

Yarona Healthcare Network is pleased to provide you with the claims processes on behalf of their clients Calabash Health Solutions and Full Circle Health and their scheme options.

Medshield Access Option

Scheme and option	Mediswitch destination code	QEDI Activation code	Paper claims	Enquiries – Contact
MEDSHIELD Access option	MPA00001	888P	Post to: Calabash Health Solutions/ Medshield Access Private Bag X128 Centurion 0046	Contact no 0861 000 410 Fax no 0861 000 411 e-mail providers@caretech.co.za

2008 MEDSHIELD ACCESS OPTOMETRY GRID

BENEFIT REQUIRED	CODE	PRICE
Vision Examination (Includes Tonometry)	11001	R265

BENEFIT REQUIRED	CODE	PRICE
Single Vision Lenses and Frame	93200	R440
Bifocal Lenses and Frame	93300	R685

GENERAL

- The above Grid is the maximum limit per plan.
- Contracted Providers shall be paid according to the grid codes and prices only.
- Non-contracted provider accounts shall be rejected and members will be liable to settle the outstanding account.
- Please use codes as on the Grid on all invoices.
- The codes 93200 and 93300 shall be inclusive of spectacle lenses and a frame only.
- Vision Examinations are to be billed under code 11001.
- Extras or lens enhancements are not covered and therefore an exclusion.
- Should a member / beneficiary clinically not require spectacles, the provider shall be entitled to a consultation fee of R265.00.
- The tariff codes on the grid are VAT inclusive.
- Each member/beneficiary is entitled to one pair of spectacles during a 24 month cycle which will coincide with the benefit period as stated in the scheme rules.
- Payment of claims is subject to scheme rules.

PATHFINDER

Scheme and option	Mediswitch destination code	QEDI Activation code	Paper claims	Enquiries – Contact
PATHFINDER Terrace Avenue Trail options	PATH0001	555P	Post to: Calabash Health Solutions/ Pathfinder Private Bag X128 Centurion 0046	Contact no 0861 000 410 Fax no 0861 000 411 e-mail providers@caretech.co.za

2008 PATHFINDER OPTOMETRY GRID

SPECTACLES			
BENEFIT REQUIRED	CODE	TERRACE	AVENUE
Vision Examination (Includes Tonometry)	11001	R265	R265
Frame	40501	R530	R470
Single Vision Lenses (Standard)	80011	R160	R160
	70011		

SPECTACLES			
BENEFIT REQUIRED	CODE	TERRACE	AVENUE
Single Vision Lenses (Surfaced)	80021 70021	R370	R370
Bifocal Lenses	80812 70712	R400	R400
Multifocal Lenses	85012 75012	R625	R625
CONTACT LENSES			
Vision Examination (Includes Tonometry)	11001	R265	R265
Contact lenses	93800	Materials only R1000	Materials only R1000

BENEFIT LIMITS

- Payment of claims is subject to scheme rules.

LENSES

- The scheme will accept the Grid tariff codes and amounts only and any deviation from these tariffs will not be paid and may not be

claimed from the member.

- Glass and plastic lenses cost the same. Please use the appropriate code.
- No benefit will be granted if a beneficiary has

already received contact lenses during the same benefit period.

LENS ENHANCEMENTS

- All add ons will be excluded, except when a motivation has been submitted and approved by the scheme.

CONTACT LENSES

- The contact lens benefit is subject to the annual limit.

- The contact lens benefit is for materials only.
- The consultation is paid separately. Please use code 11001.
- Please use grid tariff code for contact lenses and specify whether disposable or permanent lenses.
- Benefits will not be granted if a beneficiary has already received a pair of spectacles.

GENERAL

- Please use codes as on the grid on all invoices

- Spectacle and contact lens prescriptions must be included in both paper and electronic claims. Claims submitted without prescriptions will be rejected.
- The benefit is limited to one pair of spectacles per beneficiary per two year cycle.
- Prices on the grid are net – no further discount will apply.
- All grid tariffs include VAT.

