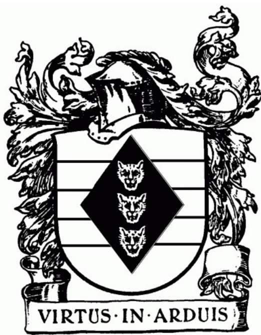

Discovery News

for Discovery Health members

D&A
DORMAN & ASSOCIATES

Issue 03 of 2024

This email is written by an independent commentator and not by Discovery Health. Any Discovery Health member is welcome to subscribe. Queries regarding this email can be sent to keith@dorman.co.za.

It's All About That Code

Claims submission is all about the code. There are diagnostic codes, procedure codes, NAPPI codes and practice codes, and all of these determine how your claim is refunded.

Diagnostic codes refer to your diagnosis: your condition or illness. Procedure codes are for the type of claim: a consultation, testing, an operation, a medical procedure. NAPPI codes refer to medicine or devices. Practice codes relate to the medical professional, the hospital or clinic, or the facility dispensing your medication.

If any one of these are incorrect for the approved benefits within your plan, then the claim won't be paid, or won't be paid from the correct benefit. Some examples of these are below.

Example 1: If you are authorised for certain tests to do with your condition, and the pathologist puts the diagnostic code as "general tests" and not your specific condition, then the claims will be processed from your normal day-to-day benefits like Savings or Above Threshold, and not from Chronic or PMB benefits, or the specific benefit relating to your condition. This means you are using up your day-to-day benefits instead of taking advantage of the condition-specific benefits you receive. You would need to request that the pathologist reprocess the claim with the correct codes, to have it paid from the correct benefit.

Example 2: Certain programmes, such as the Diabetic programme, allow you to see your designated doctor, and other practitioners within the programme, as many times as required with those consultations paid for from the medical scheme. The scheme then pays a monthly fee to the designated doctor and all of your care is covered under that fee. If the claim is put through incorrectly, Discovery will reject it saying that you can't claim for this as it is meant to be included in your programme benefits. The provider must change their records, and you do not have to pay them anything.

There are many examples of claims that may be paid incorrectly, and as a member you should be checking your claim statements to make sure your claims are going through correctly. Your day-to-day benefits should not be depleted by claims that should be paid from other benefits.

Core Plans

Core Plans include the following benefits:

Hospital Cover: Classic Core and Essential Core can use any hospital approved by the Scheme. Coastal Core can use any approved hospital in the four Coastal provinces. Classic and Essential Delta Core must use hospitals in the Delta network. The same applies to day surgery facilities. Healthcare professionals are covered up to 200% of the Discovery Health Rate on Classic and up to 100% on Essential and Coastal.

The Chronic Medicine covers a list of 27 conditions and all PMB conditions. You must nominate a GP in the Discovery Health Network to be your primary care doctor for these benefits.

The Maternity benefit includes up to 8 consultations with your gynaecologist, GP or midwife. Two 2D ultrasound scans, or one 2D ultrasound scan and one nuchal translucency test are covered. A defined list of blood tests will also be covered.

The WELLTH fund and Screening Benefits are included in all plans.

Discovery Website
www.discovery.co.za
Discovery Client Services
0860 99 88 77
KeyCare Client Services
0860 102 877
Discovery Emergency Number
0860 999 911

2024 Discovery Health Plans
Executive Plan
Classic Comprehensive
Classic Smart Comprehensive
Classic & Essential Priority
Classic & Classic Delta Saver and Core
Essential & Essential Delta Saver and Core
Coastal Saver and Core
Classic, Essential and Essential Dynamic Smart
KeyCare Plus, Core, Start and Start Regional

2024 Discovery Rewards
Vitality Active
Vitality Premium

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Networks

Does your plan use a Hospital Network for planned admissions? Current networks are listed below.

⇒ KeyCare Hospital Network: for planned admissions on the KeyCare Plus and KeyCare Core plans. No cover for planned admissions at non-network hospitals.
⇒ KeyCare Casualty Hospitals: cover at a R475 consultation rate for KeyCare Plus members. If you go to a non-network Casualty, you need to pay the difference between the charges and what Discovery would have paid at a network Casualty.
⇒ KeyCare Start Hospital Network: for planned admissions on the KeyCare Start plan. No cover for planned admissions at non-network hospitals.
⇒ KeyCare Start Regional Hospital Network: for planned admissions on the KeyCare Start Regional plan. No cover for planned admissions at non-network hospitals.
⇒ Delta Hospital Network: for planned admissions on Classic Delta Saver and Core, and Essential Delta Saver and Core plans. Planned admissions to hospitals not on the network incur a R10,200 upfront payment.
⇒ Smart Hospital Network: for planned admissions on Classic Smart Comprehensive, Classic Smart and Essential Smart plans. Planned admissions to hospitals not on the network incur a R11,650 upfront payment.
⇒ Dynamic Smart Hospital Network: for planned admissions on Essential Dynamic Smart. Planned admissions to hospitals not on the network incur a R14,050 upfront payment.
⇒ Coastal Hospital Network: for planned admissions on Coastal Saver and Coastal Core plans. The network includes any approved hospital in the Eastern Cape, KwaZulu-Natal, Northern Cape and Western Cape. Planned admissions to hospitals not in these provinces will be paid at 70% of the Discovery Health Rate.

The above networks do not apply in an emergency. In an emergency, you will be taken to the closest hospital, and only moved to a hospital within your network once stabilised.

An emergency medical condition, also referred to as an emergency, is the sudden and unexpected onset of a health condition that requires immediate medical or surgical treatment. 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. An emergency does not necessarily require a hospital admission. Discovery may ask you or your treating provider for additional information to confirm the emergency.

Vitality Health Checks

Vitality Health Checks are **for all members**. Only Vitality members will earn up to 22,500 Vitality points for a Health Check, but all members can have a Health Check paid by the Screening Benefit once a year.

Whether you are doing a Health Check, and Kids Health Check or 65+ Health Check, there are a number of ways to complete it.

⇒ Go to a Discovery Store, a Dis-Chem or Clicks pharmacy with a nurse, go to any other network pharmacy that offers the service
⇒ Have your Vitality Health Check at home with a RecoMed practitioner. This is offered at no additional cost, and to book you need to log into the Discovery website and go to Vitality > Vitality Health Check and scroll down to VHC at Home.
⇒ Virtual Vitality Health Check: book a phone appointment and answer health questions on the phone. Vitality members are limited to 2,500 points for a Virtual Health Check.

Your Health Check is the first step in finding out what your existing or potential health challenges are, and dealing with them sooner rather than later. The Health Check is also the gateway to being offered additional programmes or benefits to manage current conditions or potential risk.

It costs you nothing so there is no downside to having this Health Check.

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