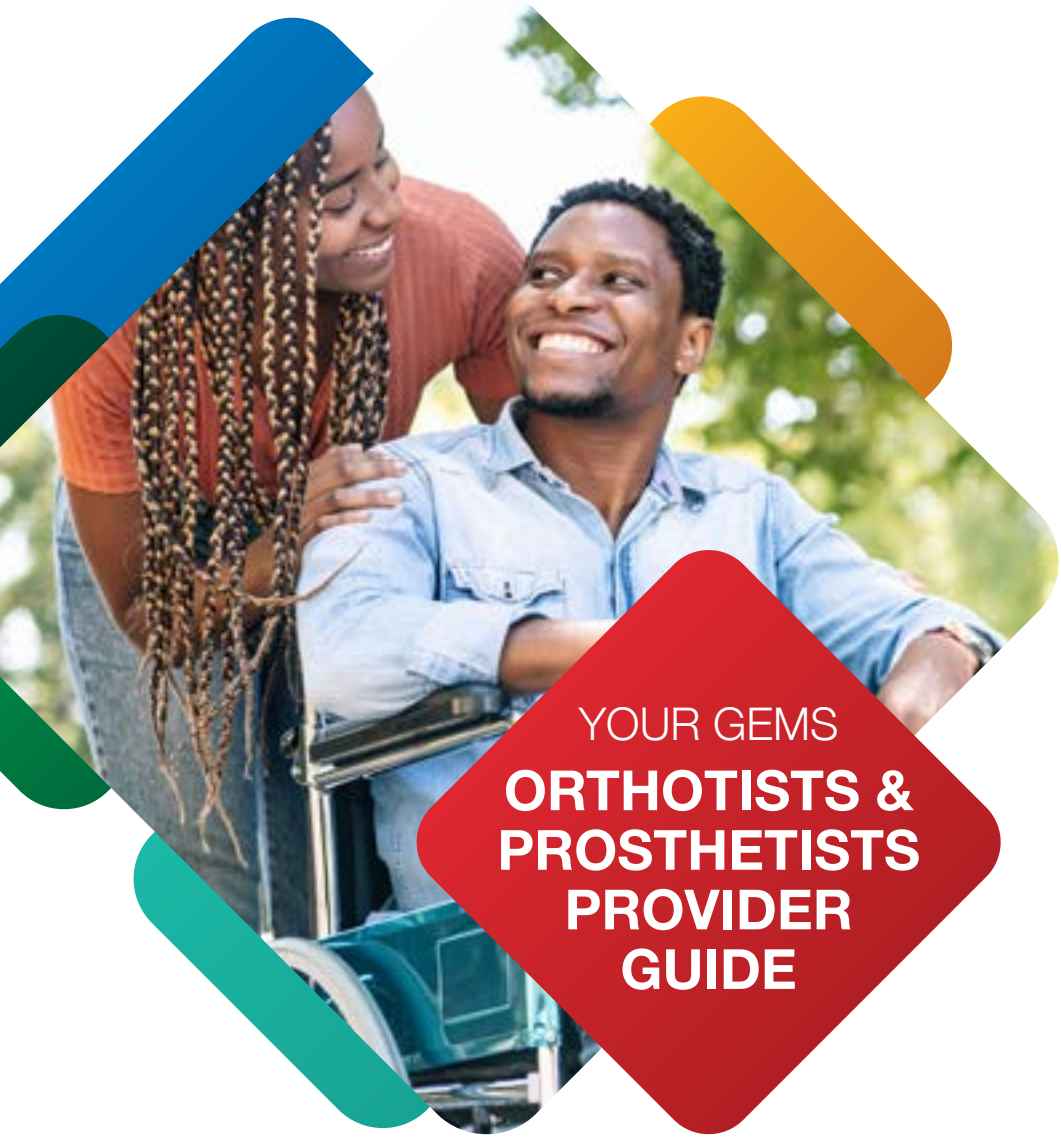
DISCOVER THE
BRILLIANCE
OF GEMS

gems
Government Employees
Medical Scheme



YOUR GEMS

ORTHOTISTS & PROSTHETISTS PROVIDER GUIDE

Introduction

GEMS is delighted to introduce a new Provider Guide aimed specifically to explain the orthotic and appliance benefits available.

The Scheme has designed its prosthetics and medical appliances benefit in such a way as to ensure that all beneficiaries have access to cost-effective, quality medical devices, appliances, orthotics and prosthestics and associated professional services irrespective of their benefit option.

