

# 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 <sup>2</sup> Cat <sup>1</sup>	REPI <sup>2</sup> Cat <sup>2</sup>
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 REPI<sup>2</sup> 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 REPI<sup>2</sup> categories and their adherence performance.
- FPs and Family Physicians can motivate to upgrade their REPI<sup>2</sup> 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.

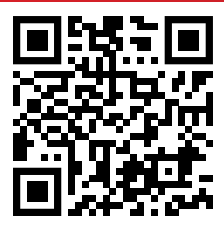


# GEMS Practitioner App and Portal

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](http://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.

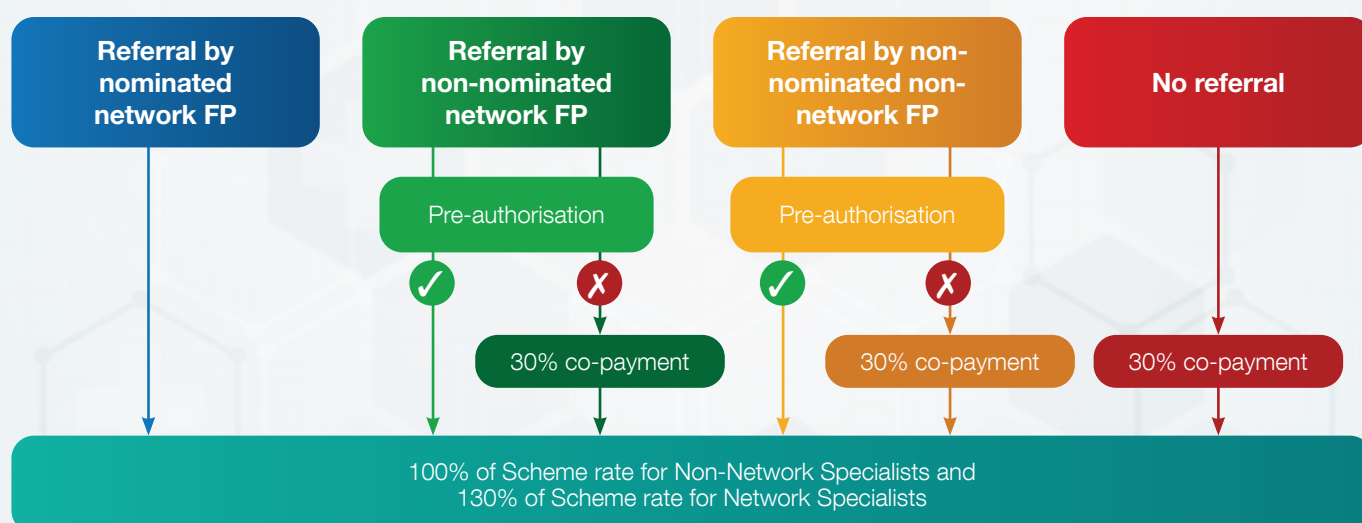
Should a member not obtain an authorisation, the claim for the FP will be declined, subject to authorisation. An authorisation can be obtained by calling our GEMS Network Call Centre on 086 043 6777.

