

GUIDE TO TREATMENT BASKETS FOR THE CHRONIC DISEASE LIST (CDL) CONDITIONS

Who we are

Sasolmed (referred to as ‘the Scheme’), registration number 1234, is a non-profit organization 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). Discovery takes care of the administration of your membership for the Scheme.

Overview

The Chronic Disease List (CDL) is a list of conditions which all registered medical schemes in South Africa must cover on all the benefit options they offer to their members. This cover includes funding for the diagnosis, treatment, and ongoing care for the listed conditions.

This guide will help you understand what procedures, investigations, and consultations we cover for both the diagnosis and ongoing management for each condition.

Sasolmed network options are structured in such a way as to maximise cover no matter which network option members choose. The Comprehensive Network Option costs more but offers more comprehensive benefits, while Restricted Network Option has lower contributions with restricted benefits. Regardless of this, both network options cover more than just the minimum benefits required by law.

About some of the terms we use in this document

There may be some terms we refer to in the document that you may not be familiar with. Here are the meanings of these terms:

TERMINOLOGY	DESCRIPTION
Designated service provider (DSP)	A healthcare provider (for example, a GP, specialist, allied healthcare provider, pharmacist, or hospital) who we have an agreement with to provide treatment or services at a contracted Tariff. Visit sasolmed.co.za to view the full list of DSPs.
Scheme Tariff	This is the Tariff we pay for healthcare services from hospitals, pharmacies, healthcare providers and other providers of relevant healthcare services.
Day-to-day benefits	These are the available funds allocated to the Medical Savings Facility (MSF) and Above Threshold Benefit (ATB). Depending on the network option you choose, you may have cover for a defined set of day-to-day benefits. The level of day-to-day benefits depends on the Option you choose.
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. Failure to provide medical or surgical treatment for an emergency medical condition can result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part and can place the person’s life in serious jeopardy.

TERMINOLOGY	DESCRIPTION
	An emergency does not necessarily require a hospital admission. We may ask you for additional information to confirm the emergency
ICD-10 diagnosis code	A clinical code that describes diseases and signs, symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the World Health Organization (WHO).
Prescribed Minimum Benefits (PMBs)	<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:</p> <ul style="list-style-type: none"> An emergency medical condition A defined list of 271 diagnoses A defined list of 27 chronic conditions. <p>To access Prescribed Minimum Benefits (PMBs), there are rules that apply: Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit (PMB) conditions. The treatment needed must match the treatments in the defined benefits. You must use DSPs). 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 you do not use a DSP, we will pay up to the Scheme Tariff. The difference between what we pay and the actual cost of your treatment will be for your own cost.</p> <p>If your treatment doesn't meet the above criteria, we will pay according to your network option benefits.</p>
Waiting Period	A waiting period can be general (up to 3 months) or condition-specific (up to 12 months) and means that the member has to wait for a set time before he or she can claim.

We pay Chronic Disease List (CDL) claims if your condition has been approved on the Chronic Illness Benefit

Claims for procedures and consultations listed in the Chronic Disease List (CDL) treatment baskets will be paid from the treatment basket for your approved CDL condition. The number of tests and consultations allowed for the ongoing management of a condition 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. For more information on the CDL conditions and how to register, visit sasolmed.co.za

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 consultations if 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.

How we pay for consultations and ongoing management related to your condition

We pay claims from pathologists who we have a payment arrangement with, in full up to the agreed Tariff. We will pay up to the Scheme Tariff if you use a DSP who we do not have a payment arrangement with. You will have to pay any difference between what is charged and what we pay if there is a DSP in place, but you chose to not to use it.

Nominate a Preferred GP (PGP) for the management of your chronic conditions

You must nominate a Preferred General Practitioner (PGP), to be your healthcare provider for the management of your chronic conditions.

For members on the Restricted Network Option, your nominated PGP needs to be in the Sasolmed Restricted GP network to avoid the co-payment.

