



2024

FAMILY PRACTITIONER GUIDE

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

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



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

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

We look forward to partnering with you in 2024.

Introduction

GEMS considers the Family Practitioner (FP) to be at the heart of the healthcare process. The Scheme appreciates the intensive work done by FPs to ensure that its members receive the quality healthcare they need.



Tariffs and Fees



For 2024 Family Practitioner reimbursement, kindly refer to the tables below.

GEMS FP Network Tariffs and Fees:

Consultation Rates (Codes: 0190-0193)			
		Enhanced Fees (these fees are automatically added when a consult is processed)	
	GEMS Network tariff fee	REPI ² Cat 1	REPI ² Cat 2
REO FPs	R 494.10	R 69.80	R 31.60
Family Physicians	R 640.90	R 69.80	R 31.60
	Level	Dispensing doctor tariff	Non-dispensing doctor tariff
Tanzanite One and Beryl FPs	Level 1	R 489.60	R 378.80
	Level 2	R 471.60	R 378.80
	Level 3	R 430.70	R 352.40

GEMS FP Non-Network Tariffs and Fees:

GEMS Beneficiary Consulting	GEMS Non-Network Tariff Fee	
REO	R 446.00	
Tanzanite One and Beryl	Dispensing FP	Non-Dispensing FP
	R 446.00	R 446.00
Family Physicians	R 465.70	

- The GEMS REO (Ruby, Emerald, Emerald Value and Onyx) and TB (Tanzanite One and Beryl) FP Network reimbursement models for 2024 will continue to include an enhanced fee based on the provider's REPI² category score.
- The enhanced fee will automatically be added when the practice is reimbursed for consultations.
- A performance report is distributed quarterly to keep Network FPs up to date with the latest information about the GEMS REPI² categories and their adherence performance.
- FPs and Family Physicians can motivate to upgrade their REPI² category on clinical grounds, by sending an email to REPIcorrespondence@medscheme.co.za. Reviews are considered within 10 working days and then operationalised.
- It is important that FPs adhere to their contractual undertaking to bill according to the agreed GEMS rate, so that members are not faced with unexpected co-payments.

What's New in 2024

GEMS Hospital Network

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

Enhanced Paediatric Benefit

From 2024, GEMS will fund cost-effective medicines for intestinal flora if prescribed for beneficiaries up to and including 6 years of age. This will pay from available benefits and excludes self-medication and over-the-counter purchases.

Continuous Glucose Monitors (CGM) and Insulin Pumps

From 2024, GEMS will fund one CGM / Insulin Pump (and consumables) subject to clinical protocols and available benefits every 5 years for beneficiaries with Type 1 Diabetes who are under the age of 18.



GEMS Programmes and Improvements

GEMS Palliative Care Programme

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

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

Population Medicine Programme

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

The Population Medicine value-based care allows service providers to provide a shared services hub for clinicians that encompasses a complete support infrastructure, including proprietary toolkits and an Intelligent Care System. To participate in the Population Medicine Programme, providers are expected to meet the following criteria:

- The ability to establish integrated Multi-Disciplinary Teams (MDTs) in places where there are clinicians who are willing to come together and work as the MDT, supported by allied healthcare providers.
- The ability to support and train local teams of MDTs on protocols and systems to realise value-based care.
- Be willing to act as the focal point for care coordination by providing the MDT with value-based care protocols and bringing together allied healthcare professionals such as social workers and care coordinators as and when appropriate.
- Make use of evidence-based protocols for the management of the identified or enrolled members/patients.
- Have a demonstrated track record of value-based service provision.

Please call us on 0860 436 777 or email enquiries@gems.gov.za for information about how the Population Medicine programme works, or if you are interested in joining this programme.

GEMS Practitioner App and Portal

GEMS recently launched a fully re-designed Practitioner App and Portal. The platform boasts a sleek, fresh look and feel, and improved user functionality and experience. Highlights are:

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



Access the Practitioner portal at hcp.gems.gov.za and download the GEMS Provider App from Google Play or the App Store, or use the QR code.



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



GEMS Health Practitioner Summits

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

The following topics will be covered at the GEMS Summits:

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

Please lookout for an invitation to these events to be hosted in 2024 in the following provinces:

- 09 March – Polokwane, Limpopo
- 08 June – Port Elizabeth, Eastern Cape
- 07 September – Durban, KZN

Access to a medical advisor

GEMS understands that there may be times when you would like to discuss your patient's treatment and authorisation with a Medical Advisor. Please see **page 14** for full details on the various ways to easily schedule this important conversation.



