



# 2026 PROVIDER GUIDE

## Maternity Provider Guide

**GEMS always strives to provide members with access to excellent, comprehensive, and affordable healthcare.**

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



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# 01

# Introduction

The Government Employees Medical Scheme (GEMS) recognises the pivotal role that General Practitioners (GP), Midwives, Gynaecologists and Obstetricians play in ensuring safe, high-quality maternity care for its members and their newborns. Your expertise and commitment are vital to achieving the Scheme's mission of improving maternal and neonatal health outcomes through coordinated, evidence-based and compassionate care.

This GEMS Maternity Provider Guide for 2026 serves as a comprehensive clinical and administrative reference to help you navigate the maternity programme effectively. It is designed to assist you in supporting expectant mothers throughout their journey from the first antenatal visit to postnatal follow-up — in accordance with the latest national standards, including the Basic Antenatal Care Plus (BANC+) Guidelines, Integrated Maternal and Perinatal Care Guidelines (IMPCG 2024), and BetterObs 2024 Framework.

**Aligned with the GEMS commitment to equitable and accessible healthcare, this guide outlines:**

- The structure of the maternity benefit across all Scheme options.
- Clinical and operational processes for registration, authorisation, and claims.
- Referral and escalation pathways for high-risk pregnancies.
- Prescribed Minimum Benefit (PMB) protocols applicable to maternal and neonatal care.
- Supplementary programmes including psychosocial support, nutritional guidance, and lactation assistance.

The maternity programme promotes early registration, continuity of care, and proactive risk management. It integrates primary healthcare providers, specialists, and scheme administrators to ensure that members receive the right care, at the right level, and at the right time.

By adhering to these clinical guidelines and administrative protocols, you play an instrumental role in achieving the national goals of reducing maternal and perinatal mortality, strengthening antenatal coverage, and enhancing postnatal support.

We thank you for your continued partnership and commitment to the GEMS maternity journey. Your contribution directly impacts the lives of mothers, babies, and families across South Africa, ensuring that every pregnancy is managed safely, compassionately, and with clinical excellence.

# 02

## What's New in 2026

The GEMS Maternity Programme 2026 introduces several updates that strengthen the integration between clinical practice, digital systems, and quality assurance processes. These enhancements have been informed by national maternal health priorities, Scheme member feedback, and evidence-based practice improvements. The following key developments define the 2026 programme cycle:

### Expanded Scope of the Maternity Programme

The programme now offers a more comprehensive continuum of care, encompassing the full pregnancy journey from preconception to the postnatal period. This aligns with the National Department of Health's (NDoH) focus on early intervention, prevention of maternal morbidity, and sustained postpartum follow-up.

#### Key inclusions:



#### Extended postnatal care

Up to six weeks postpartum for both mother and baby, including mental health and breastfeeding support.



#### Psychosocial support integration

Routine screening for depression, anxiety, intimate partner violence, and social vulnerability during antenatal and postnatal phases in the GEMS Call Centre on 0800 00 4367 (toll free).



#### Teenage pregnancy pathway

Dedicated care management track for adolescent mothers, with enhanced psychosocial and educational counselling.

## Digital Enhancement

To improve coordination, accuracy, and efficiency, GEMS has introduced enhanced digital systems that streamline communication between providers, Scheme administrators, and members.

### Digital Registration:

Providers can now register members directly via the GEMS Members Portal. These enhancements aim to reduce administrative burden.

## High-Risk Pregnancy Framework Reinforcement

The 2026 cycle strengthens the High-Risk Pregnancy Management Framework, ensuring that every identified case follows a structured, multidisciplinary approach.

### Enhancements include:



Enhanced case management for complex pregnancies (e.g., hypertensive disorders, gestational diabetes, HIV/TB coinfection).



Integration of Prescribed Minimum Benefit (PMB) coding for high-risk pregnancies to ensure no benefit shortfalls.



Low, Medium and High-Risk Stratification for the Providers.



## Quality and Performance-Based Provider Metrics

To promote excellence and accountability, GEMS has introduced a Quality Assurance and Performance Indicator Framework for maternity providers.

**This framework, piloted in 2025, is fully implemented in 2026 and includes the following key measures:**

Quality Metric	Definition / Description	Minimum Expected Standard (2026)	Expected Provider Action
<b>Early Booking Rate</b>	Percentage of pregnant members registered $\leq$ 12 weeks' gestation.	$\geq$ 85% of maternity registrations by 12 weeks.	Encourage early ANC registration and complete first-visit documentation.
<b>Risk Stratification Completion</b>	Frequency and accuracy of risk assessments documented in the care plan.	100% of members risk-assessed at first visit and each trimester.	Complete BANC Plus risk checklist and update risk status each trimester.
<b>Antenatal Contact Compliance</b>	Completion of at least 8 antenatal visits per BANC Plus schedule.	$\geq$ 80% of registered members achieving 8+ contacts.	Book follow-up visits and track non-attendance for follow-up.
<b>Postnatal Follow-Up</b>	Member and newborn reviewed within 6 weeks postpartum.	$\geq$ 90% postnatal follow-up completion.	Schedule and record postnatal visit and escalate missed appointments.
<b>High-Risk Referral Turnaround Time</b>	Time from identification of high-risk case to documented referral.	Referral actioned within 72 hours of risk identification.	Record escalation and ensure specialist involvement.

Providers who consistently meet or exceed these metrics may qualify for recognition under the GEMS Excellence in Maternity Care Programme, which rewards adherence to quality and patient safety standards. Feedback on these metrics will be shared with providers at least quarterly in the form of concise performance reports, distributed via secure digital channels. Outlier or non-compliant results may trigger ad-hoc outreach (email, telephone or virtual meeting) to agree on corrective actions and support.

## Updated Tariffs, Codes, and Authorisation Processes

The 2026 tariff schedule now incorporates updated maternity codes for antenatal visits, ultrasounds, and postnatal consultations. These updates are aligned with the GEMS tariff methodology, ensuring consistency and compliance with the latest benefit structures.

**Simplified pre-authorisation processes have been implemented via the GEMS Provider Portal for:**

- Caesarean deliveries
- Hospital admissions for high-risk monitoring
- Specialist referrals and serial ultrasounds

## Clinical Guideline Integration

**The maternity programme continues to align with the latest South African maternal care frameworks, ensuring that GEMS remains compliant with national standards:**

- Basic Antenatal Care Plus (BANC+), 2023 update.
- Integrated Maternal and Perinatal Care Guidelines (IMPCG), Department of Health 2024.
- BetterObs 2024 Clinical Practice Framework.
- World Health Organization (WHO) recommendations on respectful maternity care and the eight-contact antenatal model.

Providers are encouraged to utilise these guidelines in their daily practice to maintain clinical consistency and ensure adherence to the highest quality-of-care standards.

## Enhanced Member Experience and Communication

**The Scheme has enhanced its communication strategy to support both providers and members through every stage of the pregnancy journey:**

- Pregnant members receive trimester-based educational materials (digital and print).
- Introduction of the “My Maternity Journey” mobile feature, allowing members to track visits, receive reminders, and communicate with their provider team.
- Quarterly provider updates are issued via the GEMS Provider Portal and circulars, ensuring that providers are informed of new guidelines, benefit changes, and performance feedback.

## Emphasis on Respectful Maternity Care

In support of national goals to eliminate preventable maternal deaths and improve patient experience, GEMS 2026 strengthens the ethical and interpersonal components of maternity care.

### Key principles include:

- Upholding dignity, privacy, and informed consent at all times.
- Encouraging patient participation in decision-making, particularly regarding mode of delivery and birth planning.
- Recognising the role of cultural sensitivity and individualised care in positive maternity experiences.
- Promoting zero tolerance for discrimination or neglect in all healthcare settings.

## Integration with Broader Women's Health Initiatives

The maternity programme forms part of GEMS' broader women's health agenda, linking reproductive health, chronic condition management, and family planning.

This ensures continuity of care beyond pregnancy and supports the holistic wellbeing of women of childbearing age.



# 03

## GEMS Provider App/ Portal enhancements

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

### The highlights will include:



# 04

## Tariffs and Fees

All services should be billed according to the latest **GEMS Tariff File** published on the GEMS website for the relevant benefit year and provider discipline.

### Providers are encouraged to:

Use the correct tariff schedule for their discipline and billing category.

Apply the approved codes, descriptors, and billing rules contained in the tariff file.

Inform members where co-payments or member liability may apply, in line with Scheme rules.

Ensure claims are submitted in line with GEMS claims requirements, noting that direct payment rules.



# 05

## Maternity Benefits

### Overview

The GEMS Maternity Programme is a dedicated benefit available to all active GEMS members and their registered dependants at no additional cost. Once a pregnancy is confirmed and registered, members automatically qualify for the maternity benefit, which covers a comprehensive range of antenatal, intrapartum, and postnatal services in accordance with the Basic Antenatal Care Plus (BANC+), Integrated Maternal and Perinatal Care Guidelines (IMPCG 2024), and BetterObs 2024 national standards.

The benefit ensures that every pregnant member—regardless of option plan (Tanzanite One, Beryl, Ruby, Emerald Value, Emerald, or Onyx)—has access to quality maternity care throughout pregnancy and the postpartum period.

### Eligibility

#### Principal Member



Actively registered on GEMS at the time of pregnancy confirmation.

#### Eligible Dependants



A legally recognised spouse or partner registered on the member's option, as well as dependent children covered under the principal member's benefit option, where applicable (e.g., adolescent pregnancies).

## Objectives of the Maternity Benefit

### The GEMS Maternity Programme is designed to:

- Promote early registration and continuity of care from the first trimester onward.
- Improve maternal and neonatal outcomes through evidence-based monitoring and timely referral.
- Ensure equitable access to antenatal, delivery, and postnatal services for all GEMS members.
- Support integrated care between General Practitioners, Midwives, Obstetricians, and allied providers.
- Align provider practice with national maternal health frameworks and Prescribed Minimum Benefit (PMB) requirements.

## Postnatal and Neonatal Benefits

### The maternity benefit extends up to six weeks postpartum and includes:

- Post-delivery follow-up for the mother (physical recovery, blood pressure, mental health).
- Neonatal assessment and screening tests (Hearing, Metabolic, HIV PCR if indicated).
- Breastfeeding and lactation support.
- Family planning and contraceptive counselling.
- Psychosocial referral for members screened positive for depression or anxiety.

## High-Risk Pregnancy Enhancements

### Members identified as high-risk receive enhanced benefits at no additional cost:

- Additional consultations and scans as per risk category.
- Specialist referrals (e.g., Endocrinology, Cardiology, Psychiatry).
- Inpatient monitoring for conditions such as Pre-eclampsia or Gestational Diabetes.
- Multidisciplinary case review through the Managed Care Clinical Team.
- High-risk cases remain covered under Prescribed Minimum Benefits (PMBs) for the entire duration of pregnancy and postpartum care.





## Key Provider Responsibilities

- Verify member eligibility before service provision.
- Register members as early as possible (preferably  $\leq 12$  weeks gestation).
- Follow BANC+ and IMPCG visit schedules for clinical continuity.
- Submit authorisations for special investigations or procedures.
- Maintain accurate records with ICD-10 and tariff codes for each visit.
- Encourage postnatal follow-up and participate in Scheme audits and reviews.

# 06

## How to Register Members for the GEMS Maternity Programme

### Purpose of Registration

Registration into the GEMS Maternity Programme is the first step in unlocking maternity benefits for members and ensuring that both the mother and baby receive coordinated, high-quality, and evidence-based care throughout pregnancy and the postpartum period.

#### Early registration allows:

- Immediate access to antenatal consultations, tests, and scans under the maternity benefit.
- Early identification of risk factors through Basic Antenatal Care Plus (BANC+) screening.
- Seamless coordination between General Practitioners, Midwives, Obstetricians, and the managed-care team.
- Timely communication with the member regarding benefit entitlements and educational materials.

Early registration (preferably before 12 weeks gestation) is strongly encouraged, in alignment with national BANC+ and IMPCG 2024 guidelines, which emphasise the importance of early booking for improved outcomes.

