

## Netcare Medical Scheme Oncology brochure 2025

### Who we are

Netcare Medical Scheme (referred to as "the Scheme"), registration number 1584, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as "the administrator"), is a separate company and an authorised financial services provider (registration number 1997/013480/07), that administers the Netcare Medical Scheme.

### Contact details

You can call us on 0861 638 633 or visit [www.netcaremedicalscheme.co.za](http://www.netcaremedicalscheme.co.za) for more information.

### Overview

This document explains how Netcare Medical Scheme covers your cancer treatment for 2025, and what you need to do when you are diagnosed.

### What you need to do before your treatment can start

If you are diagnosed with cancer, you need to register on the Netcare Medical Scheme Oncology programme.

To register, you or your treating doctor must send us a copy of your histology results that confirm your diagnosis to [oncology@netcaremedicalscheme.co.za](mailto:oncology@netcaremedicalscheme.co.za).

### About some terms we use in this document

<b>ICD-10 code</b>	A clinical code that describes diseases and signs, symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the World Health Organisation (WHO).
<b>Morphology code</b>	A clinical code that describes the specific histology and behaviour and indicates whether a tumour is malignant, benign, in situ, or uncertain (whether benign or malignant) as classified by the World Health Organisation (WHO).
<b>Prescribed Minimum Benefits (PMB's)</b>	A set of minimum benefits which, by law, must be provided to all medical scheme members and include the provision of diagnosis, treatment and costs of ongoing care.

<b>Contracted rate</b>	The rate determined in terms of an agreement between the Scheme and a service provider or group of service providers in respect of payment of relevant services.
<b>DSP</b>	Designated Service Provider – a healthcare provider or group of providers contracted by the Scheme as preferred provider/s to provide diagnosis, treatment and/or care to beneficiaries in respect of one or more Prescribed Minimum Benefit (PMB) condition/s.
<b>Netcare Medical Scheme Rate</b>	The Rate at which health services are reimbursed by the Scheme in accordance with the applicable benefit schedule and determined by the Scheme from time to time.

## Netcare Medical Scheme Oncology programme at a glance

Netcare Medical Scheme Oncology programme provides members cover for approved cancer treatment. Inclusion of chemotherapy, radiotherapy and other healthcare services will be subject to consideration of evidence base medicine, cost effectiveness and affordability.

Healthcare services that are deemed by the Scheme as unaffordable and/or not cost effective and/or lacking clinical evidence to demonstrate efficacy are excluded from cover.

The programme covers the following treatments that are provided by your cancer specialist and other healthcare providers:

- Chemotherapy and radiotherapy
- Technical planning scans
- Implantable cancer treatments, for example, prostate or cervical brachytherapy and Gliadel® wafers
- Hormonal therapy related to your cancer
- Consultations with your cancer specialist
- Fees charged by accredited facilities
- Specific blood tests related to your condition
- Materials used in the administration of your treatment, for example, drips and needles
- Medicine on a medicine list (formulary) to treat pain, nausea and mild depression as well as other medicine used to treat the side effects of your cancer treatment except schedule 0, 1 and 2 medicines
- External prosthesis, for example, breast and voice prostheses (subject to the prosthesis limit of R97 110 per person per year)
- Stoma products
- Oxygen
- Radiology requested by your cancer specialist, which includes:
  - Basic X-rays
  - CT, MRI and PET-CT scans related to your cancer
  - Ultrasound, isotope or nuclear bone scans
  - Other specialised scans, for example, a gallium scan
- Scopes such as bronchoscopy, colonoscopy and gastroscopy that are performed in the management of your cancer

## Oncology Pharmacy Designated Service Provider (DSP)

### Medicine administered in-rooms

Medicine administered in the doctor's rooms, such as injectable and infusional chemotherapy, should be obtained from a courier DSP (Network 276), with a choice between Dis-Chem's Oncology Courier Pharmacy, Qestmed, Olsens Pharmacy (practice no: 6002226) and Medipost Pharmacy.

All oncology-related medicines (for in-rooms) obtained through other service providers will attract a 20% co-payment.

### Medicine scripted and dispensed at a retail pharmacy

Oncology and oncology-related medicine (like supportive medicine, oral chemotherapy and hormonal therapy) will be covered in full at Medipost Pharmacy (Network 400), Qestmed or Dis-Chem's Oncology Courier Pharmacy.

Scripted medicines for oncology obtained from all other retail pharmacies will be subject to a 20% co-payment.

Members can see which pharmacies are included in the Network on the MAPS tool on [www.netcaremedicalscheme.co.za](http://www.netcaremedicalscheme.co.za) or call the Oncology call centre.

Approved unregistered (section 21) treatment will need to be obtained through Southern Rx Pharmacy.

