests that will routinely only be funded for Female patients. Where clinical indications warrant any of these tests to be done on male patients such an exception can be clinically motivated and will be reviewed by the Clinical Committee for possible funding.

N/A – an MRI timeframe is Not Applicable

Radiology

- **GP's may use their standard referral method to request radiology benefits and may make use of any registered radiology practice**. This applies to members of all options, including those options where only specified radiology tariff codes are included in the benefits (Ultra-Affordable and Standard).
- The radiology codes included in the member's primary care benefits for Ultra-Affordable and Standard members are listed below.
- **For members on Activator, any appropriate radiology code that is not otherwise excluded from benefits will be considered for funding subject to available funds in their Radiology benefit**.* After this benefit is depleted, access to clinically appropriate service requests for the codes on the list below will be available without a benefit limit.
- **For members on Supreme and Extreme, any appropriate radiology code that is not otherwise excluded from benefits will be considered for funding subject to available funds in their Radiology benefit.*** After this benefit is depleted, access to clinically appropriate service requests for the codes on the list below will be available without a benefit limit.

*In the Extreme, Supreme and Activator options, the Rand amount per family per year is a combined limit for Radiology and Pathology.

Chest, Abdomen, Pelvis	
0100	Chest, single view

30110	Chest PA and lateral
30150	Ribs
30155	Chest and ribs
40100	Abdomen
40105	Abdomen supine, erect or decubitus
55100	Pelvis
56100	Hip – Left
56110	Hip – Right
56120	Pelvis and hips
6518	Hip
3331	Pelvis (Sacro-iliac or hip joints only to be added where an extra set of view is required)
3445	Chest (item 3601 included)
3447	Chest and cardiac studies (item 3601)
3449	Ribs
3477	Control films of the Abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram etc.)
3479	Acute abdomen or equivalent studies
39027	Pelvis (sacro-iliac or hip joints only to be added where an extra set of views is required)
39107	Chest (item 167 included)
39109	Chest and cardiac studies (item 167 included)
39111	Ribs
39113	Sternum or sterno-clavicular joints
39127	Acute abdomen or equivalent studies
Spine	
51110	Cervical spine – one or two views
53100	X-ray of the lumbar spine – stress study only
52100	Thoracic spine – one or two views
53110	Lumbar spine – one or two views
39017	Per region, e.g. cervical, sacral, coccygeal, one region thoracic
39029	Myelography lumbar
39031	Myelography thoracic
39033	Myelography cervical
3321	Per region, e.g. cervical, sacral, lumbar coccygeal, one region thoracic
Upper limb, shoulder	
61100	Left Clavicle
61105	Right Clavicle
61110	Left Scapula
61115	Right Scapula
61120	Left Acromio – Clavicular joint

61125	Right Acromio – Clavicular joint
61130	Left Shoulder
61135	Right Shoulder
62100	Left Humerus
62105	Right Humerus
63100	Left Elbow
63105	Right Elbow
64100	Left Forearm
64105	Right Forearm
65130	Left Wrist
65135	Right Wrist
65100	Left Hand
65105	Right Hand
65120	X-ray Finger
65140	Left Scaphoid
65145	Right Scaphoid
3305	Finger, toe
6500	Hand
6501	Wrist (specify region)
6503	Scaphoid
6504	Radius and ulna
6505	Elbow
6506	Humerus
6507	Shoulder
6508	Acromio-Clavicula joint
6509	Clavicle
6510	Scapula
39001	Finger, toe
39003	Limb per region, e.g. shoulder, elbow, knee, foot, hand, wrist or ankle (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand)
Lower limb	
72100	Left knee, one or two views
72105	Right knee, one or two views
72120	Left knee including patella
72125	Right knee including patella
72145	Right Patella
71100	Left Femur
71105	Right Femur
73100	Left lower leg

73105	Right lower leg
74100	Left Ankle
74105	Right Ankle
74120	Left Foot
74125	Right Foot
74130	Left Calcaneus
74135	Right Calcaneus
74145	X-ray Toe
6511	Foot
6512	Ankle
6513	Calcaneus
6514	Tibia and fibula
6515	Knee
6516	Patella
6517	Femur
39015	Arthrography per joint
72140	X-ray of left patella
72145	X-ray of right patella
Skull, facial	
3349	Skull studies
3351	Paranasal sinuses
3353	Facial bones and/or orbits
3355	Mandible
3357	Nasal bone
10100	Skull
11120	Nasal bone
11100	Facial bones and/or orbits
14100	X-ray of the mandible
13100	X-ray of the paranasal sinuses, single view
39039	Skull studies
39041	Paranasal sinuses
39043	Facial bones and/or orbits
39045	Mandible
39047	Nasal bone
Mammogram	
3605	Mammography: Unilateral or bilateral, including ultrasound and doppler ultrasound examination, where necessary. This item may not be used together with an item from the ultrasound section. Note that when an ultrasound of the breast is requested without mammography, item 3629 is used
3606	Repeat mammography: Unilateral or bilateral, including ultrasound and doppler ultrasound examination, where necessary. This item may not be used together with