### Who May Register a Member

**Any healthcare professional who confirms a pregnancy may initiate registration:**

Provider Category	Typical Context of Registration
<b>Family Practitioners (General Practitioner)</b>	Initial pregnancy confirmation in-practice via urine or blood test.
<b>Midwife or Nurse Practitioner</b>	Antenatal booking at a primary healthcare facility.
<b>Gynaecologist / Obstetrician</b>	Specialist consultation confirming intra-uterine pregnancy via ultrasound.
<b>Pharmacist or Allied Professional</b>	Pharmacists and allied health professionals may not confirm but may refer members to a registered provider for confirmation and registration

# Registration Pathways

There are two recognised registration pathways, ensuring flexibility for both providers and members:

## Online Registration via the GEMS Member Portal



1. Login: Access the **GEMS Member Portal** using your unique member credentials.
2. Navigate to “Maternity Registration”: Select the “Member Programmes → Maternity Programme → Register New Member” tab.
3. Complete the Digital Form:
  - Member’s full details (name, ID number, membership number).
  - Estimated date of delivery (EDD).
  - Gestational age at registration.
  - Provider details and practice number.
4. Upload Supporting Evidence:
  - Positive pregnancy test result or ultrasound report confirming pregnancy.
5. Submit:
  - Upon submission, the system generates a unique Maternity Registration Reference Number.
  - The member is contacted via the call centre by one of the agents to complete the enrolment.

## Telephonic or Email Registration



**When digital access is limited, providers may use traditional methods:**

- **Telephone:** Call the GEMS Call Centre on 0800 00 4367 (toll free) or use the dedicated Provider Line at 021 003 0265 and provide the required details to an agent.
- **Email:** Send a scanned copy of the completed Maternity Registration Form and supporting documentation to [enquiries@gems.gov.za](mailto:enquiries@gems.gov.za).
- Confirmation and the registration reference number will be emailed or sent via SMS to both the provider and the member within 24 hours.

## Information Required at Registration

To ensure accuracy and correct benefit activation, the following information should be included:



### Member Details

Full name, GEMS membership number, ID number, contact number, and benefit option.

→ **Verifies eligibility and scheme option.**



### Pregnancy Details

Confirmation of pregnancy, gestational age, expected date of delivery (EDD), parity and gravidity.

→ **Creates a clinical baseline for monitoring.**



### Clinical History

Chronic conditions (hypertension, diabetes, HIV status, etc.) and previous pregnancy outcomes.

→ **Determines risk category for early intervention.**



### Provider Details

Name, practice number, discipline, facility type, and location.

→ **Links care records and authorisations to the provider.**

## Authorisation and Benefit Activation

**Once registration is verified:**

- The member's maternity benefit package is activated within 24–48 hours.
- A Maternity Welcome Pack is sent via post, containing:
  - A summary of covered benefits.
  - The member's care plan schedule.
  - Contact details for provider support and authorisations.
- The maternity episode is flagged on the claims system to allow automatic processing of antenatal visits, laboratory tests, and scans without pre-authorisation (except where explicitly required – e.g., Caesarean delivery or hospital admission).

## Provider Obligations Post-Registration

After successful registration, the provider is responsible for ensuring continuity and documentation of care.



### Maintain Clinical Records

Record all antenatal findings, risk classifications, and test results.



### Update Risk Status

Re-assess and update risk level each trimester.



### Coordinate Referrals

Refer high-risk cases to specialist care timely and document referral outcomes.



### Encourage Postnatal Follow-Up

Schedule six-week postnatal review for both mother and infant.



### Submit Claims Promptly

Ensure claims carry correct ICD-10 codes (Z34 series) and maternity tariff codes (0190–0192).

## Troubleshooting and Support

### System Error During Registration



Contact the GEMS Provider Helpdesk on 0860 436 777; Provider Line at 021 003 0265, email [maternity@gems.gov.za](mailto:maternity@gems.gov.za) or WhatsApp 063 790 7641

### Incorrect EDD or Details



Amend by notifying the GEMS Managed Care Team via email at [maternity@gems.gov.za](mailto:maternity@gems.gov.za); Provider Line at 021 003 0265 or WhatsApp 063 790 7641

## Key Take-Home Messages for Providers

- Every active GEMS member (and registered dependant) is entitled to the maternity benefit once pregnancy is confirmed.
- Registration is mandatory to unlock benefits and facilitate coordinated care.
- Early registration ( $\leq 12$  weeks) improves outcomes and ensures continuity of care.
- Maternity programme registration is completed via the GEMS public website online application
- High-risk pregnancies are prioritised for multidisciplinary review and enhanced benefits.
- Accurate coding and documentation ensure timely claims processing and quality reporting.



# 07

## The Maternity Care Plan Schedule

### Purpose of the Maternity Care Plan

The GEMS Maternity Care Plan provides a structured, evidence-based schedule for antenatal, delivery, and postnatal care.

It is designed to ensure that all pregnant members receive the right care at the right time, regardless of benefit option or provider type.

#### The plan:

- Aligns with South Africa's national maternal-care framework
- Standardises antenatal visit frequency and content.
- Facilitates early identification and management of risks.
- Promotes continuity and coordination across general practitioners, midwives, and specialists.
- Ensures quality outcomes by aligning with Prescribed Minimum Benefits (PMBs) and 2026 GEMS Scheme Rules.

### Schedule of Care

The Maternity Care Plan follows 9 contact model, which differs slightly from the recommended eight-contact model adopted nationally and by the World Health Organization (WHO).

Each visit is essential to maternal and foetal health monitoring, health education, and preparation for delivery.

**Table 1: Antenatal Care Schedule for Low-Risk Pregnancies**

Visit	Gestational Age (Weeks)	Key Assessments and Procedures	Provider Responsible	Guideline Reference
<b>1st Contact</b>	≤ 12 weeks	<ul style="list-style-type: none"> <li>• Confirm pregnancy and gestational age</li> <li>• Complete history and examination</li> <li>• Record BMI, blood pressure, pulse</li> <li>• Urine dipstick (protein/glucose)</li> <li>• Baseline labs (Hb, HIV, RPR, blood group, glucose)</li> <li>• Risk classification and counselling</li> <li>• Folic acid, iron, calcium prescribed</li> </ul>	GP / Midwife	BANC+ Initial Visit
<b>2nd Contact</b>	16 weeks	<ul style="list-style-type: none"> <li>• Review clinical record</li> <li>• Reassess risk factors</li> <li>• Blood pressure, urine test, fetal growth</li> <li>• Education on nutrition, danger signs</li> </ul>	GP / Midwife	BANC+ Visit 2
<b>3rd Contact</b>	20 weeks	<ul style="list-style-type: none"> <li>• Full physical exam</li> <li>• Ultrasound (anatomy scan)</li> <li>• Review labs</li> <li>• Mental health screening</li> </ul>	Gynaecologist / GP	IMPCG 2024
<b>4th Contact</b>	24 weeks	<ul style="list-style-type: none"> <li>• Weight, BP, urine</li> <li>• Fetal heart rate, fundal height</li> <li>• Hb check and glucose screening (if risk)</li> <li>• Discuss birth plan</li> </ul>	GP / Midwife	BANC+
<b>5th Contact</b>	28 weeks	<ul style="list-style-type: none"> <li>• Repeat BP, fundal height, fetal movements</li> <li>• Second HIV test (if applicable)</li> <li>• Tetanus booster</li> <li>• Review for signs of pre-eclampsia</li> </ul>	GP / Midwife	BANC+
<b>6th Contact</b>	32 weeks	<ul style="list-style-type: none"> <li>• Reassess risk category</li> <li>• Blood pressure and weight</li> <li>• Discuss delivery options and warning signs</li> </ul>	GP / Midwife	IMPCG 2024
<b>7th Contact</b>	36 weeks	<ul style="list-style-type: none"> <li>• Screen for malpresentation</li> <li>• Finalise birth plan</li> <li>• Educate on postnatal care and breastfeeding</li> </ul>	GP / Midwife / Gynaecologist	BetterObs 2024
<b>8th Contact</b>	38–40 weeks	<ul style="list-style-type: none"> <li>• Assess readiness for labour</li> <li>• Monitor foetal position and heartbeat</li> <li>• Final BP and urine</li> <li>• Confirm delivery facility</li> </ul>	GP / Midwife	BANC+
<b>9th Contact</b>	40-46 weeks	Expects a postnatal call	Midwife	

## Postnatal Schedule

The postnatal period is a critical window for both maternal and neonatal wellbeing.

Under the GEMS Maternity Programme, postnatal care continues up to six weeks after delivery, in alignment with the IMPCG 2024 guidelines.

## High-Risk Pregnancy Care Schedule

Members identified as high-risk (e.g., gestational diabetes, hypertension, multiple pregnancy, HIV) follow a more intensive monitoring schedule.

This care is coordinated through multidisciplinary management, involving GPs, obstetricians, midwives, and the Managed Care clinical team. Which is managed by enhanced maternity benefits. Access to these benefits is explained in Section Referral Pathways and Coordination.

**Note:** All high-risk cases remain covered - limited to Scheme Benefits and Rules under Prescribed Minimum Benefits (PMB), and any additional consultations or investigations required for safety and clinical appropriateness are fully reimbursable.



## Referral Pathways and Coordination

### To ensure smooth continuity of care:

- Providers should refer high-risk members early and document all referral outcomes.
- All referrals should include member details, diagnosis, gestational age, and risk factors.
- A motivation, by filling in the <https://www.gems.gov.za/Information/Application-Form> aPMB form
- Test results, scan results to be submitted.
- Feedback from specialists should be shared with the referring GP or midwife to maintain unified records.
- Urgent escalation should occur for:
  - Uncontrolled hypertension
  - Foetal growth restriction
  - Reduced foetal movements
  - Premature rupture of membranes
  - Antepartum haemorrhage

The Managed Care clinical team can be contacted for care coordination and support at [maternity@gems.gov.za](mailto:maternity@gems.gov.za) or 0800 00 4367.

## Coding and Claims Alignment

Providers are required to use the correct ICD-10 and tariff codes aligned with the maternity benefit. Always refer to the Standard Maternity Care plan

## Key Provider Responsibilities

- Providers are expected to follow the BANC+ nine-contact model.
- Risk classification is reviewed and updated each trimester.
- Missed visits or changes in risk status are shared with the Managed Care team.
- Postpartum follow-up is supported, with appropriate referral/linkage to primary health services where needed.

# Maternity Care Plan – Provider Scheduling



The Maternity Care Plan provides a structured, trimester-based schedule that guides healthcare providers on when to conduct clinical assessments, investigations, and follow-up visits throughout pregnancy and the postnatal period.

It outlines the timing and frequency of consultations for General Practitioners, Midwives, Gynaecologists, and Obstetricians, ensuring that every member receives the full scope of antenatal, intrapartum, and postnatal services in line with national clinical guidelines.

This section also integrates the High-Risk Maternity Care Plan, which specifies enhanced monitoring and specialist referrals for members identified with medical, obstetric, or psychosocial risks.

