



# Treatment Baskets for the Chronic Disease List (CDL) Conditions 2025 Who we are

The Anglovaal Group Medical Scheme (referred to as 'the Scheme'), registration number 1571, is a non-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

# Treatment baskets for Chronic Disease List (CDL) conditions

The CDL is a list of conditions which all medical schemes need to cover on all the plans they offer to their members. This cover includes funding for the diagnosis, treatment and ongoing care for the listed conditions.

Read further to understand what procedures, investigation and consultations are covered for both the diagnosis and ongoing management for each condition.

## We will only pay CDL claims if your condition has been approved on the Chronic Illness Benefit

Only claims for procedures and consultations listed in the CDL treatment baskets will be paid from the Chronic Illness Benefit (CIB). These are pro-rated based on the date of approval of your chronic condition. Where you have cover for the same procedure or test in more than one basket, we limit payment to the number of procedures or tests in the basket that has the highest number.

#### How we pay for tests to diagnose your condition

If you have been recently diagnosed with and approved for cover for a CDL condition, we will pay for the tests and procedures in the diagnostic basket in full. We will also pay in full for the consultation with the healthcare provider who made the diagnosis. We will only pay for these tests, procedures and consultation provided that you were an active and valid member of the Scheme at the time of the diagnosis and the relevant ICD-10 diagnosis codes are on the claim. Please ask your doctor to provide the date of diagnosis of your condition(s) on the CIB application form to assist us to pay your claims from the correct benefit.

#### We will pay tests and procedures for your condition according to the treatment baskets

We pay claims from the treatment baskets for the ongoing management of your condition from healthcare providers such as radiologists, dietitians and podiatrists in full.

We pay claims from pathologists and medical technologists who we have a payment arrangement with in full up to the agreed rate. We will pay up to a maximum of the Scheme Rate if you use a pathologist or medical technologist who we do not have a payment arrangement with. You will have to pay the difference between what is charged and what we pay.

We pay for claims from Diabetes Educators up to the agreed rate subject to the limit being available.





### How we pay GP consultations related to your condition

We pay for four (4) consultations that are related to your approved condition a year at a GP who is a designated service provider up to the agreed rate. We pay up to a maximum of 100% of the Scheme Rate for consultations with a GP who is not a designated service provider. You must pay any difference between what is charged and what we pay.

#### How we pay specialist consultations related to your condition

Depending on your condition, we pay for a specific number of consultations with a specialist as listed in the treatment baskets. We will pay the consultation at a specialist who is a designated service provider up to the agreed rate. We pay up to a maximum of 100% of the Scheme Rate for consultations with a specialist who is not a designated service provider. You must pay any difference between what is charged and what we pay.

#### Please make sure your claims have the appropriate ICD-10 diagnosis code

To make sure that we pay your claims from the correct benefit, we need the claims from your healthcare providers to be submitted with the relevant ICD-10 diagnosis codes. Please ask your doctor to include your ICD-10 diagnosis codes on the claims they submit and on the form that they complete, when they refer you to pathologists, medical technologists and radiologists for tests. This will enable pathologists, medical technologist and radiologists to include the relevant ICD-10 diagnosis codes on the claims they submit to ensure that we pay your claims from the correct benefits.

#### We will not pay claims from the Chronic Illness Benefit if these requirements are not met

We will not pay claims from the Chronic Illness Benefit if:

- the claims are submitted without the relevant ICD-10 diagnosis codes
- you are not yet registered on the Chronic Illness Benefit for a Chronic Disease List (CDL) condition
- you have exceeded the frequency limit on consultations or tests

To find the closest GP or specialist on our network, please log on to www.avgms.co.za, select the AVGMS tab, then go to Find a healthcare professional.

#### **Contact us**

You can call us on **0860 100 693** or visit <u>www.avgms.co.za</u> for more information.





