

January 2023

Dear Doctor

# CAD Care Programme update and Invasive Angiogram Benefit request changes applicable to all members with low to intermediate risk of coronary artery disease

Seven years ago, the South African Society of Cardiovascular Intervention (SASCI) and Discovery Health launched the Coronary Artery Disease Care (CAD Care) Programme to enable innovative value-based care for patients with low to intermediate risk of coronary artery disease. During this time, leading global healthcare systems have updated care delivery guidelines following the publication of several important CAD Care studies. These studies have been discussed in a webinar led by SASCI and highlighted in Discovery Health's CAD Care Programme and benefit update communication and webinars. A summary of pertinent publications and references has been made available to cardiologists and is attached as *Appendix 1* of this letter.

In acknowledgement of these trends, radiologists have invested in upgrading their technology and enhanced their interpretation capabilities for computed tomography coronary angiography (CTCA). CTCA training is also now included in the academic training curriculum for radiology. These factors contribute to the national acceptance of CTCA as standard of care.

The CAD Care Programme has supported infrastructural development and provided innovative funding that assists in Cardiologists in keeping pace with care delivery trends. The CAD Care Programme, in pursuit of improved clinical outcomes has incorporated these advances and updated to the CAD Care programme and medical scheme benefits to take effect from the 13 January 2023.

### All participating schemes now pay for CTCAs in full

All medical schemes participating in the CAD Care Programme will from 13 January 2023 fund CTCA requests in full for low to intermediate risk patients as part of a revised payment pathway to keep up with care delivery trends.

### The CAD Care agreement applies to these schemes

- Discovery Health Medical Scheme plans, including these KeyCare plans:
  - KeyCare Plus
  - o KeyCare Core
- All closed medical schemes Discovery Health administers including
  - o LA KeyPlus
  - o TFG Health
  - But excluding :
    - Anglo Medical Scheme
    - o Netcare Medical Scheme
    - o Libcare

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### Angiogram funding for low/intermediate risk cases will require a CTCA recommendation

The referral algorithm and treatment modality remain at the discretion of the referring cardiologists. However, from 13 January 2023 funding for a low-risk to intermediate-risk invasive angiography will be provided only when the benefit request is accompanied by a CTCA recommendation, where the CTCA is not contraindicated. All stable patients with cardiac chest pain whose pre-imaging findings indicate a *low to intermediate* likelihood of CAD, will have access to a CTCA, funded by all participating medical schemes.

### We have simplified the benefit application process for invasive angiography

We have engaged extensively with the Radiological Society of South Africa (RSSA) to develop a simple template that the radiology practice will provide to the cardiologists to facilitate benefit management. Practices can assist their patients in accessing funding on the Discovery Connected Care communication platform in the following manner:

### Benefit Authorisation process for practices registered on the CAD Care Programme

- Benefit authorisation for an invasive angiogram is available in real time on HealthID/Connected care, where clinically appropriate. A step-by-step guide on how to navigate the screens is available in *Appendix 4.*
- As part of the CAD Care Programme, participating practices will also qualify for preferential reimbursement upon completion of the mandatory fields in the CAD Care discharge summary (for low to intermediate risk patients that were admitted in hospital post the invasive angiogram procedure). A step-by-step guide on how to navigate the screens is available in *Appendix 5*.
- For certain patient groups, the participating cardiologist has the discretion to proceed directly to an invasive angiogram if they think it is necessary. Decisions will be subject to SASCI review as stewards of the CAD Care Programme.
- CTCA funding is automatically available where a claim includes the codes listed in *Appendix 2*. Guidance on the coding is mentioned in *Appendix 3*.
- We will regularly share data through monthly reports to individual cardiologists. The report shows the practice size, demographics of your patients, angiogram use and CAD Care Programme experience. We share this data to support cardiologists in:
  - Understanding their patients' use of the healthcare system.
  - Enabling self-reflection by comparing their practice to that of their peers.
  - Facilitating peer-to-peer conversations to identify areas of positive change if any exist.
  - Improving patient outcomes.

### Benefit authorisation process for non-participating practices (practices that don't take part in the CAD Care Programme)

- The practice will also access the benefit authorisation for an invasive angiogram in real time on HealthID/Connected care, where clinically appropriate. A step-by-step guide on how to navigate the screens is available in Appendix 4. Alternatively, traditional channels will still be made available, such as:
  - The benefit pre-authorisation call centre or
  - The hospital's electronic interface with Discovery Health (B2B system)
- A CTCA report recommendation will be required (for low-to intermediate risk patients) to access funding for the invasive angiogram

### High-risk CAD patients with known disease will continue to access immediate payment for invasive procedures. These include patients with:

- Current or history of ACS
- Acute myocardial infarction (STEMI and NSTEMI)
- Unstable angina
- Previous positive angiogram
- Previous stents
- Previous CABG



- Biomarkers suggesting cardiac injury
- Pregnant women

### Updates to the CAD Care Programme

As the CAD Care Programme evolves, we refresh reimbursement model to share accrued value with participating practices.

The CAD1 episode fees will be enhanced from 13 January 2023 as follows:

	CAD1	CAD1 for KeyCare plans
Participating practices*	R17,996.10	R15,617.60
New option for non-participating		
practices* as an optional	R10,797.70	R9,370.50
alternative to fee-for-service and		
direct payment arrangement		
billing		

\*Existing patient entry criteria will continue to apply for the programme.

Quality and cost-effectiveness of care are the primary drivers of this CAD Care Programme, therefore all participating cardiologists agree to share relevant clinical information to allow the nominated SASCI committee to do a peer review.

If you could not attend the various information and training webinars that were hosted by Discovery health or would like more information about the CAD Care Programme, please contact us at <u>healthpartnerinfo@discovery.co.za</u>. A representative will then arrange to meet with you to share details specific to your practice and answer any questions you have.

We thank you for your ongoing engagement on this programme.

Regards

Darren Sweidan Head: Health Professional Unit Strategic Risk Management Discovery Health



### Appendix 1

## 2021 AHA/ACC/ASE/CHEST/SAEM/SCCT/SCMR Guideline for the evaluation and diagnosis of chest pain

### 2019 ESC Guidelines for the diagnosis and management of chronic coronary syndromes

- **Class I recommendation:** Non-invasive functional imaging for myocardial ischaemia or coronary CTA is recommended as the initial test for diagnosing CAD in symptomatic patients in whom obstructive CAD cannot be excluded by clinical assessment alone.
  - **Class I recommendation**: It is recommended to base the selection of the initial non-invasive diagnostic test on:
    - The clinical likelihood of CAD and other patient characteristics that influence test performance
      - Local expertise
      - The availability of tests.
- **Class I recommendation**: Functional imaging for myocardial ischaemia is recommended if coronary CTA has shown CAD of uncertain functional significance or is not diagnostic.
- **Class IIa recommendation**: Coronary CTA should be considered as an alternative to invasive angiography if another non-invasive test is equivocal or non-diagnostic.

