



**AFFINITY
HEALTH**

**GENERAL PRACTITIONERS
OPERATIONS MANUAL
2024**



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1.1 IDENTIFYING YOUR AFFINITY HEALTH, NBCRFLI AND NBCPSS PATIENTS

Please ensure that the appropriate form of identification is supplied along with the membership card.

1.1.1 Affinity Health Members: Day-to-Day and Combined Members *(generic card)*



1.1.2 Affinity Group Schemes Members: Affinity Reef, Chrome, Bronze, Delta Max, Silver Max, Gold Max, Platinum Max, Titanium Max, Affinity Elevate and Affinity Vital *(generic card)*



1.2 IDENTIFYING YOUR AFFINITY HEALTH, NBCRFLI AND NBCPSS PATIENTS

1.2.1 NBCPSS (National Bargaining Council for the Private Securities Sector) Members: *(generic card)*



Please contact Affinity Health for benefit confirmation.

Consultations are subject to pre-authorisation. Please note a 30-day waiting period apply from the inception date of the policy, as indicated on the back of the membership card.

Codes	Description	Dispensing 2024 Rate	Scripting 2024 Rate
0190	Consultation/visit of new or established patient	R473.00	R413.00
0191	Consultation/visit of new or established patient	R473.00	R413.00
0192	Consultation/visit of new or established patient	R473.00	R413.00
0197	Licensed dispensing medical practitioners	R473.00	N/A
0199	Completion of chronic application forms	R218.00	R218.00
0130	Telephone consultation (all hours)	R314.00	R314.00
*0132	Consulting Service (not chargeable together with a consultation item)	R237.00	R205.00

***Code 0132** is applied to all consultations where treatment is considered a continuation of care for a prior consultation. This includes follow up with a patient within 7 days of the previous consultation, reading of results and writing of repeat scripts.

Call **0861 11 00 33** to confirm benefits and to obtain an authorisation number.
(Option 1 to confirm benefits and obtain authorisation, Option 2 for After-hours authorisation)

SECTION 3

IN ROOM GP PROCEDURES

The authorisation for your consultation includes any of the below applicable procedures, subject to clinical treatment protocols and guidelines and the available limit for materials used.

Codes	Description	2024 Rate
*0201	Cost of material in treatment	R74.00
0237	Deep skin biopsy by surgical incision with local anesthetic and suturing	R437.00
0241	Treatment of benign skin lesion by chemo-cryotherapy: First lesion	R437.00
0242	Treatment of benign skin lesion by chemo-cryotherapy: Subsequent lesions (each)	R437.00
0243	Treatment of benign skin lesion by chemo-cryotherapy: Maximum for multiple additional lesions	R437.00
0245	Removal of a benign lesion by curetting under local or general anesthesia followed by diathermy and curetting or electrocautery: First lesion	R437.00
0246	Removal of a benign lesion by curetting under local or general anesthesia followed by diathermy and curetting or electrocautery: Subsequent lesions (each)	R437.00
0255	Drainage of subcutaneous abscess onychia, paronychia, pulp space, or avulsion of nail	R358.00
0259	Removal of foreign body superficial to the deep fascia (except hands)	R496.00
0300	Stitching of wound (with or without local anesthesia) including normal after care	R486.00
0301	Additional wound stitching at same session (each)	R100.00
0307	Excision and repair by direct suture; excision nail fold or other minor procedure of similar magnitude	R583.00
0308	Each additional small procedure done at the same time	R362.00
0887	Limb cast (excluding aftercare)	R498.00
1136	Nebulisation	R311.00
1232	ECG without effort	R153.00
1233	ECG with effort	R172.00
2133	Circumcision: Clamp Procedure	R942.00
**3615	GP Ultrasound study of the pregnant uterus at 10- 20 weeks (1st trimester)	R857.00
**3617	GP Ultrasound study of the pregnant uterus at 20 - 24 weeks (2nd trimester)	R864.00
4050	Blood sugar tests	R26.00
4188	Urine dipstick	R26.00

*Annual limit of R840.00 for Single and R1 680.00 for Family policies. Not claimable for medication.

**Not covered for NBCRFLI

For referral to a specialist, assistance with an ambulance, casualty room treatment or hospitalisation or hospital care at home.

Contact our 24/7 Pre-authorisation call centre 0861106080, choose option 2 for Hospital assistance and pre-authorisation.