# **Treatment baskets for Chronic Disease List conditions**

Condition	Diagno	stic basket		Ongo	oing manage	ment basket	
	Description of the procedure or test	Code for the procedure or test	Number we cover for the year	Description of the procedure or test	Code for the procedure or test	Number we cover for the year	Number of specialist consultations we cover each year
Addison's	U & E only	4171	1	U & E only	4171	3	1
disease	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	3	
	Cortisol level	4499	1				
	ACTH stimulation testing	4523	1				
Asthma	Flow volume test	1188 or 1186	1	Flow volume test	1188 or 1186	2	2
	Peak flow	1192	1	Peak flow	1192	3	
Bipolar mood disorder	AST – Aspartate aminotransferase	4130	1	AST – Aspartate aminotransferase	4130	2	2
	ALT – Alanine aminotransferase	4131	1	ALT – Alanine aminotransferase	4131	2	
	Creatinine	4032 or 4221 or 4223	2	Creatinine	4032 or 4221 or 4223	2	
	CT Brain uncontrasted	10300 or 10310 or 10320	1	Lithium – flame ionisation	4067	2	
	ECG – Electrocardiogram	1232 or 1233 or 1234 or 1235 or 1236	1	Serum calcium	4016 or 4017 or 4375 or 4376	1	
	EEG with special activation	75113	1				
	Full blood count (FBC)	3755	1	Full blood count (FBC)	3755	1	1
	Gamma glutamyl transferase (GGT)	4134	1	Gamma glutamyl transferase (GGT)	4134	1	
	Glucose - random/fasting	4057	1	Glucose - random/fasting	4057	1	
	LDL cholesterol	4026	1	LDL cholesterol	4026	1	
	HDL cholesterol	4028	1	HDL cholesterol	4028	1	
	Triglycerides	4147	1	Triglycerides	4147	1	
	Thyrotropin (TSH)	4507	1	Thyrotropin (TSH)	4507	1	
	U & E only	4171	1	U & E only	4171	2	
	Toxic drug screen	4287 or 4370 or 4493	3	Toxic drug screen	4287 or 4370 or 4493	3	
	Syphilis testing (VDRL or THPA)	3940 or 3949 or 3951	1				
Bronchiectasis	Flow volume test	1188 or 1186	1	Flow volume test	1186	1	1
	Peak flow	1192	1	Peak flow	1192	2	





Condition	Diagno	stic basket		Ong	oing manage	ment basket	
	Description of the procedure or test	Code for the procedure or test	Number we cover for the year	Description of the procedure or test	Code for the procedure or test	Number we cover for the year	Number of specialist consultations we cover each year
Bronchiectasis	Sputum MC&S – sputum analysis for infection	3867 & 3881 & 3885 & 3887 & 3895 & 3923 & 3924	1	Sputum MC&S – sputum analysis for infection	3867 & 3881 & 3885 & 3887 & 3895 & 3923 & 3924	4	
	X-ray of the chest two views, PA and lateral	30110	1				
Cardiac failure	ECG – Electrocardiogram	(1228+1230) or (1229+1231) or 1232 or 1233 or 1234 or 1235 or 1236	1	ECG – Electrocardiogram	(1228+1230) or 1232 (1229+1231) or 1233 or 1234 or 1235 or 1236	1	2
	Echocardiography	3620 & 3621 & 3622 & 3623 & 3624 & 3625	1	Echocardiography	3620 & 3621 & 3622 & 3623 & 3624 & 3625	2	
	U & E only	4171	1	U & E only	4171	4	
	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	4	
	B-Type natriuretic peptide	4488	1	B-Type natriuretic peptide	4488	1	
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	4	
	X-ray of the chest two views, PA and lateral	30110	1	X-ray of the chest two views, PA and lateral	30110	1	
	Troponin isoforms	4161	1	Threshold testing: own equipment	1268	1	
	Glucose – random/fasting	4050 or 4057	1	Programming of the atrio-ventricular sequential pacemaker	1270 or 75075	1	
	C-reactive protein	3947	1	Drug level in biological	4081 or	3	
	Full blood count	3755	1	fluid	4370 or		
	Thyrotropin (TSH)	4507	1		4493		
	Total cholesterol	4027	1				
Cardiomyopathy	ECG – Electrocardiogram	1232 or 1233 or 1234 or 1235 or 1236	1	ECG – Electrocardiogram	1232 1233 or 1234 or 1235 or 1236	1	2