## Care Plan Services

### Standard Care Plan

Registration date	Expected delivery date	Tariff code	Description	Number of services
		0190/0191, 0192, *88420	GP / *Midwife consultation (2 of the 6 visits can be utilised for Gynaecologist visits)	6 or reduced to 4
		0190/0191, 0192	Gynaecologist/ Obstetrician. Consultations (access to 2 Gynaecologist visits)	3 or increased to 5
		3615	2D Ultrasound: 10 - 20 weeks + nuchal translucency assessment. The member has the option of the following scans that will be paid to the value of a 2D scan. 3D Ultrasound: 10 - 20 weeks + nuchal translucency assessment	1
		3617	2D Ultrasound: 20 - 24 weeks + detailed anatomical assessment. The member has the option of the following scans that will be paid to the value of a 2D scan. 3D Ultrasound: 20 - 24 weeks	1
		3755	Blood test: Full blood count	2
		3764	Blood test: Blood group with Rhesus	1

## High-Risk Care Plan

Discipline	Tariff code(s)	Description	Number of services
14, 15, 88	0190 / 0191 / 0192 / *88420	GP / *Midwife consultation	6
16	0190 / 0191 / 0192	Gynaecologist / Obstetrician consultations	9
14, 15, 16, 38, 39	3615 / 3617 / 43250 / 43270 / 43273 / 43277	2D Ultrasound: 10 - 14 weeks + nuchal translucency assessment, 2D Ultrasound: 20 - 24 weeks + detailed anatomical assessment, Ultrasound study of the pregnant uterus, first trimester, Ultrasound study of the pregnant uterus, third trimester, Ultrasound study of the pregnant uterus, third trimester, follow-up visit	4
38	43280	Ultrasound Doppler of the umbilical cord (stand-alone study and may not be added to 43250, 43260, 43270, 43277)	3
14, 15, 16, 52, 88	4188	Macroscopic Urinalysis: 1 dipstix test with each ante- natal consultation.	12
	4262	Qualitative micro albumin (urine)	12
	4050	Glucose strip test	12
14, 15, 16, 52	4614	HIV Ab (rapid test)	1
52	3755	Blood test: Full blood count	3
	3764	Grouping A B and O antigens	1
	3765	Blood test: Blood group with Rhesus	1
	3932	ELISA (HIV)	1
	3949	Qualitative Kahn, VDRL or other flocculation	1
	4032	Creatinine	1
	4182 / 4261	Quantitative protein (microalbuminuria) (blood), Quantitative micro albumin (Urine)	1
	4114	Sodium	1
	4113	Potassium	1
	4151	Urea	1
	4439	Quantitative PCR, viral load	1
	4531	Hepatitis (per antigen or antibody)	1
	4130	Aspartate aminotransferase (AST)	1
	4131	Alanine aminotransferase (ALT)	1
	4134	Gamma glutamyl transferase (GGT)	1
	4009	Total bilirubin	1
	3762	Haemoglobin estimation	2
	3951	Quantitative Kahn, VDRL or other flocculation	1
	4546	1st trimester Downs screening	1
	4552	2nd trimester Downs screening	1
	3974	Polymerase chain reaction	5

# 08

## High-Risk Pregnancy Management

### Purpose and Overview

The management of high-risk pregnancies is a central feature of the GEMS Maternity Programme. Its goal is to ensure that members with medical, obstetric, or psychosocial risk factors receive timely identification, enhanced surveillance, and multidisciplinary care, thereby reducing preventable maternal and neonatal morbidity and mortality.

#### High-risk pregnancies are managed under a structured framework that aligns with:

- Integrated Maternal and Perinatal Care Guidelines (IMPCG 2024)
- Basic Antenatal Care Plus (BANC+)
- BetterObs 2024 Clinical Practice Standards
- Prescribed Minimum Benefit (PMB) regulations

All members, regardless of option plan, are entitled to full coverage of high-risk pregnancy management under PMB provisions.





## Section E: Full Treatment Plan

Details to be completed by the treating healthcare provider.

\*Procedure or Consultation; nappi code for acute medicine; etc.

ICD-10	PMB Condition	*Code	Description	No. per year	Motivation
eg: I10	Hypertension	0190	Consultation	3	BP 160

Doctor's Signature \_\_\_\_\_ Date:

Name and Surname: \_\_\_\_\_

## Defining a High-Risk Pregnancy

A pregnancy is classified as high-risk when the probability of adverse maternal or fetal outcomes is increased due to pre-existing medical conditions, complications arising during pregnancy, or identified psychosocial factors.

**Table 1: Common Categories of High-Risk Pregnancies**

Category	Examples
<b>Medical Disorders</b>	Hypertension, diabetes (pre-existing or gestational), cardiac disease, renal disease, thyroid disorders, epilepsy, HIV infection, tuberculosis.
<b>Obstetric Factors</b>	Multiple pregnancy, previous stillbirth, previous C-section with complications, antepartum haemorrhage, placenta previa, preterm labour.
<b>Foetal Factors</b>	Intrauterine growth restriction (IUGR), congenital anomalies, Rh incompatibility, abnormal presentation.
<b>Maternal Factors</b>	Age <18 or >35, obesity (BMI > 35), underweight (BMI < 18.5), poor obstetric history, anaemia, substance use.

**Note:** Classification should be reviewed at every antenatal visit, as pregnancies can transition between risk levels based on evolving clinical conditions.

# Risk Assessment and Stratification

Risk assessment is performed at booking and updated each trimester using the GEMS risk tool aligned with the BANC+ and IMPCG 2024 templates when the GEMS Midwife makes contact with the member and the provider consults with the member.

## Initial Assessment

*GP / Midwife*

Complete comprehensive medical and obstetric history, measure BMI, BP, and perform basic labs.

1

## Confirmation

*Gynaecologist / Managed Care Team*

Confirm high-risk status in consultation with specialist or Managed Care clinical reviewer – aPMB dept.

2

3

## Follow-Up Review

*GP / Midwife / Specialist*

Update risk level each trimester or upon any complication.

4

5

## Risk Identification

*GP / Midwife*

Use the GEMS aPMB form to classify as moderate, or high risk.

## Documentation

*All attending providers*

Record classification and rationale on the high risk care plan.



# Multidisciplinary Management Approach

GEMS promotes a collaborative model of care that integrates general practitioners, midwives, specialists, and managed care teams into one coordinated workflow.

## Key Roles

### General Practitioner / Midwife



Identify risk early, initiate baseline management, and refer appropriately.

### Gynaecologist / Obstetrician



Provide specialist assessment, confirm diagnosis, and oversee complex interventions.

### Managed Care Clinical Team



Facilitate case reviews, authorisations, and ensure continuity of care across providers.

### GEMS Midwives



Support nutritional, physical, and mental health needs.

### Social Worker / Counsellor



Address psychosocial barriers and link members to community resources.

## Clinical Monitoring and Follow-Up

Each high-risk member follows a customised care plan based on condition type and severity.

**Table 2: Example of Condition-Specific Management**

Condition	Monitoring Schedule	Additional Investigations	Referral Level
<b>Hypertension / Pre-eclampsia</b>	Weekly or bi-weekly BP checks from 28 weeks; urine protein at each visit.	Renal profile, foetal growth scans every 4 weeks.	District / Specialist hospital.
<b>Gestational Diabetes</b>	Blood glucose self-monitoring and fortnightly clinical reviews.	HbA1c, ultrasound at 32 and 36 weeks.	Specialist-led clinic.
<b>HIV / TB Coinfection</b>	Routine ART monitoring and trimester viral load.	CD4 count, infant prophylaxis planning.	GP / Specialist / PMTCT facility.
<b>Multiple Pregnancy</b>	Visits every 2–3 weeks from 20 weeks.	Growth scan every 4 weeks, cervical length monitoring.	Specialist obstetric unit.
<b>Psychosocial Risk (e.g. IPV, Depression)</b>	Monthly follow-up; referral for counselling or social support.	Mental health screening at each visit.	GP / Psychologist / Social Worker.

## Referral Pathways

High-risk cases should be referred to the next level of care promptly once identified.

### Referral should include:

- Member's full details and GEMS number.
  - Clinical summary and gestational age.
  - Reason for referral and urgency rating (routine / urgent / emergency).
  - Motivation and necessary evidence required by the Medical Advisory Team.
- The Managed Care Team supports case coordination to prevent duplication and loss to follow-up.

Emergency referrals (e.g., eclampsia, antepartum haemorrhage, foetal distress) should be made immediately to the nearest accredited facility, with telephonic notification to the GEMS Call Centre 0800 00 4367.

## Authorisations and Benefits

### Under PMB regulations, all medically necessary high-risk interventions are covered, including:

- Specialist consultations and serial ultrasounds.
- Hospital admissions for observation or management.
- Diagnostic imaging, laboratory testing, and medication adjustments.
- Inpatient management for complications (e.g., preterm labour, pre-eclampsia, diabetes control).

Providers should obtain pre-authorisation via the GEMS Provider Portal or Managed Care call centre before elective admissions. Emergency admissions require notification within one working day.

## Provider Documentation and Reporting

Accurate and timely documentation ensures continuity of care and supports quality assurance.

### Minimum reporting requirements:



- Updated risk classification each trimester.
- Clinical summaries for all high-risk consultations.
- Results of key investigations and specialist feedback.
- Record of member education and counselling provided.
- Postpartum follow-up summary (up to six weeks).

## Quality Assurance and Outcome Monitoring

GEMS monitors high-risk case outcomes to improve programme performance.

### Key Indicators:

1. Percentage of pregnancies risk-assessed at booking.
2. Proportion of high-risk members referred to appropriate levels of care.
3. Frequency of follow-up visits completed per risk category.
4. Maternal and neonatal complication rates.
5. Provider compliance with clinical protocols and documentation standards.

Providers with exemplary performance may be recognised under the GEMS Excellence in Maternity Care Initiative (2026).

## Member Support and Education

**High-risk members receive enhanced communication and psychosocial support through:**



Telephonic follow-up from the GEMS Midwives.



Access to counselling and social support services where applicable.



Targeted educational materials on self-care, warning signs, and treatment adherence.

## Key Take-Home Messages for Providers

- Early identification and referral are critical to preventing complications.
- Always classify and document risk using the GEMS risk tool.
- Ensure multidisciplinary collaboration and timely communication.
- Follow national and GEMS-specific guidelines for surveillance and escalation.
- Maintain accurate digital documentation for quality and audit purposes.
- Engage members in understanding their risk and adhering to follow-up schedules.



# 09

## Referral Pathways and Escalation Process

### Purpose of the Referral Framework

The GEMS Managed Care Referral Pathway ensures that members receive care at the appropriate level of service and that high-risk, complex, or emergency cases are escalated timeously.

This approach promotes patient safety, clinical accountability, and seamless managed care integration within GEMS' managed care ecosystem.

### Principles of Referral and Escalation

All referrals within the GEMS Managed Care System are guided by the following principles:



PRINCIPLE 1 OF 5

#### Early Recognition

Prompt identification of complications or high-risk factors is essential to initiate appropriate referral.



PRINCIPLE 2 OF 5

#### Defined Escalation Levels

Each case should be referred to the correct level of care (primary, district, regional, or tertiary).



PRINCIPLE 3 OF 5

#### Continuity of Care

The referring provider retains responsibility until the receiving provider acknowledges the referral.



PRINCIPLE 4 OF 5

### Documentation and Feedback

Every referral should be recorded digitally, and feedback incorporated into the member's electronic care record.



PRINCIPLE 5 OF 5

### Respectful and Collaborative Communication

Clear, professional and member-centred handovers are expected at all times.

Clinical Domain	Trigger for Referral / Escalation
<b>Blood Pressure</b>	$\geq 140/90$ mmHg on two occasions or $\geq 160/110$ mmHg once.
<b>Blood Glucose</b>	Random glucose $\geq 11.1$ mmol/L or fasting $\geq 5.6$ mmol/L.
<b>Anaemia</b>	Hb $< 10$ g/dL despite supplementation.
<b>Reduced Foetal Movement</b>	Any reported decrease in activity.
<b>Preterm Labour</b>	Pain, contractions, or rupture of membranes $< 37$ weeks.
<b>Vaginal Bleeding</b>	Any antepartum bleeding.
<b>Psychological Risk</b>	Self-harm ideation, severe depression, IPV disclosure.



# Referral Process Flow

The referral process should follow these defined steps to ensure accuracy, accountability, and traceability:

01

## Identification

- Provider identifies a high-risk condition, complication, or abnormal result during routine care.
- Immediate stabilisation measures should be initiated

## Documentation

### Complete the GEMS/EMS Referral Form with:

- Member's full details and scheme number.
- Clinical summary and findings.
- Reason for referral and level of urgency.
- Contact details of referring provider.

02

03

## Communication

- Call the receiving facility or specialist to give a verbal handover and confirm acceptance.
- For emergencies, use direct phone or radio channels to ensure preparedness on arrival.

## Transfer and Handover

- Provide a written referral note with the patient during transfer.
- In emergencies, ensure accompanying personnel or facility vehicle is equipped for basic life support if needed.

