



PROVIDER GUIDE 2026

PROVIDER GUIDE

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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01

Introduction

GEMS appreciates the intensive work done by Family Practitioners 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 Family Practitioner (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 2026.



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What's New in 2026?

Below is a summary of key changes effective from 1 January 2026.

Tanzanite One Option



Hospital admissions or procedures that do not qualify as PMBs will not be funded. Access to hospital care is subject to the use of a Designated Service Provider (DSP).

Male Circumcision

- Procedures will be covered only in an out-of-hospital setting, unless there is a clinical indication requiring hospitalisation.

All circumcisions, whether in/out-of-hospital, will require pre-authorisation and are subject to clinical review.

Family Practitioner (FP) Consultations

- Pre-authorisation is required from the 9th Family Practitioner (FP) / nursing practitioner consultation onwards per beneficiary.
- Consultations that are not pre-authorised after the 8th consultation will not be covered.
- Members must consult their nominated Family Practitioner (FP) within the GEMS FP Network and gain pre-authorisation after the consultation threshold to access unlimited consultations.

Updated Formularies

New formularies will be introduced for:

- Acute medication
- Pathology
- Radiology

These updates aim to ensure appropriate care and alignment with clinical guidelines. Practitioners are encouraged to refer to these lists when they request pathology tests and radiology scans for GEMS Members.

Outpatient IV Therapy

- The benefit now includes intravenous (IV) therapy in outpatient settings, including home-based care, subject to pre-authorisation and managed care protocols under the Alternative to Hospital benefit.

Advanced Radiology

- Advanced radiology services are covered in both in-hospital and out-of-hospital, subject to Pre-authorisation. Out-of-hospital scans subject to a limit of R15 183. In-hospital scans are limited to PMBs.

Each beneficiary is entitled to one CT or MRI scan per year, which counts toward this limit.

Wheelchair Benefit

- Members are eligible for one wheelchair every 36 months, subject to available benefits and managed care processes.

Sleep Apnoea Devices

- Each beneficiary may receive one CPAP, APAP, BIPAP or VPAP device, including accessories, once every 36 months, up to a maximum benefit of R8 761.

Beryl Option



Male Circumcision

- Male circumcision procedures will be covered only in an out-of-hospital setting, unless there is a clinical indication that necessitates hospital-based care, or the hospital has an existing ARM (alternative reimbursement model) with the Scheme.

All procedures in/out-of-hospital will require pre-authorisation and will be subject to clinical review.

Scope Co-payment

- A R1 000 co-payment will apply per scope to all non-PMB and elective scopes performed in-hospital. If a member needs to undergo two or more scopes, a co-payment of R1,000 will apply to each scope performed.

Outpatient IV Therapy

- The benefit now includes intravenous (IV) therapy provided in outpatient settings, including home-based care, subject to pre-authorisation and managed care protocols under the Alternative to Hospital benefit.

Family Practitioner (FP) Consultations

- Pre-authorisation is required from the 9th FP / nursing practitioner consultation onwards per beneficiary.
- Consultations that are not pre-authorised after the 8th consultation will not be covered.
- Members must consult their FP within the GEMS FP Network and gain pre-authorisation after the consultation threshold to access unlimited consultations.

Advanced Radiology

- Advanced radiology services are covered both in-hospital and out-of-hospital, with a combined annual family limit of R15 183.
Each beneficiary is entitled to one CT or MRI scan per year, which counts toward this limit.

Wheelchair Benefit

- Beneficiaries are eligible for one wheelchair every 36 months, subject to available benefits and managed care processes.

Sleep Apnoea Devices

- Each beneficiary may receive one CPAP, APAP, BIPAP or VPAP device, including accessories, once every 36 months, up to a maximum benefit of R13 328.

Ruby Option



Hospital Admissions

- All hospital admissions must be to a GEMS Network Hospital.
If a member/provider voluntarily chooses to use a non-network hospital, a R15 000 co-payment will apply.

Male Circumcision

- Male circumcision procedures are covered only in an out-of-hospital settings, unless there is a clinical indication requiring hospital-based care.
Hospital-based procedures will require pre-authorisation and are subject to clinical review.

Scope Co-payment

- A R1 000 co-payment will apply per scope to all non-PMB and elective scopes performed in-hospital. If a member needs to undergo two or more scopes, a co-payment of R1,000 will apply to each scope.

Outpatient IV Therapy

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Wheelchair Benefit

- Beneficiaries are entitled to one wheelchair every 36 months, subject to available benefits and managed care processes.

Sleep Apnoea Devices

- Each beneficiary is entitled to one CPAP, APAP, BIPAP or VPAP device, including accessories, once every 36 months, with the following benefit limits:
- CPAP devices: up to R13 328.
- APAP, BIPAP or VPAP devices: up to R19 623, if clinical criteria are met.
- If clinical criteria are not met, the CPAP limit will apply.

Emerald Value Option



Male Circumcision

- Male circumcision procedures will be funded only in an out-of-hospital settings, unless a clinical indication necessitates hospital-based care.
Hospital-based procedures will require pre-authorisation and are subject to clinical review.

Scope Co-payment

- A R1 000 co-payment will apply per scope to all non-PMB and elective scopes performed in-hospital.

Outpatient IV Therapy

- The benefit has been expanded to include intravenous (IV) therapy in outpatient settings, including home-based care, subject to pre-authorisation and managed care protocols under the Alternative to Hospital benefit.

Wheelchair Benefit

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Outpatient IV Therapy

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- If clinical criteria are not met, the CPAP limit will apply.

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GEMS Practitioner App/ Portal enhancements

GEMS will be enhancing the Practitioner App and Portal. The platforms will be more user-friendly and provide a personalised and improved user functionality and experience.

The highlights will include:



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Tariffs and Fees

For 2026 Family Practitioner reimbursement, kindly refer to the tables below:

GEMS Family Practitioner (FP) Network Tariffs and Fees:

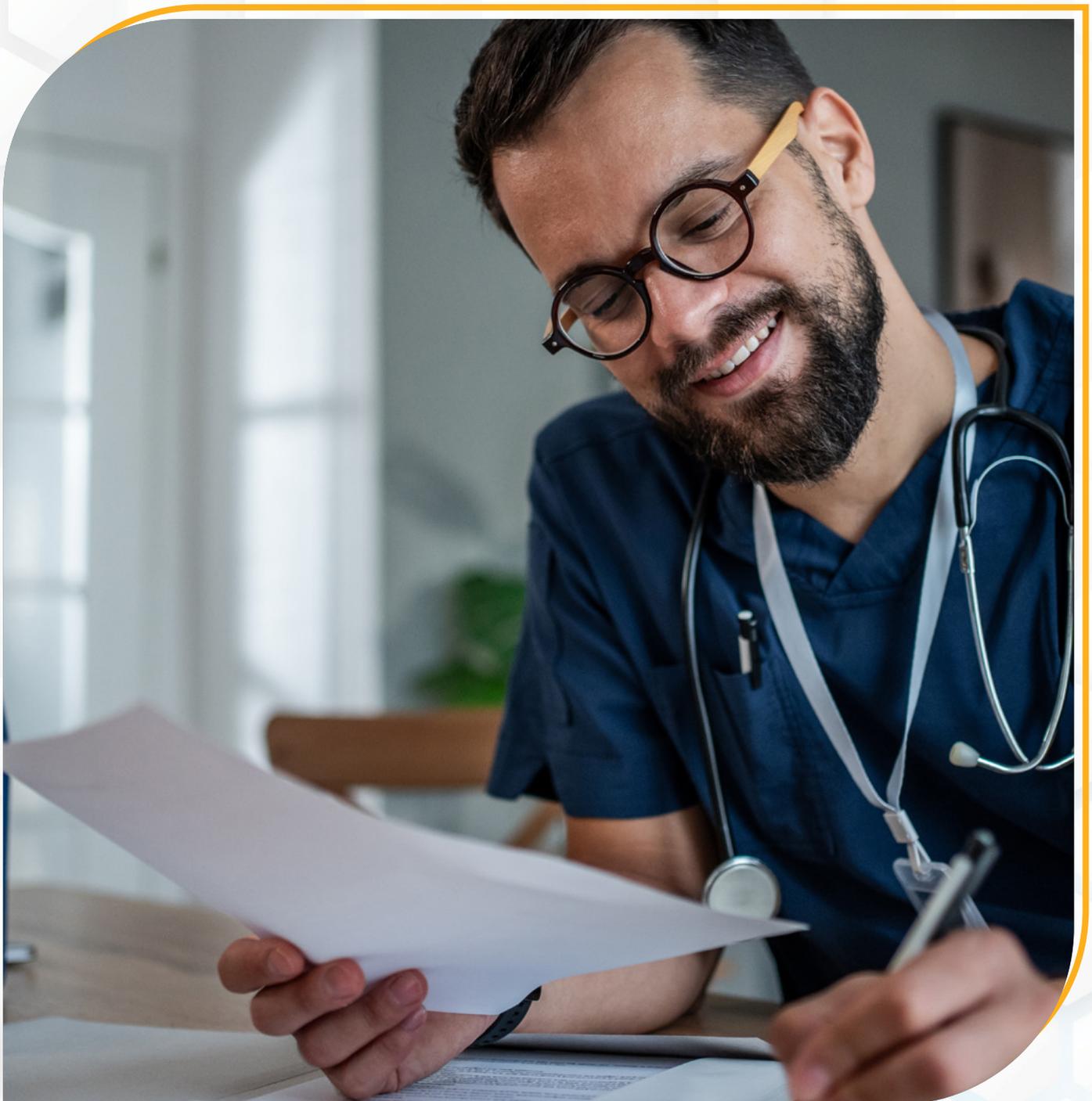
Consultation Rates (Codes: 0190-0193)			
		Enhanced Fees (these fees are automatically added when a consultation claim is processed)	
	GEMS Network tariff fee	REPI ² Cat ¹	REPI ² Cat ²
Ruby, Emerald, Emerald Value and Onyx (REO) FP	R 532.80	R 75.20	R 34.00
Family Physicians	R 691.90	R 75.20	R 34.00
	Level	Dispensing doctor tariff	Non-dispensing doctor tariff
Tanzanite One and Beryl FPs	Level 1	R 525.10	R 408.50
	Level 2	R 506.20	R 408.50
	Level 3	R 462.40	R 380.00

GEMS Family Practitioner (FP) Non-Network Tariffs and Fees:

GEMS Beneficiary Consulting	GEMS Non-Network Tariff Fee
REO	R 477.50
Family Physicians	R 498.60

- The GEMS REO (Ruby, Emerald, Emerald Value and Onyx) and T1B (Tanzanite One and Beryl) FP Network reimbursement models for 2026 will continue to include an enhanced fee based on the practitioner's REPI² category score.
- For GEMS REO, 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.
- Family Practitioners 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 Family Practitioner (FP) adhere to their contractual undertaking, and bill according to the agreed GEMS rates, so that members do not incur unexpected co-payments.

- Alignment of Tanzanite One and Beryl Claims Submission and Enhanced Fee Payment Process with Ruby, Emerald, and Onyx
 - To simplify the claims submission and payment process, and to reduce the administrative burden on network Family Practitioners (FPs), GEMS will align the claims and enhanced fee payment process for Tanzanite One and Beryl (ToB) with that of Ruby, Emerald, and Onyx (REO).
 - Currently, for ToB, the enhanced fee is embedded within the consultation rate. This will be revised to match the REO structure, where a standard network base rate is claimed, and the enhanced fee is paid separately via direct deposit on a bi-weekly basis.
 - The proposed change is planned for implementation in 2026. Comprehensive communication will be shared with all practitioners ahead of the implementation date to ensure full understanding and preparedness.



05

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 (Network option)	✓	✓	✓	✓	✓	✓	✓
Emerald Value (Network option)	✓	✓	✓	✗	✓	✓	✓
Emerald	✓	✓	✓	✗	✓	✓	✓
Onyx	✓	✓	✓	✗	✓	✓	✓

06

Family Practitioner Nomination

GEMS is truly committed to the coordination of care and recognises the key role of the Family Practitioner (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 Family Practitioner (FP), who will coordinate care for the beneficiaries.

Consultation Authorisation Process

Tanzanite One Members

Pre-authorisation is required from the 9th consultation onwards when visiting a Family Practitioner (FP) or a Nurse Practitioner.

Beryl Members

Pre-authorisation is required from the 9th consultation onwards for visits to a Family Practitioner (FP) or Nurse Practitioner.

Please note: The authorisation granted is valid for one visit only. Each subsequent consultation will require a new pre-authorisation.

Important Reminder

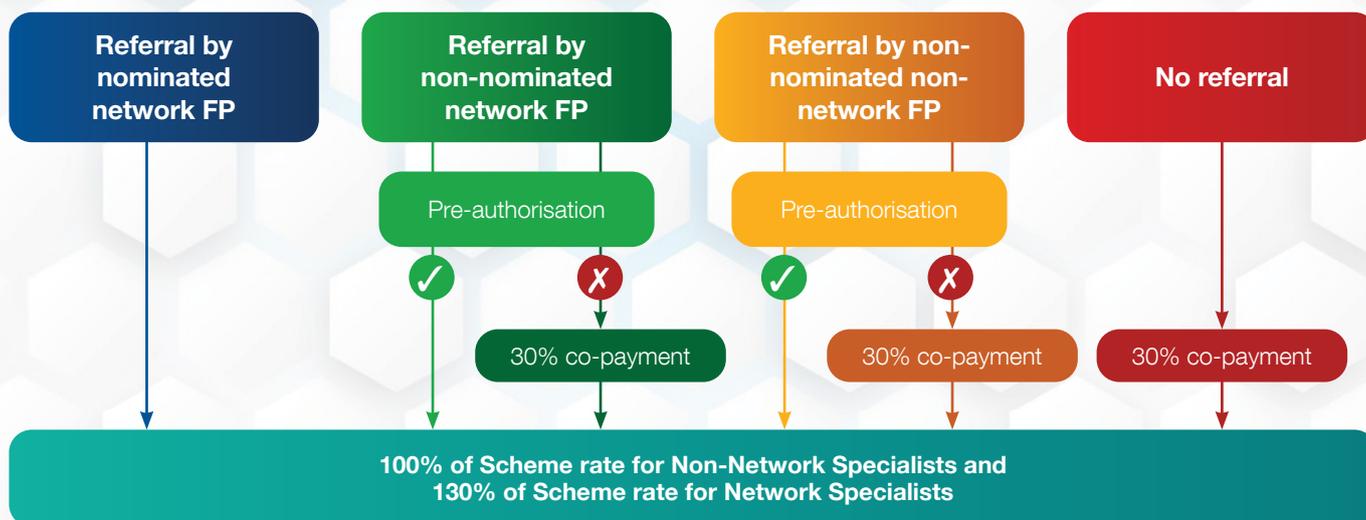
If a member does not obtain the necessary pre-authorisation, the claim for the consultation will be declined. To obtain authorisation, please contact the GEMS Practitioner Call Centre on 0860 436 777.