## 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.

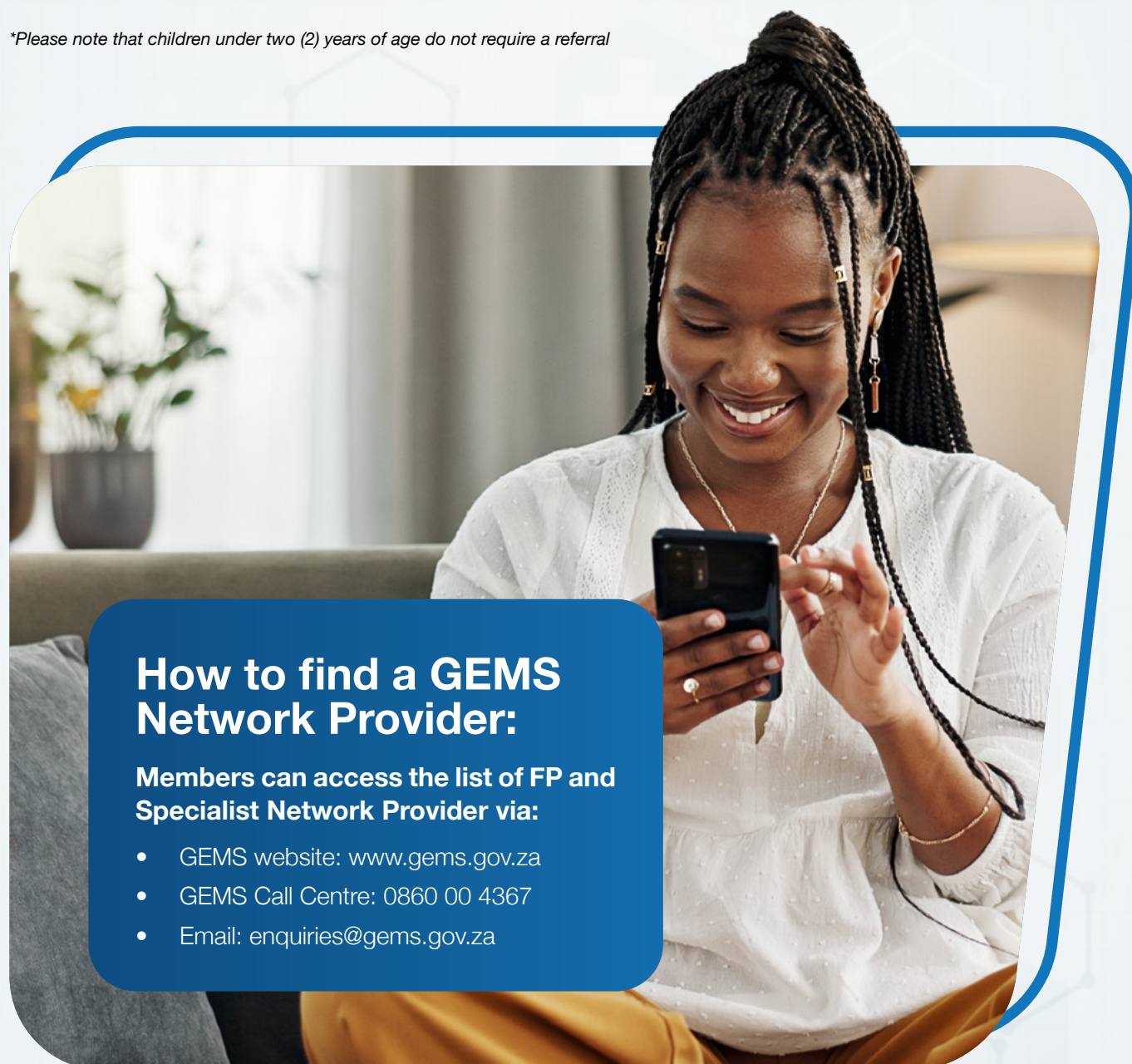
### Guide to specialist referrals for Tanzanite One and Emerald Value options



**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](mailto: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
Nose and Sinuses		
1018	Flexible nasopharyngolaryngoscope examination	No

2025 Tariff Codes	Tariff Description	Pre-authorisation
<b>Stomach</b>		
1587	Upper gastro-intestinal endoscopy	Yes
<b>Gastrointestinal Tract (Intestines)</b>		
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
<b>Testis and Epididymis</b>		
2207	Vasectomy: Unilateral or bilateral (no extra fee to be charged if done in combination with prostatectomy)	No
<b>Cataract</b>		
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
<b>General procedures performed in consulting rooms</b>		
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 encirclage: Shirodkar suture	Yes
2413	Cervix encirclage: Lash	Yes
2415	Cervix encirclage: 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
<b>List of codes from the Association of Plastic and Reconstructive Surgery South Africa (APRSSA)</b>		
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
<b>Code proposed by Medscheme</b>		
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](http://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](mailto: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"> <li>All beneficiaries 17 years and younger</li> <li>Maximum of 2 per quadrant in 12 months</li> <li>Time rule of 1 per tooth in 730 days</li> <li>Applicable to all permanent teeth except 3rd molars (wisdom teeth), REEVO options only.</li> <li>Applicable to all permanent, premolars and molars excluding 3rd molars for Tanzanite One and Beryl</li> </ul>	<ul style="list-style-type: none"> <li>Dentist, Dental Therapy, Oral Hygienist</li> <li>Dental Network providers only</li> </ul>
Dental Polishing	8155	Polishing - complete dentition	<ul style="list-style-type: none"> <li>All beneficiaries who are 3 - to 9 years of age</li> <li>Limitation of 1 in 180 days (2 in 12 months)</li> </ul>	<ul style="list-style-type: none"> <li>Dentist, Periodontics, Dental Therapy, Oral Hygienist</li> <li>Applicable to Ruby, Emerald, Emerald Value and Onyx options</li> </ul>