### NICE – 2016

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- "Stress testing has relatively low sensitivity and specificity for diagnosing CAD in this group of people. Therefore, a significant proportion of at-risk people are missed while others with normal coronary arteries are subjected to an unnecessary invasive coronary angiogram."
- "Multi-slice CT coronary angiography is highly sensitive and provides a potentially useful means for early rule-out of CAD in troponin-negative acute coronary disease."

### NICE – 2017

- The Updated Guidelines: Cardiac CT as the First-line Test for Coronary Artery Disease
- Cur Cardiovasc Imaging Rep. 2017; 10(5): 15.
- Published online 27 March 2017. doi: <u>10.1007/s12410-017-9412-6</u>
- PMCID: PMC5368205

### **SCOT-HEART study**

Randomised >4,000 multicentre stable chest pain suspected angina, Standard care vs standard care + CTA CTA: changed diagnosis in 1 in 4 of cases; changed investigations in 1 in 6; changed treatment in 1 in 4

- Identified 85% with CAD
- Identified 90% with NO CAD
- Reduced fatal and nonfatal MI by 38% at average 1.7 years (page 5)
- Identified 85% with CAD
- Identified 90% with NO CAD

### **PROMISE trial**

>10,000 symptomatic low/intermediate risk; typical angina 12% Randomised prior to angiography to:

- Anatomical test (CTA) vs Functional test (stress echo 24%: nuclear 72%)
- CTA had more ICA
- CTA had less normal ICA
- In other words detection rate higher with CTA
- The discriminatory ability of CTA in predicting events was significantly better than functional testing



ICD-10 code	ICD - 10 code description
110	Essential (primary) hypertension
111.0	Hypertensive heart disease with (congestive) heart failure
111.9	Hypertensive heart disease without (congestive) heart failure
112.0	Hypertensive renal disease with renal failure
112.9	Hypertensive renal disease without renal failure
113.0	Hypertensive heart and renal disease with (congestive) heart failure
113.1	Hypertensive heart and renal disease with renal failure
113.2	Hypertensive heart and renal disease with both (congestive) heart failure and renal
	failure
113.9	Hypertensive heart and renal disease, unspecified
115.0	Renovascular hypertension
115.1	Hypertension secondary to other renal disorders
115.2	Hypertension secondary to endocrine disorders
115.8	Other secondary hypertension
115.9	Secondary hypertension, unspecified
120.8	Other forms of angina pectoris
120.9	Angina pectoris, unspecified
125.0	Atherosclerotic cardiovascular disease, so described
125.1	Atherosclerotic heart disease
125.5	Ischaemic cardiomyopathy
125.8	Other forms of chronic ischaemic heart disease
125.9	Chronic ischaemic heart disease, unspecified
127.0	Primary pulmonary hypertension
127.1	Kyphoscoliotic heart disease
127.2	Other secondary pulmonary hypertension
127.8	Other specified pulmonary heart diseases
127.9	Pulmonary heart disease, unspecified
128.8	Other specified diseases of pulmonary vessels
128.9	Disease of pulmonary vessels, unspecified
144.0	Atrioventricular block, first degree
144.7	Left bundle-branch block, unspecified
145.2	Bifascicular block
145.6	Pre-excitation syndrome
145.8	Other specified conduction disorders
145.9	Conduction disorder, unspecified
147.0	Re-entry ventricular arrhythmia
147.1	Supraventricular tachycardia
147.2	Ventricular tachycardia
147.9	Paroxysmal tachycardia, unspecified
148.0	Paroxysmal atrial fibrillation
148.1	Persistent atrial fibrillation
148.2	Chronic atrial fibrillation
148.3	Typical atrial flutter
148.4	Atypical atrial flutter
148.9	Atrial fibrillation and atrial flutter, unspecified

### Appendix 2 – CTCA funding is available for the following conditions:



149.0	Ventricular fibrillation and flutter
149.1	Atrial premature depolarisation
149.2	Junctional premature depolarisation
149.3	Ventricular premature depolarisation
149.4	Other and unspecified premature depolarisation
149.5	Sick sinus syndrome
149.8	Other specified cardiac arrhythmias
149.9	Cardiac arrhythmia, unspecified
150.1	Left ventricular failure
R07.1	Chest pain on breathing
R07.2	Precordial pain
R07.3	Other chest pain
Z13.6	Special screening examination for cardiovascular disorders
	- Codes for pre transplant workup



### Appendix 3

### Guidance for capturing the ICD-10 codes for CAD

This section outlines three groups of ICD-10 code diagnosis that if added as primary ICD-10 codes would result in a failed validation at the benefit authorisation request submission stage. These codes include the Z ICD-10 codes, asterisk codes and ICD-10 codes related to injury, poisoning and certain consequences of external causes (S & T codes).

### 1. Factors influencing health status and contact with health services (Z00-Z99)

Certain Z ICD-10 codes are status codes and are not permissible in the primary position for in hospital authorisations. If these codes are selected, the provider will receive an upfront validation failure, with the following message: **"This is a non- permissible code"**. Please resubmit with an appropriate code when assigning one of the following Z95.codes. It is however essential that you add this code as an additional code where appropriate as it provides important information.

### Below is an example where adding the Z ICD-10 code as an additional code is useful

Primary code: R07.1 (Chest pain on breathing) Secondary/additional code: Z95.0 (Presence of cardiac pacemaker)

List of Z ICD-10 codes that could be added as secondary/ additional codes where appropriate

Z95.0	Presence of cardiac pacemaker
Z95.1	Presence of aortocoronary bypass graft
Z95.2	Presence of prosthetic heart valve
Z95.3	Presence of xenogenic heart valve
Z95.4	Presence of other heart-valve replacement
Z95.5	Presence of coronary angioplasty implant and graft
Z95.8	Presence of other cardiac and vascular implants and grafts
Z95.9	Presence of cardiac and vascular implant and graft, unspecified

Please note that you will be able to use Z13.6 (Special screening examination for cardiovascular disorders) in the primary position, as certain screening examinations are allowed in the primary position for an in-hospital authorisations.

Z01.8 (Other specified special examinations), will be removed for the CAD Care list as it is not permissible in the primary position for in-hospital authorisations.

### 2. Asterisk codes:

The dagger and asterisk coding convention allows the description of a condition in terms of its underlying cause (+) and current manifestation (\*). Asterisk codes are not permissible in the primary position and are to be preceded by a dagger code. We will be removing the following asterisk codes as most of the underlying conditions have not been catered for in the CAD Care initiative.