HOSPITALCARE@HOME

Affinity has access to healthcare professionals that use the finest technology to provide hospital healthcare to members in the comfort of their own homes without compromising their health.

This is ideal for treating UTI's, pneumonia, dehydration. The patients will first be assessed to see if they met the inclusion criteria. A treatment plan and progress report will be shared with you.



SECTION 5

PATHOLOGY

Pathology benefits are limited to the tests indicated per formulary. Any tests not indicated on the below schedules will become the member's liability.

5.1 FORMULARY APPLICABLE TO:

Day-to-day, Combined, Affinity Reef, Chrome, Bronze, Delta Max, Silver Max, Gold Max, Platinum Max, Titanium Max:

Codes	Description	2024 Rate
Haematology		
3739	Erythrocyte Count	R45.00
3755	Full Blood Count	R213.00
3743	Erythrocyte Sedimentation Rate	R60.00
3762	Haemoglobin Estimation (Hb)	R38.00
3783	Leucocytes: Differential Count	R126.00
3785	Leucocytes: Total Count	R38.00
3797	Platelet Count	R45.00
4528	Ferritin	R250.00
Pregnancy		
3709	Direct/Indirect Coombs	R74.00
3764	Blood Group (A B O)	R74.00
3765	Grouping: Rh Antigen	R74.00
3949	Syphilis Serology	R44.00
3951	Quantitative Kahn VDRL or Other Floor	R74.00
3948	Rubella IgG	R263.00
HIV Tests		
3932	HIV: Elisa	R284.00
3816	CD4 Count	R426.00
4429	Viral Load	R845.00
General Endocrine		
4507	Thyrotropin (TSH)	R395.00
Malaria Blood Smear		
3865	Parasites in Blood Smear	R114.00
3883	Concentration Technique for Parasite	R60.00
Glucose Metabolism		
4049	Glucose Tolerance Test	R180.00
4057	Glucose Random/Fasting	R74.00
4064	HbA1c	R288.00
Gynaecology		
4566	Pap Smear	R256.00
4559	Pap Smear Liquid-based	R301.00

Codes	Description	2024 Rate
Lung, Kidney, Skeleton		
4113	Potassium	R74.00
4114	Sodium	R74.00
4032	Creatinine	R74.00
4023	Chloride	R52.00
4151	Urea	R77.00
4171	Urea & Electrolytes Only	R320.00
4155	Uric Acid	R77.00
Coagulation		
3805	Prothrombin index (PI)/INR	R123.00
3806	PI/INR Dosage Information	R92.00
Lipid Metabolism		
4027	Cholesterol (Total Fasting)	R109.00
4028	HDL Cholesterol	R141.00
4147	Triglycerides	R160.00
4026	LDL Cholesterol	R141.00
4025	Lipogram (For Chronic Registration only)	R443.00
Liver, Pancreas		
4006	Amylase	R107.00
4001	Alkaline Phosphatase	R107.00
4009	Bilirubin: Total	R99.00
4010	Bilirubin: Conjugated	R74.00
4130	AST (SGOT)	R109.00
4131	ALT (SGPT)	R109.00
4133	Lactate Dehydrogenase LDH	R109.00
4134	Gamma GT	R109.00
Immunology		
4531	Hepatitis A IgM Antibody	R293.00
4531	Hepatitis B Surface Antigen	R293.00
3947	C-Reactive Protein	R219.00

Pathology benefits are limited to the tests indicated per formulary. Any tests not indicated on the below schedules will become the member's liability.

5.2 FORMULARY APPLICABLE TO: NBCRFLI, NBCPSS, Affinity Elevate and Affinity Vital:

Codes	Description	2024 Rate
Haematology		
3755	Full Blood Count	R213.00
3743	Erythrocyte Sedimentation Rate	R60.00
3762	Haemoglobin Estimation (Hb)	R38.00
3785	Leucocytes: Total Count	R38.00
3797	Platelet Count	R45.00
Pregnancy		
3949	Syphilis Serology	R44.00
Malaria Blood Smear		
3865	Parasites in Blood Smear	R114.00
3883	Concentration Technique for Parasite	R60.00
Glucose Metabolism		
4057	Glucose Random/Fasting	R74.00
4064	HbA1c	R288.00
Immunology		
4351	Occult Blood: Chemical Tests	R41.00
3947	C-Reactive Protein	R219.00
4188	Urine Dipstick	R31.00

