

FAMILY PRACTITIONER GUIDE

**GEMS considers the
Family Practitioner (FP)
to be at the heart of the
healthcare process.**

DISCOVER THE
BRILLIANCE
OF **GEMS**

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Introduction

GEMS appreciates the intensive work done by FPs to ensure that its members receive the quality healthcare they need.

It is well documented that fragmented, low-quality healthcare is increasing the burden of disease and healthcare costs globally. To improve members' healthcare outcomes, GEMS embraces all efforts to coordinate the care of its members. The Scheme recognises that as a Network FP, you occupy an invaluable and fundamental position as the overall coordinator of care for members.

This guide has been created to assist you in supporting GEMS members. It contains all the important information required to treat GEMS members effectively and navigate our benefits, tariffs, programmes and processes.

We look forward to partnering with you in 2025.



Tariffs and Fees

For 2025 Family Practitioner reimbursement, kindly refer to the tables below:

GEMS FP Network Tariffs and Fees:

Consultation Rates (Codes: 0190-0193)			
		Enhanced Fees (these fees are automatically added when a consultation claim is processed)	
	GEMS Network tariff fee	REPI ² Cat ¹	REPI ² Cat ²
REO FPs	R 516.80	R 73.00	R 33.05
Family Physicians	R 670.40	R 73.00	R 33.05
	Level	Dispensing doctor tariff	Non-dispensing doctor tariff
Tanzanite One and Beryl FPs	Level 1	R 507.00	R 396.20
	Level 2	R 489.00	R 396.20
	Level 3	R 446.90	R 368.60

GEMS FP Non-Network Tariffs and Fees:

GEMS Beneficiary Consulting	GEMS Non-Network Tariff Fee
REO	R 464.30
Family Physicians	R 484.80

- The GEMS REO (Ruby, Emerald, Emerald Value and Onyx) and T1B (Tanzanite One and Beryl) FP Network reimbursement models for 2025 will continue to include an enhanced fee based on the provider's REPI² category score.
- The enhanced fee will automatically be added when the practice is reimbursed for consultations.
- A performance report is distributed quarterly to keep Network FPs up to date with the latest information about the GEMS REPI² categories and their adherence performance.
- FPs and Family Physicians can motivate to upgrade their REPI² category on clinical grounds, by sending an email to REPIcorrespondence@medscheme.co.za. Reviews are considered within 10 working days and then operationalised.
- It is important that FPs adhere to their contractual undertaking to bill according to the agreed GEMS rates, so that members do not incur unexpected co-payments.

What's New in 2025?

A Gentle Reminder: The GEMS Hospital Network

Members on the Tanzanite One and EVO options must make use of the GEMS Hospital Network for hospital admission. Voluntary use of a non-network hospital will result in a co-payment of R15 000. To view and download the GEMS Hospital Network list, please access the GEMS website.

Continuous Glucose Monitors (CGM) and Insulin Pumps

In 2025 GEMS will fund one CGM/Insulin Pump (and consumables) subject to clinical protocols and available benefits every five (5) years for beneficiaries with Type 1 Diabetes who are under the age of 19.

Primary health care consultations: Tanzanite One and Beryl

From 2025 pre-authorisation is required for the sixteenth and subsequent Family Practitioner or Nursing practitioner consultations for both nominated and non-nominated network FPs per beneficiary per annum.

A Gentle Reminder: Access to a Medical Advisor

GEMS understands that there may be times when you would like to discuss your patient's treatment and authorisation with a Medical Advisor. Please see page 16 for full details on the various ways to easily schedule this important conversation.

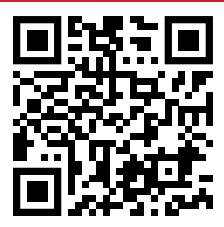


GEMS Practitioner App and Portal

GEMS has enhanced the Practitioner App and Portal. The platforms are more user-friendly and provide a personalised improved user functionality and experience.

The highlights include:

- A seamless on-boarding experience that includes user guides and descriptions of the Practitioner App and Portal features
- Quick access to membership and benefits confirmation
- Claims submissions and access to the GEMS Tariff files
- A convenient ICD-10 code search functionality
- A document upload section
- Practice profile update requests
- Provider Frequently Asked Questions (FAQs)



Have you downloaded our App yet?

Download the mobile Practitioner App or register on the Practitioner Portal and experience the BRILLIANT features from the comfort of your home, or on the go, to make your life easier!



Please ensure that all your practice information, including contact details, are updated with the BHF so that you are able to receive the OTP during registration.

GEMS Health Practitioner Summits

GEMS has the pleasure of requesting your participation in strategic and meaningful conversations with the Scheme. As a Healthcare Professional, you are an important stakeholder for the Scheme. GEMS would therefore like to develop and strengthen relationships with you through these conversations.

The following topics will be covered at the GEMS Summits:

- GEMS into the future
- Network-related matters
- Claims payments
- Fraud, waste, and abuse

Please look out for an invitation to these events to be hosted in 2025 in the following provinces:

- 08 February - Gauteng
- 07 June - Mpumalanga
- 16 August - Northern Cape
- 11 October - North West

Benefits for GEMS Options

All GEMS options include an out-of-hospital benefit to facilitate the efficient management of healthcare services for members without requiring hospitalisation. Some of these benefits are highlighted in the table below. More details are available at www.gems.gov.za.

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

- Members must nominate a Family Practitioner and use the nominated FP for all their consultations.
- Unlimited FP consultations are allowed for members visiting a nominated FP within the GEMS FP Network.
- Consultations with a FP other than nominated network FPs are limited to three (3) visits per beneficiary per annum. A 30% co-payment will apply to all additional claims 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 R15 000 co-payment.
- The out-of-hospital FP and nurse consultations are subject to pre-authorisation from the sixteenth and subsequent consultations per beneficiary per annum.



Ruby

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

Beryl

- Beryl members have unlimited consultations with network FPs.
- Consultations with a non-network FP are limited to three (3) visits per family, subject to limits. A 30% co-payment will apply once these have been depleted.



Emerald Value

- Members must nominate an FP and use the nominated FP for all their consultations.
- Consultations must be with nominated FPs within the GEMS FP Network.
- 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 R15 000 co-payment.

Family Practitioner Nomination

GEMS is truly committed to the coordination of care and recognises the key role of the FP in this regard. For this reason, we have made it compulsory for all

beneficiaries on the Tanzanite One and Emerald Value Options to nominate a treating Network FP who will coordinate care for the beneficiaries.

Family Practitioner Authorisation Process

Members on the Tanzanite One and Beryl options are required to obtain a pre-authorisation when visiting a Family Practitioner (FP) or Nurse for a sixteenth consultation and all subsequent visits.

Please note that the pre-authorisation obtained for the 16th consultation is valid for one visit only. All

subsequent visits to your FP or Nurse will each require a separate pre-authorisation.

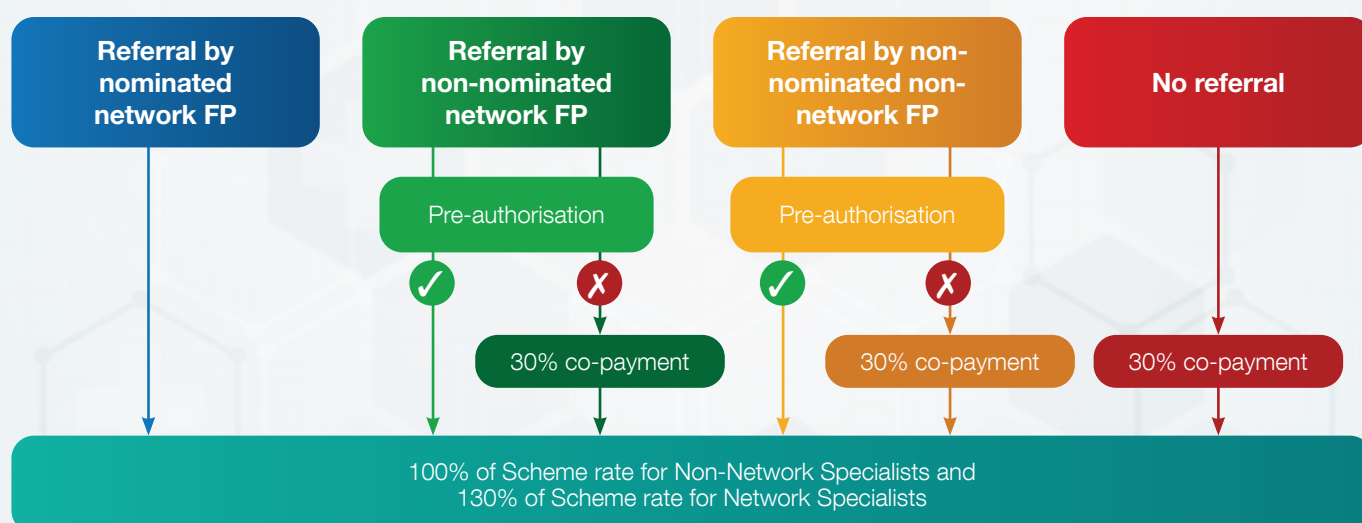
Should a member not obtain an authorisation, the claim for the FP will be declined, subject to authorisation. An authorisation can be obtained by calling our GEMS Network Call Centre on 086 043 6777.

Specialist Referral and Authorisation

To avoid having to pre-authorise a specialist consult, and/or avoid a 30% co-payment, beneficiaries on the Tanzanite One and Emerald Value options require a referral from their nominated Network FP. The referring

practitioner's practice number (the nominated FP for Tanzanite One and Emerald Value options) needs to be stated on the specialist's claim to avoid the member incurring a co-payment.

