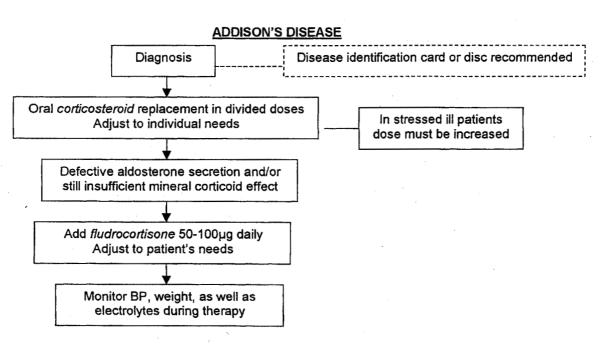
6 October 2003

MEDICAL SCHEMES ACT, 1998 (ACT NO. 131 OF 1998) REGULATIONS MADE IN TERMS OF THE MRDICAL SCHEMES ACT, 1998 THERAPEUTIC ALGORITHMS FOR CHRONIC CONDITIONS

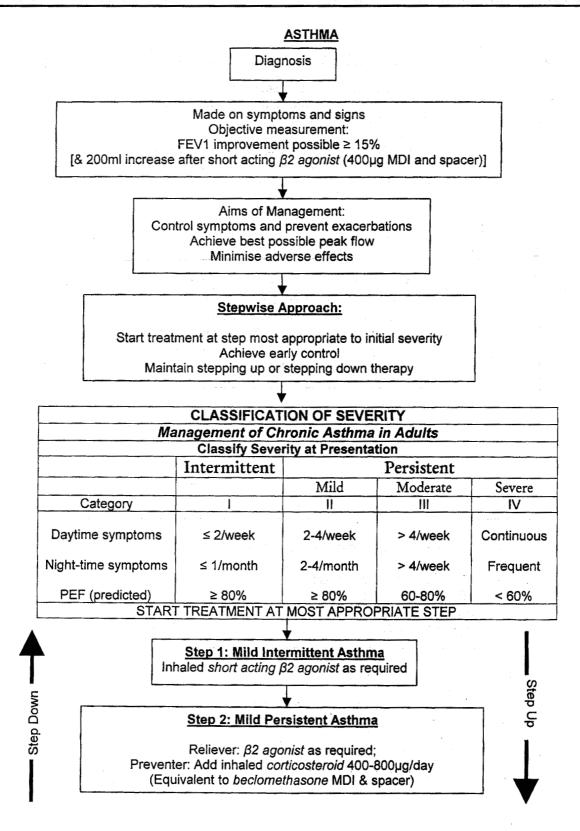
The Regulations made under the Medical Schemes Act, 1998, published under Government Notice No. R1262 of 20 October 1999, as amended by the following Government Notices: No. R 570 of 5 June 2000; No R. 650 of 30 June 2000; No. R 247 of 1 March 2002 and No. R 1360 of 4 November 2002, provides, in Annexure A, as follows: "Treatment: diagnosis, medical management and medication, to the extent that this is provided for by way of a therapeutic algorithm for the prescribed condition, published by the Minister in the *Gazette*".

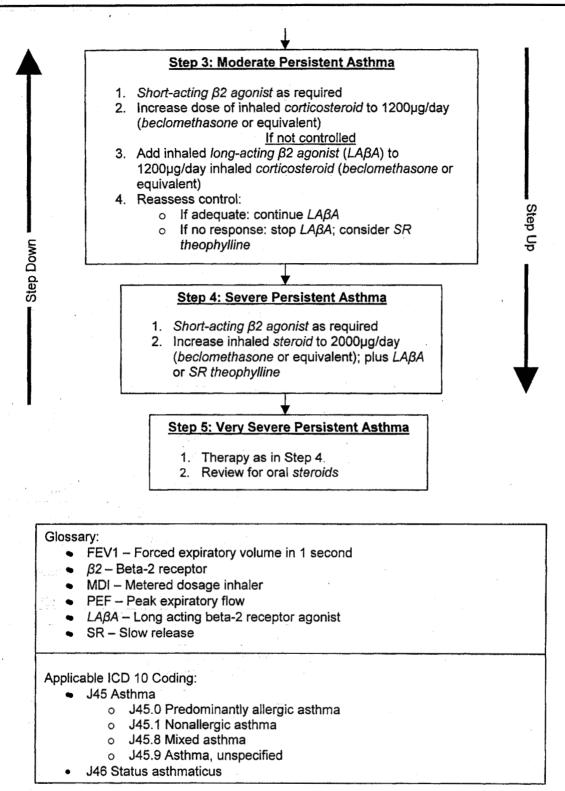
I, ME Tshabalala-Msimang, Minister of Health, hereby issue therapeutic algorithms referred to in Annexure A to the regulations.



THERAPEUTIC ALGOTITHMS

- 1. Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.
- 2. To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must
 - a. not be inconsistent with this algorithm;
 - b. be developed on the basis of evidence-based medicine, taking into account considerations of cost-effectiveness and affordability; and
 - c. comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998
- 3. This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidence-based medicine, taking into account considerations of cost-effectiveness and affordability.

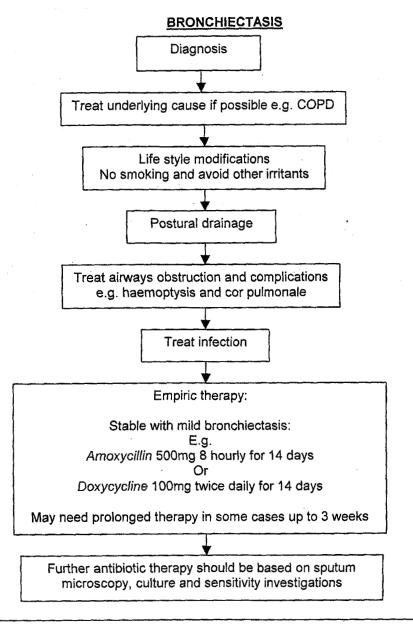




No. 25537 57

- 1. Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.
- 2. To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must a. not be inconsistent with this algorithm;

 - b. be developed on the basis of evidence-based medicine, taking into account considerations of cost-effectiveness and affordability; and
 - c. comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998
- 3. This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidencebased medicine, taking into account considerations of cost-effectiveness and affordability.



Glossary:

COPD – Chronic obstructive pulmonary disease

Applicable ICD 10 Coding:

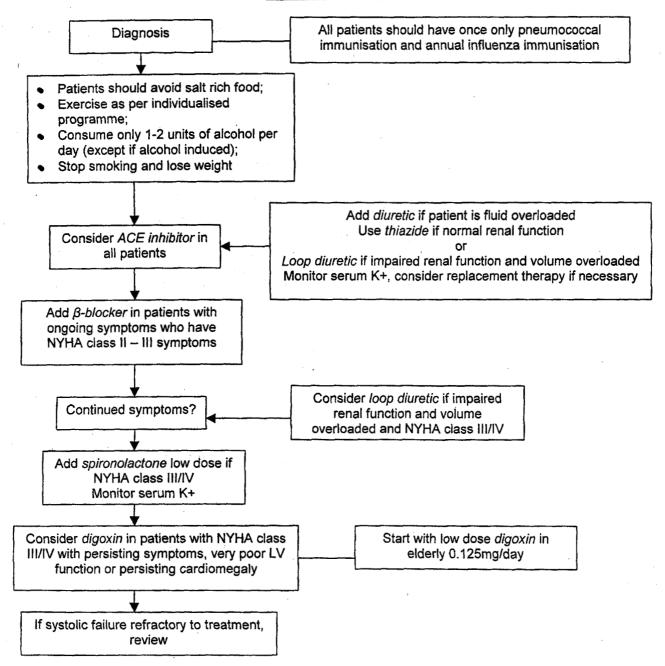
J47 Bronchiectasis

Q33.4 Congenital bronchiectasis

- Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.
- To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must – a. not be inconsistent with this algorithm;
 - b. be developed on the basis of evidence-based medicine, taking into account considerations of cost-effectiveness and affordability; and
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- 3. This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidence-based medicine, taking into account considerations of cost-effectiveness and affordability.

