



Family Practitioner **Network Guide 2020**



With **GEMS**
AFFORDABLE means **RICH** in benefits.

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Introduction

GEMS considers the Family Practitioner (FP) to be at the heart of the healthcare process and the Scheme appreciates the intensive work done by FPs to ensure that its members receive the healthcare they need. This guide has been created specifically to assist you in supporting GEMS members as it contains all the important information required to navigate our programmes and processes.

FPs occupy a unique and fundamental position as the overall coordinator of care for our members. It is well documented that low quality healthcare is increasing the burden of illness and healthcare costs globally. In order to improve patient healthcare outcomes, GEMS embraces all efforts to coordinate the care of its members.

Introducing Tanzanite One

GEMS is very excited to offer its members even more benefits in 2020. The Sapphire option has undergone a name change and from 1 January 2020 will be called **TANZANITE ONE**. In addition, **TANZANITE ONE** members will have access to enhanced benefits and private hospitals through the GEMS Hospital Network.



Tanzanite One Option

From **1 January 2020**
Sapphire will be known as
TANZANITE ONE.



Tariffs and fees

For 2020 family practitioner reimbursement, kindly refer to the tables below.

GEMS FP Network Tariffs and Fees:

Consultation Rates (Codes: 0190-0193)			
		Enhanced Fees	
	GEMS Network tariff fee	REPI ² Cat 1	REPI ² Cat 2
REO FPs	R405.90	R57.28	R26.00
Family Physicians	R521.40	R57.28	R26.00
	Level	Dispensing doctor tariff	Non-dispensing doctor tariff
Tanzanite One & Beryl FPs	Level 1	R407.90	R311.20
	Level 2	R392.20	R311.20
	Level 3	R357.70	R289.40

GEMS FP Non-Network Tariffs and Fees:

GEMS Beneficiary Consulting	GEMS Non-Network tariff fee	
REO	R374.80	
Tanzanite One & Beryl	Dispensing FP	Non-Dispensing FP
	R374.80	R374.80
Family Physicians	R387.60	

- The GEMS REO (Ruby, Emerald, Emerald Value and Onyx) FP Network reimbursement model for 2020 will continue to include an enhanced fee depending on the provider's REPI² category score.
- The Tanzanite One and Beryl FP Network reimbursement model for 2020 will continue to include an enhanced fee depending on the provider's REPI² category score.
- A performance report is distributed quarterly to keep network FPs up-to-date with their latest GEMS and REPI² categories as well as adherence performance.
- FPs can motivate to change their REPI² category on clinical grounds by sending an email to REOnetworkcontracting@gems.gov.za.

New in 2020

- Family Physicians will receive an enhanced fee for consultation codes 0190, 0191, 0192 and 0193.
- Family Physicians will still form part of the REPI² categorisation and enhanced remuneration programme.
- All practitioners will receive enhanced remuneration for screening and preventative services (see page 12-13 for applicable tariff codes).

In-Room procedures

GEMS has identified certain procedures which can safely be performed in the doctor's rooms without the need for hospital admission. We urge you to consider performing these procedures in your rooms if appropriate. Please ensure that your procedure rooms are accredited under the health and safety guidelines.

The following list of procedures are remunerated at 200% of Scheme rate if performed in the doctor's rooms. The rate is inclusive of equipment and/or instrumentation used for the procedures and it applies to all Scheme options. Please note that certain procedures are subject to pre-authorisation.

Code	Procedure	Pre-authorisation required
0244	Repair of nail bed (only for ingrown toenail)	No
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude (only for ingrown toenail)	No
0310	Radical excision of nailbed (only for ingrown toenail)	No
1018	Flexible nasopharyngolaryngoscopy examination	No
1587	Upper gastrointestinal endoscopy	Yes
1653	Total colonoscopy (including biopsy)	Yes
1656	Left-sided colonoscopy	Yes
1676	Flexible sigmoidoscopy (including rectum and anus)	No
1677	Sigmoidoscopy: First and subsequent, with or without biopsy	No
1679	Sigmoidoscopy with removal of polyps: First and subsequent	No
1681	Proctoscopy with removal of polyps: First time	No
1683	Proctoscopy with removal of polyps: Subsequent times	No
2207	Vasectomy	No
3045, 3047, 3050, 3051, 3052	Cataract surgery	Yes

Circumcision procedures can also be performed in the doctor's rooms and are subject to pre-authorisation, managed care protocols and processes, and the use of a GEMS Network FP. Circumcisions are limited to a global fee of R1 576 which includes all post-procedure care, consultations and medicine within a month of the procedure.

