

	<b>MEDISCOR (PTY) LTD</b> 1257 South Street, Centurion PO Box 8796, Centurion, 0046 Tel: (012) 674 8000 Fax: (012) 674 8001	<b>NOTIFICATION 47 OF 2013</b>
		<b>3 December 2013</b>

<b>Medical Scheme</b>	Seventh-day Adventist Medical Scheme (SEDMED)
<b>Administrator</b>	SEDMED
<b>Information Relevant to</b>	Benefits and Options ( <b>Namibian &amp; Lesotho Pharmacies</b> )
<b>Effective Date</b>	1 January 2014

With effect 1 January 2014, Mediscor will be applying the medicine claim rules for SEDMED Medical Scheme, for **Namibia** and **Lesotho** pharmacies, as outlined below. All claims with service date from 1 June 2013 may be submitted via Mediscor.

**Herewith the detail for submitting medicine claims to Mediscor:**

<b>1.</b>	<b>Scheme Code (PCN)</b>	<b>MDS0074</b>
<b>2.</b>	<b>Switch Destination Code</b>	<b>SMSC0003</b>
<b>3.</b>	<b>EDI Activation Code (Dispensing Doctors)</b>	<b>022P</b>
<b>4.</b>	<b>Reference pricing</b>	<b>Not Applicable</b>
<b>5.</b>	<b>Maximum supply of medicine</b>	<b>30 Days</b>
<b>6.</b>	<b>Days supply of the dispensed medicine</b>	<b>Yes / Compulsory</b>
<b>7.</b>	<b>Membership number as per membership card</b>	<b>Yes / Compulsory</b>
<b>8.</b>	<b>Dependent code as per membership card</b>	<b>Yes / Compulsory</b>
<b>9.</b>	<b>Dependent first name as per membership card</b>	<b>Yes / Compulsory</b>
<b>10.</b>	<b>Dependent date of birth</b>	<b>Yes / Compulsory</b>
<b>11.</b>	<b>Dependent gender (male/female)</b>	<b>Yes / Compulsory</b>
<b>12.</b>	<b>Practice number of the prescriber</b>	<b>Yes / Compulsory</b>
<b>13.</b>	<b>ICD-10 Diagnosis code</b>	<b>No</b>
<b>14.</b>	<b>9 digit NAPPI code of medicine dispensed</b>	<b>Yes / Compulsory</b>
<b>15.</b>	<b>Membership number requirements</b>	<b>Minimum 5 numerical</b>
<b>16.</b>	<b>Payments to Providers</b>	<b>SEDMED Medical Scheme</b>
<b>17.</b>	<b>Medicine pre-authorization</b>	<b>Mediscor ChroniLine™</b>
<b>18.</b>	<b>Reimbursement structure – Namibia Pharmacies</b>	<b>(SEP + 50% mark-up) + 15% VAT</b>
<b>19.</b>	<b>Reimbursement structure – Lesotho Pharmacies</b>	<b>(SEP + 50% mark-up) + 14% VAT</b>

- **Reimbursement structure will be applied on scheduled medicines (0 – 8) and unscheduled products**

**IMPORTANT:** The details below serve as a **GUIDELINE ONLY**. Due to the complexities of various levies, co-payments, formularies and exclusion criteria; **service providers must** refer to our **on-line responses** to apply the correct rules.

Herewith the rules for SEDMED Medical Scheme effective from 1 June 2014:

OPTIONS	BENEFITS APPLICABLE	LEVY	REFERENCE PRICE	EXCLUSIONS
<b>SEDMED</b>	Acute	25%	N/A	1-5, 7, 11, 14, 15, 19-25, 27, 30-32, 45, 53, 58, 60, 61
	Chronic	20%		
	PMB	No		
	OTC	25% <b>Maximum of R350 per family per month</b>		
	HIV/AIDS	No		
	Organ Transplant			
	Oncology			

**MEDICINE AUTHORISATION:**

Members and Providers must apply for medicine authorisations with **Mediscor**

**ChroniLine™ on 0860 119 553.**

**IF YOU REQUIRE ANY ASSISTANCE, PLEASE CONTACT:**

**Provider Payments** : **+27 51 447 8991**  
[sau.sedmed@adventist.org.za](mailto:sau.sedmed@adventist.org.za)

**General Enquiries** : [sedmed@mediscor.co.za](mailto:sedmed@mediscor.co.za)

**Mediscor ChroniLine™** : **0860 119 553**  
[preauth@mediscor.co.za](mailto:preauth@mediscor.co.za)

Please send any questions regarding this communiqué to [updates@mediscor.co.za](mailto:updates@mediscor.co.za)

Kind regards.

**ILSE STEYN**