JO No. 25537

CARDIAC FAILURE



NOTE: If patient truly intolerant to ACE inhibitor, consider hydralazine & isosorbide dinitrate combination therapy

Glossary:

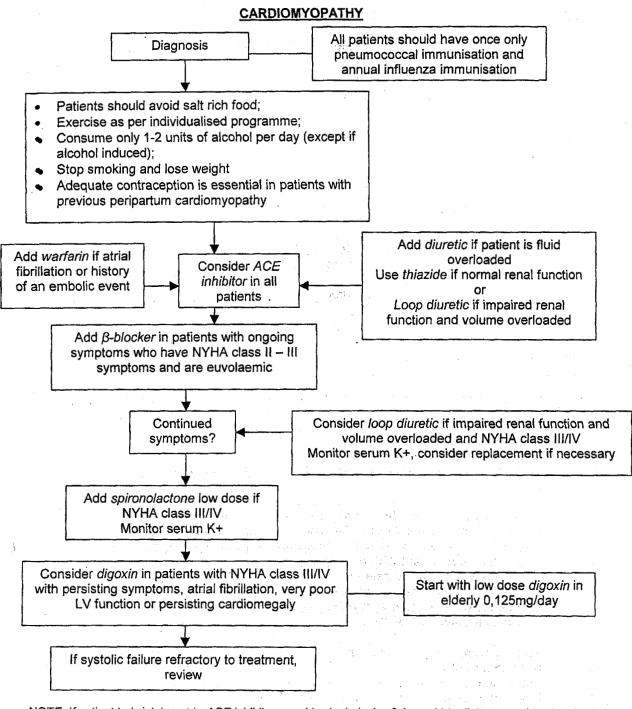
- ACE inhibitor Angiotensin converting enzyme inhibitor
- Serum K+ Serum potassium
- *B-blocker* Beta-receptor blocker
- NYHA New York Heart Association
- LV Left ventricular

Applicable ICD 10 Coding:

- 150 Heart failure
 - o 150.0 Congestive heart failure
 - o I50.1 Left ventricular failure
 - o I50.9 Heart failure, unspecified
- I11.0 Hypertensive heart disease with (congestive) heart failure
- 113.0 Hypertensive heart and renal disease with (congestive) heart failure
- 113.2 Hypertensive heart and renal disease with both (congestive) heart
- failure and renal failure

- 1. Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.
- 2. To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must –
 - a. not be inconsistent with this algorithm;
 - b. be developed on the basis of evidence-based medicine, taking into account considerations of cost-effectiveness and affordability; and
 - c. comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998
- 3. This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidence-based medicine, taking into account considerations of cost-effectiveness and affordability.

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NOTE: If patient truly intolerant to ACE inhibitor, consider hydralazine & isosorbide dinitrate combination therapy

Glossary:

- ACE inhibitor Angiotensin converting enzyme inhibitor
- Serum K+ Serum potassium
- *B-blocker* Beta-receptor blocker
- NYHA New York Heart Association
- LV Left ventricular

Applicable ICD 10 Coding:

- I42 Cardiomyopathy
 - o 142.0 Dilated cardiomyopathy
 - o I42.1 Obstructive hypertrophic cardiomyopathy
 - o 142.2 Other hypertrophic cardiomyopathy
 - o 142.3 Endomyocardial (eosinophilic) disease
 - o I42.4 Endocardial fibroelastosis
 - o 142.5 Other restrictive cardiomyopathy
 - o 142.6 Alcoholic cardiomyopathy
 - o 142.7 Cardiomyopathy due to drugs and other external agents
 - o I42.8 Other cardiomyopathies
 - o 142.9 Cardiomyopathy, unspecified

I25.5 Ischaemic cardiomyopathy

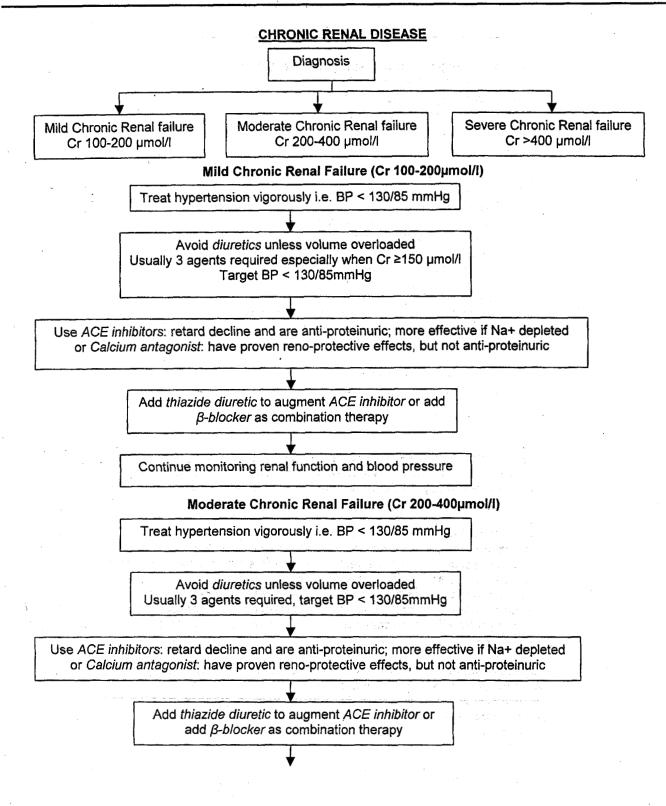
Note:

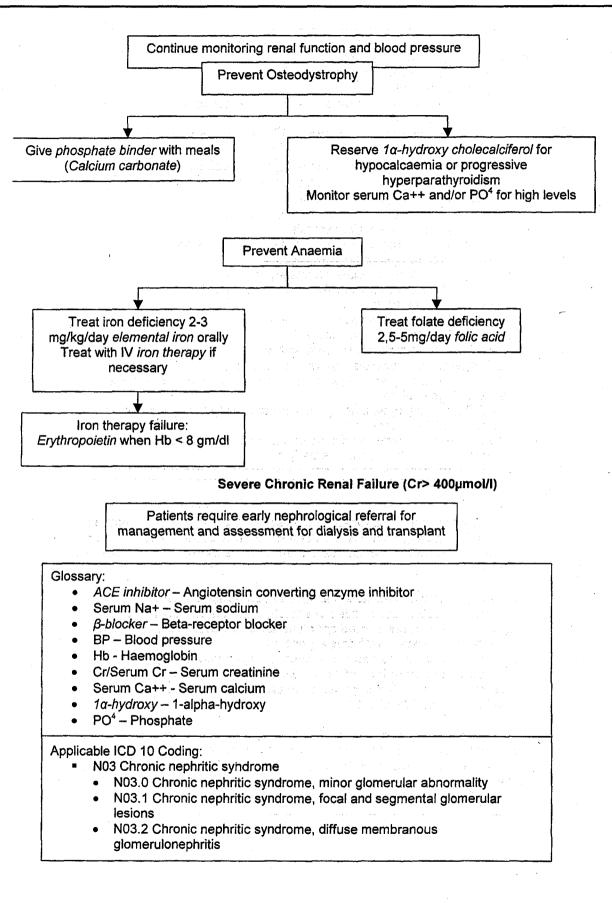
1. Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.

- To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must –
 - a. not be inconsistent with this algorithm;
 - b. be developed on the basis of evidence-based medicine, taking into account considerations of cost-effectiveness and affordability; and
 - c. comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998

3. This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidence-based medicine, taking into account considerations of cost-effectiveness and affordability.

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Applicable ICD 10 Coding: (continued)

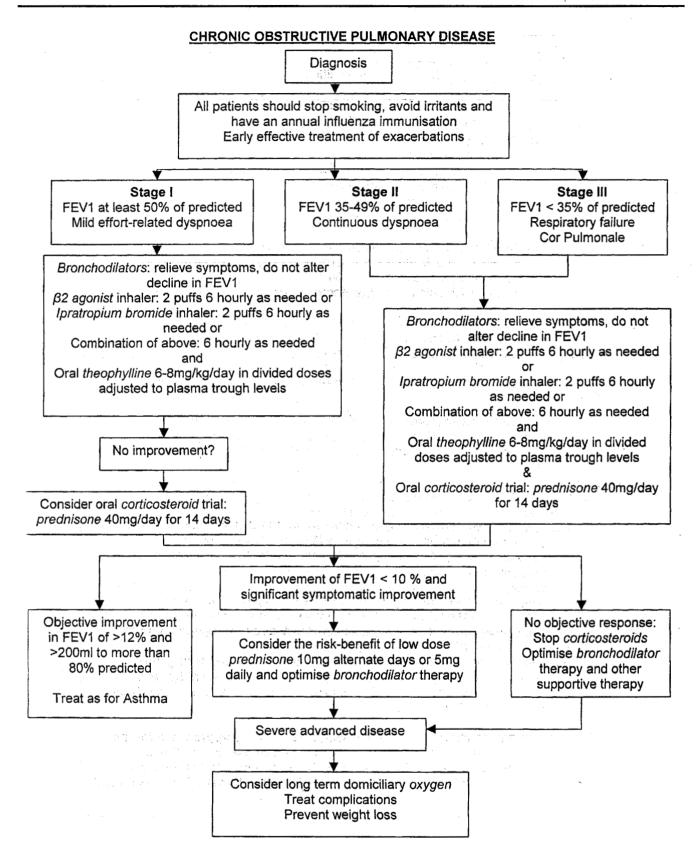
- N03.3 Chronic nephritic syndrome, diffuse mesangial proliferative glomerulonephritis
- N03.4 Chronic nephritic syndrome, diffuse endocapillary proliferative glomerulonephritis
- N03.5 Chronic nephritic syndrome, diffuse mesangiocapillary glomerulonephritis
- N03.6 Chronic nephritic syndrome, dense deposit disease
- N03.7 Chronic nephritic syndrome, diffuse crescentic glomerulonephritis
- N03.8 Chronic nephritic syndrome, other
- N03.9 Chronic nephritic syndrome, unspecified
- N11 Chronic tubulo-interstitial nephritis
 - N11.0 Nonobstructive reflux-associated chronic pyelonephritis
 - o N11.1 Chronic obstructive pyelonephritis
 - o N11.8 Other chronic tubulo-interstitial nephritis
 - o N11.9 Chronic tubulo-interstitial nephritis, unspecified
- N18 Chronic renal failure
 - o N18.0 End-stage renal disease
 - o N18.8 Other chronic renal failure
 - o N18.9 Chronic renal failure, unspecified
- 112.0 Hypertensive renal disease with renal failure
- I13.2 Hypertensive heart and renal disease with both (congestive) heart failure and renal failure
- O10.2 Pre-existing hypertensive renal disease complicating pregnancy, childbirth and the puerperium
- O10.3 Pre-existing hypertensive heart and renal disease complicating pregnancy, childbirth and the puerperium