04

05

## Feedback and Continuity

- The receiving provider should send feedback or discharge notes back to the referring provider.
- The referring provider remains accountable for follow-up and post-referral monitoring.

## Communication Channels

Purpose	Contact / Channel
<b>Routine Referrals</b>	Through GEMS Provider Portal (Maternity Section).
<b>High-Risk Case Coordination</b>	Email: <a href="mailto:maternity@gems.gov.za">maternity@gems.gov.za</a>
<b>Emergency Referrals</b>	Call: 0800 00 4367
<b>Clinical Authorisations</b>	GEMS Managed Care or Provider Support Line at 0800 00 4367.
<b>Technical Portal Support</b>	<a href="mailto:providersupport@gems.gov.za">providersupport@gems.gov.za</a>

## Provider Responsibilities in Referrals

- Use clinical judgement to escalate without delay when complications are suspected.
- Maintain clear and legible documentation for all referrals.
- Ensure member understanding of reason for referral and next steps.
- Follow up within 48–72 hours to confirm member attendance at the referred facility.
- Participate in joint case reviews coordinated by GEMS when requested.

## Key Take-Home Messages for Providers

- Initiate referrals promptly—do not delay when clinical concern arises.
- Always document reason, urgency, and communication trail.
- Confirm acceptance of referral before transfer.
- Use [maternity@gems.gov.za](mailto:maternity@gems.gov.za) for case coordination and escalation.
- Ensure that every referral loop is closed with documented feedback.
- In emergencies, stabilise within the first hour and transfer safely.
- Member safety, dignity, and communication remain the highest priority.

# 10

## Prescribed Minimum Benefits (PMBs)

### Purpose of PMBs

Prescribed Minimum Benefits are a set of defined healthcare services that all medical schemes in South Africa are legally required to provide to their members.

These benefits ensure that every pregnant member and her baby have access to essential healthcare during pregnancy, childbirth, and the postnatal period, regardless of the medical scheme option the member has chosen or the availability of day-to-day benefits.

For maternity care, Prescribed Minimum Benefits protect both the mother and her baby from preventable complications, ensure continuity of care, and safeguard families from unexpected financial costs related to necessary medical treatment.

### Legal and Policy Framework

**Prescribed Minimum Benefits for maternity care are supported and regulated by the following laws and policy instruments:**

- The Medical Schemes Act, No. 131 of 1998 (as amended).
- Regulations under the Medical Schemes Act – which define the scope of Prescribed Minimum Benefit conditions, and specify the requirements for payment.
- The Council for Medical Schemes Guidelines (2024).
- Annexure A to the Medical Schemes Regulations – which lists the diagnosis and treatment pairs that fall under Prescribed Minimum Benefits.
- The Integrated Maternal and Perinatal Care Guidelines (2024).
- The Basic Antenatal Care Plus Guideline (2023).
- The Better Obstetrics National Clinical Practice Guideline (2024).

## Pregnancy-Related Prescribed Minimum Benefit Conditions

Pregnancy and childbirth are classified under the diagnosis and treatment pairs numbered 907M to 911M, which cover normal pregnancy, complications of pregnancy, conditions that exist before pregnancy, and complications that affect the newborn baby.

**Table 1: Pregnancy-Related Prescribed Minimum Benefit Categories and Examples**

Category and Code	Description	Examples of Covered Services	Level of Care
<b>907M</b> – Normal Pregnancy and Delivery	Uncomplicated antenatal, delivery, and postnatal care.	Routine check-ups, blood pressure monitoring, blood tests, urine tests, ultrasound scans, and vitamin supplements.	Primary care – general practitioner or midwife.
<b>908M</b> – Complications of Pregnancy, Childbirth, or the Postnatal Period	Management of conditions that develop during pregnancy or childbirth.	Hypertension, pre-eclampsia, gestational diabetes, premature labour, or bleeding before delivery.	District or regional hospital.
<b>909M</b> – Medical or Surgical Conditions That Complicate Pregnancy	Management of pre-existing or newly diagnosed medical conditions during pregnancy.	Heart disease, kidney disease, thyroid problems, epilepsy, or infections such as tuberculosis or human immunodeficiency virus.	Specialist or tertiary hospital.
<b>910M</b> – Conditions Affecting the Newborn Baby	Medical management of newborn babies with complications.	Jaundice, infections, breathing difficulties, and congenital abnormalities.	Hospital or neonatal care unit.
<b>911M</b> – Mental and Emotional Conditions After Birth	Psychological or emotional problems after childbirth.	Postnatal depression, anxiety, or postpartum psychosis.	General practitioner, psychologist, or psychiatrist.

**Note:** All of the above conditions qualify as Prescribed Minimum Benefits and can be covered at cost by the medical scheme, provided that the care is given at a contracted facility known as a Designated Service Provider and in line with approved treatment protocols. This is subject to Scheme Benefits

# Services Covered During Pregnancy Under Prescribed Minimum Benefits

Every registered member who is pregnant has the right to receive the following maternity services under Prescribed Minimum Benefits:

## Antenatal Care



- Up to nine antenatal visits following the Basic Antenatal Care Plus schedule.
- Blood tests including full blood count, blood group and rhesus factor, human immunodeficiency virus test, syphilis test, and urinalysis.
- Blood pressure measurement at each visit.
- Two ultrasound scans (one in the first trimester for dating, and one in the second trimester for anatomy).
- Vitamin and mineral supplementation according to Scheme rules and the GEMS formulary.

## Labour and Delivery



- Access to a healthcare facility for normal vaginal delivery or Caesarean section if medically required.
- Pain management during labour.
- Observation and monitoring of both mother and baby after birth.

## Postnatal Care



- One postnatal follow-up visit within six weeks of delivery.
- Counselling on breastfeeding and family planning.

## Management of Complications



- Admission to hospital for treatment of pregnancy complications such as high blood pressure, preterm labour, or bleeding.
- Referral to specialists such as obstetricians, endocrinologists, or cardiologists if needed.

## Newborn Baby Care



- Medical assessment of the newborn baby.
- Guidance on feeding and immunisations.
- Treatment of any newborn complications such as jaundice or infection.

## Authorisation and Compliance Requirements

### Authorisation Guidelines

- Routine Prescribed Minimum Benefit services such as antenatal visits, basic laboratory tests, and the first two ultrasound scans do not require prior authorisation.
- Any planned hospital admission, Caesarean section, or specialist referral requires authorisation before the service is provided.
- Emergency admissions should be reported to the scheme within one working day after the event.

### Compliance Requirements

- Claims should include the correct clinical diagnosis codes that describe the condition treated.
- Services rendered outside of the Designated Service Provider network may result in co-payments unless the case is confirmed as a medical emergency.

## Emergency and Out-of-Network Care

Any pregnancy-related emergency is automatically regarded as a Prescribed Minimum Benefit, even if the care is provided at a facility that is not part of the Designated Service Provider network.

### This includes emergencies such as:

- Eclampsia or seizures during pregnancy.
- Severe bleeding before or after delivery.
- Premature labour or rupture of membranes before 37 weeks of pregnancy.
- Foetal distress or collapse of the mother.

In all emergencies, the healthcare provider should stabilise the patient first, document the emergency clearly in the clinical notes, and then notify GEMS within twenty-four hours to ensure full payment for services rendered.

## Key Messages for Healthcare Providers



- All pregnancies and their complications qualify as Prescribed Minimum Benefit conditions under the national framework.
- The Maternity Care Plan and the Prescribed Minimum Benefits are aligned to ensure seamless clinical and administrative management.
- Care provided through Designated Service Providers ensures that members do not incur unnecessary costs.
- All patient interactions should be clearly documented, including the diagnosis, treatment provided, and referrals made.
- Register every pregnant member on the GEMS Maternity Programme as early as possible, ideally before twelve weeks of pregnancy.
- Emergencies are fully covered, even outside the network, provided the scheme is notified within one working day.



# 11

## Medicines and Supplements

### Purpose of This Section

This section provides guidance on the safe and appropriate use of medicines and nutritional supplements during pregnancy and the postnatal period.

The purpose is to promote evidence-based prescribing, reduce unnecessary medication exposure, and ensure that all women registered on the GEMS Maternity Programme receive essential supplements and approved medicines for their stage of pregnancy.

### General Principles for Prescribing in Pregnancy

Prescribing during pregnancy requires special care because every medicine taken by the mother may affect the developing baby.

**Healthcare providers are encouraged to follow these principles:**



#### **Prescribe only when necessary**

Every medicine should have a clear clinical indication and a proven benefit that outweighs any potential risk.



#### **Use medicines with established safety profiles.**

Prefer medicines that have long-term evidence of safety in pregnancy.



#### **Avoid unnecessary combination products.**

Single-ingredient medicines at the lowest effective dose are preferred.



### Follow national treatment guidelines.

Prescribing should align with the Basic Antenatal Care Plus and Integrated Maternal and Perinatal Care frameworks.



### Provide patient education.

Explain why each medicine or supplement is prescribed, how to take it, and what side effects to watch for.



### Record everything clearly.

Document all medicines dispensed or prescribed, including over-the-counter items and supplements, in the maternity record.

## Routine Supplements Provided Under the GEMS Maternity Programme

All registered pregnant members qualify for a maternity supplement prescription in line with the national antenatal package of care.

These supplements are essential for the health of both mother and baby.

**Table 1: Standard Maternity Supplements**

Supplement	Recommended Daily Dose	Purpose and Clinical Benefit
<b>Folic acid</b>	400 micrograms daily (pre-pregnancy and during first trimester)	Prevents neural tube defects and supports early fetal brain and spine development.
<b>Iron (ferrous sulfate or equivalent)</b>	30–60 milligrams elemental iron daily	Prevents and treats iron-deficiency anaemia and supports red-blood-cell formation.
<b>Calcium carbonate or calcium gluconate</b>	500 milligrams twice daily (if dietary intake is low)	Reduces risk of pre-eclampsia and promotes bone health for both mother and baby.
<b>Vitamin D</b>	600 international units daily	Supports calcium absorption and bone development.
<b>Multivitamin (pregnancy-formulated)</b>	One tablet daily	Provides additional micronutrients; avoid excessive vitamin A.

**Note:** High-dose vitamin A (more than 10 000 international units daily) should be avoided during pregnancy because it can cause birth defects. **Click here** for the vitamin formulary lists.

Supplement claims are assessed against the GEMS Medicine Formulary and the member's option-specific benefits. Where an item is non-formulary, exceeds benefit limits, or does not meet Scheme rules, the claim may be declined or paid at an alternative rate, which can result in a member co-payment. Where clinically justified, a motivation may be submitted for consideration in line with GEMS rules and funding policies. Providers are encouraged to discuss potential co-payments with the member upfront and, where applicable, confirm funding requirements before dispensing.

Supplements are prescribed in line with the GEMS medicine formulary taking into account the member's option-specific benefits. Providers are required to adhere to formulary restrictions and generic substitution policies, and non-formulary items may require motivation in accordance with Scheme Rules.

## Additional Supplements When Clinically Indicated

Certain women may require additional supplementation based on medical or nutritional assessment.

Clinical Indication	Supplement or Medicine	Rationale
<b>Anaemia confirmed by laboratory test</b>	Therapeutic iron or combined iron and folate supplement	Corrects low haemoglobin levels.
<b>Vegetarian or vegan diet</b>	Vitamin B12 supplement	Prevents neurological complications in the baby.
<b>Poor dietary intake or low body-mass index</b>	Protein-energy supplement (nutritional drink or sachet)	Supports healthy weight gain and fetal growth.
<b>High risk for pre-eclampsia</b>	Calcium and low-dose aspirin (as per clinical assessment)	Reduces risk of severe hypertension and preterm delivery.
<b>Nausea or vomiting</b>	Vitamin B6 or ginger preparation	Provides safe symptom relief without affecting the baby.

All additional supplements should be prescribed after clinical review and recorded in the maternity care plan.

## Medicines Commonly Used in Pregnancy

The following table lists examples of medicines generally considered safe for use during pregnancy when prescribed appropriately.

These should be used in accordance with national protocols and the GEMS formulary.

Healthcare providers should always verify medicine safety before prescribing and, where uncertainty exists, consult a specialist or refer to the national pregnancy medicine registry.