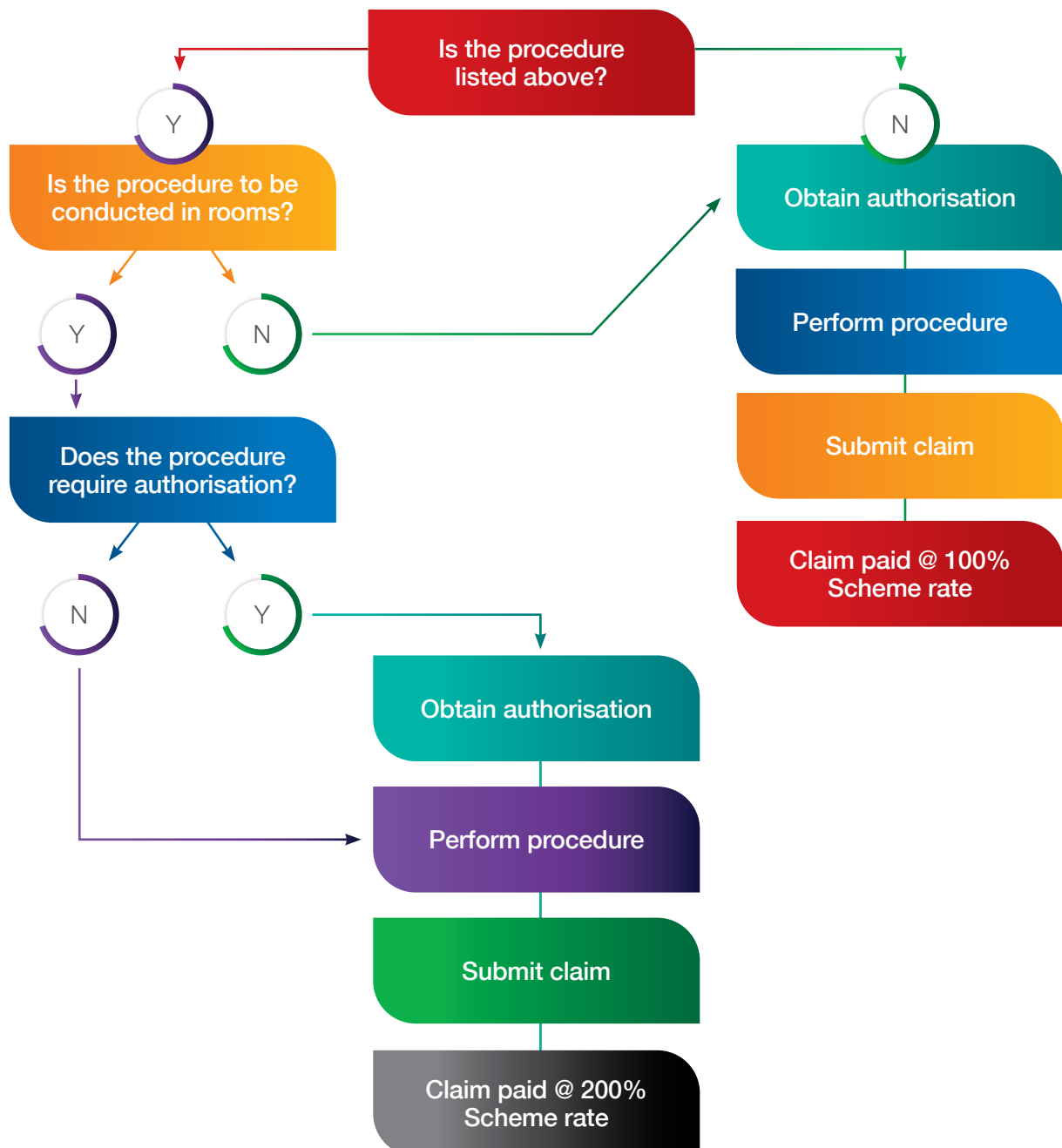
How to request authorisation

When requesting authorisation, please call 0860 00 4367 or send an email to Hospitalauths@gems.gov.za and supply the following information:

- Membership number
- Dependant number
- Treating provider practice number
- Clinical codes (ICD10 and relevant tariff codes)

Once approved, the authorisation number will be sent to both the member and the healthcare provider.

