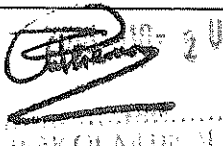


ANNEXURE D

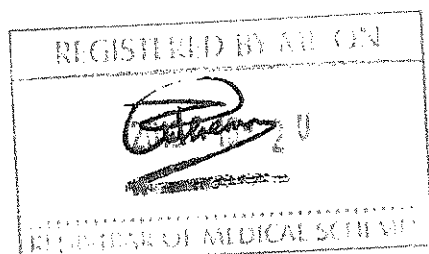
Procedures pre-authorized under auspices of managed healthcare

The following elective procedures will be funded from the hospital benefit if done in a doctor's rooms and day clinics. If these are done in hospital, the member may be liable for co-payment, except in the case of emergency. If these procedures are done in a doctor's rooms, there is no need for pre-authorization.

	Procedure description
	Additional intra-articular injection for arthritis
	Ascites or pleural tapping
	Aspiration of joint or intra-articular injection
	Aspiration or injection
	Bartholin's abscess- marsupialisation
	Bilateral myringotomy
	Bilateral myringotomy with insertion of tube
	Biopsy – nerve
	Biopsy or excision of cyst or lymph node biopsy
	Biopsy – muscle, skin
	Bronchial lavage
	Circumcision
	Cone biopsy – cervix
	Dilation and curettage (excluding aftercare)
	Diathermy to nose or pharynx under local anaesthesia
	Drainage of subcutaneous abscess – <u>onychias</u> etc.
	Drainage of submucous abscess
	ENT endoscopy in rooms with rigid endoscope
	Excision of cysts or tumours – vagina
	Excision of the ganglion
	Excision of lymph node for biopsy – neck or axilla
	Excision of meibomian cyst
	Fine-needle aspiration cytology


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	Procedure description
	Fine-needle aspiration for soft tissue – all areas including breast
	Flexible nasopharyngo-laryngoscope examination
	Incision and drainage of peri-anal abscess
	Intra-articular injection for arthritis – first joint
	Intra-pleural block
	Laser tonsillectomy
	Limb cast
	Ludwig's angina – drainage
	Opening of quinsy at rooms
	Plexus nerve block
	Proctoscopy with removal of polyps – first time
	Proof puncture at rooms – unilateral
	Proof puncture uni- or bilateral under general anaesthesia
	Protoscopy with removal of polyps –subsequent times
	Removal of foreign body – deep fascia (except hands)
	Removal of foreign body (except hands)
	Removal of single nasal polyp at rooms
	Retropharyngeal abscess – external approach
	Retropharyngeal abscess – internal approach
	Secondary suturing
	Suturing of contused lacerated wounds
	Tendon or ligament injection
	Tonsillectomy – dissection of the tonsils
	Treatment by chemo-cryotherapy – additional lesions
	Treatment by chemo-cryotherapy –first lesion
	Vasectomy – uni- or bilateral
	Vulva and introitus – drainage of abscess
	Wound debridement
	Radical nail bed removal
	Colonoscopy
	Endoscopy



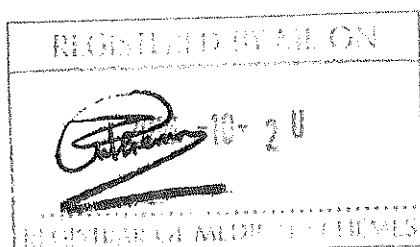
Pre-authorisation policies and procedures

Where applicable, pre-authorisation must be obtained for clinical services and will be subject to benefit limits. Managed Healthcare may require a clinical motivation for certain services and is subject to clinical protocols.

Pre-authorisation for hospitalisation

All elective/scheduled hospital admissions must be pre-authorised and where indicated, a hospital network will apply.

- You may obtain a hospital authorisation number by phoning the Hospital Risk Management Programme Department.
- Payment to a hospital is subject to meeting the stipulated standards like pre-authorisation, clinical necessity, appropriate treatment, benefit limits and prescribed minimum benefits (PMBs).
- If you are admitted to an intensive care unit (ICU) or high care (HC) ward, the hospital is required to motivate your continued accommodation in either of these facilities every 72 hours.
- You may be liable for a co-payment, except in the case of an emergency:
 - if your option stipulates that you use a hospital network;
 - if you have not obtained pre-authorisation.
- In the case of an emergency the Scheme must be notified within 48 hours or first working day after treatment or admission.
- An authorisation does not guarantee payment



Pre-authorisation for dentistry

It is not necessary to obtain authorisation for routine procedures, e.g. fillings or extractions. However, registration is necessary when more than four fillings and two root canal treatments are required.

Basic dentistry

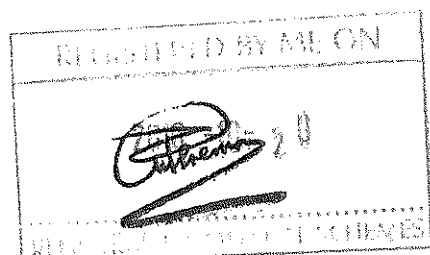
- The Scheme must authorise dental procedures that require general anaesthesia.
- Procedures done under general anaesthesia are only permitted for children under the age of seven years or in the case of the surgical removal of impacted wisdom teeth.

Specialised dentistry

- All specialised dentistry services and procedures must be pre-authorised.
- If any of the procedures involve hospitalisation, the member must obtain a pre-authorisation number via the managed healthcare organisation.

Maxillofacial surgery

- All procedures performed by a maxillofacial surgeon in hospital must be authorised.



Pre-authorisation for PMB CDL/chronic condition

- The Disease Risk Management (DRM) Care Plan Programme will grant each registered beneficiary a certain number of consultations and investigations according to clinical protocols.
- The beneficiary is notified about these benefits at the beginning of each calendar year or shortly after being diagnosed with the condition.
- No co-payment applies for the treatment of a PMB CDL and/or chronic condition if you use the medicines within the medicine reference price or medicine 'basket(s)'.

Pre-authorisation of high-cost or non-effective procedures

- High-cost and non-effective procedures are pre-authorised at the auspices of managed healthcare.
- Where there is an alternative option of treatment the Scheme might limit the benefit to the price of the open procedure.

