

**DC 2026**  
*PROVIDER GUIDE*

# GEMS Medical Devices Provider Guide

This guide outlines  
the details of **GEMS'**  
coverage for medical  
devices.

DISCOVER THE  
**BRILLIANCE**  
OF **GEMS**



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# 01

## Introduction

GEMS has designed its medical device benefit to ensure that all beneficiaries have access to cost-effective, quality medical devices and related consumables as well as associated professional services, irrespective of their benefit option.

This guide provides more information on how medical devices are covered as well as the processes to be followed to ensure that claims are effectively and expeditiously paid without unnecessary co-payments for GEMS members.



### Have you downloaded the GEMS Practitioner 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, is updated with the Board of Healthcare Funders (BHF) so that you are able to receive the One-Time Password (OTP) during registration.

GEMS appreciates your continued support in delivering quality healthcare services to its members. The Scheme remains committed to ensuring easy access to the benefits available.



# 02

## What's New in 2026?

Below is a summary of key changes effective from 1 January 2026. For full details, please refer to the relevant sections in this guide.

### 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).

#### Wheelchair Benefit

- Beneficiaries are entitled to one wheelchair every 36 months from the date of receipt, subject to available benefits and managed care protocols, with a maximum limit of R7,716 per 3-year cycle.

#### Positive Airway Pressure Devices (PAP)

- Each beneficiary is entitled to one CPAP, APAP, BIPAP or VPAP device which include accessories, once every 36 months from the date of receipt, up to a maximum benefit of R8,761.
- The PAP devices must be supplied as a complete set. It must include all necessary accessories for the first year (i.e. mask, tubing, filters, humidifier chamber etc.). If these accessories are not included, a co-payment may apply to the member.

## Beryl Option



### Wheelchair Benefit

- Beneficiaries are entitled to one wheelchair every 36 months from the date of receipt, subject to available benefits and managed care protocols, with a maximum limit of R7,716.
- Wheelchair accessories will be subject to managed care protocols and available benefits.

### Positive Airway Pressure Devices (PAP)

- Each beneficiary is entitled to one CPAP, APAP, BIPAP or VPAP device, including accessories, once every 36 months from the date of receipt, up to Maximum benefit of R13,328.
- The PAP device must be supplied as a complete set. It must include all necessary accessories for the first year (i.e. mask, tubing, filters, humidifier chamber etc). If these accessories are not included, a co-payment may apply to the member.

## Ruby Option



### Wheelchair Benefit

- Beneficiaries are entitled to one wheelchair every 36 months from the date of receipt, subject to available benefits and managed care protocols, with a maximum limit of R7,716.

### Positive Airway Pressure Devices (PAP)

- Each beneficiary is entitled to one CPAP, APAP, BIPAP or VPAP device, including accessories, once every 36 months from the date of receipt, subject to the following benefit limits:
  - CPAP devices: up to R13 328, subject to managed care protocols.
  - APAP, BIPAP or VPAP devices: up to R19 623, but only if clinical criteria are met. If the clinical criteria are not met, the lower CPAP limit will apply instead.
  - The PAP device must be supplied as a complete set. It must include all necessary accessories for the first year (i.e. mask, tubing, filters, humidifier chamber etc.). If these accessories are not included, a co-payment may apply to the member.



### Wheelchair Benefit

- Beneficiaries are entitled to one wheelchair every 36 months from the date of receipt, subject to available benefits and managed care protocols, with a maximum limit of R7,716.
- Wheelchair accessories will be subject to available benefits and managed care protocols.

### Positive Airway Pressure Devices (PAP)

- Each beneficiary is entitled to one CPAP, APAP, BIPAP or VPAP device, including accessories, once every 36 months from the date of receipt, subject to the following benefit limits:
  - CPAP devices: up to R13,328.
  - APAP, BIPAP or VPAP devices: up to R19,623, but only if clinical criteria are met. If the clinical criteria are not met, the lower CPAP limit will apply instead.
  - The PAP device must be supplied as a complete set, it must include all necessary accessories for the first year (i.e. mask, tubing, filters, humidifier chamber etc.). If these accessories are not included, a co-payment may apply to the member.