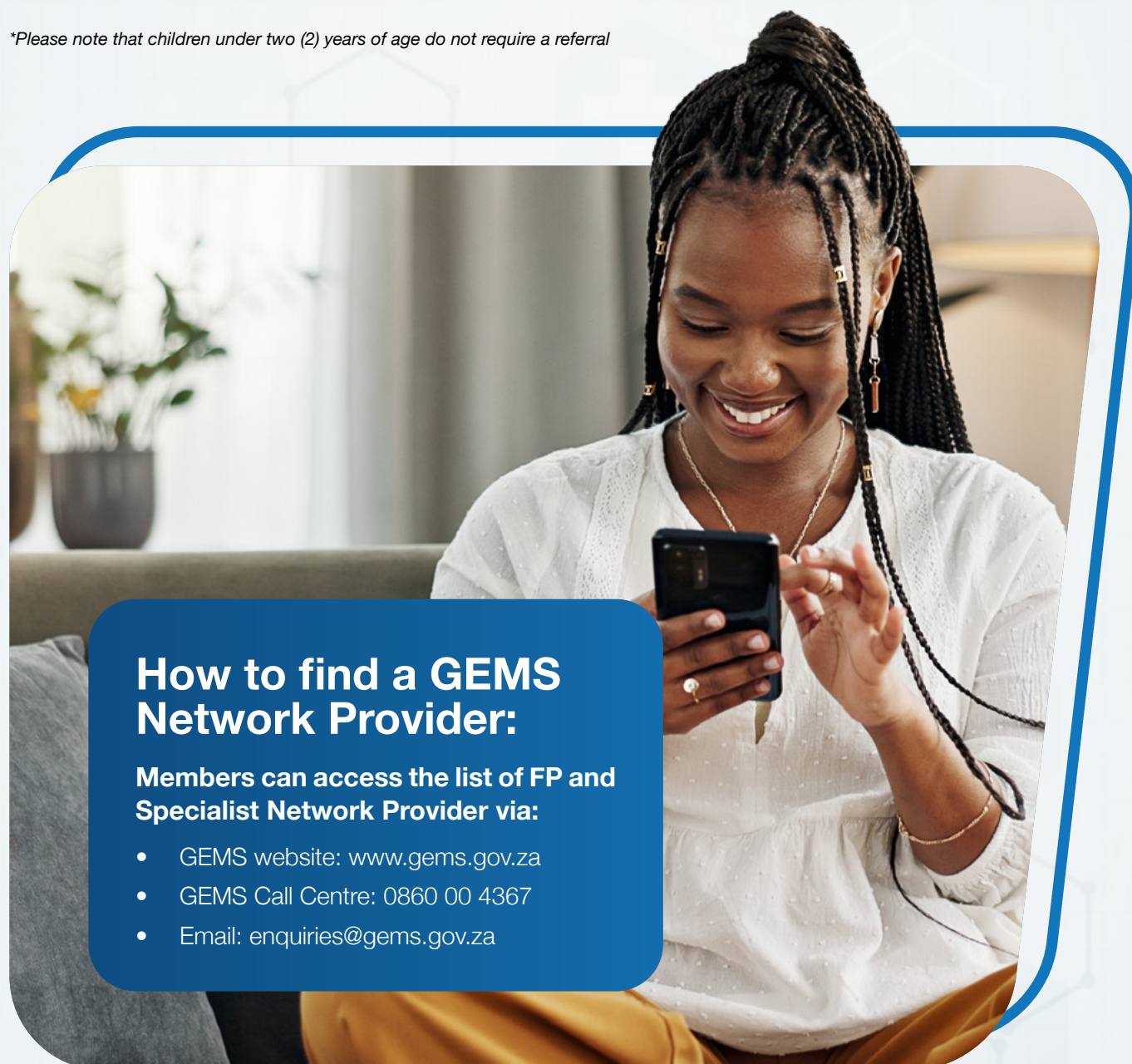
Guide to specialist referrals for Tanzanite One and Emerald Value options



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	114	Paediatric surgeon
16	Gynaecologist (excluding maternity cases)	28	Orthopaedic surgeon
17	Pulmonologist	30	Otorhinolaryngologist (ENT)
18	Physician	31	Rheumatologist
19	Gastroenterologist	32	Paediatrician*
20	Neurologist	36	Plastic and reconstructive surgeon
21/33	Cardiologist and Paediatric cardiologist	42	Surgeon
22	Psychiatrist (excluding renewal of prescription)	44	Cardiothoracic surgeon
24	Neurosurgeon	46	Urologist

**Please note that children under two (2) years of age do not require a referral*



The authorisation process

When is pre-authorisation required?

- Certain consultations and/or procedures (e.g. specialist consultations where the referral was from a non-nominated/non-Network FP)
- Certain doctor's room procedures
- Hospital admissions
- Specialised radiology investigations (e.g. CT, MRI, angiogram, radio-isotope scans)
- In-hospital physiotherapy (this must be pre-authorised in addition to a hospital admission)

Mandatory details required for pre-authorisation:

- Membership number
- Patient's name and surname
- Patient's beneficiary number
- Patient's date of birth in the format DDMMYYYY
- Date of service
- Provider's practice number
- Hospital or facility practice number
- Reason for authorisation (ICD-10 code of diagnosis)
- 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 or diagnostic procedure or specialised radiological intervention (CCSA, RPL codes).

An authorisation can be obtained by calling GEMS on 086 043 6777.

Providers are able to create, view and update preauthorisations online after registering a profile on the managed care organisation's website. The registration form can be requested via email from UMSAccessManagement@medscheme.co.za or by calling the provider Call Centre on 086 043 6777.

Possible responses to a pre-authorisation request

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

The authorisation outcome will be communicated to the member, healthcare provider and/or facility via telephone, SMS, email or post should there be no email available.

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

In-Rooms Procedures

GEMS has identified certain procedures that can be performed safely in the doctor's rooms without the need for hospital admission. We urge you to consider performing these procedures in your rooms, if competent and appropriately equipped, to ensure patient safety.

The table below lists the procedures that are remunerated at 270% for network specialists, 220% for family practitioners and 200% for non-network specialists and family practitioners of the 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 also note that:

- Certain procedures are subject to pre-authorisation.

Non-network	Network Specialists	Family Practitioners (Network)
200%	270%	220%

**Tariffs are inclusive of all modifiers (excluding modifiers)*

- The list may change as new procedures are added and/or others removed. Any such changes will be communicated.

Current Procedure List

2025 Tariff Codes	Tariff Description	Pre-authorisation
Skin		
0244	Repair of nail bed (only for ingrown toenail)	No
Integumentary System		
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
ENT		
1018	Flexible nasopharyngolaryngoscope examination	No

2025 Tariff Codes	Tariff Description	Pre-authorisation
Gastrointestinal Tract		
1587	Upper gastro-intestinal 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
Genito-urinary Tract		
2207	Vasectomy: Unilateral or bilateral (no extra fee to be charged if done in combination with prostatectomy)	No
Cataract		
3045	Cataract: Intra-capsular	No
3047	Cataract: Extra-capsular (including capsulotomy)	No
3050	Repositioning of intra ocular lens	No
3051	Needling or capsulotomy	Yes
3052	Laser capsulotomy	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 GEMS Network FP. Circumcisions are limited to a global fee of R1 994 which includes all post-procedure care, consultations, and medicine within a month of the procedure.

New Additional List

2025 Tariff Codes	Tariff Description	Pre-authorisation
General procedures performed in consulting rooms		
2271	Removal of tag or polyp	
2272	Removal of small superficial benign lesions	
2277	Removal of benign vulva tumour or cyst	
2399	Punch biopsy (excluding after-care)	
2442	Insertion of intra uterine contraceptive device (IUCD) (excluding after-care)	
2434	Endometrial biopsy (excluding after-care)	
2565	Implantation hormone pellets (excluding after-care)	
2274	Electro-, cryo-, chemo-, laser therapy of vulva and/or vagina (colposcopy directed)	
2283	Hymenectomy	
2293	Vulva and introitus: Drainage of abscess	

2025 Tariff Codes	Tariff Description	Pre-authorisation
2316	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: First lesion	
2317	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Repeat – Limited	Yes
2318	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Widespread	Yes
2392	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): In consulting room	Yes
2405	Cone biopsy: Cervix (excluding after-care)	Yes
2395	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): Under anaesthetic	Yes
2396	Cautery, laser or Harmonic scalpel treatment of the cervix	Yes
2400	Biopsy during pregnancy (excluding after-care)	Yes
2411	Cervix encircage: Shirodkar suture	Yes
2413	Cervix encircage: Lash	Yes
2415	Cervix encercage: Removal items 2409 and 2411: Without anaesthetic	Yes
2429	Colposcopy (excluding after-care)	Yes
2435	Hysterosalpingogram (excluding after-care)	Yes
0315	Excision of small cancers as an ellipse and direct repair	Yes
0314	Excision of larger cancers as an ellipse and direct repair usually requiring undermining	Yes
0313	Excision of skin cancers in difficult areas with frozen section to ensure clear margins – e.g., Nose, medial canthus of eye, eyelids, and lips.	Yes
0295	Flap repair for above excisions	Yes
0289	Full thickness skin graft repair	Yes
1499	Full thickness lip repair	Yes
1485	Excision of benign lip lesion	Yes
1487	Excision of malignant lip lesion	Yes
3163	Excision of superficial eyelid tumour	Yes
3189	Full thickness eyelid repair	Yes
1949	Cystoscopy: Hospital equipment (a specific practice request)	Yes
1587	Upper gastro-intestinal endoscopy: Hospital equipment	Yes
1656	Left-sided colonoscopy	Yes
1653	Total colonoscopy: With hospital equipment (including biopsy)	Yes
1676	Flexible sigmoidoscopy (including rectum and anus): Hospital equipment.	Yes

Simplified process for authorisation of doctor's room procedures



How to request authorisation*

Providers may create an authorisation online, or request one by calling 086 043 6777 or sending an email to hospitalauths@gems.gov.za. The following information is required:

- Patient membership number
- Beneficiary/Dependant number
- Treating provider practice number
- Clinical codes (ICD-10 and relevant tariff codes)
- Place of service
- Date of service

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

**See more on the Authorisation process on page 11.*

Please note: The following three tables are applicable to the Tanzanite One and Beryl options only.