## Postnatal Medicines and Supplements

**After childbirth, most women should continue taking the following for six weeks to three months:**

- Iron supplement if anaemia persists.
- Calcium and vitamin D if breastfeeding.
- Folic acid for at least six weeks postpartum, especially if planning another pregnancy soon.
- Pain control using paracetamol or other safe agents for mild postpartum discomfort.

If the mother is breastfeeding, any new medicine should be checked for compatibility with breastfeeding. Providers can consult the national database of lactation-safe medicines on the South African Health Products Regulatory Authority website or contact the GEMS Clinical Support Team at Managed Care for advice.

## Healthcare Provider Responsibilities

**Healthcare Provider are expected to:**

1. Prescribe according to evidence-based guidelines.
2. Review all medicines at each antenatal and postnatal visit.
3. Document all prescriptions and supplements clearly in the electronic maternity care plan.
4. Counsel members on safe use, adherence, and potential side effects.
5. Report any adverse drug reactions through the GEMS Quality and Risk Management Team.

Encourage members to collect their prescribed supplements from approved pharmacies to ensure quality and consistency.

### Key Take-Home Messages for Providers



- Always prioritise the safety of the mother and the baby when prescribing.
- Provide essential supplements—iron, folic acid, and calcium—to all pregnant women.
- Avoid unnecessary medicines and high-dose vitamin A products.
- Follow national and scheme-specific formularies when prescribing.
- Educate members about medicine adherence and possible side effects.
- Continue postnatal supplementation to support recovery and breastfeeding.

# 12

## Value-Added Programme – Psychosocial Support

### Purpose of the Psychosocial Support Programme

The psychosocial support component of the GEMS Maternity Programme recognises that pregnancy is not only a physical process but also an emotional and social experience.

The Value-Added Programme offers structured psychosocial services that complement clinical care, ensuring that every expectant mother—especially those facing medical, emotional, or social risks—receives comprehensive, compassionate support.

This approach promotes holistic well-being, strengthens adherence to clinical care, and reduces adverse outcomes linked to stress, anxiety, depression, and poor social circumstances.

### Objectives of the Programme

**The GEMS Psychosocial Support Programme aims to:**

1. Provide emotional, psychological, and social support to all pregnant members and their families.
2. Identify and manage mental-health risks early, including depression, anxiety, or trauma.
3. Support members experiencing high-risk pregnancies, especially adolescents, single mothers, and those facing financial or social instability.
4. Improve maternal-infant bonding and family functioning.
5. Strengthen referral pathways between healthcare providers, counsellors, and community resources.

### Scope of the Psychosocial Support Programme

**Psychosocial support is offered throughout pregnancy and extends into the postnatal period. It includes:**

- Individual counselling sessions (telephonic).
- Family or partner counselling when family support is limited or strained - Telephonic.
- Referral to professional services, such as social workers, psychologists, or psychiatrists via the GEMS Mental health program.

# Integration with High-Risk Pregnancy Management

High-risk pregnancies—those involving pre-existing medical conditions, complications, or psychosocial vulnerability, require a multidisciplinary approach that integrates emotional, medical, and social care.

**Table 1: Integration of Psychosocial Support in High-Risk Pregnancy Management**

High-Risk Category	Psychosocial Support Intervention	Expected Outcome
<b>Medical complications (e.g. hypertension, diabetes, cardiac disease)</b>	Emotional counselling to manage anxiety, stress-reduction techniques, and self-management coaching.	Improved adherence to treatment and reduced stress-related blood-pressure or glucose fluctuations.
<b>Multiple pregnancy or pregnancy after loss</b>	Grief and anxiety counselling, partner support, and referral to specialist psychologist if required.	Improved emotional stability and family preparedness.
<b>Pregnancy complicated by HIV or tuberculosis</b>	Stigma-reduction counselling, adherence support for medication, and social-support mobilisation.	Enhanced treatment adherence and reduced isolation.
<b>Psychiatric vulnerability or substance use</b>	Early referral to mental-health or rehabilitation services.	Prevention of relapse, safer pregnancy outcomes, and early parenting support.
<b>Teenage pregnancy (adolescent mother)</b>	Dedicated adolescent psychosocial programme including emotional counselling, parental mediation, and social-service referral.	Reduced school dropout, improved self-esteem, and increased continuity of care.



# Teenage Pregnancy: A Special Focus

Teenage pregnancy is recognised by GEMS as both a medical and psychosocial high-risk condition.

Adolescents face unique challenges such as stigma, family conflict, interrupted education, poor social support, and limited understanding of health responsibilities.

The Psychosocial Support Programme provides tailored interventions for adolescent mothers, guided by national adolescent-health frameworks and school-linked health strategies.

## Key Elements of Teenage Pregnancy Support



### 1. Early Identification and Engagement

- All members under 19 years old registered on the Maternity Programme are automatically flagged for enhanced psychosocial support.
- Providers are encouraged to create a safe, non-judgmental environment that promotes trust and confidentiality.

### 2. Comprehensive Assessment

Includes evaluation of emotional well-being, family dynamics, financial stability, schooling status, and partner or parental involvement.

### 3. Structured Counselling and Education

- Individual counselling sessions focusing on emotional adaptation, reproductive health, parenting skills, and continuing education.
- Guidance on legal rights and social-grant processes through the Department of Social Development.

### 4. Parental and Family Support

- Involvement of parents or guardians to rebuild communication, where appropriate.
- Joint sessions promoting understanding, shared responsibility, and long-term planning.

### 5. Community and School Re-Integration

Collaboration with school-health nurses, social workers, and non-governmental organisations to support the continuation of education.

### 6. Peer-Mentorship Circles

Connecting young mothers with peer mentors who have successfully balanced motherhood and education, offering relatable guidance and emotional solidarity.

### 7. Postnatal Continuity

Follow-up counselling for at least six months after birth, focusing on self-care, contraception, and prevention of repeat teenage pregnancies.

## Psychosocial Risk Screening

Every pregnant member should undergo psychosocial risk screening during her first antenatal visit and again in each trimester.

Screening tools recommended by the NDoH should include questions about mood, support systems, financial strain, and any experience of violence or abuse.

### Common Screening Domains:

- Emotional well-being (signs of depression, anxiety, or trauma).
- Family and partner support.
- Economic and housing stability.
- Safety concerns (domestic violence, sexual abuse, or neglect).
- Substance use or dependence.

Members identified with moderate or high psychosocial risk should be referred for further evaluation within 72 hours.

## Multidisciplinary Care Approach

Psychosocial support is most effective when it forms part of an integrated care model involving medical and allied professionals.



### General practitioner or midwife

Identify psychosocial risk and initiate referral.



### Social worker

Provide social assessment, and intervention, and linkage to the allied professionals via Managed Care.



### Obstetrician or gynaecologist

Coordinate high-risk care with the Managed Care and monitor mental-health impact on pregnancy.



### Community-based partners

Offer after-hours or community support for adolescents and vulnerable families via the Social Worker e.g. SADAG or FAMSA.

## Telephonic Support

To improve accessibility, members may use the GEMS Tele-Support Line for psychosocial assistance.

### Services include:

- Emotional support from trained counsellors.
- Referral to nearby mental-health professionals or social-service offices.
- After-hours guidance for distress or crisis situations.
- Follow-up calls for high-risk members, including adolescent mothers.

Contact: 0800 00 4367 (Monday to Friday from 08:00 to 17:00) or email [maternity@gems.gov.za](mailto:maternity@gems.gov.za) or WhatsApp at 063 790 7641.

## Healthcare Provider Responsibilities

Healthcare Providers play a vital role in identifying, managing, and supporting psychosocial needs.

### Providers should:

1. Screen every pregnant member for emotional or social distress.
2. Provide reassurance and information in an empathetic, non-judgmental manner.
3. Refer all members with moderate to severe emotional symptoms for counselling.
4. Document psychosocial assessments and referrals in the maternity care record.
5. Follow up on high-risk cases within one week.
6. Ensure adolescent members receive age-appropriate counselling and protection from stigma or discrimination.

## Key Take-Home Messages for Providers



- Psychosocial care is as essential as physical care in every pregnancy.
- High-risk and adolescent pregnancies require proactive, sustained emotional and social support.
- Early referral to counsellors, social workers, or psychologists improves both maternal and infant outcomes.
- Engage families and communities as partners in supporting vulnerable mothers.
- Maintain confidentiality, empathy, and dignity in every interaction.
- Empower young mothers to continue their education and build resilience for long-term well-being.

# 13

## Preventive Care Screening Benefits

Preventive health and screening are among the most effective healthcare strategies, helping to facilitate early diagnosis and treatment, improve quality of life, and prevent premature death.

GEMS offers comprehensive screening and preventive care benefits to its members, available across all benefit options and payable from risk benefits.

### These include:



**Essential screenings** for cholesterol, blood pressure, glucose, HIV, and other conditions.



**Advanced tests** such as mammograms, Pap smears, and bone density scans.



**Vaccinations**, including influenza, pneumococcal, and HPV, to protect against preventable diseases.

As a healthcare provider, you are encouraged to partner with GEMS in promoting these benefits and to educate members on the importance of timely screening.

### Tailored Care for Every Stage of Life

GEMS provides age- and gender-specific benefits for women, men, and children, ensuring that every member receives the right care at the right time.

#### Examples include:

- Childhood hearing and vision screenings.
- Cervical cancer screening for women.
- HIV prevention services such as Pre-exposure Prophylaxis (PrEP), Post-exposure Prophylaxis (PEP), and mother-to-child transmission prophylaxis (available with authorisation from the HIV department).

With GEMS, preventive care is more than a benefit—it is a pathway to a healthier future.

Please click [here](#) to view these comprehensive benefits.



# 14

## Practice Detail Updates

All healthcare providers participating in the GEMS Maternity Programme are required to keep their practice information up to date at all times.

- This includes any changes to contact numbers, physical or email addresses, banking details, or practicing status.
- Updated details help ensure that referrals, authorisations, and payments are processed efficiently, without disruption to member care.
- Providers can update their bank details directly through the GEMS Provider Portal or by emailing [providersupport@gems.gov.za](mailto:providersupport@gems.gov.za).

GEMS will periodically verify practice information to maintain network integrity and compliance.



# 15

## Useful Resources

Service	Purpose	Telephone	Email / Link for Queries
GEMS Contact Centre	General queries related to GEMS	0800 00 4367 (toll-free)	enquiries@gems.gov.za
GEMS Website	View GEMS products and services	0800 00 4367 (toll-free)	www.gems.gov.za
GEMS Tariff File, Formularies and Forms	To view GEMS tariff file, formularies, and forms	0800 00 4367 (toll-free)	www.gems.gov.za Healthcare Providers Tariff File/Formulary List/ICD-10 Codes
Network Contract Management and Provider Liaison Consultants	Contracting queries, REP12 categorisation, or consultant assistance	0800 00 4367 (toll-free)	networkscontracting@gems.gov.za
Chronic Medicine Management — New Registrations	Chronic condition registrations	0800 00 4367 (toll-free)	chronicdop@gems.gov.za
Chronic Medicine Authorisation Queries	Authorisation of chronic medicines	0800 00 4367 (toll-free)	chronicauthe@gems.gov.za
Fraud Hotline	Fraud-related matters	0800 212 202	gems@thehotline.co.za office@thehotline.co.za
Hospital Pre-authorisation	Non-emergency hospital pre-authorisations	0800 00 4367 (toll-free)	hospitalauths@gems.gov.za
Submission of Claims	Submit claims for GEMS beneficiaries	0800 00 4367 (toll-free)	enquiries@gems.gov.za
Queries on Claims	Claim-related queries for beneficiaries	0800 00 4367 (toll-free)	enquiries@gems.gov.za
Member Oncology Contact Centre	Oncology queries for members	0800 00 4367 (toll-free)	oncologyauths@gems.gov.za
Provider Oncology Contact Centre	Oncology queries for providers	0800 00 4367 (toll-free)	enquiries@gems.gov.za
Ambulatory PMB	Out-of-hospital PMB queries	0800 00 4367 (toll-free)	enquiries@gems.gov.za
HIV/AIDS Management	HIV/AIDS-related queries	0800 00 4367 (toll-free)	hiv@gems.gov.za
Alignd Serious Illness Benefit	Support for managing serious illness	0800 00 4367 (toll-free)	referrals@alignd.co.za info@alignd.co.za
GEMS Palliative Care Programme	Support for serious illness management	0800 00 4367 (toll-free)	referrals@alignd.co.za
GEMS Alternatives to Hospitalisation	Medical care at home	0800 00 4367 (toll-free)	homebasedcare@medscheme.co.za

