KEYCARE
PRIMARY CARE CLINIC BENEFIT

CLICKS NURSE HANDBOOK

DISCOVERY HEALTH

2025

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Overview

Clinical research shows that patients have better health outcomes if they have one doctor who coordinates their care, rather than many different doctors. This approach helps to develop a meaningful and long-term relationship with a primary care doctor who can tailor treatment to the patient's specific needs.

High-level summary of the KeyCare benefits

The KeyCare Series has the most affordable Discovery Health Medical Scheme plan options. Income-banded contribution levels make it more affordable for persons with a lower income, while still giving them comprehensive cover in and out of hospital.

Through network arrangements, the KeyCare Series offers the following to a patient:
- Comprehensive cover for both emergency and planned hospital admissions, at one of the network hospitals.
- Cover for day-to-day primary healthcare services, including a medicine list (formulary), through providers in the KeyCare GP Network.
- Cover for 27 Chronic Disease List conditions, depending on the medicine list (formulary) and basket of care.
- Cover for a defined list of radiology and pathology services through our network providers.
- Cover for care from a specialist up to the Specialist Benefit limit, when their nominated GP refers them to the specialist.
- Cover for a defined list of dental and optometry services at a network provider.
- Cover for comprehensive maternity and early childhood services at designated service providers.

Primary care clinics are new on the KeyCare plans

We recognise the valuable contribution that pharmacy clinics make across South Africa. So, we are including nurse-led clinic consultations at selected **Clicks pharmacy clinics** in the Primary Care Clinic Network in our KeyCare cover.

All the KeyCare plans, except KeyCare Core, offer unlimited consultations at the patient's nominated primary care GP. If the nominated primary care GP is not available, the patient can now go for a maximum of two nurse-led primary care clinic visits per year at any primary care network clinic (which includes virtual-enabled Clicks pharmacies).

As part of these visits, the patient has cover for the following:
Acute medicine list (formulary) items on schedule 0, 1 and 2 when referred by the nurse and dispensed by the pharmacist.

Extra selected nurse services that include wound care and infusions.

Nurse referrals for pathology tests where the condition and treatment falls within the scope of the registered nurse.

Virtual GP, prescribed formulary medicine, pathology laboratory and radiology referrals.

Virtual GP-led referrals for in-person KeyCare GP consultations.

Purpose of the document

The purpose of this handbook is to help healthcare professionals in clinics understand the rules, procedures and processes for dealing with consultations at pharmacy clinics for patients on our plans. It also sets out what patients on KeyCare plans can claim for. These plans include KeyCare Plus, KeyCare Start, KeyCare Start Regional, LA KeyPlus and TFG Health Plan patients. KeyCare Core does not offer the Primary Care Clinic Benefit.

We have built verification rules into the Discovery Health system to make sure we cover the claims according to plan types and benefit rules, so that you do not need to worry about it.

About some of the terms we use in this document

Some of the terms in this document or the way in which we use them may not be familiar to you. Here are their meanings.

TERMINOLOGY	DESCRIPTION
Clinic	Clinic is defined as either a primary care community clinic or a pharmacy clinic where nurse-led consultations are offered.
Primary Care Clinic Benefit	The Primary Care Clinic Benefit comprises a visit at a clinic where a registered nurse offers first-line treatment. This includes a virtual GP consultation and an in-person KeyCare network GP consultation where clinically appropriate. Medicine may be dispensed to the patient if it is necessary.
Member	In this document, any reference to a member also includes dependants on their plan.
NAPPI code	A NAPPI (National Pharmaceutical Product Index) code is a unique code used in South African healthcare to classify medical products and procedures. The medical insurers use this code when they process claims.
Nominated primary care GP	Each patient must nominate a general practitioner (GP) who is on the KeyCare GP Network. This GP will treat the patient for all day-to-day healthcare needs (for which the patient has full cover).
Virtual GP	The virtual GP offers day-to-day treatment when a nurse refers a patient during a primary care clinic visit.
In-person KeyCare network GP	The in-person KeyCare network GP can treat a patient who is referred by the virtual GP. This in-person GP will usually not be the patient's nominated primary care GP.
Nurse services	The nurse can claim for wound care, infusions and sutures during a primary care clinic visit, in addition to claiming for the consultation.
Nurse-referred OTC medicine on the KeyCare acute medicine list (formulary)	As part of a primary care clinic visit, the nurse may refer the patient to the pharmacy dispensary for schedule 0 to 2 medicine that is available on the KeyCare formulary. If the nurse consultation is claimed for on the same day as the medicine, we'll pay the medicine claim. If it is not claimed for on the same day, we'll reject the medicine claim. (See **Annexure A**).
Virtual GP-referred medicines on the KeyCare acute medicine list (formulary)	As part of the primary care clinic visit, the virtual GP can refer the patient to the pharmacy dispensary for acute medicine that is on the KeyCare formulary. If the virtual GP consultation is on the same day, we'll pay the pharmacy claim. If it is not on the same day, we'll reject the medicine claim.