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, 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. The payment will be subject to the doctor submitting the results for these tests. Please refer to the GEMS website for more information on specific tariff rates.*

Codes which are included in the consultation fee**

GEMS tariff code	Procedure
0145, 0146, 0147, 0149	Add on modifiers
0017	Injections by practitioner
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. Keloid: Mingle
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

GEMS tariff code	Procedure
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 refers only to commonly used codes and is not exhaustive.*

Access to a Medical Advisor (MA)

In the event that an FP/Specialist would like to discuss the funding of a patient's clinical treatment, they can now book an appointment with a Medical Advisor (a medical practitioner) online, request a call-back via SMS, or make use of a dedicated email address to query specific details.



To book an appointment

Ensure that you have your patient's full name, membership number (and dependant code), and authorisation reference number with you, then:

- Navigate to www.medscheme.com
- Log in as a Provider
- Click on Authorisations and then Medical Advisor Appointment which will direct you to a booking platform
- Select Service and then either Hospital Event Management or Chronic Medicine Management
- Enter the required information and once complete, you will receive confirmation of your scheduled appointment via email.

A Medical Advisor will call you at the date and time you have scheduled. Alternately, you can make a booking using this link.



To request a call-back

Please send an SMS to 44845 with the following information:

- FP/Specialist practice number
- FP/Specialist full name and surname
- Patient membership number and dependant code/name
- Authorisation or reference number (if available)
- Requested date and two (2) requested times for an MA to call back (optional)
- Indicate in short the nature of the clinical query, e.g. Hospital, Chronic Medicine or Oncology-related query (optional)

The turnaround time for this process is 8 hours but you will receive a response within 2 to 4 hours to acknowledge receipt of the query, with the aim to find a resolution to the query within 8 hours.



Email queries

Should either of the above options not be suitable, an email can be escalated to the following address: gemsdoctors@medscheme.co.za.

Please note that engagements with a Medical Advisor can only be used to discuss the funding of your patient's clinical treatment. The Medical Advisory Team is not responsible for managing claims-related queries.

Preventative Care and Screening Service

Preventative health screening is one of the most important healthcare strategies to facilitate early diagnosis and treatment of disease, to improve quality of life, and to prevent premature death. GEMS offers comprehensive screening and preventative care benefits to its members. These benefits are available on all options and payable from the risk-benefit for eligible members and beneficiaries as per the tabulated criteria below.

Screening Services

Procedure	Tariff Codes	Tariff Description	Eligible beneficiaries and Frequency	Healthcare Providers allowed
Cholesterol Screening	4027	Blood cholesterol (finger prick)	Once per benefit year for all beneficiaries who are 20 years and older	General Medical Practice, Specialist Family Medicine
	0013	Blood cholesterol and/or triglycerides		Pharmacy
	99384	Cholesterol screening		Registered Nurses
Glucose Screening	4050	Blood glucose finger prick in rooms (glucose strip-test with photometric reading)	Once per benefit year for all beneficiaries who are 20 years and older	General Medical Practice, Specialist Family Medicine
	0012	Blood glucose		Pharmacy
	99370	Glucose screening test		Registered Nurses
Osteoporosis Screening Bone Densitometry Scan	50120	X-ray bone densitometry	Once per benefit year for female beneficiaries who are 65 years and older	Radiologist
	3604	Bone densitometry (to be charged once only for one or more levels done at the same session)		Gynaecologist, Physician, Orthopaedics



Procedure	Tariff Codes	Tariff Description	Eligible beneficiaries and Frequency	Healthcare Providers allowed
Pap Smear Screening	0190 - 0193	Consultation/ visit	Once per benefit year for female beneficiaries who are 12-65 years	General Medical Practice, Specialist Family Medicine, Gynaecologist
	0201, 0202, 0210	Procedure codes: 0201 - cost of material 0202 - setting of sterile tray 0210 - collection of specimen		General Medical Practice, Specialist Family Medicine, Gynaecologist
	99385	Procedure code: Sterile tray and specimen handling fee		General Medical Practice, Specialist Family Medicine, Gynaecologist, Registered Nurses
	005, 006, 001, 002	Consultation		Registered Nurses
	020, 301	Procedure codes: 020 - Specimen code 301 - Consumables used		Registered Nurses
	4566	Vaginal or cervical smear		Pathologist, Medical Technology
	4559	Cytology preparation using approved liquid-based cytology method: first unit		Pathologist, Medical Technology
	CER1	HPV polymerase chain reaction		Pathologist, Medical Technology
Blood Pressure Monitoring	0015	Blood pressure monitoring	Once per benefit year for beneficiaries 18 years and older	Pharmacy
	99371	Blood pressure monitor		Registered Nurses
HIV and AIDS Pre-test Counselling (no test done)	7016	Pre-counselling	Once per benefit year, per beneficiary	General Medical Practice, Specialist Family Medicine
	0016	Pre-counselling (without going ahead with the HIV test)		Pharmacy
	99376	HIV pre-test counselling		Registered Nurses
HIV and AIDS testing (screening test, post-test counselling, confirmatory test, and condoms)	7017	Pre-counselling, Screen test, Post-test counselling, Confirmatory test (all-inclusive code)	Once per benefit year, per beneficiary	General Medical Practice, Specialist Family Medicine
	00 17	HIV and AIDS Testing and Post Counselling		Pharmacy
	99 377	HIV and AIDS testing and post counselling		Registered Nurses
Peak Flow measurement	0019	Peak Flow Measurement	Once per benefit year for beneficiaries 4 years and older	Pharmacy
	99 383	Peak Flow Measurement		Registered Nurses

Procedure	Tariff Codes	Tariff Description	Eligible beneficiaries and Frequency	Healthcare Providers allowed
Mammography Screening	3917 5	Mammography: Unilateral or bilateral	Once per benefit year for female beneficiaries who are 40 years and onwards.	Radiography
	3934100	X-ray mammography including ultrasound		Radiologist
	3605	Mammography: Unilateral or bilateral, including ultrasound and Doppler ultrasound examination, where necessary.		General Medical Practice, Specialist Family Medicine
Prostate Screening	4519	Prostate specific antigen	Once per benefit year for male beneficiaries who are 45 – 69 years.	Pathologist, Medical Technology
Faecal Occult blood test	4352	Occult blood: Monoclonal antibodies	Once per benefit year for all beneficiaries who are 50 – 75 years.	Pathologist, Medical Technology
Neonatal Hypothyroidism	4507	Thyrotropin (TSH)	Once per neonatal beneficiary up to 28 days of age	Pathologist
Glaucoma Screening	11202	Tonometry (non- contact)	Once per benefit year for all beneficiaries 40 years and older.	Optometrist, Optical dispensers
	11212	Tonometry (Aplanation)		Ophthalmologist
	3014	Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes)		
	3017	Retinal threshold test inclusive of computer disc storage for Delta of Statpak programs		
	3018	Retinal threshold trend evaluation (additional to Item 3017)		
Pregnancy Screening	0018	Pregnancy Screening	Once per benefit year for a female beneficiary 12 years and older.	Pharmacy
	99381	Pregnancy Screening		Registered Nurses
Urine Analysis	0014	Urine Analysis	Once per benefit year for beneficiaries of all ages.	Pharmacy
	99382	Urine Analysis		Registered Nurses
Childhood hearing screening for children	1010	Audiology consultation. Duration 5 - 15 mins	Once per beneficiary for the period from age one up to and including seven years.	Speech therapy and Audiology
	1011	Audiology consultation. Duration 16 - 30 mins		
	1115	Speech audiogram screening		
	1100	Pure Tone Audiogram (Air conduction) (3273)		
	1105	Bone conduction pure tone audiogram		
	1200	Tympanometry		

Procedure	Tariff Codes	Tariff Description	Eligible beneficiaries and Frequency	Healthcare Providers allowed
Childhood hearing screening for infants	1505	Diagnostic Audiological Click ABR (Auditory Brainstem Evoked Response) – Bilateral Air conduction threshold determination using click stimuli.	Once per beneficiary for the period up to and including age one (but excluding beneficiaries in the first three months of life)	Speech therapy and Audiology
	1010	Audiology consultation. Duration 5-15 mins		
	1011	Audiology consultation. Duration 16 - 30mins		
	1580	Evoked Otoacoustic Emissions (OAE); limited		
Childhood optometry screening	94000	Individual Child Screening	Once per beneficiary for the period up to and including age seven (but excluding beneficiaries in the first three months of life)	Optometrist
Syphilis screening	3951	Quantitative Kahn, VDRL or other flocculation	Once per benefit year per beneficiary	Pathologist, Medical Technology
	3949	Qualitative Kahn, VDRL or other flocculation		
Chlamydia/gonorrhoea screening	3946	IgM: specific antibody titre: ELISA/ EMIT: per Ag	Once per benefit year per beneficiary	Pathologist, Medical Technology
	3948	IgG: specific antibody titre: ELISA/ EMIT: per Ag		
	3923	Biochemical identification of bacterium: abridged		
	3925	Serological identification of bacterium: abridged		
	3960	Gonococcal, listeria or echinococcus agglutination		
TB screening	0221	Allergy: Skin-prick tests: Delayed hypersensitivity testing (Type IV reaction): Per antigen	Once per benefit year, per beneficiary (no age restriction)	General Medical Practice, Specialist Family Medicine, Pathologist
	Nappi 872938-027 Tuberculin PPD RT/23 Vial 1.5 ml)	Cost of material in treatment: This item provides for a charge for material used in treatment		

Vaccinations from Preventative Care Services

Tariff code 0022 should be used for pharmacy administration of immunisation, 0017 for FP administration and 99378 for nurses.