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## Request forms

### 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
<b>A. CHEMISTRY</b>		
<b>CARDIAC / MUSCLE</b>		
4152	CK-MB: Mass determination: Quantitative (Automated)	No
4161	Troponin isoforms: each	No
4154	Myoglobin Quantitative: Monoclonal Immunological	No
<b>DIABETES</b>		
4057	Glucose: Quantitative	No
4064	HbA1C	No
4221	Creatinine	No
<b>INFLAMMATION / IMMUNE</b>		
3947	C-reactive protein	No
<b>LIPIDS</b>		
4027	Cholesterol total	No
4026	LDL cholesterol	No
4028	HDL cholesterol	No
4147	Triglyceride	No
<b>LIVER / PANCREAS</b>		
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
<b>RENAL / ELECTROLYTES / BONE</b>		
4032	Creatinine	
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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# Tanzanite One Pathology Formulary

RPL	DESCRIPTION	SUBJECT TO AUTHORISATION
<b>CEREBROSPINAL FLUID</b>		
<b>B. HAEMATOLOGY</b>		
3709	Antiglobulin test (Coombs' or trypsinized red cells)	No
3743	Erythrocyte sedimentation rate	No
3783	Leucocyte Differential Count	No
3785	Leucocytes - Total Count	No
3755	Full blood count (including items 3739, 3762, 3783, 3785, 3791)	No
3762	Haemoglobin estimation	No
3764	Grouping: A B and O antigens	No
3765	Grouping: Rh antigen	No
3797	Platelet count	No
3805	Prothrombin index	No
3865	Parasites in blood smear	No
3786	Qbc Malaria Concentration and Fluorescent Staining Qbc Malaria	No
3792	Plasmodium Falciparum: Mono. Immuno. Identification	No
<b>C. ENDOCRINE - REPRODUCTIVE</b>		
4450	HCG: Monoclonal immunological: Qualitative	No
4531	Acute Hepatitis A (IgM)	No
<b>ENDOCRINE - THYROID</b>		
4155	Uric acid	No
4451	HCG: Monoclonal immunological: Quantitative	No
4507	Isotopes: Thyrotropin (Tdh)	No
<b>HIV TESTS</b>		
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
4429	Quantitative PCR (DNA/RNA)	No
<b>INFECTIOUS DISEASES AND OTHERS</b>		
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
<b>E. CYTOLOGY</b>		
4566	Vaginal or Cervical smears, each	No
4559	Liquid Based Cytology 1St Unit	No
<b>G. MISCELLANEOUS</b>		
4352	Faecal Occult Blood test (FOB)	No
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)	No
3869	Faeces (including parasites)	No
3881	Mycobacteria	No

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

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

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

Chemistry		Endocrinology		Inflammation/Immunology	
Liver / pancreas	Request	Haematology	Request	Inflammation / immune	Request
Bilirubin: Total		Antiglobulin test (Coombs' or trypsinized red cells)		C-reactive protein	
Bilirubin: Conjugated			Erythrocyte sedimentation rate	<b>Parasites</b>	
Protein: Total		Leucocyte Differential Count		Concentration techniques for parasites	
Aspartate Aminotransferase (AST)		Leucocytes - Total Count		Parasites in blood smear	
Alanine Aminotransferase (ALT)		Full blood count (including items 3739, 3762, 3783, 3785, 3791)		<b>Other tests requested:</b>	
Gamma Glutamyl Transferase (GGT)			Haemoglobin estimation		
<b>Cardiac / muscle</b>		Grouping: A B and O antigens			
Troponin		Grouping: Rh antigen		<b>Pre-authorisation number:</b>	
CK-MB mass		Platelet count			
Myoglobin Quantitative: Monoclonal Immunological		Prothrombin index			
<b>Lipids / cad risk</b>		Parasites in blood smear		<b>Drug monitoring</b>	
Cholesterol total		Qbc Malaria Concentration and Fluorescent Staining Qbc Malaria		Therapeutic drug level: Dosage	
LDL cholesterol			Plasmodium Falciparum: Mono. Immuno. Identification		
HDL cholesterol		<b>Miscellaneous</b>			
Triglyceride		Faecal occult blood test (FOB)			
Specimen type:		Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)			
		Faeces (including parasites)			
Collected By:		Mycobacteria			
		<b>Cytology</b>			
Collection Date:		Cervical/vaginal smear			
Collection Time:		Liquid Based Cytology 1st Unit			

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# Tanzanite One Radiology Formulary

## Tanzanite One

2026 Radiology formulary



All codes not listed require authorisation.

MEDICAL PRACTITIONER	RADIOLOGIST	RADIOGRAPHY	CODE DESCRIPTION
<b>THORAX</b>			
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
<b>ABDOMEN AND PELVIS</b>			
3477	40100	39125	X-ray of the abdomen
Non-chargeable	40105	39125	X-ray of the abdomen supine and erect, or decubitus
<b>SPINE</b>			
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
<b>PELVIS AND HIPS</b>			
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
<b>UPPER LIMB</b>			
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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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
6501	65130	39003	X-ray of the left wrist
6501	65135	39003	X-ray of the right wrist
6503	65140	39003	X-ray of the left scaphoid
6503	65145	39003	X-ray of the right scaphoid
<b>LOWER LIMB</b>			
6514	73100	39003	X-ray of the left lower leg
6514	73105	39003	X-ray of the right lower leg
6512	74100	39003	X-ray of the left ankle
6512	74105	39003	X-ray of the right ankle
6511	74120	39003	X-ray of the left foot
6511	74125	39003	X-ray of the right foot
6513	74130	39003	X-ray of the left calcaneus
6513	74135	39003	X-ray of the right calcaneus
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	72105	39003	X-ray of the right knee one or two views - AP
Non-chargeable	72120	39003	X-ray of the left knee including patella
Non-chargeable	72125	39003	X-ray of the right knee including patella
<b>ULTRASOUND ABDOMEN AND PELVIS</b>			
3615	43250	39145	Ultrasound study of the pregnant uterus, first trimester
Non-chargeable	43273	39145	Ultrasound study of the pregnant uterus, third trimester, follow-up visit
3617	43260	39145	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment
<b>ULTRASOUND MISCELLANEOUS</b>			
3629	34200: ultrasound of the breast		High definition (small parts) scan. Thyroid, breast lump, scrotum, etc.
<b>ULTRASOUND OF THE BREAST</b>			
3605	34100	39175	X-ray mammography including ultrasound
	34101		X-Ray Mammography Unilateral

Please note: Providers are requested to make use of the 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.					
Thorax	Ref price	Upper limb cont	Ref price	Ultrasound abdomen and pelvis	Ref price
X-ray of the chest, single view - lateral		Elbow: left		Ultrasound study of the pregnant uterus, first trimester	
X-ray of the chest two views, PA and lateral		Elbow: right		Ultrasound study of the pregnant uterus, third trimester, follow-up visit	
X-ray of the ribs		Forearm: left		Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment	
		Forearm: right			
<b>Abdomen</b>		Hand: left		<b>Miscellaneous</b>	
X-ray of the abdomen		Hand: right		High definition (small parts) scan. Thyroid, breast lump, scrotum, etc	
X-ray of the abdomen supine and erect, or decubitus					
<b>Spine</b>		Finger: specify		<b>Ultrasound of the breast</b>	
X-ray of the cervical spine, one or two views - AP		Wrist: left		X-ray mammography including ultrasound	
X-ray of the thoracic spine, one or two views - AP		Wrist: right		X-Ray Mammography Unilateral	
X-ray of the lumbar spine, one or two views - AP		Scaphoid: left			
<b>Pelvis and hips</b>		Scaphoid: right			For advanced radiology tests not included on this form, please contact <b>0860 436 777</b> and request an authorisation number.
Pelvis		<b>Lower limb</b>			
Hip: left		X-ray of the left lower leg		<b>List additional test required:</b>	
Hip: right		X-ray of the right lower leg			
Pelvis and hips		X-ray of the left ankle			
<b>Upper limb</b>		X-ray of the right ankle			
Clavicle: left		X-ray of the left foot			
Clavicle: right		X-ray of the right foot			
Scapula: left		X-ray of the left calcaneus		<b>Authorisation number:</b>	
Scapula: right		X-ray of the right calcaneus			
Acromio-clavicular joint: left		X-ray of the left femur		<b>Clinical information</b>	
Acromio-clavicular joint: right		X-ray of the right femur			
Shoulder: left		X-ray of the left knee one or two views - AP			
Shoulder: right		X-ray of the right knee one or two views - AP			
Humerus: left		X-ray of the left knee including patella			
Humerus: right		X-ray of the right knee including patella			

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## 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
<b>A. CHEMISTRY</b>		
<b>CARDIAC / MUSCLE</b>		
4152	CK-MB: Mass determination: Quantitative (Automated)	No
4161	Troponin isoforms: each	No
4488	B-Type Natriuretic Peptide	No
<b>DIABETES</b>		
4057	Glucose: Quantitative	No
4064	HbA1C	No
4221	Creatinine	No
4261	Micro Albuminuria (Quantitative)	No
<b>INFLAMMATION / IMMUNE</b>		
3947	C-reactive protein	No
<b>LIPIDS</b>		
4027	Cholesterol total	No
4026	LDL cholesterol	No
4028	HDL cholesterol	No
4147	Triglyceride	No
4132	Creatinine Kinase (CK)	No
4539	Procalcitonin:Quantitative	No
<b>ARTERIAL BLOOD GAS</b>		
4076	Blood gases: Astrup/pO2 and ancillary tests - can only be used to a maximum of 6 times per patient per calendar day	No
<b>LIVER / PANCREAS</b>		
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
<b>RENAL / ELECTROLYTES / BONE</b>		
4017	Calcium: Spectrophotometric	No
4032	Creatinine	No
4086	Lactate	No
4094	Magnesium: Spectrophotometric	No
4109	Phosphate	No
4113	Potassium	No
4114	Sodium	No
4155	Uric acid	No
4151	Urea	No
4171	Sodium + potassium +chloride +CO2 + urea	No
4031	Total CO2	No
4023	Chloride	No
<b>CEREBROSPINAL FLUID</b>		
<b>B. HAEMATOLOGY</b>		
3709	Antiglobulin test (Coombs' or trypsinized red cells)	No
3716	Mean cell volume	No
3743	Erythrocyte sedimentation rate	No
3739	Erythrocyte Count	No
3783	Leucocyte Differential Count	No
3785	Leucocytes - Total Count	No
3791	Packed Cell Volume: Haematocrit	No
3755	Full blood count (including items 3739, 3762, 3783, 3785, 3791)	No
3762	Haemoglobin estimation	No
3764	Grouping: A B and O antigens	No
3765	Grouping: Rh antigen	No
3797	Platelet count	No
3805	Prothrombin index	No
3809	Reticulocyte count	No
3865	Parasites in blood smear	No
4071	Iron	No
4144	Transferrin	No
4491	Vitamin B12	No
4528	Ferritin	No
4533	Folic acid	No
3856	D-Dimer (quantitative)	No
<b>C. ENDOCRINE - REPRODUCTIVE</b>		
4450	HCG: Monoclonal immunological: Qualitative	No
4531	Acute Hepatitis A (IgM)	No
4537	Prolactin	No