Simplified process for authorisation of doctor's room procedures



Procedure codes that can be charged in addition to a consultation code

GEMS tariff code	Procedure
0300	Stitching of a wound
0301	Stitching of an additional wound
0307	Excision and repair
0255	Drainage of subcutaneous abscess and avulsion of nail
0259	Removal of foreign body superficial to deep fascia
0887	Limb cast (including cost of POP and material)
1725	Drainage of external thrombosed pile

Procedure codes that can be charged in addition to a consultation code but subject to authorisation*

GEMS tariff code	Procedure
1186	Flow volume test: Inspiration/expiration
1188	Flow volume test: Inspiration/expiration/pre- and post-bronchodilator
1234	ECG bicycle
1235	ECG multistage treadmill
2713	Lumbar puncture

*Note that these codes will only be allowed for the diagnosis and management of approved chronic conditions for registered chronic members as part of the chronic condition benefit, subject to PMB treatment guidelines. Payment will be subject to the doctor submitting the results for these tests. Rates are available in the tariff file on the GEMS website at www.gems.gov.za.

Note: Only applicable to Tanzanite One and Beryl

Codes which are included in the consultation fee**

GEMS tariff code	Procedure
0145-1049	Modifiers
0017	Injections by practitioner
0199	Completion of chronic medicine forms by medical practitioners
0202	Setting sterile tray
0205	Intravenous infusions (patient under 3 years)
0206	Intravenous infusions (patient over 3 years)
0222	Intralesional injection into areas of pathology e.g. Keloid: Single
0223	Intralesional injection into areas of pathology e.g. Keloids: Multiple
0233	Biopsy without suturing: First lesion
0234	Biopsy without suturing: Subsequent lesions
0235	Biopsy without suturing: Maximum for multiple additional lesions
0145-1049	Modifiers
0017	Injections by practitioner
0199	Completion of chronic medicine forms by medical practitioners
0202	Setting sterile tray
0205	Intravenous infusions (patient under 3 years)
0206	Intravenous infusions (patient over 3 years)
0222	Intralesional injection into areas of pathology e.g. Keloid: Single
0223	Intralesional injection into areas of pathology e.g. Keloids: Multiple
0233	Biopsy without suturing: First lesion
0234	Biopsy without suturing: Subsequent lesions
0235	Biopsy without suturing: Maximum for multiple additional lesions
0241	Treatment of benign skin lesion by chemo-cryotherapy: First Lesion
0242	Treatment of benign skin lesion by chemo-cryotherapy: Subsequent lesions (each)
0243	Treatment of benign skin lesion by chemo-cryotherapy: Maximum for multiple additional lesions
0244	Repair nail bed
0245	Removal of benign lesion by curetting under local or general anaesthesia
0661	Aspiration of joint or intra-articular injection
0663	Multiple intra-articular injections for rheumatoid arthritis: First joint
0763	Muscle and tendon repair: Tendon or ligament injection
1063	Removal of foreign bodies from nose in rooms
1136	Nebulisation in rooms
1192	Peak Flow
1228	ECG: Without effort
1232	Electrocardiogram: Without effort
1233	Electrocardiogram: With and without effort
1996	Bladder catheterisation: Male (not at operation)
1997	Bladder catheterisation: Female (not at operation)
2442	Insertion of intra uterine contraceptive device (IUCD): Excluding cost of device
2565	Implantation hormone pellets
3275	Audiometry – tympanometry
3287	Spinal joint and ligament injection
4188	Urine dipstick, per stick (irrespective of the number of tests on stick)

**This list only refers to commonly used codes and is not exhaustive.

Note: Only applicable to Tanzanite One and Beryl

Incredible Scheme benefits for all GEMS options

All GEMS options include an out-of-hospital benefit to facilitate the efficient management of healthcare. Some of these benefits are highlighted in the table below. More detail is available [here](#).

Option	Radiology	Pathology	Out-of-Hospital benefits	Personal Medical Savings Account	Allied health services	Maternity	Acute & Chronic Medicine
Tanzanite One (Network option)	✓	✓	✓	✗	✓	✓	✓
Beryl	✓	✓	✓	✗	✓	✓	✓
Ruby	✓	✓	✓	✓	✓	✓	✓
Emerald Value (Network option)	✓	✓	✓	✗	✓	✓	✓
Emerald	✓	✓	✓	✗	✓	✓	✓
Onyx	✓	✓	✓	✗	✓	✓	✓



Important points to keep in mind:

Tanzanite One

- Unlimited FP consultations to nominated FPs within the GEMS FP Network.
- Members must nominate a FP and use the nominated FP for all their consultations.
- A 30% co-payment will apply on a claim from a non-nominated GEMS Network FP.
- Referral from a nominated FP is required for all specialist consultations.
- Voluntary admission to a non-network hospital will attract a R12 000 co-payment.

Ruby

- Members have a Personal Medical Savings Account (PMSA) and a block benefit to cover out-of-hospital benefits.

Emerald Value

- Consultations must be by nominated FPs within the GEMS FP Network.
- Members must nominate a FP and use the nominated FP for all their consultations.
- A 30% co-payment will apply on a claim from a non-nominated GEMS Network FP.
- Referral from a nominated FP is required for all specialist consultations.
- Voluntary admission to a non-network hospital will attract a R12 000 co-payment.