This guide offers more information on how medical appliances and prosthetics are covered as well as the processes to be followed to ensure that claims are covered without unnecessary co-payments by GEMS members.

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What's new in 2023?

Ankle and shoe inserts

GEMS has approved the addition of ankle and shoe inserts to the foot orthotics and prosthetics sub-limit. In 2023, this sub-limit will be R1 601. This change is applicable to all options.

Knee and back braces

For 2023, GEMS has also approved a sub-limit for knee and back braces. These will be one back brace and one knee brace per beneficiary per annum up to the value of R3 180 each.

Coding of prosthetics and appliances

GEMS now makes exclusive use of NAPPI coding for prosthetics and appliances. This means that as of 1 April 2023, GEMS no longer accepts SAOPA codes and providers are requested to state only the NAPPI codes on all authorisation requests sent to GEMS.

GEMS Medical Appliance Benefit

Two broad categories of medical appliances

The devices and appliances that are covered by GEMS are divided into two broad categories: those for which no pre-authorisation is required, and those for which pre-authorisation must be obtained from GEMS. There are also certain devices and appliances that are specifically excluded in the Scheme rules, and are, therefore, not covered by GEMS.

Pre-approved list of medical appliances – no pre-authorisation required

When prescribing an appliance for GEMS patients, service providers can choose from a wide variety of medical appliances without any need for pre-authorisation from GEMS. The medical appliance list can be viewed by clicking here.

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Medical appliances that require pre-authorisation

If the required appliance is not on the pre-approved list, it means that it will have to be pre-authorised. The reason for this is that GEMS wishes to assist members to avoid unforeseen co-payments, specifically where benefit sub-limits apply.

The following categories of appliances require pre-authorisation from GEMS:

- Braces (knee and back)
- Hearing devices
- Nebulisers
- Orthotic shoes
- Oxygen concentrators
- Prosthetics
- Sleep apnea devices
- Specialised beds
- Wheelchairs

How to obtain pre-authorisation for medical appliances

The provider should submit the following to GEMS, either via email to enquiries@gems.gov.za or via fax to 0861 004 367:

- A prescription or letter with clinical information; and
- A quotation from a registered provider (a provider with a practice number) that includes a description of the device or appliance, the NAPPI code, the quantity requested, and the price.

IMPORTANT

- Please ensure that the membership number appears on all the relevant documents and in the subject line of the email (if applicable).
- Always obtain pre-authorisation before making custom prostheses.

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How appliances are covered by GEMS

Cover is dependent on the Scheme option, and it is important to remember that certain general exclusions and restrictions (except in the case of PMB) may apply.

Benefits available for medical and surgical appliances and prostheses

OPTION	PROSTHESIS BENEFIT LIMIT	APPLIANCES SUBLIMIT
Tanzanite One	R33 831	R7 962
Beryl	R39 825	R13 274
Ruby	R51 010	R19 903
Emerald Value	R51 010	R19 903
Emerald	R51 010	R19 903
Onyx	R68 906	R23 036

Please read more about the cover for appliances in the Scheme Rules here.

Ex-gratia process

In clinically appropriate cases, members or providers may apply to GEMS for ex-gratia consideration should the applicable benefit be depleted or insufficient. Providers may request application forms by calling 0860 00 4367 or emailing enquiries@gems.gov.za. In addition, members can request an application form at any of the GEMS walk-in centres. Ex-Gratia Committee meetings are held at least every 8 weeks. It must be noted, however, that ex-gratia funding is a concession exercised at the sole discretion of the Ex-Gratia Committee, and not a benefit to which members are entitled.

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How to facilitate claims payment

Verification of benefits

- First verify membership details and confirm the identity of the patient.
- Always ensure that available benefit codes and tariff values are verified with the Scheme. The Scheme will not be held responsible for payment of services excluded in terms of either the Scheme Rules or managed care protocols. Members will be liable for claims incurred for benefits not included in the benefit schedule.
- Benefit confirmation via pre-authorisation is required if the appliance is not included on the appliance list.

Information required on claims

- Main member details such as membership number, option, name and contact details;
- Patient details, including date of birth, name and/or identity number;
- Provider details, including a valid Board of Healthcare Funders practice number, name and contact details;
- Diagnosis and summary of services rendered and items dispensed to patient;
- Relevant tariff codes and
- Associated costs

Please note that clinical information and codes should reflect corresponding service dates, and details of codes used. If these details are incomplete, the claim will be rejected.