2008 PATHFINDER TRAIL OPTOMETRY GRID

BENEFIT REQUIRED	CODE	PRICE
Vision Examination if no spectacles are clinically required	11061	R265
Vision Examination, Single Vision Lenses and Frame	93200	R525

BENEFIT REQUIRED	CODE	PRICE
Vision Examination, Bifocal Lenses and Frame	93300	R840

GENERAL

- The above Grid is the maximum limit per plan.
- Contracted providers shall be paid according to the grid codes and prices only.
- Non-contracted provider accounts shall be rejected and the members will be held liable for settlement of the account.
- Please use codes as on the Grid on all invoices.
- The benefit is inclusive of a full vision examination, spectacle lenses and a frame.
- Extras are not covered.
- Should a member / beneficiary clinically not require spectacles, the provider shall be entitled to a consultation fee of R265.00.
- The tariff codes on the grid are VAT inclusive.
- Each member/beneficiary is entitled to one pair of spectacles during a 24 month cycle which will coincide with the benefit period as stated in the scheme rules.
- Payment of claims is subject to scheme rules.

SIZWE PRIMARY NETWORK OPTION

Scheme and option	Mediswitch destination code	QEDI Activation code	Paper claims	Enquiries – Contact
SIZWE Primary Network option	SMFP0002	937P	Post to: Calabash Health Solutions/ Sizwe Private Bag X128 Centurion 0046	Contact no 0861 000 410 Fax no 0861 000 411 e-mail providers@caretech.co.za

2008 SIZWE PRIMARY NETWORK OPTION OPTOMETRY GRID

BENEFIT REQUIRED	CODE	PRICE
Vision Examination: if no spectacles are clinically required	110061	R265
Vision Examination: Single Vision Lenses and Frame	93200	R525

BENEFIT REQUIRED	CODE	PRICE
Vision Examination: Bifocal Lenses and Frame	93300	R840

GENERAL

- The above Grid is the maximum limit per plan.
- Contracted Providers shall be paid according to the grid codes and prices only.
- Non-contracted provider accounts shall be rejected and members will be liable to settle the outstanding account.
- Please use codes as on the Grid on all invoices.
- The codes 93200 and 93300 shall be inclusive of a vision examination, spectacle lenses and a frame.
- Extras or lens enhancements are not covered and therefore an exclusion.
- Should a member / beneficiary clinically not require spectacles, the provider shall be entitled to a consultation fee of R265.00.
- The tariff codes on the grid are VAT inclusive.
- Each member/beneficiary is entitled to one pair of spectacles during a 2 year cycle which will coincide with the benefit period as stated in the scheme rules.
- Payment of claims is subject to scheme rules.

GEN-HEALTH PRIMARY COVER OPTION

Scheme and option	Mediswitch destination code	QEDI Activation code	Paper claims	Enquiries – Contact
GEN-HEALTH Primary Cover option	GHMS0001	938P	Post to: Calabash Health Solutions/ Gen-Health Private Bag X128 Centurion 0046	Contact no 0861 000 410 Fax no 0861 000 411 e-mail providers@caretech.co.za

2008 GEN-HEALTH PRIMARY COVER OPTION OPTOMETRY GRID

	CODE	GEN-HEALTH Primary Cover Plan
Vision Examination (Includes Tonometry)	11001	R265
Frame	40501	R450
Single Vision Lenses (Standard)	80011 70011	R160

	CODE	GEN-HEALTH Primary Cover Plan
Single Vision Lenses (Surfaced)	80021 70021	R370
Bifocal Lenses	80812 70712	R400
CONTACT LENSES		
Vision Examination (Includes Tonometry)	11001	R265
Contact Lens Materials	93800	Materials only R700

LENSES

- The scheme will accept the Grid tariff codes and amounts only and any deviation from these tariffs will not be paid and may not be claimed from the member.
- Glass and plastic lenses cost the same. Please use the appropriate code.
- Benefits shall not be granted for contact lenses if a beneficiary has received a pair of spectacles in a period of a 24 month cycle.