Pharmacies on the Primary Care Clinic Network

Virtual-enabled Clicks pharmacies can enrol on the KeyCare Primary Care Clinic Network when the nurse is supported by a virtual GP. Participating pharmacies in the primary care clinic network can refer patients to a virtual GP for a virtual consultation. The clinic can claim for these services at the agreed KeyCare rates.

Who qualifies for the Primary Care Clinic Benefit?

Patients who are on a KeyCare Plus, KeyCare Start, KeyCare Start Regional and LA KeyPlus plan get TWO visits as part of the Primary Care Clinic Benefit to see a nurse for primary care services. TFG Health Plan patients get ONE primary care clinic visit.

What does the fee for the nurse consultation cover?

The nurse consultation fee covers services from a registered nurse in a clinic that is part of the Clicks Primary Care Clinic Network. This is services that fall in the nurse's scope of practice. We pay a fixed rate for these services.

The pharmacy nurse may also:
- Refer the patient to the dispensary for necessary acute medicine on the medicine list (formulary) that is dispensed by the pharmacist on KeyCare submission codes. We'll pay the medicine from the patient's risk benefits.
- Refer the patient for pathology laboratory tests that are on the KeyCare pathology list (formulary). (See **Annexure B.**) We will pay for the pathology tests if the patient was referred by the virtual GP or by a nurse *with their own BHF practice number.*
- Arrange for a consultation with the virtual GP on the virtual consultation platform. If a prescription is necessary during the consultation, the patient can get the medicine from a network pharmacy dispensary using the normal claiming code. If the virtual GP refers the patient for an in-person KeyCare GP consultation, it will count towards one clinic visit, but it will be paid separately from the clinic fee. We will only pay for radiology if the patient was referred by the virtual GP or an in-person KeyCare GP.
- Carry out certain agreed procedures (see **Annexure C**). We will pay for these procedures under the Primary Care Clinic Benefit.

If a patient asks you how they can find a KeyCare provider in our network, tell them to:
- Log in to *www.discovery.co.za* and search under **Medical Aid** > **Find a healthcare provider.**
- Click on **Find a healthcare provider** in the Discovery Health app.

Nurse-led consultation process

The following steps will guide you through the consultation and the Discovery claims procedure.

1. **Confirm the patient's identity and plan**, using their ID and Discovery membership card. You can also check their digital membership card on their Discovery Health app.

2. **Open a profile for the patient** on the Discovery patient system (if they don't have one) using the patient's ID number and other relevant details.

3. **Submit a claim on your pharmacy's dispensing system** before you carry out the medical consultation. Use the nurse consultation code for the agreed rate and the relevant plan. (The service description and submission codes must be available on your claims system. If not, ask your contracted software provider to load them.) You need to do this upfront because there is a limit for primary care clinic visits per person per benefit year. *Please ensure that you add the relevant ICD10 code to the claim line. Claims with ICD10 codes starting with Z will reject.*

000611-001	**INDIVIDUAL CONSULTATION CONDUCTED BY THE REGISTERED NURSE**	**NCON**

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This claim will display as either **Paid** or **Reject**.
- If the system shows **Paid**, proceed with the consultation.
  If the system shows **Reject**, look for the reason code for the rejection (see **Annexure D**) and tell the patient what the problem is so that they can decide what to do. If the patient has already used their two primary care clinic consultations for the year, they must know that they'll have to pay for the consultation from their own pocket if you proceed. The patient always has the option to return to their nominated primary care GP.

4. **Get the patient's consent** (written, if that is what your internal policies prescribe) so that you can:
- Do a physical examination
- Carry out tests or treatments
- Fill the patient's prescription at your pharmacy, or elsewhere, if the patient chooses

5. **Discuss the reasons for the consultation** with the patient (for example, the patient's complaints, symptoms and questions).

6. **Carry out a physical examination** where necessary.

7. **Load comprehensive notes on your patient system** about the consultation. This will include:
   - The patient's reason for visiting you (complaints and symptoms)
   - Steps you've taken, care you've given or tests you've done as well as their results
   - Your findings and diagnosis
   - Referrals you suggest
   - Treatment (care) you suggest – which may include other nursing services (see **Appendix D**)

   These notes will be available on the system for reference.