Note:

1. Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.

 To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must –

- a. not be inconsistent with this algorithm;
- b. be developed on the basis of evidence-based medicine, taking into account considerations of cost-effectiveness and affordability; and
- c. comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998
- 3. This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidence-based medicine, taking into account considerations of cost-effectiveness and affordability.



Glossary:

FEV1 – Forced expiratory volume in 1 second

β2 – Beta-2 receptor

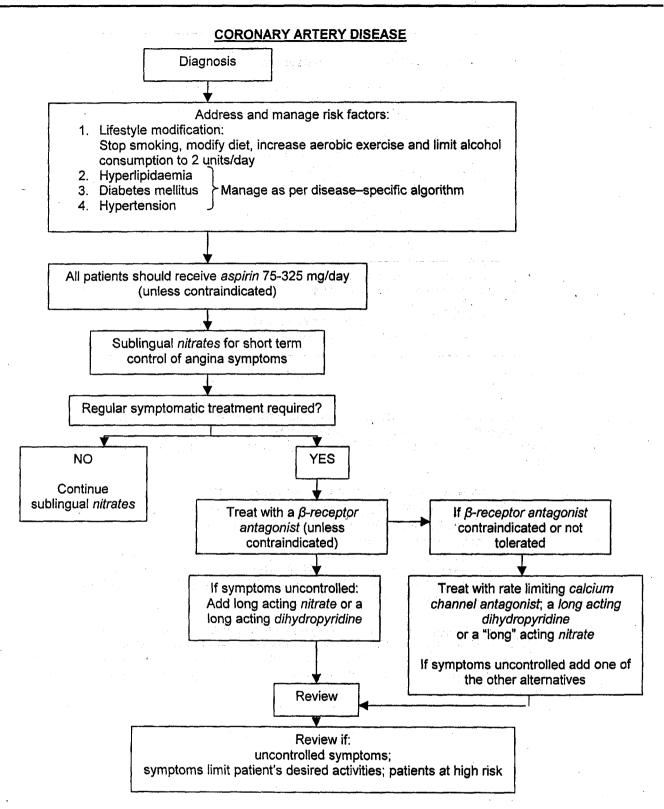
Applicable ICD 10 Coding:

- J43 Emphysema
 - o J43.0 MacLeod's syndrome
 - o J43.1 Panlobular emphysema
 - o J43.2 Centrilobular emphysema
 - o J43.8 Other emphysema
 - o J43.9 Emphysema, unspecified

J44 Other chronic obstructive pulmonary disease

- J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection
- J44.1 Chronic obstructive pulmonary disease with acute exacerbation, unspecified
- o J44.8 Other specified chronic obstructive pulmonary disease
- o J44.9 Chronic obstructive pulmonary disease, unspecified

- 1. Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.
- 2. To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must
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 - c. comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998
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Glossary:

β-receptor antagonist – Beta-receptor antagonist

Applicable ICD 10 Coding:

- I20 Angina pectoris
 - o 120.0 Unstable angina
 - I20.1 Angina pectoris with documented spasm
 - I20.8 Other forms of angina pectoris
 - I20.9 Angina pectoris, unspecified
 - 125 Chronic ischaemic heart disease
 - o I25.0 Atherosclerotic cardiovascular disease, so described
 - o 125.1 Atherosclerotic heart disease
 - o 125.2 Old myocardial infarction
 - o 125.3 Aneurysm of heart
 - o 125.4 Coronary artery aneurysm
 - I25.5 Ischaemic cardiomyopathy
 - I25.6 Silent myocardial ischaemia
 - I25.8 Other forms of chronic ischaemic heart disease
 - o 125.9 Chronic ischaemic heart disease, unspecified

- 1. Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.
- To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must a. not be inconsistent with this algorithm;

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 - c. comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998
- 3. This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidencebased medicine, taking into account considerations of cost-effectiveness and affordability.

corticosteroids with or without Severe disease antibiotics Review ≥ Active disease NO Review Possibly oral antibiotics e.g. metronidazole or a Mild-moderate disease Patient improved? Oral corticosteroids quinolone Taper corticosteroid gradually Consider 5-ASA prophylaxis if colonic YES methotrexate with Azathioprine or methotrexate if azathioprine or Post-operative corticosteroid Small Bowel recurrence indicated disease: **CROHN'S DISEASE** Diagnosis In remission azathioprine or methotrexate with Colonic disease: Recurrent flares methotrexate if azathioprine or Any 5-ASA or corticosteroid indicated antibiotics e.g. metronidazole quinolone or Consider g Severe disease and/or abscess Perianal Disease Refer for · surgical intervention YES

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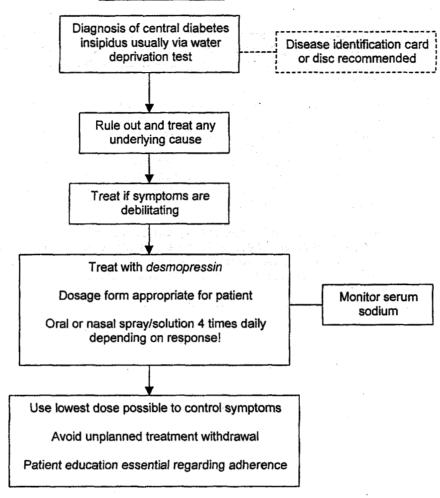
GOVERNMENT GAZETTE, 6 OCTOBER 2003

| | A – 5-Aminosalicylic acid ntravenous | |
|---------------|--|--|
| Applicable IC | CD 10 Coding: | |
| • K50 (| Crohn's disease [regional enteritis] | |
| 0 | K50.0 Crohn's disease of small intestine | |
| 0 | K50.1 Crohn's disease of large intestine | |
| 0 | K50.8 Other Crohn's disease | |
| . 0 | K50.9 Crohn's disease, unspecified | |

- 4. Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.
 - 1. To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must
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 - b. be developed on the basis of evidence-based medicine, taking into account considerations of cost-effectiveness and affordability; and
 - c. comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998
 - 2. This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidence-based medicine, taking into account considerations of cost-effectiveness and affordability.

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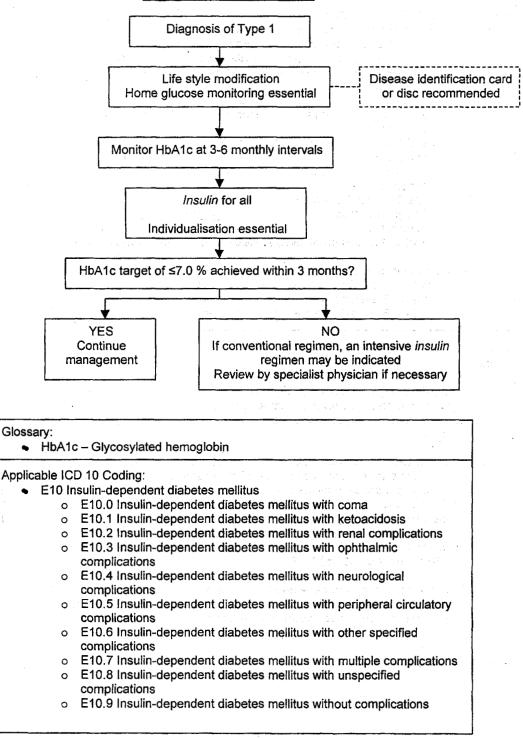
Applicable ICD 10 Coding: E 23.2 Diabetes insipidus

1. Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.