In-Rooms Procedures

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

The table below lists the procedures that are remunerated at 200% of Scheme rate if performed in the doctor's rooms. The rate is inclusive of equipment and/or instrumentation used for the procedures and it applies to all Scheme options. Please also note that:

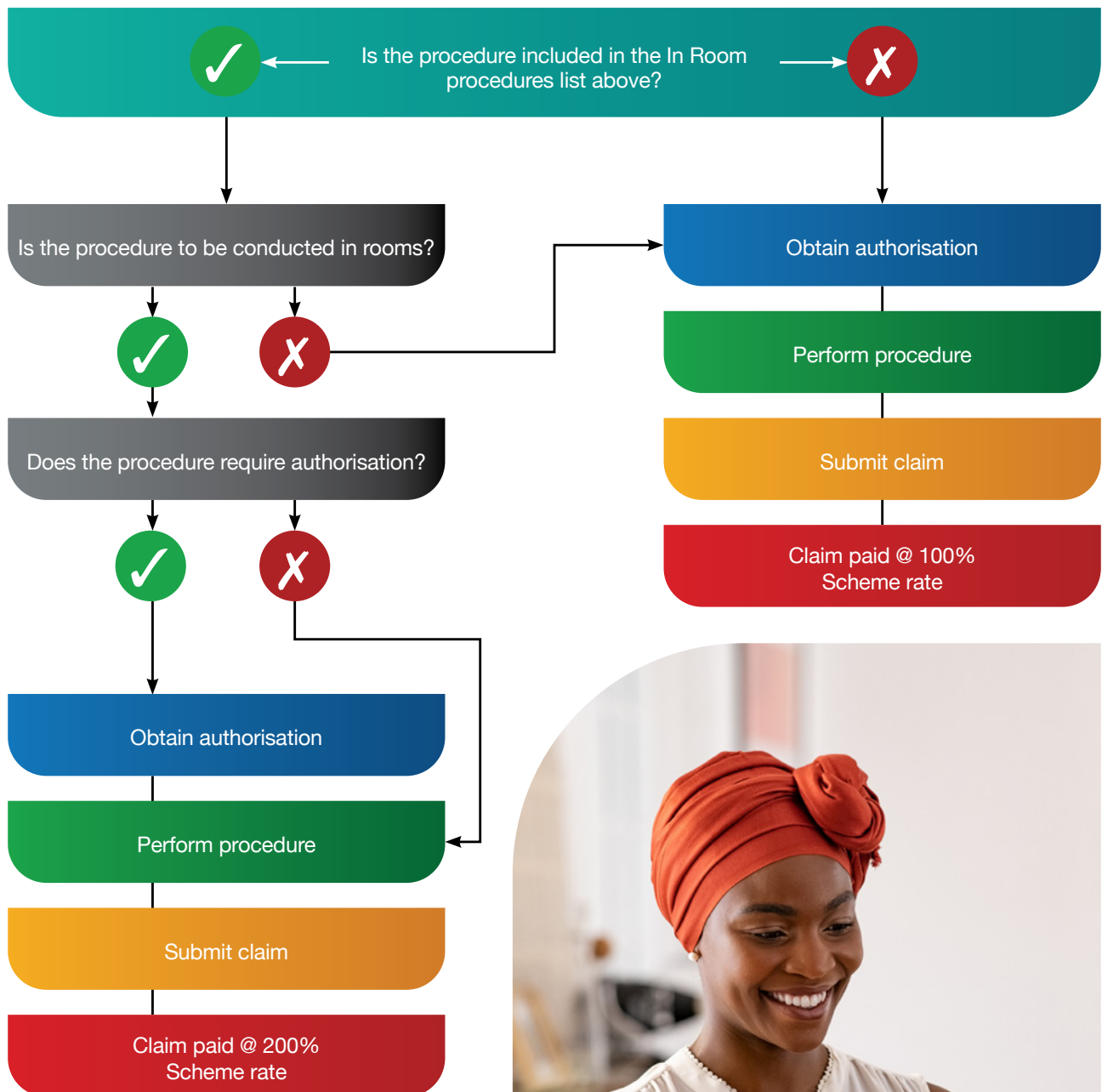
- Certain procedures are subject to pre-authorisation;
- The 200% tariff is inclusive of all modifiers; and
- The list may change as new procedures are added and/or others removed. Any such changes will be communicated.

