Annexure A

Explanatory Note

The objective of specifying a set of Prescribed Minimum Benefits within these regulations is two-fold:

- To avoid incidents where individuals lose their medical scheme cover in the event of serious illness and the consequent risk of unfunded utilisation of public hospitals.
- (ii) To encourage improved efficiency in the allocation of Private and Public health care resources.

PRESCRIBED MINIMUM BENEFITS

Categories (Diagnosis and Treatment Pairs) constituting the Prescribed Minimum Benefits Package under Section 29(1)(o) of the Medical Schemes Act (listed by Organ-System chapter)

BRAIN AND NERVOUS SYSTEM

CODE: 906A

DIAGNOSIS: ACUTE GENERALISED PARALYSIS, INCLUDING POLIO AND GUILLAIN-BARRE

TREATMENT: MEDICAL MANAGEMENT; VENTILATION AND PLASMAPHERESIS

CODE: 341A

DIAGNOSIS: BASAL GANGLIA, EXTRA-PYRAMIDAL DISORDERS; OTHER DYSTONIAS NOS

36

TREATMENT: INITIAL DIAGNOSIS: INITIATION OF MEDICAL MANAGEMENT

CODE: 950A

DIAGNOSIS: BENIGN AND MALIGNANT BRAIN TUMOURS, TREATABLE

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT, WHICH INCLUDES RADIATION

THERAPY

CODE: 49A

DIAGNOSIS: COMPOUND/DEPRESSED FRACTURES OF SKULL

TREATMENT: CRANIOTOMY/CRANIECTOMY

CODE: 213A

DIAGNOSIS: DIFFICULTY IN BREATHING, EATING, SWALLOWING, BOWEL, OR BLADDER

CONTROL DUE TO NON-PROGRESSIVE NEUROLOGICAL (INCLUDING SPINAL)

CONDITION OR INJURY

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT; VENTILATION

CODE: 83A

DIAGNOSIS: ENCEPHALOCELE; CONGENITAL HYDROCEPHALUS

TREATMENT: SHUNT; SURGERY

CODE: 902A

DIAGNOSIS: EPILEPSY (STATUS EPILEPTICUS, INITIAL DIAGNOSIS, CANDIDATE FOR

NEUROSURGERY)

TREATMENT: MEDICAL MANAGEMENT; VENTILATION; NEUROSURGERY

CODE: 211A

DIAGNOSIS: INTRASPINAL AND INTRACRANIAL ABSCESS TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 905A

DIAGNOSIS: MENINGITIS - ACUTE AND SUBACUTE TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 513A

DIAGNOSIS: MYASTHENIA GRAVIS; MUSCULAR DYSTROPHY; NEURO-MYOPATHIES NOS TREATMENT: INITIAL DIAGNOSIS; INITIATION OF MEDICAL MANAGEMENT; THERAPY FOR

ACUTE COMPLICATIONS AND EXACERBATIONS

CODE: 510A

DIAGNOSIS: PERIPHERAL NERVE INJURY WITH OPEN WOUND

TREATMENT: NEUROPLASTY

CODE: 940A

DIAGNOSIS: REVERSIBLE CNS ABNORMALITIES DUE TO OTHER SYSTEMIC DISEASE

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 1A

DIAGNOSIS: SEVERE/MODERATE HEAD INJURY: HEMATOMA/EDEMA WITH LOSS OF

CONSCIOUSNESS

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT; VENTILATION

CODE: 84A

DIAGNOSIS: SPINA BIFIDA

TREATMENT: SURGICAL MANAGEMENT

CODE: 941A

DIAGNOSIS: SPINAL CORD COMPRESSION, ISHAEMIA OR DEGENERATIVE DISEASE NOS

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 901A

DIAGNOSIS: STROKE - DUE TO HAEMORRHAGE, OR ISCHAEMIA

TREATMENT: MEDICAL MANAGEMENT; SURGERY

CODE: 28A

DIAGNOSIS: SUBARACHNOID AND INTRACRANIAL HEMORRHAGE/HEMATOMA;