 To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must – a. not be inconsistent with this algorithm;

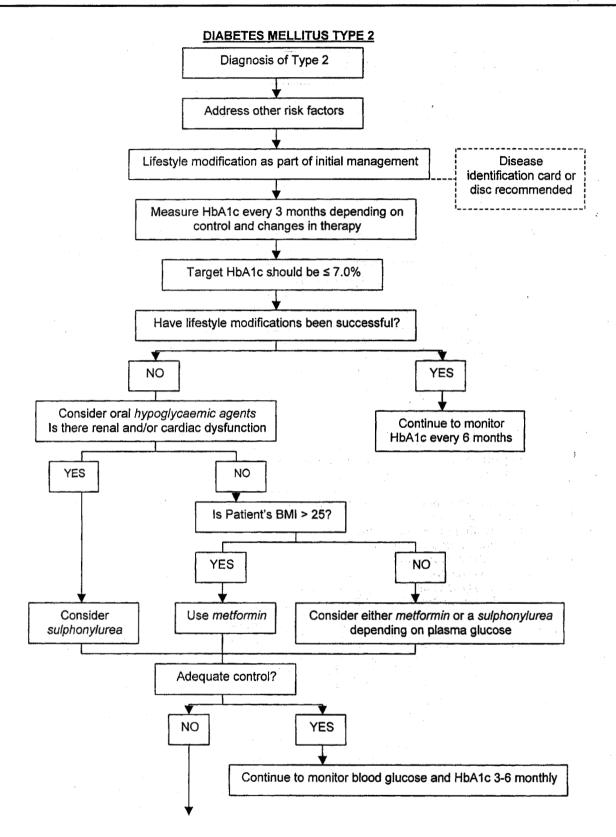
- b. be developed on the basis of evidence-based medicine, taking into account considerations of cost-effectiveness and affordability; and
- c. comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998
- 3. This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidence-based medicine, taking into account considerations of cost-effectiveness and affordability.





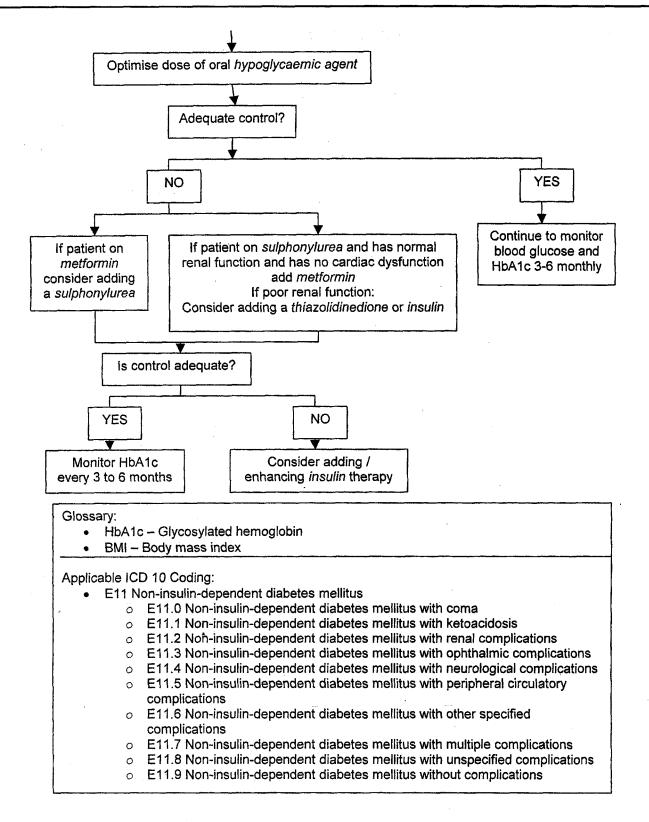
| Applic | able ICD 10 Coding: (continued) | |
|-----------|--|--------------|
| Appilo | E12 Malnutrition-related diabetes mellitus | |
| | E12.0 Malnutrition-related diabetes mellitus with coma | |
| | E12.1 Malnutrition-related diabetes mellitus with ketoacidosis | |
| | E12.2 Mainutrition-related diabetes mellitus with renal complications | |
| | E12.3 Malnutrition-related diabetes mellitus with ophthalmic | |
| | complications | |
| | E12.4 Malnutrition-related diabetes mellitus with neurological | |
| | complications | |
| | E12.5 Malnutrition-related diabetes mellitus with peripheral circulatory complications | |
| | E12.6 Malnutrition-related diabetes mellitus with other specified complications | |
| | E12.7 Malnutrition-related diabetes mellitus with multiple complications | |
| | E12.8 Malnutrition-related diabetes mellitus with unspecified | |
| | complications | |
| l | E12.9 Malnutrition-related diabetes mellitus without complications | |
| ٠ | O24 Diabetes mellitus in pregnancy | |
| | O24.0 Pre-existing diabetes mellitus, insulin-dependent | |
| | O24.2 Pre-existing malnutrition-related diabetes mellitus | |
| | O24.3 Pre-existing diabetes mellitus, unspecified | |
| | | |
| Note: | | |
| 1. | Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme. | • . * • ; |
| 2. | To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must – a. not be inconsistent with this algorithm; b. be developed on the basis of evidence-based medicine, taking into account considerations of cost-effectiveness and affordability; and c. comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998 | |

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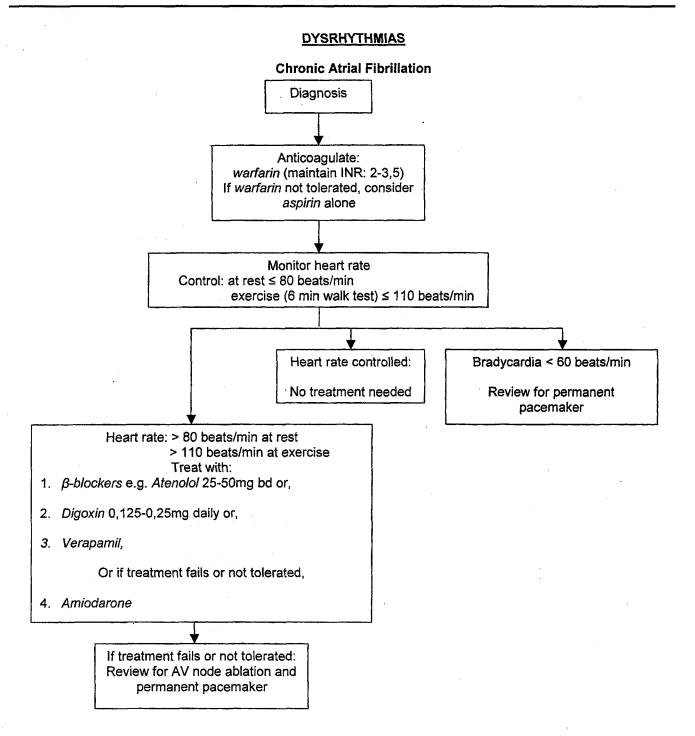
78 No. 25537