### Example:

Primary code: M05.30 (Rheumatoid arthritis with involvement of other organs and systems, multiple sites) Secondary/additional code: I39.3 (Pulmonary valve disorders in diseases classified elsewhere)

M05.30 is not on the CAD Care list. You will however be able to capture this code set as additional codes.



The following codes will be removed from the CAD Care list:

139.0	Mitral valve disorders in diseases classified elsewhere
139.1	Aortic valve disorders in diseases classified elsewhere
139.2	Tricuspid valve disorders in diseases classified elsewhere
139.3	Pulmonary valve disorders in diseases classified elsewhere
139.4	Multiple valve disorders in diseases classified elsewhere
139.8	Endocarditis, valve unspecified, in diseases classified elsewhere
141.0	Myocarditis in bacterial diseases classified elsewhere
141.1	Myocarditis in viral diseases classified elsewhere
141.2	Myocarditis in other infectious and parasitic diseases classified elsewhere
141.8	Myocarditis in other diseases classified elsewhere

### 3. Injury, poisoning and certain other consequences of external causes (S00-T98)

ICD-10 codes for "Injury, poisoning and certain other consequences of external causes (S00-T98)", require additional external cause codes (ECCs). If a code for "Injury, poisoning and certain other consequences of external causes" is assigned without an external cause code, the following message will display: "Injury and poisoning codes (S and T codes) must be coded in combination with an external cause code (V, W, X or Y)."

ECCs permit the classification of environmental events, circumstances and conditions as the cause of injury, poisoning and other adverse effects.

### Example:

Primary code: T82.0 (Mechanical complication of heart valve prosthesis) Secondary/additional code: Y83.1 (Abnormal reaction/later complication, without mention of misadventure at the time of the procedure, surgical operation with implant of artificial internal device)



### **Appendix 4**

# HealthID/ Connected Care Training Guide for Invasive Angiogram request for patients with Low to Intermediate Risk for Coronary Artery Disease (CAD)

### CAD Authorisation for an invasive angiogram procedure

Once the provider has selected a patient that has given HealthID consent, the hospitalisation authorisation menu option will become available on the left side bar underneath the Scheme admin menu options.

۲	HealthID		Q Search patient X	
<b>A</b> Patient's file	← Jibmhhkkfkdc Svbmhhkkfkdc		<ul> <li>Manage patient</li> </ul>	Start consultation
Overview <u>Clinical</u> Consultations	Jibmhhkkfkdc Svbmhhkkfkdc - ID No: 461	2030071185		
Medical history Sick notes Prescriptions KcyCare referral Echeme somm Scheme info Hospital authorisations Chronic application	Age: 76 Sex: Female Location: Not available └ test@discovery.co.za ↓ +27 11 1111 1111 C Some Consent	Medical Aid: Discovery Health Medical Scheme Plan: Classic Saver Vitality: Active Card Number: 038429030 Plan Effective From: 2015-01-01 Plan Effective To: No end date Discovery Pay Client: No DCC: No	Patient Note	

Once hospitalisation authorization menu option is selected all available options will be displayed to the provider and these include the New Authorization and Discharge summary Quick links.

۲		HealthID				Q Searc	h patient × 😰 💿 🔺 🤇
Padicato Re Overview	÷	Hospital authorisations Johnmigeodhb Rohmigeodhb   4807085108086   74, Male	e   +27 11 111 1111   test@discovery.co.za				Quick links Discharge summaries + New authorisation
Galeat		Active					
Medical history		DESCRIPTION	AUTHORISATION NUMBER	ADMISSION DATE	DISCHARGE DATE	STATUS	ACTIONS
Prescriptions KeyCare referral		Acute rheumatic pericarditis	26004215	2023/01/10	2023/01/10	Approved	View
Scheme admin Scheme info		Upcoming					
Hospital authorisations Chronic application				There are no upcoming hospita	D lisation authorisations for this patient		
	-						
		History					
		DESCRIPTION	AUTHORISATION NUMBER	ADMISSION DATE	DISCHARGE DATE	STATUS	ACTIONS
		Disorders of both mitral and aortic valves	6330283	2022/09/06	2022/12/05	⊘ Approved	
		Disorders of both mitral and aortic valves	25988718	2022/08/09	2022/08/12	Ø Approved	View View Discharge Summary
		Essential (primary) hypertension	25987466	2022/08/08	2022/08/11	Ø Approved	
		Multiple fractures of clavicle, scapula and humerus, open	25979539	2022/04/25	2022/05/01	⊘ Approved	
		Pneumonia, unspecified	6262795	2022/04/21	2022/04/25	⊘ Approved	
		Malignant neoplasm of prostate	25758344	2021/07/09	2021/07/09	Approved	



Once **the New Authorisation option is selected**, the below screen displaying an Invasive angiogram authorization checkbox as an option will appear if the member is eligible for this benefit.

No consultations scheduled yet.		👌 Nominated: No		
Clinical History	Consultation History	Prescription History	Benefits & Programmes	Hospitalisation
Hospitalisation		New authorisation Select the authorisation you would like to create. Authorisations:	2019/08/16- 2023/08/16	+ New authorisation
Active	,	Hospital At Home Invasive angiogram authorisation Cancel Star: authorisation	t.	
Upcoming	Th	ere are no upcoming hospitalisation authorisations for this pat	ient.	

If **the member is not eligible for the benefit** the screen below will display.

Age: 60 Sex: Male Location: Gauteng	M     Patient Note       Select the authorisation you would like to create.     Click to create new note       Authorisations:     Invasive angiogram authorisation       Invasive angiogram authorisation     Invasive angiogram authorisation       Invasive angiogram authorisation     Invasive angiogram authorisation	• •
Upcoming consultations	Schedule Next consultation Nominated practice	

Once the Invasive Angiogram is selected, the Authorisation screen for Invasive Angiogram will display.

Authorisation for invasive angiogra	am		×
(1) Authorisation Authorisation for invasive an	ngiogram		2 Authorisation outcome Submit authorisation
Date of admission*	Time of admission*	Facility name	
18/08/2022	🗊 03:49 PM	Q Search for facility	×
Indication for invasive angiogram (ICD-10 cod	je)*		×
Procedure Type <sup>▲</sup>			
Select RPL code (invasive angiogram)*			
Q Search for code			×
Add PCI			



Calcium score*	
O Normal	
>2000	
Not done	
Stress test findings (Upload Stress ECG optional) *	
O Positive	
O Equivocal	
O Non-diagnostic	
O Not done	
Drag and drop a file here (Ma	x 20mb) or
Upload file	
CTCA findings (Upload CTCA report optional)	
O No evidence of stenosis	
O Low grade coronary stenosis	
High grade coronary stenosis	
O Equivocal	
O Not done	
ſ	
Drag and drop a file here (Ma	x 20mb) or
() Upload file	
	Submit authorisation

### The following fields are mandatory for completion of the authorisation:

- Date of admission
- Time of admission
- Facility Name
- Primary ICD-10 code
- Invasive Angiogram RPL code

If a Non-Emergency CAD code is captured the following will need to be captured as well:

- Calcium score
- Stress test findings
- CTCA findings

The provider will have an option to select Multiple RPL codes if required.