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RPL	DESCRIPTION	SUBJECT TO AUTHORISATION
<b>ENDOCRINE - THYROID</b>		
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
<b>ANTENATAL SCREENING</b>		
4552	Second Trimester Down's screen	No
4546	First trimester Downs screen	No
<b>HEPATITIS TESTS</b>		
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
<b>HIV TESTS</b>		
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
<b>INFECTIOUS DISEASES AND OTHERS</b>		
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
<b>E. CYTOLOGY</b>		
4566	Vaginal or Cervical smears, each	No
<b>F. HISTOLOGY</b>		
4567	Histology per sample	No
<b>G. MISCELLANEOUS</b>		
4352	Faecal Occult Blood test (FOB)	No
<b>H. MICROBIOLOGY</b>		
<b>MCS</b>		
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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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 in stool: Fastidious culture	No
3895	Bacteriological culture: Fastidious organisms	No
3928	Antimicrobial substances	No
3887	Antibiotic susceptibility test: Per organism	No
3924	Biochemical identification of bacterium: Extended	No
3869	Faeces (including parasites)	No
3868	Fungus identification	No
3881	Mycobacteria	No
3901	Fungal culture	No
3868	Fungus identification	No
<b>AFB FLUOROCHROME AURAMINE (ZN) ONLY</b>		
3885	Cytochemical stain	No
3881	Antigen detection with monoclonal antibodies	No
<b>TB CULTURE</b>		
0221	Mantoux-Tuberculin PPD test	No
3881	Antigen detection with monoclonal antibodies	No
4433	Bacteriological DNA identification (LCR)	No
3916	Radiometric tuberculosis culture	No
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)	No
3895	Bacteriological culture: Fastidious organisms	No
4655	TB Lipoarabinomannan Ag (LAM)	No
<b>TB SENSITIVITY</b>		
3887	Antibiotic susceptibility test: Per organism	No
3974	Polymerase chain reaction	Yes
<b>EXTRAPULMONARY TB</b>		
4139	Adenosine deaminase (CSF, Peritoneal or Pleural)	No
<b>PARASITES</b>		
3869	Faeces (including parasites)	No
3883	Concentration techniques for parasites	No
3865	Parasites in blood smear	No
<b>BILHARZIA MICRO</b>		
3980	Bilharzia Ag Serum/Urine	No
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)	No
3946	IgM: Specific antibody titer:ELISA/EMIT: Per Ag	No
3883	Concentration techniques for parasites	No
<b>DRUG MONITORING</b>		
3806	Therapeutic drug level: Dosage	No
<b>ONCOLOGY</b>		
4582	Serial step sections (including item 4567)	No

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

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

Chemistry		Endocrinology		Inflammation/Immunology	
Renal / electrolytes / bone	Request	Endocrine – thyroid	Request	Auto-immune	Request
<b>Liver / pancreas</b>		<b>Ante-natal screen</b>		<b>HIV tests</b>	
Bilirubin (total, conjugated) - fee		Blood group: A B and O antigen		HIV Ab - Rapid Test	
GGT		Coombs test		CD4 count	
Lactate dehydrogenase		Grouping: Rh antigen		<b>HIV PCR Testing</b>	
Lactate dehydrogenase		HEP B s Ag		HIV PCR viral load	
<b>Cardiac / muscle</b>		HIV 1+2 Ab + P24 Ag		HIV PCR qualitative (diagnostic only)	
Troponin		VDRL		<b>Microbiology</b>	
CK-MB mass		Rubella igg, IgM - fee		Micro specimen type and site	
B-Type Natriuretic Peptide		First trimester Downs screen		MCS	
<b>Lipids / cad risk</b>		Second Trimester Down's screen		AFB fluorochrome auramine (ZN) only	
Procalcitonin: Quantitative		<b>Tumour markers</b>		Parasites	
Cholesterol		PSA		Bilharzia microscopy	
HDL and LDL		<b>Haematology</b>		<b>TB tests</b>	
Triglycerides (fasting)		Grouping: A B and O antigens		TB culture	
Creatinine kinase (ck)		Grouping: Rh antigen		TB sensitivity	
<b>Histology</b>		Full blood count		Adenosine deaminase (Peritoneal)	
Histology per sample		Platelet count		Adenosine deaminase (Pleural)	
Clinical data (please supply):		Haemoglobin estimation		TB Lipoarabinomannan Ag (LAM)	
		Reticulocyte count		<b>The following TB related tests require an authorisation</b>	
<b>Cytology</b>		Iron		TB PCR Testing	
Cervical/vaginal smear		Transferrin		<b>Other tests requested:</b>	
<b>Arterial Blood Gas</b>		D-Dimer (quantitative)			
Blood gases: Astrup/pO2 and ancillary tests - can only be used to a maximum of 6 times per patient per calendar day		Folate (serum)		<b>Pre-authorisation number:</b>	
<b>HPV Test</b>		Vit B12			
Hr-HPV-DNA test		Coombs test		<b>DRUG MONITORING</b>	
Specimen type:		Parasites in blood smear			
Collected By:		<b>Coagulation</b>		<b>ONCOLOGY</b>	
Collection Date:		INR/PI		Therapeutic drug level: Dosage	
Collection Time:		<b>Miscellaneous</b>		<b>ONCOLOGY</b>	
		Faecal occult blood test (FOB)		Serial step sections (including item 4567)	

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# Beryl Radiology Formulary

## Beryl

### 2026 Radiology formulary



All codes not listed require authorisation.

MEDICAL PRACTITIONER	RADIOLOGIST	RADIOGRAPHY	CODE DESCRIPTION
<b>GENERAL</b>			
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
<b>FACIAL BONES AND NASAL BONES</b>			
3353	11100	39043	X-ray of the facial bones
3357	11120	39047	X-ray of the nasal bones
<b>ORBITS AND PARANASAL SINUSES</b>			
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
<b>MANDIBLE, TEETH AND MAXILLA</b>			
3355	14100	39045	X-ray of the mandible
3361	14130	39051	X-ray of the teeth single quadrant
3363	14140	39053	X-ray of the teeth more than one quadrant
3365	14150	39055	X-ray of the teeth full mouth
3361	15100	39059	X-ray temporo-mandibular joint, left
3361	15110	39059	X-ray temporo-mandibular joint, right
3359	16100	39049	X-ray of the mastoids, unilateral - left
3359	16100	39049	X-ray of the mastoids, unilateral - right
3359	16110	39049	X-ray of the mastoids, bilateral
<b>THORAX</b>			
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
<b>ABDOMEN AND PELVIS</b>			
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
<b>SPINE</b>			
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
3321	52100	39017	X-ray of the thoracic spine, one or two views - AP
3321	52100	39017	X-ray of the thoracic spine, one or two views - lateral
3321	53110	39017	X-ray of the lumbar spine, one or two views - AP
3321	53110	39017	X-ray of the lumbar spine, one or two views - lateral
3321	54100	39017	X-ray of the sacrum and coccyx
Non-chargeable	54110	39027	X-ray of the sacroiliac joints
<b>PELVIS AND HIPS</b>			
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
<b>UPPER LIMB</b>			
6509	61100	39003	X-ray of the left clavicle
6509	61105	39003	X-ray of the right clavicle
6510	61110	39003	X-ray of the left scapula
6510	61115	39003	X-ray of the right scapula
6508	61120	39003	X-ray of the left acromio-clavicular joint
6508	61125	39003	X-ray of the right acromio-clavicular joint
6507	61130	39003	X-ray of the left shoulder
6507	61135	39003	X-ray of the right shoulder
6506	62100	39003	X-ray of the left humerus
6506	62105	39003	X-ray of the right humerus
6505	63100	39003	X-ray of the left elbow
6505	63105	39003	X-ray of the right elbow
6504	64100	39003	X-ray of the left forearm
6504	64105	39003	X-ray of the right forearm
6500	65100	39003	X-ray of the left hand
6500	65105	39003	X-ray of the right hand
3305	65120	39001	X-ray of a finger
6501	65130	39003	X-ray of the left wrist
6501	65135	39003	X-ray of the right wrist
6503	65140	39003	X-ray of the left scaphoid
6503	65145	39003	X-ray of the right scaphoid
<b>LOWER LIMB</b>			
6514	73100	39003	X-ray of the left lower leg
6514	73105	39003	X-ray of the right lower leg
6512	74100	39003	X-ray of the left ankle
6512	74105	39003	X-ray of the right ankle
6511	74120	39003	X-ray of the left foot
6511	74125	39003	X-ray of the right foot
6513	74130	39003	X-ray of the left calcaneus
6513	74135	39003	X-ray of the right calcaneus

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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
<b>ULTRASOUND ABDOMEN AND PELVIS</b>			
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
<b>ULTRASOUND MISCELLANEOUS</b>			
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
<b>ULTRASOUND OF THE VASCULAR</b>			
3596	32200	39191, 39211, 39199	Intravascular ultrasound per case, arterial or venous for intervention
<b>ULTRASOUND OF THE BREAST</b>			
3605	34100	39175	X-ray mammography including ultrasound

\*\* Providers to use specific codes

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# Beryl Request Form

## 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	
<b>Facial bones and nasal bones</b>		Sacrum and coccyx		Both feet standing: single view	
Facial bones		Sacroiliac joints		Toe: specify	
Nasal bones		<b>Pelvis and hips</b>		Femur: left	
<b>Orbits and paranasal sinuses</b>		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	
<b>Mandible, teeth and maxilla</b>		<b>Upper limb</b>		Knee: right lateral	
Mandible		Clavicle: left		Knee including patella: left	
Teeth: single quadrant		Clavicle: right		Knee including patella: right	
<b>Specify quadrants:</b>		Scapula: left		Patella: left	
Teeth: more than one quadrant		Scapula: right		Patella: right	
<b>Specify quadrants:</b>		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		<b>Ultrasound</b>	
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	
<b>Thorax</b>		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		<b>Miscellaneous</b>	
Ribs		Hand: right		Ultrasound soft tissue, any region.	
<b>Abdomen</b>		Finger: specify		High definition (small parts) scan. Thyroid, breast lump, scrotum, etc	
Abdomen		Wrist: left		<b>Breast</b>	
Abdomen: multiple views incl chest		Wrist: right		X-ray mammography including ultrasound	
<b>Specify views:</b>		Scaphoid: left		<b>Vascular</b>	
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		<b>Lower limb</b>		<b>List additional test required:</b>	
<b>Spine</b>		Lower leg: left			
Spine scoliosis view: ap only		Lower leg: right			
Cervical spine: ap		Ankle: left		<b>Authorisation number:</b>	
Cervical spine: lateral		Ankle: right			
Thoracic spine: ap		Foot: left		<b>Clinical information</b>	
Thoracic spine: lateral		Foot: right			
Lumbar spine: ap		Calcaneus: left			

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# Specialist Referral Form

## Specialist Referral Form

Tanzanite One and Beryl



All non-emergency specialist referrals require an authorisation, obtainable from the GEMS Call Centre on 0860 436 777. Please ensure that this form accompanies the patient when consulting with the authorised specialist practitioner.

Authorisation no.

Date

### Section A: Patient details

Surname

First name

Date of birth  Age  ID no.  Gender

Postal Address

Code

Tel no. (H)  (W)  Cell no.

Scheme Option  Tanzanite One  Beryl  Emerald Value

Member no.  Dependent code

### Section B: Referring Nominated Family Practitioner's Details

Doctor's Initial

Name

Surname

Practice no.

Tel no.

Email

### Section C: Specialist Practitioner's Details

Specialist Initial

Name

Surname

Consultation appointment date  Practice no.

### Section D: Patient's Clinical Details

Clinical diagnosis

Reason for referral

Date of onset  ICD10 codes

Current medication

Special investigations and results

Referring doctor's signature

Date

Specialist Practitioners please note: Tanzanite One and Beryl are low cost options subject to managed care protocols and formularies. The GEMS Tanzanite One and Beryl Medicine, Pathology and Radiology formularies are available on [www.gems.gov.za](http://www.gems.gov.za). Pre-authorisation is needed for any further referrals, investigations or medication not in the formulary. Kindly call 0860 436 777 for all pre-authorisations or for further queries.

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# Chronic Application Form

## Medicine Management Chronic Medicine Benefit Application



Please fax completed form to: 0861 00 4367 or post to: GEMS, Private Bag X782, Cape Town, 8000 or email to: [chronicdsp@gems.gov.za](mailto:chronicdsp@gems.gov.za) or call 0800 00 4367 (toll-free) and providers can call 0860 436 777.

