

 <p><b>mediscor pbm</b> Pharmaceutical Benefit Management <i>Solutions Together</i></p>	<p><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</p>	<p><b>NOTIFICATION 38 OF 2019</b></p>
		<p><b>30 August 2019</b></p>

<b>Medical Insurance</b>	Essential Med
<b>Administrator</b>	Essential Group
<b>Option</b>	<ul style="list-style-type: none"> <li>• 001 – Essential</li> <li>• 8402 – Low Cost LITE</li> <li>• 8403 – Low Cost BOLD</li> <li>• 8404 – Group AMBER</li> <li>• 8405 – Group GREEN</li> <li>• <b>8406 – AMBER Corporate</b></li> <li>• <b>8407 – GREEN Corporate</b></li> <li>• <b>8408 – SKY Corporate</b></li> </ul>
<b>Information Relevant to</b>	Additional options (8406, 8407, 8408)
<b>Effective Date</b>	1 September 2019

With effect 1 September 2019, Mediscor will apply the medical insurance rules applicable to pharmacies for Essential Med as outlined below.

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

<b>1.</b>	<b>Claiming Code (PCN)</b>	<b>MDS0084</b>
<b>2.</b>	<b>Switch Destination Code</b>	<b>EMED0006</b>
<b>3.</b>	<b>EDI Activation Code (Dispensing Doctors)</b>	<b>Not applicable</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>Minimum 7 numerical excluding dependant code</b>
<b>16.</b>	<b>Payments to Providers</b>	<b>Mediscor PBM</b>
<b>17.</b>	<b>Chronic pre-authorisation</b>	<b>Mediscor ChroniLine®</b>
<b>18.</b>	<b>Default Dispensing Fee – Pharmacies</b>	<b>SEP + 30%/R30 (Excl. VAT)</b>

- **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.**
- **Dispensing fees may differ from the default fee where DSP's (and PPN's) have been contracted by the Fund.**
- **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](mailto:info@mediscor.co.za)**

**Essential Med : 0861 707 070**

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

Kind regards

**ILSE STEYN**