LENS ENHANCEMENTS

- All add ons will be excluded, unless prior approved by the Scheme.
- Please use the SAOA code for all add ons.

CONTACT LENSES

- The contact lens benefit is subject to the annual limit of R700 per beneficiary per year.

- The contact lens benefit is for materials only.
- The consultation is paid separately. Please use code 11001.
- Please use grid tariff code for contact lenses and specify whether disposable or permanent lenses.
- Benefits shall not be granted for spectacles if a beneficiary has already received contact lenses in a given benefit year.
- All grid prices include VAT.
- Preferred contracted optometrists will be paid according to the Grid and the patient will be liable for the account should the optometrist not belong to the Yarona Optometry Network.
- Non-contracted optometrists must inform members should they not be participating network optometrists, before consulting them.

GENERAL

- The Grid is the maximum limit per plan for Gen-Health Primary Cover Plan.
- Payment of claims is subject to scheme rules.
- Optical services are subject to the annual limit.
- The benefits for visual examination, frames, tonometry and lenses are limited to one test or pair per beneficiary per two years.
- Spectacle and contact lens prescriptions must be included in both paper and electronic claims. Claims submitted without prescriptions will be rejected.

MOTO HEALTH CARE

Scheme and option	Mediswitch destination code	QEDI Activation code	Paper claims	Enquiries – Contact
MOTO HEALTH CARE Optimum, Classic Basic A, Basic B Prudent, Dynamic Casual options	MHCA0001	940P	Post to: Full Circle Health Private Bag X114 Centurion 0046	Contact no 0861 000 410 Fax no 0861 000 411 e-mail providers@caretech.co.za

2008 MOTO HEALTH OPTOMETRY GRID - OPTIMUM, CLASSIC, BASIC A, BASIC B, PRUDENT AND DYNAMIC OPTIONS

SPECTACLES							
BENEFIT REQUIRED	CODE	CLASSIC	PRUDENT	DYNAMIC	OPTIMUM	BASIC PLAN A	BASIC PLAN B
Vision Examination (Includes Tonometry)	11001	R265	R265	R265	R265	R265	R265
Frame	40501	R485	R380	R340	R840	R380	R380
Single Vision Lenses (Standard)	80011 70011	R160	R160	R160	R160	R160	R160

SPECTACLES							
BENEFIT REQUIRED	C ODE	CLASSIC	PRUDENT	DYNAMIC	OPTIMUM	BASIC PLAN A	BASIC PLAN B
Single Vision Lenses (Surfaced)	80021	R370	R370	R370	R370	R370	R370
	70021						
Bifocal Lenses	80812	R400	R400	R400	R400	R400	R400
	70712						
Multifocal Lenses	85012	R700	R700	R700	R700	R700	R700
	75012						
CONTACT LENSES							
Vision Examination (Includes Tonometry)	11001	R265	R265	R265	R265	R265	R265
Contact lenses	93800	Materials only	Materials only	Materials only	Materials only	Materials only	Materials only
		R1300	R1100	R805	R1800	R1180	R1180

BENEFIT LIMITS

- Payment of claims is subject to scheme rules.

LENSES

- The scheme will accept the Grid tariff codes and amounts only and any deviation from these tariffs will not be paid and may not be claimed from the member.

- Glass and plastic lenses cost the same. Please use the appropriate code.
- No benefit will be granted if a beneficiary has already received contact lenses during the same benefit period.

LENS ENHANCEMENTS

- Please note that only the following codes for add ons will be accepted and paid accordingly:

Series 7000 – Glass Lenses

- 76001 = R133 76015 = R255
76025 = R223 79075 = R160
- 76002 = R133 76016 = R255
76026 = R223 79095 = R213
- 76007 = R133 76017 = R255
76032 = R149 79115 = R223
- 76008 = R133 76018 = R213
76036 = R149 79351 = R133
- 76011 = R255 76019 = R202 76040 = R149
- 76012 = R255 76021 = R202 78995 = R106

- 76014 = R154 76022 = R202 79015 = R122

Series 8000 – Organic Lenses

- 89035 = R90 89076 = R96 89451 = R133
- All other add ons will be excluded, except when a motivation has been submitted and approved by the scheme.