8. **Discuss the treatment (care) you suggest with your patient**.

9. **Proceed with the relevant actions**. Where the services needed fall outside a nurse's scope of practice and it is necessary and clinically appropriate, you (the pharmacy clinic nurse) should refer the patient to other professionals for care. For example, you can:
   - **Refer the patient to the dispensary pharmacist** for KeyCare acute medicine list (formulary) items. (**Annexure A**).
   - **Refer the patient to a pathology laboratory** for KeyCare pathology laboratory tests (**Annexure B**) that are on the pathology list (formulary). Use the pathology referral *form*
   - **Refer the patient to a virtual GP** if they need prescribed KeyCare medicine list (formulary) items or if another referral is needed.

Please note:
   - Make sure you have claimed for the nurse-led consultation. If the patient is treated only by you (the nurse), one clinic visit is used of the two primary care clinic nurse visits that the patient is allowed. If we do not pick up the nurse-led consultation claim in our claims data for the specific patient, we'll reject payment for all linked services.

   - Use your own nurse BHF number as referring provider when sending patients to the pathology laboratory. We'll reject payment for the pathology claims when the referring provider is the pharmacy BHF number.

   - If we reject the claim, please look up the reason for valid rejection in **Annexure D** and explain to the patient why they must pay for the consultation themselves.

How to consult with a virtual GP – if needed

When to have a nurse-led consultation with the virtual GP

Sometimes, you may need to consult with the virtual GP about treatment or prescriptions for your patient. The virtual GP can assist with prescriptions and laboratory referrals.

If you use a virtual GP in your consultation, you must use the correct code in the claim process for this patient on the day. This code will show us what service has been delivered.

000612-001	GP VIRTUAL CONSULTATION (referred by the nurse)	NVCON

If a patient is treated by both you (the nurse) and the virtual GP, we still see it as one clinic visit, as long as it happens on the same day, during the same clinic visit. It will contribute to the benefit limit of a maximum of two primary care clinic visits every benefit year.

What to do if the virtual GP refers the patient to an in-person KeyCare GP

Sometimes the virtual GP will decide that the patient should see a doctor in person. They may then refer your patient for an in-person consultation with a KeyCare network GP.

Please submit the following code to us to make sure we consider payment for the in-person GP visit. The in-person GP visit needs to take place no more than 14 days after the virtual GP referred the patient.

000611-003	VIRTUAL GP REFERRAL TO FACE-TO-FACE KEYCARE NETWORK GP.	VGREF

The virtual GP visit is also still considered to be part of one clinic visit and will contribute to the benefit limit of two primary care clinic visits every benefit year. Payment for the in-person KeyCare network GP is separate from the clinic payment.

Contact us

For general enquiries from healthcare professionals about the clinic benefit, please contact us using the details below:

Discovery Health Medical Scheme enquiries – call 0860 44 55 66 or visit the Discovery website at *www.discovery.co.za.*
To find out who Discovery's healthcare partners are, email *healthpartnerinfo@discovery.co.za.*

Annexure A

KeyCare formulary for pharmacist-advised therapy

- These are KeyCare acute medicine list (formulary) items that are schedule 0 to 2 and may be prescribed by a pharmacist – only when referred by a nurse after a nurse consultation.
- We'll only pay if we can verify the nurse's consultation claim. If the nurse's consultation has not yet been claimed, we'll reject the dispensary claim.
- The pharmacist needs to use the pharmacy practice number as 'prescriber' in the claim in the same way that OTC claims are done.
- Please note that this medicine list (formulary) for pharmacist-advised therapy is NAPPI specific.
- Schedule 3 and above medicine is covered when prescribed by a doctor.

	Dosage form	Ingredient	Product name (NAPPI specific)

1. Oral preparations

Analgesics

	Dosage form	Ingredient	Product name (NAPPI specific)
	SYR	*Paracetamol*	Painogesic
	SYR	*Paracetamol*	Go-Pain P
	SYR	*Paracetamol*	Painblok
	SYR	*Paracetamol*	Actamol Red
	SYR	*Paracetamol*	Feverpain
	SYR	*Paracetamol*	Actamol Red (Un-Boxed)
	SYR	*Paracetamol*	Feverpain
	SYR	*Paracetamol*	Pyralen
	TAB	*Paracetamol*	Antalgic
	TAB	*Codeine and paracetamol*	Codorol
	TAB	*Codeine and paracetamol*	Cogesic
	TAB	*Codeine and paracetamol*	Adco-Napacod 500 mg/10 mg