FP nomination

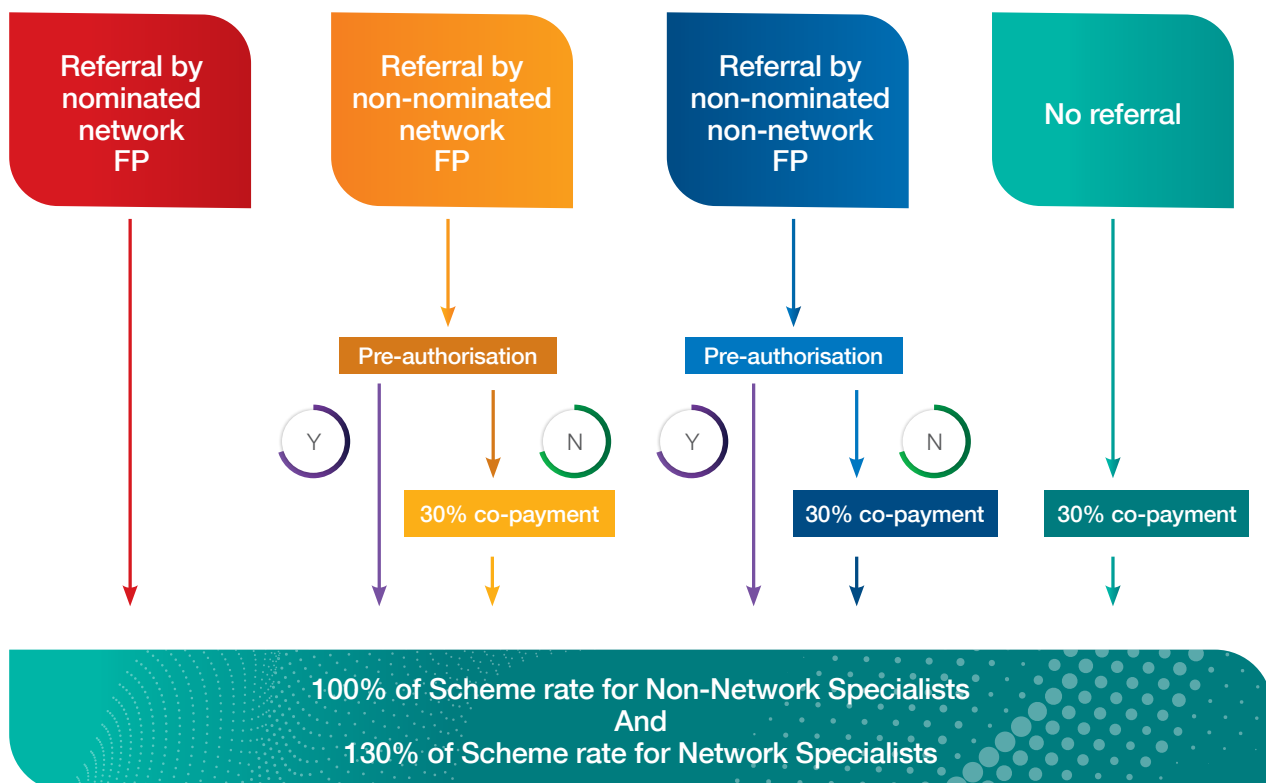
In 2020, it will be compulsory for all Tanzanite One and Emerald Value option beneficiaries to nominate their treating Network FP who will coordinate their care. Beneficiaries on other options (Ruby, Beryl, Emerald, and Onyx) are also encouraged to nominate their FP to coordinate their care.

Nominations can be made by contacting the GEMS call centre on 0860 00 4367.

Specialist referral

In order to avoid having to pre-authorise a specialist consult, and/or avoid a 30% co-payment, GEMS beneficiaries on the Tanzanite One and Emerald Value options require a referral from their nominated network FP. The referral practitioner's practice number (the nominated FP for Tanzanite One and Emerald Value options) needs to be stated on the claim of the specialist to avoid co-payments.

Guide to specialist referrals for Tanzanite One and Emerald Value options



How to find a GEMS network provider:

Members can access the list of FP and Specialist Network providers at:

- GEMS website: www.gems.gov.za
- GEMS Call Centre: 0860 00 4367
- Email: enquiries@gems.gov.za

The authorisation process

When is pre-authorisation required?