	an item from the ultrasound section. Note that when an ultrasound of the breast is requested without mammography, item 3629 is used
Sonar	
3618	Pelvic organs ultrasound transabdominal probe (this is a gynaecological ultrasound examination and may not be used in pregnancy)
3627	Ultrasound examination includes whole abdomen and pelvic organs, where pelvic organs are clinically indicated (including liver, gall bladder, spleen, pancreas, abdominal vascular anatomy, para-aortic area, renal tract, pelvic organs)
3629	High definition (small parts) scan: Thyroid, breast lump, scrotum, etc.
5100	Pelvic organs ultrasound: Transvaginal or trans rectal probe
5103	Ultrasound soft tissue, any region
34100	Mammogram including ultrasound (see also Wellness & Screening)
34101	X -ray mammography unilateral, including ultrasound
34200	Ultrasound of the breast
40210	Ultrasound study of the whole abdomen, including pelvis
41200	Ultrasound study of upper abdomen
43220	Ultrasound study of the testes
43200	Ultrasound of the pelvis
Pregnancy (see also Maternity Programme)	
5106	Obstetric ultrasound before 10 weeks gestational age for complicated pregnancy i.e. suspected ectopic pregnancy abortion or discrepancy between gestational age and dates. Not to be used for routine diagnosis of pregnancy
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
5107	Ultrasound after 24 weeks - motivation required
43250	Ultrasound of pregnant uterus – 1st Trimester
43260	Ultrasound of pregnant uterus – 2nd Trimester
43270	Ultrasound of pregnant uterus – 3rd Trimester – First Visit
43273	Ultrasound of pregnant uterus – 3rd Trimester – Follow up

Table 8 Radiology Codes

Chronic conditions list

(Applies to all options)

Chronic Conditions	
Addison's Disease	Dysrhythmia
Asthma	Epilepsy
Bipolar Mood Disorder	Glaucoma
Bronchiectasis	Haemophilia
Cardiac Failure	HIV

Cardiomyopathy	Hyperlipidaemia
Chronic Obstructive Pulmonary Disease	Hypertension
Chronic Renal Failure	Hypothyroidism
Congestive Cardiac Failure	Multiple Sclerosis
Coronary Artery Disease	Parkinson's Disease
Crohn's Disease	Rheumatoid Arthritis
Diabetes Insipidus	Schizophrenia
Diabetes Mellitus Type 1	Systemic Lupus Erythematosus
Diabetes Mellitus Type 2	Ulcerative Colitis

Table 9 CDL chronic conditions

In addition to the conditions listed in *Table 9*, members on the Standard, Supreme and Extreme options qualify for additional chronic conditions. These conditions are unchanged from 2023. They are listed in Table 10.

Condition	Ultra-Affordable Value	Standard	Activator	Supreme	Extreme
Severe acne	**X**	✓	**X**	✓	✓
Severe eczema	**X**	✓	**X**	✓	✓
Endometriosis	**X**	✓	**X**	✓	✓
Anemia	**X**	✓	**X**	✓	✓
GORD	**X**	✓	**X**	✓	✓
Sjogren disease	**X**	✓	**X**	✓	✓
Celiac disease	**X**	**X**	**X**	✓	✓
Tay-Sachs	**X**	**X**	**X**	✓	✓
RP isomerase deficiency	**X**	**X**	**X**	✓	✓

Table 10

Room-Based Services

The rooms-based procedures and services for GP's are listed below. They are covered at Scheme tariff on **all options** within the scope of available GP benefits for each option. On Ultra-Affordable and Standard these are the only procedures that are covered in the doctor's rooms. Additional clinical information may be requested in order to obtain funding.