Condition	Diagnos	tic basket		Ongo	ing manage	ment basket	
	Description of the procedure or test	Code for the procedure or test	Number we cover for the year	Description of the procedure or test	Code for the procedure or test	Number we cover for the year	Number of specialist consultations we cover each year
Cardiomyopathy	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	1	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	2	
	B-Type natriuretic peptide	4488	1	B-Type natriuretic peptide	4488	1	]
	U & E only	4171	1	U & E only	4171	4	
	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	4	
	X-ray of the chest two views, PA and lateral	30110	1	X-ray of the chest two views, PA and lateral	30110	1	
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	4	
	Glucose – random/fasting	4057	1	Prothrombin index (PI)	3805	24	
	C-reactive protein	3947	1	Therapeutic drug level: Dosage	3806	24	
	Full blood count	3755	1	Drug level in biological fluid	4081 or 4370 or 4493	3	
	Thyrotropin (TSH)	4507	1	Threshold testing: own equipment	1268	1	
	Total cholesterol	4027	1	Programming of the atrioventricular sequential pacemaker	1270 or 75075	1	
Chronic obstructive	Flow volume test	1188 or 1186	1	Flow volume test	1186	1	1
pulmonary disease (COPD)	X-ray of the chest two views, PA and lateral	30110	1	Peak flow	1192	2	
	Alpha-1-antitrypsin	4005	1	Drug level in biological fluid	4081 or 4370 or 4493	2	
Chronic renal disease	ECG – Electrocardiogram	1232 or 1233 or 1236	1	ECG – Electrocardiogram	1232 or 1233 or 1236	2	2
	Full blood count	3755	1	Full blood count	3755	4	
	U & E only	4171	1	U & E only	4171	4	
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	4	
	Serum calcium	4016 or 4017 or 4375 or 4376	1	Serum calcium	4016 or 4017 or 4375 or 4376	4	
	Serum phosphates	4109 or 4313	1	Serum phosphates	4109 or 4313	4	
	Serum parathyroid hormone (PTH)	4512	1	Serum parathyroid hormone (PTH)	4512	2	





Condition	Diagn	ostic basket		Ong	oing manage	ment basket	
	Description of the procedure or test	Code for the procedure or test	Number we cover for the year	Description of the procedure or test	Code for the procedure or test	Number we cover for the year	Number of specialist consultations we cover each year
Chronic renal	Protein: Quantitative	4213	1	Protein: Quantitative	4213	1	
disease				Platelet count	3797	1	
				Urine analysis (dipstick)	4188	4	
				Iron	4071	2	
				Transferrin	4144	2	
				Ferritin	4528	2	
				Dietitian	84200 or 84201 or 84202 or 84203 or 84204 or 84205	1	
Coronary artery disease	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	2	2
	ECG – Electrocardiogram	(1228+1230) or (1229+1231) or 1232 or 1233 or 1234 or 1235 or 1236	1	ECG – Electrocardiogram	(1228+1230) or (1229+1231) 1232 or 1233 or 1234 or 1235 or 1236	2	
	Echocardiography	3620 & 3621 & 3622 & 3623 & 3624 & 3625	1	Echocardiography	3620 & 3621 & 3622 & 3623 & 3624 & 3625	1	
	U & E only	4171	1	U & E only	4171	2	
	Glucose – random/fasting	4050 or 4057	1	Glucose – random/fasting	4050 or 4057	1	
	Total cholesterol	4027	1	Total cholesterol	4027	1	
	LDL cholesterol	4026	1	LDL cholesterol	4026	1	
	HDL cholesterol	4028	1	HDL cholesterol	4028	1	
	Triglycerides	4147	1	Triglycerides	4147	1	
	C-reactive protein	3947	1				
	Full blood count	3755	1				
	Platelet count	3797	1				
	Thyrotropin (TSH)	4507	1				
	Urine analysis (dipstick)	4188	1	1			
	X-ray of the chest two views, PA and lateral	30110	1				
Crohn's disease	Colonoscopy	1653 or 1656	1	Colonoscopy	1653 or 1656	1	3





