

Dear Pharmacist

Join our Primary Care Drug Therapist Network

We recognise the significant role pharmacy clinics have in managing primary healthcare in South Africa. For this reason, DHMS will start providing for the reimbursement of certain services that are included in the Primary Care Drug Therapist (PCDT) permit issued by the Department of Health.

We want to extend an invitation to any willing and qualifying pharmacy clinic with a Primary Care Drug Therapist ("PCDT") pharmacist to join the PCDT Clinic Network. This will give your pharmacy access to Discovery Health Medical Scheme funding for:

- PCDT consultations.
- Prescriptions for conditions listed on the PCDT permit, with treatment following the Standard Treatment Guidelines and Essential Medicines List, for the stated period.
- Applicable point-of-care (POC) pathology tests, claimable by the consumer product's *NAPPI code*.

Due to the size and scope of this initiative, we will be rolling out the development in phases. To start, these services will be covered from the Medical Savings Account for Discovery Health Medical Scheme members. Thereafter, chronic benefits and referrals to pathologist laboratory services will be incorporated in a phased approach, together with the rest of the schemes we administer.

Important

- It is important that you get confirmation from your own software vendor to understand if and when your pharmacy system will be ready to claim. We need the BHF number of the PCDT pharmacist to be submitted as the *treating provider* in the claim. Without this requirement, funding will not be possible.
- It is also important that you re-register your permit, whether (pharmaco-therapist or primary care drug therapist), as well as your practice number with us before you will be able to claim the new PCDT consultation.
- Signing up your pharmacy for network participation is voluntary.

How to enrol

Pharmacies are invited to participate in the PCDT pharmacy network and need to follow a two-step process:

1. Registration of the PCDT pharmacist:

- Complete and sign a practice number registration *form* on behalf of your employed PCDT pharmacist(s) and submit it together with the documentation below:
- Copy of the PCDT permit with the name of the permit holder, valid period and associated pharmacy as issued by the Department of Health.
- Copy of the PCDT's BHF practice number certificate.
- Certified copy of ID of the permit holder (certification not older than 3 months)

2. Enrol your pharmacy on the PCDT Pharmacy Network:

- Complete and sign the PCDT pharmacy agreement (voluntarily participation).
- Send all the documents under point 1 and point 2 to provider_administration@discovery.co.za.

Once we have received the documentation and registered the PCDT pharmacist's practice number and have added the pharmacy on the PCDT Pharmacy Network, the pharmacies will appear as pharmacy offering PCDT services on our *Find a healthcare provider* tool as soon as it goes live.

PCDT consultation code and rate

- Please discuss self-payment options where members have no MSA.

Pharmacy codes	*Statement description	Service
000525-001	DIS0010PCDT-CONSULT	PCDT face-to-face consultation

- Visit [pharmacy clinic tariffs](#) for the latest pharmacy tariffs.
- It is important to submit the claim with the relevant ICD10 codes.
- PAPER CLAIMS: Please arrange with your software provider to print 'Statement description' on the statement. We cannot pay paper claims (where members prefer to pay cash and claim back from us) without these codes.

Requirements for participation by a pharmacy clinic in the PCDT Clinic Network

Participation of the pharmacy clinics in the PCDT Clinic Network is voluntary and open to any pharmacy clinic that meets the following requirements:

- Has at least one PCDT pharmacist with an own BHF practice number.
- Is participating in the Wellness Network at the time of applying for participation in this PCDT Clinic Network.
- Has a private consultation room within the pharmacy with appropriate clinic equipment and furniture and an easily accessible bathroom.
- Has Good Pharmacy Practice ("GPP") compliance and is registered with the South African Pharmacy Council.
- Has an electronic clinical practice management claims submission system with the ability to submit the claim using the PCDT pharmacist's own BHF practice number as the *treating provider*.
- Has appropriate referral networks in place (including pathology and general practitioners).
- Use Discovery Health's electronic patient record called Health ID to log results when it becomes available.
- Make available to Discovery Health all clinical results as and when required in an appropriate way.
- Claim structure to align with treating provider field for verification.

If you have any questions, please write to us at healthpartnerinfo@discovery.co.za.

Thank you for your commitment to working with us to make sure the members of the medical schemes we administer continue to have access to affordable medicine and quality service.

Regards



Suzanne van der Walt

Pharmacy network strategies and contracts manager
Discovery Health

Please note that this form expires on 2026/12/31. Up to date forms are always available on www.discovery.co.za on the ProPBM webpage

Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider and administrator of medical schemes.