You can nominate your PGP on sasolmed.co.za

HOW WE PAY FOR GP CONSULTATIONS RELATED TO YOUR CONDITION	
Sasolmed Comprehensive Network Option	We pay for 4 consultations a year that are related to your approved condition at your PGP in full up to the agreed tariff. If you use any other GP, we will pay up to 80% of the Scheme Tariff. The difference between what is charged and what we pay, will be for your own cost.
Sasolmed Restricted Network Option	We pay for 4 consultations a year that are related to your approved condition at your PGP in the Sasolmed Restricted GP Network in full up to the agreed tariff. If you use PGP that is not in the Sasolmed Restricted GP Network, we will pay up to 90% of the Scheme Tariff. If you use a non-PGP in the Sasolmed Restricted GP Network, we will pay up to 80% of the Scheme Tariff. If you use a non-PGP that is not in the Sasolmed Restricted GP Network, we will pay up to 70% of the Scheme Tariff. The difference between what is charged and what we pay, will be for your own cost.

HOW WE PAY FOR SPECIALIST CONSULTATIONS RELATED TO YOUR CONDITION	
Sasolmed Comprehensive Network Option	Depending on your condition, we will pay for a specific number of consultations with a specialist, as listed in the treatment baskets. We will pay for the consultation at a specialist in full.
Sasolmed Restricted Network Option	Depending on your condition, we will pay for a specific number of consultations with a specialist, as listed in the treatment baskets. We will pay for the consultation at a specialist in full.

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 provider to be submitted with the relevant ICD-10 diagnosis codes. Please ask your healthcare provider 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 and radiologists for tests. This will allow pathologists 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 may pay claims from your out-of-hospital benefits if these requirements are not met:

- The claims are submitted without the relevant ICD-10 diagnosis codes
- You have exceeded the frequency limit on consultations or tests.

Treatment Baskets for Chronic Disease List Conditions

CONDITION	DIAGNOSTIC BASKET			ONGOING MANAGEMENT BASKET			
	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER EACH YEAR	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Addison's disease	U & E only	4171	1	U & E only	4171	3	1
	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	1	1
	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	
	Thyrotropin (TSH)	4507	1	Thyrotropin (TSH)	4507	1	
	U & E only	4171	1	U & E only	4171	2	
				Lithium – flame ionisation	4067	2	
			Drug level in biological fluid	4081 or 4370 or 4493	3		
			Creatinine	4032 or 4221 or 4223	2		
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	1
	Flow volume test	1188 or 1186	1	Flow volume test	1186	1	
	Peak flow	1192	1	Peak flow	1192	2	
	X-ray of the chest two views, PA and lateral	30110	1				
Cardiac failure	U & E only	4171	1	U & E only	4171	4	2
	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	1	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	2	

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	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER EACH YEAR	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Cardiac failure	ECG - Electrocardiogram	1232 or 1233 or 1234 or 1235 or 1236	1	ECG - Electrocardiogram	1232	3	
					1233 or 1234 or 1235 or 1236	1	
	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	
	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	
	Troponin isoforms	4161	1	Drug level in biological fluid	4081 or 4370 or 4493	3	
	Glucose -random/ fasting	4057	1				
	C-reactive protein	3947	1				
	Full blood count	3755	1				
	Total cholesterol	4027	1				
Thyrotropin (TSH)	4507	1					
Cardiomyopathy	ECG - Electrocardiogram	1232 or 1233 or 1234 or 1235 or 1236	1	ECG - Electrocardiogram	1232	3	2
					1233 or 1234 or 1235 or 1236	1	
	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	1	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	2	
	U & E only	4171	1	U & E only	4171	4	
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	4	
	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	4	
	B-Type natriuretic peptide	4488	1	B-Type natriuretic peptide	4488	1	