Condition	Diagnos	tic basket		Ongoing management basket				
	Description of the procedure or test	Code for the procedure or test	Number we cover for the year	Description of the procedure or test	Code for the procedure or test	Number we cover for the year	Number of specialist consultations we cover each year	
Crohn's disease	Erythrocyte sedimentation rate or C-reactive protein	3743 or 3947	1	C-reactive protein	3947	2		
	Full blood count	3755	1	Full blood count	3755	2		
	Histology	4567 & 4571 or 4582 & 4584	3	Faecal Calprotectin (Elastase Quantitative ELISA)	4362	1		
Diabetes	U & E only	4171	1	U & E only	4171	3	1	
insipidus	Creatinine	4032 or 4223 or 4221	1	Creatinine	4032 or 4223 or 4221	3		
Diabetes insipidus	Osmolality: Serum or urine	4093	1	Osmolality: Serum or urine	4093	1		
Diabetes mellitus type 1	ECG – Electrocardiogram	1232 or 1233 or 1236	1	ECG – Electrocardiogram	1232 or 1233 or 1236	1	1 (Ophthal- mologist)	
	Microalbuminuria	4261 or 4262	1	Microalbuminuria	4261 or 4262	2	4 (Other Specialist)	
	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	4		
	LDL cholesterol	4026	1	LDL cholesterol	4026	1		
	HDL cholesterol	4028	1	HDL cholesterol	4028	1		
	Triglycerides	4147	1	Triglycerides	4147	1		
	Total cholesterol	4027	1	Total cholesterol	4027	1		
	U & E only	4171	1	U & E only	4171	1		
	Serum creatinine	4032 or 4223	1	Serum creatinine	4032 or 4223	1		
	Urine creatinine	4221	1	Urine creatinine	4221	1		
	Glucose – random/fasting	4057	1	HbA1c	4064	4		
	Two-hour glucose-OGTT	4049	1	Basic capital equipped in own rooms by ophthalmologists	3009	1		
				Fundus examination	3003 or 3004 or 3027	1		
				Tonometry	3014	1	]	
				Podiatrist	68301 or 68302 or 68303 or 68304 or	1		
				Diabetes Educator	DFSC1			
				Diabetes Educator	DEDUT or DEDU1	2		





Condition	Diagnos	tic basket		Ongoing management basket			
	Description of the procedure or test	Code for the procedure or test	Number we cover for the year	Description of the procedure or test	Code for the procedure or test	Number we cover for the year	Number of specialist consultations we cover each year
Diabetes mellitus type 1				Dietitian	84200 or 84201 or 84202 or 84203 or 84204 or 84205	1	
Diabetes mellitus type 2	ECG – Electrocardiogram	1232 or 1233 or 1236	1	ECG – Electrocardiogram	1232 or 1233 or 1236	1	1 (Ophthal- mologist)
	Microalbuminuria	4261 or 4262	1	Microalbuminuria	4261 or 4262	2	1 (Other Specialist
	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	4	
	Total cholesterol	4027	1	Total cholesterol	4027	1	
	LDL cholesterol	4026	1	LDL cholesterol	4026	1	
	HDL cholesterol	4028	1	HDL cholesterol	4028	1	
	Triglycerides	4147	1	Triglycerides	4147	1	
	U & E only	4171	1	U & E only	4171	1	
	Serum creatinine	4032 or 4223	1	Serum creatinine	4032 or 4223	1	
	Urine creatinine	4221	1	Urine creatinine	4221	1	
	Glucose – random/fasting	4057	1	HbA1c	4064	4	
	Two-hour glucose-OGTT	4049	1	Dietitian	84200 or 84201 or 84202 or 84203 or 84204 or 84205	1	
				Fundus examination	3003 or 3004 or 3027	1	
				Tonometry	3014	1	
				Basic capital equipped in own rooms by ophthalmologists	3009	1	
				Podiatrist	68301 or 68302 or 68303 or 68304 or	1	
				Diabetes Educator Diabetes Educator	DFSC1 DEDUT or DEDU1	2	