Procedure	Codes	Frequency	Eligible beneficiaries	Healthcare Providers allowed
Influenza vaccination	3000826 Vaxigrip Tetra single dose 0.5ml pre-fill 732826 Influvac 0190-0193 consultation	Once per year	All beneficiaries 6 months of age	General Medical Practice, Specialist Family Medicine, Pharmacy, Pharmacotherapies, Primary Care Drug Therapist, Registered Nurses, Clinical Pharmacokinetics, Anaesthetists, Dermatology, Gynaecologist, Pulmonology, Physician, Gastroenterology, Neurology, Cardiology, Oncologist, Neurosurgeon, Nuclear Medicine, Ophthalmologist, Clinical Haematology, Orthopaedics, Otorhinolaryngology (ENT), Rheumatology, Paediatrician, Paediatric Cardiologist, Physical Medicine, Plastic and Reconstructive Surgery, Radiation Oncology, Surgeon, Cardio Thoracic Surgery, Urology
Pneumococcal vaccination	755826 Pneumovax 23 single dose vial 0.5ml 715858 Prevenar 13 pre-filled syringe 0.5ml	Once every 5 years	Once every 5 years for: high- risk beneficiaries between the ages of 2 and 64 with the relevant chronic or hospital admission. All beneficiaries 65 years and older irrespective of the chronic or hospital authorisation.	
HPV vaccination	710020 Cervarix Pre-filled Syringe 0.5ml 710249 Gardasil Injection	One course per beneficiary per lifetime**	Females 9 - 45 years	
COVID-19 vaccination	3002823 COVID-19 Vaccine Administration Fee			
	3003366 COVID-19 Vaccine Janssen	Three doses per beneficiary	18 years and older	Rheumatology, Paediatrician, Paediatric Cardiologist, Physical Medicine, Plastic and Reconstructive Surgery, Radiation Oncology, Surgeon, Cardio Thoracic Surgery, Urology
	3003282 COVID-19 Vaccine Pfizer	Four doses per beneficiary *** Two doses per beneficiary ***	18 years and older 12 to 17 years	
	3006073 COVID-19 Paediatric Vaccine Pfizer	Two doses per beneficiary***	5 to 11 years	

A separate limit of R950 per beneficiary per year applies for vaccinations listed in the table below.

700356 Engerix-b	879452 Morupar
700767 Hiberix	700210 Engerix-b*
700772 Priorix	700513 Avaxim **
701658 Heberbio hbv	701659 Heberbio hbv*

892939 Varilrix **	703442 Typherix **
3000689 Boostrix	703448 Havrix junior **
703994 Infanrix pre-filled	703846 Dukoral **
707285 Infanrix hexa	706829 Twinrix **
710935 Rotateq	713048 Euvax b*
711258 Tetraxim	714999 Synflorix
713229 Adacel quadra	717194 Vivaxim **
714133 Rotarix liquid oral	717466 Zostavax **
715349 Euvax b	720708 Menactra **
716550 Priorix tetra **	814970 Verorab**
716655 Boostrix tetra	814989 Stamaril **
719637 Hexaxim	822361 Havrix 1440 **
3002554 Measles vaccine	822442 Typhim
722290 Measbio	832693 Tetavax
723131 Onvara **	3002364 Tetanus Vaccine Cipla Ampoule 0.5ml
724016 Omzyla	848905 Avaxim **
823678 OPV-merieux 10	879460 Chirorab**
823686 OPV-merieux 20	3001925 Pneumovax 23 **
841307 OPV-merieux 10	3002510 Adacel Vial 0.5ml
872962 BCG	3004427 Tetanus toxoid

*Vaccinations must be pre-authorised.

** Certain vaccines require a prescription and therefore if obtained from your pharmacy you will require a prescription from your Healthcare Provider. Healthcare consultation is not included in the preventative benefit and are subject to day-to-day benefits.

Dental Services from Preventative Care

Procedure	Tariff Codes	Tariff Description	Eligible beneficiaries and Frequency	Disciplines allowed
Dental sealants	8163	Dental sealant: per tooth	<ul style="list-style-type: none"> All beneficiaries 17 years and younger Maximum of 2 per quadrant in 12 months Time rule of 1 per tooth in 730 days Applicable to all permanent teeth except 3rd molars (wisdom teeth), REEVO options only. Applicable to all permanent, premolars and molars excluding 3rd molars for Tanzanite One and Beryl 	<ul style="list-style-type: none"> Dentist, Dental Therapy, Oral Hygienist Dental Network providers only
Dental Polishing	8155	Polishing - complete dentition	<ul style="list-style-type: none"> All beneficiaries who are 3 - to 9 years of age Limitation of 1 in 180 days (2 in 12 months) 	<ul style="list-style-type: none"> Dentist, Periodontics, Dental Therapy, Oral Hygienist Applicable to Ruby, Emerald, Emerald Value and Onyx options

Prescribed Minimum Benefits

Prescribed Minimum Benefits (PMBs) are minimum benefits that GEMS provides in accordance with the Medical Schemes Act. GEMS offers these benefits to all members for the diagnosis, treatment and care of specified medical conditions, including:

- A list of 271 medical conditions;
- Any emergency medical condition; and
- 26 chronic conditions that can be found in the Chronic Disease List (CDL).

The complete lists are available at www.medicalschemes.co.za

PMB conditions

Out-of-hospital PMBs are managed by activating treatment plans or baskets of care, which are valid for a benefit year (1 January - 31 December). 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, automatically when a chronic medicine authorisation is generated, or when a claim is submitted matching the PMB criteria for that condition.

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 for an accumulative quantity.

It is also important that the correct ICD-10 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.



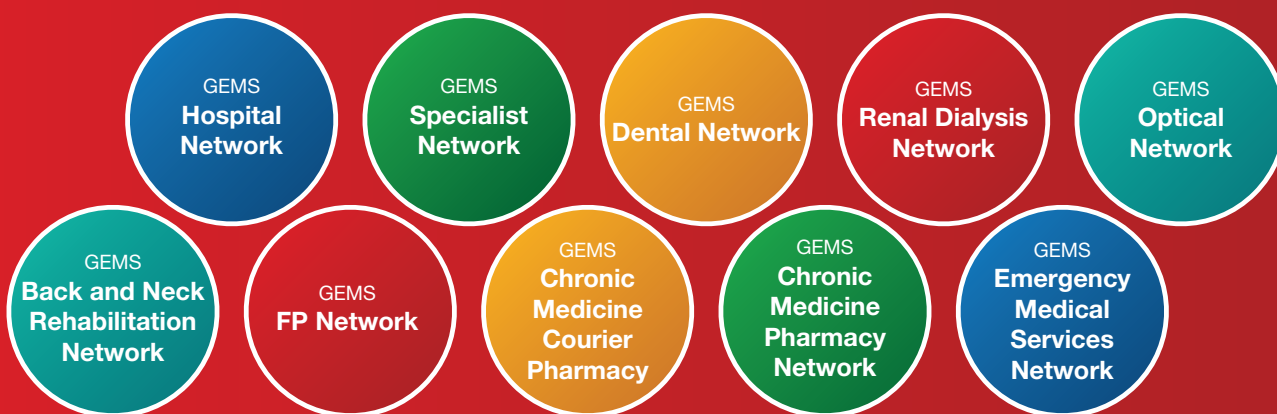
- The Care Plans are communicated when a beneficiary is newly registered and thereafter at the start of each benefit year.
- The PMB request form is available on the GEMS website, or telephonically on 0860 00 4367 via Client Services.
- The treating doctor and patient must complete the relevant information and sign the form before submitting.
- Application forms should be submitted to enquiries@gems.gov.za.
- In instances where additional services are required over and above the standard care plan provided, a motivation with the completed application form may be submitted to enquiries@gems.gov.za.
- In order to request a copy of the care plan, FPs may call 086 043 6777, while members may call 0860 00 4367.

Where members have an active waiting period imposed by the underwriters and they are not eligible for PMB cover, claims submitted will be declined.