Code	Procedure	Pre-authorisation required
0244	Repair of nail bed (only for ingrown toenail)	No
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude (only for ingrown toenail)	No
0310	Radical excision of nailbed (only for ingrown toenail)	No
1018	Flexible nasopharyngolaryngoscopy examination	No
1587	Upper gastrointestinal endoscopy	Yes
1653	Total colonoscopy (including biopsy)	Yes
1656	Left-sided colonoscopy	Yes
1676	Flexible sigmoidoscopy (including rectum and anus)	No
1677	Sigmoidoscopy: First and subsequent, with or without biopsy	No
1679	Sigmoidoscopy with removal of polyps: First and subsequent	No
1681	Proctoscopy with removal of polyps: First time	No
1683	Proctoscopy with removal of polyps: Subsequent times	No
2207	Vasectomy	No
3045, 3047, 3050, 3051, 3052	Cataract surgery	Yes

Circumcision procedures can also be performed in the doctor's rooms and are subject to pre-authorisation, managed care protocols and processes, and the use of a GEMS Network FP. Circumcisions are limited to a global fee of R1 906 which includes all post-procedure care, consultations, and medicine within a month of the procedure.



Simplified process for authorisation of doctor's room procedures





How to request authorisation*

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

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

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

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

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

Procedure codes that can be charged in addition to a consultation code

GEMS tariff code	Procedure
0300	Stitching of a wound
0301	Stitching of an additional wound
0307	Excision and repair
0255	Drainage of subcutaneous abscess and avulsion of nail
0259	Removal of foreign body superficial to deep fascia
0887	Limb cast (including cost of POP and material)
1725	Drainage of external thrombosed pile

Procedure codes that can be charged in addition to a consultation code but subject to authorisation*

GEMS tariff code	Procedure
1186	Flow volume test: Inspiration/expiration
1188	Flow volume test: Inspiration/expiration/pre- and post-bronchodilator
1234	ECG bicycle
1235	ECG multistage treadmill
2713	Lumbar puncture

*Note that these codes will only be allowed for the diagnosis and management of approved chronic conditions for registered chronic members as part of the chronic condition benefit, subject to PMB treatment guidelines. Payment will be subject to the doctor submitting the results for these tests. Please refer to the GEMS [website](#) for more information on specific tariff rates.

Codes which are included in the consultation fee**

GEMS tariff code	Procedure
0145, 1046, 1047, 0148, 0149	Modifiers
0017	Injections by practitioner
0202	Setting sterile tray
0205	Intravenous infusions (patient under 3 years)
0206	Intravenous infusions (patient over 3 years)
0222	Intralesional injection into areas of pathology e.g. Keloid: Single
0223	Intralesional injection into areas of pathology e.g. Keloids: Multiple
0233	Biopsy without suturing: First lesion
0234	Biopsy without suturing: Subsequent lesions
0235	Biopsy without suturing: Maximum for multiple additional lesions
0241	Treatment of benign skin lesion by chemo-cryotherapy: First Lesion
0242	Treatment of benign skin lesion by chemo-cryotherapy: Subsequent lesions (each)
0243	Treatment of benign skin lesion by chemo-cryotherapy: Maximum for multiple additional lesions
0244	Repair nail bed
0245	Removal of benign lesion by curetting under local or general anaesthesia
0661	Aspiration of joint or intra-articular injection
0663	Multiple intra-articular injections for rheumatoid arthritis: First joint
0763	Muscle and tendon repair: Tendon or ligament injection
1063	Removal of foreign bodies from nose in rooms
1136	Nebulisation in rooms
1192	Peak Flow
1228	ECG: Without effort
1232	Electrocardiogram: Without effort
1233	Electrocardiogram: With and without effort
1996	Bladder catheterisation: Male (not at operation)
1997	Bladder catheterisation: Female (not at operation)
2442	Insertion of intra uterine contraceptive device (IUCD): Excluding cost of device
2565	Implantation hormone pellets
3275	Audiometry – tympanometry
3287	Spinal joint and ligament injection
4188	Urine dipstick, per stick (irrespective of the number of tests on stick)