Codes	Description	2024 Rate
Lung, Kidney, Skeleton		
4113	Potassium	R74.00
4114	Sodium	R74.00
4032	Creatinine	R74.00
4151	Urea	R74.00
4171	Urea & Electrolytes Only	R320.00
Lipid Metabolism		
4027	Cholesterol (Total Fasting)	R109.00
4028	HDL Cholesterol	R141.00
4147	Triglycerides	R160.00
4026	LDL Cholesterol	R141.00
4025	Lipogram (For Chronic Registration only)	R443.00
Liver, Pancreas		
4001	Alkaline Phosphatase	R107.00
4009	Bilirubin: Total	R99.00
4130	AST (SGOT)	R109.00
4131	ALT (SGPT)	R109.00
HIV Tests		
3932	HIV: Elisa	R28.00
3816	CD4 Count	R426.00
4429	Viral Load	R1 826.00

SECTION 6

RADIOLOGY

Radiology benefits are limited to the x-rays indicated per formulary. Any x-rays not indicated on the below schedules will become the member's liability.

6.1 FORMULARY APPLICABLE TO:

Day-to-day, Combined, Affinity Reef, Chrome, Bronze, Delta Max, Silver Max, Gold Max, Platinum Max, Titanium Max:

Codes	Description	2024 Rate
55100	Pelvis	R634.00
56100	Hip – Left	R551.00
56110	Hip – Right	R551.00
56120	Pelvis & Hips	R1 039.00
61100	Clavicle – Left	R524.00
61105	Clavicle – Right	R524.00
61110	Scapula – Left	R524.00
61115	Scapula – Right	R524.00
61120	Acromio – Clavicular Joint – Left	R541.00
61125	Acromio – Clavicular Joint – Right	R541.00
61130	Shoulder – Left	R600.00
61135	Shoulder – Right	R600.00
62100	Humerus – Left	R507.00
62105	Humerus – Right	R507.00
63100	Elbow – Left	R541.00
63105	Elbow – Right	R541.00
64100	Forearm – Left	R507.00
64105	Forearm – Right	R507.00
65100	Hand – Left	R533.00
65105	Hand – Right	R533.00
65120	Finger	R462.00
65130	Wrist – Left	R551.00
65135	Wrist – Right	R551.00
65140	Scaphoid – Left	R572.00
65145	Scaphoid – Right	R572.00
71100	Femur – Left	R507.00
71105	Femur – Right	R507.00
72100	Knee – Left	R479.00
72105	Knee – Right	R479.00
Skull		
10100	X-Ray of the skull	R715.00

Codes	Description	2024 Rate
72120	Left Knee (Including Patella)	R797.00
72125	Right Knee (Including Patella)	R797.00
74100	Ankle – Left	R574.00
74105	Ankle – Right	R574.00
74120	Foot – Left	R485.00
74125	Foot – Right	R485.00
74130	Calcaneus – Left	R473.00
74135	Calcaneus – Right	R473.00
74145	Toe	R462.00
72140	Patella – Left	R479.00
72145	Patella – Right	R479.00
73100	Lower Leg – Left	R507.00
73105	Lower Leg – Right	R507.00
Chest		
30100	Chest (Single View)	R524.00
30110	Chest PA & Lateral (Two Views)	R664.00
Spinal Column		
51100	Cervical Spine, stress view	R682.00
51110	Cervical Spine	R520.00
51120	Cervical Spine, more than two views	R705.00
53100	Lumbar Spine, stress study	R682.00
53110	Lumbar Spine	R615.00
53120	Lumbar Spine, more than two views	R734.00
52100	Thoracic Spine	R556.00
52110	Thoracic Spine, more than two views	R658.00
Ultrasound (Pregnancy Only)		
43250	Study of Uterus – 1st Trimester	R726.00
43260	Study of Uterus – 2nd Trimester	R1 099.00
Abdomen		
40100	Abdomen	R574.00
40105	Abdomen Supine, Erect/Decubitus	R926.00

SECTION 6

RADIOLOGY

Radiology benefits are limited to the x-rays indicated per formulary. Any x-rays not indicated on the below schedules will become the member's liability.