COMPRESSION OF BRAIN

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 305A

DIAGNOSIS: TETANUS

TREATMENT: MEDICAL MANAGEMENT; VENTILATION

CODE: 265A

DIAGNOSIS: TRANSIENT CEREBRAL ISCHEMIA; LIFE-THREATENING

CEREBROVASCULAR CONDITIONS NOS

TREATMENT: EVALUATION; MEDICAL MANAGEMENT; SURGERY

CODE: 109A

DIAGNOSIS: VERTEBRAL DISLOCATIONS/FRACTURES, OPEN OR CLOSED WITH INJURY

TO SPINAL CORD

TREATMENT: REPAIR/RECONSTRUCTION; MEDICAL MANAGEMENT; INPATIENT REHABILITATION UP TO 2 MONTHS

CODE: 684A

DIAGNOSIS: VIRAL MENINGITIS, ENCEPHALITIS, MYELITIS AND ENCEPHALOMYELITIS

TREATMENT: MEDICAL MANAGEMENT

EYE

CODE: 47B

DIAGNOSIS: ACUTE ORBITAL CELLULITIS

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 394B

DIAGNOSIS: ANGLE-CLOSURE GLAUCOMA

TREATMENT: IRIDECTOMY; LASER SURGERY; MEDICAL AND SURGICAL MANAGEMENT

CODE: 586B

DIAGNOSIS: BELL'S PALSY; EXPOSURE KERATOCONJUNCTIVITIS

TREATMENT: TARSORRHAPHY; MEDICAL AND SURGICAL MANAGEMENT

CODE: 950B

DIAGNOSIS: CANCER OF EYE & ORBIT - TREATABLE

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT, WHICH INCLUDES RADIATION

THERAPY

CODE: 901B

DIAGNOSIS: CATARACT; APHAKIA

TREATMENT: EXTRACTION OF CATARACT; LENS IMPLANT

CODE: 911B

DIAGNOSIS: CORNEAL ULCER; SUPERFICIAL INJURY OF EYE AND ADNEXA

TREATMENT: CONJUNCTIVAL FLAP; MEDICAL MANAGEMENT

CODE: 405B

DIAGNOSIS: GLAUCOMA ASSOCIATED WITH DISORDERS OF THE LENS

TREATMENT: SURGICAL MANAGEMENT

CODE: 386B

DIAGNOSIS: HERPES ZOSTER & HERPES SIMPLEX WITH OPHTHALMIC COMPLICATIONS

TREATMENT: MEDICAL MANAGEMENT

CODE: 389B

DIAGNOSIS: HYPHEMA

TREATMENT: REMOVAL OF BLOOD CLOT; OBSERVATION

CODE: 485B

DIAGNOSIS: INFLAMMATION OF LACRIMAL PASSAGES TREATMENT: INCISION; MEDICAL MANAGEMENT

,

CODE: 909B

DIAGNOSIS: OPEN WOUND OF EYEBALL AND OTHER EYE STRUCTURES

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 407B

DIAGNOSIS: PRIMARY AND OPEN ANGLE GLAUCOMA WITH FAILED MEDICAL

MANAGEMENT

TREATMENT: TRABECULECTOMY; OTHER SURGERY

CODE: 419B

DIAGNOSIS: PURULENT ENDOPHTHALMITIS

TREATMENT: VITRECTOMY

CODE: 922B

DIAGNOSIS: RETAINED INTRAOCULAR FOREIGN BODY

TREATMENT: SURGICAL MANAGEMENT

CODE: 904B

DIAGNOSIS: RETINAL DETACHMENT, TEAR AND OTHER RETINAL DISORDERS

TREATMENT: VITRECTOMY; LASER TREATMENT; OTHER SURGERY

CODE: 906B

DIAGNOSIS: RETINAL VASCULAR OCCLUSION: CENTRAL RETINAL VEIN OCCLUSION

TREATMENT: LASER SURGERY

CODE: 409B

DIAGNOSIS: SYMPATHETIC UVEITIS AND DEGENERATIVE DISORDERS AND CONDITIONS

OF GLOBE; SIGHT THREATENING THYROID OPTOPATHY

TREATMENT: ENUCLEATION; MEDICAL MANAGEMENT; SURGERY

EAR, NOSE, MOUTH AND THROAT

CODE: 33C

DIAGNOSIS: ACUTE AND CHRONIC MASTOIDITIS

TREATMENT: MASTOIDECTOMY; MEDICAL MANAGEMENT

CODE: 482C

DIAGNOSIS: ACUTE OTITIS MEDIA

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT, INCLUDING MYRINGOTOMY

CODE: 900C

DIAGNOSIS: ACUTE UPPER AIRWAY OBSTRUCTION, INCLUDING CROUP, EPIGLOTTITIS

AND ACUTE LARYNGOTRACHEITIS

TREATMENT: MEDICAL MANAGEMENT; INTUBATION; TRACHEOSTOMY

CODE: 950C

DIAGNOSIS: CANCER OF ORAL CAVITY, PHARYNX, NOSE, EAR, AND LARYNX -

TREATABLE

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT, WHICH INCLUDES

CHEMOTHERAPY AND RADIATION THERAPY

CODE: 241C

DIAGNOSIS: CANCRUM ORIS

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 38C

DIAGNOSIS: CHOANAL ATRESIA

TREATMENT: REPAIR OF CHOANAL ATRESIA

CODE: 133C

DIAGNOSIS: CHOLESTEATOMA

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 910C

DIAGNOSIS: CHRONIC UPPER AIRWAY OBSTRUCTION, RESULTING IN COR PULMONALE

TREATMENT: SURGICAL AND MEDICAL MANAGEMENT

CODE: 901C

DIAGNOSIS: CLEFT PALATE AND/OR CLEFT LIP WITHOUT AIRWAY OBSTRUCTION

TREATMENT: REPAIR

CODE: 12C

DIAGNOSIS: DEEP OPEN WOUND OF NECK, INCLUDING LARYNX; FRACTURE OF LARYNX

OR TRACHEA, OPEN

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT; VENTILATION

CODE: 346C

DIAGNOSIS: EPISTAXIS - NOT RESPONSIVE TO ANTERIOR PACKING

TREATMENT: CAUTERY / REPAIR / CONTROL HEMORRHAGE

CODE: 521C

DIAGNOSIS: FOREIGN BODY IN EAR & NOSE

TREATMENT: REMOVAL OF FOREIGN BODY; AND MEDICAL AND SURGICAL

MANAGEMENT

CODE: 29C

DIAGNOSIS: FOREIGN BODY IN PHARYNX, LARYNX, TRACHEA, BRONCHUS &

ESOPHAGUS

TREATMENT: REMOVAL OF FOREIGN BODY

CODE: 339C

DIAGNOSIS: FRACTURE OF FACE BONES, ORBIT, JAW; INJURY TO OPTIC AND OTHER

CRANIAL NERVES

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 219C

DIAGNOSIS: LEUKOPLAKIA OF ORAL MUCOSA, INCLUDING TONGUE

TREATMENT: INCISION/EXCISION; MEDICAL MANAGEMENT

CODE: 132C

DIAGNOSIS: LIFE-THREATENING DISEASES OF PHARYNX NOS, INCLUDING

RETROPHARYNGEAL ABSCESS

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 457C

DIAGNOSIS: OPEN WOUND OF EAR-DRUM

TREATMENT: TYMPANOPLASTY; MEDICAL MANAGEMENT

CODE: 240C

DIAGNOSIS: PERITONSILLAR ABSCESS

TREATMENT: INCISION AND DRAINAGE OF ABSCESS; TONSILLECTOMY; MEDICAL

MANAGEMENT

CODE: 347C

DIAGNOSIS: SIALOADENITIS: ABSCESS / FISTULA OF SALIVARY GLANDS

TREATMENT: SURGERY

CODE: 543C

DIAGNOSIS: STOMATITIS, CELLULITIS AND ABSCESS OF ORAL SOFT TISSUE; VINCENTS

ANGINA

TREATMENT: INCISION AND DRAINAGE; MEDICAL MANAGEMENT

RESPIRATORY SYSTEM

CODE: 903D

DIAGNOSIS: BACTERIAL, VIRAL, FUNGAL PNEUMONIA TREATMENT: MEDICAL MANAGEMENT, VENTILATION

CODE: 158D

DIAGNOSIS: # RESPIRATORY FAILURE, REGARDLESS OF CAUSE TREATMENT: # MEDICAL MANAGEMENT; OXYGEN; VENTILATION

CODE: 157D

DIAGNOSIS: ACUTE ASTHMATIC ATTACK; PNEUMONIA DUE TO RESPIRATORY

SYNCYTIAL VIRUS IN PERSONS UNDER AGE 3

TREATMENT: MEDICAL MANAGEMENT

CODE: 125D

DIAGNOSIS: ADULT RESPIRATORY DISTRESS SYNDROME; INHALATION AND

ASPIRATION PNEUMONIAS

TREATMENT: MEDICAL MANAGEMENT; VENTILATION

CODE: 315D

DIAGNOSIS: ATELECTASIS (COLLAPSE OF LUNG)

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT; VENTILATION

CODE: 340D

DIAGNOSIS: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS TREATMENT: BIOPSY; LOBECTOMY; MEDICAL MANAGEMENT; RADIATION THERAPY

CODE: 950D

DIAGNOSIS: CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM &

OTHER RESPIRATORY ORGANS -TREATABLE

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT. WHICH INCLUDES

CHEMOTHERAPY AND RADIATION THERAPY

CODE: 170D

DIAGNOSIS: EMPYEMA AND ABSCESS OF LUNG

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 934D

DIAGNOSIS: FRANK HAEMOPTYISIS

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 203D

DIAGNOSIS: HYPOPLASIA AND DYSPLASIA OF LUNG TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 900D

DIAGNOSIS: OPEN FRACTURE OF RIBS AND STERNUM; MULTIPLE RIB FRACTURES;

FLAIL CHEST

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT, VENTILATION

CODE: 5D

DIAGNOSIS: PNEUMOTHORAX AND HAEMOTHORAX TREATMENT: TUBE THORACOSTOMY / THORACOTOMY

HEART AND VASCULATURE

CODE: 155E

DIAGNOSIS: MYOCARDITIS; CARDIOMYOPATHY; TRANSPOSITION OF GREAT VESSELS;

