

PHARMACY-CLINIC VIRTUAL CONSULTATION HANDBOOK

DISCOVERY HEALTH
2025





Overview

We recognise the contribution that pharmacy clinics make across South Africa. To improve access to primary healthcare for members on certain plans, we have set up a virtual consultation Pharmacy Clinic Network to cover pharmacy-clinic consultations in the network.

Discovery Health Wellness Network pharmacies can now offer virtual consultations to members on qualifying Discovery Health Medical Scheme plans. The purpose of this document is to help clinic healthcare professionals understand the rules, procedures and processes for dealing with pharmacy-clinic consultations and claims.

About some of the terms we use in this document

Some of the terms in this document may not be familiar to you. Here are their meanings.

Terminology	Description
Above Threshold Benefit (ATB)	Available on the Executive, Comprehensive and Priority plans Once the day-to-day claims that have been sent to us add up to the Annual Threshold, we pay the rest of the day-to-day claims from the Above Threshold Benefit (ATB), at the Discovery Health Rate or a portion of it. The Executive and Comprehensive plans have an unlimited ATB, and the Priority plans have a limited ATB.
Annual Threshold	At the beginning of each year, Discovery Health sets predetermined rand values, called Annual Thresholds. All members on Executive, Comprehensive and Priority plans have Annual Thresholds. These Annual Thresholds vary according to the number of people who are on the plan. Annual Thresholds are based on the sum of the different plan participants. This makes sure the Annual Thresholds are fair.
Day-to-day benefits	This is the available money allocated to the Medical Savings Account (MSA) and Above Threshold Benefit (ATB). Depending on the member's plan, they have cover for a defined set of day-to-day benefits. The level of day-to-day benefits depends on the member's chosen plan.
Day-to-day Extender Benefit (DEB)	The Day-to-day Extender Benefit (DEB) extends a member's day-to-day cover for essential healthcare services in our network if they have spent their yearly Medical Savings Account allocation and haven't reached the Annual Threshold.
Discovery Health Rate	This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant healthcare services.
Medical Savings Account (MSA)	Available on the Executive, Comprehensive, Priority and Saver plans We pay the day-to-day medical expenses, such as general practitioner (GP) and specialist consultations, acute medicine, radiology and pathology from the available money in the Medical Savings Account. Any unused money will carry over to the next year.
Member	In this document, the reference to members also includes dependants, where applicable.
NAPPI code	A NAPPI (National Pharmaceutical Product Index) code is a unique code used in South African healthcare for classifying medical products and procedures. The medical aids use this code when processing claims.



Self-payment Gap (SPG)	<p>The Self-payment Gap (SPG) occurs when members on the Executive, Comprehensive and Priority Plans run out of money in the Medical Savings Account before reaching the Annual Threshold.</p> <p>During this period, the member is personally responsible for paying all day-to-day medical expenses.</p>
SOAP note	<p>The Subjective, Objective, Assessment and Plan (SOAP) note is a document that healthcare providers use as a checklist or framework to help them assess, diagnose, and treat a patient.</p>

How to apply for the Virtual Consultation Pharmacy Clinic Network

Wellness Network pharmacies that have an existing agreement with a Discovery Health-integrated telemedicine enabler (Healthforce) may apply to join the Virtual Consultation Pharmacy Clinic Network and to claim for virtual consultations.

Individual pharmacies

When Healthforce (your telemedicine enabler) installs the software needed for virtual consultation, they will give you a *Discovery Health Virtual Consultation Pharmacy Clinic Network agreement*. Email the completed agreement with your practice number and nurse permits to provider_administration@discovery.co.za. We will take three working days to process the application.

Group pharmacies

For group pharmacies with an existing Discovery Health network agreement, please ask your head office to complete the *Discovery Health Virtual Consultation Pharmacy Clinic Network registration form*. They must email it with your practice number and nurse permits to provider_administration@discovery.co.za. We will take three working days to process the application.

Who can claim for virtual consultations?

Discovery Health Medical Scheme members on certain plans can claim for virtual consultations

Discovery Health Medical Scheme members who have spent their yearly Medical Savings Account allocation can claim for virtual consultations in our Wellness Network through the Day-to-day Extender Benefit. This benefit covers pharmacy-clinic consultations with a registered nurse in our Wellness Network, supported virtually by a general practitioner (GP). The number of available consultations is set out in the plan rules.