6.2 FORMULARY APPLICABLE TO:

NBCRFLLI, NBCPSS, Affinity Elevate and Affinity Vital:

Codes	Description	2024 Rate
62100	Humerus – Left	R507.00
62105	Humerus – Right	R507.00
63100	Elbow – Left	R541.00
63105	Elbow – Right	R541.00
64100	Forearm – Left	R507.00
64105	Forearm – Right	R507.00
65100	Hand – Left	R533.00
65105	Hand – Right	R533.00
65120	Finger	R462.00
65130	Wrist – Left	R551.00
65135	Wrist – Right	R551.00
65140	Scaphoid – Left	R572.00
65145	Scaphoid – Right	R572.00
71100	Femur – Left	R507.00
71105	Femur – Right	R507.00
72100	Knee – Left	R479.00
72105	Knee – Right	R479.00

Codes	Description	2024 Rate
72120	Left Knee (Including Patella)	R797.00
72125	Right Knee (Including Patella)	R797.00
74100	Ankle – Left	R574.00
74105	Ankle – Right	R574.00
74120	Foot – Left	R485.00
74125	Foot – Right	R485.00
74130	Calcaneus – Left	R473.00
74135	Calcaneus – Right	R473.00
74145	Toe	R462.00
72140	Patella – Left	R479.00
72145	Patella – Right	R479.00
73100	Lower Leg – Left	R507.00
73105	Lower Leg – Right	R507.00
Chest		
30100	Chest (Single View)	R524.00
30110	Chest PA & Lateral (Two Views)	R664.00



Members requiring a diagnostic procedure shall be required to obtain a referral from a medical professional, either an Affinity Health Network GP or a Specialist and is subject to pre-authorization.

All diagnostic procedure requests must meet Affinity Health's Clinical Guidelines and Managed Care Protocols, and do not require an admission to access.

Procedure	2024 Benefit Amount	Co-payment
Amniocentesis	Up to R6 000	R300
Barium x-ray studies	Up to R6 000	R300
Bone marrow aspiration	Up to R6 000	R300
Computed tomography (CT)	Up to R10 000	R500
Doppler	Up to R6 000	R300
Fluoroscopy	Up to R6 000	R300
Magnetic resonance imaging (MRI)	Up to R20 000	R1 500
Myelography (Discogram)	Up to R6 000	R300
Nuclear scan	Up to R10 000	R500
Positron emission tomography (PET)	Up to R20 000	R1 500
Retrograde Urography	Up to R6 000	R300
Venography	Up to R6 000	R300
Colonoscopy	Up to R10 000	R1 000
Gastroscopy (Endoscopy)	Up to R5 000	R1 000
Biopsy	Up to R10 000	R0
Colposcopy, Cone biopsy, Dilation and curettage (D&C), Hysteroscopy	Up to R15 000	R0
Sonar	Up to R1 000	R200

PLEASE NOTE that co-payments are required for these procedures, however, the member may also be responsible for any possible shortfalls that may arise.



DISPENSING MEDICATION:

- Dispensed medication forms part of the consultation rate and may not be charged separately.
- Registered Dispensing Providers should not issue members with scripts.
- Chronic Medication may not be dispensed from the practice.

SCRIPTING MEDICATION:

- Medication must be scripted according to the Affinity Health formulary.
- Affinity Health Medication formulary can be found via <https://www.mediscor.co.za/search-client-medicine-formulary/>

COVER AVAILABLE FOR 24 DIFFERENT CHRONIC CONDITIONS;

- Addison's Disease
- Asthma
- Bronchiectasis
- Cardiac Failure
- Cardiomyopathy
- Chronic Renal Failure
- Chronic Obstructive Pulmonary Disorder
- Coronary Artery Disease
- Crohn's Disease
- Diabetes Insipidus
- Diabetes Melitus I
- Diabetes Melitus II
- Dysrhythmia
- Epilepsy
- Glaucoma
- HIV
- Hyperlipidemia
- Hypertension
- Hypothyroidism
- Multiple Sclerosis
- Parkinson's Disease
- Rheumatoid Arthritis
- Systemic Lupus Erythematosus
- Ulcerative Colitis

Members are required to register as a Chronic Member for this Benefit. The Chronic Application form must be completed and all supporting documents, including prescriptions, must be sent to chronic@affinityhealth.co.za.

Affinity Health Chronic Medication formulary can be found via <https://www.mediscor.co.za/search-client-medicine-formulary/>

Chronic medication may not be dispensed by the practice.



The programme caters for the medication and lifestyle needs of members living with HIV/AIDS and/or Diabetes and provides them with suitable treatment and tools to live a healthy life.