Specialist Referral and Authorisation

To avoid the need for pre-authorisation and/or a 30% co-payment, members on the Tanzanite One and Emerald Value options must obtain a referral from their nominated Network Family Practitioner (FP) before consulting a specialist.

The practice number of the referring Family Practitioner (FP), (as nominated on the member's option) must be clearly indicated on the specialist's claim. Failure to include this may result in the member incurring a co-payment.

Guide to specialist referrals for Tanzanite One and Emerald Value options



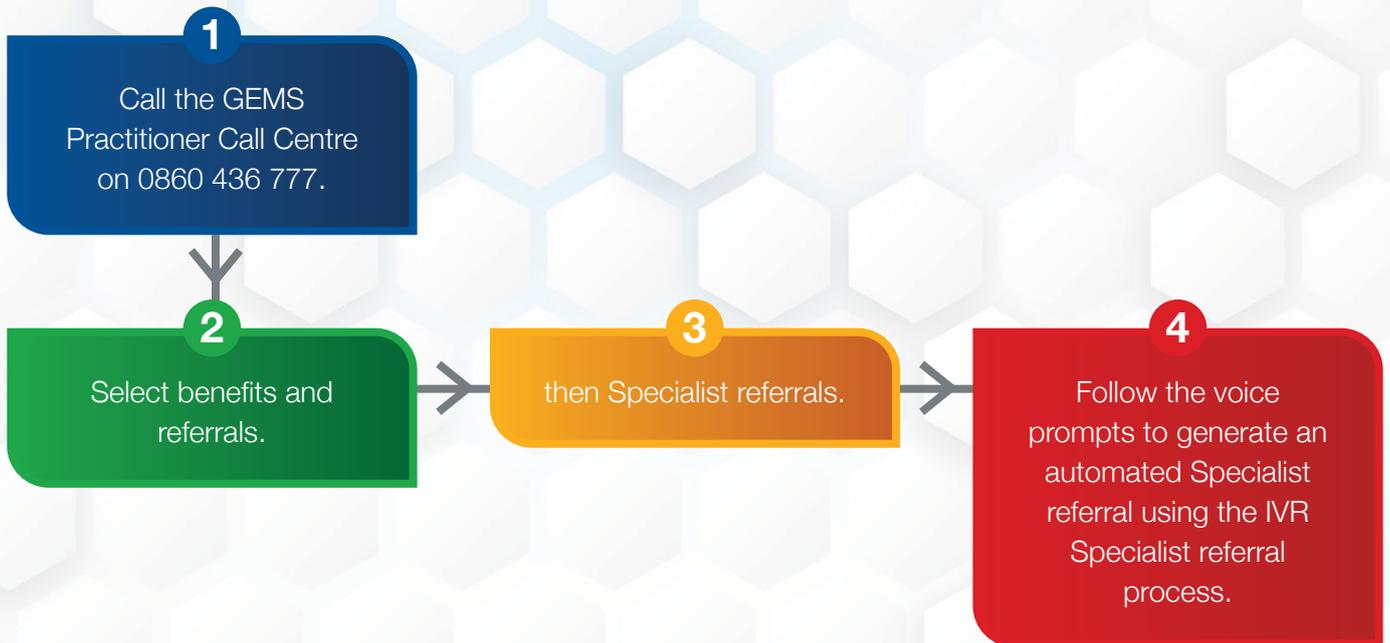
Below is a quick reference guide for specialist practice types requiring a specialist referral:

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)	46	Urologist
24	Neurosurgeon		

Children under the age of two (2) do not need a referral to consult a pediatrician.

New way to Obtain a Specialist Referral

In early 2026 GEMS will be introducing a new automated IVR facility to simplify the referral process. Here's how:



Key Benefits of the Automated Process



Quick and convenient

No paperwork required.



Real-time confirmation

Immediate referral generation.



Improved coordination

Ensures Family Practitioner (FP) remain central to patient care.



How to find a GEMS Network Practitioner:

Members can access the list of Family Practitioner (FP) and Specialist Network Practitioners via:

- GEMS website: www.gems.gov.za
- GEMS Call Centre: 0800 00 4367 (toll-free)
- Email: enquiries@gems.gov.za

Referrals to Network Practitioners

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Why Referrals to Network Practitioners Matter

Referring members to network practitioners ensures:

- **Cost Efficiency:** Network practitioners have negotiated rates with the Scheme, reducing overall healthcare costs.
- **Quality Assurance:** Practitioners in the network meet the Scheme's clinical and operational standards.
- **Member Protection:** Members avoid unnecessary out-of-pocket expenses and enjoy streamlined authorisation processes.

02

Applicable Network Services

Family Practitioners are requested to refer members to practitioners participating in the GEMS networks such as:

- Specialists
- Hospitals
- Pharmacies
- Renal Dialysis Practitioners
- The full list of GEMS Network Practitioners is available on the GEMS website.

03

Consequences of Non-Compliance

When members voluntarily use non-network practitioners, the following co-payments apply:

- **Voluntary use of non-network hospital:** R15,000 co-payment of the final hospital claim amount applicable to members on the Tanzanite One, Ruby and Emerald Value options.
- **Non-network pharmacy or non-nominated pharmacy for chronic medicines:** 30% co-payment applicable to members on the Tanzanite One, Ruby and Emerald Value options.
- **Non-network renal dialysis practitioner:** 30% co-payment of the final claim amount.
- **Seeing a Specialist without Family Practitioner referral or authorisation:** 30% co-payment on the specialists claim amount.

04

Practitioner Responsibilities

- Always check network status before referring.
- Inform members about potential co-payments for voluntary use of non-network practitioners and facilities.
- Use the Scheme's website to confirm network practitioners.

Tip: Educating members upfront about network compliance helps avoid financial surprises and improves satisfaction.



07

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 family practitioner).
- Certain doctor's room procedures.
- Specialist referrals.
- 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).
- Services are done in lieu of hospitalisation.

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 0860 436 777.

Providers are able to create, view and update pre-authorisations 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 Practitioners Call Centre on 0860 436 777.

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 practitioner and/or facility via telephone, SMS, email or post should there be no email available.

The member or treating healthcare practitioner 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.
- The IR prefix must be included on all submitted claims.