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	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER EACH YEAR	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Cardiomyopathy	Glucose – random/fasting	4057	1	Prothrombin index (PI)	3805	24	
	C-reactive protein	3947	1	Therapeutic drug level: Dosage	3806	24	
	X-ray of the chest two views, PA and lateral	30110	1	X-ray of the chest two views, PA and lateral	30110	1	
	Full blood count	3755	1	Drug level in biological fluid	4081 or 4370 or 4493	3	
	Thyrotropin (TSH)	4507	1				
	Total cholesterol	4027	1				
Chronic obstructive pulmonary disease (COPD)	X-ray of the chest two views, PA and lateral	30110	1	Peak flow	1192	2	1
	Flow volume test	1188 or 1186	1	Flow volume test	1186	1	
	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	
	Protein: Quantitative	4213	1	Protein: Quantitative	4213	1	
	Serum calcium	4016 or 4017 or 4375 or 4376	1	Serum calcium	4016 or 4017 or 4375 or 4376	4	
				Iron	4071	2	
Urine analysis (dipstick)				4188	4		
Platelet count				3797	1		
Transferrin	4144	2					

CONDITION	DIAGNOSTIC BASKET		NUMBER OF PROCEDURES OR TESTS WE COVER	ONGOING MANAGEMENT BASKET			
	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE		PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER EACH YEAR	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Chronic renal disease				Ferritin	4528	2	
				Dietitian	84200 or 84201 or 84202 or 84203 or 84204 or 84205	1	
Coronary artery disease	ECG – Electrocardiogram	1232 or 1233 or 1234 or 1235 or 1236	1	ECG – Electrocardiogram	1232 or 1233 or 1234 or 1235 or 1236	2	2
	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	1	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	1	
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	2	
	U & E only	4171	1	U & E only	4171	2	
	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	
	Total cholesterol	4027	1	Total cholesterol	4027	1	
	Triglycerides	4147	1	Triglycerides	4147	1	
	C-reactive protein	3947	1				
	Platelet count	3797	1				
	Full blood count	3755	1				
	Urine analysis (dipstick)	4188	1				
Thyrotropin (TSH)	4507	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
	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	

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Crohn's disease	Histology	4567 & 4571 or 4582 & 4584	3				
Diabetes insipidus	U & E only	4171	1	U & E only	4171	3	1
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	3	
	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 (Ophthalmologist) 4 (Other Specialist)
	Microalbuminuria	4261 or 4262	1	Microalbuminuria	4261 or 4262	2	
	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	
	Total cholesterol	4027	1	Total cholesterol	4027	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	
	Two-hour glucose-OGTT	4049	1	HBA1c	4064	4	
	Urine creatinine	4221	1	Urine creatinine	4221	1	
	Glucose – random/fasting	4057	1	Tonometry	3014	1	
				Fundus examination	3003 or 3004 or 3027	1	
Basic capital equipped in own rooms by ophthalmologists				3009	1		
Dietitian				84200 or 84201 or 84202 or 84203 or 84204 or 84205	1		
Podiatrist				68301 or 68302 or 68303 or 68304 or	1		