This benefit is only available to members on plans with a Medical Savings Account, including the Executive, Comprehensive, Priority and Saver plans, and is not available on the Classic Smart Comprehensive, Smart, Core or KeyCare plans.

We pay the claims from the member's available day-to-day benefits. If the member is in their Self-payment Gap, we pay claims from the Day-to-day Extender Benefit and the limits set out in the plan rules apply. (See the detailed Discovery Health Medical Scheme plan rules section of this guide.)

What does the consultation fee cover?

The pharmacy-clinic consultation fee covers services from a registered nurse in the Wellness Network at a fixed rate for services that fall in the nurse's scope of practice. Pharmacies must have an existing Discovery Health Virtual Consultation Pharmacy Clinic Network agreement to claim for pharmacy-clinic consultations. We cover the following services:

- Consultations with a pharmacy nurse
- Virtual consultations with a network GP when arranged by the pharmacy nurse



If the service needs of the member do not fall within the nurse's scope of practice and it is necessary and clinically appropriate, the pharmacy-clinic nurse may do one of the following:

- Refer the member to the pharmacist for schedule 0 – 2 medicines, which are then covered by the member's available benefits or paid for by the member if they do not have benefits available.
- Facilitate a virtual consultation with a GP on the virtual consultation panel. The panel GP will decide if a prescription is necessary during the video consultation.

The panel GP may refer the member for a face-to-face consultation with a network GP, if needed. To find a provider in our network, members can log in to www.discovery.co.za and search under **Medical Aid > Find a healthcare provider** or click on **Find a healthcare provider** on the Discovery app.

A pharmacy-clinic verification process applies to all claims. Pharmacies must meet all the applicable rules of participation before we cover pharmacy-clinic consultations. For more information, please see the detailed Discovery Health Medical Scheme plan rules section of this guide.

Consultation procedure

Follow steps 1 to 11 during your consultation. It is important to follow these steps in order, to help you with the claims procedure.

1. Confirm the member's available benefits with us before the consultation takes place.
 - Go to www.discovery.co.za and click on **Healthcare Professionals** (bottom right of the home page). Click on **Log in** to access the Healthcare Professional Zone. Enter your username and password.
 - Click on **Member validation** and **Virtual quote**.
 - Use the patient's details (member number or ID number, name and surname) to confirm their membership and to check if it is active.
 - Once you have confirmed the membership, use the virtual quote tool to complete a virtual quote.
 - If the patient's plan does not cover the consultation, discuss the self-payment options with them.
 - For information about registering on the Healthcare Professional Zone, please read the *How to register on the Healthcare Professional Zone* section of this guide.
2. Get appropriate consent from the patient for each of the following:
 - To conduct the physical examination, if appropriate
 - To use the GP video consultation
 - To get a prescription from the GP
 - To fill the patient's prescription at the pharmacy or tell them where they must go to collect their medicine
3. Discuss the reason for the consultation with the patient, then do an appropriate examination if necessary.
4. Complete the SOAP note (detailing the patient's subjective remarks and your objective observations, assessment, and treatment plan) and submit it through Healthforce (on the telemedicine system). It is important to do this before submitting the claim, because we will reject the claim if we get it before the SOAP note is submitted.
5. Decide whether the patient may need extra medicine or care. If they need schedule 0 – 2 medicine, refer the patient to the pharmacist for any over-the-counter medicine covered by their plan. If they need schedule 3 or higher medicine, ask the patient for their consent to have a virtual consultation with a panel GP. Have the virtual consultation with the panel GP on Healthforce (the Discovery-integrated telemedicine system).
6. The panel GP who does the virtual consultation may decide to refer the patient for a face-to-face consultation with a network GP. Help the panel GP to do the referral according to the steps on Healthforce (the telemedicine system).
7. We will consider paying for extra material, tests or vaccines based on the relevant plan rules. We may pay from the member's available day-to-day benefits or their other benefits, but they might also have to pay from their own pocket. We cover claims under the Day-to-day Extender Benefit, but these claims will not accumulate to the member's Annual Threshold.