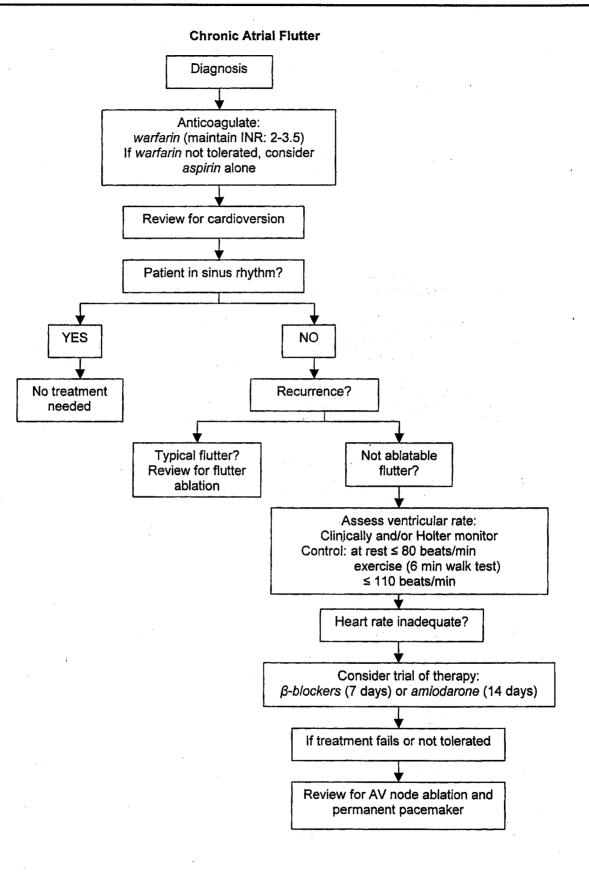
GOVERNMENT GAZETTE, 6 OCTOBER 2003

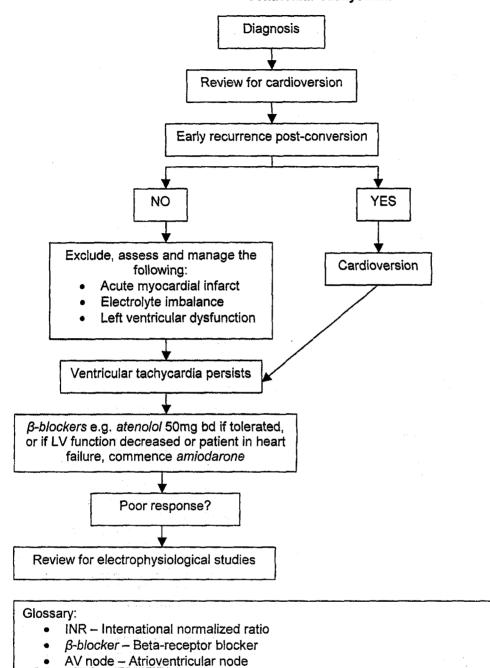


- E12 Malnutrition-related diabetes mellitus
 - o E12.0 Malnutrition-related diabetes mellitus with coma
 - o E12.1 Malnutrition-related diabetes mellitus with ketoacidosis
 - o E12.2 Malnutrition-related diabetes mellitus with renal complications
 - o E12.3 Malnutrition-related diabetes mellitus with ophthalmic complications
 - o E12.4 Malnutrition-related diabetes mellitus with neurological complications
 - E12.5 Malnutrition-related diabetes mellitus with peripheral circulatory complications
 - E12.6 Malnutrition-related diabetes mellitus with other specified complications
 - E12.7 Malnutrition-related diabetes mellitus with multiple complications
 - o E12.8 Malnutrition-related diabetes mellitus with unspecified complications
 - o E12.9 Malnutrition-related diabetes mellitus without complications
- O24 Diabetes mellitus in pregnancy
 - o O24.1 Pre-existing diabetes mellitus, non-insulin-dependent
 - o O24.2 Pre-existing malnutrition-related diabetes mellitus
 - o O24.3 Pre-existing diabetes mellitus, unspecified

- 1. Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.
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Ventricular Tachycardia

Applicable ICD 10 Coding:

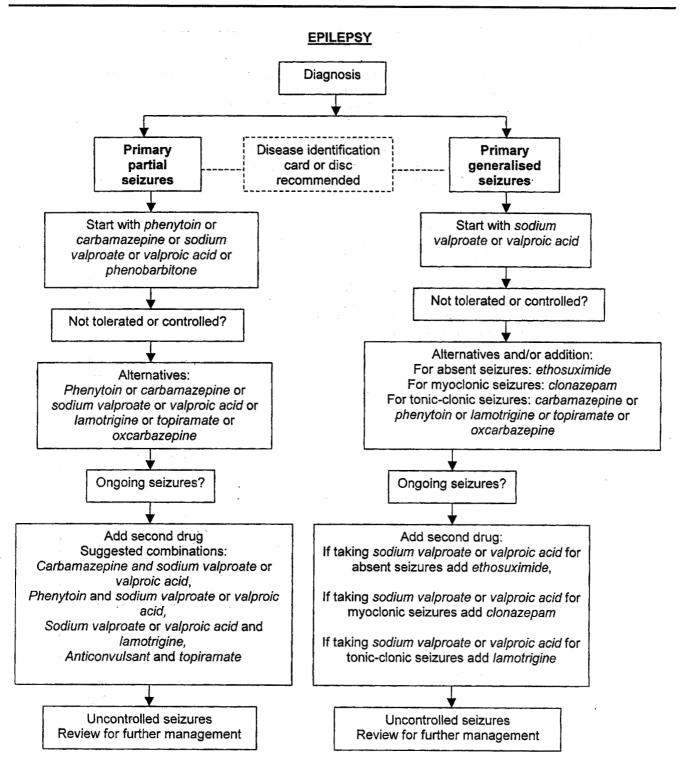
٠

I47.2 Ventricular tachycardia

LV - Left ventricular

• I48 Atrial fibrillation and flutter

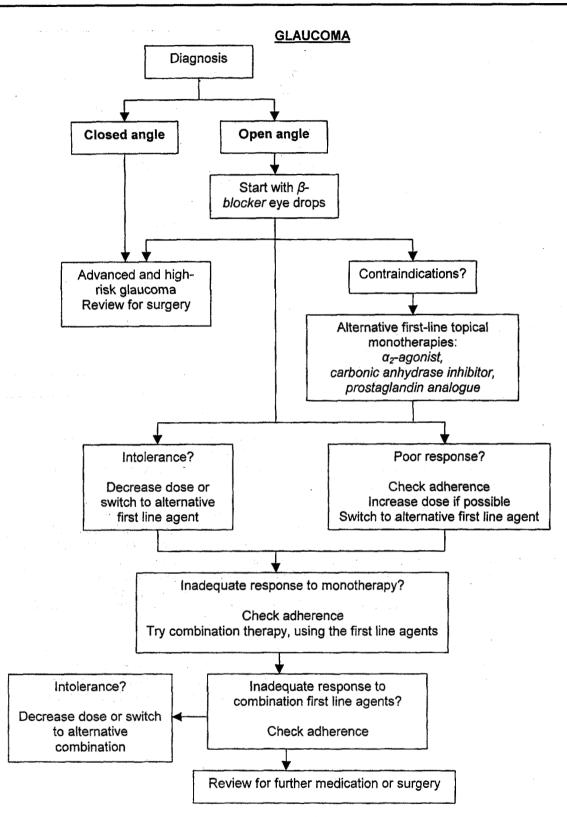
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- To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must – a. not be inconsistent with this algorithm;
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- 3. This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidence-based medicine, taking into account considerations of cost-effectiveness and affordability.



Applicable ICD 10 Coding:

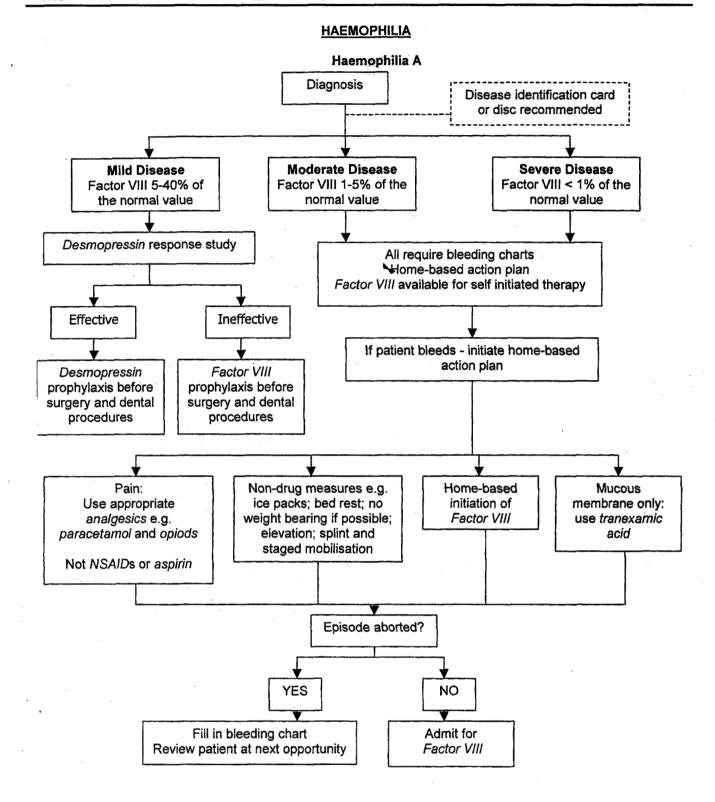
- G40 Epilepsy
 - G40.0 Localization-related (focal)(partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset
 - G40.1 Localization-related (focal)(partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures
 - G40.2 Localization-related (focal)(partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures
 - o G40.3 Generalized idiopathic epilepsy and epileptic syndromes
 - G40.4 Other generalized epilepsy and epileptic syndromes
 - G40.5 Special epileptic syndromes
 - o G40.6 Grand mal seizures, unspecified (with or without petit mal)
 - o G40.7 Petit mal, unspecified, without grand mal seizures
 - o G40.8 Other epilepsy
 - o G40.9 Epilepsy, unspecified
- G41 Status epilepticus
 - o G41.0 Grand mal status epilepticus
 - o G41.1 Petit mal status epilepticus
 - o G41.2 Complex partial status epilepticus
 - o G41.8 Other status epilepticus
 - o G41.9 Status epilepticus, unspecified

- 1. Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.
- To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must – a. not be inconsistent with this algorithm;
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- 3. This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidence-based medicine, taking into account considerations of cost-effectiveness and affordability.