Condition	Diagnos	tic basket		Ongo	ing manage	ment basket	
	Description of the procedure or test	Code for the procedure or test	Number we cover for the year	Description of the procedure or test	Code for the procedure or test	Number we cover for the year	Number of specialist consultations we cover each year
Dysrhythmia	ECG – Electrocardiogram	1232 or 1233 or 1234 or 1235 or 1236	1	ECG – Electrocardiogram	1232 1233 or 1234 or 1235 or 1236	3	2
	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	1	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	1	
	Thyrotropin (TSH)	4507	1	Prothrombin index (PI)	3805	24	
	C-reactive protein	3947	1	Therapeutic drug level: Dosage	3806	24	
	Magnesium: Spectrophotometric	4094	1	Magnesium: Spectrophotometric	4094	1	
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	1	
	24-hour ambulatory ECG monitoring (holter)	1238 & 1239	1	Drug level in biological fluid	4081 or 4370 or 4493	2	
	U & E only	4171	1	U & E only	4171	2	
	Serum calcium	4016 or 4017 or	1	Threshold testing: own equipment	1268	1	
		4375 or 4376		Programming of the atrioventricular sequential pacemaker	1270 or 75075	1	
Epilepsy	Clinical interpretation and report of item 2711: Electro-encephalogram (EEG): 20-40 minutes record (done by Medical Practitioner)	2712	1	Clinical interpretation and report of item 2711: Electro-encephalogram (EEG): 20-40 minutes record (done by Medical Practitioner)	2712	1	3
	Electro-encephalogram (EEG): 20-40 minutes record (done by Medical Practitioners) or EEG with special activation (done by Clinical Technologists)	2711 or 75133	1	Electro-encephalogram (EEG): 20-40 minutes record (done by Medical Practitioners) or EEG with special activation (done by Clinical Technologists)	2711 or 75133	1	
				Drug level in biological fluid	4081 or 4370 or 4493	3	





Condition	Diagno	stic basket		Ongoing management basket			
	Description of the procedure or test	Code for the procedure or test	Number we cover for the year	Description of the procedure or test	Code for the procedure or test	Number we cover for the year	Number of specialist consultations we cover each year
Glaucoma	Central corneal thickness measurement	3020 or *11702	2 (1 per eye)	Retinal threshold trend evaluation	3018	1	3 (Ophthalmologist
only be billed by an Ocular	Fundus examination	3003 or 3004 or *11366	1	Fundus examination	3003 or 3004 or *11366	3	or Ocular Therapeutic Optometrist)
Therapeutic Optometrist	Tonometry	3014 or *11202 or *11212	1	Tonometry	3014 or *11202 or *11212	3	
	Gonioscopy	3002 or *11356	1	Gonioscopy	3002 or *11356	3	
	Basic capital equipped in own rooms by ophthalmologists	3009	1	Basic capital equipped in own rooms by ophthalmologists	3009	3	_
	Visual fields	3016 or 3017 or *11443	1	Visual fields	3016 or 3017 or *11443	2	
	Disc and nerve fibre layer analysis or Disc photography	3026 or 3027 or *11624	1	Disc and nerve fibre layer analysis or Disc photography	3026 or 3027 or *11624	1	
	Optical Coherent Tomography (OCT) of Optic nerve or macula	3028 or *11802	2 (1 per eye)	Optical Coherent Tomography (OCT) of Optic nerve or macula	3028 or *11802	2 (1 per eye)	
Haemophilia	Full blood count	3755	1	Full blood count	3755	1	2
	Fibrinogen titre	3825	1	Factor VIII or Factor IX inhibitors	3724	1	
	Bleeding time	3713	1	Platelet count	3797	1	
	PTT - Partial thromboplastin time	3837	1				
	Prothrombin index (PI)	3805	1				
	Therapeutic drug level: Dosage	3806	1				
	Thrombin time	3841	1				
Hyperlipidaemia	Total cholesterol	4027	1	Total cholesterol	4027	1	0
	LDL cholesterol	4026	1	LDL cholesterol	4026	1	
	HDL cholesterol	4028	1	HDL cholesterol	4028	1	]
	Triglycerides	4147	1	Triglycerides	4147	1	]
	Thyrotropin (TSH)	4507	1	AST – Aspartate aminotransferase	4130	1	
				ALT – Alanine aminotransferase	4131	1	





