



Cover for diagnostic endoscopies

2017

Overview

Endoscopies – also called scopes – are used to investigate certain medical and surgical conditions like gastric ulcers, reflux and infections. You can have a scope done in your doctor’s rooms or your doctor may prefer to do it in hospital or at a day-case facility.

This document tells you how we fund scopes in 2017. When we refer to scopes and how we cover them, we refer to four diagnostic scopes namely gastroscopy, colonoscopy, sigmoidoscopy and proctoscopy. These are all used to investigate the digestive system. This document also explains how we fund scopes that are done in hospital and scopes done out-of-hospital in the doctor’s rooms.

Please note that scopes used to investigate other body systems do not form part of this benefit.

You must contact us to preauthorise your scope as soon as possible

Discovery Health Medical Scheme covers scopes either in hospital or in the doctor’s rooms. It is important to call and tell us about your scope as soon as you know about it. This is so that you know how we cover the scope, depending on where you’re having it done.

About some of the terms we use in this document

There are a number of terms used in the document that you may not be familiar with. We give you the meaning of these terms.

Terminology	Description
Above Threshold Benefit	This benefit (where applicable) gives you extra day-to-day cover when your Medical Savings Account runs out and when your day-to-day claims add up to a set rand amount. For members on Classic Comprehensive Zero MSA Plan, you do not have a Medical Savings Account and you must pay day-to-day medical expenses until you reach the Annual Threshold to have cover from the Above Threshold Benefit.
Co-payment	The portion of the account you need to pay from your day-to-day benefits or your pocket.
Day-to-day benefits	For this document, these are the funds available in the Medical Savings Account or Above Threshold Benefit, where applicable.
Deductible	This is the amount that you must pay upfront to the hospital or day clinic. You must pay this amount from your pocket.
Discovery Health Rate	This is the rate that Discovery Health sets for paying claims from healthcare professionals and other services.
Prescribed Minimum Benefits	<p>In terms of the Medical Schemes Act of 1998 (Act No. 131 of 1998) and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of an emergency medical condition, a defined list of 270 diagnoses and a defined list of 27 chronic conditions.</p> <p>To access Prescribed Minimum Benefits, there are rules that apply:</p> <ul style="list-style-type: none"> Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit conditions The treatment needed must match the treatments in the defined benefits You must use designated service providers (DSPs) in our network. This does not apply in emergencies. However even in these cases, where appropriate and according to the rules

	of the Scheme, you may be transferred to a hospital or other service providers in our network, once your condition has stabilised.
	If your treatment doesn't meet the above criteria, we will pay up to 80% of the Discovery Health Rate (DHR). You will be responsible for the difference between what we pay and the actual cost of your treatment.
Emergency medical condition	An emergency medical condition, also referred to as an emergency, is the sudden and, at the time unexpected onset of a health condition that requires immediate medical and surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's life in serious jeopardy.
Related accounts	Any account other than the hospital account for in-hospital care. This could be an account from your admitting doctor, anaesthetist and any other approved expense you incur during your hospital admission.

How we cover endoscopies, at a glance

A co-payment or deductible applies for scopes done in hospital (except on KeyCare Plans)

Where scopes are done in hospital, a co-payment or deductible applies to the hospital account. We pay the balance of the hospital account and all the other approved accounts that are related to the procedure from your Hospital Benefit.

We do not apply a co-payment or deductible for scopes done in hospital that are done together with a defined list of procedures

For a defined list of procedures where the scope is used as part of the procedure, the co-payment or deductible on the hospital account may not apply. When you preauthorize your procedure, we will advise you whether you can expect to pay a deductible or co-payment, depending on what procedure you are having done. This will depend on the codes your doctor has given. If these codes change, the deductible or co-payment may change as well, so it is important to keep us informed about changes to the codes.

We pay for scopes done out of hospital in full

No co-payment applies for scopes done out of hospital, provided you use a doctor we have an agreement with. We pay the cost of the scope without using your day-to-day benefits.

On the KeyCare Plans, we cover in-hospital scopes only at our day surgery network

On KeyCare Plus and Core, we do not cover scopes done in any other hospital. Please refer to your Health Plan Guide for a list of our day-surgery network.

On KeyCare Access, scopes are covered in our contracted network of state facilities only. Unless covered as a PMB under certain conditions (indicated below).

You must preauthorise your scope as soon as possible

When you are having a planned scope it is important to call us at least 48 hours before. When you call us, we will confirm your benefits and also tell you how we will pay your accounts and whether, depending on the procedure you're having done and where the scope will be done, a co-payment or deductible applies.

Discovery Health Medical Scheme covers scopes as a Prescribed Minimum Benefit under certain conditions

Prescribed Minimum Benefits (PMB) is a set of conditions that all medical schemes must provide a basic level of cover for, including the costs for the diagnosis, treatment and ongoing care of this list of conditions. There are three requirements that have to be met before we cover these services as a Prescribed Minimum Benefit:

Your condition must be part of the list of defined conditions; and the treatment you need must match the treatments included in the defined benefits; and you must use a provider who we have an agreement with.

