

INSURANCE CLIENT	UNITY HEALTH OPTION	CLAIMING CODE
Unity Health	PRIMARY CARE C 56	MDS8754
Unity Health	PRIMARY & HOSPITAL CARE A 57	MDS8755
Unity Health	PRIMARY & HOSPITAL CARE B 58	MDS8756
Unity Health	PRIMARY & HOSPITAL CARE C 59	MDS8757
Unity Health	HOSPITAL CARE A 60	MDS8758
Unity Health	HOSPITAL CARE B 61	MDS8759
Unity Health	PRIMARY CARE A 62	MDS8760
Unity Health	PRIMARY CARE B 63	MDS8761
Unity Health	PRIMARY CARE C 64	MDS8762
Unity Health	PRIMARY & HOSPITAL CARE A 65	MDS8763
Unity Health	PRIMARY & HOSPITAL CARE B 66	MDS8764
Unity Health	PRIMARY & HOSPITAL CARE C 67	MDS8765
Unity Health	PRIMARY CARE B 68	MDS8766
Unity Health	PRIMARY CARE C 69	MDS8767
Unity Health	PRIMARY & HOSPITAL CARE B 70	MDS8768
Unity Health	PRIMARY & HOSPITAL CARE C 71	MDS8769
Unity Health	HOSPITAL CARE B 72	MDS8770
Unity Health	HOSPITAL CARE C 73	MDS8771
Unity Health	ELIXI HEALTH BLUE 76	MDS8772
Unity Health	ELIXI HEALTH GREEN 77	MDS8773
Unity Health	ELIXI HEALTH PURPLE 78	MDS8774
Unity Health	ELIXI HEALTH BLACK 79	MDS8775
Talksure	TALKEE 81	MDS8776
Unity Health	DESK PLAN A 83	MDS8777
Unity Health	DESK PLAN B 84	MDS8778
Unity Health	DESK PLAN C 85	MDS8779
Talksure	ELIXI HEALTH GOLD 86	MDS8780
Unity Health	DESK PLAN E 87	MDS8781
Unity Health	SPORTS INJURIES PLAN A 88	MDS8782
Unity Health	SPORTS INJURIES PLAN B 89	MDS8783
Unity Health	HOSPITAL CARE PLAN C 90	MDS8784
Unity Health All Funders	UNITY HEALTH ALL FUNDERS	MDS0087

New Option: Effective 01-01-2018

INSURANCE CLIENT	UNITY HEALTH OPTION	CLAIMING CODE
Stratum	STRATUM CORPORATE ESSENTIAL SOLUTION BW 91	MDS8785

Acute and authorised chronic medicine on the applicable options, are restricted to formularies, and may be dispensed by pharmacies.

Herewith the detail for submitting medicine claims to Mediscor:

1.	Claiming Code (PCN)	As per list / MDS0087
2.	Switch Destination Code	AUHE0001
3.	EDI Activation Code (Dispensing Doctors)	484P
4.	Default Reference Pricing	MRP
5.	Maximum supply of medicine	30 Days
6.	Days supply of the dispensed medicine	Yes / Compulsory
7.	Membership number as per membership card	Yes / Compulsory
8.	Dependant code as per membership card	Yes / Compulsory
9.	Dependant first name as per membership card	Yes / Compulsory
10.	Dependant date of birth	Yes / Compulsory
11.	Dependant gender (male/female)	Yes / Compulsory
12.	Practice number of the prescriber	Yes / Compulsory
13.	ICD-10 diagnosis code	Yes / Compulsory
14.	9 digit NAPPI code of medicine dispensed	Yes / Compulsory
15.	Membership number requirements	Minimum 8 alpha numerical
16.	Payments to Providers	Unity Health
17.	Chronic pre-authorisation	Mediscor ChroniLine®
18.	Default Dispensing Fee – Pharmacies	SEP + 31.5%/R31.50 (Excl. VAT)

- Due to the complexities of the various levies, co-payments, formularies and exclusion criteria; service providers must refer to our on-line responses to understand the rules applied.
- Dispensing fees may differ from the default fee where DSP's (and PPN's) have been contracted by the Funder.
- Dispensing fee structure(s) will be applied on scheduled medicines (0 – 8) and unscheduled products.

IF YOU REQUIRE ANY ASSISTANCE, PLEASE CONTACT:

Mediscor's Contact Centre : 0860 113 238 or 0860 117 705

Mediscor ChroniLine® : 0860 119 553

Mediscor E-Mail : info@mediscor.co.za

Unity Health : 0861 366 006

Please send any questions regarding this communiqué to updates@mediscor.co.za

Kind regards

ILSE STEYN