Discovery Health PCDT Pharmacy Network Agreement



Please complete and send the completed and signed form by fax to 011 539 2784 or email to provider_administration@discovery.co.za

A.1 Pharmacy details – Billing provider			
Pharmacy owner		ID / Company number	
Pharmacy name / group list		BHF billing practice code*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Pharmacy or office address		Dispensary e-mail address	
B PCDT pharmacist 1 – Treating provider with permit: Pharmacy to complete on behalf of the PCDT pharmacist where employed by the Pharmacy.			
Permit holder name		PCDT permit & BHF number	Please tick and submit copies of both documents <input type="checkbox"/> Permit <input type="checkbox"/> BHF
ID number <small>Submit certified copy</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PCDT permit holder PT061/3	Please tick <input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Locum
E-mail address		Cell phone	<input type="text"/> 0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Permit holder documents <small>Submit:</small> <i>PCDT handbook</i>	<ol style="list-style-type: none"> 1. Practice registration <i>form</i> 2. Certified copy of ID of the permit holder 3. Copy of BHF: Practice Code Numbering System 4. Copy Permit certificate 	* 58¢ From date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Clinic land line phone (extension) number 0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
B PCDT pharmacist 2 – Treating provider with permit: Pharmacy to complete on behalf of the PCDT pharmacist where employed by the Pharmacy.			
Permit holder name		PCDT permit & BHF number	Please tick and submit copies of both documents <input type="checkbox"/> Permit <input type="checkbox"/> BHF
ID number <small>Submit certified copy</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PCDT permit holder PT061/3	Please tick <input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Locum
E-mail address		Cell phone	<input type="text"/> 0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Permit holder documents <small>Submit:</small> <i>PCDT handbook</i>	<ol style="list-style-type: none"> 1. Practice registration <i>form</i> 2. Certified copy of ID of the permit holder 3. Copy of BHF: Practice Code Numbering System 4. Copy Permit certificate 	* 58¢ From date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Clinic land line phone (extension) number 0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Provisions for participation in the PCDT Clinic Network			
<i>The entities described above will hereinafter collectively be referred to as "the Pharmacy" where applicable.</i>			
The Pharmacy agrees:			
<ol style="list-style-type: none"> 1.1. To provide the services as per this PDCT Clinic Network to our members in accordance with this Agreement; 1.2. to being paid for PCDT services as the billing provider; 1.3. to have at least one PCDT pharmacist with her/his own BHF practice number employed in the clinic on part time or full-time basis or as owner in possession of a PCDT permit; 1.4. to make sure that the Pharmacy's vendors submits the PCDT pharmacist as the <i>treating</i> provider, upload the codes and rates rate in the invitation letter and not charge more than the 2023/4 rate and any subsequent rate increases and other changes as applied and published in the latest, updated Standard Discovery Health pharmacy networks and scheme rates agreement on www.discovery.co.za unless the agreement is terminated by any one of the parties; 1.5. to the list of participating medical schemes administered by Discovery Health as published in the latest Standard DSP network agreement with the updated Standard Discovery Health pharmacy networks and scheme rates on www.discovery.co.za from the time that the service is implemented; 1.6. to take responsibility for and to verify the availability of funds before services are rendered. If not funded by the scheme, self-funding options should be discussed with the patient; 1.7. to act in accordance with the respective professional council's code of conduct and standards and undertakes to ensure that it and employed clinic healthcare professionals (including general practitioners where appropriate) are registered and remain registered with the respective professional councils; 1.8. to act in accordance with Medicines and Related Substances Act 101 of 1965, Pharmacy Act 53 OF 1974, Nursing Act 2005, Electronic Communications and Transactions Act, 2002 (Act No. 25 of 2002), and Protection of Personal Information Act 4 of 2013, relating to the consultation, examination and any telemedicine or telephonic process and the processing of personal information; 1.9. to act and manage the clinic in accordance with the 'Ideal Clinic Manual' as issued by the Department of Health; 1.10. that its clinic and registered PCDT pharmacists must have a permit within the valid period and an own BHF number to provide appropriate services within the allowed scope of practice to take place in dedicated private consultation room(s), within a Good Pharmacy Practice compliant pharmacy that contains appropriate furniture and clinic equipment, with an easily accessible bathroom; 1.11. that any pathology codes are only payable when a point-of-care (POC) device is used that has been approved by Discovery Health. Approval is given based on Health Technology Assessment outcomes. Approved devices can be confirmed by the supplier of the device; 1.12. that no other health professionals employed within the pharmacy clinic charge for the PCDT pharmacist rates unless registered as a PCDT pharmacist; 1.13. to obtain appropriate consent from the patient for the consultations, examinations, screenings and procedures and scripts as applicable 1.14. to allow for pre-bookings on patients' request to minimize the chance of lengthy waiting periods. 1.15. to refer Members to appropriate health care professionals where appropriate. 1.16. that the clinic makes use of an electronic clinical practice management claims submission system that can submit the BHF practice number of the PCDT pharmacist as the treating provider in the claim; 1.17. that appropriate notes are kept of the consultation, screenings and point of care pathology any other relevant information are logged and kept onto the system and provided to Discovery Health in the agreed format and on the agreed digital platform; 1.18. agrees to use and make available the patient's clinical results where applicable on Health ID . 1.19. that this agreement is subject to the POPIA agreement previously signed by the pharmacy. 1.20. either party may terminate this Agreement by providing 30 calendar days written notice to the other party. 			
Signature date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	For pharmacy: Name	Signature

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