CONTACT LENSES

- The contact lens benefit is subject to the annual limit.
- The contact lens benefit is for materials only.
- The consultation is paid separately. Please use code 11001.
- Please use Grid tariff code for contact lenses and specify whether disposable or permanent lenses.

- Benefits will not be granted if a beneficiary has already received a pair of spectacles.

GENERAL

- Please use codes as on the Grid on all invoices
- Spectacle and contact lens prescriptions must be included in both paper and electronic claims. Claims submitted without prescriptions will be rejected.
- The benefit is limited to one pair of spectacles per beneficiary per two year cycle.
- Prices on the grid are net – no further discount will apply.
- All grid tariffs include VAT.

2008 MOTO HEALTH CARE OPTOMETRY GRID - CASUAL OPTION

BENEFIT REQUIRED	CODE	PRICE
Vision Examination (Includes Tonometry)	11001	R265

GENERAL

- The above Grid is the maximum limit per plan.
- No Benefit for spectacles or contact lenses.

MEDCOR

Scheme and option	Mediswitch destination code	QEDI Activation code	Paper claims	Enquiries – Contact
MEDCOR Core Plan Core Plus Plan	MHME0000	220P	Post to: Full Circle Health Private Bag X114 Centurion 0046	Contact no 0861 000 410 Fax no 0861 000 411 e-mail providers@caretech.co.za

2008 MEDCOR OPTOMETRY GRID - CORE PLAN AND CORE PLUS PLAN

	CODE	MEDCOR Core Plan	MEDCOR Core Plus Plan
Vision Examination (Includes Tonometry)	11001	R265	R265
Frame	40501	R250	R600
Single Vision Lenses (Standard)	80011 70011	R160	R160

	CODE	MEDCOR Core Plan	MEDCOR Core Plus Plan
Single Vision Lenses (Surfaced)	80021 70021	R370	R370
Bifocal Lenses	80812 70712	R400	R400
Multifocal Lenses	85012 75012	R700	R700
CONTACT LENSES			
Vision Examination (Includes Tonometry)	11001	R265	R265
Contact Lens Materials	93800	Materials only R1200	Materials only R1200

LENSES

- The scheme will accept the Grid tariff codes and amounts only and any deviation from these tariffs will not be paid and may not be claimed from the member.

- Glass and plastic lenses cost the same. Please use the appropriate code.
- Benefits shall not be granted for contact lenses if a beneficiary has received a pair of spectacles in a period of 2 years.

ADD ONS/EXTRAS

- All add ons will be excluded, unless prior approved by the Scheme.
- Please use the SAOA code for all add ons.

CONTACT LENSES

- The contact lens benefit is subject to the sub-limit of R1 200 per beneficiary per year.
- The contact lens benefit is for materials only.
- The consultation is paid separately. Please use code 11001.
- Please use grid tariff code for contact lenses and specify whether disposable or permanent lenses.
- Benefits shall not be granted for spectacles if a beneficiary has already received contact lenses in a given benefit year.

GENERAL

- The Grid is the maximum limit per plan for MEDCOR.
- Payment of claims is subject to scheme rules.
- Optical services are subject to the annual day-to-day limit.
- The benefits for visual examination, frames, tonometry and lenses are limited to one test or pair per beneficiary per two years.
- Spectacle and contact lens prescriptions must be included in both paper and electronic claims. Claims submitted without prescriptions will be rejected.
- All grid prices include VAT.
- Non-contracted optometrists will be paid according to the Grid and the patient will be liable for the difference between the practice tariff and the grid tariff.
- A 20% levy on the Grid amounts will apply to non-contracted optometrists for MEDCOR, and is payable by the member.
- The member will have to pay a R30 levy on the professional fee when using a non-contracted optometrist.
- Non-contracted optometrists must inform members of the levy and the difference in the charged tariffs payable by the member, before consulting them.