Antacids

	Dosage form	Ingredient	Product name (NAPPI specific)
	SUS	*Aluminium hydroxide and antispasmodic*	Alumag D
	SUS	*Aluminium hydroxide and antispasmodic*	Dicyclomine Co GEL
	SUS	*Aluminium hydroxide and antispasmodic*	Medigel
	SUS	*Aluminium hydroxide and antispasmodic*	Propan Gel S
	SUS	*Aluminium hydroxide and antispasmodic*	Spasmogel
	SUS	*Magnesium and other combinations*	Magasil
	SUS	*Magnesium and other combinations*	Adco-Mayogel

Antidiarrheals

	Dosage form	Ingredient	Product name (NAPPI specific)
	TAB	*Loperamide*	Adco-Prodium

Antiemetics

	Dosage form	Ingredient	Product name (NAPPI specific)
	SYR	*Cyclizine*	Medazine-S
	SYR	*Cyclizine*	Nauzine S
	TAB	*Cyclizine*	Medazine Nausea
	TAB	*Cyclizine*	Adco-Cyclizine
	SYR	*Other antiemetics*	Emetrol
	SYR	*Other antiemetics*	Emex

Anti-gout

	Dosage form	Ingredient	Product name (NAPPI specific)
	TAB	*Colchicine*	Kolcrys
	TAB	*Colchicine*	Colcin

Anthelmintics			
	SUS	Mebendazole	Wormstop
	TAB	Mebendazole	Adco-Wormex
Antihistamines			
	SYR	Chlorphenamine	Allergex
	SYR	Chlorphenamine	Rhineton
	TAB	Chlorphenamine	Rhineton
	TAB	Chlorphenamine, combinations	Sinuend
	SYR	Promethazine	Lenazine
Antimicrobics			
	SUS	Nystatin	Candacide
	SUS	Nystatin	Nystacid
	SUS	Nystatin	Canstat Oral
Antispasmodics			
	SYR	Butylscopolamine	Scopex Syrup
	SYR	Butylscopolamine	Hyospasmol
	TAB	Butylscopolamine	Scopex
	TAB	Butylscopolamine	Hyospasmol
Cough suppressants, decongestants, bronchodilators, expectorants and mucolytics			
Mucolytics	SYR	Carbocisteine	Betaphlem
	SYR	Carbocisteine	Bronchette
	SYR	Carbocisteine	Co-Flem
Bronchodilators	SYR	Combinations of xanthines	Theophen
	SYR	Theophylline	Alcophyllin
	SYR	Theophylline, combinations excl. Psycholeptics	Dynalex
	SYR	Theophylline, combinations excl. Psycholeptics	Alcophyllex
Decongestants	CAP	Phenylephrine, combinations	Famucaps
	CAP	Phenylpropanolamine, combinations	Sinustat
	SYR	Pseudoephedrine, combinations	Betafed
	SYR	Pseudoephedrine, combinations	Acuflu P
	SYR	Pseudoephedrine, combinations	Decofed
	SYR	Pseudoephedrine, combinations	Adco-Flupain
	TAB	Pseudoephedrine, combinations	Decofed
Electrolytes			
	SOL	Oral rehydration salt formulations	Hydrolec Juice + Electrolytes Apple
	SOL	Oral rehydration salt formulations	Hydrolec Ready to Drink Orange
	TAB	Ergotamine, combinations excl psycholeptics	Migril
Iron supplement			
	TAB	Ferrous sulphate	Ferrous sulphate
Laxatives			
	SYR	Lactulose	Lacson
	SYR	Lactulose	Aculax
	TAB	Senna glycosides	Soflax
Non-steroidal anti-inflammatory drugs			
	EFT	Acetylsalicylic acid	Disprin
	EFT	Acetylsalicylic acid	Soluspirin
	SUS	Ibuprofen	Ibugesic Fever and Pain
	SUS	Ibuprofen	Ibugesic Oral Suspension
	SUS	Ibuprofen	Inflamax Paediatric
	SUS	Ibuprofen	Ibucine
	SUS	Mefenamic acid	Ponac
	SUS	Mefenamic acid	Fenamin

Urologicals

	GRA	*Other urologicals*	Medi Soda Effervescent
	SUS	*Potassium citrate*	Mist Pot Cit Simplex

2. Eye, ear & nasal preparations

	OPD	*Cromoglicic acid*	Stop Allerg 13.5 ml
	NAS	*Oxymetazoline*	Nazene Z 20 ml
	NOD	*Oxymetazoline*	Drinasal Paediatric 10 ml
	OPD	*Oxymetazoline*	Allergex 15 ml
	EYO	*Sulfacetamide*	Lennon Sulphacetamide 3.5 g
	OPD	*Tetryzoline, combinations*	Gemini 15 ml