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

Procedure codes	Tariff Description	Pre-authorisation required
IR0244	Repair of nail bed (only for ingrown toenail)	No
IR0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude (only for ingrown toenail)	No
IR0310	Radical excision of nailbed (only for ingrown toenail)	No
IR0313	Extensive resection for malignant soft tissue tumour including muscle	Yes

Procedure codes	Tariff Description	Pre-authorisation required
IR0314	Excision of larger cancers as an ellipse and direct repair usually requiring undermining	Yes
IR0315	Excision of small cancers as an ellipse and direct repair	Yes
IR0289	Full thickness skin graft repair	Yes
IR0295	Flap repair for above excisions	Yes
IR1018	Flexible nasopharyngolaryngoscope examination	No
IR1485	Excision of benign lip lesion	Yes
IR1487	Excision of malignant lip lesion	Yes
IR1499	Full thickness lip repair	Yes
IR1587	Upper gastro-intestinal endoscopy	Yes
IR1653	Total colonoscopy: (including biopsy)	Yes
IR1656	Left-sided colonoscopy	Yes
IR1676	Flexible sigmoidoscopy (including rectum and anus)	No
IR1677	Sigmoidoscopy: First and subsequent, with or without biopsy	No
IR1679	Sigmoidoscopy with removal of polyps, first and subsequent	No
IR1681	Proctoscopy with removal of polyps: First time	No
IR1683	Proctoscopy with removal of polyps: Subsequent times	No
IR1949	Cystoscopy: Hospital equipment (a specific practice request)	Yes
IR2207	Vasectomy: Unilateral or bilateral (no extra fee to be charged if done in combination with prostatectomy)	No
IR2271	Removal of tag or polyp	Yes
IR2272	Removal of small superficial benign lesions	Yes
IR2274	Electro-, cryo-, chemo-, laser therapy of vulva and/or vagina (colposcopy directed)	Yes
IR2277	Removal of benign vulva tumour or cyst	Yes
IR2283	Hymenectomy	Yes
IR2293	Vulva and introitus: Drainage of abscess	Yes
IR2316	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: First lesion	Yes
IR2317	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Repeat – Limited	Yes
IR2318	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Widespread	Yes
IR2392	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): In consulting room	Yes
IR2395	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): Under anaesthetic	Yes
IR2396	Cautery, laser or Harmonic scalpel treatment of the cervix	Yes
IR2399	Punch biopsy (excluding after-care)	Yes
IR2400	Biopsy during pregnancy (excluding after-care)	Yes
IR2405	Cone biopsy: Cervix (excluding after-care)	Yes
IR2415	Cervix encerclage: Removal items 2409 and 2411: Without anaesthetic	Yes

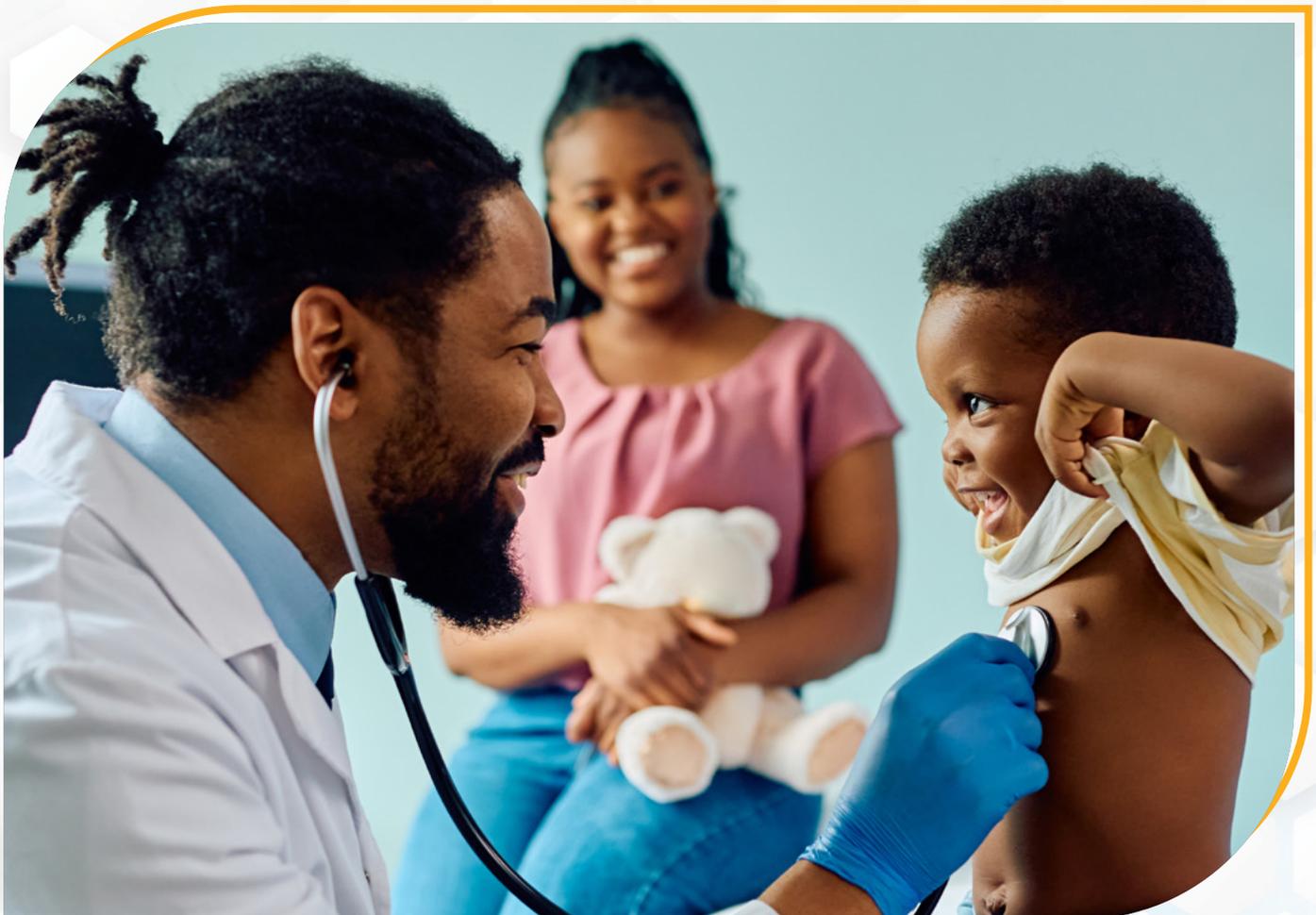
Procedure codes	Tariff Description	Pre-authorisation required
IR2429	Colposcopy (excluding after-care)	Yes
IR2434	Endometrial biopsy (excluding after-care)	Yes
IR2442	Insertion of intra uterine contraceptive device (IUCD) (excluding after-care)	Yes
IR2565	Implantation hormone pellets (excluding after-care)	Yes
IR3051	Needling or capsulotomy	Yes
IR3052	Laser capsulotomy	Yes
IR3189	Full thickness eyelid repair	Yes