Procedure Type*	
Select RPL code (invasive angiogram)*	
Q Search for code	
1249   Right and left cardiac catheterisation without coronary angiography (with or without biopsy)	×
1253   Right heart catheterisation (with or without biopsy)	×
✓ Add PC	
Select RPL code (PC)	
Q Search for code	
1276   Percutaneous transluminal angioplasty: First cardiologist: Single lesion	×
1277   Percutaneous transluminal angioplasty: Second cardiologist: Single lesion	×

**Only a CAD specific ICD-10 codes will be permissible in primary position**. The following error message will display when the ICD-10 code placed in the primary position is not valid.

Indication for invasive angiogram (ICD-10 code)*		
Q Enter ICD-10 Code or Description		
D12.1 Benign neoplasm. appendix	Primary	~ (x)
The ICD-10 code provided is not included as part of the Coronary Artery Disesse initiative. Please follow the normal authorization process.		$\odot$



If no Primary ICD-10 code has been selected the following message will display:

Indication for invasive angiogram (ICD-10 code)*			
Q Enter ICD-10 Code or Description			×
I10 Essential (primary) hypertension	Ū	Secondary	• ×
① Please add a primary ICD-10 code.			

### Findings for the Stress ECG and CTCA

Options will be displayed to select relevant findings of the Strsss ECG and CTCA. There will also be an option to upload results as a PDF file. If the provider chooses to upload a file, only PDF files will be available for selection upon opening the windows browser. If the provider chooses to drag and drop a file that is not a PDF, the following message will display

i	
•	
1	
•	Only pdf file allowed
	Only put the allowed.
	I i
·	

Only 1 PDF File per test will be accepted for an upload. If a second file is selected the previous file will be replaced.

Stress test findings (Upload Stress ECG optional) *	
<ul> <li>Positive</li> <li>Equivocal</li> <li>Non-diagnostic</li> <li>Not done</li> </ul>	
Drag and drop a file here (Max 20mb) or 🕲 Upload file	
CAD-AuthorisationProcess-4FCW3X2.pdf	(109.44 KB) 📋

#### Submitting the request for Authorisation

Once the Authorisation is submitted, the ICD-10 Coding will be validated. If the diagnosis code validation fails, the below messages will display. The provider will be required to correct the ICD-10 codes to proceed to the next step.

Authorisation for invasive angiogram					×
() Authorization			•		2 Authorisation sutcome
Authorisation for invasive angiogram		Validation error			Submit authorisation
Dete of winksion	Time of admission <sup>®</sup>	<ul> <li>Injury and poisoning codes (5 and T codes) must be coded in combination with an external cause code (V, W, X or Y).</li> </ul>	-	Facility name <sup>®</sup> Q. [object Object]	x
Indication for invesive angiogram (ICD-10 code)*					
Q Enter KD-10 Code or Description					x)



Authorization			Authorisation outcome
Authorisation for invasive angiogram		_	Submit authorisation
Oze of admission*         Time of admission*           2306/2022         20	Validation error	Facility name" Q [object Object]	×
Indication for investve angiogram (ICD-10 code)*	<ul> <li>This is a non-permissible code. Please resubmit with an appropriate code.</li> </ul>	-	
Q Enter KD-10 Code or Description	Cose		x)
295.1 Presence of aortocoronary bypess graft		Primary	

Once the diagnosis ICD-10 code validation has passed. Authorisation outcome will display. There are four possible authorisation outcomes:

- 1) Approved Authorization
- 2) No decision outcome
- 3) Declined outcome with no option to override
- 4) Declined with an option to override if the outcome is not due to plan or scheme specific rules (only available to participating providers).

### Approved authorization.

Authorisation for invasive angiogram	×
Q Authorisation	2 Authorisation outcome
Authorisation outcome	Done
Authorisation outcome	APPROVED
<ul> <li>We have received a request for an invasive angiogram. Based on our clinical guidelines we have approved the member's coronary angiogram.</li> <li>On this members plan. have metal stents and drug eluting stents have limits for the prosthesis and the delivery system. The prosthetic device for each bare metal stent has a limit of R10 330, and the limit for each drug eluting stent is R14 520.</li> <li>As an admitting healthcare professional we have a payment arrangement with, we will pay claims for approved treatment at the agreed rate. The Member will not be liable for the balance of the account if you charge above this rate.</li> <li>Please note that the Scheme does not pay for Simdax (levosimendam), which may be used to treat the condition we have authorised. Simdax (levosimendam) is not registered with the Medicines Control Council of South Africa. If you decide to use t member will have to pay for it from their pocket.</li> </ul>	his medicine the

### No Decision authorization outcome: next action steps will be displayed

Authorisation for invasive angiogram	×
Authorisation	2 Authorisation outcome
Authorisation outcome	
Authorisation outcome	NO_DECISION
- Refer tex to Statistants	Accept result and dose



Declined authorization outcome: that cannot be overridden due to scheme or plan rules

	×
Authorisation Auth	2 orisation outcome
Authorisation outcome	
Authorisation outcome	DECLINED
<ul> <li>Cat A-3 or 12 month WP - (No cover as member is not entitled to PMB)</li> <li>We have received a request for an invasive angiogram. Based on our clinical guidelines we have approved the member's coronary angiogram.</li> <li>1080 is/are a Prescribed Minimum Benefit code(s). The member does not have cover for Prescribed Minimum Benefits during the waiting period.</li> <li>As an admitting healthcare professional we have a payment arrangement with, we will pay claims for approved treatment at the agreed rate. The Member will not be liable for the balance of the account if you charge abc</li> </ul>	ove this rate.

Once the outcome is accepted and the close Tab is selected, the authorization status will remain as declined.