- Specialist referral by a non-nominated FP
- Certain doctor's room procedures
- Certain consultations and/or procedures (e.g. specialist consultations when referral is from a non-nominated/non-network FP)
- Hospital admissions
- Specialised radiology investigations (e.g. CT, MRI, angiogram, radio-isotope scans)

Mandatory details required for pre-authorisation:

- Membership number
- Patient's details
- Patient's beneficiary number
- Patient's date of birth in the format DDMMYYYY
- Provider's practice number
- Provider's practice type (e.g. 18 for a physician)
- Reason for authorisation
- Specialist referral: The number of months that you want the patient to visit the specialist (between 1 and 6, e.g. 3)
- Hospitalisation: Date of admission or event
- Diagnosis (ICD 10 codes)
- Proposed surgical, diagnostic procedure or specialised radiological intervention (CCSA, RPL codes)

An authorisation can be obtained by calling GEMS on 0860 436 777.

Below is a quick reference guide for specialist practice types requiring a specialist referral:

Specialist Type	Specialist Type Description	Specialist Type	Specialist Type Description
12	Dermatologist	30	Otorhinolaryngologist (ENT)
16	Gynaecologist (excluding maternity cases)	31	Rheumatologist
17	Pulmonologist	32	Paediatrician (excluding children under 2 years of age)
18	Physician	33	Cardiology paediatrician
19	Gastroenterologist	36	Plastic and reconstructive surgeon
20	Neurologist	42	Surgeon
21/33	Cardiologist and paediatric cardiologist	44	Cardiothoracic surgeon
24	Neurosurgeon	46	Urologist
28	Orthopaedic surgeon		

Possible responses to a pre-authorisation request

- **APPROVED:** Funded by Scheme according to scheme rates and PMB legislation
- **DECLINED:** NOT funded by Scheme for various reasons
- **PENDING:** Clinical information required to assess medical necessity and clinical appropriateness

Communication of the authorisation response will be sent to both the member and healthcare provider via telephone, fax, SMS, email or post.

The member or treating healthcare provider may appeal a funding decision but must be able to provide additional information and/or documentation to support an appeal.



Preventative care and screening services

All options have a preventative care and screening benefit which pays from risk. In order to ensure payment, please use the correct tariff code.

SCREENING SERVICES			
Procedure	Tariff code	Frequency	Eligible beneficiaries
Cholesterol screening	GP Code 4027	Twice per annum	20 years and older
Osteoporosis screening (bone densitometry scan)	50120, 3604	Once per annum	Females 65 years and older
Cytology Screening (Pap smears)	4566, 4559 FP Procedure code 0202 to be billed together with tariff 190-193	Once per annum	Females 12-65 years
HIV/AIDS pre-test counselling with no test	7016 (GP)	Twice per annum	All beneficiaries
HIV/AIDS (screening test, post-test counselling, confirmatory test and condoms)	7017 (GP)	Twice per annum	All beneficiaries
Mammography screening	39175 (Pr 39) 34100 (Pr 38,39) 3605 (Pr 14/15)	Once per annum	Females 40 years and older
Prostate screening (PSA)	4519	Once per annum	Males 45-69 years
Faecal occult blood test	4352	Once per annum	50-75 years
Glucose Screening	GP 4050 (Glucose strip-test with photometric reading)	Twice per annum	20 years and older
Glaucoma screening	11202 (Pr 70 & 71) 11212 (Pr 70 & 71) 3014 (Pr 26) 3017 (Pr 26) 3018 (Pr 26)	Once per annum	40 years and older
Neonatal hypothyroidism	4507	Single screening	Up to 28 days old

SCREENING SERVICES (cont.)			
Procedure	Tariff code	Frequency	Eligible beneficiaries
Childhood hearing screening	1010, 1011, 1115, 1100, 1105, 1200	Once per beneficiary	≥1 –7 years
Childhood hearing screening for infants	1505, 1010, 1011, 1580	Once per beneficiary	Birth – 1 year (excluding first x 3 months of life)
Childhood optometry screening	94000	Once per beneficiary	Birth – 7 years (excluding first x 3 months of life)
Syphilis screening	3951, 3949	Twice per beneficiary per annum	All beneficiaries
Chlamydia/ gonorrhoea screening	3946, 3948, 3923, 3925, 3960	Twice per beneficiary per annum	All beneficiaries
TB Screening	0221, 0201 (0201 with Nappi 872938-027 Tuberculin PPD RT/23 Vial 1.5 ml)	Twice per beneficiary per annum	All beneficiaries