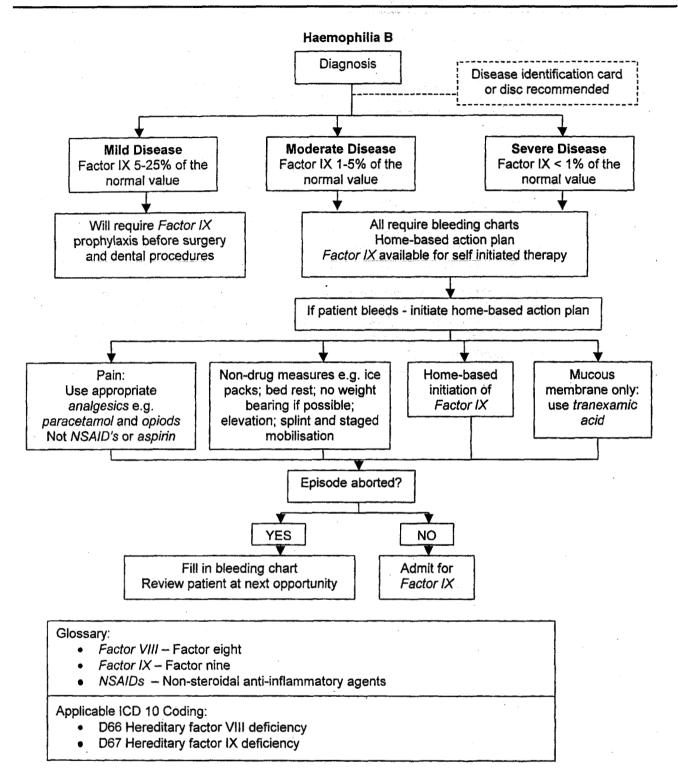


| | <i>blocker</i> – Beta-receptor blocker -agonist – Alpha-2 receptor agonist | |
|-------------|---|--|
| Applicable | ICD 10 Coding: | |
| | l0 Glaucoma | |
| | o H40.0 Glaucoma suspect | |
| | H40.1 Primary open-angle glaucoma | |
| - A started | H40.2 Primary angle-closure glaucoma | |
| | H40.3 Glaucoma secondary to eye trauma | |
| | H40.4 Glaucoma secondary to eye inflammation | |
| | • H40.5 Glaucoma secondary to other eye disorders | |
| | H40.6 Glaucoma secondary to drugs | |
| | o H40.8 Other glaucoma | |
| | H40.9 Glaucoma, unspecified | |
| • Q | 5.0 Congenital glaucoma | |

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 - c. comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998
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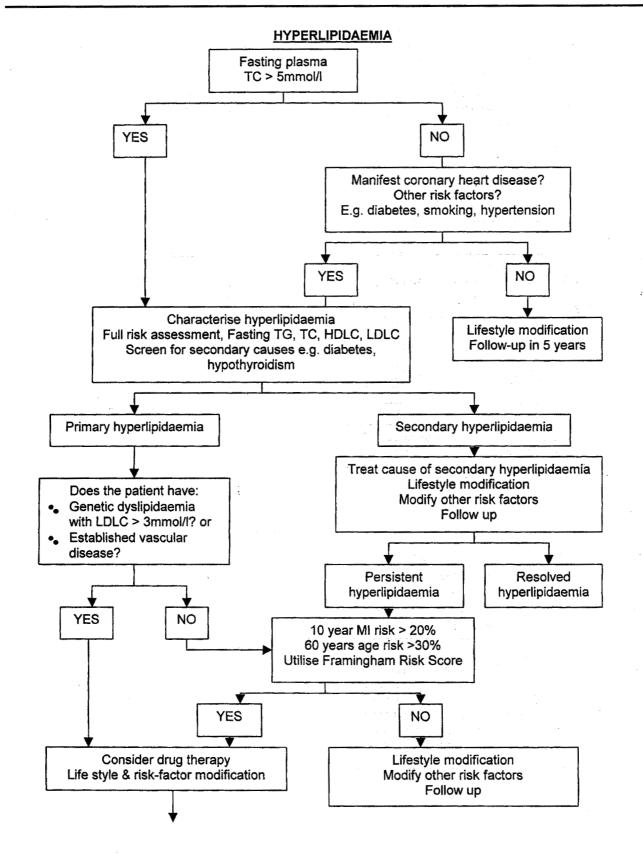
No. 25537 89

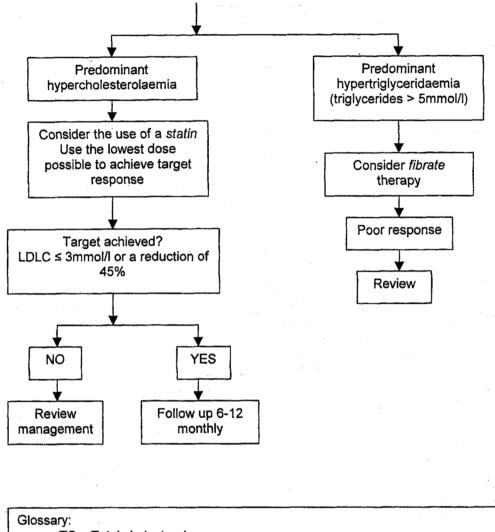


 Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.

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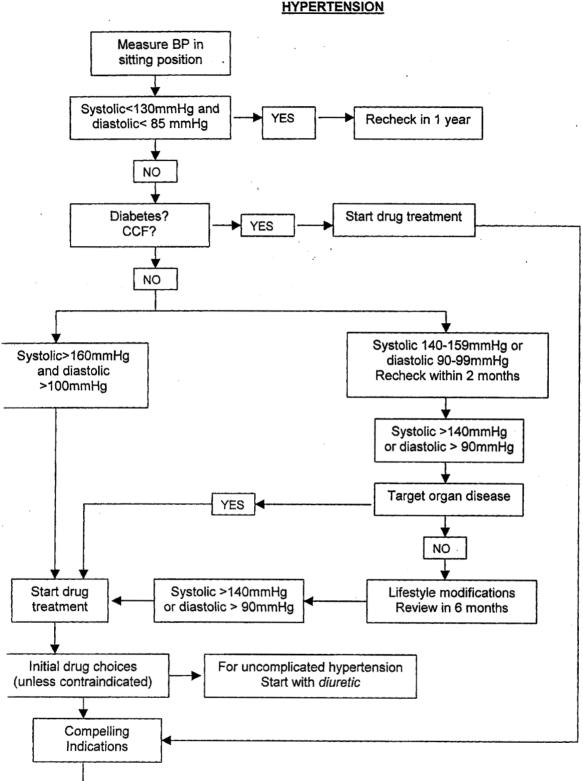


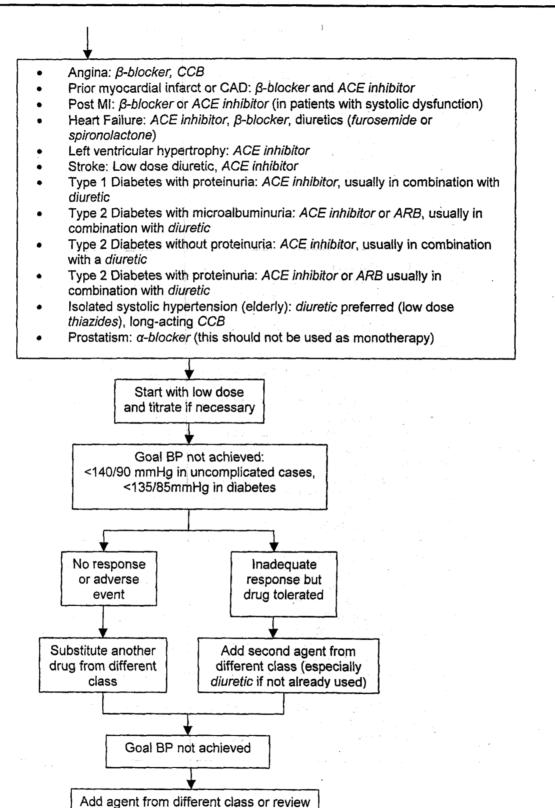
- TC Total cholesterol
- TG Triglycerides
- HDLC High density lipoproteins cholesterol
- LDLC Low density lipoproteins cholesterol
- MI Myocardial infarct

Applicable ICD 10 Coding:

- E78.0 Pure hypercholesterolaemia
- E78.1 Pure hyperglyceridaemia
- E78.2 Mixed hyperlipidaemia
- E78.3 Hyperchylomicronaemia
- E78.4 Other hyperlipidaemia
- E78.5 Hyperlipidaemia, unspecified

- 1. Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.
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 - b. be developed on the basis of evidence-based medicine, taking into account considerations of cost-effectiveness and affordability; and
 - c. comply with all other applicable regulations made in terms of the Medical
 - Schemes Act, 131 of 1998
- 3. This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidence-based medicine, taking into account considerations of cost-effectiveness and affordability.