HYPOPLASTIC LEFT HEART SYNDROME

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT; CARDIAC TRANSPLANT

CODE: 108E

DIAGNOSIS: PERICARDITIS

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 907E

DIAGNOSIS: ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, INCLUDING

MYOCARDIAL INFARCTION AND UNSTABLE ANGINA

TREATMENT: MEDICAL MANAGEMENT; SURGERY; PERCUTANEOUS PROCEDURES

CODE: 284E

DIAGNOSIS: ACUTE PULMONARY HEART DISEASE AND PULMONARY EMBOLI

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 35E

DIAGNOSIS: ACUTE RHEUMATIC FEVER TREATMENT: MEDICAL MANAGEMENT

CODE: 908E

DIAGNOSIS: ANEURYSM OF MAJOR ARTERY OF CHEST, ABDOMEN, NECK, -

UNRUPTURED OR RUPTURED NOS TREATMENT: SURGICAL MANAGEMENT

CODE: 26E

DIAGNOSIS: ARTERIAL EMBOLISM/THROMBOSIS: ABDOMINAL AORTA, THORACIC

AORTA

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 204E

DIAGNOSIS: CARDIAC FAILURE: ACUTE OR RECENT DETERIORATION OF CHRONIC

CARDIAC FAILURE

TREATMENT: MEDICAL TREATMENT

CODE: 98E

DIAGNOSIS: COMPLETE, CORRECTED AND OTHER TRANSPOSTION OF GREAT VESSELS

TREATMENT: REPAIR

CODE: 97E

DIAGNOSIS: CORONARY ARTERY ANOMALY

TREATMENT: ANOMALOUS CORONARY ARTERY LIGATION

CODE: 309E

DIAGNOSIS: DISEASES AND DISORDERS OF AORTIC VALVE NOS

TREATMENT: AORTIC VALVE REPLACEMENT

CODE: 210E

DIAGNOSIS: DISEASES OF ENDOCARDIUM; ENDOCARDITIS

TREATMENT: MEDICAL MANAGEMENT

CODE: 314E

DIAGNOSIS: DISEASES OF MITRAL VALVE

TREATMENT: VALVULOPLASTY; VALVE REPLACEMENT; MEDICAL MANAGEMENT

CODE: 902E

DIAGNOSIS: DISORDERS OF ARTERIES: VISCERAL TREATMENT: BYPASS GRAFT; SURGICAL MANAGEMENT

CODE: 18E

DIAGNOSIS: DISSECTING OR RUPTURED AORTIC ANEURYSM

TREATMENT: SURGICAL MANAGEMENT

CODE: 915E

DIAGNOSIS: GANGRENE; SEVERE ATHEROSCLEROSIS OF ARTERIES OF EXTREMITIES;

DIABETES MELLITUS WITH PERIPHERAL CIRCULATORY DISEASE

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT INCLUDING AMPUTATION

CODE: 294E

DIAGNOSIS: GIANT CELL ARTERITIS, KAWASAKI DISEASE, HYPERSENSITIVITY ANGIITIS

TREATMENT: MEDICAL MANAGEMENT

CODE: 450E

DIAGNOSIS: HEREDITARY HEMORRHAGIC TELANGIECTASIA

TREATMENT: EXCISION

CODE: 901E

DIAGNOSIS: HYPERTENSION - ACUTE LIFE-THREATENING COMPLICATIONS AND MALIGNANT HYPERTENSION; RENAL ARTERY STENOSIS AND OTHER CURABLE

HYPERTENSION

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 111E

DIAGNOSIS: INJURY TO MAJOR BLOOD VESSELS - TRUNK, HEAD AND NECK, AND

UPPER LIMBS

TREATMENT: REPAIR

CODE: 19E

DIAGNOSIS: INJURY TO MAJOR BLOOD VESSELS OF EXTREMITIES

TREATMENT: LIGATION

CODE: 903E

DIAGNOSIS: LIFE-THREATENING CARDIAC ARRHYTHMIAS

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT, PACEMAKERS, CARDIOVERSION

CODE: 900E

DIAGNOSIS: LIFE-THREATENING COMPLICATIONS OF ELECTIVE CARDIAC AND MAJOR

VASCULAR PROCEDURES

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 497E

DIAGNOSIS: MULTIPLE VALVULAR DISEASE TREATMENT: SURGICAL MANAGEMENT

CODE: 355E

DIAGNOSIS: OTHER ANEURYSM OF ARTERY - PERIPHERAL

TREATMENT: SURGICAL MANAGEMENT

CODE: 905E

DIAGNOSIS: OTHER CORRECTABLE CONGENITAL CARDIAC CONDITIONS

TREATMENT: SURGICAL REPAIR; MEDICAL MANAGEMENT

CODE: 100E

DIAGNOSIS: PATENT DUCTUS ARTERIOSUS; AORTIC PULMONARY FISTULA -

PERSISTENT

TREATMENT: LIGATION

CODE: 209E

DIAGNOSIS: PHLEBITIS & THROMBOPHLEBITIS, DEEP

TREATMENT: LIGATION AND DIVISION; MEDICAL MANAGEMENT

CODE: 914E

DIAGNOSIS: RHEUMATIC PERICARDITIS; RHEUMATIC MYOCARDITIS

TREATMENT: MEDICAL MANAGEMENT

CODE: 16E

DIAGNOSIS: RUPTURE OF PAPILLARY MUSCLE

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 627E

DIAGNOSIS: SHOCK / HYPOTENSION - LIFE THREATENING TREATMENT: MEDICAL MANAGEMENT; VENTILATION

CODE: 99E

DIAGNOSIS: TETRALOGY OF FALLOT (TOF)
TREATMENT: TOTAL REPAIR TETRALOGY

CODE: 93E

DIAGNOSIS: VENTRICULAR SEPTAL DEFECT - PERSISTENT

TREATMENT: CLOSURE

GASTRO-INTESTINAL SYSTEM

CODE: 920F

DIAGNOSIS: ANAL FISSURE; ANAL FISTULA

TREATMENT: FISSURECTOMY; FISTULECTOMY; MEDICAL MANAGEMENT

CODE: 41F

DIAGNOSIS: ABSCESS OF INTESTINE

TREATMENT: DRAIN ABSCESS; MEDICAL MANAGEMENT

CODE: 489F

DIAGNOSIS: ACQUIRED HYPERTROPHIC PYLORIC STENOSIS AND OTHER DISORDERS

OF THE STOMACH AND DUODENUM TREATMENT: SURGICAL MANAGEMENT

CODE: 254F

DIAGNOSIS: ACUTE DIVERTICULITIS OF COLON

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT, INCLUDING COLON RESECTION