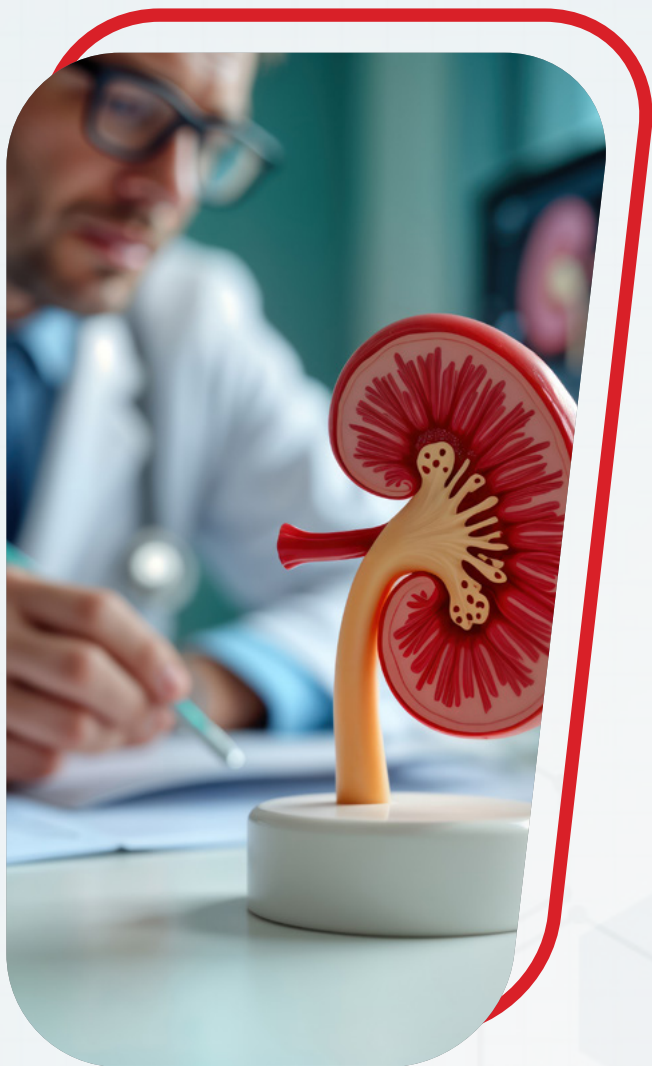
Designated Service Provider (DSP)

A DSP is a healthcare provider or group of providers who have been selected and have a contract with GEMS to provide members with a 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 other private providers for PMB services, the level of care and services funded as PMB are determined by those provided by State facilities. The availability of the procedure or service at a State hospital also informs the funding decision in terms of the rate of pay for PMB cases for providers associated with in-hospital events. The established GEMS networks 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, such 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 to all anaesthetist claims.



A note on the Renal Dialysis Network

GEMS has a Renal Dialysis Network in place for all benefit options, made up of willing and able renal dialysis providers. This network is aimed at limiting members' exposure to co-payments, enhancing the quality of care, and maintaining access to dialysis for GEMS beneficiaries.

Beneficiaries requiring chronic dialysis must make use of providers on the GEMS Renal Dialysis Network. An out-of-network co-payment of 30% of the Scheme tariff will be applied to each service received voluntarily from a non-Network renal dialysis provider, whether the visit was authorised or not.

This co-payment will not apply:

- If the patient does not live or work within a 50km radius of a Network facility (although this would be subject to authorisation, managed care review and approval), or
- In the case of acute dialysis.

PMB retrospective review process for in-hospital provider claims

A claims query process is in place to review short-paid hospital claims retrospectively, for possible PMB eligibility.

The review process takes the following into account:

- Is the ICD-10 code a PMB?
- Was the event an emergency?
- Is the provider on the Network?
- Was the service provided PMB level of care?
- Was a DSP accessible?

The outcome of the review will be communicated to

the provider and, if the request is declined, a reason will be provided.

The process outlined above has been extensively reviewed and is continuously monitored to ensure that timeous feedback is provided. Reviews are generally completed within 12 working days, depending on the nature of the query and investigation required.

Healthcare providers may appeal the decision if PMB at cost is declined. This follows a defined process that 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.

Medicine

Acute Medicine

Beneficiaries on all GEMS 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 dispensing FPs, is included in the consultation fee. The FPs dispensing status and Dispensing License number must be indicated on the applicable contract annexure. In the event where a Dispensing FP does not have the prescribed medication in stock, a maximum of

three (3) scripts of up to R 253 each per beneficiary per year may be obtained from a Network pharmacy.

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

GEMS Medicine Formularies

- Formularies are published on the GEMS website for easy access by members and providers.
- Formularies are reviewed and updated throughout the year.
- GEMS makes use of the following formularies:
 - Acute Formulary (Tanzanite One and Beryl options)
 - Acute Out-of-formulary List (Ruby, Emerald and Onyx options)
 - Comprehensive PMB formulary
 - Contraceptive list
 - COVID-19 Vitamin List
 - Homeopathic List
 - Maternity Vitamins List
 - Medicine Exclusion List (MEL)
 - Medicine Price List (MPL)
 - Medicines Pre-authorisation List
 - Specialised Oncology Drugs List



Chronic Medicine

Chronic medicine benefits are managed using the following tools:

- Clinical and reimbursement guidelines
- GEMS Medicine Formularies
- Medicine Price List (MPL)
- List of medicines that require pre-authorisation



New chronic 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 086 000 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 it is submitted.
- The chronic application form or valid prescription may be submitted to chronicdsp@gems.gov.za and the request will be processed within 5 working days.
- A disease basket containing medication used to treat the condition will be authorised, allowing changes in the prescription to be made without needing to update the chronic authorisation.
- Please note that underwriting may apply (e.g. general and condition-specific waiting periods).
- Healthcare providers may contact the Chronic Authorisation Department on 086 043 6777, and members may call 086 000 4367.
- FPs can submit a claim for completion of the chronic application form or for doing a telephonic registration for chronic medicines. Please note that reimbursement will be conditional upon completion of the registration process and not merely on submission of a claim.
- The GEMS HIV/AIDS Disease Management Programme (DMP) supports the effective rollout of Test and Treat (TAT) to all our members. It is recommended that all HIV-positive patients be registered on the Programme.

- To enroll members on the GEMS HIV/AIDS Disease Management Programme:
 - Call 0860 436 736 from Monday to Friday between 8am and 5pm and Saturday between 8am and 12pm;
 - Send an email to GEMS at hiv@gems.gov.za for further information on the Programme and to ask for an application form;
 - The forms to register on the GEMS HIV Disease Management Programme and for Post Exposure Prophylaxis (PEP) are available to download from the website. Registration on the programme is within 5 working days, and PEP will be funded from receipt of the fully completed form.
 - Please note that the member and treating provider are both required to sign the application form before submitting to GEMS by fax to the confidential toll-free fax number 0800 436 732, or via email to hiv@gems.gov.za. As soon as your application has been received and approved, you will be notified via email.
- A full guide on HIV testing, treatment initiation, treatment regimens and treatment monitoring is available. Please send an email to hiv@gems.gov.za to request a copy of the latest Clinical Guidelines.
- Please further note that pre-authorisation is required for Genotype HIV-resistance testing. The treating provider should submit a request and supporting documentation via email to hiv@gems.gov.za, or fax to 0800 436 732.

Co-payments

Co-payments are incurred when members use non-formulary medicine that is charged above the Drug Reference Price (DRP).

In order to contain the escalating costs of medicines, GEMS uses the DRP to determine the maximum price the Scheme will pay for the medicines with the same active ingredients based on the availability of generic equivalents on the market. The fundamental principle of the DRP 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 priced above the DRP. The DRP reference prices are carefully determined so as to ensure adequate availability of generic equivalents within the price limit, without co-payments being necessary.

As an 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 the 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, please contact GEMS on 086 000 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 the 30% out-of-formulary co-payment for the member, the FP must prescribe medicines listed on the GEMS formulary.
- To avoid co-payments* on medicines, patients should speak to their pharmacist about generic medicines and medicines within the GEMS DRP.

** Generic medicine (also called a generic substitute) is a product that is similar to the original product in terms of active ingredients, strength, and form. Therefore, to avoid incurring a co-payment on the original medicines, patients should speak to their pharmacist about generic medicines and medicines within the GEMS DRP.*



Value Added 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 chronic back and neck pain. Positive outcomes of this non-surgical programme include improving flexibility, restoring functionality, reducing pain and a decreasing or delaying 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 evaluate the progress of treatment over time.

The cost of the programme is paid from a separate CBNR benefit so that there is no financial impact on the member's 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 please refer to the GEMS website or call the GEMS Call Centre on 086 043 6777.

Population Medicine Programme

Population Medicine is a value-based care programme designed to help vulnerable populations and those in under-served communities by providing a support network that can help address health risks and promote wellness. The programme is based on the concept of a Multi-Disciplinary Team (MDT) comprising a Physician as a lead, the Family Practitioner, nurses (as care coordinators), and Allied providers, to ensure holistic care for our members.

The Population Medicine value-based care allows service providers to provide a shared services

hub for clinicians that encompasses a complete support infrastructure, including proprietary toolkits and an Intelligent Care System.

To participate in the Population Medicine Programme, providers are expected to meet the following criteria:

- The ability to establish integrated Multi-Disciplinary Teams (MDTs) in places where there are clinicians who are willing to come together and work as the MDT, supported by allied healthcare providers.

- The ability to support and train local teams of MDTs on protocols and systems to realise value-based care.
- Be willing to act as the focal point for care coordination by providing the MDT with value-based care protocols and bringing together allied healthcare professionals such as social workers and care coordinators as and when appropriate.
- Make use of evidence-based protocols for

the management of the identified or enrolled members/ patients.

- Have a demonstrated track record of value-based service provision.