This programme is administered by HaloCare on behalf of Affinity Health. Please see the summary of benefits for maximums and applicable options.

7.1 CHRONIC MANAGEMENT PROGRAMME: HIV/AIDS AND DIABETES FORMULARY

Lancet Laboratories is the preferred provider for the formulary testing related to HIV/AIDS and Diabetes. Use of alternative service providers may result in the member experiencing co-payments.

Diabetes chronic registration for NBCRFLI, NBCPSS, Affinity Elevate and Affinity Vital will be done through Chronic Essential for medication only.

Codes	Description	2024 Rate
3755	Full blood count	R88.00
3797	Platelet count	R19.00
3816	CD4	R177.00
3932	HIV: ELISA	R119.00
4032	Creatinine	R31.00
4057	Glucose Random/Fasting	R31.00
4064	HbA1C	R120.00
4130	Aspartate aminotransferase (AST)	R45.00
4131	Alanine aminotransferase (ALT)	R45.00
4429	Viral Load (Quantitative PCR [DNA/RNA])	R708.00
4026	LDL cholesterol	R58.00
4147	Triglyceride	R72.00
4027	Cholesterol total	R45.00
4028	HDL cholesterol	R58.00
4025	Lipogram (Chol/HDL/LDL/Trig)	R233.00

7.2 HALOCARE CONTACT INFORMATION

Treatment queries may be directed to HaloCare:

Tel +27 (0) 860 143 258 (Mon - Fri, 07:30 to 16:00)

Fax +27 (0) 865 702 523

Email info@halocare.co.za

Web www.halocare.co.za

11.1 ELECTRONIC CLAIM SUBMISSION

Health Bridge

Option	Activation	Destination
AFFINITY HEALTH		276P
NBCRFLI	HEALTHSUITE 2.9	NBCR01
	HEALTHSUITE 3	91884
	MY PRACTICE CAPTURE	91884
NBCPSS		93464

Altron/Mediswitch

Option	Activation	Destination
AFFINITY HEALTH		276P
NBCRFLI	010P	NWFH0001
NBCPSS	182P	NBCF0001

Lenasia

Option	Activation	Destination
AFFINITY HEALTH		619496
NBCRFLI		621822
NBCPSS		

Paper claims can be emailed to claims@affinityhealth.co.za or faxed to **086 111 00 33**.

Datamax

Option	Activation	Destination
AFFINITY HEALTH		AFFINITY
NBCRFLI		NBCRFLI
NBCPSS		NBCPSS

Medikredit

Option	Activation	Destination
AFFINITY HEALTH		619496
NBCRFLI		621822
NBCPSS		

EMD

Option	Activation	Destination
AFFINITY HEALTH		EMD 457
NBCRFLI	HEALTHSUITE 2.9	EMD 603
NBCPSS		AFF 065

Ediserve

Option	Activation	Destination
AFFINITY HEALTH		AFFINITY
NBCRFLI		NBCRFLI
NBCPSS	N013	NBCPSS

11.2 CLAIM QUERIES

AFFINITY HEALTH

Email | claims@affinityhealth.co.za
 Call Centre | 086 111 00 33

AFFINITY HEALTH ADDRESS INFORMATION:**Physical Address:**

1 Dingler Road
Rynfield
Benoni
1501

Postal Address

Postnet Suite 124
Private Bag X101
Farrarmere
1518

Network and Member Queries May Be Sent To:**NETWORK FOR GENERAL PRACTITIONERS**

Email : gpnetwork@affinityhealth.co.za
Call Centre : 086 110 6663
Fax : 086 226 5568

AFFINITY HEALTH MEMBERS

Email : info@affinityhealth.co.za
Call Centre : 086 111 00 33

AFFINITY GROUP SCHEMES MEMBERS

Email : info@affinitygroupschemes.co.za
Call Centre : 0861 22 22 77

NBCRFLI MEMBERS

Email : info@nbcrflihealth.co.za
Call Centre : 086 100 1131

NBCPSS MEMBERS

Email : info@nbcpshealth.co.za
Call Centre : 0861 888 662



Affinity Health, a product of National Risk Managers (Pty) Ltd (FSP 47132), the Underwriting Managing Agency; Affinity Life Ltd (FSP 49986), the Insurer. This policy shall be voidable in the event of misrepresentation, misdescription or non-disclosure of any particular material fact to this insurance by or on behalf of an insured person. Terms and conditions as contained in the policy document apply.