Glossary:

- α-blocker Alpha-receptor blocker
- ACE inhibitor Angiotensin converting enzyme inhibitor
- ARB Angiotensin receptor blocker
- BP Blood pressure
- β-blocker Beta-receptor blocker
- CCB Calcium channel blocker
- CCF Chronic / Congestive cardiac failure
- CAD Coronary artery disease
- LV Left ventricular
- MI Myocardial infarct

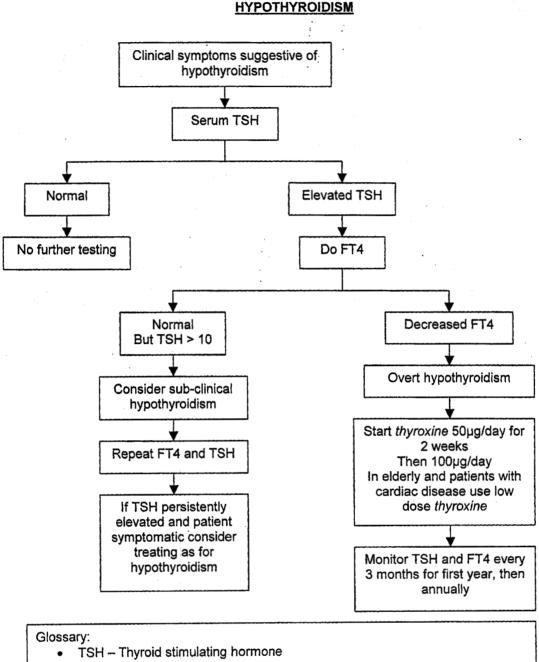
Applicable ICD 10 Coding:

- I10 Essential (primary) hypertension
- I11 Hypertensive heart disease
 - o 111.0 Hypertensive heart disease with (congestive) heart failure
 - o I11.9 Hypertensive heart disease without (congestive) heart failure
- I12 Hypertensive renal disease
 - o 112.0 Hypertensive renal disease with renal failure
 - o 112.9 Hypertensive renal disease without renal failure
- I13 Hypertensive heart and renal disease
 - o 113.0 Hypertensive heart and renal disease with (congestive) heart failure
 - I13.1 Hypertensive heart and renal disease with renal failure
 - I13.2 Hypertensive heart and renal disease with both (congestive) heart failure and renal failure
 - o 113.9 Hypertensive heart and renal disease, unspecified
- I15 Secondary hypertension
 - I15.0 Renovascular hypertension
 - I15.1 Hypertension secondary to other renal disorders
 - I15.2 Hypertension secondary to endocrine disorders
 - I15.8 Other secondary hypertension
 - o 115.9 Secondary hypertension, unspecified
- O10 Pre-existing hypertension complicating pregnancy, childbirth and the puerperium
 - O10.0 Pre-existing essential hypertension complicating pregnancy, childbirth and the puerperium
 - O10.1 Pre-existing hypertensive heart disease complicating pregnancy, childbirth and the puerperium
 - O10.2 Pre-existing hypertensive renal disease complicating pregnancy, childbirth and the puerperium
 - O10.3 Pre-existing hypertensive heart and renal disease complicating pregnancy, childbirth and the puerperium
 - O10.4 Pre-existing secondary hypertension complicating pregnancy, childbirth and the puerperium
 - O10.9 Unspecified pre-existing hypertension complicating pregnancy, childbirth and the puerperium
- O11 Pre-existing hypertensive disorder with superimposed proteinuria

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FT4 – Free thyroxine

Applicable ICD 10 Coding:

- E01.8 Other iodine-deficiency-related thyroid disorders and allied conditions
- E02 Subclinical iodine-deficiency hypothyroidism

Applicable ICD 10 Coding: (continued)

- E03 Other hypothyroidism
 - o E03.0 Congenital hypothyroidism with diffuse goitre
 - E03.1 Congenital hypothyroidism without goitre
 - E03.2 Hypothyroidism due to medicaments and other exogenous substances
 - o E03.3 Postinfectious hypothyroidism
 - E03.4 Atrophy of thyroid (acquired)
 - o E03.5 Myxoedema coma
 - E03.8 Other specified hypothyroidism
 - E03.9 Hypothyroidism, unspecified
- E89.0 Postprocedural hypothyroidism

Note:

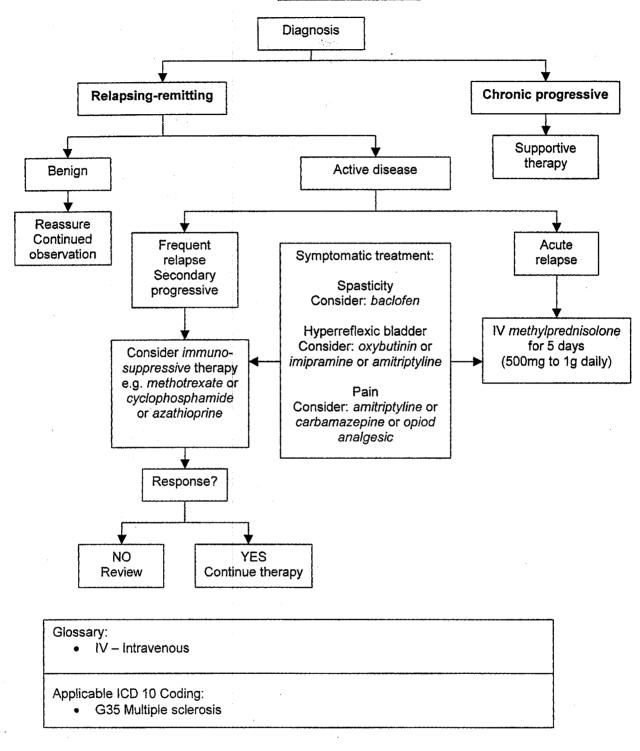
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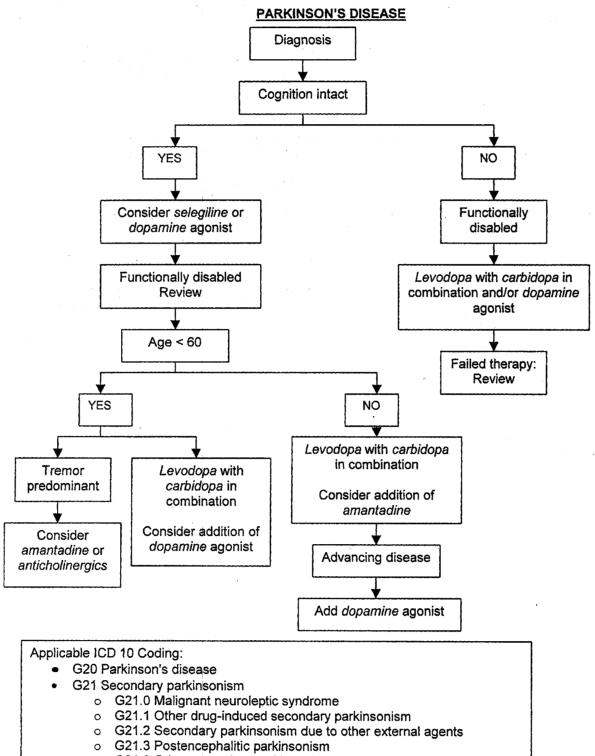
 b. be developed on the basis of evidence-based medicine, taking into account considerations of cost-effectiveness and affordability; and
 c. comply with all other applicable regulations made in terms of the Medical