## Emerald Option



### Wheelchair Benefit

- Beneficiaries are entitled to one wheelchair every 36 months from the date of receipt, subject to available benefits and managed care protocols, with a maximum limit of R7,716.
- Wheelchair accessories will be subject to available benefits and managed care protocols.

### Positive Airway Pressure Devices (PAP)

- Each beneficiary is entitled to one CPAP, APAP, BIPAP or VPAP device, including accessories, once every 36 months from the date of receipt, subject to the following benefit limits:
  - CPAP devices: up to R13,328.
  - APAP, BIPAP, or VPAP devices: up to R19,623, but only if clinical criteria are met. If the clinical criteria are not met, the lower CPAP limit will apply instead.
  - The PAP device must be supplied as a complete set. It must include all necessary accessories for the first year (i.e. mask, tubing, filters, humidifier chamber etc.). If these accessories are not included, a co-payment may apply to the member.

## Onyx Option



### Wheelchair Benefit

- Beneficiaries are entitled to one wheelchair every 36 months from the date of receipt, subject to available benefits and managed care protocols, with a maximum limit of R7,716.
- Wheelchair accessories will be subject to available benefit and managed care protocols.

### Positive Airway Pressure Devices (PAP)

- Each beneficiary is entitled to one CPAP, APAP, BIPAP or VPAP device, including accessories, once every 36 months from the date of receipt, subject to the following benefit limits:
  - CPAP devices: up to R13,328.
  - APAP, BIPAP or VPAP devices: up to R19,623, but only if clinical criteria are met. If the clinical criteria are not met, the lower CPAP limit will apply instead.
  - The PAP device must be supplied as a complete set. It must include all necessary accessories for the first year (i.e. mask, tubing, filters, humidifier chamber etc.). If these accessories are not included, a co-payment may apply to the member.

**Important:** The Positive Airway Pressure (PAP) benefit is a comprehensive benefit provided over a 36-month period. Patients are encouraged to select devices that include all necessary accessories during year 1, to avoid additional co-payments.

# 03

## GEMS Practitioner App and 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.



## Online Registration Process for Pre-authorisation of Hearing Aids

For more information on the online registration process for pre-authorisation of hearing aids, please refer to the section titled “Revised procedure to optimised pre-authorisation of hearing aids and enhanced member outcomes” on page 16.



# 04

## GEMS Medical Devices Benefit

To support the management of certain health conditions, GEMS provides dedicated benefits for medical devices, tailored to the member's chosen option.

A medical device is an instrument, apparatus or machine that is used in the prevention, diagnosis or treatment of illness or disease or for detecting, measuring, restoring, correcting or modifying the structure or function of the body for some health purpose.

### Two broad categories of medical devices

The devices and appliances that are covered by GEMS are divided into two broad categories: those for which no pre-authorisation is required, and those for which pre-authorisation must be obtained and which are subject to managed care protocols.

### Pre-approved list of medical devices

Providers may submit claims for items listed on the GEMS Medical Appliance Lists. Where the Scheme deems necessary, supporting documents such as quotations, letter of motivation may be required.



#### How to Submit

Send your claim directly to GEMS via [enquiries@gems.gov.za](mailto:enquiries@gems.gov.za). All claims will be processed in line with Scheme Rules and available benefits.



#### Issuing Appliances

When dispensing an appliance to a GEMS member, providers may select from a wide range of approved medical devices.

**Important to Note:** GEMS reserves the right to update or amend the approved list based on emerging trends and cost considerations.

# Medical devices with pre-authorisation requirements

Please be aware that if a required device is not included on the pre-approved list, pre-authorisation may be required. At the same time, certain professional fees related to customised products also necessitate pre-authorisation and will be subject to managed care protocols. GEMS may from time to time establish agreements with specific suppliers to ensure members receive cost-effective and quality medical devices. This is aimed at preventing unexpected co-payments.

NB: Providers must advise members in advance if a co-payment (out-of-pocket payment) will apply.