### Pharmacy claims

Pharmacies can no longer submit accounts by making use of Z codes, as the claim will then not be paid from the Oncology Benefit.

Claims that were incorrectly submitted with the Z codes must be resubmitted with the correct ICD-10 code by the pharmacy.

For the account to pay the below is needed:

- The claim must be submitted with the member's primary cancer ICD-10 code
- The NAPPI code on the claim must match approved treatment
- The date on the claim must be within the dates of the approval.

## Oncology treatment Designated Service Provider (DSP)

The South African Oncology Consortium (SAOC) has a vast network of oncology healthcare providers available to treat you and is the Scheme's Designated Service Provider (DSP).

The healthcare providers on the SAOC Network will be able to deliver radiation and chemotherapy treatment for solid tumours only in-and-out of hospital for newly diagnosed patients registering for the first time for oncology treatment, this treatment will be covered in full up to the agreed rates. This excludes haematology and paediatric oncology.

If you use a cancer specialist who is not in the SAOC Network, the Scheme will pay up to an agreed tariff and you need to pay the balance.

## **You have cover for bone marrow donor searches and transplants**

Netcare Medical Scheme covers you for local and international bone marrow donor searches and transplants up to the Scheme Rate if you adhere to our funding rules. Your cover is subject to review and approval.

## **We need the appropriate ICD-10 and morphology codes reflected on accounts**

All accounts for your cancer treatment must have a relevant and correct ICD-10 and morphology code for us to pay it from the correct benefit. To make sure there isn't a delay in paying your doctor's accounts, it would be helpful if you double-check that your doctor has included the ICD-10 and morphology codes before submission of your accounts.

## **Prescribed Minimum Benefits under certain conditions**

Prescribed Minimum Benefits is a set of conditions that all medical schemes must provide a basic level of cover for. This basic level of cover includes the diagnosis, treatment, and costs of the ongoing care of these conditions. The aim of the Prescribed Minimum Benefits is to ensure that no matter what cover a member has, there is always a basic level of cover for these conditions.

Cancer is one of the conditions covered under Prescribed Minimum Benefits. The Scheme will cover your treatment in full as long as you meet the following requirements for funding.

Your condition must be a part of the list of defined conditions for Prescribed Minimum Benefits.



You may need to send us the results of your medical tests and investigations that confirm the diagnosis for your condition.

The treatment you need must match the treatments included as part of the defined benefits for your condition.



There are standard treatments, procedures, investigations and consultations for each condition.

## **You can request a review of our decision**

We will review our decision if you or your doctor sends us new information about your condition or information that was not sent with the original application. We will review the individual circumstances of the case, but please note this process does not guarantee funding approval.

## **Benefits available on your membership**

### **Cancer treatment**

We cover approved cancer treatment inclusive of pathology and radiology subject to the approved treatment plan.

### **Approved hospital admissions for administration of chemotherapy or radiotherapy**

Claims for the oncologist, appropriate pathology, radiology and medicine, as well as radiation therapy are paid from the unlimited Hospital Benefit.

### **Surgery for your cancer**

We pay the medical expenses incurred during an approved hospital admission from the unlimited Hospital Benefit.

### **PET-CT scans**

We cover PET-CT scans subject to certain terms and conditions. You need to pre-authorise PET-CT scans with us before doing the scan.

### **Wigs**

Are covered from your appliance limit.

### **Oncology Innovation Benefit**

The Oncology Innovation Benefit provides members with access to innovative (new technology) cancer treatment and covers a defined list of medicines for specific indications.

Approval is subject to meeting clinical entry criteria and requests may be reviewed by an external panel for consideration for funding from this benefit.

We will pay up to 75% of the NMS tariff. If the healthcare provider charges more than the amount the Scheme pays, you will need to pay the difference. This amount could be more than 25% if your treatment cost is above the NMS Tariff.

These claims will accumulate to your oncology limit at 75% of the NMS Tariff.

## **You can dispute our funding decisions in certain circumstances**

If you disagree with our decision on the PMB cover you requested, there is a formal disputes process that you can follow. Call us on 0861 638 633 to confirm funding and the process.

## Complaints process

You may lodge a complaint or query with Netcare Medical Scheme directly on 0861 638 633 or address a complaint in writing to the Principal Officer at the Scheme's registered address. Should your complaint remain unresolved, you may lodge a formal dispute by following the Netcare Medical Scheme internal disputes process.

You may, as a last resort, approach the Council for Medical Schemes for assistance.

Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 / 0861 123 267 / [complaints@medicalschemes.co.za](mailto:complaints@medicalschemes.co.za) / [www.medicalschemes.co.za](http://www.medicalschemes.co.za)