TIP: Practitioners should request suppliers not on the NAPPI list to register with MediKredit to facilitate acceptance of claims. MediKredit can be contacted via email or phone:

Email: productfile.nappi@medikredit.co.za
Tel No: 011 770 6000

Further information can be found on the MediKredit website:
https://www.medikredit.co.za/products-and-services/nappi/nappi-forms/

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Additional information to consider

Annual review of the benefit design

GEMS has a well-established process through which all funding guidelines, member benefits and provider remuneration is fully reviewed on an annual basis. This includes changes made to benefits and sub-limits, funding cycles and the funding of new technology. Input from many stakeholders is considered and GEMS welcomes suggestions from representative societies and providers alike. All input must be received by the end of the first quarter of each year and is then considered within the overall project.

Chronic Back and Neck Rehabilitation programme

In cases where orthoses or prostheses for spinal pathology are clinically indicated or being considered, please remember that GEMS has established a Chronic Back and Neck Rehabilitation (CBNR) Programme that could be explored as a complementary option for treatment.

This programme provides GEMS beneficiaries with appropriate treatment to manage their chronic 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 at some centres is the coordinator of 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 revaluate the progress of treatment over time. The cost of the programme is paid from a separate CBNR benefit 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.

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What is Fraud, Waste and Abuse?

Fraud, Waste and Abuse (FWA) is recognised as a major challenge for healthcare systems, globally and in South Africa.

Fraud

Fraud refers to intentional deception by misrepresentation or by supplying false information with the knowledge that the deception could lead to payment or other benefit where no entitlement to such would otherwise exist. These acts may be committed either for one's own benefit or for the benefit of a third party.

Waste

Waste refers to the extra costs incurred when healthcare services are unnecessarily overused, or when bills for services are prepared incorrectly. Unlike fraud, waste is usually caused by mistake rather than illegal or intentionally wrongful actions.

Abuse

Abuse occurs when practices are inconsistent with sound fiscal, business or medical practice, and such inconsistencies result in an unnecessary cost to a medical scheme, or in reimbursement for services that are not medically necessary.

The primary difference between fraud, waste, and abuse is intention.

Why is FWA so easy?

The high complexity of the health sector opens up the whole system to abuse and waste – whether done intentionally or not.

Highly complex tariff structures and rules	Millions of claim lines	Almost 40 000 active providers	Over 67 000 diagnosis codes and 87 000 procedure codes

The points above allow for loopholes to be exploited and advantage is taken by a select few individuals (providers as well as members) - defrauding (or abusing) medical schemes of billions of Rands.

This has both direct (benefit paid out but not due), and indirect costs associated with it, usually impacting the member more significantly than anyone else.

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GEMS claims overview

- The Audi Alteram Partem (let the other side be heard) Principle is applied. This allows providers the opportunity to respond to or give an explanation related to findings of potentially irregular claims.
- Letters specifying anomalies identified in a specific practice are drafted and forwarded to providers. Providers are then given 7 to 14 days to respond to the requests noted in the letters. The time given depends on the nature and complexity of the requests. These requests may be simple, such as the confirmation of practice details, locums or number of GEMS members treated. Alternatively, information that is more detailed may be required. Detailed requests may include requests for the explanation of use of certain codes or even evidence of services rendered.
- GEMS may arrange engagements with a provider at their request and/or when the provider's responses to the anomaly findings are not clear enough to conclude an audit
- GEMS will then compile a report containing responses and evidence supplied by providers. The report is then presented and discussed at a monthly FWA sub-forum at which decisions are made on recommended sanctions and/or recovery of irregular claims.
- GEMS supports the regulatory body's processes and unprofessional conduct is always reported to them.

Associated / indirect costs related to FWA

The direct cost of FWA to the Scheme is the benefit paid out when it was not due to the provider.

Financial drain on a medical scheme	To implement systems, hire a team of professionals and to appoint an administrator to identify, prevent and fight FWA - these costs are significant.
Significant legal costs	In order to pursue a criminal matter and to obtain a verdict of fraud against providers.
Removal of some benefits	As contributions become more costly to members, it is more likely that there will be cutbacks/ exclusions in the benefit of members (e.g. the removal of certain non-essential services) to help curtail expenditure/ costs.

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Contact details

gems
Government Employees Medical Scheme

Monday – Friday: 08h00 – 17h00
Saturday: 08h00 – 12h00
Closed on Sundays and public holidays

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

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

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