**Below are examples of medical device categories that typically require pre-authorisation; However, the list is not limited to the devices below:**



Blood pressure monitors



Braces (knee and back)



Breast prostheses and mastectomy bras



Commodes



Nebulisers



Foot orthotics



Oxygen Cylinders



Prosthetics & components



Sleep apnea devices



Specialised beds



Specialist compression stockings



Suction units



Wheelchairs, accessories and repairs



Hearing aids



Consumables



Colostomy Kits



Gastrostomy and Tracheostomy tubes



Urinary Catheters



Specialised Wound care

**Benefits for certain medical devices are made available over longer cycles than a single benefit year and the table below provides additional details as per the Scheme Rules:**

Appliance Category	Quantity Limit	Frequency / cycle	Eligibility
PAP Devices, i.e. CPAP, APAP, BIPAP, VPAP (including accessories)	One (1)	36 months	Per beneficiary
Hearing Aids	One (1) Unilateral or One	36 months	Per beneficiary
(1) pair of Bilateral	36 months	Per beneficiary	Shared Limit per family
Insulin pump for members under 19 years for type 1 diabetes	Subject to the Scheme Limit	Per annum	Per beneficiary
	One (1)	60 months	Shared Limit per family
Consumables for Glucose Monitoring Devices (CGM) for members under 19 years for type 1 diabetes	Subject to the Scheme Limit	Per annum	Per beneficiary
Knee braces	One (1)	Per annum	Per beneficiary
Wheelchair	One (1)	36 months	Per beneficiary
Back braces	One (1)	Per annum	Per beneficiary
Oximeters	One (1)	Per annum	Per family
Compression Stockings	Three (3) pairs	Per annum	Per beneficiary

## How to obtain pre-authorisation for Medical Devices

**Providers should request authorisation by sending an email to [enquiries@gems.gov.za](mailto:enquiries@gems.gov.za) and include the following:**

- A prescription and or a letter with clinical information.
- A quotation:
  - from a registered provider (a provider with a practice number) that includes a description of the device or appliance, the valid NAPPI code, the quantity requested and the price.
  - from an appropriately registered supplier and/or manufacturer; registered with the regulatory body (SAPHRA).
  - In some cases where a second clinical opinion is required, the Scheme may request an alternative quote.

## Comprehensive evaluation and assessments for specialised orthoses and prostheses

The Scheme may require that members undergo a comprehensive evaluation by a relevant licensed healthcare professional, e.g., an occupational therapist, and Orthotist and Prosthetist (O&P) etc. to assess functional abilities.

## Prescribed Minimum Benefits (PMB)

In terms of the Medical Schemes Act (Act 131 of 1998) and its regulations, Prescribed Minimum Benefits (PMB) are a set of defined healthcare services that all medical schemes must cover regardless of the member's benefit option. This can include diagnosis and treatment.

### According to PMB Regulations, and Scheme Rules, GEMS may:

- Require Pre-authorisation, and motivations.
- Enter into agreements with any willing and able suppliers.
- Apply state prevailing protocols (PMB and PMB level of care).
- Obtain competitive quotations for Medical Devices which are assessed against the Scheme's strategic sourcing framework, considering cost-effectiveness, clinical appropriateness and price.
- Once approved, an authorisation will be issued and communicated to the member and the provider.
- [Click here for more information on PMBs taken from the Council for Medical Schemes website.](#)

**Important:** Please ensure that the membership number appears on all the relevant documents and in the subject line of the email correspondence (if applicable).



# How medical devices are covered by GEMS

Benefit cover depends on the member’s selected benefit option, and managed care protocols may apply. The medical device benefit is shared for prostheses and appliances used both in-hospital and out-of-hospital, with an exception of Tanzanite One. Tanzanite One only pays for in-hospital PMBs.

Scheme Rules for authorisation, frequency and billing for orthotic and prosthetic devices may also apply.