- Submit the consultation claim to us on your pharmacy's dispensing system using the correct code for the agreed rate and the relevant plan. The service description and submission codes should be available on your claim's software. If not, contact your contracted software provider to load them.

The following code will apply:

NAPPI code	Description of service	Procedure code
004 205 001	Discovery Health Medical Scheme registered nurse consultation Individual consultation with referral to a GP for a virtual consultation	880053

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- Healthforce will send the GP's claim on behalf of the panel GP.

The following code will apply:

NAPPI code	Description of service	Procedure code
004 206 001	Discovery Health Medical Scheme GP virtual consultation Virtual consultation with referral to a network GP for a face-to-face consultation	7503

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We have built verification rules into the Discovery Health system to make sure we cover the claim when you follow all the requirements. If something is missing or incorrectly submitted, we will reject the claim and you may have to fix it before submitting the same claim again.

- If your claim is rejected, investigate the reason code on the screen to understand the reason for the rejection. Correct the claim and resubmit if necessary.

Examples of reasons for claim rejections

Reason code	Description	Reason for rejection of the claim
274	No money in MSA. Member must pay the claim.	Member must pay the claim.
322	Screening limit reached. Not paid.	Investigate the procedure submitted and resubmit: code 880051 versus 880053.
332	Plan does not cover this treatment or test	Member must pay the claim.
355	Did not use network provider	This pharmacy does not currently take part in the pharmacy-clinic network for virtual consultations. We need a contract.
400	Provider may not refer; member must pay the claim.	Follow correct referral procedures. Only the virtual consultation GP can refer a patient for a face-to-face GP consultation. Not all healthcare disciplines may prescribe or refer for certain services.
1002	We do not cover this service.	The plan does not cover this healthcare service. Patient must pay for this service from their own pocket.
1004	Non-network provider. Member to pay.	We have not paid this claim, because you (the healthcare provider) are not part of the network. The member must pay this amount.
1040	Not paid. Need virtual consultation note	First submit the SOAP note before submitting the claim.



1245	Note: not submitted. Claim not paid	We have not paid this code, because you have not submitted the consultation note to us.
9848	Invalid claim option. Submit on: DISCKD20	Resubmit on the submission code given in response – in this case, DISCKD20.
10436	Provider cannot prescribe this medicine.	We have not paid the amount on this claim line because you may not prescribe this medicine.

11. If the reason for rejection is correct, explain to the patient why they must pay for the consultation themselves.

Detailed Discovery Health Medical Scheme plan rules

- We pay consultations from the Day-to-day Extender Benefit at the Discovery Health Rate.
- We pay materials, procedures or any other healthcare services from the member's available day-to-day benefits or the member must pay it themselves.
- Claims paid from the Day-to-day Extender Benefit will not accumulate to the Annual Threshold, where applicable.

Cover limits for Discovery Health Medical Scheme members through the Day-to-day Extender Benefit

BENEFIT	PLAN	COVER
Visits with a nurse at a network pharmacy	Executive, Comprehensive and Priority	Unlimited
	Classic and Coastal Saver	Limited to 3 consultations per member Limited to 6 consultations per family
	Essential Saver	Limited to 2 consultations per member Limited to 4 consultations per family
Virtual GP consultations if referred by a nurse	Executive, Comprehensive and Priority	Unlimited
	Classic and Coastal Saver*	Limited to 3 consultations per member Limited to 6 consultations per family
	Essential Saver*	Limited to 2 consultations per member Limited to 4 consultations per family
Face-to-face consultations if referred by a virtual GP	Executive, Comprehensive and Priority	Unlimited
	Classic and Coastal Saver**	Limited to 3 consultations per member Limited to 6 consultations per family
	Essential Saver**	Limited to 2 consultations per member Limited to 4 consultations per family

*Nurse consultation + virtual consultation will accumulate to one Day-to-day Extender Benefit consultation.

**Nurse consultation + virtual consultation + face-to-face consultation will accumulate to one Day-to-day Extender Benefit consultation.



How we pay pharmacy-clinic claims for Discovery Health Medical Scheme members

The following table shows how we pay claims for members with available money in their Medical Savings Account and members in their Self-payment Gap or Above Threshold Benefit.