3. Topical preparations

Antihaemorrhoidal	OIN	*Bismuth preparations, combinations*	Anusol
	OIN	*Other preparations, combinations*	Preparation H
Antihistamines	CRE	*Mepyramine*	Allergex Mepyramine (Was
Antipruritics	LOT	*Other antipruritics*	Calamine Lotion BP
	LOT	*Other antipruritics*	Clicks Calamine
	LOT	*Other antipruritics*	Calamine Lotion - Darol Medirite
Antiseptics	OIN	*Povidone-iodine*	Septadine Antiseptic
	OIN	*Povidone-iodine*	Barrs Povidone-Iodine
Cortisones	CRE	*Hydrocortisone*	Biocort (Stx)
	CRE	*Hydrocortisone*	Vari-Hydrocortisone
Antimicrobials			
Antiviral	CRE	*Aciclovir*	Beta-Vira
	CRE	*Aciclovir*	Adco-Acyclovir
	CRE	*Aciclovir*	Acitop
Antifungal	CRE	*Clotrimazole*	Fungistop Topical
	CRE	*Clotrimazole*	Canex Topical
	CRE	*Clotrimazole*	Fungispor
	CRE	*Clotrimazole*	Clomaderm
	VCR	*Clotrimazole*	Innospore
	VCR	*Clotrimazole*	Canex Vag
Antimycotic	LOT	*Benzyl benzoate*	Alpha Benzyl Benzoate Application
	LOT	*Benzyl benzoate*	App Benzyl Benz Bpc
	LOT	*Benzyl benzoate*	Benzyl Benzoate Bp
	SCL	*Benzyl benzoate*	App Benzyl Benz - Allied

Annexure B

KeyCare pathology list (formulary)

- We'll only consider pathology claims for payment if the referring nurse has their own BHF practice number.
- The nurse may only refer the patient for pathology within their scope of practice and within the KeyCare pathology list (formulary).
- The pathology form is available for use on this link: *KeyCare Primary Care Clinic Pathology Referral form*

Annexure C

Services, claiming codes and rates

We pay a maximum fixed fee for the completed consultation, which may include one or all three codes depending on the service delivered. Only the first code bears a rate, while the rest of the codes have no rates. These codes will show who treated the patient and enable appropriate payment for related claims.

NAPPI code	Description of service	Procedure code
000611-001	**Registered nurse consultation** Individual consultation conducted by a registered nurse	NCON
000612-001	**GP virtual consultation** Virtual consultation with a GP, referred by a nurse	NVCON
000611-003	**Virtual GP referral to in-person KeyCare GP** Referral by virtual GP to an in-person KeyCare network GP	VGREF
067039-001	Insertion of cannula, intravenous treatment, infusions (push-in) for patient younger than 3 years old	88035
067040-001	Stitching of soft-tissue injuries with or without local anaesthesia and normal aftercare	88042
067041-001	Nebulisation in rooms	88050
067042-001	Wound care: Simple for wounds or burns with dressing only	88040
067043-001	Wound care: Extensive care for wounds or burns with procedures such as irrigation or similar	88041
067044-001	Wound care: Moderate care for wounds or burns, such as drains or fistulas and inserting of sutures	88042

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Annexure D

Reasons and explanations for claims rejection

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
183	Services included in the main procedure/consultation	We've rejected this code as this service is included in the main procedure code. We are not responsible for paying this amount.
332	Plan does not cover this treatment or test	Patient must pay the claim.
355	Did not use network provider	This pharmacy does not currently take part in the pharmacy-clinic network.
400	Provider may not refer and member must pay the claim	Follow correct referral procedures. Only the virtual-consultation GP can refer a patient for an in-person GP consultation. Not all healthcare disciplines may prescribe or refer for certain services.
581	No ICD-10 code included	We have not paid the amount on this line as the claim did not include an ICD-10 code. Please add the ICD-10 code and submit the amended claim.
582	Incorrect ICD-10 code	We have not paid this amount. The ICD-10 code does not exist or is not on the standard industry list.
1002	We do not cover this service	The plan does not cover this healthcare service. The patient must pay for this service.
1004	Non-network provider, patient to pay	We have not paid this claim, because the pharmacy is not part of the KeyCare Primary Care Clinic Network. The patient must pay this amount.
1585	Clinic-led limit depleted	The Primary Care Clinic Benefit covers a maximum of two visits per patient per year. The patient must pay for the next visit themselves or they must book an appointment to visit their own nominated GP, for which they have unlimited visits.
10436	Provider cannot prescribe this medicine	We have not paid the amount on this claim line because you may not prescribe this medicine.

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