Male Circumcision

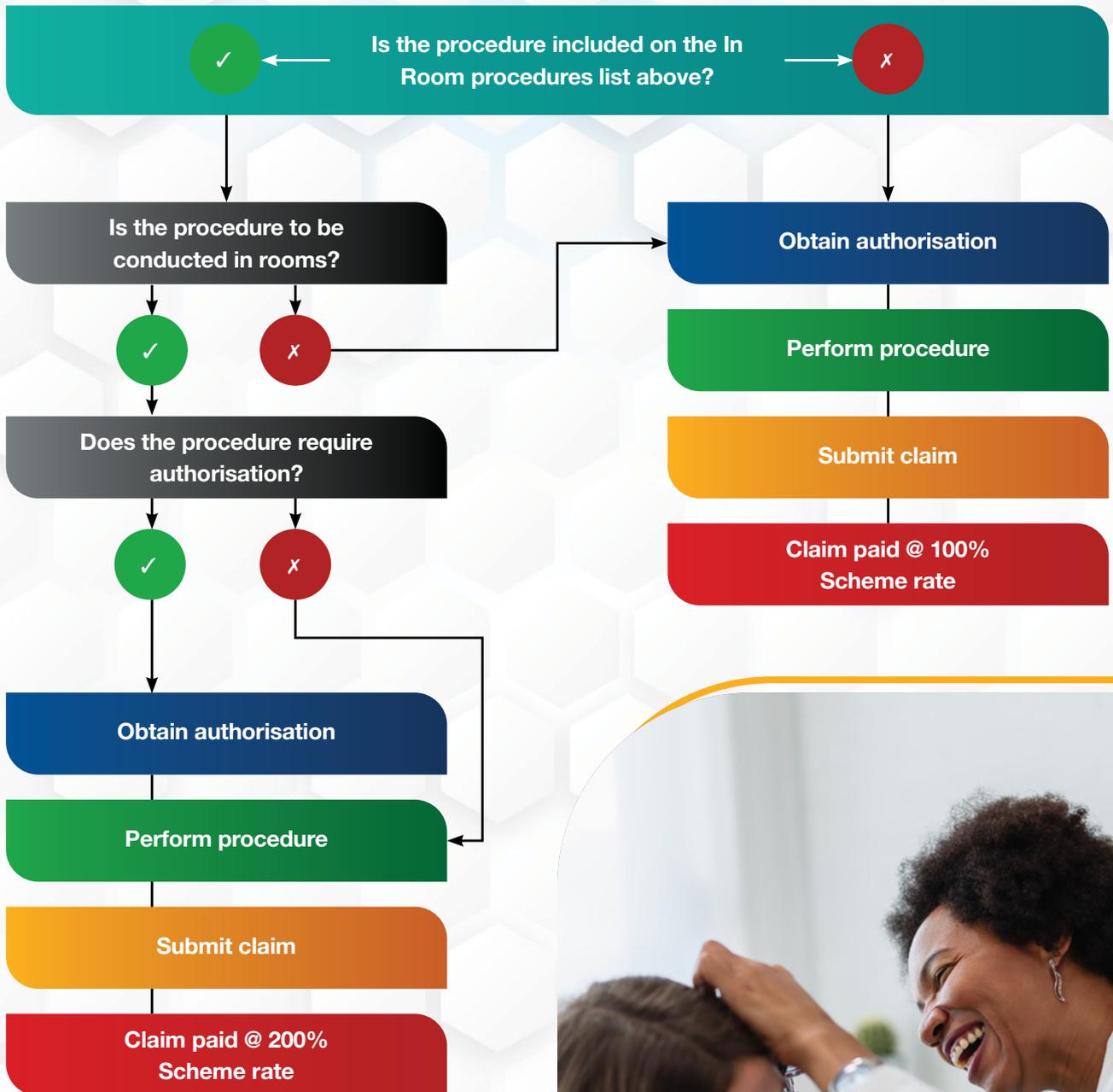
Circumcision procedures should be performed in the doctor's rooms, unless medically necessary and are subject to pre-authorisation, managed care protocols and processes and Scheme rules. Circumcisions are limited to a global fee of R1 994,00 which includes the procedure, all post-procedure care, consultations and medicine within a month (30 days) of the procedure.

Please see the table below for more information:

GEMS in-house code	Tariff description	2026 Tariff rate
99394	OH Global Fee: Circumcision (All practitioners)	R1994.00 all inclusive



Simplified process for authorisation of doctor's room procedures



How to request authorisation*

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

Providers may create an authorisation online, or request one by calling 0860 436 777 or sending an email to hospitalauths@gems.gov.za. The following information is required:

- Patient membership number
- Beneficiary/Dependant number
- Treating practitioner 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 17.*

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 a Family Practitioner (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.

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:

- Book an Appointment using the following link: **Book Medical Advisor Appointment**
- Click on Select Service.
- Choose one of the following options:
 - Hospital Event Management (HEM)
 - Chronic Medicine Management (CMM)
 - Oncology (for oncology-related treatment – non-surgical)
- Continue to enter the required information.
- Once complete, you will receive confirmation of your scheduled appointment via email.
- A Medscheme Medical Advisor will call you at the scheduled date and time.

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.

Access Managed Care Protocols

The Managed Care Organisation provides you with access to view all managed care protocols. Please use the link below to access the full set of practitioner funding protocols: **[Click here to access protocols EDX](#)**



08

Preventative Care and Screening Services

Preventative care 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.

Tariff codes applicable to screening services (these codes are to be funded from the screening services benefit).

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 Pharmacy, Pharmacotherapists, Primary Care Drug Therapist Registered Nurses
	0013	Blood cholesterol and/or triglycerides		
	99384	Cholesterol screening		
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 Pharmacy, Pharmacotherapists, Primary Care Drug Therapist Registered Nurses
	0012	Blood glucose		
	99370	Glucose screening test		

Procedure	Tariff Codes	Tariff Description	Eligible beneficiaries and Frequency	Healthcare Providers allowed
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
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	Procedure codes: 0201 – cost of material		General Medical Practice, Specialist Family Medicine, Gynaecologist
	99385	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, Pharmacotherapists, Primary Care Drug Therapist
	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, Pharmacotherapists, Primary Care Drug Therapist
	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
	0017	HIV and AIDS Testing and Post Counselling		Pharmacy, Pharmacotherapists, Primary Care Drug Therapist
	99377	HIV and AIDS testing and post counselling		Registered Nurses

Procedure	Tariff Codes	Tariff Description	Eligible beneficiaries and Frequency	Healthcare Providers allowed
Peak Flow Measurement	0019	Peak Flow Measurement	Once per benefit year for beneficiaries 4 years and older	Pharmacy, Pharmacotherapists, Primary Care Drug Therapist
	99383	Peak Flow Measurement		Registered Nurses
Mammography Screening	39175	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		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 (Applanation)		
	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)		Ophthalmologist
Pregnancy Screening	0018	Pregnancy Screening	Once per benefit year for a female beneficiary 12 years and older	Pharmacy, Pharmacotherapists, Primary Care Drug Therapist
	99381	Pregnancy Screening		Registered Nurses
Urine Analysis	0014	Urine Analysis	Once per benefit year for beneficiaries of all ages	Pharmacy, Pharmacotherapists, Primary Care Drug Therapist
	99382	Urine Analysis		Registered Nurses

Procedure	Tariff Codes	Tariff Description	Eligible beneficiaries and Frequency	Healthcare Providers allowed
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		
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 (excluding beneficiaries in the first three months of life)	Speech Therapy and Audiology
	1010	Audiology consultation. Duration 5–15 mins		
	1011	Audiology consultation. Duration 16–30 mins		
	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 (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		

Vaccinations from Preventative Care Services

Tariff code 0022 should be used for pharmacy administration of immunisation, 0017 for Family Practitioner (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	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
	813338 Vaxigrip			
	732826 Influvac			
	3002734 Influvac Tetra			
	836591 Vaxigrip - Junior			
0190-0193 consultation*		Beneficiaries between 6 months and 35 months		
Pneumococcal Vaccination	758528 Pneumovax 23 single dose vial 0.5ml	Once every 5 years	High-risk beneficiaries between ages 2 and 64 with relevant chronic or hospital admission All beneficiaries 65 years and older irrespective of chronic or hospital authorisation	
	715858 Prevenar 13 pre-filled syringe 0.5ml			
HPV Vaccination	710020 Cervarix Pre-filled Syringe 0.5ml	One course per beneficiary per lifetime*	Females 9-45 years Ages between 9 - 14 years of age: 1 course = 2 doses Ages between 15 - 45 years of age: 1 course = 3 doses	
	710240 Gardasil Injection			
COVID-19 Vaccination	3002823 COVID-19 Vaccine Administration Fee			
	3003386 COVID-19 Vaccine Janssen**	Three doses per beneficiary	18 years and older	
	3003282 COVID-19 Vaccine Pfizer**	Four doses per beneficiary*** Two doses per beneficiary***	18 years and older 12 - 17 years;	
	3006073 COVID-19 Paediatric Vaccine Pfizer**	Two doses per beneficiary***	5 - 11 years	