Please call us on 086 043 6777 or email enquiries@gems.gov.za for information about how the Population Medicine programme works, or if you are interested in joining this programme.

Alternatives to Hospitalisation

Sometimes members need medical care but do not necessarily need to receive it in hospital and will in fact do better in the comfort of their own home, with suitable medical care. Even though these benefits do not involve admission to hospital, they are funded from the overall annual limit and will not deplete a member's available day-to-day benefit. If you have a patient who may qualify for this benefit, discuss it with them and email your clinical view in a referral, or a letter of motivation with the request for out-patient care, to Homebasedcare@medscheme.co.za

The following services are covered from this benefit:



Hospital at Home: GEMS has partnered with Quro Medical to provide access to a technology-enabled "hospital at home" (HAH) solution. Members have access to the HAH solution "in lieu of" or as an alternative to an in-hospital admission. This service includes real-time hospital-grade monitoring at home, virtual and in-person visits, skilled nursing, access to additional medical services as required, and rapid response protocols to transfer a patient to a hospital, should the need arise. The HAH admission is funded from the hospital benefit, where there is a valid pre-authorisation and attracts no co-payments.



Home nursing: This service could be used in instances such as assistance with mobilisation after a long-term illness, neonatal care, the care of long-term ventilated patients, stoma care, etc.



Physical rehabilitation: This service can help members recover after an acute traumatic episode such as post-surgery, physical trauma, or amputation; or after a medical episode such as a stroke. (Please note that there is a special physiotherapy benefit available after a hip, knee, or shoulder replacement.)



Palliative care: This service, which can be provided in a hospice or at home, is available for terminally ill members who require end-of-life care such as pain management.



Other: In addition to prescribed treatments such as intravenous (IV) therapy, Outpatient Antibiotic Treatment (OPAT) and home dialysis, the alternatives to hospitalisation benefit also covers home oxygen, stepdown/sub-acute care, and wound care.

GEMS Palliative Care Programme

GEMS has partnered with Alignd to offer a Palliative Care Programme that provides all eligible members and their family support with quality care and holistic management when appropriate during the oncology disease journey. This comprehensive, value-based, and specialised palliative care is currently provided to members with advanced-stage or metastatic cancer. It includes pain management and relief from psychosocial distress, and supports and enables a home-based care approach.

If your patient has been diagnosed with advanced-stage or metastatic cancer, or one of the poor-prognosis cancers, they are eligible for the Palliative Care Programme, subject to the enrolment criteria. Kindly refer all potentially eligible GEMS patients directly to the Palliative Care team by emailing referrals@alignd.co.za.



How to update your practice profile details with GEMS

Please communicate all important changes to your practice profile in writing for updating on our systems. This includes requests to update your banking details and your dispensing status.

Please ensure that all your practice information, including contact details, are regularly updated at BHF.

Information required to update your banking details

In addition to your written request, please include the following:

- A signed practice letterhead (ALL partners' signatures are required, where applicable).
- If the bank account is in the name of a registered company, the Companies and Intellectual Property Commission (CIPC) papers must be included.
- A bank letter/bank statement (not older than three months) with a bank stamp.
- Bureau manager's certified ID and signature on a letterhead (if applicable).

- A certified copy of the owners' IDs (where applicable, all partners' certified ID copies).
- A certified marriage certificate (if applicable).
- A 'trading as' letter (which can be indicated on the signed letterhead) if the practice name and the bank account holder names differ.

Please send all requests with the above supporting documentation to enquiries@gems.gov.za

Information required to update your dispensing status

Providers who wish to register as a dispensing practice need to have a valid Dispensing License, which needs to be updated with the Board of Healthcare Funders (BHF). If you want to change your dispensing status, please inform the Scheme.

Please send all requests for the above changes, together with all supporting documentation, to networkscontracting@gems.gov.za. Requests will be reviewed and operationalised within 48 hours.

NB: When submitting accounts for dispensed medication, please use your individual practice number instead of the group practice number or Incorporated, unless this number also has a dispensing license attached to it. This will prevent accounts from rejected, ensuring a smoother and more efficient process.

Please ensure that all your practice information, including contact details, are regularly updated at BHF.

Useful Resources

SERVICE	PURPOSE	TELEPHONE	EMAIL ADDRESS/LINKS FOR QUERIES
GEMS contact centre	General queries related to GEMS	086 043 6777	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 > Select either Tariff file, Formulary Lists or ICD-10 Codes from the menu.
GEMS network contract management and Provider Liaison Consultants	Contracting queries, REPI2 categorisation queries or Provider Liaison Consultant assistance	-	REO, Tanzanite One and Beryl: networkscontracting@gems.gov.za
Chronic medicine management – new registrations and updates	Chronic registrations	086 043 6777	chronicdsp@gems.gov.za
Chronic medicine authorisation queries	Queries related to the authorisation of chronic medicines	086 043 6777	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	086 043 6777	hospitalauths@gems.gov.za
Submission of claims	Submissions of claims for GEMS beneficiaries	086 043 6777	enquiries@gems.gov.za
Queries of claims	Queries relating to a claim for a GEMS beneficiary	086 043 6777	enquiries@gems.gov.za
Member Oncology Contact Centre	Oncology member related queries	0860 00 4367	oncologyauths@gems.gov.za
Provider Oncology Contact Centre	Oncology provider related queries	086 043 6777	
Ambulatory PMB	Out-of-hospital PMB queries	086 043 6777	enquiries@gems.gov.za
HIV/Aids management	HIV/AIDS related queries	0860 436 736	hiv@gems.gov.za
Alignd Serious Illness Benefit	Assistance with managing a serious illness.	0860 00 4367	referrals@alignd.co.za info@alignd.co.za
GEMS Palliative Care Programme	Assistance with managing a serious illness.	0860 00 4367	referrals@alignd.co.za
GEMS Alternatives to Hospitalisation	For medical care at home.	0860 00 4367	Homebasedcare@medscheme.co.za

Tanzanite One and Beryl

2025 Pathology formulary

All codes not listed require authorisation.

*Please note that the prices listed below are reference prices only and that GEMS has specific arrangements in place with the various pathology labs.

RPL	DESCRIPTION	SUBJECT TO AUTHORISATION
A. CHEMISTRY		
CARDIAC / MUSCLE		
4152	CK-MB: Mass determination: Quantitative (Automated)	No
4161	Troponin isoforms: each	No
4488	B-Type Natriuretic Peptide	No
DIABETES		
4057	Glucose: Quantitative	No
4064	HbA1C	No
4221	Creatinine	No
4261	Micro Albuminurea (Quantitative)	No
INFLAMMATION / IMMUNE		
3947	C-reactive protein	No
LIPIDS		
4027	Cholesterol total	No
4026	LDL cholesterol	No
4028	HDL cholesterol	No
4147	Triglyceride	No
4132	Creatinine Kinase (CK)	No
4539	Procalcitonin:Quantitative	No
ARTERIAL BLOOD GAS		
4076	Blood gases: Astrup/pO2 and ancillary tests - can only be used to a maximum of 6 times per patient per calendar day	No
LIVER / PANCREAS		
3999	Albumin	No
4001	Alkaline phosphatase	No
4006	Amylase	No
4009	Bilirubin: Total	No
4010	Bilirubin: Conjugated	No
4117	Protein: Total	No
4130	Aspartate Aminotransferase (AST)	No
4131	Alanine Aminotransferase (ALT)	No
4133	Lactate Dehydrogenase (LD)	No
4134	Gamma Glutamyl Transferase (GGT)	No

RPL	DESCRIPTION	SUBJECT TO AUTHORISATION
RENAL / ELECTROLYTES / BONE		
4017	Calcium: Spectrophotometric	No
4032	Creatinine	No
4086	Lactate	No
4094	Magnesium: Spectrophotometric	No
4109	Phosphate	No
4113	Potassium	No
4114	Sodium	No
4155	Uric acid	No
4151	Urea	No
4171	Sodium + potassium +chloride +CO2 + urea	No
4031	Total CO2	No
4023	Chloride	No
CEREBROSPINAL FLUID		
B. HAEMATOLOGY		
3709	Antiglobulin test (Coombs' or trypsinized red cells)	No
3716	Mean cell volume	No
3743	Erythrocyte sedimentation rate	No
3739	Erythrocyte Count	No
3783	Leucocyte Differential Count	No
3785	Leucocytes - Total Count	No
3791	Packed Cell Volume: Haematocrit	No
3755	Full blood count (including items 3739, 3762, 3783, 3785, 3791)	No
3762	Haemoglobin estimation	No
3764	Grouping: A B and O antigens	No
3765	Grouping: Rh antigen	No
3797	Platelet count	No
3805	Prothrombin index	No
3809	Reticulocyte count	No
3865	Parasites in blood smear	No
4071	Iron	No
4144	Transferrin	No
4491	Vitamin B12	No
4528	Ferritin	No
4533	Folic acid	No
3856	D-Dimer (quantitative)	No
C. ENDOCRINE - REPRODUCTIVE		
4450	HCG: Monoclonal immunological: Qualitative	No
4531	Acute Hepatitis A (IgM)	No
4537	Prolactin	No