# 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](http://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.



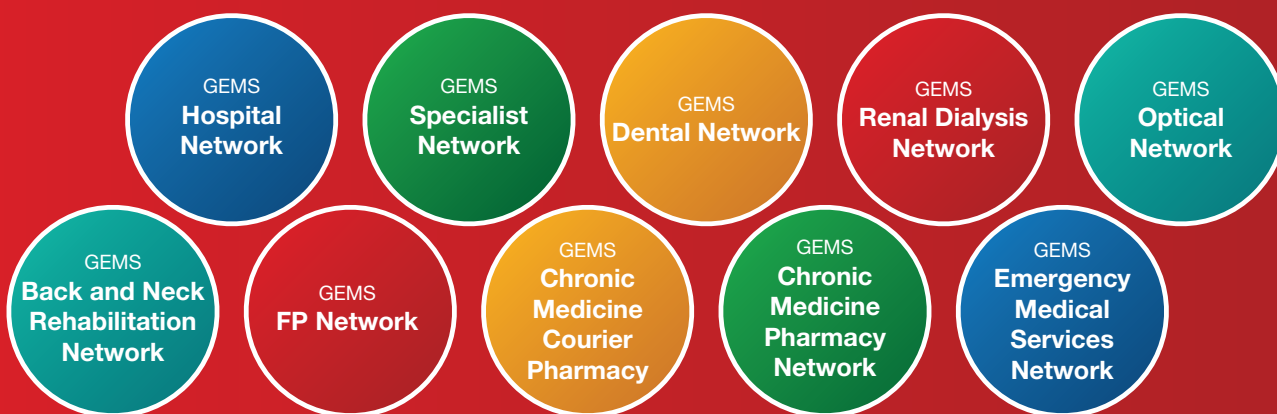
- The Care Plans are communicated when a beneficiary is newly registered and thereafter at the start of each benefit year.
- The PMB request form is available on the GEMS website, or telephonically on 0860 00 4367 via Client Services.
- The treating doctor and patient must complete the relevant information 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)

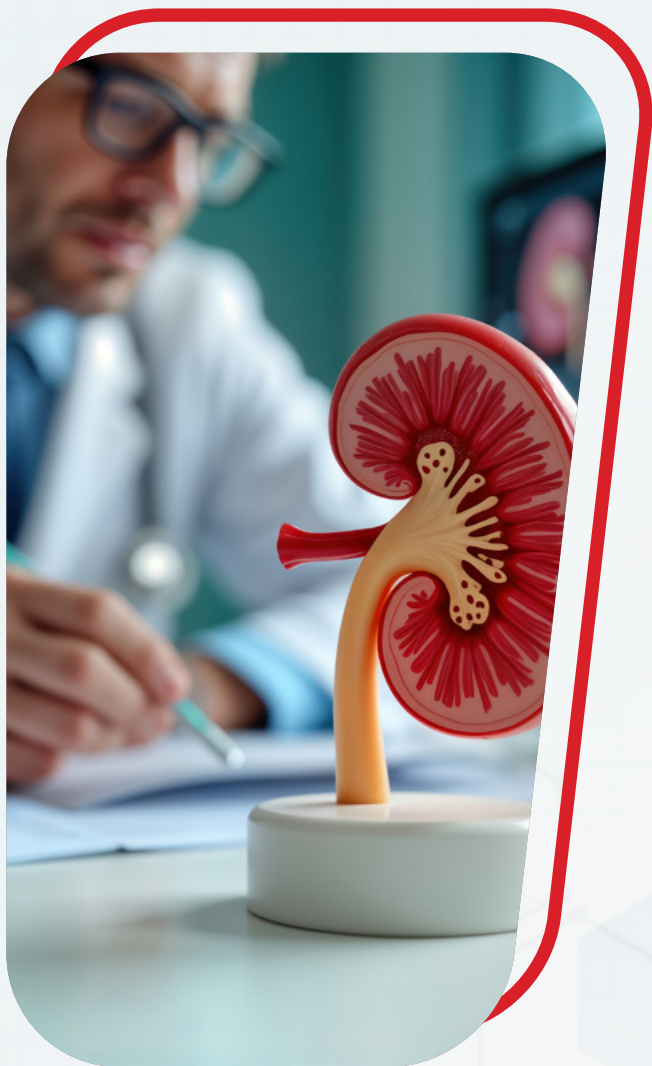
A DSP is a healthcare provider or group of providers who have been selected and have a contract with GEMS to provide members with a diagnosis, treatment and care in respect of medical conditions, including PMB conditions according to an agreed fee schedule.

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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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



# Notes





Handwriting practice lines on a grid background with a faint hexagonal pattern.

# Get in touch

## General Enquiries



EMAIL  
[enquiries@gems.gov.za](mailto:enquiries@gems.gov.za)



FAX  
0861 00 4367



POSTAL ADDRESS  
**GEMS, Private Bag X782**  
Cape Town, 8000



WEB  
[www.gems.gov.za](http://www.gems.gov.za)



GEMS CONTACT CENTRE  
0860 43 6777



GEMS FRAUD HOTLINE  
0800 212 202  
[gems@theline.co.za](mailto:gems@theline.co.za)



GEMS EMERGENCY SERVICES  
0860 44 4367

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[@GEMSMEDICALAID1](https://www.youtube.com/GEMSMEDICALAID1)



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