CODE: 124F

DIAGNOSIS: ACUTE VASCULAR INSUFFICIENCY OF INTESTINE

TREATMENT: COLECTOMY

CODE: 337F

DIAGNOSIS: AMOEBIASIS; TYPHOID TREATMENT: MEDICAL MANAGEMENT

CODE: 264F

DIAGNOSIS: ANAL AND RECTAL POLYP TREATMENT: EXCISION OF POLYP

CODE: 9F

DIAGNOSIS: APPENDICITIS
TREATMENT: APPENDECTOMY

CODE: 952F

DIAGNOSIS: CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM & MESENTERY

- TREATABLE

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT, WHICH INCLUDES

CHEMOTHERAPY AND RADIATION THERAPY

CODE: 950F

DIAGNOSIS: CANCER OF THE GIT INCLUDING OESOPHAGUS, STOMACH, BOWEL,

RECTUM, ANUS - TREATABLE

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT, WHICH INCLUDES RADIATION

THERAPY

CODE: 95F

DIAGNOSIS: CONGENITAL ANOMALIES OF UPPER ALIMENTARY TRACT - EXCLUDING

TONGUE

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 214F

DIAGNOSIS: OESOPHAGEAL STRICTURE TREATMENT: DILATION; SURGERY

CODE: 516F

DIAGNOSIS: ESOPHAGEAL VARICES

TREATMENT: MEDICAL MANAGEMENT; SURGICAL SHUNT; SCLEROTHERAPY

CODE: 902F

DIAGNOSIS: GASTRIC OR INTESTINAL ULCERS WITH HEMORRHAGE OR PERFORATION

TREATMENT: SURGERY; ENDOSCOPIC DIAGNOSIS; MEDICAL MANAGEMENT

CODE: 901F

DIAGNOSIS: GASTROENTERITIS AND COLITIS WITH LIFE-THREATENING HAEMORRHAGE

OR DEHYDRATION, REGARDLESS OF CAUSE

TREATMENT: MEDICAL MANAGEMENT

CODE: 6F

DIAGNOSIS: HERNIA WITH OBSTRUCTION AND/OR GANGRENE; UNCOMPLICATED

HERNIAS UNDER AGE 18

TREATMENT: REPAIR; BOWEL RESECTION

CODE: 20F

DIAGNOSIS: INTESTINAL OBSTRUCTION WITHOUT MENTION OF HERNIA; SYMPTOMATIC

FOREIGN BODY IN STOMACH, INTESTINES, COLON & RECTUM TREATMENT: EXCISION; SURGERY; MEDICAL MANAGEMENT

CODE: 232F

DIAGNOSIS: PARALYTIC ILEUS

TREATMENT: MEDICAL MANAGEMENT

CODE: 498F

DIAGNOSIS: PERITONEAL ADHESION TREATMENT: SURGICAL MANAGEMENT

CODE: 3F

DIAGNOSIS: PERITONITIS, REGARDLESS OF CAUSE TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 555F

DIAGNOSIS: RECTAL PROLAPSE TREATMENT: PARTIAL COLECTOMY

CODE: 292F

DIAGNOSIS: REGIONAL ENTERITIS: IDIOPATHIC PROCTOCOLITIS - ACUTE

EXACCERBATIONS AND COMPLICATIONS ONLY

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 900F

DIAGNOSIS: RUPURE OF INTRA-ABDOMINAL ORGAN TREATMENT: REPAIR; SPLENECTOMY; RESECTION

CODE: 507F

DIAGNOSIS: THROMBOSED AND COMPLICATED HEMORRHOIDS

TREATMENT: HEMORRHOIDECTOMY; INCISION

LIVER, PANCREAS AND SPLEEN

CODE: 325G

DIAGNOSIS: ACUTE NECROSIS OF LIVER TREATMENT: MEDICAL MANAGEMENT

CODE: 327G

DIAGNOSIS: ACUTE PANCREATITIS

TREATMENT: MEDICAL MANAGEMENT, AND WHERE APPROPRIATE, SURGICAL

MANAGEMENT

CODE: 36G

DIAGNOSIS: BUDD-CHIARI SYNDROME, AND OTHER VENOUS EMBOLISM AND

THROMBOSIS

TREATMENT: THROMBECTOMY/LIGATION

CODE: 910G

DIAGNOSIS: CALCULUS OF BILE DUCT WITH CHOLECYSTITIS

TREATMENT: MEDICAL MANAGEMENT; CHOLECYSTECTOMY; OTHER OPEN OR CLOSED

SURGERY

CODE: 950G

DIAGNOSIS: CANCER OF LIVER, BILIARY SYSTEM AND PANCREAS - TREATABLE

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 255G

DIAGNOSIS: CYST AND PSEUDOCYST OF PANCREAS TREATMENT: DRAINAGE OF PANCREATIC CYST

CODE: 156G

DIAGNOSIS: DISORDERS OF BILE DUCT

TREATMENT: EXCISION; REPAIR

CODE: 910G

DIAGNOSIS: GALLSTONE WITH CHOLECYSTITIS AND/OR JAUNDICE

TREATMENT: MEDICAL MANAGEMENT; CHOLECYSTECTOMY; OTHER OPEN OR CLOSED

SURGERY

CODE: 743G

DIAGNOSIS: HEPATORENAL SYNDROME TREATMENT: MEDICAL MANAGEMENT

CODE: 27G

DIAGNOSIS: LIVER ABSCESS; PANCREATIC ABSCESS TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 911G

DIAGNOSIS: LIVER FAILURE; HEPATIC VASCULAR OBSTRUCTION; INBORN ERRORS OF

LIVER METABOLISM; BILIARY ATRESIA

TREATMENT: LIVER TRANSPLANT, OTHER SURGERY, MEDICAL MANAGEMENT

CODE: 231G

DIAGNOSIS: PORTAL VEIN THROMBOSIS

TREATMENT: SHUNT

MUSCULOSKELETAL SYSTEM; TRAUMA NOS

CODE: 353H

DIAGNOSIS: ABSCESS OF BURSA OR TENDON

TREATMENT: INCISION AND DRAINAGE

CODE: 32H

DIAGNOSIS: ACUTE OSTEOMYELITIS

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 950H

DIAGNOSIS: CANCER OF BONES - TREATABLE

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT, WHICH INCLUDES

CHEMOTHERAPY AND RADIATION THERAPY

CODE: 206H

DIAGNOSIS: CHRONIC OSTEOMYELITIS TREATMENT: INCISION & DRAINAGE

CODE: 902H

DIAGNOSIS: CLOSED FRACTURES/DISLOCATIONS OF LIMB BONES / EPIPHYSES -

EXCLUDING FINGERS AND TOES

TREATMENT: REDUCTION/RELOCATION

CODE: 85H

DIAGNOSIS: CONGENITAL DISLOCATION OF HIP; COXA VARA & VALGA; CONGENITAL

CLUBFOOT

TREATMENT: REPAIR/RECONSTRUCTION

CODE: 147H

DIAGNOSIS: CRUSH INJURIES OF TRUNK, UPPER LIMBS, LOWER LIMB, INCLUDING

BLOOD VESSELS

TREATMENT: SURGICAL MANAGEMENT: VENTILATION: ACUTE RENAL DIALYSIS

CODE: 491H

DIAGNOSIS: DISLOCATIONS/FRACTURES OF VERTEBRAL COLUMN WITHOUT SPINAL

CORD INJURY

TREATMENT: MEDICAL MANAGEMENT; SURGICAL STABILISATION

CODE: 500H

DIAGNOSIS: DISRUPTIONS OF THE ACHILLES / QUADRICEPS TENDONS

TREATMENT: REPAIR

CODE: 178H

DIAGNOSIS: FRACTURE OF HIP

TREATMENT: REDUCTION; HIP REPLACEMENT

CODE: 445H

DIAGNOSIS: INJURY TO INTERNAL ORGANS

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 900H

DIAGNOSIS: OPEN FRACTURE/DISLOCATION OF BONES OR JOINTS

TREATMENT: REDUCTION/RELOCATION; MEDICAL AND SURGICAL MANAGEMENT