## Benefits available for medical devices:

OPTION	PROSTHESIS BENEFIT LIMIT	APPLIANCES SUBLIMIT
Tanzanite One		R 8 761 out-of-hospital
Beryl	R 43 823	R 14 606
Ruby	R 56 131	R 21 901
Emerald Value	R 56 131	R 21 901
Emerald	R 56 131	R 21 901
Onyx	R 75 823	R 25 349

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

## Enforcement of the GEMS Orthotic & Prosthetic Claims Enhancements

GEMS values your role as a healthcare service provider in supporting the healthcare needs of our members. We are pleased to announce the successful implementation of all phases of Orthotic and Prosthetic (O&P) professional fees pre-authorisation claims interventions. These interventions form part of our ongoing efforts to manage Scheme risk and improve claims efficiency.



## Annexure A: Eligible Referring Disciplines

Please find below the list of disciplines allowed for referring provider rules.

Important: Restrictions apply for lumbar support tariff codes and only disciplines 24 (Neurosurgery) and 28 (Orthopaedics) may refer members for lumbar orthotics. Any other discipline referring to a member for lumbar orthotics will be required to submit a motivation from the Neurosurgeon and or Orthopedic doctor.

**The following Provider disciplines are **not permitted** to prescribe lumbar orthosis:**

*Only disciplines 24 and 28 may refer members for lumbar orthotics.*

Discipline Code	Discipline Description
10	Anaesthetist
12	Dermatology
14	General Medical Practice
15	Specialist Family Medicine
16	Independent Practice Specialist Obstetrics and Gynaecology
17	Pulmonology
18	Independent Practice Specialist Medicine
19	Gastroenterology
20	Neurology
21	Cardiology Independent Practice Specialist
22	Psychiatry
23	Medical Oncology
25	Nuclear Medicine
27	Clinical Haematology
29	Occupational Medicine Independent Practice Specialist
30	Otorhinolaryngology
31	Rheumatology
32	Paediatrics Independent Practice Specialist
33	Paediatric Cardiology
35	Emergency Medicine Independent Practice Specialist
36	Plastic and Reconstructive Surgery
40	Independent Practice Specialist Radiation Oncology
42	Surgery Independent Practice Specialist

Discipline Code	Discipline Description
44	Cardio-Thoracic Surgery
46	Urology
56	Provincial Hospitals
62	Maxillo-facial and Oral Surgery
112	Independent Practice Specialist Clinical Pharmacology
114	Paediatric Surgery Independent Practice Specialist

## Why These Enhancements Matter

### These changes are designed to:

- Improve claims processing efficiency.
- Reduce risk to the Scheme.
- Ensure appropriate utilisation of member benefits.

We appreciate your cooperation and adherence to these measures as we work together to maintain the sustainability of the Scheme and deliver quality care to members.

For queries or further information, please contact 0860 436 777 or email [enquiries@gems.gov.za](mailto:enquiries@gems.gov.za).



# 05

## Revised procedure to optimised pre-authorisation of hearing aids and enhanced member outcomes

GEMS provides comprehensive audiology benefits to eligible members across its different benefit options. The Scheme has recently updated its authorisation process for these services to make access easier and more efficient.

Audiologists are invited to create a Practice or Web user account by using the following link:  
**Audiology Practice Registration.**

For detailed guidance, please refer to the user guide link provided, which offers a step-by-step walkthrough:  
**guide link.**

For technical assistance with passwords or other system-related issues, please contact:  
**gemsinterfacemonitoring@medscheme.co.za.**

### Request for Hearing Aids Serial numbers

GEMS has implemented additional controls to curb Fraud, Waste and Abuse (FWA). The enhanced authorisation system makes it mandatory to provide the verification testing and recording of serial numbers of the hearing aids for authentication purposes.



# 06

## How to facilitate claims payment

### Verification of benefits

- Verify membership details and confirm the patient's identity first.
- Check available benefit codes and tariff values with the Scheme. The Scheme cannot be held responsible for payment of services excluded under the Scheme Rules or managed care protocols. Members will be liable for claims for benefits not included in the benefit schedule.
- Benefit confirmation through pre-authorisation is required if the appliance is not included on the appliance list.

### Information required on claims

- Main member details such as membership number, option, name and contact details.
- Patient details, including date of birth, name and/or identity number.
- Provider details, including a valid BHF practice number, name and contact details.
- Diagnosis and summary of services rendered and items dispensed to the patient.
- Relevant tariff codes, ICD-10 codes and NAPPI codes.
- All associated costs when submitting quotations, where required.