VACCINATIONS			
Procedure	Tariff code	Frequency	Eligible beneficiaries
Influenza vaccination	732826 Influvac 813338 Vaxigrip 0017 GP modifier, to be charged together with a Nappi code if there was no consultation	Once per annum	All beneficiaries ≥6 months of age*
Pneumococcal vaccination	755826 Pneumovax 23 715858 Prevenar 13 pre-filled syringe 0.5ml FP Administration Code 0017	Once every 5 years	High risk beneficiaries: ≥65 years 2-64 years with a chronic registration / relevant hospital admission*
HPV vaccination (1 course = 3 doses)	710020 (Cervarix Pre-filled Syringe), 710249 (Gardasil Injection) GP administration code 0017	One course per beneficiary per lifetime	Females 9-14 years

Injections administered by practitioners: When desensitisation, intravenous, intramuscular or subcutaneous injections are administered by the practitioner him-/herself to patients who attend the consulting rooms, a first injection forms part of the consultation/visit and only all subsequent injections for the same condition should be charged at 7.50 consultative services units using modifier 0017 to reflect the amount (not chargeable together with a consultation item)

*Chronic heart disease, including congestive heart failure and cardiomyopathies; Chronic lung disease, including chronic obstructive pulmonary disease, emphysema and asthma (smokers with chronic lung disease secondary to smoking); Diabetes mellitus; Cerebrospinal fluid leaks; Cochlear implant(s); Alcoholism; Chronic liver disease; Congenital or acquired immunodeficiencies (includes B- (humoral) or T-lymphocyte deficiency, complement deficiencies), and phagocytic disorders (excluding chronic granulomatous disease); HIV infection; Chronic renal failure or nephrotic syndrome; Leukaemia or lymphoma; Hodgkin disease; Generalised malignancy; Iatrogenic immunosuppression (diseases requiring treatment with immunosuppressive drugs, including long-term systemic corticosteroids and radiation therapy); Solid organ transplant; Multiple myeloma

Prescribed Minimum Benefits

Prescribed Minimum Benefits (PMBs) are minimum benefits that GEMS provides for in accordance with the Medical Schemes Act.

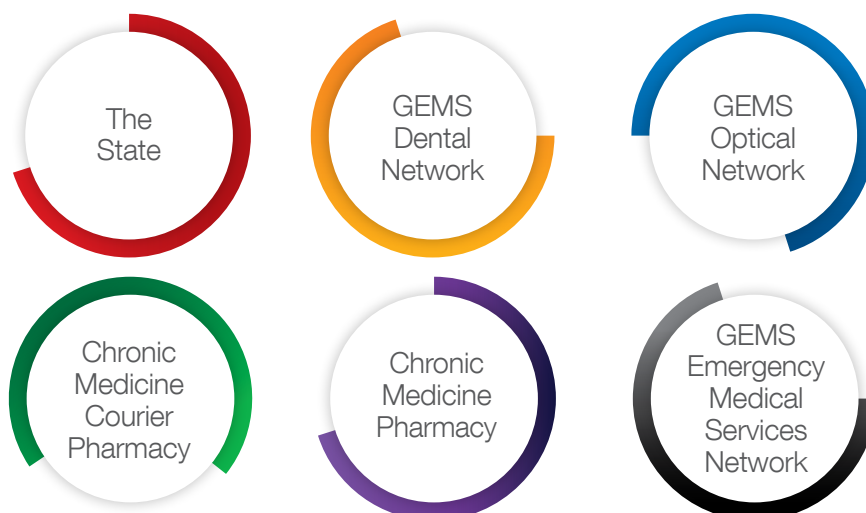
GEMS offers these benefits for all members for the diagnosis, treatment and care of the specified medical conditions, including:

- A list of 270 medical conditions;
- Any emergency medical conditions;
- 26 chronic conditions that can be found on the Chronic Disease List (CDL);
- The complete lists are available at www.medicalschemes.com

Designated Service Provider (DSP)

A DSP is a healthcare provider or group of providers who have been selected by and have a contract with GEMS to provide members with the diagnosis, treatment and care in respect of medical conditions, including PMB conditions according to an agreed fee schedule.

GEMS has contracted with healthcare providers or groups of providers to provide healthcare services to members. Although all GEMS members may access care from private providers for PMB services, the level of care and services funded as PMB are determined by that provided in State. The GEMS DSPs for out-of-hospital services are:



Claims for any member voluntarily making use of a non-DSP will be funded at Scheme rates only. Network providers will be funded at network rates. Should a member make use of a non-DSP involuntarily, as in the case of an [emergency](#) or where the service is not available or accessible at a DSP, the claim will be funded at cost. These rules also apply for all anaesthetist claims.

PMB conditions

GEMS will fund the diagnosis, treatment and care of a number of chronic conditions as PMBs. All options enjoy funding for 26 PMB conditions and additional conditions are included depending on the option selected.