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

700356 Engerix-b	716550 Priorix tetra**	700210 Engerix-b*	720708 Menactra**
700767 Hiberix	716655 Boostrix tetra	700513 Avaxim**	814970 Verorab**
700772 Priorix	719637 Hexaxim	701659 Heberbio hbv*	814989 Stamaril**
701658 Heberbio hbv	3002554 Measles vaccine	703442 Typherix**	822361 Havrix 1440**
892939 Varilrix**	722290 Measbio	703448 Havrix junior**	822442 Typhim
3000689 Boostrix	723131 Onvara**	703846 Dukoral**	832693 Tetavax
703994 Infanrix pre-filled	724016 Omzyta	706829 Twinrix**	3002364 Tetanus Vaccine Cipla Ampoule 0.5ml
707285 Infanrix hexa	823678 OPV-merieux 10	713048 Euvax b*	848905 Avaxim**
710935 Rotateq	823686 OPV-merieux 20	714999 Synflorix	879460 Chiorab**
711258 Tetraxim	841307 OPV-merieux 10	717194 Vivaxim**	3001925 Pneumovax 23**
713229 Adacel quadra	872962 BCG	717466 Zostavax**	3002510 Adacel Vial 0.5ml
714133 Rotarix liquid oral	879452 Morupar		3004427 Tetanus toxoid

*Vaccinations must be pre-authorized.

** Certain vaccines require a prescription and therefore if obtained from your pharmacy you will require a prescription from your Healthcare Practitioner. 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, posterior teeth, i.e. premolars and molars excluding third molars. 	<ul style="list-style-type: none"> Dentist, Dental Therapy, Oral Hygienist Dental Network practitioners 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

HIV-related Prevention Benefits

Procedure	Tests / Treatment	Eligibility	Benefit
PrEP (Pre-Exposure Prophylaxis)	<p>Prophylactic Antiretroviral (ARV) treatment taken as long as needed.</p> <p>Types of PrEP currently available:</p> <ul style="list-style-type: none"> Oral PrEP: A fixed-dose combination tablet containing two antiretroviral medications: <ul style="list-style-type: none"> Tenofovir disoproxil fumarate (TDF) or tenofovir alafenamide (TAF) Emtricitabine (FTC) or Lamivudine (3TC) 	All HIV negative beneficiaries with frequent exposure to possible or confirmed HIV.	<p>Subject to prescription by the healthcare practitioner and pre-authorisation</p> <p>Payable from Risk</p>

Procedure	Tests / Treatment	Eligibility	Benefit
PEP (Post Exposure Prophylaxis)	A 30-day course of antiretroviral (ARV) medication after possible or confirmed HIV exposure.	All HIV negative beneficiaries with exposure to possible or confirmed HIV. Antiretroviral (ARV) treatment to be started within 72 hours (3 days) after exposure.	Subject to prescription by the healthcare practitioner and pre-authorisation Payable from Risk
VTP (Vertical Transmission Prophylaxis to prevent mother-to-child transmission)	<ul style="list-style-type: none"> • Antiretroviral (ARV) treatment for HIV-positive pregnant women. • HIV PCR test for newborns exposed to HIV during pregnancy. • Prophylactic treatment to HIV-exposed newborn babies. • Exclusive breastfeeding, HIV-negative breastmilk donation, formula feeding options. 	All pregnant HIV-positive women	Subject to prescription by the healthcare practitioner and pre-authorisation Payable from Risk

Click here for extensive information about the PrEP, PEP, and VTP/PMTCT

HIV prophylaxis are covered on all benefit options. If you would like guidance and advice on how to access these benefits, contact the GEMS HIV Department on 0860 436 736 or our toll-free number (0800 00 4367) or email hiv@gems.gov.za.

Procedure	Eligible beneficiaries	Benefit	Healthcare Practitioners allowed
Circumcision (male)	<ul style="list-style-type: none"> • All beneficiaries • On all options 	<ul style="list-style-type: none"> • Subjected to pre-authorisation • Out-of-hospital Practitioners rooms: Circumcision benefit of R1 994 per beneficiary per annum, payable from Risk. Includes all post-procedure care, consultations, and medication within a month (30 days) of the procedure. • Tariff code: 99394 	Practitioners allowed: general practitioner, specialist family medicine, paediatrics, surgery, urology, paediatric surgeon.

09

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

Tanzanite One: In-Hospital PMB Only Option

Overview of Tanzanite One

01

Tanzanite One is a Prescribed Minimum Benefit (PMB)–only, in-hospital medical scheme option. Non-PMB services are not covered.

It is designed to provide cost effective hospital cover for members while ensuring full access to all PMB services as required by the Medical Schemes Act.

The option focuses on:

- Emergency care
- PMB-related hospital admissions
- PMB specialist and surgical services performed in hospital
- Access to designated provider (DSP) networks for cost-effective care

The plan only funds PMB conditions. This includes:

- Emergency medical conditions
- A defined list of 270 Diagnosis Treatment Pairs (DTPs)
- Any PMB requiring in-hospital management as defined by the medical scheme's act

Non-PMB services are not covered, unless explicitly authorised by the Scheme.

Use of Designated Service Providers (DSPs)

If a non-DSP is used without valid justification, members may face:

- Co-payments, or
- Denial of non-PMB claims

Exceptions include:

- Emergency situations where the DSP was not accessible
- Lack of a DSP within a reasonable distance

PMB conditions



Out-of-hospital or Ambulatory PMBs (aPMBs) are managed by registering the member for the chronic condition via the chronic medicine registration process or completing the aPMB form registration form to create access to the 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 can automatically access these benefits 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 not an accumulative quantity.

It is also important that the correct ICD-10 codes are submitted on all claims to ensure accurate 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 0800 00 4367 (toll free) 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.
- To request a copy of the care plan, FPs may call 0860 436 777, while members may call 0800 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.

PMB retrospective review process for in-hospital Practitioner 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 Practitioner 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 practitioner 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 practitioners 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.



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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 FP's 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 R253.00 each per beneficiary per year may be obtained from a Network pharmacy.

Non-dispensing Network FPs are not licensed to dispense medication, however; 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.

Dispensing network FPs practicing and claiming under a group practice must always include their individual practice number when submitting medicine claims. Both the billing and treating practice numbers must be included in the claim. This will enable claims to be paid at dispensing rates.

GEMS Medicine Formularies

- Formularies are published on the GEMS website for easy access by members and practitioners.
- 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)
 - Drug Reference Price List (DRP)
 - 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
- Drug Reference Price (DRP)
- 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 or request it telephonically by calling 0800 00 4367 (toll-free).
- 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 practitioners may contact the Chronic Authorisation Department on 0860 436 777, and members may call 0800 00 4367 (toll-free).
- 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 HIV DMP for coordinated care.
- 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 GEMS 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 both the member and treating practitioner are 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 on the GEMS website. 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 practitioner 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).

To contain the escalating costs of medicines, GEMS uses the DRP to determine the maximum price the member 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 acute and 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, member may contact GEMS on 0800 00 4367 and then follow the prompts below:
 - Press '4' for Pre-authorisations and select your preferred language.
 - Press '3' and '2' as these selections are a shortcut to get help selecting a Network pharmacy or with other general chronic medicine queries.
- To avoid 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.*

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 chronic back and neck pain. Positive outcomes of this non-surgical programme include improving flexibility, restoring functionality, reducing pain, and decreasing or delaying the need for surgery, leading 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 centre's 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.