Condition	Diagnos	tic basket		Ongo	ing manage	ment basket	
	Description of the procedure or test	Code for the procedure or test	Number we cover for the year	Description of the procedure or test	Code for the procedure or test	Number we cover for the year	Number of specialist consultations we cover each year
Hypertension	ECG – Electrocardiogram	1232 or 1233	1	ECG – Electrocardiogram	1232 or 1233	1	1
		4188	1	Urine analysis (dipstick)	4188	1	
		4057	1	Glucose – random/fasting	4057	1	
	Total cholesterol	4027	1	Total cholesterol	4027	1	
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	1	
	24-hour ambulatory blood pressure	1237	1	24-hour ambulatory blood pressure	1237	1	
	U & E only	4171	1	U & E only	4171	1	
				Potassium	4113	1	
Hypothyroidism	Thyrotropin (TSH)	4507	1	Thyrotropin (TSH)	4507	2	0
	Free thyroxine (FT4)	4482	1	Free thyroxine (FT4)	4482	2	
	Total cholesterol	4027	1				
Multiple sclerosis	MR of the cervical spine and cranio-cervical junction pre and post contrast or uncontrasted	51420 or 51410 or 51400	1	MR of the cervical spine and cranio-cervical junction pre and post contrast or uncontrasted	51420 or 51410 or 51400	1	2
	MR of the brain pre and post contrast or uncontrasted	10430 or 10410	1	MR of the brain pre and post contrast or uncontrasted	10430 or 10410	1	
	MR of the thoracic spine pre and post contrast or uncontrasted	52420 or 52410 or 52400	1	MR of the thoracic spine pre and post contrast or uncontrasted	52420 or 52410 or 52400	1	
	MR of the lumbar spine pre and post contrast or uncontrasted	53420 or 53410 or 53400	1	MR of the lumbar spine pre and post contrast or uncontrasted	53420 or 53410 or 53400	1	
	Visual evoked potentials (VEP): Bilateral	2682	1	ALT – Alanine aminotransferase	4131	1	
	Visual evoked potentials (VEP): Unilateral	2681	1				
	CSF-IgG Index	4036	1	AST – Aspartate aminotransferase	4130	1	
Parkinson's disease	No diagnostic or	monitoring te	ests apply as the	diagnosis of this condition re	emains a clin	ical one	2
Rheumatoid arthritis	Erythrocyte sedimentation rate or C-reactive protein	3743 or 3947	1	Erythrocyte sedimentation rate or C-reactive protein	3743 or 3947	4	4
	U & E only	4171	1	U & E only	4171	1	
	Urine creatinine	4221	1	Urine creatinine	4221	1	
	Full blood count	3755	1	Full blood count	3755	2	_
	Platelet count	3797	1	Platelet count	3797	2	





Condition	Diagnos	stic basket		Ongo	ing manage	ement basket	
	Description of the procedure or test	Code for the procedure or test	Number we cover for the year	Description of the procedure or test	Code for the procedure or test	Number we cover for the year	Number of specialist consultations we cover each year
Rheumatoid	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	4	
arthritis	AST – Aspartate aminotransferase	4130	1	AST – Aspartate aminotransferase	4130	4	
	ALT – Alanine aminotransferase	4131	1	ALT – Alanine aminotransferase	4131	4	
	X-ray of the chest two views, PA and lateral	30110	1	X-ray of the chest two views, PA and lateral	30110	1	
	Anti-CCP	4600	1				
	Rheumatoid factor	3959 or 4182	1				
	Anti-Nuclear Factor (ANF)	3934	1	]			
	X-ray of the right hand or right wrist	65105 or 65135	rig   X-   let   X-   rig   X-   an   4 X-   X-	X-ray of the right hand or right wrist	65105 or 65135		
	X-ray of the left hand or left wrist	65100 or 65130		X-ray of the left hand or left wrist	65100 or 65130		
	X-ray of the right foot or right ankle	74125 or 74105		X-ray of the right foot or right ankle	74125 or 74105	4	
	X-ray of the left foot or left ankle	74120 or 74100		X-ray of the left foot or left ankle	74120 or 74100		
	X-ray of the left hip	56100		X-ray of the left hip	56100		
	X-ray of the right hip	56110		X-ray of the right hip	56110		
	X-ray of the left shoulder	61130		X-ray of the left shoulder	61130		
	X-ray of the right shoulder			X-ray of the right shoulder	61135		
	X-ray of the left elbow	63100		X-ray of the left elbow	63100		
	X-ray of the right elbow	63105		X-ray of the right elbow	63105		
	X-ray of the left knee	72100		X-ray of the left knee	72100		
	X-ray of the right knee	72105		X-ray of the right knee	72105		
Juvenile		•	e below will be a	available for members less		ars	Ophthalmologist
Rheumatoid arthritis	Erythrocyte sedimentation rate or C-reactive protein	3743 or 3947	1	Erythrocyte sedimentation rate or C-reactive protein	3743 or 3947	2	Visit 1 for > 10 years old
	Ultrasound of the right wrist or left wrist	65210 or 65200	1	Ultrasound of the right wrist or left wrist	65210 or 65200	1	OR 2 for <10 years
	Ultrasound of the right foot or right ankle	74225 or 74215		Ultrasound of the right foot or right ankle	74225 or 74215		old
	Ultrasound of the left foot or left ankle	74220 or 74210		Ultrasound of the left foot or left ankle	74220 or 74210		
	Ultrasound of the Hip joints	56200		Ultrasound of the Hip joints	56200		
	Ultrasound of the left shoulder joint	61200		Ultrasound of the left shoulder joint	61200		
	Ultrasound of the right shoulder joint	61210		Ultrasound of the right shoulder joint	61210		
	Ultrasound of the left elbow joint	63200		Ultrasound of the left elbow joint	63200		