CODE: 34H

DIAGNOSIS: PYOGENIC ARTHRITIS

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 901H

DIAGNOSIS: TRAUMATIC AMPUTATION OF LIMBS, HANDS, FEET, AND DIGITS

TREATMENT: REPLANTATION/AMPUTATION

SKIN AND BREAST

CODE: 465J

DIAGNOSIS: ACUTE LYMPHADENITIS

TREATMENT: INCISION AND DRAINAGE; MEDICAL MANAGEMENT

CODE: 900J

DIAGNOSIS: BURNS, GREATER THAN 10% OF BODY SURFACE, OR MORE THAN 5%

INVOLVING HEAD, NECK, HANDS, PERINEUM

TREATMENT: DEBRIDEMENT; FREE SKIN GRAFT; MEDICAL MANAGEMENT

CODE: 950J

DIAGNOSIS: CANCER OF BREAST - TREATABLE

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT, WHICH INCLUDES

CHEMOTHERAPY AND RADIATION THERAPY

CODE: 954J

DIAGNOSIS: CANCER OF SKIN, EXCLUDING MALIGNANT MELANOMA - TREATABLE

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 952J

DIAGNOSIS: CANCER OF SOFT TISSUE, INCLUDING SARCOMAS AND MALIGNANCIES OF

THE ADNEXA -TREATABLE

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT, WHICH INCLUDES

CHEMOTHERAPY AND RADIATION THERAPY

CODE: 349J

DIAGNOSIS: CELLULITIS AND ABSCESSES WITH RISK OF ORGAN OR LIMB DAMAGE OR

SEPTICEMIA IF UNTREATED; NECROTISING FASCIITIS TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 901J

DIAGNOSIS: DISSEMINATED BULLOUS SKIN DISEASE, INCLUDING PEMPHIGUS, PEMPHIGOID, EPIDERMOLYSIS BULLOSA, EPIDERMOLYTIC HYPERKERATOSIS

TREATMENT: MEDICAL MANAGEMENT

CODE: 951J

DIAGNOSIS: LETHAL MIDLINE GRANULOMA

TREATMENT: MEDICAL MANAGEMENT, WHICH INCLUDES RADIATION THERAPY

CODE: 953J

DIAGNOSIS: MALIGNANT MELANOMA OF SKIN - TREATABLE TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 373J

DIAGNOSIS: NON-SUPERFICIAL OPEN WOUNDS - NON LIFE-THREATENING

TREATMENT: REPAIR

CODE: 356J

DIAGNOSIS: PYODERMA; BODY, DEEP-SEATED FUNGAL INFECTIONS

TREATMENT: MEDICAL MANAGEMENT

CODE: 112J

DIAGNOSIS: TOXIC EPIDERMAL NECROLYSIS AND STAPHYLOCOCCAL SCALDED SKIN

SYNDROME; STEVENS-JOHNSON SYNDROME

TREATMENT: MEDICAL MANAGEMENT

ENDOCRINE, METABOLIC AND NUTRITIONAL

CODE: 331K

DIAGNOSIS: ACUTE THYROIDITIS
TREATMENT: MEDICAL MANAGEMENT

CODE: 951K

DIAGNOSIS: BENIGN AND MALIGNANT TUMOURS OF PITUITARY GLAND WITH/WITHOUT

HYPERSECRETION SYNDROMES

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT; RADIATION THERAPY

CODE: 30K

DIAGNOSIS: BENIGN NEOPLASM OF ISLETS OF LANGERHANS TREATMENT: EXCISION OF TUMOR; MEDICAL MANAGEMENT

CODE: 950K

DIAGNOSIS: CANCER OF ENDOCRINE SYSTEM, EXCLUDING THYROID - TREATABLE

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT, WHICH INCLUDES

CHEMOTHERAPY AND RADIATION THERAPY

CODE: 952K

DIAGNOSIS: CANCER OF THYROID - TREATABLE; CARCINOID SYNDROME TREATMENT: MEDICAL AND SURGICAL MANAGEMENT, WHICH INLCUDES

CHEMOTHERAPY AND RADIATION THERAPY

CODE: 61K

DIAGNOSIS: CONGENITAL HYPOTHYROIDISM

TREATMENT: MEDICAL MANAGEMENT

CODE: 902K

DIAGNOSIS: DISORDERS OF ADRENAL SECRETION NOS TREATMENT: MEDICAL MANAGEMENT; ADRENALECTOMY

CODE: 447K

DIAGNOSIS: DISORDERS OF PARATHYROID GLAND: BENIGN NEOPLASM OF

PARATHYROID GLAND

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 904K

DIAGNOSIS: HYPER AND HYPOTHYROIDISM WITH LIFE-THREATENING COMPLICATIONS

OR REQUIRING SURGERY

TREATMENT: MEDICAL MANAGEMENT; SURGERY

CODE: 31K

DIAGNOSIS: HYPOGLYCEMIC COMA; HYPERGLYCEMIA; DIABETIC KETOACIDOSIS

TREATMENT: MEDICAL MANAGEMENT

CODE: 236K

DIAGNOSIS: IRON DEFICIENCY; VITAMIN AND OTHER NUTRITIONAL DEFICIENCIES -

LIFETHREATENING

TREATMENT: MEDICAL MANAGEMENT

CODE: 901K

DIAGNOSIS: LIFE-THREATENING CONGENITAL ABNORMALITIES OF CARBOHYDRATE.

LIPID, PROTEIN AND AMINO ACID METABOLISM

TREATMENT: MEDICAL MANAGEMENT

CODE: 903K

DIAGNOSIS: LIFE-THREATENING DISORDERS OF FLUID AND ELECTROLYTE BALANCE,

NOS

TREATMENT: MEDICAL MANAGEMENT

URINARY AND MALE GENITAL SYSTEM

CODE: 354L

DIAGNOSIS: ABSCESS OF PROSTATE TREATMENT: TURP; DRAIN ABSCESS

CODE: 904L

DIAGNOSIS: ACUTE AND CHRONIC PYELONEPHRITIS; RENAL & PERINEPHRIC ABSCESS

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 903L

DIAGNOSIS: ACUTE GLOMERULONEPHRITIS AND NEPHROTIC SYNDROME

TREATMENT: MEDICAL MANAGEMENT

CODE: 954L

DIAGNOSIS: CANCER OF PENIS AND OTHER MALE GENITAL ORGAN - TREATABLE

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT, WHICH INCLUDES

CHEMOTHERAPY AND RADIATION THERAPY

CODE: 953L

DIAGNOSIS: CANCER OF PROSTATE GLAND - TREATABLE

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT, WHICH INCLUDES

CHEMOTHERAPY AND RADIATION THERAPY

CODE: 950L

DIAGNOSIS: CANCER OF TESTIS - TREATABLE

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT, WHICH INCLUDES

CHEMOTHERAPY AND RADIATION THERAPY

CODE: 952L

DIAGNOSIS: CANCER OF URINARY SYSTEM INCLUDING KIDNEY AND BLADDER -

TREATABLE

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT, WHICH INCLUDES

CHEMOTHERAPY AND RADIATION THERAPY

CODE: 906L

DIAGNOSIS: CONGENITAL ANOMALIES OF URINARY SYSTEM - SYMPTOMATIC AND

LIFETHREATENING

TREATMENT: NEPHRECTOMY/REPAIR

CODE: 901L

DIAGNOSIS: END STAGE RENAL DISEASE REGARDLESS OF CAUSE

TREATMENT: DIALYSIS & RENAL TRANSPLANT WHERE DEPARTMENT OF HEALTH

CRITERIA ARE MET ONLY (SEE CRITERIA PUBLISHED IN GPS 004-9001)