Cover limits for Discovery Health Medical Scheme members through the Day-to-day Extender Benefit

Scenario	How the consultation will be paid	Other services (such as medicine and blood tests)
Member still has money in their Medical Savings Account and visits a clinic in the Pharmacy Clinic Network for a consultation with a nurse	We pay from available money in the Medical Savings Account.	
Member has run out of money in their Medical Savings Account or is in their Self-payment Gap and visits a clinic in the Pharmacy Clinic Network for a consultation with a nurse	We pay from the Day-to-day Extender Benefit.	Member must pay for the services themselves.
Member on Saver Plan has used up all their Day-to-day Extender Benefit consultations and visits a clinic in the Pharmacy Clinic Network for a consultation with a nurse	Member must pay for the consultation themselves.	Member must pay for the services themselves.
Member is in their Above Threshold Benefit and visits a clinic in the Pharmacy Clinic Network for a consultation with a nurse	We pay from the Above Threshold Benefit. Note: The Above Threshold Benefit on the Priority Plan is limited.	

Members on other schemes administered by Discovery Health do not have access to the Day-to-day Extender Benefit.

How to refer a Discovery Health Medical Scheme member to a general practitioner (GP)

Referrals for virtual consultations with a panel GP

Where necessary, the pharmacy nurse can refer a member for a virtual consultation with a panel GP through Healthforce. The Healthforce GP consultation portion will be claimed separately from the nurse consultation.

Referrals for face-to-face consultations with a network GP

Only the panel GP can refer a member for a face-to-face visit with a network GP. To find a GP in the network, members can use the Discovery app or log in to www.discovery.co.za and search under **Medical Aid > Find a healthcare provider > Find a provider in our network**.



Claims payment process

Send claims to Discovery Health for payment

Payment for your healthcare services to patients is based on a fee-for-service model. We pay a fixed fee for each completed consultation. You must only submit the claim after the nurse has completed the consultation and entered a SOAP note on Healthforce.

Consultation codes

You will need to send a NAPPI code on your pharmacy's claiming system, which will link to a procedure (consultation) code.

The following codes apply:

NAPPI code	Description of service	Procedure code
004 205 001	Discovery Health Medical Scheme registered nurse consultation Individual consultation with referral to a GP for a virtual consultation.	880053
004 206 001	Discovery Health Medical Scheme GP virtual consultation Virtual consultation with referral to a network GP for a face-to-face consultation.	7503

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Please make sure the codes and latest rates are loaded onto your system. All nurse consultations must have a SOAP note whether or not the patient has been referred for a virtual consultation. We will reject the claim if there is no SOAP note.

How to register on the Healthcare Professional Zone

1. Go to www.discovery.co.za.
2. Click on the blue **Register** button on the top right-hand side of the screen.
3. Select one of the identification types from the dropdown list, enter the relevant details and click on **Next**.
4. Select a method from the dropdown list for receiving the OTP (one-time password). The choices are SMS or email. If you choose SMS, the particular cell phone must be within reach and if you choose email, the email system must be connected and open to receive the one-time password. The password is a unique, temporary code and will expire within seven days. This code is necessary to continue with the registration process.
5. Once you have chosen the relevant notification method and confirmed the email address or cell phone number, tick the box **I agree to the terms of consent**. Then click on **Send** to continue with the registration process.
6. The next page will ask for the OTP you received by SMS or email, depending on the notification method you chose. Enter the OTP and click on **Continue**.
7. Create your login details. Select a username from the suggested list or create one. Note that the username is a permanent feature that you cannot change. It is also case-sensitive. The username must be between 6 and 15 characters long. Confirm your personal password. The password must contain at least 6 characters and it must be alphanumeric (a combination of letters and numbers). Read and accept the terms and conditions.
8. Click on **Register now** to complete your registration.
9. Click on **Enter website**. Otherwise, the system will automatically log in.

If you need help with registering, call 0860 10 06 96.



Contact us

General enquiries from healthcare professionals:

- Primary Care enquiries: Call 0860 44 47 79
- Discovery Health Medical Scheme enquiries: Call 0860 44 55 66 or email healthpartnerinfo@discovery.co.za
- Hospital preauthorisation: Call 0860 44 47 79
- HIV-related enquiries: Email chronicqueries@discovery.co.za

To find out who Discovery's healthcare partners are, visit the Discovery website at www.discovery.co.za.