Condition	Diagnos	stic basket		Ongoing management basket			
	Description of the procedure or test	Code for the procedure or test	Number we cover for the year	Description of the procedure or test	Code for the procedure or test	Number we cover for the year	Number of specialist consultations we cover each year
Juvenile Rheumatoid	Ultrasound of the right elbow joint	63205		Ultrasound of the right elbow joint	63205		
arthritis	Ultrasound of the left knee joint	72200		Ultrasound of the left knee joint	72200		
	Ultrasound of the right knee joint	72205		Ultrasound of the right knee joint	72205		
	Ultrasound of the tempero-mandibular joints, one or both sides	15200		Ultrasound of the tempero-mandibular joints, one or both sides	15200		
	Ultrasound of any joint	5102		Ultrasound of any joint	5102		
Schizophrenia				AST – Aspartate aminotransferase	4130	2	4
				ALT – Alanine aminotransferase	4131	2	
				Creatinine	4032 or 4221 or 4223	2	
				Drug level in biological fluid	4081 or 4370 or 4493	3	
				U & E only	4171	2	
Systemic lupus	Full blood count	3755	1	Full blood count	3755	4	4
erythematosus	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	4	
	Erythrocyte sedimentation rate or C-reactive protein	3743 or 3947	1	Erythrocyte sedimentation rate or C-reactive protein	3743 or 3947	4	
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	4	
	U & E only	4171	1	U & E only	4171	4	1
	Platelet count	3797	1	Platelet count	3797	1	
	Kidney biopsy	1841	1	Total cholesterol	4027	1	
	X-ray of the chest two views, PA and lateral	30110	1	X-ray of the chest two views, PA and lateral	30110	1	
	Complement fixation test	3963 or 4182	1	Complement fixation test	3963 or 4182	2	
	Anti-Nuclear Factor (ANF)	3934	1	Antiglobulin test (Coombs)	3709	2	
	Extractable nuclear antigens	3934 or 3948	2	Creatinine kinase	4152 or 4153	2	
	Urine microscopy	3867	1	AST – Aspartate aminotransferase	4130	4	
	DNA antibodies	4529 or 3948	2	ALT – Alanine aminotransferase	4131	4	1
	Skin biopsy	0233 & 0234 & 0235 & 0237	1				





Condition	Diagnostic basket			Ongoing management basket			
	Description of the procedure or test	Code for the procedure or test	Number we cover for the year	Description of the procedure or test	Code for the procedure or test	Number we cover for the year	Number of specialist consultations we cover each year
Systemic lupus erythematosus	Histology	4567 & 4571 or 4582 & 4584	3				
Ulcerative colitis	Colonoscopy	1653 or 1656	1	Colonoscopy	1653 or 1656	1	3
	C-reactive protein	3947	1	C-reactive protein	3947	2	
	Full blood count	3755	1	Full blood count	3755	2	
	Histology	4567 & 4571 or 4582 & 4584	3	Histology	4567 & 4571 or 4582 & 4584	1	
				Flexible sigmoidoscopy	1676	1	]
				Faecal Calprotectin (Elastase Quantitative ELISA)	4362	1	

# **Complaints process**

You may lodge a complaint or query with Anglovaal Group Medical Scheme directly on **0860 100 693** or address a complaint in writing directly to the Principal Officer. Should your complaint remain unresolved, you may lodge a formal dispute by following Anglovaal Group Medical Scheme's internal disputes process.

Members who wish to approach the Council for Medical Schemes for assistance may do so in writing to: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 or email <a href="mailto:complaints@medicalschemes.co.za">complaints@medicalschemes.co.za</a>. Customer Care Centre: **0861 123 267**/website <a href="mailto:www.medicalschemes.co.za">www.medicalschemes.co.za</a>