CODE: 900L

DIAGNOSIS: HYPERPLASIA OF THE PROSTATE, WITH ACUTE URINARY RETENTION OR

OBSTRUCTIVE RENAL FAILURE

TREATMENT: TRANSURETHRAL RESECTION; MEDICAL MANAGEMENT

CODE: 905L

DIAGNOSIS: OBSTRUCTION OF THE UROGENITAL TRACT, REGARDLESS OF CAUSE

TREATMENT: CATHETERIZATION; SURGERY; ENDOSCOPIC REMOVAL OF OBSTRUCTING

AGENT: LITHOTRIPSY

CODE: 436L

DIAGNOSIS: TORSION OF TESTIS
TREATMENT: ORCHIDECTOMY; REPAIR

CODE: 43L

DIAGNOSIS: TRAUMA TO THE URINARY SYSTEM INCLUDING RUPTURED BLADDER

TREATMENT: CYSTORRHAPHY;SUTURE; REPAIR

CODE: 289L

DIAGNOSIS: URETERAL FISTULA (INTESTINAL)

TREATMENT: NEPHROSTOMY

CODE: 359L

DIAGNOSIS: VESICOURETERAL REFLUX

TREATMENT: MEDICAL MANAGEMENT; REPLANTATION

FEMALE REPRODUCTIVE SYSTEM

CODE: 539M

DIAGNOSIS: ABSCESSES OF BARTHOLIN'S GLAND AND VULVA TREATMENT: INCISION AND DRAINAGE; MEDICAL MANAGEMENT

CODE: 288M

DIAGNOSIS: ACUTE PELVIC INFLAMMATORY DISEASE TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 954M

DIAGNOSIS: CANCER OF CERVIX - TREATABLE

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT. WHICH INCLUDES RADIATION

THERAPY

CODE: 952M

DIAGNOSIS: CANCER OF OVARY - TREATABLE

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT, WHICH INCLUDES

CHEMOTHERAPY AND RADIATION THERAPY

CODE: 950M

DIAGNOSIS: CANCER OF UTERUS - TREATABLE

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT, WHICH INCLUDES

CHEMOTHERAPY AND RADIATION THERAPY

CODE: 953M

DIAGNOSIS: CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS NOS -

TREATABLE

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT, WHICH INCLUDES RADIATION

THERAPY AND CHEMOTHERAPY

CODE: 960M

DIAGNOSIS: CERVICAL AND BREAST CANCER SCREENING

TREATMENT: CERVICAL SMEARS; PERIODIC BREAST EXAMINATION

CODE: 645M

DIAGNOSIS: CONGENITAL ABNORMALITIES OF THE FEMALE GENITALIA

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 266M

DIAGNOSIS: DYSPLASIA OF CERVIX AND CERVICAL CARCINOMA-IN-SITU; CERVICAL

CONDYLOMATA

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 53M

DIAGNOSIS: ECTOPIC PREGNANCY

TREATMENT: SURGERY

CODE: 460M

DIAGNOSIS: FISTULA INVOLVING FEMALE GENITAL TRACT

TREATMENT: CLOSURE OF FISTULA

CODE: 951M

DIAGNOSIS: HYDATIDIFORM MOLE; CHORIOCARCINOMA TREATMENT: D & C; HYSTERECTOMY; CHEMOTHERAPY

CODE: 902M

DIAGNOSIS: INFERTILITY

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 528M

DIAGNOSIS: MENOPAUSAL MANAGEMENT, ANOMALIES OF OVARIES, PRIMARY AND SECONDARY AMENORRHOEA, FEMALE SEX HORMONES ABNORMALITIES NOS,

INCLUDING HIRSUTISM.

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT, INCLUDING HORMONE

REPLACEMENT THERAPY

CODE: 434M

DIAGNOSIS: NON-INFLAMMATORY DISORDERS AND BENIGN NEOPLASMS OF OVARY,

FALLOPIAN TUBES AND UTERUS

TREATMENT: SALPINGECTOMY; OOPHORECTOMY; HYSTERECTOMY; MEDICAL AND

SURGICAL MANAGEMENT

CODE: 237M

DIAGNOSIS: SEXUAL ABUSE, INCLUDING RAPE

TREATMENT: MEDICAL MANAGEMENT: PSYCHOTHERAPY

CODE: 903M

DIAGNOSIS: SPONTANEOUS ABORTION

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 435M

DIAGNOSIS: TORSION OF OVARY

TREATMENT: OOPHORECTOMY; OVARIAN CYSTECTOMY

CODE: 530M

DIAGNOSIS: UTERINE PROLAPSE; CYSTOCELE

TREATMENT: SURGICAL REPAIR

CODE: 296M

DIAGNOSIS: VOLUNTARY TERMINATION OF PREGNANCY

TREATMENT: INDUCED ABORTION; MEDICAL AND SURGICAL MANAGEMENT

PREGNANCY AND CHILDBIRTH

CODE: 67N

DIAGNOSIS: # LOW BIRTH WEIGHT (UNDER 1000a) WITH RESPIRATORY DIFFICULTIES

TREATMENT: # MEDICAL MANAGEMENT NOT INCLUDING VENTILATION

CODE: 967N

DIAGNOSIS: # LOW BIRTH WEIGHT (UNDER 2500 GRAMS & > 1000g) WITH RESPIRATORY

DIFFICULTIES

TREATMENT: MEDICAL MANAGEMENT, INCLUDING VENTILATION; INTENSIVE CARE

THERAPY

CODE: 71N

DIAGNOSIS: BIRTH TRAUMA FOR BABY

TREATMENT: MEDICAL MANAGEMENT; SURGERY

CODE: 901N

DIAGNOSIS: CONGENITAL SYSTEMIC INFECTIONS AFFECTING THE NEWBORN

TREATMENT: MEDICAL MANAGEMENT, VENTILATION

CODE: 904N

DIAGNOSIS: HAEMATOLOGICAL DISORDERS OF THE NEWBORN

TREATMENT: MEDICAL MANAGEMENT

CODE: 54N

DIAGNOSIS: NECROTIZING ENTEROCOLITIS IN NEWBORN TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 74N

DIAGNOSIS: NEONATAL AND INFANT GIT ABNORMALITIES AND DISORDERS, INCLUDING

MALROTATION AND ATRESIA

TREATMENT: MEDICAL AND SURGICAL MANAGEMENT

CODE: 902N

DIAGNOSIS: NEONATAL ENDOCRINE, METABLIC AND TOXIN-INDUCED CONDITIONS

TREATMENT: MEDICAL MANAGEMENT

CODE: 903N

DIAGNOSIS: NEUROLOGICAL ABNORMALITIES IN THE NEWBORN

TREATMENT: MEDICAL MANAGEMENT

CODE: 52N

DIAGNOSIS: PREGNANCY

TREATMENT: ANTENATAL AND OBSTETRIC CARE NECESSITATING HOSPITALISATION.