### Section A: To be completed by the member (please print using block letters)

Please book at least 30 minutes with your doctor in order for him/her to examine you and complete this form. The ideal person to do this is the registered doctor who regularly prescribes your medicine. Please keep a copy of the completed form for your records. **Member/patient signature is essential to process this application.**

Should you be accepted onto the GEMS Medicine Management Programme, you will be informed in writing. You will receive a Medicine Access Chart (MAC), which lists the medicine to be paid from the Chronic Medicine Benefit. Please refer to the GEMS Disease Management Member Guide on [www.gems.gov.za](http://www.gems.gov.za) to obtain more information about the Medicine Access Card and the Chronic Medicine Benefit.

#### Main member details

Surname  Title  Full first name   
Member no  Medical scheme option

#### Patient details (if not the same as main member)

Surname  Title  Full first name   
ID no  Date of birth  Dependant code   
Tel no (H) ()  (W) ()   
Fax no ()  Cellphone no   
Postal address   
 Code   
Email

- I/we understand that all personal and clinical information supplied to the GEMS Medicine Management Programme will be kept confidential. The GEMS Medicine Management Programme will use this information to, *inter alia*, determine access to the Chronic Medicine Benefit for reimbursement of ongoing essential medicine, promote optimal treatment and act in accordance with the rules of the Scheme and the provisions of the Medical Schemes Act, Act 131 of 1998, as amended. Medical staff will review this information in order to make informed recommendations regarding the provision of these benefits. However, your medical practitioner retains the ultimate responsibility for his or her patient, irrespective of benefits so authorised.
- I/we therefore authorise any healthcare professional, hospital, clinic and/or medical facility in possession of, or may hereafter acquire, any medical information regarding myself, the applicant and any dependant, whether such information relates to the past or future, to disclose such information to the GEMS Medicine Management Programme, the Scheme and/or its administrator. I agree that this authorisation and request shall remain in force after my/their deaths. I indemnify the Scheme and its trustees, agents and administrator against any claim, of whatsoever nature, which may be made against them as a result of or arising out of the disclosure of any test results or medical information.
- I/we confirm that the information contained in this Chronic Medicine Benefit application form is correct.

Patient's signature \_\_\_\_\_ Guardian's signature \_\_\_\_\_ Date   
(If patient is a minor)

### Section B: To be completed by the attending doctor (please print using block letters)

#### Details of the attending doctor

Surname  Initials  Qualifying degree   
Practice no  HPCSA Reg no   
Postal address   
 Code   
Email   
Tel no (H) ()  Fax no ()  Cellphone no

Please ensure that your patient is applying for the first time as the completion of only one application per dependant will be paid for, where applicable.

#### Clinical examination general information (to be completed for all applicants)

Gender  M  F Weight  kg Height  cm BMI  Blood pressure (sitting, having rested for 5 minutes) /  
Smoking  Yes  No Physical Activity  Little  Regular  Very Active TIA/Stroke  Yes  No

Please indicate if the patient has a history of the following:

Ischaemic heart disease  Yes  No Peripheral vascular disease  Yes  No

First degree relative with premature heart disease (Premature = MI in females <65 years; males <55 years)  Yes  No

If the patient has diabetes, please provide the most recent HbA1c results \_\_\_\_\_



Only complete this form for patients with Hyperlipidaemia

### Section D: To be completed by the attending doctor

(please print using block letters and complete all the fields especially ICD10, risk factors and special investigations to avoid any delay in processing your request for outstanding information)

#### Motivation for a lipid modifying agent for the treatment of Hyperlipidaemia

In line with the requirements of the REF, the application can only be assessed on receipt of the completed form and copies of the relevant lipograms.

The reimbursement of lipid modifying therapy for primary prevention is reserved for patients with a greater than 20% risk of an acute clinical coronary event in the next 10 years. This funding decision is in accordance with local and international guidelines for the management of hyperlipidaemia.

Registered starting doses of lipid modifying drugs and incremental dosage increases will be considered. Higher dosages will be considered on motivation. Kindly consider a less costly generic substitution.

#### History of fasting lipogram laboratory results (Please indicate if the following results are pre-treatment or on treatment)

	Diagnosing lipogram (attach copy)	Lipogram on treatment (attach copy)	Lipogram on treatment (attach copy)
Date			
Lipid modifying drug and dosage		mg/day	mg/day
Total cholesterol			
S-HDL			
S-LDL			
Total triglyceride			
TSH (where LDLC $\geq$ 4mmol/l)			

#### Familial Hyperlipidaemia (FH)

Diagnosed by an endocrinologist  Yes  No

Doctor's name

Practice no

Signs of FH (e.g. tendon xantomata)

\_\_\_\_\_

\_\_\_\_\_

Family history of premature atherosclerotic event in 1st degree relative  Yes  No

Relative (e.g. father/sister) \_\_\_\_\_ Description (e.g. MI/stroke) \_\_\_\_\_

Age at time of event/death

Doctor's signature \_\_\_\_\_ Date

Please complete to receive your chronic medicine

**Section E: To be completed by the member** (please print using block letters)

**Patient details**

Surname

Full first name

Medical scheme

Membership no  Dependant code

**Delivery details**

Delivery method (tick one option only):

- Courier Pharmacy** (//designated signatory will be available to receive the medicine)
- Retail Network Pharmacy** (//designated person will fetch the medicine)
- State Facility**

If "Courier Pharmacy" is preferred, please complete the following:

Delivery address

Code

**Alternate person to sign for the medicine on your behalf:**

Full name and surname

Relationship

**An SMS advising of the monthly delivery must be sent to:**

Cellphone no

**Medicine consignment details**

Drug Reference Pricing (DRP) is a managed care protocol which uses a reference pricing system that uses a benchmark (reference) price for generically or therapeutically equivalent products. The fundamental principle of any reference pricing system is that it does not restrict a member's choice of medicines, but instead limits the amount that will be paid by the Scheme.

DRP reference prices are set in such a way as to ensure the availability of medicines without co-payments being necessary. In other words, you will be able to afford the medicine you need without paying from your own pocket. However, should you prefer the high costing product GEMS will only pay up to the DRP. You will then have to pay the difference (co-payment) to the Courier or Retail Network Pharmacy. DRP applies to the Tanzanite One, Beryl, Ruby, Emerald, Emerald Value, and Onyx options, where applicable, as per Scheme Rules.

**Drug Reference Pricing (DRP) includes two types of products:**

- Generic medicines (medicine with the same active ingredient, strength, and dosage form) and
- Therapeutic equivalent medicine (medicine with a different active ingredient, strength and/or dosage form but have similar effects for the treatment of the same condition).

Generic equivalent substitution (tick one option only):

- Yes, I agree that all items be substituted for generic equivalents, where possible
- No, I do not want to take generic equivalents for all items
- Yes and No, I want generic equivalents for all items besides:

If generic equivalents are not acceptable, the outstanding monies can be paid for in any of the following ways. A consultant will supply you with the details pertaining to each payment method. Please indicate the method of choice.

- Credit card transaction
- Debit order transaction
- Direct bank deposit

**Please remember to send a valid repeat prescription together with this application to 0861 00 4367 (fax) or chronicdsp@gems.gov.za.**

For any assistance in completing this page kindly contact GEMS Chronic Medicine Management on 0800 00 4367.

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## Section E: Full Treatment Plan

Details to be completed by the treating healthcare provider.

\*Procedure or Consultation; nappi code for acute medicine; etc.

ICD-10	PMB Condition	*Code	Description	No. per year	Motivation
eg: I10	Hypertension	0190	Consultation	3	BP 160

Doctor's Signature \_\_\_\_\_ Date:

Name and Surname: \_\_\_\_\_

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## 1. Pathology



Pathology investigations form an essential part of the Maternity Care Plan, supporting timely detection of maternal and foetal health risks.

- All routine and high-risk pregnancy tests should align with the Basic Antenatal Care Plus (BANC+) and Integrated Maternal and Perinatal Care Guidelines (IMPCG).
- Providers are required to ensure that all pathology tests are billed using the correct and current tariff codes for accurate claiming and reimbursement.

Pathology services should be performed through contracted laboratories to guarantee full scheme payment and integration with the GEMS data system.

## 2. Radiology Services



Radiology plays a critical role in safe pregnancy management by enabling accurate assessment of foetal growth and maternal health conditions.

- All imaging procedures, including routine and follow-up ultrasounds, should be clinically indicated and performed at accredited facilities.
- Standard imaging includes:
  - One early pregnancy scan for dating.
  - One detailed foetal anomaly scan between 20 and 24 weeks.
- All radiology claims are required to reflect the correct and current tariff codes to ensure accurate billing and reimbursement under the Scheme

## 3. High-Risk Maternity Registration



Members identified as high-risk should be formally registered using the High-Risk Maternity Application Form, available on the GEMS Provider Portal.

- Healthcare providers are responsible for completing and submitting this form once a high-risk condition has been confirmed.
- The application should include clinical details, diagnosis, and supporting documentation such as pathology or ultrasound results.
- Completed forms should be submitted electronically to ensure prompt review and authorisation by the GEMS Managed Care Team.
- Providers are expected to use the latest version of the High-Risk Application Form and reference the correct tariff codes for all related consultations and procedures.

Please click [here](#) to view the maternity forms.

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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.

16 May 2026 – Summit Limpopo

19 September – Summit Free State

25 July – Summit Eastern Cape



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## Contact details

Department / Purpose	Contact Details	Operating Hours
<b>Maternity Programme (Registration, Authorisation, and General Enquiries)</b>	0800 00 4367 maternity@gems.gov.za	Monday – Friday 08:00 to 17:00
<b>High-Risk Pregnancy and Clinical Escalations</b>	enquiries@gems.gov.za	Monday – Friday 08:00 to 17:00
<b>Provider Support and Portal Assistance</b>	providersupport@gems.gov.za <a href="https://hcp.gems.gov.za">https://hcp.gems.gov.za</a>	Monday – Friday 08:00 to 17:00
<b>General Scheme Enquiries</b>	enquiries@gems.gov.za <a href="https://www.gems.gov.za">https://www.gems.gov.za</a>	Monday – Friday 08:00 to 16:30



## Contact Details:



**GEMS 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

## Client Liaison Office (CLO)

Driving empowerment through education.

The CLO unit drives member education sessions and workshops to empower members and improve understanding of benefits, Scheme rules and processes.

If you would like one of our CLOs to visit your department, please send an email to [clo@gems.gov.za](mailto:clo@gems.gov.za)



Use the QR Code to download the GEMS Member App



### Disclaimer

This brochure contains a summary of the healthcare benefits offered by GEMS for the year 2026 and the required monthly contributions/premiums associated therewith ("2026 GEMS Benefits and Contributions"). The 2026 GEMS Benefits and Contributions forms part of the GEMS Rules, which are subject to the approval of the Council for Medical Schemes ("CMS"). Benefits are subject to network arrangements and Scheme Rules.

GEMS is an authorised Financial Services Provider (FSP No. 52861).

This brochure provides factual information only and does not constitute financial advice as defined under the Financial Advisory and Intermediary Services (FAIS) Act. Members who require financial advice regarding their medical scheme option selection should contact the call centre for referral to an accredited advisor.

This summary is for information only and does not replace medical advice. Final benefits are governed by the GEMS Scheme Rules, your option, network use, and pre-authorisation. Some services may require clinical motivation or be paid at scheme tariff (member co-payments may apply for out-of-network providers, non-formulary items or non-authorised services). Always confirm your benefits, provider network status and authorisation before booking. In case of a dispute, the Scheme Rules apply.

In the event of a discrepancy between the wording of this brochure and that of the published GEMS Rules, the latter will take precedence. For the full version of the 2026 GEMS Benefits and Contributions, kindly refer to Annexures B, C, D, E, F and G of the GEMS Rules, which may be found on the GEMS website at [www.gems.gov.za](http://www.gems.gov.za). You may also contact us directly on 0800 00 4367 (toll-free) to request a copy