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	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER EACH YEAR	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Diabetes mellitus type 2	ECG – Electrocardiogram	1232 or 1233 or 1236	1	ECG – Electrocardiogram	1232 or 1233 or 1236	1	1 (Ophthalmologist)
	Microalbuminuria	4261 or 4262	1	Microalbuminuria	4261 or 4262	2	1 (Other Specialist)
	HDL cholesterol	4028	1	HDL cholesterol	4028	1	
	Total cholesterol	4027	1	Total cholesterol	4027	1	
	LDL cholesterol	4026	1	LDL cholesterol	4026	1	
	Triglycerides	4147	1	Triglycerides	4147	1	
	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	4	
	U & E only	4171	1	U & E only	4171	1	
	Urine creatinine	4221	1	Urine creatinine	4221	1	
	Glucose – random/fasting	4057	1	HBA1c	4064	4	
	Serum creatinine	4032 or 4223	1	Serum creatinine	4032 or 4223	1	
	Two-hour glucose-OGTT	4049	1	Tonometry	3014	1	
				Basic capital equipped in own rooms by ophthalmologists	3009	1	
Fundus examination				3003 or 3004 or 3027	1		
Dietitian				84200 or 84201 or 84202 or 84203 or 84204 or 84205	1		
Podiatrist				68301 or 68302 or 68303 or 68304 or	1		
Dysrhythmia	ECG – Electrocardiogram	1232 or 1233 or 1234 or 1235 or 1236	1	ECG – Electrocardiogram	1232	3	2
					1233 or 1234 or 1235 or 1236	1	
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	1	
	U & E only	4171	1	U & E only	4171	2	
Magnesium: Spectrophotometric	4094	1	Magnesium: Spectrophotometric	4094	1		

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	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER EACH YEAR	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Dysrhythmia	C-reactive protein	3947	1	Prothrombin index (PI)	3805	24	
	Thyrotropin (TSH)	4507	1	Therapeutic drug level: Dosage	3806	24	
	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	1	Echocardiography	3621 & 3622 & 3623 & 3620 & 3625	1	
	Serum calcium	4016 or 4017 or 4375 or 4376	1	Drug level in biological fluid	4081 or 4370 or 4493	2	
	24 Hour ambulatory ECG monitoring (holter)	1238 & 1239	1	Threshold testing: Own equipment	1268	1	
				Programming of atrio-ventricular sequential pacemaker	1270	1	
Epilepsy	EEG – Electro-encephalography	2711 & 2712	1	EEG – Electro-encephalography	2711 & 2712	1	3
	EEG with special activation	75133	1	Drug level in biological fluid	4081 or 4370 or 4493	3	
Glaucoma * These codes can only be billed by an Ocular Therapeutic Optometrist	Tonometry	3014 or *11202 or *11212	1	Tonometry	3014 or *11202 or *11212	3	3 (Ophthalmologist or Ocular Therapeutic Optometrist)
	Fundus examination	3003 or 3004 or *11366	1	Fundus examination	3003 or 3004 or *11366	3	
	Gonioscopy	3002 or *11356	1	Gonioscopy	3002 or *11356	3	
	Visual fields	3016 or 3017 or *11443	1	Visual fields	3016 or 3017 or *11443	2	
	Basic capital equipped in own rooms by ophthalmologists	3009	1	Basic capital equipped in own rooms by ophthalmologists	3009	3	
	Central corneal thickness measurement	3020 or *11702	2 (1 per eye)	Retinal threshold trend evaluation	3018	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)	
	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	

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Haemophilia	Full blood count	3755	1	Full blood count	3755	1	2
	Platelet count	3797	1	Platelet count	3797	1	
	Factor VIII or Factor IX antigen or Coagulation factors	3758 or 3757	1	Factor VIII or Factor IX inhibitors	3724	1	
	Fibrinogen titre	3825	1				
	PTT - Partial thromboplastin time	3837	1				
	Prothrombin index (PI)	3805	1				
	Therapeutic drug level: Dosage	3806	1				
	Bleeding time	3713	1				
	Thrombin time	3841	1				
Hyperlipidaemia	Total cholesterol	4027	1				Total cholesterol
	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		
Hypertension	ECG – Electrocardiogram	1232 or 1233	1	ECG – Electrocardiogram	1232 or 1233	1	1
	Glucose – random / fasting	4057	1	Glucose – random/fasting	4057	1	
	Total cholesterol	4027	1	Total cholesterol	4027	1	
	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	1	
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	1	
	U & E only	4171	1	Potassium	4113	1	
	24 Hour ambulatory blood pressure	1237	1				
Hypothyroidism	Free thyroxine (FT4)	4482	1	Free thyroxine (FT4)	4482	2	0
	Thyrotropin (TSH)	4507	1	Thyrotropin (TSH)	4507	2	
	Total cholesterol	4027	1				