Out-of-hospital PMBs are managed in the form of treatment plans or baskets of care which are valid for a benefit year (1 Jan - 31 Dec). Treatment plans outline the annual number and type of consultations, pathology and radiology per condition. Members access these benefits by completing and submitting the [PMB request form](#) or when a chronic medicine authorisation is generated.

If a member is registered for more than one chronic condition, the various care plans will be merged and the member will be authorised for the maximum of the highest number of treatments in the plan for each service and not an accumulative quantity.

It is also important that the correct ICD10 codes are submitted on all claims to ensure correct payment. Once the treatment plan has been loaded, the applicable claims will be paid from the relevant day-to-day benefits. Should these also become depleted, claims will be paid from risk according to the authorisation given.

If a member has an active waiting period imposed by the underwriters and no PMB eligibility, the claims/requests will be declined.

- ✓ The Care Plans are communicated at the start of a benefit year, and thereafter in May, August and October should there have been any additions or changes to the plan.
- ✓ The [PMB request form](#) is available on the GEMS website and telephonically on 0860 00 4367 via client services.
- ✓ The treating doctor and patient must complete the relevant information and sign the form before submitting.
- ✓ Application forms should be submitted to enquiries@gems.gov.za.
- ✓ FPs may contact 0860 436 777 to request a copy of the Care Plan.

Although all GEMS member patients may access care from private providers for PMB services, the availability of the procedure or service at a state hospital informs the funding decision in terms of the rate of pay for PMB cases for providers associated with in-hospital events.

PMB Retrospective Review Process

There is a claims query process in place to retrospectively review unpaid/short paid claims for possible PMB eligibility.

The review process takes the following into account:

- Is the ICD10 code a PMB?
- Is the event an [emergency](#)?
- Is the provider on the network?
- Is the service PMB level of care?
- Is a DSP accessible?

The outcome of the review process will be any of the following:

Decision	Payment Outcome
PMB at cost declined	100% Scheme rate with reason
PMB at cost approved	Up to 300% Scheme rate
PMB at cost approved	If billed amount > 300%, negotiate final rate

The process outlined above has been extensively reviewed and is continuously monitored to ensure that feedback is provided as soon as possible.

Healthcare providers may appeal the decision if PMB at cost is declined. This follows a defined process which includes obtaining additional information, internal committee review and external consultant review if necessary. All escalations and/or appeals should be submitted to enquiries@gems.gov.za



Acute Medicine

All benefit options have an acute medicine benefit. Acute medicine can be obtained from a dispensing FP or a Pharmacy when prescribed by a non-dispensing FP. Acute medication, dispensed by the GEMS Tanzanite One and Beryl FPs, is included in the consultation fee. Their dispensing status and dispensing license number must be indicated on the applicable contract annexure.

Non-dispensing network FPs are not licensed to dispense medication but can prescribe acute medication from the GEMS acute formulary. For Tanzanite One and Beryl, prescribed acute medicine should be obtained from GEMS DSP Network pharmacies, subject to Scheme rules.

Chronic Medicine

Chronic medicine benefits are managed using the following tools:

- ✓ Clinical and reimbursement guidelines
- ✓ PMB medicine formularies
- ✓ Medicine Price List (MPL)

New registration and updates

- ✓ Members, doctors and pharmacists can contact the Chronic Authorisation Department to register new applications or update existing authorisations. Alternatively, they may obtain the chronic application form on the GEMS website by clicking [here](#) or request it telephonically by calling 0860 00 4367.
- ✓ When calling, the membership details will be required, as well as a valid prescription with the diagnosis or ICD-10 code.
- ✓ Alternatively, both the treating doctor and patient must complete the relevant information on the chronic application form and sign it before submitting.
- ✓ The chronic application form or valid prescription may be submitted to chronicdsp@gems.gov.za.
- ✓ Please note that underwriting will apply (e.g. General and condition-specific waiting periods).
- ✓ Healthcare providers may contact the Chronic Authorisation Department on 0860 436 777, and members may call 0860 00 4367.

Co-Payments

Co-payments are incurred when members use non-formulary drugs or medicine that is charged above the MPL reference price.

In order to contain the escalating costs of medicines, GEMS uses the MPL to determine the maximum price the Scheme will pay for those medicines with the same active ingredient based on the availability of generic equivalents on the market. The fundamental principle of the MPL is that it does not restrict a member's choice of medicines, but instead limits the amount that will be paid should a member choose a medicine above the MPL. MPL reference prices are carefully determined so as to ensure adequate availability of generic equivalents within the price limit, without co-payments being necessary.

As a FP, you can assist members to avoid undesirable co-payments by ensuring that all scripted items are within the Acute/Chronic Formularies. In addition claims submitted from a non-DSP Pharmacy will also attract a 30% co-payment.