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

### Coding of medical devices

A NAPPI code can be confirmed via the MediKredit website NAPPI search facility by clicking NAPPI Search Facility. Where products do not yet have an allocated NAPPI code, the claim will be rejected until a valid NAPPI code has been provided. This includes multi-component surgical products such as kits, packs and trays. Practitioners should request manufacturers and suppliers to register with MediKredit if they have not already done so.

Practitioners should request manufacturers to register with Performance Health if they have not already done so. Where products do not yet have an allocated NAPPI code, the claim will be rejected until a valid NAPPI code has been provided. This includes multi-component surgical products such as kits, packs and trays. Suppliers can also update product information or discontinue product listings with MediKredit.

Practitioners are requested not to misuse NAPPI codes to obtain higher reimbursements. The Scheme will take appropriate action if such practices are identified. Practitioners are requested to refrain from abusing NAPPI codes with the intention of getting a higher reimbursement. The Scheme will institute action where such practices are identified.

More information on the manufacturer and supplier registration process and application forms can be found on the Performance Health (MediKredit) website at [www.medikredit.co.za](http://www.medikredit.co.za). Alternatively, an email can be sent to [productfile.nappi@medikredit.co.za](mailto:productfile.nappi@medikredit.co.za), or contact made via telephone on (011) 770 6000, or you may register on the MediKredit portal/website.



# 07

## Additional information to consider

### Annual review of the benefit design

GEMS has a well-established process for the annual review of funding guidelines, member benefits, and provider remuneration. This review includes updates to benefits and sub-limits, funding cycles, and the introduction of new technology. Input from multiple stakeholders is considered, and GEMS welcomes suggestions from representative societies and providers. All input should be submitted to [ProductDevelopment@gems.gov.za](mailto:ProductDevelopment@gems.gov.za). All submissions must be received by the end of the first quarter of each year and will then be considered as part of the overall benefit design project.

### Chronic Back and Neck Rehabilitation (CBNR) Programme

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

This programme provides GEMS beneficiaries with appropriate treatment to manage their chronic back and neck pain. Positive outcomes of this non-surgical programme include improved flexibility, restoring functionality, reducing pain and a decrease or delay in the need for surgery, which leads to a more productive life. The focus of the CBNR programme is on back and neck rehabilitation with the major components being controlled exercises, biopsychosocial support and pain education. The Family Practitioner (FP) located at some centres is the coordinator of spinal care and they are 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 re-evaluate the progress of treatment over time. The cost of the programme is paid from a separate CBNR benefit so there is no financial impact on 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).

# 08

## Fraud, Waste and Abuse (FWA)

### The impact of Fraud, Waste and Abuse



Threatens the sustainability of a medical scheme.



Negativity impacts Scheme's ability to provide benefit rich plans at low cost.



Diverts much needed funds away from intended purpose.



Contributes to increased member contributions.

GEMS has a responsibility to protect beneficiaries' benefits from irregular claim submissions. The unfortunate reality is that some service providers deliberately or unintentionally submit irregular claims to the Scheme that are either false (claims submitted for services not rendered) or claims that are excessive and not medically necessary.

FWA is recognised as a major challenge for healthcare systems, globally and in South Africa. FWA can be defined as follows:

The primary difference between fraud, waste, and abuse lies in the intention behind the actions.

GEMS has a zero-tolerance approach to FWA and has a dedicated Claims Risk Management Unit and whistle-blower hotline to identify irregular claiming behaviour. Call the GEMS Fraud hotline on 0800 212 202 or email: [gems@thehotline.co.za](mailto:gems@thehotline.co.za).

As a provider, it is your responsibility to ensure that all claims submitted on behalf of GEMS members are valid and accurate.

## Important Notice



- The misuse of membership details to submit irregular or fraudulent claims is strictly prohibited.
- Such actions may result in remedial measures, including:
  - Reporting unethical conduct to regulatory bodies.
  - Civil and criminal proceedings against the perpetrator.
- Members who participate in fraudulent activities risk termination of membership and may face further civil action.