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	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER EACH YEAR	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Multiple sclerosis	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	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 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	
	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	
	Visual evoked potentials (VEP): Bilateral	2682	1	ALT – Alanine aminotransferase	4131	1	
	Visual evoked potentials (VEP): Unilateral	2681	1	AST – Aspartate aminotransferase	4130	1	
Parkinson's disease	No diagnostic or monitoring tests apply as the diagnosis of this condition remains a clinical 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
	Full blood count	3755	1	Full blood count	3755	2	
	Platelet count	3797	1	Platelet count	3797	2	
	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	4	
	AST – Aspartate aminotransferase	4130	1	AST – Aspartate aminotransferase	4130	4	
	ALT – Alanine aminotransferase	4131	1	ALT – Alanine aminotransferase	4131	4	
	Anti-CCP	4600	1	Anti-CCP	4600	1	
	Rheumatoid factor	3959	1				
	ANF	3934	1				
	X-ray of the right hand	65105	1	X-ray of the right hand	65105	1	
	X-ray of the left hand	65100	1	X-ray of the left hand	65100	1	
X-ray of the right foot	74125	1	X-ray of the right foot	74125	1		

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Rheumatoid arthritis	X-ray of the left foot	74120	1	X-ray of the left foot	74120	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	
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	
Systemic lupus erythematosus	Complement fixation test	3963 or 4182	1	Complement fixation test	3963 or 4182	2	4
	Creatinine	4032 or 4221 or 4223	1	Creatinine	4032 or 4221 or 4223	4	
	Extractable nuclear antigens	3934 or 3948	1	Antiglobulin test (Coombs)	3709	2	
	Full blood count	3755	1	Full blood count	3755	4	
	Urine analysis (dipstick)	4188	1	Urine analysis (dipstick)	4188	4	
	U & E only	4171	1	U & E only	4171	4	
	Platelet count	3797	1	Platelet count	3797	1	
	Erythrocyte sedimentation rate or C-reactive protein	3743 or 3947	1	Erythrocyte sedimentation rate or C-reactive protein	3743 or 3947	4	
	Skin biopsy	0233 & 0234 & 0235 & 0237	1	Total cholesterol	4027	1	
	Kidney biopsy	1841	1	Creatinine kinase	4152 or 4153	2	
	Urine microscopy	3867	1	AST – Aspartate aminotransferase	4130	4	
	ANF	3934	1	ALT – Alanine aminotransferase	4131	4	
	DNA antibodies	4529 or 3948	1				
DNA antibodies	4529 or 3948	1					

CONDITION	DIAGNOSTIC BASKET			ONGOING MANAGEMENT BASKET			
	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER	PROCEDURE OR TEST DESCRIPTION	PROCEDURE OR TEST CODE	NUMBER OF PROCEDURES OR TESTS WE COVER EACH YEAR	NUMBER OF SPECIALISTS WE COVER EACH YEAR
Systemic lupus erythematosus	X-ray of the chest two views, PA and lateral	30110	1	X-ray of the chest two views, PA and lateral	30110	1	
	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	

Complaints process

You may lodge a complaint or query with Sasolmed directly on **0860 002 134** or send an email to enquiries@sasolmed.co.za. If the query or complaint remains unresolved, you may address a complaint in writing to the Principal Officer. Please be sure to include the reference number obtained through the process with the Administrator.

Should your complaint still not be resolved to your satisfaction, you may lodge a formal dispute by following the Scheme's internal disputes process, as explained on the website at sasolmed.co.za.

You may, as a last resort, approach the Council for Medical Schemes for assistance: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 / **0861 123 267** / complaints@medicalschemes.co.za / www.medicalschemes.co.za.

Contact us

You can call us at **0860 002 134** or visit sasolmed.co.za for more information.