Co-payments on chronic medicine can be avoided by doing the following:

- ✓ To avoid a 30% non-DSP co-payment, patients must ensure that they claim their chronic medicine from an allocated DSP that forms part of the GEMS Pharmacy Network.
 - To confirm or change an allocated Network Pharmacy, a person may contact GEMS on 0860 00 4367 and then follow the prompts below:
 - Press '4' for Pre-authorisations and select your preferred language;
 - Press '3' and '2' as these selections are a shortcut to get help selecting a Network pharmacy or with other general chronic medicine queries.
- ✓ To avoid a 30% out-of-formulary co-payment, the FP must prescribe medicines listed on the [GEMS formulary](#).
- ✓ To avoid generic co-payments on medicines, patients should speak to their pharmacist about generic medicines and medicines within the GEMS MPL.

Acute and Chronic Medicine Formularies

- ✓ Formularies are available to members and healthcare providers on the GEMS website. Healthcare providers may access the most recent formularies via this [link](#).
- ✓ Formularies are reviewed and updated throughout the year.



Value add programmes

Chronic Back and Neck Rehabilitation Programme

GEMS has established a Chronic Back and Neck Rehabilitation (CBNR) programme which provides GEMS beneficiaries with appropriate treatment to manage their back and neck pain. Positive outcomes of this non-surgical programme include improved flexibility, restoring functionality, reducing pain and a decrease or delay in the need for surgery, which leads to a more productive life.

The focus of the CBNR programme is on back and neck rehabilitation with the major components being controlled exercises, biopsychosocial support and pain education. The FP located in the centres is the coordinator of the spinal care and he/she is supported by a multidisciplinary team (including a physiotherapist and/or biokineticist and/or occupational therapist). Clinical measurements are taken and recorded and these are used to evaluate the progress of treatment over time.

The cost of the programme is paid from a separate CBNR benefit and so there is no financial impact on day-to-day benefits or savings.

Should your GEMS patient require a referral to a CBNR network facility, kindly send an email to enquiries@gems.gov.za. For an updated CBNR network list click [here](#) or call the GEMS Call Centre on 0860 436 777.

FP-Upskilling

As from 2020, GEMS will introduce an online FP-upskilling programme. Details will be communicated once this is up and running.

Useful resources

SERVICE	PURPOSE	TELEPHONE	EMAIL ADDRESS/LINKS FOR QUERIES
GEMS contact centre	General queries related to GEMS	0860 436 777	enquiries@gems.gov.za
GEMS website	View GEMS products and services	-	www.gems.gov.za
GEMS tariff file, formularies and forms	To view GEMS tariff file, formularies and forms	-	www.gems.gov.za, select Healthcare Providers > Tools > Select either Tariff file, ICD10 Codes or Forms from the menu.
GEMS network contract management and provider liaison consultants	Contracting queries, REPI ² categorisation queries or provider liaison consultant assistance	-	REO: REOnetworkcontracting@gems.gov.za TANZANITE ONE - BERYL: networkscontracting@gems.gov.za Alternative: networkscontracting@gems.gov.za
Chronic medicine management – new registrations and updates	Chronic registrations	0860 436 777	chronicdsp@gems.gov.za
Chronic medicine authorisation queries	Queries related to the authorisation of chronic medicines	0860 436 777	chronicauths@gems.gov.za
Fraud Hotline	Fraud-related matters	0800 212 202	gems@thehotline.co.za office@thehotline.co.za
Hospital pre-authorisation	All hospital pre-authorisations for non-emergency events	0860 436 777	hospitalauths@gems.gov.za
Submission of claims	Submissions of claims for GEMS beneficiaries	0860 436 777	enquiries@gems.gov.za
Queries of claims	Queries relating to a claim for GEMS beneficiary	0860 436 777	enquiries@gems.gov.za
Oncology services	Oncology-related queries	0860 436 777	oncologyauths@gems.gov.za
Ambulatory PMB	Ambulatory PMB queries	0860 436 777	enquiries@gems.gov.za
HIV/Aids management	HIV/AIDS related queries	0860 436 736	hiv@gems.gov.za

Contact details



GEMS Contact Centre

0860 436 777 for provider queries

0860 00 4367 for member queries



Fax

0861 00 4367



Web

www.gems.gov.za



Email

enquiries@gems.gov.za



Postal address

GEMS, Private Bag

X782, Cape Town, 8000



GEMS Emergency Services

0800 444 367



GEMS Fraud hotline

0800 212 202

gems@thehotline.co.za



The digital membership card is available on the GEMS Member app and is convenient for members and their beneficiaries. Make use of the multi-function GEMS Member app to interact with the Scheme at home or on the go to make your life easier. Use the QR code to download the GEMS Member App.