### Declined authorization outcome: that can be overridden

This option is only available to available to participating practices on the CAD Care Programme.

uthorisation for invasive angiogram	×
0	()
Authorisation	Authorisation outcome
Authorisation outcome	
Authorisation outcome	DECLINED
We have received a request for an invasive angiogram. We have reviewed the information provided to us and based on our clinical g	uidelines an invasive angiogram is not indicated.
On this members plan, bare metal stents and drug eluting stents have limits for the prosthesis and the delivery system. The prosthe	ic device for each bare metal stent has a limit of R10 330, and the limit for each drug eluting stent is R14 520.
<ul> <li>As an admitting healthcare professional we have a payment arrangement with, we will pay claims for approved treatment at the agriculture of the second second</li></ul>	ed rate. The Member will not be liable for the balance of the account if you charge above this rate.
<ul> <li>Please note that the Scheme does not pay for Simdax (levosimendan), which may be used to treat the condition we have authorised, member will have to pay for it from their pocket.</li> </ul>	Simdax (levosimendan) is not registered with the Medicines Control Council of South Africa. If you decide to use this medicine the
Explain why you would like to override the declined result. Would you like to override the result by adding a motivation?	
Motivation for Authorisation	
Motivation typed	
·	Accept result and close Submit motivation

Once the motivation has been captured and submitted the declined status will be overridden and changed to Approved.



### Appendix 5

### CAD Care Discharge Summary Guide: How to capture CAD Discharge Summary

Once the provider has selected a patient that has given consent, the hospitalisation authorisation menu option will be made available on the left side bar underneath the Scheme admin option.

۲	224	HealthID	(	Q Search patient	× 🖻	0 4 \$
<b>Patient's file</b>	← Ji	bmhhkkfkdc Svbmhhkkfkdc			<ul> <li>Manage patient</li> </ul>	Start consultation
Overview clinical Consultations	Jib	omhhkkfkdc Svbmhhkkfkdc - ID No: 46120	30071185			
Necical natory Sick notes Prescriptions KeyCare referral Scheme admin Scheme info Hospital authorisations Chronic application	Age Sex Loc گ	:: 76 :: Female .ation: Not available test@discovery.co.za +27 11 111 1111 Some Consent	Medical Aid: Discovery Health Medical Scheme Plan: Classic Saver Vitality: Active Card Number: 038429030 Plan Effective From: 2015-01-01 Plan Effective To: No end date Discovery Pay Client: No DCC: No	Patient Note	note	
						~

Once the Hospital authorisation menu optoin is selected, the provider will have a view of all previous, Active, and Upcoming (planned) hospitalizations. The **Discharge summary link** will be visible **next to the specific hospital authorisation**. Please **do not** open the top right hand corner Discharge summary quick link. Once the discharge summary link next to the specific Hospitalisation authorisation is selected the discharge screens will open.

۲		a) 🐡 HealthID				Q Search	patient × 🗐 🕘 🐥 🄇	
Patiento Bic Overview	÷	Hospital authorisations Johrmnfgcothb Rohmmfgcothb   4807085108086   74, Male	e   +27 11 111 1111   test@discovery.co.za				Quick links	
Cirial		Active						
Medical history		DESCRIPTION	AUTHORISATION NUMBER	ADMISSION DATE	DISCHARGE DATE	STATUS	ACTIONS	
Prescriptions KeyCare referral		Acute rheumatic pericarditis	26004215	2023/01/10	2023/01/10	Ø Approved	View	
Scheme admin Scheme inflo Hospital authorisations		Upcoming		There are no uncoming heroit	D			
Cartonic approximit				There are no upcoming hospita	insation authorisations for this patient			
		History						
		DESCRIPTION	AUTHORISATION NUMBER	ADMISSION DATE	DISCHARGE DATE	STATUS	ACTIONS	
		Disorders of both mitral and aortic valves	6330283	2022/09/06	2022/12/05	Ø Approved		
		Disorders of both mitral and aortic valves	25988718	2022/08/09	2022/08/12	⊘ Approved	View View Discharge Summary	
		Essential (primary) hypertension	25987466	2022/08/08	2022/08/11	Ø Approved		
		Multiple fractures of clavicle, scapula and humerus, open	25979539	2022/04/25	2022/05/01	⊘ Approved		
		Pneumonia, unspecified	6262795	2022/04/21	2022/04/25	⊘ Approved		
		Malignant neoplasm of prostate	25758344	2021/07/09	2021/07/09	Ø Approved		

### The Admission details Step

The Discharge summary screens will display all the steps the provider will need to follow including the admission information. The authorization details will be populated at the top of the page with the relevant co-morbidity conditions if applicable.



### Nominated GP details will be prepopulated

Where the details of the General practitioner (GP) nominated by the patient are known, this will be prepopulated. If this does not pre-populate, the provider has an option to select a provider from practice type 014 and 015 by searching for the GP's name.

	CAD discharge summary for S	UBBCKGMMBHM VIBBCKGMMBH	М				×
a	0	2	3	4	5	6	7
Projection of the second	Admission	Procedure details	Discharge	CAD	Tests	Complications	Post-discharge
A Doctor Profes	Admission Details						Continue
	Referring healthcare practitioner: ANG	iEL G D		Primary diagnos	is on admission: I279 Pulmonary heart disease, uns	pecified	
Ð	Hospital name: LIFE EAST LONDON PRIV	ATE HOSPITAL		Other relevant of	iagnosis on admission: None		
Lvak	Authorization number: 25987333			Comorbidities:			
	Admission date: 2022/08/02, 12:00 AM			<ul> <li>E785 Hyper</li> <li>M353 Polyn</li> <li>I10 Essentia</li> </ul>	ipidaemia, unspecified yalgia rheumatica (primary) hypertension		
	General Practitioner contact details						
	General practitioner name			General practitioner of	ontact		
	Q Mabmdbdlfkkd M Debmdbdlfkkd			×) 11111111			
	Dr M Debnisbidfiðid     Fernale   General Medical Practice     Associated Practice: Pito And Panters     Margers, Margers, 4275			×			

### Procedure details:

Once the Continue Tab has been selected, the procedure details page will open, this will give the Provider an option to select the relevant recent hospital care event details, indicating if it was a procedural event or non-procedural event.

Below the Provider selected a non-procedural hospital care event.

CAD disch	harge summary f	for STBMGBLBCMBM	WIBMGBLBCMBM				×
Ad	dmission	2 Procedure details	3 Discharge	(4) CAD	5 Tests	6 Complications	7 Post-discharge
📀 P	rocedure Deta	ils					Continue
Some of t	this information has been	pre-populated from pre-authorisa	ation but you must update it if anyth	ing has changed.			
CAD discharge summary for STBMGBLBCMBM WIBMGBLBCMBM  CAD discharge summary for STBMGBLBCMBM WIBMGBLBCMBM  CAD discharge summary for STBMGBLBCMBM WIBMGBLBCMBM  Cad a state of the state of the procedure details and the procedure (other than a consultation), please choose Procedural.*  Cad a state of this information has been pre-populated from pre-authorisation but you must update it if anything has changed.  Please tell us what type of hospital care event took place. If the patient had any procedure (other than a consultation), please choose Procedural.*  Procedural  A state procedural  A s							
O Proc	cedural						
( Non	i-procedurai						

If the provider selects a Procedural hospital care event, they will be also given an option to select the RPL code from the pre-populated list that include Angiogram and Percutaneous Coronary Intervention RPL codes. They will also have an option to add multiple codes by selecting the Add Tab.