RPL	DESCRIPTION	SUBJECT TO AUTHORISATION
ENDOCRINE - THYROID		
4482	Free thyroxine (FT4)	No
3939	Agglutination test per antigen	No
4155	Uric acid	No
4182	Quantitative protein estimation: Nephelometer or Turbidometric method: FOR RHEUMATOID FACTOR ONLY	No
4484	Thyrotropin (TSH) + Free Thyroxine (FT4)	No
4451	HCG: Monoclonal immunological: Quantitative	No
4516	Follitropin (FSH)	No
ANTENATAL SCREENING		
4552	Second Trimester Down's screen	No
4546	First trimester Downs screen	No
HEPATITIS TESTS		
4531	Hepatitis: Per antigen or antibody	No
4531	Chronic Hepatitis A (IgG)	No
4531	Acute Hepatitis B (BsAG)	No
4531	Hepatitis B: carrier/immunity (BsAB)	No
HIV TESTS		
3816	T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts)	No
3932	Antibodies to Human Immunodeficiency Virus (HIV): ELISA	No
3974	Qualitative PCR (only for children < age 6 months)	No
4429	Quantitative PCR (DNA/RNA)	No
4614	HIV Rapid Test	No
INFECTIOUS DISEASES AND OTHERS		
3946	IgM: Specific antibody titer: ELISA/EMIT: RUBELLA	No
3948	IgG: Specific antibody titer: ELISA/EMIT: RUBELLA	No
3949	Qualitative Kahn, VDRL or other flocculation	No
3951	Quantitative Kahn, VDRL or other flocculation	No
E. CYTOLOGY		
4566	Vaginal or Cervical smears, each	No
F. HISTOLOGY		
4567	Histology per sample	No
G. MISCELLANEOUS		
4352	Faecal Occult Blood test (FOB)	No
H. MICROBIOLOGY		
MCS		
3909	Anaerobe culture: Limited procedure	No
3901	Fungal culture	No
3918	Mycoplasma culture: Comprehensive	No
4401	Cell count	No
4188	Urine dipstick, per stick (irrespective of the number of tests on stick)	No
3928	Antimicrobial substances	No
3893	Bacteriological culture: Miscellaneous	No
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)	No

RPL	DESCRIPTION	SUBJECT TO AUTHORISATION
3922	Viable cell count	No
3879	Campylobacter in stool: Fastidious culture	No
3895	Bacteriological culture: Fastidious organisms	No
3928	Antimicrobial substances	No
3887	Antibiotic susceptibility test: Per organism	No
3924	Biochemical identification of bacterium: Extended	No
3869	Faeces (including parasites)	No
3868	Fungus identification	No
3881	Mycobacteria	No
3901	Fungal culture	No
3868	Fungus identification	No
AFB FLUOROCHROME AURAMINE (ZN) ONLY		
3885	Cytochemical stain	No
3881	Antigen detection with monoclonal antibodies	No
TB CULTURE		
0221	Mantoux-Tuberculin PPD test	No
3881	Antigen detection with monoclonal antibodies	No
4433	Bacteriological DNA identification (LCR)	No
3916	Radiometric tuberculosis culture	No
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)	No
3895	Bacteriological culture: Fastidious organisms	No
4655	TB Lipoarabinomannan Ag (LAM)	No
TB SENSITIVITY		
3887	Antibiotic susceptibility test: Per organism	No
3974	Polymerase chain reaction	Yes
EXTRAPULMONARY TB		
4139	Adenosine deaminase (CSF, Peritoneal or Pleural)	No
PARASITES		
3869	Faeces (including parasites)	No
3883	Concentration techniques for parasites	No
3865	Parasites in blood smear	No
BILHARZIA MICRO		
3980	Bilharzia Ag Serum/Urine	No
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)	No
3946	IgM: Specific antibody titer:ELISA/EMIT: Per Ag	No
3883	Concentration techniques for parasites	No
DRUG MONITORING		
3806	Therapeutic drug level: Dosage	No
ONCOLOGY		
4582	Serial step sections (including item 4567)	No

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☐ Urgent Copies to Doctors: _____ Contact Person: _____
☐ Routine Test Laboratory: _____

Doctor's Name: _____ Practice no.

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Tel no.

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 Fax no.

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 Email: _____

Signature _____

[illegible]

I certify that the above information is correct and give specific consent for selected test(s) to be done. I authorise the disclosure of these results to my doctor, medical aid administrators and/or insurance company. I fully understand the implication of the test(s) and have received adequate pre-test counselling.

Patient Signature _____ ICD10 Codes: _____

Clinical Information:

ID Number:

Surname:

First Name:

Tel Number:

Postal Address:

Please note that the prices listed below are reference prices only. GEMS has specific arrangements in place with various laboratories.

Chemistry			Endocrinology			Inflammation/Immunology		
Renal / electrolytes / bone		Request	Endocrine – thyroid		Request	Auto-immune		Request
	Creatinine			TSH			CRP	
	Calcium (serum - no cuff)			Free T4			ESR	
	Magnesium		Endocrine – reproductive				Uric acid	
	Phosphate (serum)			b-HCG screen			Rheumatoid factor	
	Sodium			Prolactin (rest 15 minutes)			ANF	
	Sodium + potassium +chloride + CO2 + urea			Thyrotropin (TSH) + Free Thyroxine (FT4)			Agglutination test per antigen	
	Urea			HCG: Monoclonal immuno-logical		Infectious diseases		
	Lactate			Quantitative & Folitropin (FSH)			VDRL (Qualitative)	
	Potassium		Diabetes				VDRL (Quantitative)	
	Total CO2			Glucose fasting			Rubella immunity (IgG only)	
	Chloride			Glucose random		Hepatitis tests: specify		
Liver / pancreas				HBA1C			Acute hepatitis A (IgM)	
	Albumin			Creatinne			Chronic hepatitis A (IgG)	
	Total protein			Microalibunurea (quaniti-tative)			Acute hepatitis B (Bs AG)	
	ALP		Ante-natal screen				Hepatitis B (carrier/immunity : BsAB)	
	ALT			Haemoglobin estimation		HIV tests		
	AST			Platelet count			HIV 1+2 Ab + P24 Ag	

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Please note that the prices listed below are reference prices only. GEMS has specific arrangements in place with various laboratories.							
Chemistry			Endocrinology			Inflammation/Immunology	
Renal / electrolytes / bone	Request		Endocrine – thyroid	Request		Auto-immune	Request
Liver / pancreas			Ante-natal screen			HIV tests	
Bilirubin (total, conjugated) - fee			Blood group: A B and O antigen			HIV Ab - Rapid Test	
GGT			Coombs test			CD4 count	
Lactate dehydrogenase			Grouping: Rh antigen			HIV PCR Testing	
Lactate dehydrogenase			HEP B s Ag			HIV PCR viral load	
Cardiac / muscle			HIV 1+2 Ab + P24 Ag			HIV PCR qualitative (diagnostic only)	
Troponin			VDRL			Microbiology	
CK-MB mass			Rubella igg, IgM - fee			Micro specimen type and site	
B-Type Natriuretic Peptide			First trimester Downs screen			MCS	
Lipids / cad risk			Second Trimester Down's screen			AFB fluorochrome auramine (ZN) only	
Procalcitonin: Quantitative			Tumour markers			Parasites	
Cholesterol			PSA			Bilharzia microscopy	
HDL and LDL			Haematology			TB tests	
Triglycerides (fasting)			Grouping: A B and O antigens			TB culture	
Creatinine kinase (ck)			Grouping: Rh antigen			TB sensitivity	
Histology			Full blood count			Adenosine deaminase (Peritoneal)	
Histology per sample			Platelet count			Adenosine deaminase (Pleural)	
Clinical data (please supply):			Haemoglobin estimation			TB Lipoarabinomannan Ag (LAM)	
			Reticulocyte count			The following TB related tests require an authorisation	
Cytology			Iron			TB PCR Testing	
Cervical/vaginal smear			Transferrin			For advanced pathology tests not included on this form, please contact 0860 436 777 and request an authorisation number.	
Arterial Blood Gas			D-Dimer (quantitative)				
Blood gases: Astrup/pO2 and ancillary tests - can only be used to a maximum of 6 times per patient per calendar day			Folate (serum)			Other tests requested:	
HPV Test			Vit B12			Pre-authorisation number:	
Hr-HPV-DNA test			Coombs test			DRUG MONITORING	
Specimen type:			Parasites in blood smear			Therapeutic drug level: Dosage	
Collected By:			Coagulation			ONCOLOGY	
Collection Date:			INR/PI			Serial step sections (including item 4567)	
Collection Time:			Miscellaneous				
			Faecal occult blood test (FOB)				

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2025 Radiology formulary

All codes not listed require authorisation.