**This list refers only to commonly used codes and is not exhaustive.

Benefits for GEMS Options

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

Option	Radiology	Pathology	Out-of-Hospital benefits	Personal Medical Savings Account	Allied Health Services	Maternity	Acute & Chronic Medicine
Tanzanite One (Network option)	✓	✓	✓	✗	✓	✓	✓
Beryl	✓	✓	✓	✗	✓	✓	✓
Ruby	✓	✓	✓	✓	✓	✓	✓
Emerald Value (Network option)	✓	✓	✓	✗	✓	✓	✓
Emerald	✓	✓	✓	✗	✓	✓	✓
Onyx	✓	✓	✓	✗	✓	✓	✓





Important points to keep in mind:

Tanzanite One

- Members must nominate an FP and use the nominated FP for all their consultations.
- Unlimited FP consultations are allowed for members visiting a nominated FP within the GEMS FP Network.
- Consultations with a FP other than nominated network FPs are limited to three (3) visits per beneficiary per annum. A 30% co-payment will apply to all additional claims from a non-nominated GEMS Network FP.
- Referral from a nominated FP is required for all specialist consultations.
- Voluntary admission to a non-network hospital will attract a R15 000 co-payment.

Ruby

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

Beryl

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

Emerald Value

- Members must nominate an FP and use the nominated FP for all their consultations.
- Consultations must be with nominated FPs within the GEMS FP Network.
- A 30% co-payment will apply on a claim from a non-nominated GEMS Network FP.
- Referral from a nominated FP is required for all specialist consultations.
- Voluntary admission to a non-network hospital will attract a R15 000 co-payment.



Family Practitioner Nomination

At GEMS we are truly committed to the concept of coordination of care and recognise the key role of the FP in this regard. For this reason, we have made it compulsory for all beneficiaries on the Tanzanite One and Emerald Value Options to nominate their treating Network FP who will coordinate their care. Tanzanite One members are entitled to three (3) visits per beneficiary per year with a FP who is not their nominated FP.

Beneficiaries on other options (Ruby, Beryl, Emerald, and Onyx) are also encouraged to nominate their FP to coordinate their care.

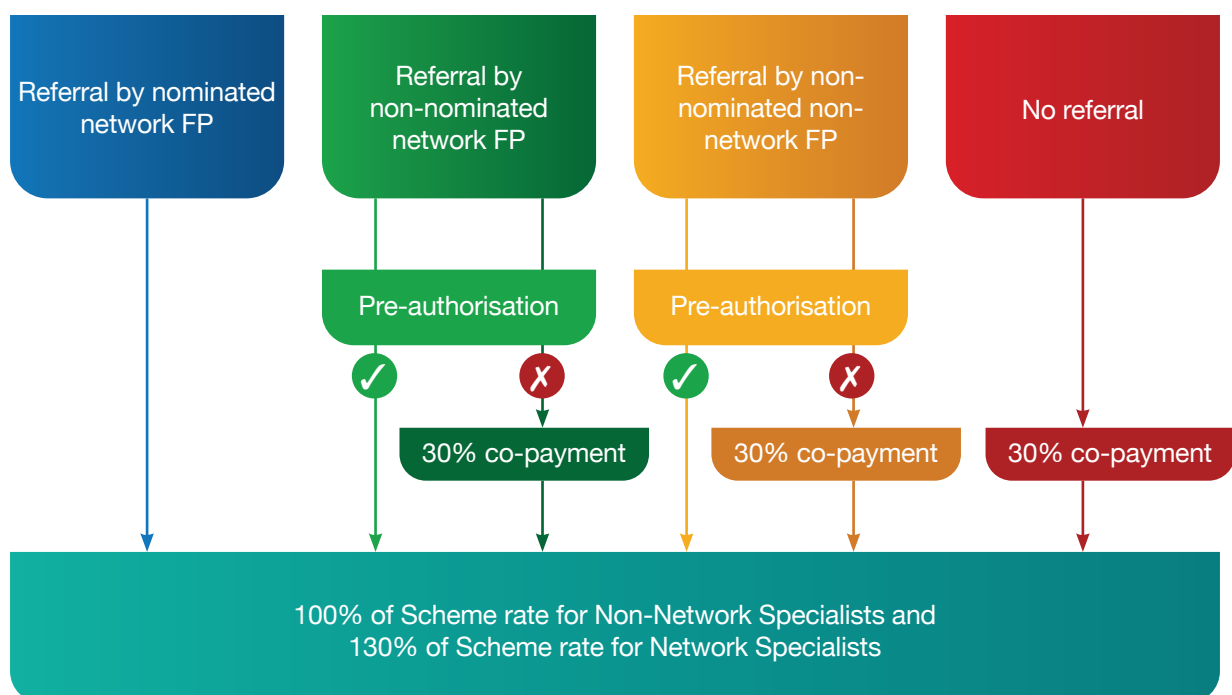
If you consult with GEMS members who request you to be their nominated FP, simply ask them to contact the GEMS call centre on 0860 00 4367 to arrange for your nomination to be captured on the system.