CAD discharge summary for .						
0		3	(4)	(5)	6	7
Admission	Procedure details	Discharge	CAD	Tests	Complications	Post-discharge
<ul> <li>Procedure Details</li> </ul>						Cont
Some of this information has been pre-p	populated from pre-authorisation but you must update i	t if anything has changed.				
		, , , , , , , , , , , , , , , , , , , ,				
Please tell us what type of hospital care	event took place." If the patient had any procedure (othe	er than a consultation), please choose Procedura	L			
Procedural						
O Non-procedural						
If the nations had a remeasure (other the	an a consultation) colort the procedure performed					+ Atlant
Providence and a procedure (other that	n a consultation, select the procedure performed.		-			- Augus
1277   Percutaneous transluminal angiop	alasty: Second cardiologist: Single lesion		15/08/2022		¥	
L						
Procedure Details						Contin
Procedure Details						Contin
Procedure Details	-populated from pre-authorisation bu	t you must update it if anything h	as changed.			Contin
Procedure Details		t you must update it if anything h	as changed.			Contin
Procedure Details		t you must update it if anything h	as changed. uitation), please choose Procedur.	al*		Contin
Procedure Details	֊populated from pre-authorisation bu e event took place. If the patient had a	t you must update it if anything h iny procedure (other than a consi	as changed. ultation), please choose Procedura	al.*		Contin
Procedure Details	-populated from pre-authorisation bu e event took place. If the patient had a	t you must update it if anything h iny procedure (other than a consi	as changed. ultation), please choose Procedura	al.*		Contin
Procedure Details of this information has been pro tell us what type of hospital car irocedural	- populated from pre-authorisation bu e event took place. If the patient had a	t you must update it if anything h iny procedure (other than a consi	as changed. ultation), please choose Procedura	al.*		Contin
Procedure Details	e event took place. If the patient had a	t you must update it if anything h ny procedure (other than a consi	as changed. ultation), please choose Procedur.	al.*		Contin
Procedure Details of this information has been pro- tell us what type of hospital car rocedural kon-procedural	e event took place. If the patient had a	t you must update it if anything h iny procedure (other than a consi	as changed. ultation), please choose Procedure	al.*		Contin
Procedure Details of this information has been pro- tell us what type of hospital car procedural kon-procedural patient had a procedure (other t	e populated from pre-authorisation bu e event took place. If the patient had a han a consultation), select the procedu	t you must update it if anything h iny procedure (other than a consi ure performed:	as changed. ultation), please choose Procedura	al.*		Contin + Add proced
Procedure Details of this information has been pro- tell us what type of hospital car procedural kon-procedural patient had a procedure (other t presperformed	e populated from pre-authorisation bu re event took place. If the patient had a han a consultation), select the procedu	t you must update it if anything h iny procedure (other than a consi ure performed: Date	as changed. ultation), please choose Procedura	al.*		Contin + Add procede
Procedure Details of this information has been pro- tell us what type of hospital car procedural son-procedural batient had a procedure (other t ares performed   Percutaneous transluminal ang	e-populated from pre-authorisation bu re event took place. If the patient had a han a consultation), select the procedu	t you must update it if anything h iny procedure (other than a consi ure performed:	as changed. ultation), please choose Procedura 8/2022	n).*		Contin + Add proced
Procedure Details of this information has been pro- tell us what type of hospital car rocedural ion-procedural batient had a procedure (other t resperformed   Percutaneous transluminal ang	populated from pre-authorisation bu re event took place. If the patient had a han a consultation), select the procedu oplasty: Second cardiologist: Single lesion	t you must update it if anything h iny procedure (other than a consi ure performed:	as changed. ultation), please choose Procedura 8/2022	nl.*		Contin + Add procede

Once the Continue TAB is selected, the discharge section will be displayed.

### Discharge Tab

	CAD discharge summary for SUBBCKGMMBHM VIBBCKGMN	ІВНМ				×
日の	Admission Procedure details	3 Discharge	(4) CAD	5 Tests	6 Complications	7 Post-discharge
	Discharge Da*  6047202  Peter solucion provide  Peses ades:  Indication for invasive angiogram (ICD-10 code)	тов <sup>*</sup> 11:59 РМ		Oranada     Pesse select		(Control )
	Q         Enter ICD-10 Code or Description           IZ7.9 Rumonary Heart disease, unspecified         ERLS Hyperipidemia, unspecified           MD3.3 Rivignagia neuraetica         III0 Essential (primery) hypertension			Primay     Constitutly     Constitutly     Constitutly     Constitutly     Constitutly     Constitutly		× × × × × × × × × × × × × × × × × × ×
	Koun direjes Select along type Medicines on discharge					*
	Q: Search for non-formulary medicine/item;, applicable to plan type	Medicine has not been a	Ø dded to the prescription yet. Search medicine to	o add to prescription.		<b>x</b> )
	Doctr's rame Dr D Mahommbileheld Male   Physician • Torestore, Caja Toure, Western Caja		Doctor's energy control of the second s	81		Contract



This section will give the Provider an opportunity to select the Patient education Tab, should they wish to do so. Once selected, a free text field will be displayed where more details can be captured. The diagnosis details will be prepopulated with the information that was captured at the authorization stage.

	CAD discharge summary for	SUBBCKGMMBHM VIBBCKGMM	знм				×
미 이	Admission	Procedure details	3 Discharge	CAD	S Tests	6 Complications	7 Post-discharge
2 Decar Profile	Oischarge						Continue
Anna A	Date*		Time <sup>*</sup>		Destination		
Creating	05/08/2022		EI 11:59 PM		© Mortuary		ř
	Patient education provided Red flags						~
	This is a red flag test						
	Indication for invasive angiogram (R	ED-10 code)					
	Q Enter ICD-10 Code or Description						×
	127.9 Pulmonary heart disease, unspec	lifed			Primary		~ ×
	E78.5 Hyperlipidaemia, unspecified				Comorbidity		* ×
	M35.3 Polymyalgia rheumatica				Comorbidity		* ×
	I10 Essential (primary) hypertension				Comorbidity		* *

### ICD 10 code information:

The provider will be given an option to update the diagnosis codes, however, validations will only be done once this section has been updated.