We will pay the claim as a Prescribed Minimum Benefit if it meets the Scheme's criteria. If the scope does not result in confirmation of a PMB diagnosis, the scope will not be considered to be a Prescribed Minimum Benefit.

Benefits available for your plan type

Executive Plan

If you are having a scope done **in hospital**, please preauthorise your scope with us beforehand.

The rate we pay claims at

We pay specialist claims up to 300% of the Discovery Health Rate. We pay other claims up to a maximum of 100% of the Discovery Health Rate.

How we pay the claims

Hospital account: We pay the hospital account in full from your Hospital Benefit. You have cover for up to R1 750 each day in a private ward.

Related accounts: We pay related accounts like the surgeon and anaesthetist's accounts from the available funds in your Medical Savings Account and Above Threshold Benefit.

If you are having a scope done **out of hospital**

The rate we pay claims at

We pay specialist claims up to 300% of the Discovery Health Rate. We pay other claims up to a maximum of 100% of the Discovery Health Rate.

How we pay the claims

We pay all accounts, like the surgeon and anaesthetist's accounts, from your Medical Savings Account and Above Threshold Benefit. If you have run out of funds in your Medical Savings Account and have not yet reached your Annual Threshold (that is when you are in your Self-payment Gap), you must pay this amount from your pocket.

Comprehensive Series

If you are having a scope done **in hospital**, please preauthorise your scope with us beforehand.

The rate we pay claims at

Classic Up to 200% of the Discovery Health Rate. We pay radiology and pathology claims at 100% of the Discovery Health Rate.

Essential: Up to 100% of the Discovery Health Rate, including radiology and pathology claims.

How we pay the claims

Hospital account: We pay the first R3 150 of the hospital account from your available day-to-day benefits. We pay the balance of the hospital account from your Hospital Benefit.

If you are on a Classic Comprehensive Zero MSA Plan, you must pay the first R3 150 of your hospital account if you have not yet reached your Annual Threshold. Once you reach your Annual Threshold, we pay the first R3 150 of your hospital account from your Above Threshold Benefit.

Related accounts: We pay the related accounts like the surgeon and anaesthetist's accounts from your Hospital Benefit.

If you are on the Classic and Essential Delta Comprehensive network option: You must use a Delta network hospital. If you go to a hospital not on the Delta Hospital Network for a scope, you need to pay a deductible of R7 100 regardless of the reason for your admission.

If you are having a scope done **out of hospital**, please preauthorise your scope with us beforehand.

The rate we pay claims at

Classic: Up to 200% of the Discovery Health Rate. We pay radiology and pathology claims at 100% of the Discovery Health Rate.

Essential: Up to 100% of the Discovery Health Rate, including radiology and pathology claims.

How we pay the claims

We pay the cost of the scope without using your day-to-day benefits as we pay these accounts from the Hospital Benefit. Please call us before having the scope in your doctor's rooms to confirm your benefits.

Priority Series

If you are having a scope done **in hospital**, please preauthorise your scope with us beforehand.

The rate we pay claims at

Classic: Up to 200% of the Discovery Health Rate. We pay radiology and pathology claims at 100% of the Discovery Health Rate.

Essential: Up to 100% of the Discovery Health Rate, including radiology and pathology claims.

How we pay the claims

Hospital account: You need to pay R3 600 upfront to the hospital when you are admitted for a scope. We pay the balance of the hospital account from your Hospital Benefit.

Related accounts: We pay the related accounts like the surgeon and anaesthetist's accounts from your Hospital Benefit.

If you are having a scope done **out of hospital**, please preauthorise your scope with us beforehand.

The rate we pay claims at

Classic: Up to 200% of the Discovery Health Rate, including radiology and pathology claims.

Essential: Up to 100% of the Discovery Health Rate, including radiology and pathology claims.

How we pay the claims

We pay the cost of the scope without using your day-to-day benefits as we pay these accounts from your Hospital Benefit. Please call us before having the scope in your doctor's rooms to confirm your benefits.

Saver Series

If you are having a scope done **in hospital**, please preauthorise your scope with us beforehand.

The rate we pay claims at

Classic: Up to 200% of the Discovery Health Rate. We pay radiology and pathology claims at 100% of the Discovery Health Rate.

Essential: Up to 100% of the Discovery Health Rate, including radiology and pathology claims.

How we pay the claims

Hospital account: We will pay the first R3 900 of the hospital account from your available day-to-day benefits. We pay the balance of the hospital account from your Hospital Benefit.

Related accounts: We pay the related accounts like the surgeon and anaesthetist's accounts from your Hospital Benefit.

If you are on the Classic and Essential Delta Saver network option: You must use a Delta network hospital. If you go to a hospital not on the Delta Hospital Network for a scope, you need to pay a deductible of R7 100 regardless of the reason for your admission.

If you are on the Coastal Saver Plan: If you don't go to a coastal network hospital, Discovery Health Medical Scheme will pay up to a maximum of 70% of the hospital account and you will need to pay the difference.

If you are having a scope done **out of hospital**, please preauthorise your scope with us beforehand.

