

 <b>mediscor pbm</b> <small>Pharmaceutical Benefit Management</small> <i>Solutions Together</i>	<b>MEDISCOR (PTY) LTD</b> Baobab Building, River Falls Office Park, Rose Avenue, Centurion PO Box 8796, Centurion, 0046 Tel: (012) 674 8000 Fax: (012) 674 8001	<b>NOTIFICATION 89 OF 2018</b>
		<b>14 December 2018</b>

<b>Health Insurance</b>	Wesmart Health Insurance
<b>Administrator</b>	Wesmart Health Insurance
<b>Options</b>	DOCSURE ADVANCED      109001 DOCSURE INTERMEDIATE    109002 DOCSURE SIMUNYE        109003 DOCSURE PRIMARY        109004 DOCSURE MEDISEC        109005 DEMA-SURE                109006
<b>Information Relevant to Effective Date</b>	Benefits and Options for 2019 1 January 2019

With effect 1 January 2019, Mediscor will apply the insurance funder rules applicable to pharmacies for Wesmart Health Insurance as outlined below.

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

<b>1.</b>	<b>Claiming Code (PCN)</b>	<b>MDS0109</b>
<b>2.</b>	<b>Switch Destination Code</b>	<b>WESM0001</b>
<b>3.</b>	<b>EDI Activation Code (Dispensing Doctors)</b>	<b>998P</b>
<b>4.</b>	<b>Default Reference Pricing</b>	<b>MRP</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>Dependant code as per membership card</b>	<b>Yes / Compulsory</b>
<b>9.</b>	<b>Dependant first name as per membership card</b>	<b>Yes / Compulsory</b>
<b>10.</b>	<b>Dependant date of birth</b>	<b>Yes / Compulsory</b>
<b>11.</b>	<b>Dependant 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>Yes / Compulsory</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>Alpha numeric as per membership card</b>
<b>16.</b>	<b>Payments to Providers</b>	<b>Mediscor PBM</b>
<b>17.</b>	<b>Chronic pre-authorization</b>	<b>Medicor ChroniLine®</b>
<b>18.</b>	<b>Default Dispensing Fee – Pharmacies</b>	<b>SEP + 30%/R33 (Excl. VAT)</b>
<b>19.</b>	<b>PESA Exclusions</b>	<b>3-5; 7-9; 11; 14; 15; 17; 22-25; 27; 29-32; 43; 45; 53; 60; 61</b>

- **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.**

**Refer to Mediscor website [www.mediscor.co.za](http://www.mediscor.co.za)**

Only acute medicine as well as selective chronic medicine for certain options may be dispensed by pharmacies.

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

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

**Mediscor E-Mail : [info@mediscor.co.za](mailto:info@mediscor.co.za)**

**Mediscor ChroniLine® : 0860 119 553**

**Wesmart : 010 511 1170**

**Wesmart E-Mail : [claims@wesmart.co.za](mailto:claims@wesmart.co.za)**

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

Kind regards

**ILSE STEYN**