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MULTIPLE SCLEROSIS

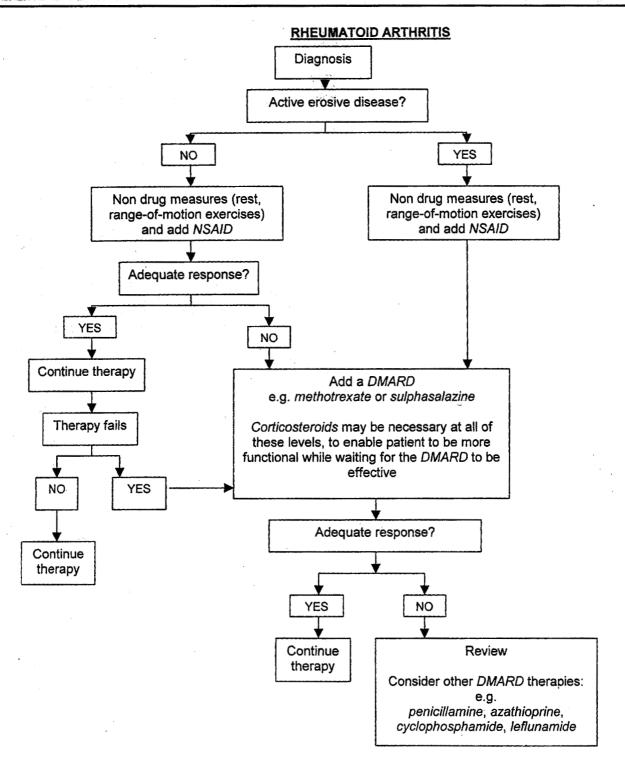


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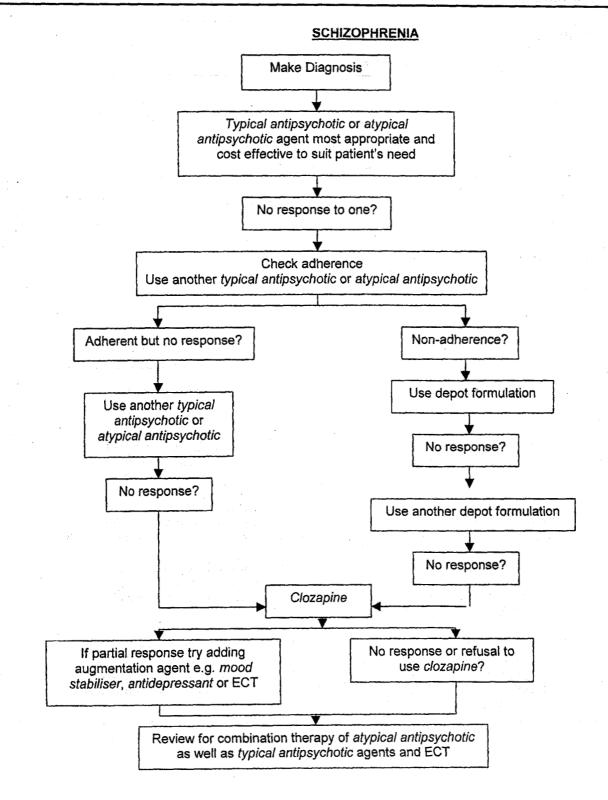
- o G21.8 Other secondary parkinsonism
- o G21.9 Secondary parkinsonism, unspecified

| Note: | |
|-------|---|
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| 2. | To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must – a. not be inconsistent with this algorithm; b. be developed on the basis of evidence-based medicine, taking into account considerations of cost-effectiveness and affordability; and c. comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998 |
| 3. | This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidence-based medicine, taking into account considerations of cost-effectiveness and affordability. |



| Glossary: | |
|--|--|
| DMARD – Disease modifying antirheumatic drugs | 5 |
| NSAID – Non-steroidal anti-inflammatory agents | |
| | |
| Applicable ICD 10 Coding: | |
| M05 Seropositive rheumatoid arthritis | |
| M05.0 Felty's syndrome | |
| M05.1 Rheumatoid lung disease (J99.0*) | |
| M05.2 Rheumatoid vasculitis | |
| M05.3 Rheumatoid arthritis with involveme | ent of other organs and systems |
| M05.8 Other seropositive rheumatoid arthur | |
| M05.9 Seropositive rheumatoid arthritis, ul | |
| Most of the mean and a minute, and the mean and a minute, and the mean and the mean | napeoneo |
| | |
| M06.0 Seronegative rheumatoid arthritis | |
| M06.1 Adult-onset Still's disease | - |
| M06.2 Rheumatoid bursitis | |
| M06.3 Rheumatoid nodule | y and Mine All and a second second |
| M06.4 Inflammatory polyarthropathy | and a second |
| M06.8 Other specified rheumatoid arthritis | |
| M06.9 Rheumatoid arthritis, unspecified | |
| M08.0 Juvenile rheumatoid arthritis | and the second second second second |
| | |

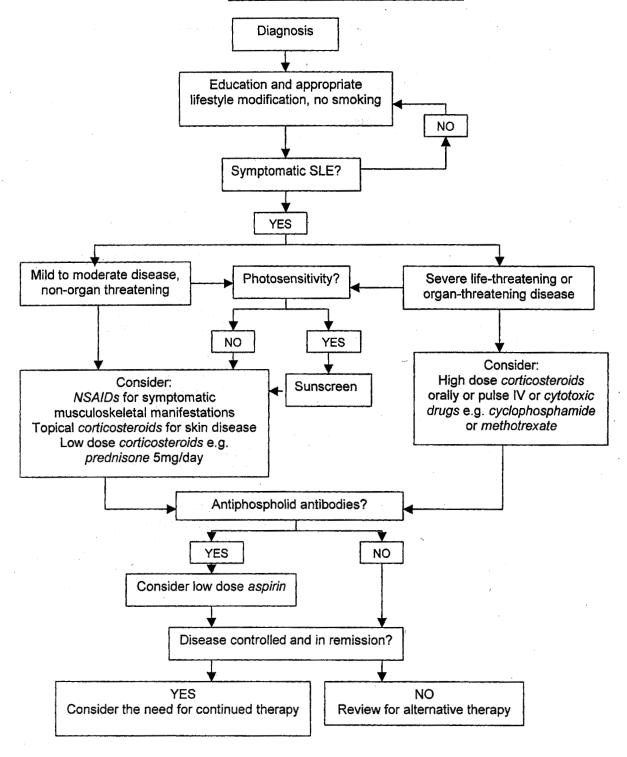
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| Applicable IC | D 10 Coding: |
|---------------|--------------------------------------|
| • F20 S | chizophrenia |
| 0 | F20.0 Paranoid schizophrenia |
| 0 | F20.1 Hebephrenic schizophrenia |
| 0 | F20.2 Catatonic schizophrenia |
| 0 | F20.3 Undifferentiated schizophrenia |
| 0 | F20.4 Post-schizophrenic depression |
| 0 | F20.5 Residual schizophrenia |
| 0 | F20.6 Simple schizophrenia |
| 0 | F20.8 Other schizophrenia |
| 0 | F20.9 Schizophrenia, unspecified |

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SYSTEMIC LUPUS ERYTHEMATOSUS



Glossary:

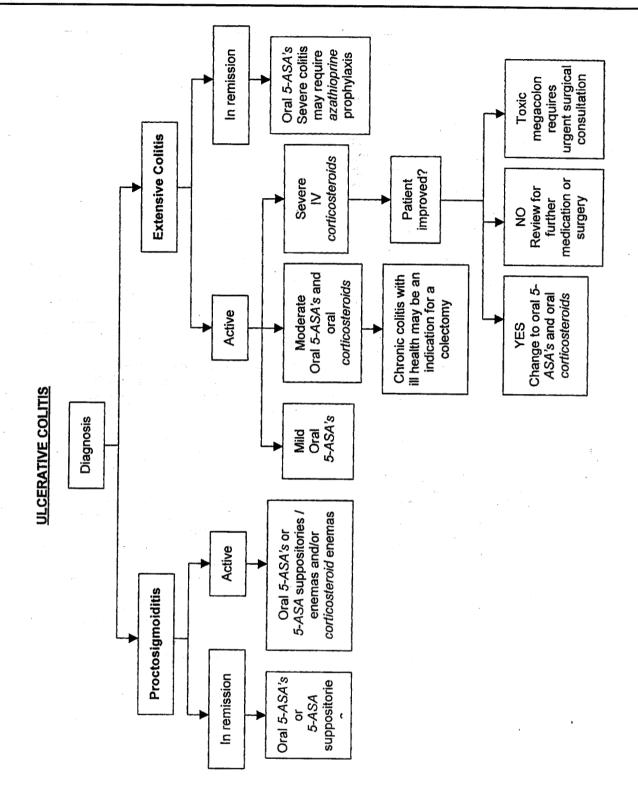
- IV Intravenous
- NSAIDs Non-steroidal anti-inflammatory agents
- SLE Systemic lupus erythematosus

Applicable ICD 10 Coding:

- M32 Systemic lupus erythematosus
 - o M32.0 Drug-induced systemic lupus erythematosus
 - o M32.1 Systemic lupus erythematosus with organ or system involvement
 - M32.8 Other forms of systemic lupus erythematosus
 - M32.9 Systemic lupus erythematosus, unspecified
- L93 Lupus erythematosus
 - L93.0 Discoid lupus erythematosus
 - o L93.1 Subacute cutaneous lupus erythematosus
 - L93.2 Other local lupus erythematosus

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GOVERNMENT GAZETTE, 6 OCTOBER 2003



| | – 5-Aminosalicylic acid travenous |
|----------------|---|
| Applicable ICE |) 10 Coding: |
| 1 1 1 | cerative colitis |
| 0 | K51.0 Ulcerative (chronic) enterocolitis |
| 0 | K51.1 Ulcerative (chronic) ileocolitis |
| · 0 | K51.2 Ulcerative (chronic) proctitis |
| 0 | K51.3 Ulcerative (chronic) rectosigmoiditis |
| 0 | K51.4 Pseudopolyposis of colon |
| 0 | K51.5 Mucosal proctocolitis |
| 0 | K51.8 Other ulcerative colitis |
| 0 | K51.9 Ulcerative colitis, unspecified |

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