1) If no primary ICD-10 code exists, the following message will display

Indication for invasive angiogram (ICD-10 code)		
Q Enter ICD-10 Code or Description		×
E78.5 Hyperlipidaemia, unspecified	Comorbidity	~ ×
① Please add a primary ICD-10 code.		

2) If the Primary ICD-10 code is not CAD Care related the following message will display.

Indication for invasive angiogram (ICD-10 code)	
Q Enter ICD-10 Code or Description	
E78.5 Hyperlipidaemia, unspecified	Comorbidity ~ 🗙
D12.1 Benign neoplasm, appendix The ICD-10 code provided is not included as part of the Coronary Array Disease initiative. Please follow the normal authorization process.	Primary ~ X



The Continue TAB will be disabled until the coding has been fixed.

If the provider deletes the pre-populated diagnosis codes, the following confirmation message will display.

Please select Indication for invasive angiogram (ICD-10 code)						×
Q Enter ICD-10 Code or Description	Delete Diagnosis Code Are you sure that you want to delete this ICD10 code?	?				×
108.0 Disorders of both mitral and aortic valves	Cancel Delete	0	Primary	~	×	
E78.5 Hyperlipidaemia, unspecified			Comorbidity	~	×	

An option to add allergy/allergies will be made available and the provider will have an option to select multiple allergies by selecting the relevant checkboxes. Once selected this will populate in the allergy section.

Penicillin , Cep	halosporins , Opoids			
✓ Penicillin				
<ul> <li>Cephalosp</li> </ul>	orins			
Opoids				
Aspirin				
NSAIDS				
□ Other				

### Medication:

The provider will be able to search for medication required on discharge.

Med	icines on discharge									
	e	Perilisia dari								
Q	Search for non-formulary medicine/items; app	licable to plan type			×					
			0							
	Medicine has not been added to the prescription yet. Search medicine to add to prescription.									
Med	icines on discharge									
٩	panado									
	MEDICINE/ITEM NAME	ACTIVE INGREDIENT	STRENGTH	FORM	ALTERNATIVE AVAILABLE					
	Panado childrens	Paracetamol	125 mg	Tablets, Melt						
	Panado	Paracetamol	500 mg	Capsules						
	Cepacol medsip ginger (was panado medsip	Paracetamol, Combinations Excl. Psycholepti	N/A	Sachet						
	Panado co tablets	Codeine And Paracetamol	N/A	Tablets						
	Panado	Paracetamol	500 mg	Tablets, Melt						
	Panado	Paracetamol	120 mg/5ml	Syrup						



Once the chosen medication has been selected, more fields will be displayed for the provider to capture additional details such as Instructions, Quantity, Repeats and an option to select alternative medication. An option to add Multiple medications will also be available.

Medicines on discharge							
Q Search for non-formular	y medicine/items; applicable	to plan type					×
MEDICINE	STRENGTH	FORM	INSTRUCTIONS	QTY	RPTS	ALLOW ALTERNATIVES	
Panado	500 mg	Capsules	Start typing Instruction	00	00	Ø \$	×

### Discharge Provider details:

The Discharge Provider details will be pre-populated with the logged in provider details. The provider will also be given an option to update contact details in this section.

NSAIDS									
Medicines on discharge									
Issues Indexing a construction of the set of									
MEHONE	STRENETH	FORM	INSTRUCTIONS		qtv	8915	ALLOW AUTORNAL	6	
Deladex	250 mg	Capsules	Once a month		100	3	V	٥	×
Discharge doctor's contact detail	ls.								
Doctor's name				Doctor's emergency contact					
Dr D Mabmmbikhhfd				11111111					
Male   Physician     Foreshore, Cape Town, Western Cap	pe								

Once the continue Tab has been selected the CAD Care Information section will be displayed.

### CAD Information step

This section will allow the provider to capture clinical details related to the procedure. The patient's chronic medical history will prepopulate at the top of this page. All fields with the red **\*** are mandatory and need to be completed before the continue Tab is enabled.

	CAD discharge summary for	5UBBCKGMMBHM VIBBCKGMN	ІВНМ				×
	Admission	Procedure details	Discharge	(4) CAD	S Tests	Complications	7 Post-discharge
Casar Profe	CAD information	15					Centinue
Conjugate	Chrunic disease history KN WILL SHOPFING WILL Property and DES Property and Ager 64 Genders Franke Songe Renly latory of androwendar disease <sup>1</sup> Tes  Mon Songe Renly latory of androwendar diseas <sup>1</sup> Tes  Mon Songe Renly latory of androwendar diseas <sup>1</sup> Tes Mon Not	umatica ng Ingentansian 					
	READING TYPE	CAPT.	JRE READING				
	Systolic blood pressure	Ca	pture				mmHg
	Diastolic blood pressure	Ca	pture				mmHg



All and a second		Red flags signs or symptoms*		
		Atymptomatic Ves O No		
Locar Profile		Chisepain Yes O No		
<u></u>		Syncope 🔾 Yes 🔿 No		
		Shortness of breath O Yes  No		
		Laboratory findings		
		REACHING THIPS	OPTICE MARK	
		Total Onsiestanol	Capture	mmol/L
		HDL Ovalesterol	Capture	mmol/L
		LDL Cholesterol	Capture	mmol/L
		HEATC	Capture	%
		Traponin I	Capture	ng/L
		Troponin T	Capture	ng/L
		Haemoglobin Test	Capture	g/dL
		Platelets	Capture	/uL
		Creatine	Capture	mg/dL
		Cardiovascular intervention history		
	,	Previous PCI <sup>®</sup>		
	0	Yes O No		
	0	Yes O No		
		Pacemaker <sup>®</sup> ⊃ Yes ○ No		
		amily history*		
		None		
		AMI before age 60		
		Diabetes		
	[	Hypercholesterolemia		Continue

Validations will be enabled for vital signs and laboratory findings, if the captured value is not valid an error message will display. Below is an example of an error message that could be displayed. These values would need to be fixed before the continue Tab is enabled.

Laboratory findings				
READING TYPE	CAPTURE READING			
Total Cholesterol	100000	mmol/L		
	Error: Incorrect clinical value input - Cannot be more than 10			

### The Tests' findings step

The Test screen will display once the provider has completed all mandatory fields and has selected the continue Tab option. This will enable the provider to capture findings of all tests that were conducted including ECG, ECHO and CTCA.