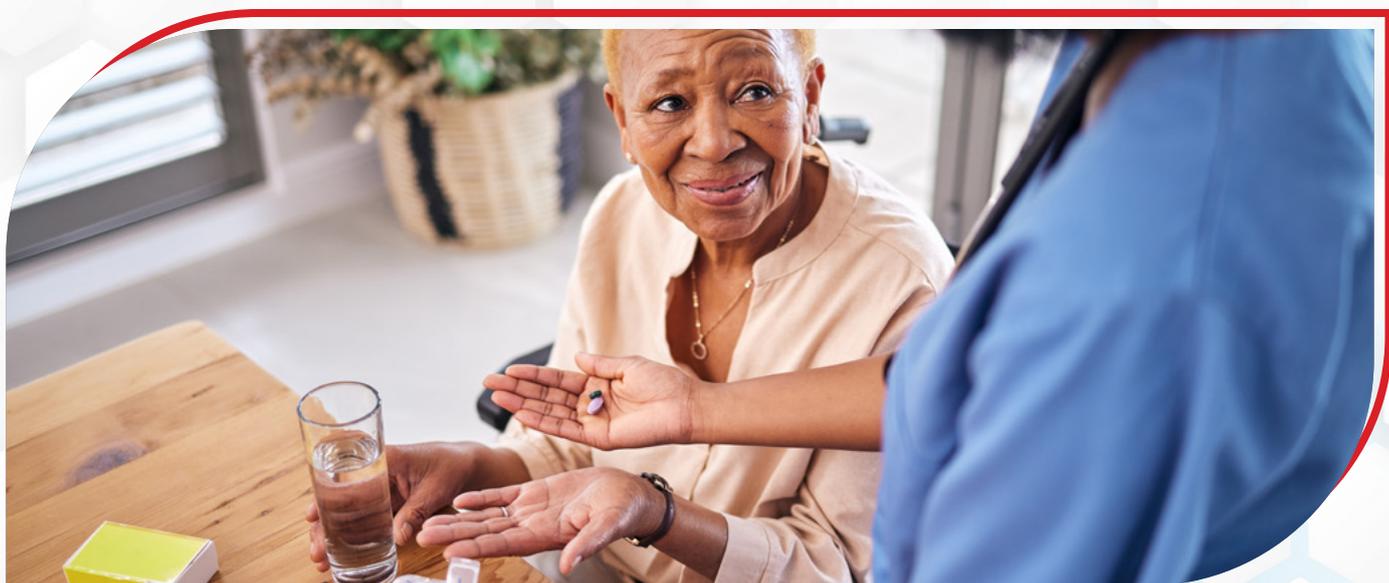
The cost of the programme is covered by a separate CBNR benefit so that there is no financial impact on the member's day-to-day benefits or savings.

Should your GEMS patient require a referral to a CBNR network facility, kindly send an email to gemsfrc@medscheme.co.za or call 0860 109 900. For an updated CBNR network list please refer to the GEMS website or call the GEMS Call Centre on 0800 00 4367 (toll-free).

Population Medicine Programme

The Population Medicine Programme is a Value-Based Care (VBC) initiative designed to support vulnerable populations and underserved communities. It promotes wellness and addresses health risks through a Multi-Disciplinary Team (MDT) approach, ensuring coordinated, patient-centred care.

As a key member of the MDT, the Family Practitioner serves as the primary point of care for patients and collaborates closely with other clinicians and allied health professionals to deliver comprehensive, integrated services.



Core responsibilities



Coordinate Care

Work with physicians, nurses (care coordinators), and allied practitioners to ensure seamless patient management.



Engage Patients

Build trust and encourage adherence to care plans.



Promote Wellness

Focus on preventive care and early intervention for at-risk populations.



Collaborate

Participate in shared decision-making within the MDT framework.

Benefits for participation

Access to a Shared Services Hub with:

- Proprietary toolkits.
- Information system access for data-driven insights.
- Improved patient outcomes through integrated and coordinated care delivery.
- Professional support network for continuous learning and collaboration.

Participation Criteria

The ability to establish or join an integrated Multi-Disciplinary Team (MDT) with clinicians committed to collaborative care.

- ✓ Willingness to work with allied healthcare practitioners in a coordinated model.
- ✓ Commitment to value-based care principles and patient-centred outcomes.
- ✓ Utilise evidence-based protocols for the management of identified or enrolled members/f identified or enrolled members/ patients.
- ✓ Have a demonstrated track record of value-based service provision.

Please call us on 0860 43 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 gemsalternativecare@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.

Disclaimer: While Tanzanite One members have access to alternatives to hospitalisation, funding will only be approved if the in-hospital PMB criteria are met.



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.

11

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 implementation@gems.gov.za
Information required to update your dispensing status.

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.

Please Note: 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 being rejected, ensuring a smoother and more efficient process.

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



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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 GEMSs 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
Chronic Back and Neck Rehabilitation (CNBR) Programme	Should your GEMS patient require a referral to a CNBR network facility	0860 109 900	gemsfrc@medscheme.co.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
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.	086 043 6777	referrals@alignd.co.za info@alignd.co.za
GEMS Palliative Care Programme	Assistance with managing a serious illness.	086 043 6777	referrals@alignd.co.za
GEMS Alternatives to Hospitalisation	For medical care at home.	086 043 6777	gemsalternativecare@medscheme.co.za

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Upcoming events in 2026

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.

- 25 February 2026 – Webinar
- 20 March 2026 – Annual GEMS Stakeholder Golf Day
- 28 March 2026 – Provider Western Cape
- 16 May 2026 – Provider Limpopo
- 25 July – Provider Eastern Cape
- 19 September – Provider Free State

Also, in 2026 there will be Practice Managers' Webinars, kindly be on the lookout for communication details for your province.



14

Request Forms

Radiology Request Form

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.
For advanced radiology tests not included on this form, please contact 0860 436 777 and request an authorisation number.

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

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RPL	DESCRIPTION	SUBJECT TO AUTHORISATION
RENAL / ELECTROLYTES / BONE		
4017	Calcium: Spectrophotometric	No
4032	Creatinine	No
4086	Lactate	
4094	Magnesium	
4109	Phosphorus	
4113	Potassium	
4114	Sodium	
4155	Uric acid	
4151	Urea	
4171	Sodium	
4031	Total Calcium	
4023	Chloride	

CEREBROSPINAL FLUID		
B. HAEMATOLOGY		
3709	Antiglobulin	
3716	Mean corpuscular volume	
3743	Erythrocyte sedimentation rate	
3739	Erythrocyte count	
3783	Leucocyte count	
3785	Leucocyte differential	
3791	Packed cell volume	
3755	Full blood count	
3762	Haemoglobin	
3764	Grouping	
3765	Grouping	
3797	Platelet count	
3805	Prothrombin time	
3809	Reticulocyte count	
3865	Parasite	
4071	Iron	
4144	Transferin saturation	
4491	Vitamin B12	
4528	Ferritin	
4533	Folic acid	
3856	D-Dimer	
C. ENDOCRINE - I		
4450	HCG: M	
4531	Acute H	
4537	Prolactin	

Private
Email enquiries@gems.gov.za
The

Beryl 2026 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 Albuminuria (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

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RPL	DESCRIPTION	SUBJECT TO AUTHORISATION
3893	Bacteriological culture: Miscellaneous	No
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)	No
3922	Viable cell count	No