Tariff code	Tariff Description
0201	Cost of material
0202	Setting of sterile trays
0206	Intravenous infusions (push-in)
0210	Collection of blood specimen
0222	Intralesional injection into areas of pathology e.g. Keloid: Single
0223	Intralesional injection into areas of pathology e.g. Keloids: Multiple
0233	Biopsy without suturing: First lesion
0234	Biopsy without suturing: Subsequent lesions (each)
0235	Biopsy without suturing: Maximum for multiple additional lesions
0237	Deep skin biopsy by surgical incision with local anaesthetic and suturing
0241	Treatment of benign skin lesion by chemo-cryotherapy: First Lesion
0242	Treatment of benign skin lesion by chemo-cryotherapy: Subsequent lesions (each)
0243	Treatment of benign skin lesion by chemo-cryotherapy: Maximum for multiple additional lesions
0244	Repair of nail bed
0245	Removal of benign lesion by curetting under local or general anaesthesia followed by diathermy and curetting or electrocautery: First lesion
0246	Removal of benign lesion by curetting under local or general anaesthesia followed by diathermy and curetting or electrocautery: Subsequent lesions (each)
0255	Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail
0259	Removal of foreign body superficial to deep fascia (except hands)
0300	Stitching of soft-tissue injuries: Stitching of wound (with or without local anaesthesia): Including normal after-care)
0301	Stitching of soft-tissue injuries: Additional wounds stitched at same session (each)
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude
0887	Limb cast (excluding after-care) (modifier 0005 not applicable)
0316	Fine needle aspiration for soft tissue (all areas)
0317	Aspiration of cyst or tumour
1037	Diathermy to nose or pharynx
1136	Nebulisation (in rooms)
1186	Flow volume test: Inspiration/expiration
1188	Flow volume test: Inspiration/expiration/pre- and post-bronchodilator (to be charged for only with first consultation - thereafter item 1186 applies)
1189	Forced expirogram only
1192	Peak expiratory flow only
1228	General Practitioner's fee for the taking of an ECG only: Without effort: ½ (item 1232)
1229	General Practitioner's fee for the taking of an ECG only: Without and with effort

1232	Electrocardiogram: Without effort
1233	Electrocardiogram: Without and with effort
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus
1235	Multi-stage treadmill test
2125	Destruction of condylomata/chemo- or cryotherapy: Limited number: Male
2127	Destruction of condylomata
2129	Electrodesiccation: Limited number
2131	Electrodesiccation: Multiple extensive
2271	Removal of tag or polyp
2272	Removal of small superficial benign lesions
2316	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: First lesion: Female
2317	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Repeat: Female
2318	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Widespread: Female
2399	Punch biopsy (excluding after-care)
2400	Biopsy during pregnancy (excluding after-care)
2403	Wedge biopsy: Cervix (excluding after-care)
2404	Biopsy: Wedge during pregnancy: Cervix (excluding after-care)
2405	Cone biopsy: Cervix (excluding after-care)
2957	Individual psychotherapy: Per short session (20 minutes)
2958	Psychoanalytic therapy: Per 60-minute session
2962	Directive therapy to family, parent(s), spouse: Per 20-minute session
2963	Pairs, marriage or sex therapy: Per 20-minute session
3171	Excision of Meibomian cyst. Additional fee for sterile tray (see item 0202)
3218	Removal of impacted wax (one or both ears)
3304	All other physical treatments carried out: Complete physical treatment: Specify treatment (For subsequent treatments by a general practitioner, for the same condition within 4 months after initial treatment: A fee for the treatment only, is applicable: See general rules L and M), motivation required
4050	Glucose strip-test with photometric reading
4188	Urine dipstick, per stick (irrespective of the number of tests on stick)

Table 11

Contact Information

Information on benefits, a member's status quo and general queries can be obtained through utilising the Provider Portal.

Other contact details

General and Account enquiries – contact Client Services (available extended hours and on Saturdays):
Tel: 0861 083 084
Please Call Me: 060 070 2095
WhatsApp: 060 070 2094
Email: info@umvuzohealth.co.za

Pre-authorisation call centre for hospital admissions, specialist visits and disease registrations (available 24/7):
Tel: 0861 083 084
Please Call Me: 060 070 2352
Email: auth@rxhealth.co.za

Chronic Medicine registrations – please contact Mediscor PBM (office hours only Monday to Friday):
Tel: 0860 113 238
Email: preauth@mediscor.co.za
Formulary look-up: http://secure.mediscor.co.za/formularly_lookup.html

Disease and Medicine registration for HIV (office hours only Monday to Friday):
Tel: 0861 083 084
Email: chronic@rxhealth.co.za

For any other information please visit our website at:
www.umvuzohealth.co.za