	CAD discharge summary for SUBBCI	KGMMBHM VIBBCKGMME	ЗНМ				×
<b>山</b> 4 一	Admission	Procedure details	Discharge	CAD	(5) Tests	6 Complications	7 Post-discharge
	ECG results*						Continue
Cred riverier	Normal     Abnormal     Not done			Drag and drop file/s here (Max 20mb) or			
	Stress ECG results (ECH0)*			o obiosa we			
	Normal     Abnormal     Not done			Drag and dron file/s here (Max 20mh) or			
				) Upload file			
	Calcium score"						
	CTCA test results"						
				Drag and drop file/s here (Max 20mb) or			
	Invasive angiogram test results <sup>®</sup>						
	Normal     Abnormal     Not done			Drag and drop flie/s here (Max 20mb) or			
				8 Upload file			Continue

If an **abnormal finding option is selected for the ECG**, an option to select the relevant check boxes with brief descriptions of the ECG findings will be made available.

ECG results <sup>▲</sup>	
O Normal O Not done	
Drag a	nd drop a file here (Max 20mb) or 🔋 Upload file
Please specify findings for abnormal results	
LVH	
Pathological Q-waves	
ST depression .+0.5 mm	
T-wave inversion >= 2 mm	
Transient ST elevation (>= 0.5 mm)	
Sustained ST elevation	
New LBBB	
Sustained VT	



If **an abnormal finding option is selected for the stress ECG**, additional checkboxes will be made available enable the provider to capture brief specific details of the abnormal findings.

_		
	Let were during the set of the se	
	O Normal O Abnormal	
	Rumskry salve	
	O Normal O Attorned	
	Parcindial Resion	
	O Yes O No	
	Nimovary antipy pressure	
	Cepture	mmHG
	Hecton Lacton	
	Cepture	96
	Aorteulus	
	Normal Abnormal	
	Mitzi suba	
	Normal     Aknormal	
	Trought value	
	Normal Aknormal	

**Ejection fraction or pulmonary artery pressure details are not mandatory**, but validations will be done if captured.

Fulmoney sets or persone	
1	mmHG
Drive Inverse is Kinki value reput. Cannot be less hum 8	
Fjection fraction	
Capture	%

If the Calcium score has been marked as done, the provider will need to select the applicable score to continue

	Calcium score*	
	Done O Not done Passa select core	
L	Select score	~

If an abnormal finding is selected for the CTCA, an option to select the relevant findings will be provided.

6	TGA text results"
0	) Normal () Noxdone
P	Viewe specify findings for abnormal results
	See finding v
	Drag and drop a file here (Max 20mb) or
	8 Upload file
L	

If an **abnormal finding is selected for the Invasive angiogram**, the relevant specific findings will need to be selected including an indication for revascularisation if it is required.

Invasive angiogram test results"	
Normal  Abnormal  Not done	
Please specify findings for abnormal results	
Select findings	~
Drag and drop a file here (Max 20mb) or	
🖲 Upload file	
Break cularization required*	
Ves No	
	Continue



The **file upload option is not mandatory**, however, if chosen, only PDF files will be allowed. Once the browser window opens, only PDF files will be available for selection. There will also be an option to drag and drop the PDF file. If a non-PDF file is chosen, the following message will be display

Only pdf file allowed.	

Only 1 PDF File is allowed per test. If a second file is selected the previous file will be replaced.

Once the provider has completed the test results page and have selected the continue tab. The complication page will be displayed next.

### **Complications Page**

The adverse reaction indicator is mandatory, if the Yes option is selected, the Clavien-Dindo classification drop down box will be available for selection. If Grade 0 – No complications is selected, no further checkboxes will be displayed.



For other options, a list of complications will display, and the provider will have an option to capture multiple options before they are able to proceed to the next step.

CAD discharge summary for SUBBCKGMMBHM VIBBC	GMMBHM					
Administ	Procedure details	Distorys	0		Complexitient	(7) Paridabaga
<ul> <li>Operative or post-operative complications</li> </ul>						Canton
Adverse reactions?						
O ves 🛞 no						
Clarine Oir de classification						
Grade IIIb - Requiring surgical, endoscopic, or radiological intervention under genera	areshesia					~
Salari at least one corrolization						
Complications		Rowal		Cardiac		
Unplanned re-operation		Analtomotic loak		Aust: CD		
Unplayed KUHK		Bowd abstruction		Angra M		
Prolonged hospital stay		Panda		Arrat		
Monality		Gif bleed		Antytmia		
		ins.				
Neuroingical		Respiratory		Urinary		
Detrium' Contusion		Andioctasis		Auto ronal failure		
Seares		Preumonia		Dealyses		
Stroke/tocal neurological signs		Pulmonary ombolism		Unive retardion		
Variable						
Acute antonial occlusion		Superficial seguis				
Anorial false anouryon		Waved abscos				
01		Waved dehisconce				
Graft sepiels						
Line separa						
Enter other complications						
						Continue



### Post Discharge Summary step

The last step will be the post discharge summary section. The provider will be asked to indicate if instructions and the treatment plan have been provided.

-	AD discharge summary for SUBBCKGMMBHM MBBCKGMMBHM								
1	Administry Proceedings of State	e statege			Camplications				
	Post discharge instructions					Salarit discharge summery			
<u></u>	Instructions provided								
	• • • • • •								
	Detum to normal activity								
	O immodiately Immunicately immunicate method								
	8 4 Den v								
	Peturn to work								
	O Amount Selection v								
	Deservees/olions								
	_ LowSit		Low protein	0	Chaberic det	🗌 Laguad dina			
	Post discharge treatment plan								
	Treatment plan provided								
	(e) 100 − 100								
	Fullow up consultation								
	Fullow up outstanding test results								
	Follow up investigations								
	Follow up chronic medicine review								
	General (conversion								
	Pean spech								
						takat distaga untuky			

Once the discharge summary is completed and submitted, the provider will be directed to the dashboard.

#### Dashboard

This step will provide a view of the completed discharge summary on the hospitalization page.

Clinical History	Consultation History	Prescription History		Benefits & Programmes	Hospitalisation			
Hospitalisation					2019/08/26-2023/08/26 🖌 🕂 New authoritation			
Active								
DESCRIPTION	AUTHORESITION NUMBER	ADMERON DATE	DISCHARGE DATE	STATUS	ACTIONS			
Essential (primary) hypertension	6326758	2022/08/26	2022/11/25	APPROVED	View			
Upcoming	oming Interest of the patient of the patient.							
History								
DESCRIPTION	AUTHORESATION NUMBER	ADMISSION DATE	DISCHARGE DATE	STATUS	ACTIONS			
Disorders of both mitral and aortic valves	25988638	2022/08/01	2022/08/04	APPROVED	View View Discharge			

Should the provider wish to add an addendum to provide more information or to edit information captured on the discharge summary page, they will be able to do so by selecting the View Discharge summary link. This addendum can only be added once. This option will also only be available for a 30-day period after the discharge summary was submitted.