The rate we pay claims at

- Classic:* Up to 200% of the Discovery Health Rate, including radiology and pathology claims.
- Essential:* Up to 100% of the Discovery Health Rate, including radiology and pathology claims.

How we pay the claims

We pay the cost of the scope without using your day-to-day benefits as we pay these accounts from your Hospital Benefit. Please call us before having the scope in your doctor's rooms to confirm your benefits.

Smart Series

If you are having a scope done **in hospital**, please preauthorise your scope with us beforehand.

The rate we pay claims at

- Classic:* Up to 200% of the Discovery Health Rate. We pay radiology and pathology claims at 100% of the Discovery Health Rate.
- Essential:* Up to 100% of the Discovery Health Rate, including radiology and pathology claims.

How we pay the claims

- Hospital account:* You need to pay the first R3 900 of the hospital account when you are admitted for a scope. We pay the balance of the hospital account from your Hospital Benefit.
- Related accounts:* We pay the related accounts like the surgeon and anaesthetist's accounts from your Hospital Benefit.

You must use a Smart network hospital. If you go to a hospital not on the Smart Hospital Network for a scope, you need to pay a deductible of R8 200 regardless of the reason for your admission.

If you are having a scope done **out of hospital**, please preauthorise your scope with us beforehand.

The rate we pay claims at

- Classic:* Up to 200% of the Discovery Health Rate. We pay radiology and pathology claims at 100% of the Discovery Health Rate.
- Essential:* Up to 100% of the Discovery Health Rate, including radiology and pathology claims.

How we pay the claims

We pay the cost of the scope from your Hospital Benefit. Please call us before having the scope in your doctor's rooms to confirm your benefits.

Core Series

If you are having a scope done **in hospital**, please preauthorise your scope with us beforehand.

The rate we pay claims at

Classic: Up to 200% of the Discovery Health Rate. We pay radiology and pathology claims at 100% of the Discovery Health Rate.

Essential: Up to 100% of the Discovery Health Rate, including radiology and pathology claims.

How we pay the claims

Hospital account: You need to pay the first R3 900 of the hospital account when you are admitted for a scope. We pay the balance of the hospital account from your Hospital Benefit.

Related accounts: We pay the related accounts like the surgeon and anaesthetist's accounts from your Hospital Benefit.

If you are on the Classic and Essential Delta Core network option: You must use a Delta network hospital. If you go to a hospital not on the Delta Hospital Network for a scope, you need to pay a deductible of R7 100 regardless of the reason for your admission.

If you are on the Coastal Core Plan: If you don't go to a coastal network hospital, Discovery Health will pay up to a maximum of 70% of the hospital account and you will need to pay the difference.

If you are having a scope done **out of hospital**, please preauthorise your scope with us beforehand.

The rate we pay claims at

Classic: Up to 200% of the Discovery Health Rate, including radiology and pathology claims.

Essential: Up to 100% of the Discovery Health Rate, including radiology and pathology claims.

How we pay the claims

We pay the cost of the scope from your Hospital Benefit. Please call us before having the scope in your doctor's rooms to confirm your benefits.

Keycare Series

If you are having a scope done **in hospital**, call us two days before you go to hospital. You will not have cover if you do not call us.

If you are on the KeyCare Access Plan

We cover planned scopes in our network of contracted state facilities. We cover you in the KeyCare Access Hospital Network if the reason for the scope is related to an emergency or trauma or childbirth and care for a newborn.

If you are on the KeyCare Plus or KeyCare Core Plans

We cover scopes in our network of day-case facilities only. Please call us on 0860 99 88 77 or go to www.discovery.co.za for a list of facilities on the network.

The rate we pay claims at

Up to 100% of the Discovery Health Rate. We pay radiology and pathology claims at 100% of the Discovery Health Rate.

How we pay the claims

Hospital account: We will cover your scope in our network of day-case facilities only and will pay the account from your Hospital Benefit.

Related accounts: We pay the related accounts like the surgeon and anaesthetist's accounts from your Hospital Benefit.

If you are having a scope done **out of hospital**

The rate we pay claims at

Up to 100% of the Discovery Health Rate, including radiology and pathology claims.

How we pay the claims

We pay the cost of the scope from your Hospital Benefit. Please call us before having the scope in your doctor's rooms to confirm your benefits.

Contact us

You can call us on 0860 99 88 77 or visit www.discovery.co.za for more information.

Complaints process

We explain the complaints and dispute process on the website www.discovery.co.za. You may lodge a query or complaint with Discovery Health Medical Scheme by calling 0860 99 88 77, emailing healthinfo@discovery.co.za or by completing an online complaints form. If you are not satisfied with how your complaint was resolved, please use the website to address your complaint to the Principal Officer. If you have received a final decision from us and want to challenge it, you may lodge a formal dispute by following the disputes process detailed on the website.

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You may contact the Council at any stage of the complaints process, but we encourage you to first follow the steps above to resolve your complaint before contacting the Council. Contact details for the Council for Medical Schemes: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion 0157 | complaints@medicalschemes.com | 0861 123 267 | www.medicalschemes.com