

SERVICES THAT REQUIRE PRE AUTHORISATIONS/ PRE NOTIFICATION		
NO	SERVICE	EXAMPLE
1	Hospital admission	
2	Short Stay Admissions	
3	All Specialist Consultations (Written Referral from GP then approval)	
4	Specialized Lab Tests (not limited to only these examples)	<ul style="list-style-type: none"> • Liver Function Tests • All Electrolyte Tests • Renal Function Tests • Hormonal Tests • CD4 Count • Viral Load – Not Covered • Cardiac Enzyme • Lipid Profile • Clotting Profile • Tumour markers • DNA Tests • e.t.c
5	Procedures in doctors rooms	<ul style="list-style-type: none"> • All procedures
6	Specialized dentistry (not limited to only these examples)	<ul style="list-style-type: none"> • Braces • Root canals • Crowns • Bridges • E.t.c
7	Dental surgery	
8	Elective Surgical and Obstetrical procedures (not limited to only these examples)	<p>Such as:</p> <ul style="list-style-type: none"> • Caesarean Section etc. • Endoscopies (gastroscopy, colonoscopy etc.) • Hernia repair and other surgical procedures.

9	Specialized radiology (not limited to only these examples)	Such as: <ul style="list-style-type: none"> • MRI • CT scans • Mammogram • IVP • Etc.
10	Auxiliary services	<ul style="list-style-type: none"> • Physiotherapy • Psychotherapy • Diet sessions • Counselling sessions E.t.c
11	Confinements	Maternity
12	Appliances	<ul style="list-style-type: none"> • External i.e. hearing aids, Wheelchairs e.t.c • All internal appliances.
13	Personal Health assessment (Limited to the listed investigations)	Cholesterol, blood sugar, HIV rapid test, pap smear, PSA, TB screen, chest x-rays, urinalysis
14	Evacuations and Foreign country treatment (Referral from Specialist required)	<ul style="list-style-type: none"> • In country • Cross border
15	Ambulance services	
16	Optometry	<ul style="list-style-type: none"> • Lenses • frames
17	Subsequent injection in an Out-patient	

NOTE *** Preauthorization is not verbal; a written Referral/Motivation from the doctor and a pro-forma invoice where applicable then a written approval or response from MedHealth will follow*******

*******Always refer to Scheme Rules*******

*******For any queries call Toll-Free Line: 9797*******

LIST OF LABORATORY TESTS THAT DO NOT REQUIRE OBTAINING A PRE-AUTHORIZATION

1. BLOOD GROUP AND RHESUS
2. CELL MORPHOLOGY
(PERIPHERAL BLOOD FILM)
3. PERIPHERAL BLOOD SMEAR
FOR MALARIA PARASITES
4. FULL BLOOD COUNT &
DIFFERENTIAL
5. HAEMOGLOBIN
6. MALARIA ANTIGEN
7. PREGNANCY TEST
8. URINALYSIS (CHEMISTRY &
MICROSCOPY)
9. ROUTINE STOOL (STOOL
ANALYSIS)
10. ACID FAST BACILLI
11. C-REACTIVE PROTEIN
12. ERYTHROCYTE COUNT
13. ERYTHROCYTE
SEDIMENTATION. RATE (ESR)
14. GLUCOSE
15. HAEMATOCRIT
16. HIV RAPID TEST
17. LEUCOCYTE TOTAL AND
DIFEERENTIAL
18. OCCULT BLOOD
19. PLATELATE COUNT
20. RETICULOCYTE COUNT
21. SICKLE CELL TEST
22. SKIN SCRAPPING
23. PROTHROMBIN TIME (PT)
24. PARTIAL THROMBOPLASTIN
TIME (PTT)
25. INTERNATIONAL NORMALIZED
RATION (INR)
26. BLEEDDING TIME
27. WIDAL TEST
28. LACTIC ACID
29. H. PYLORI