INCLUDING DELIVERY

CODE: 56N

DIAGNOSIS: RESPIRATORY CONDITIONS OF NEWBORN TREATMENT: MEDICAL MANAGEMENT; VENTILATION

HAEMATOLOGICAL, INFECTIOUS AND MISCELLANEOUS SYSTEMIC CONDITIONS

CODE: 50S

DIAGNOSIS: SYPHILIS - CONGENITAL, SECONDARY AND TERTIARY

TREATMENT: MEDICAL MANAGEMENT

CODE: 168S

DIAGNOSIS: # HIV-ASSOCIATED DISEASE - FIRST ADMISSION OR SUBSEQUENT

ADMISSIONS

TREATMENT: # MEDICAL AND SURGICAL MANAGEMENT FOR OPPORTUNISTIC

INFECTIONS / LOCALISED MALIGNANCIES

CODE: 260S

DIAGNOSIS: # IMMINENT DEATH REGARDLESS OF DIAGNOSIS TREATMENT: # COMFORT CARE; PAIN RELIEF; HYDRATION

CODE: 113S

DIAGNOSIS: ACQUIRED HAEMOLYTIC ANAEMIAS

TREATMENT: MEDICAL MANAGEMENT

CODE: 901S

DIAGNOSIS: ACUTE LEUKAEMIAS, LYMPHOMAS

TREATMENT: MEDICAL MANAGEMENT, WHICH INCLUDES CHEMOTHERAPY, RADIATION

THERAPY, BONE MARROW TRANSPLANTATION

CODE: 277S

DIAGNOSIS: ANAEROBIC INFECTIONS - LIFE THREATENING TREATMENT: MEDICAL MANAGEMENT; HYPERBARIC OXYGEN

CODE: 48S

DIAGNOSIS: ANAPHYLACTIC SHOCK

TREATMENT: MEDICAL MANAGEMENT; VENTILATION

CODE: 900S

DIAGNOSIS: APLASTIC ANEMIA; AGRANULOCYTOSIS; OTHER LIFE-THREATENING

HERIDITARY IMMUNE DEFICIENCIES

TREATMENT: BONE MARROW TRANSPLANTATION; MEDICAL MANAGEMENT

CODE: 197S

DIAGNOSIS: BOTULISM

TREATMENT: MEDICAL MANAGEMENT

CODE: 338S

DIAGNOSIS: CHOLERA; RAT-BITE FEVER TREATMENT: MEDICAL MANAGEMENT

CODE: 196S

DIAGNOSIS: CHRONIC GRANULOMATOUS DISEASE

TREATMENT: MEDICAL MANAGEMENT, WHICH INCLUDES RADIATION THERAPY

CODE: 916S

DIAGNOSIS: COAGULATION DEFECTS TREATMENT: MEDICAL MANAGEMENT

CODE: 246S

DIAGNOSIS: CYSTICERCOSIS; OTHER SYSTEMIC CESTODE INFECTION

TREATMENT: MEDICAL MANAGEMENT

CODE: 903S

DIAGNOSIS: DEEP-SEATED (EXCLUDING NAIL INFECTIONS), DISSEMINATED AND

SYSTEMIC FUNGAL INFECTIONS

TREATMENT: MEDICAL MANAGEMENT; SURGERY

CODE: 44S

DIAGNOSIS: ERYSIPELAS

TREATMENT: MEDICAL MANAGEMENT

CODE: 179S

DIAGNOSIS: HEREDITARY ANGIOEDEMA; ANGIONEUROTIC ADEMA

TREATMENT: MEDICAL AND SURGICAL THERAPY

CODE: 174S

DIAGNOSIS: HEREDITARY HAEMOLYTIC ANAEMIAS (EG. SICKLE CELL);

DYSERYTHROPOIETIC ANEMIA (CONGENITAL)

TREATMENT: MEDICAL MANAGEMENT

CODE: 201S

DIAGNOSIS: HERPETIC ENCEPHALITIS; REYE'S SYNDROME

TREATMENT: MEDICAL MANAGEMENT

CODE: 913S

DIAGNOSIS: IMMUNE COMPROMISE NOS AND ASSOCIATED LIFE-THREATENING

INFECTIONS NOS

TREATMENT: MEDICAL MANAGEMENT

CODE: 912S

DIAGNOSIS: LEPROSY AND OTHER SYSTEMIC MYCOBACTERIAL INFECTIONS,

EXCLUDING TUBERCULOSIS

TREATMENT: MEDICAL MANAGEMENT

CODE: 336S

DIAGNOSIS: LEPTOSPIROSIS: SPIROCHAETAL INFECTIONS NOS

TREATMENT: MEDICAL MANAGEMENT

CODE: 252S

DIAGNOSIS: LIFE-THREATENING ANAEMIA NOS

TREATMENT: MEDICAL MANAGEMENT; TRANSFUSION

CODE: 908S

DIAGNOSIS: LIFE-THREATENING CONDITIONS DUE TO EXPOSURE TO THE ELEMENTS.

INCLUDING HYPO AND HYPERTHERMIA; LIGHTNING STRIKES]

TREATMENT: MEDICAL MANAGEMENT

CODE: 907S

DIAGNOSIS: LIFE-THREATENING RICKETTSIAL AND OTHER ARTHROPOD-BORNE

DISEASES

TREATMENT: MEDICAL MANAGEMENT

CODE: 172S

DIAGNOSIS: MALARIA; TRYPANOSOMIASIS; OTHER LIFE-THREATENING PARASITIC

DISEASE

TREATMENT: MEDICAL MANAGEMENT

CODE: 904S

DIAGNOSIS: METASTATIC INFECTIONS; SEPTICEMIA

TREATMENT: MEDICAL MANAGEMENT

CODE: 910S

DIAGNOSIS: MULTIPLE MYELOMA AND CHRONIC LEUKAEMIAS TREATMENT: MEDICAL MANAGEMENT; CHEMOTHERAPY

CODE: 247S

DIAGNOSIS: POISONING BY INGESTION, INJECTION, AND NON-MEDICINAL AGENTS

TREATMENT: MEDICAL MANAGEMENT

CODE: 911S

DIAGNOSIS: SEXUALLY TRANSMITTED DISEASES WITH SYSTEMIC INVOLVEMENT NOT

ELSWHERE SPECIFIED

TREATMENT: MEDICAL MANAGEMENT

CODE: 128S

DIAGNOSIS: TETANUS; ANTHRAX; WHIPPLE'S DISEASE

TREATMENT: MEDICAL MANAGEMENT

CODE: 122S

DIAGNOSIS: THALASSEMIA AND OTHER HEMOGLOBINOPATHIES - TREATABLE

TREATMENT: MEDICAL MANAGEMENT: BONE MARROW TRANSPLANT

CODE: 316S

DIAGNOSIS: TOXIC EFFECT OF GASES, FUMES, AND VAPORS

TREATMENT: MEDICAL THERAPY

CODE: 11S

DIAGNOSIS: TUBERCULOSIS

TREATMENT: DIAGNOSIS AND ACUTE MEDICAL MANAGEMENT; SUCCESSFUL TRANSFER TO MAINTENANCE THERAPY IN ACCORDANCE WITH DOH GUIDELINES

CODE: 937S

DIAGNOSIS: TUMOUR OF INTERNAL ORGAN (EXCLUDES SKIN): UNKNOWN WHETHER

BENIGN OR MALIGNANT TREATMENT: BIOPSY

CODE: 15S

DIAGNOSIS: WHOOPING COUGH, DIPTHERIA

TREATMENT: MEDICAL MANAGEMENT

MENTAL ILLNESS

CODE: 182T

DIAGNOSIS: ABUSE OR DEPENDENCE ON PSYCHOACTIVE SUBSTANCE TREATMENT: HOSPITAL-BASED MANAGEMENT UP TO 3 WEEKS/YEAR

CODE: 910T

DIAGNOSIS: ACUTE DELUSIONAL MOOD, ANXIETY, PERSONALITY, PERCEPTION

DISORDERS AND ORGANIC MENTAL DISORDER CAUSED BY DRUGS;