**GEMS is committed to maintaining the highest standards of integrity and compliance. Please ensure that all claims adhere to Scheme Rules and ethical guidelines.**



# 09

## GEMS claims risk review overview

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



# 10

## Useful resources

Service	Purpose	Telephone	Email address/links for queries
GEMS contact centre	General queries related to GEMS	0860 436 777	enquiries@gems.gov.za
GEMS website	View GEMS products and services	-	www.gems.gov.za
GEMS tariff file, formularies and forms	To view GEMS tariff file, formularies, and forms	-	www.gems.gov.za, select Healthcare Providers > 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	0860 436 777	chronicdsp@gems.gov.za
Chronic medicine authorisation queries	Queries related to the authorisation of chronic medicines	0860 436 777	chronicauths@gems.gov.za
Fraud Hotline	Fraud-related matters	0800 212 202	gems@thehotline.co.za office@thehotline.co.za
MCO Appliance Management	Pre-authorisation for appliances.	0860 436 777	enquiries@gems.gov.za
MCO Appliance Management escalation process	First level escalation If MCO does not provide feedback within the given two (2) working days	0860 436 777	gemsapplmotivations@medscheme.co.za
Hospital pre-authorisation	All hospital pre- authorisations for non-emergency events	0860 436 777	hospitalauths@gems.gov.za
Submission of claims	Submissions of claims for GEMS beneficiaries	0860 436 777	enquiries@gems.gov.za
Queries of claims	Queries relating to a claim for a GEMS beneficiary	0860 436 777	enquiries@gems.gov.za
Ambulatory PMB	Out-of-hospital PMB queries	0860 436 777	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 436 777	referrals@alignd.co.za/ info@alignd.co.za
GEMS Palliative Care Programme	Assistance with managing a serious illness.	0860 436 777	referrals@alignd.co.za
GEMS Alternatives to Hospitalisation	For medical care at home.	0860 436 777	gemsalternativecare@medscheme.co.za
GEMS Interface Monitoring Team (audiology)	Audiology System access assistance (IT) Passwords, etc	-	gemsinterfacemonitoring@medscheme.co.za

# 11

## 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** – Roadshow webinar

**16 May 2026** – Provider Summit Limpopo

**20 March 2026** – Annual GEMS Stakeholder Golf Day KwaZulu Natal

**25 July 2026** – Provider Summit Eastern Cape

**8 March 2026** – Provider Summit Western Cape

**19 September 2026** – Provider Summit Free State

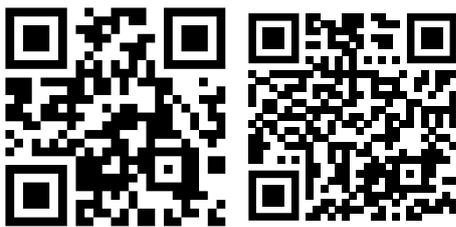


# Contact Details:

-  **GEMS PROVIDER CONTACT CENTRE** - 0860 436 777
-  **WEB** - [www.gems.gov.za](http://www.gems.gov.za)
-  **FAX** - 0861 00 4367
-  **EMAIL** - [enquiries@gems.gov.za](mailto:enquiries@gems.gov.za)
-  **POSTAL ADDRESS** - GEMS, Private Bag X782  
Cape Town, 8000
-  **GEMS FRAUD HOTLINE** - 0800 212 202 (toll-free)  
[gems@thehotline.co.za](mailto:gems@thehotline.co.za)
-  **GEMS EMERGENCY SERVICES** - 0800 44 4367 (toll-free)  
**ICT Service desk** - (012) 366 4618



 <b>FACEBOOK</b> <b>@GEMSMEDICALAID</b>	 <b>X</b> <b>@GEMSMEDICALAID</b>	 <b>INSTAGRAM</b> <b>@GEMSMEDICALAID</b>
 <b>TIKTOK</b> <b>@GEMSMEDICALAID</b>	 <b>YOUTUBE</b> <b>@GEMSMEDICALAID1</b>	 <b>LINKEDIN</b> <b>Government Employees Medical Scheme</b>



Use the QR Code to download the GEMS Practitioner App



## Disclaimer

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