3879	Campylobacter
3895	Bacteriological culture: Miscellaneous
3928	Antimicrobial susceptibility
3887	Antibiotic sensitivity
3924	Biochemical
3869	Faeces
3868	Fungus
3881	Mycobacterium
3901	Fungal culture
3868	Fungus
AFB FLUOROCHROME	
3885	Cytochrome oxidase
3881	Antigen
TB CULTURE	
0221	Mantoux
3881	Antigen
4433	Bacteriological culture: Miscellaneous
3916	Radiometry
3867	Miscellaneous
3895	Bacteriological culture: Miscellaneous
4655	TB Lipid
TB SENSITIVITY	
3887	Antibiotic
3974	Polymerase chain reaction
EXTRAPULMONARY TUBERCULOSIS	
4139	Adenosine deaminase
PARASITES	
3869	Faeces
3883	Concentration
3865	Parasite
BILHARZIA MICROFILM	
3980	Bilharzia
3867	Miscellaneous
3946	IgM: Specific antibody titer: ELISA/EMIT: RUBELLA
3883	Concentration
DRUG MONITORING	
3806	Therapeutic drug monitoring
ONCOLOGY	
4582	Serial studies

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

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Beryl Radiology Formulary

MEDICAL PRACTITIONER	RADIOLOGIST	RADIOGRAPHY	CODE DESCRIPTION
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
3321
Non-chargeable

PELVIS AND HIPS

3331
6518
6518
Non-chargeable

UPPER LIMB

6509
6509
6510
6510
6508
6508
6507
6507
6506
6506
6505
6505
6504
6504
6500
6500
3305
6501
6501
6503
6503

LOWER LIMB

6514
6514
6512
6512
6511
6511
6513
6513

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Beryl 2026 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			
	30110	39107	X-ray of the chest two views, PA and lateral
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 tempero-mandibular joint, left
3361	15110	39059	X-ray tempero-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
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

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MEDICAL PRACTITIONER	RADIOLOGIST	RADIOGRAPHY	CODE DESCRIPTION
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
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

** Providers to use specific codes

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Tanzanite One Radiology Request Form

Radiology Request Form

Tanzanite One



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.
For advanced radiology tests not included on this form, please contact 0860 436 777 and request an authorisation number.

Thorax	Ref price	Upper limb cont.	Ref price	Lower limb cont.	Ref price
X-ray of the chest, single view - lateral		Humerus: left		X-ray of the left knee one or two views - AP	
X-ray of the chest two views, PA and lateral		Humerus: right		X-ray of the right knee one or two views - AP	
X-ray of the ribs		Elbow: left		X-ray of the left knee including patella	
		Elbow: right		X-ray of the right knee including patella	
Abdomen		Forearm: left		Ultrasound abdomen and pelvis	
X-ray of the abdomen		Forearm: right		Ultrasound study of the pregnant uterus, first trimester	
X-ray of the abdomen supine and erect, or decubitus		Hand: left		Ultrasound study of the pregnant uterus, third trimester, follow-up visit	
Spine		Hand: right		Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment	
X-ray of the cervical spine, one or two views - AP		Finger: specify		Miscellaneous	
X-ray of the thoracic spine, one or two views - AP		Wrist: left		High definition (small parts) scan. Thyroid, breast lump, scrotum, etc	
X-ray of the lumbar spine, one or two views - AP		Wrist: right		Ultrasound of the breast	
Pelvis and hips		Scaphoid: left		X-ray mammography including ultrasound	
Pelvis		Scaphoid: right		X-Ray Mammography Unilateral	
Hip: left		Lower limb		List additional test required:	
Hip: right		X-ray of the left lower leg			
Pelvis and hips		X-ray of the right lower leg			
Upper limb		X-ray of the left ankle			
Clavicle: left		X-ray of the right ankle		Authorisation number:	
Clavicle: right		X-ray of the left foot			
Scapula: left		X-ray of the right foot			
Scapula: right		X-ray of the left calcaneus		Clinical information	
Acromio-clavicular joint: left		X-ray of the right calcaneus			
Acromio-clavicular joint: right		X-ray of the left femur			
Shoulder: left		X-ray of the right femur			
Shoulder: right					

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Tanzanite One Pathology Formulary

RPL	DESCRIPTION	SUBJECT TO AUTHORISATION
CEREBROSPINAL FLUID		
B. HAEMATOLOGY		
3709	Antiglobulin test (Coombs' or trypsinized red cells)	No

3743	Erythrocyte count	No
3783	Leucocyte count	No
3785	Leucocyte differential	No
3755	Full blood count	No
3762	Haemoglobin	No
3764	Grouping	No
3765	Grouping and crossmatch	No
3797	Platelet count	No
3805	Prothrombin time	No
3865	Parasite examination	No
3786	Qbc Ma	No
3792	Plasmodium	No

C. ENDOCRINE - HORMONES

4450	HCG: M	No
4531	Acute H	No

ENDOCRINE - THYROID

4155	Uric acid	No
4451	HCG: M	No
4507	Isotope	No

HIV TESTS

3816	T and B	No
3932	Antibod	No
4429	Quantit	No

INFECTIOUS DISEASE

3946	IgM: Sp	No
3948	IgG: Sp	No
3949	Qualitat	No
3951	Quantit	No

E. CYTOLOGY

4566	Vaginal	No
4559	Liquid E	No

G. MISCELLANEOUS

4352	Faecal C	No
3867	Miscella	No
3869	Faeces	No
3881	Mycoba	No

Tanzanite One 2026 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
4154	Myoglobin Quantitative: Monoclonal Immunological	No
DIABETES		
4057	Glucose: Quantitative	No
4064	HbA1C	No
4221	Creatinine	No
INFLAMMATION / IMMUNE		
3947	C-reactive protein	No
LIPIDS		
4027	Cholesterol total	No
4026	LDL cholesterol	No
4028	HDL cholesterol	No
4147	Triglyceride	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
4134	Gamma Glutamyl Transferase (GGT)	No
RENAL / ELECTROLYTES / BONE		
4032	Creatinine	No
4113	Potassium	No
4114	Sodium	No
4155	Uric acid	No
4151	Urea	No
4171	Sodium + potassium +chloride +CO2 + urea	No
4023	Chloride	No

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RPL	DESCRIPTION	SUBJECT TO AUTHORISATION
PARASITES		
3883	Concentration techniques for parasites	No
3865	Parasites in blood smear	No
BILHARZIA MICRO		
3946	IgM: Specific antibody titer:ELISA/EMIT: Per Ag	No
DRUG MONITORING		
3806	Therapeutic drug level: Dosage	No

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Tanzanite One Radiology Formulary

MEDICAL PRACTITIONER	RADIOLOGIST	RADIOGRAPHY	CODE DESCRIPTION
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

LOWER LIMB

6514

6514

6512

6512

6511

6511

6513

6513

6517

6517

6515

6515

Non-chargeable

Non-chargeable

ULTRASOUND AB

3615

Non-chargeable

3617

ULTRASOUND MI

3629

ULTRASOUND OF

3605

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Tanzanite One 2026 Radiology formulary



All codes not listed require authorisation.

MEDICAL PRACTITIONER	RADIOLOGIST	RADIOGRAPHY	CODE DESCRIPTION
THORAX			
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	40105	39125	X-ray of the abdomen supine and erect, or decubitus
SPINE			
3321	51110	39017	X-ray of the cervical spine, one or two views - AP
3321	52100	39017	X-ray of the thoracic spine, one or two views - AP
3321	53110	39017	X-ray of the lumbar spine, one or two views - AP
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

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