TREATMENT: HOSPITAL-BASED MANAGEMENT UP TO 3 DAYS

CODE: 901T

DIAGNOSIS: ACUTE STRESS DISORDER ACCOMPANIED BY RECENT SIGNIFICANT

TRAUMA, INCLUDING PHYSICAL OR SEXUAL ABUSE

TREATMENT: HOSPITAL ADMISSION FOR MEDICAL/PSYCHOTHERAPY UP TO 3 DAYS;

COUNSELLING

CODE: 910T

DIAGNOSIS: ALCOHOL WITHDRAWAL DELIRIUM; ALCOHOL INTOXICATION DELIRIUM

TREATMENT: HOSPITAL BASED MANAGEMENT UP TO 3 DAYS LEADING TO

REHABILITATION

CODE: 908T

DIAGNOSIS: ANOREXIA NERVOSA AND BULIMIA NERVOSA

TREATMENT: HOSPITAL-BASED MANAGEMENT UP TO 3 WEEKS/YEAR

CODE: 903T

DIAGNOSIS: ATTEMPTED SUICIDE, IRRESPECTIVE OF CAUSE TREATMENT: HOSPITAL-BASED MANAGEMENT UP TO 3 DAYS

CODE: 184T

DIAGNOSIS: BRIEF REACTIVE PSYCHOSIS

TREATMENT: HOSPITAL-BASED MANAGEMENT UP TO 3 WEEKS/YEAR

CODE: 910T

DIAGNOSIS: DELIRIUM: AMPHETAMINE, COCAINE, OR OTHER PSYCHOACTIVE

SUBSTANCE

TREATMENT: HOSPITAL-BASED MANAGEMENT UP TO 3 DAYS

CODE: 902T

DIAGNOSIS: MAJOR AFFECTIVE DISORDERS, INCLUDING UNIPOLAR AND BIPOLAR

DEPRESSION

TREATMENT: HOSPITAL-BASED MEDICAL MANAGEMENT UP TO 3 WEEKS/YEAR;

ELECTROCONVULSIVE THERAPY

CODE: 907T

DIAGNOSIS: SCHIZOPHRENIC AND PARANOID DELUSIONAL DISORDERS

TREATMENT: HOSPITAL-BASED MEDICAL MANAGEMENT UP TO 3 WEEKS/YEAR

CODE: 909T

DIAGNOSIS: TREATABLE DEMENTIA

TREATMENT: ADMISSION FOR INITIAL DIAGNOSIS; MANAGEMENT OF ACUTE

PSYCHOTIC SYMPTOMS - UP TO 1 WEEK

Explanatory notes and definitions to Annexure A

1) Interventions shall be deemed hospital-based where they require:

- An overnight stay in hospital.

or

- The use of an operating theatre together with the administration of a general or regional anaesthetic.

or

- The application of other diagnostic or surgical procedures that carry a significant risk of death, and consequently require on-site resuscitation and/or surgical facilities.
- The use of equipment, medications or medical professionals not generally found outside of hospitals.
- 2) Where the treatment component of a category in Annexure A is stated in general terms (i.e."medical management" or "surgical management", it should be interpreted as referring to prevailing hospital-based medical or surgical diagnostic and treatment practice for the specified condition. Where significant differences exist between Public and Private sector practices, the interpretation of the Prescribed Minimum Benefits should follow the predominant Public Hospital practice, as outlined in the relevant provincial or national public hospital clinical protocols, where these exist. Where clinical protocols do not exist, disputes should be settled by consultation with provincial health authorities to ascertain prevailing practice. The following interventions shall however be excluded from the generic medical / surgical management categories unless otherwise specified:

- i) Tumour chemotherapy
- ii) Tumour radiotherapy
- iii) Bone marrow transplantation / rescue
- iv) Mechanical ventilation
- v) Hyperbaric oxygen therapy
- vi) Organ transplantation
- vii)Treatments, drugs or devices not yet registered by the relevant authority in the Republic of South Africa
- **3)** "*Treatable*" *cancers*. In general, solid organ malignant tumours (excluding lymphomas) will be regarded as treatable where:
- i) they involve only the organ of origin, and have not spread to adjacent organs
- ii) there is no evidence of distant metastatic spread
- iii) they have not, by means of compression, infarction, or other means, brought about irreversible and irreparable damage to the organ within which they originated (for example brain stem compression caused by a cerebral tumour) or another vital organ
- iv) or, if points i. to iii. do not apply, there is a well demonstrated five year survival rate of greater than 10% for the given therapy for the condition concerned

4) Tumour chemotherapy with or without bone marrow transplantation and other indications for bone marrow transplantation.

These are included in the prescribed minimum benefits package only where Annexure A explicitly mentions such interventions. Management may include a first full course of chemotherapy (including, if indicated, induction, consolidation and myeloablative components). Where specified in terms of Annexure A, this may be followed by bone marrow transplantation/rescue, according to tumour type and prevailing practice. The following conditions would also apply to the bone marrow transplantation component of the prescribed minimum benefits:

- i) the patient should be under 60 years of age
- ii) allogeneic bone marrow transplantation should only be considered where there is an HLA matched family donor
- iii) the patient should not have relapsed after a previous full course of chemotherapy
- iv) (points i. and ii. shall also apply to bone marrow transplantation for non-malignant diseases)
- **5) Solid organ transplants.** The prescribed minimum benefits Annexure includes solid organ transplants (liver, kidney and heart) only where these are provided by Public hospitals in accordance with Public sector protocols and subject to public sector waiting lists.
- **6)** In certain cases, **specified categories shall take precedence** over others present. Such overriding, categories are preceded by the sign .#. in their descriptions within Annexure A. For example, where someone is suffering from pneumonia and HIV, because the HIV category (168S) is an overriding category, the entitlements guaranteed by the .pneumonia. category (903D) are overridden.
- 7) Hospital treatment where the diagnosis is uncertain and/or admission for diagnostic purposes. Urgent admission may be required where a diagnosis has not yet been made. Certain categories of prescribed minimum benefits are described in terms of presenting symptoms, rather than diagnosis, and in these cases, inclusion within the prescribed minimum benefits may be assumed without a definitive diagnosis. In other cases, clinical evidence should be regarded as sufficient where this suggests the existence of a diagnosis that is included within the package. Medical schemes may, however, require confirmatory evidence of this diagnosis within a reasonable period of time, and where they consistently encounter difficulties with particular providers or provider networks, such problems should be brought to the attention of the Council for Medical Schemes for resolution.
- 8) NOS not otherwise specified.

The amended list of chronic conditions in Annexure A is as follows:

Diagnosis:

Addison's Disease

Asthma

Bipolar Mood Disorder

Bronchiectasis

Cardiac Failure

Cardiomyopathy

Chronic Renal Disease

Chronic Obstructive Pulmonary Disease

Coronary Artery Disease

Crohn's Disease

Diabetes Insipidus

Diabetes Mellitus Types 1 & 2

Dysrhythmias

Epilepsy

Glaucoma

Haemophilia

Hyperlipidaemia

Hypertension

Hypothyroidism

Multiple Sclerosis

Parkinson's Disease

Rheumatoid Arthritis

Schizophrenia

Systemic Lupus Erythematosus

Ulcerative Colitis