

## Cover for MRI or CT Scans

### Overview

A magnetic resonance imaging (MRI) scan produces detailed two- or three-dimensional images of organs inside the body, for example, the spine or brain.

A computed tomography (CT) scan is a special radiography method that uses a computer to incorporate x-ray images into detailed two- or three-dimensional images.

MRI or CT scans are specialised imaging techniques used to diagnose illness or injury in the body and in certain circumstances, to stage disease and monitor treatment response.

This document gives you more information about how LA Health Medical Scheme covers you for MRI or CT scans. We explain how we cover MRI or CT scans done in-hospital and out-of-hospital.

Other scans or x-rays used to investigate body systems or organs are not included in this document.

### About some of the terms we use in this document

There may be some terms we refer to in the document that you may not be familiar with. Here are the meanings of those terms.

TERMINOLOGY	DESCRIPTION
Major Medical Benefit (MMB)	The Major Medical Benefit covers your expenses for serious illnesses and high-cost care while you are in- and out-of-hospital, subject to clinical criteria.
Co-payment	This is an amount that you need to pay towards a healthcare service. The amount can vary by the type of covered healthcare service, place of service or when the amount the service provider charges is higher than the rate we cover. If the amount charged by your provider is higher than the rate at which the Scheme will pay for the healthcare service, you will have to pay the difference between the cost of the healthcare service and the Scheme Rate.
Day-to-day benefit	These are benefits offered via the Medical Savings Account (MSA), Extended Day-to-day benefit (EDB) or Above Threshold Benefit (ATB), depending on the benefit option you choose. The level of day-to-day benefits depends on your benefit option and family composition.
LA Health Rate	This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.
Medical Savings Account (MSA)	Available on the LA Comprehensive, LA Core, LA Active and LA Focus options. The Medical Savings Account (MSA) is an amount that is allocated to you at the beginning of each year or when you join the Scheme. You pay this amount back in equal portions as part of your monthly contribution. Should you leave the Scheme or change your benefit option during the year and have used more of the upfront MSA than you have already paid back to the Scheme, you will have to repay the difference to the Scheme. Any unused funds will carry over to the next year.

<p><b>Prescribed Minimum Benefits</b></p>	<p>In terms of the Medical Schemes Act of 1998 (Act No. 131 of 1998) and its Regulations, all medical schemes must cover the costs related to the diagnosis, treatment and care of:</p> <ul style="list-style-type: none"> <li>• An emergency medical condition</li> <li>• A defined list of 271 diagnoses</li> <li>• A defined list of 27 chronic conditions.</li> </ul> <p>To access Prescribed Minimum Benefits (PMBs), there are rules defined by the Council for Medical Schemes (CMS) that apply:</p> <ul style="list-style-type: none"> <li>• Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit (PMB) conditions</li> <li>• The treatment needed must match the treatments in the defined benefits</li> <li>• You must use designated service providers (DSPs) in our network.</li> </ul> <p>This does not apply in emergencies. However, even in these cases, where appropriate and according to the rules of the Scheme, you may be transferred to a hospital or other service providers in our network once your condition has stabilised. If you do not use a DSP, we will pay up to 80% of the LA Health Rate (LAHR). You will be responsible for the difference between what we pay and the actual cost of your treatment. If your treatment doesn't meet the above criteria, we will pay according to your Option's benefits.</p>
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## MRI or CT Scans Benefit

You don't need to call us for authorisation, but a specialist or accredited trauma GP must refer you for an MRI or CT scan

You don't need an authorisation number for out-of-hospital MRI or CT scans. We will pay the cost of the MRI or CT scan if a specialist has referred you, or when an accredited trauma GP has referred you as a result of an emergency.

We cover MRI or CT scans as detailed below and up to 100% of the LA Health Rate (LAHR). If your service provider charges above the LA Health Rate (LAHR), you need to pay the difference between what we pay and what your service provider charges.

## Benefits available for your specific benefit option

### LA Comprehensive

<p><b>In-hospital</b></p>	<p>We cover the MRI or CT scan codes and consumables at 100% of the LA Health Rate from the MMB if they are referred by an appropriate specialist, subject to preauthorisation.</p>
<p><b>Out-of-hospital</b></p>	<p>We cover the MRI or CT scan codes and consumables at 100% of the LA Health Rate from the MMB, if referred by an appropriate specialist.</p>

## LA Core

In-hospital	We cover the scan codes and consumables at 100% of the LA Health Rate from the MMB if they are referred by an appropriate specialist, subject to preauthorisation.
Out-of-hospital	We cover the scan codes and consumables at 100% of the LA Health Rate from the MMB, if referred by an appropriate specialist.

## LA Focus

In-hospital	We cover the scan codes and consumables at 100% of the LA Health Rate from the MMB as long as they are referred by a specialist, subject to preauthorisation. We will apply the out-of-hospital funding rules if the scan is not related to an approved hospital event.
Out-of-hospital	Subject to referral by a specialist. We cover the first R3 500 from the available MSA. We pay the balance of the scan code and consumables from the MMB at 100% of the LA Health Rate.

## LA Active

In-hospital	We cover the scan codes and consumables at 100% of the LA Health Rate from the MMB if they are referred by an appropriate specialist, subject to preauthorisation. We will apply the out-of-hospital funding rules if the scan is not related to an approved hospital event.
Out-of-hospital	We cover the first R3 500 from the available MSA if referred by an appropriate specialist. We pay the balance of the scan code and consumables from the MMB at 100% of the LA Health Rate.

## LA KeyPlus

In-hospital	<p>We cover unlimited scans, subject to preauthorisation of the procedure in a KeyCare network hospital, where the scan is related to the admission. We cover the scan code and consumables from MMB at 100% of the LA Health Rate.</p> <p>Funding is limited to the specialist limit of R5 300 per person per year if the scan is not related to an authorised admission.</p>
Out-of-hospital	We cover the scan codes and consumables from the Specialist Benefit subject to a limit of R5 300 per person, if referred by a specialist and authorised. Covered only if performed by one of the Scheme's network providers for non-PMBs. A 20% co-payment applies for elective PMBs performed at a non-KeyCare network provider.

## We cover MRI or CT scans as a Prescribed Minimum Benefit (PMB) for certain conditions

We will pay the claim as a PMB if it meets the Scheme's criteria. You or your doctor must send us the report confirming the diagnosis. Where an MRI or CT scan report confirms the diagnosis of a PMB condition, the co-payment will not apply.

If the scan does not result in confirmation of a PMB diagnosis, the scan will be not considered as a PMB and the co-payment will apply.