MEDICAL PRACTITIONER	RADIOLOGIST	RADIOGRAPHY	CODE DESCRIPTION
GENERAL			
Non-chargeable	Non-chargeable	39300	X-ray films
SKULL AND BRAIN			
3349	10100	39039	X-ray of the skull
FACIAL BONES AND NASAL BONES			
3353	11100	39043	X-ray of the facial bones
3357	11120	39047	X-ray of the nasal bones
ORBITS AND PARANASAL SINUSES			
3353	12100	39043	X-ray orbits
3351	13100	39041	X-ray of the paranasal sinuses, single view
Non-chargeable	13110	Non-chargeable	X-ray of the paranasal sinuses, two or more views
MANDIBLE, TEETH AND MAXILLA			
3355	14100	39045	X-ray of the mandible
3361	14130	39051	X-ray of the teeth single quadrant
3363	14140	39053	X-ray of the teeth more than one quadrant
3365	14150	39055	X-ray of the teeth full mouth
3361	15100	39059	X-ray temporo-mandibular joint, left
3361	15110	39059	X-ray temporo-mandibular joint, right
3359	16100	39049	X-ray of the mastoids, unilateral - left
3359	16100	39049	X-ray of the mastoids, unilateral - right
3359	16110	39049	X-ray of the mastoids, bilateral
THORAX			
3445	30100	39107	X-ray of the chest, single view - PA
3445	30100	39107	X-ray of the chest, single view - lateral
Non-chargeable	30110	39107	X-ray of the chest two views, PA and lateral
3449	30150	39107	X-ray of the ribs
ABDOMEN AND PELVIS			
3477	40100	39125	X-ray of the abdomen
Non-chargeable	40110	Non-chargeable	X-ray of the abdomen multiple views including chest
Non-chargeable	40105	39125	X-ray of the abdomen supine and erect, or decubitus
3627	42200	39137	Ultrasound study of the renal tract including bladder

MEDICAL PRACTITIONER	RADIOLOGIST	RADIOGRAPHY	CODE DESCRIPTION
SPINE			
3321	**	39017	Skeleton: Spinal column - per region, e.g. cervical, sacral, lumbar coccygeal, one region thoracic
Non-chargeable	50100	39025	X-ray of the spine scoliosis view AP only
3321	51110	39017	X-ray of the cervical spine, one or two views - AP
3321	51110	39017	X-ray of the cervical spine, one or two views - lateral
3321	52100	39017	X-ray of the thoracic spine, one or two views - AP
3321	52100	39017	X-ray of the thoracic spine, one or two views - lateral
3321	53110	39017	X-ray of the lumbar spine, one or two views - AP
3321	53110	39017	X-ray of the lumbar spine, one or two views - lateral
3321	54100	39017	X-ray of the sacrum and coccyx
Non-chargeable	54110	39027	X-ray of the sacroiliac joints
PELVIS AND HIPS			
3331	55100	39027	X-ray of the pelvis
6518	56100	39017	X-ray of the left hip
6518	56110	39017	X-ray of the right hip
Non-chargeable	56120	Non-chargeable	X-ray pelvis and hips
UPPER LIMB			
6509	61100	39003	X-ray of the left clavicle
6509	61105	39003	X-ray of the right clavicle
6510	61110	39003	X-ray of the left scapula
6510	61115	39003	X-ray of the right scapula
6508	61120	39003	X-ray of the left acromio-clavicular joint
6508	61125	39003	X-ray of the right acromio-clavicular joint
6507	61130	39003	X-ray of the left shoulder
6507	61135	39003	X-ray of the right shoulder
6506	62100	39003	X-ray of the left humerus
6506	62105	39003	X-ray of the right humerus
6505	63100	39003	X-ray of the left elbow
6505	63105	39003	X-ray of the right elbow
6504	64100	39003	X-ray of the left forearm
6504	64105	39003	X-ray of the right forearm
6500	65100	39003	X-ray of the left hand
6500	65105	39003	X-ray of the right hand
3305	65120	39001	X-ray of a finger
6501	65130	39003	X-ray of the left wrist

MEDICAL PRACTITIONER	RADIOLOGIST	RADIOGRAPHY	CODE DESCRIPTION
6501	65135	39003	X-ray of the right wrist
6503	65140	39003	X-ray of the left scaphoid
6503	65145	39003	X-ray of the right scaphoid
LOWER LIMB			
6514	73100	39003	X-ray of the left lower leg
6514	73105	39003	X-ray of the right lower leg
6512	74100	39003	X-ray of the left ankle
6512	74105	39003	X-ray of the right ankle
6511	74120	39003	X-ray of the left foot
6511	74125	39003	X-ray of the right foot
6513	74130	39003	X-ray of the left calcaneus
6513	74135	39003	X-ray of the right calcaneus
6511	74140	39003	X-ray of both feet – standing – single view
3305	74145	39001	X-ray of a toe
6517	71100	39003	X-ray of the left femur
6517	71105	39003	X-ray of the right femur
6515	72100	39003	X-ray of the left knee one or two views - AP
6515	72100	39003	X-ray of the left knee one or two views - lateral
6515	72105	39003	X-ray of the right knee one or two views - AP
6515	72105	39003	X-ray of the right knee one or two views - lateral
Non-chargeable	72120	39003	X-ray of the left knee including patella
Non-chargeable	72125	39003	X-ray of the right knee including patella
6516	72140	39003	X-ray of left patella
6516	72145	39003	X-ray of right patella
Non-chargeable	72150	39003	X-ray both knees standing – single view
6519	74150	39003	X-ray of the sesamoid bones one or both sides - left
6519	74150	39003	X-ray of the sesamoid bones one or both sides - right
ULTRASOUND ABDOMEN AND PELVIS			
5102	61200	Non-chargeable	Ultrasound of the left shoulder joint
5102	61210	Non-chargeable	Ultrasound of the right shoulder joint
Non-chargeable	41200	Non-chargeable	Ultrasound study of the upper abdomen
3627	40210	Non-chargeable	Ultrasound study of the whole abdomen including the pelvis
3618	43200	39147	Ultrasound study of the pelvis transabdominal
3615	43250	39145	Ultrasound study of the pregnant uterus, first trimester
Non-chargeable	43270	39145	Ultrasound study of the pregnant uterus, third trimester, first visit
Non-chargeable	43273	39145	Ultrasound study of the pregnant uterus, third trimester, follow-up visit

MEDICAL PRACTITIONER	RADIOLOGIST	RADIOGRAPHY	CODE DESCRIPTION
3615	43277	39145	Ultrasound study of the pregnant uterus, multiple gestation, second or third trimester, first visit
3617	43260	39145	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment
ULTRASOUND MISCELLANEOUS			
5103			Ultrasound soft tissue, any region.
3629	34200: ultrasound of the breast / 20200: ultrasound of the thyroid		High definition (small parts) scan. Thyroid, breast lump, scrotum, etc
ULTRASOUND OF THE VASCULAR			
3596	32200	39191, 39211, 39199	Intravascular ultrasound per case, arterial or venous for intervention
ULTRASOUND OF THE BREAST			
3605	34100	39175	X-ray mammography including ultrasound

Radiology Request Form

Tanzanite One and Beryl



Section A: Referring Family Practitioner Details

Name

Surname

Email

Tel no. Fax no.

Practice no. Practitioner Signature

Section B: Patient Details

Member no. Dependant code

Surname

First name

Date of birth Gender

Scheme Name Scheme Option

I certify that the above information is correct and give specific consent for selected test(s) to be done.
I authorise the disclosure of these results to my doctor, medical aid administrators and/or insurance company. I undertake to pay all outstanding monies not covered by my medical aid. I fully understand the implication of the test(s) and have received adequate pre-test counselling.

Patient Signature

Section C: Clinical Information

ICD10 codes , , , , , , ,

Please choose from the investigations below. For certain tests, please specify the view and site.					
Skull and brain	Ref price	Pelvis and hips	Ref price	Lower limb cont.	Ref price
Skull		Pelvis		Knee: left lateral	
Facial bones and nasal bones		Hip: left		Knee: right ap	
Facial bones		Hip: right		Knee: right lateral	
Nasal bones		Pelvis and hips		Knee including patella: left	
Orbits and paranasal sinuses		Upper limb		Knee including patella: right	
Orbits		Clavicle: left		Patella: left	
Paranasal sinuses		Clavicle: right		Patella: right	
Paranasal sinuses: 2 views		Scapula: left		Both knees standing: single view	
Mandible, teeth and maxilla		Scapula: right		Sesamoid bones: left	
Mandible		Acromio-clavicular joint: left		Sesamoid bones: right	
Teeth: single quadrant		Acromio-clavicular joint: right		Ultrasound	
Specify quadrants:		Shoulder: left		Ultrasound: left shoulder joint	
Teeth: more than one quadrant		Shoulder: right		Ultrasound: right shoulder joint	
Specify quadrants:		Humerus: left		Ultrasound study: upper abdomen	
Teeth: full mouth		Humerus: right		Ultrasound: abdomen and pelvis	
Temporo-mandibular joint: left		Elbow: left		Ultrasound: pelvis transabdominal	
Temporo-mandibular joint: right		Elbow: right		Ultrasound: pregnant uterus	
Mastoids: left		Forearm: left		Miscellaneous	
Mastoids: right		Forearm: right		Ultrasound soft tissue, any region.	
Mastoids: right and left		Hand: left		High definition (small parts) scan. Thyroid, breast lump, scrotum, etc	
Thorax		Hand: right		Breast	
Chest: pa		Finger: specify		X-ray mammography including ultrasound	
Chest: lateral		Wrist: left		Vascular	
Chest : pa and lateral		Wrist: right		Intravascular ultrasound per case, arterial or venous for intervention	
Ribs		Scaphoid: left			
Abdomen		Scaphoid: right			
Abdomen		Lower limb			
Abdomen: multiple views incl chest		Lower leg: left			
Specify views:		Lower leg: right			
Abdomen: supine and erect or decubitus		Ankle: left			
Ultrasound study of the renal tract including bladder		Ankle: right			
Spine		Foot: left			
Spine scoliosis view: ap only		Foot: right			
Cervical spine: ap		Calcaneus: left			
Cervical spine: lateral		Calcaneus: right			
Thoracic spine: ap		Both feet standing: single view			
Thoracic spine: lateral		Toe: specify			
Lumbar spine: ap		Femur: left			
Lumbar spine: lateral		Femur: right			
Sacrum and coccyx		Knee: left ap			
Sacroiliac joints					

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Notes

Get in touch

General Enquiries



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