Specialist Referral

In order to avoid having to pre-authorise a specialist consult, and/or avoid a 30% co-payment, beneficiaries on the Tanzanite One and Emerald Value options require a referral from their nominated Network FP. The referring practitioner's practice number (the nominated FP for Tanzanite One and Emerald Value options) needs to be stated on the specialist's claim to avoid the member incurring a co-payment.



Guide to specialist referrals for Tanzanite One and Emerald Value options



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

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

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



How to find a GEMS Network provider:

Members can access the list of FP and Specialist Network providers via:

- GEMS website: www.gems.gov.za
- GEMS Call Centre: 0860 00 4367
- Email: enquiries@gems.gov.za

The authorisation process

When is pre-authorisation required?

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

Mandatory details required for pre-authorisation:

- Membership number
- Patient's name and surname
- Patient's beneficiary number
- Patient's date of birth in the format DDMMYYYY
- Date of service
- Provider's practice number
- Hospital or facility practice number
- Reason for authorisation (ICD-10 code of diagnosis)
- Specialist referral: The number of months that you want the patient to visit the specialist (between 1 and 6, e.g. 3)
- Hospitalisation: Date of admission or event
- Diagnosis (ICD-10 codes)
- Proposed surgical or diagnostic procedure or specialised radiological intervention (CCSA, RPL codes).

An authorisation can be obtained by calling GEMS on 0860 436 777.

Providers are able to create, view and update preauthorisations online after registering a profile on the managed care organisation's **website**. The registration form can be requested via email from UMSAccessManagement@medscheme.co.za or by calling the provider call centre on 0860 436 777.



Possible responses to a pre-authorisation request

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

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

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





Access to a Medical Advisor (MA)

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

To book an appointment

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

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

A Medical Advisor will call you at the date and time you have scheduled.

To request a call-back

Please send an SMS to 44845 with the following information:

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

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

Email queries

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



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



Preventative Care and Screening Services

Beneficiaries on all Scheme options have access to a preventative care and screening benefit that pays from risk. A full list of available tests and screenings is published on the GEMS **website**. In order to facilitate payment, please use the correct tariff code (where applicable).

SCREENING SERVICES			
Procedure	Tariff code for Practice type 14/15	Frequency	Eligible beneficiaries
Cholesterol screening	Code 4027	Once per year	20 years and older
Pap smear / Hr-HPV-DNA test	Code 99385 (Sterile tray and specimen handling fee) to be billed together with tariff 0190 - 0193	Once per year	Females 12 - 65 years
HIV/AIDS pre-test counselling with no test	Code 7016	Once per year	All beneficiaries
HIV/AIDS screening test, post-test counselling, confirmatory test and condoms	Code 7017	Once per year	All beneficiaries
Mammography screening	Code 3605	Once per year	Females 40 years and older
Glucose screening	Code 4050 (Glucose strip-test with photometric reading)	Once per year	20 years and older
TB screening	Code 0221 Code 0201 (0201 with NAPPI 872938-027 Tuberculin PPD RT/23 Vial 1.5 ml)	Once per beneficiary per year	All beneficiaries

As part of the HIV standard care plan, the GeneXpert Mycobacterium Tuberculosis / Rifampicin (MTB/RIF) assay is limited to one (1) every three (3) months. Should additional tests be required, these will need to be motivated for and will be subject to review and approval. The Lipoarabinomannan (LAM) test is available once per year and cannot be done in combination with the GeneXpert test.

Tariff Code	Test	Description
4655	Lipoarabinomannan Ag (LAM)	TB Lipoarabinomannan Ag (LAM)
3974	TB PCR/GeneXpert	PCR M.TB
4434	TB PCR/ GeneXpert	Bacteriological DNA identification (PCR)
4431	TB PCR/ GeneXpert	Mycobacterium PCR ID

VACCINATIONS PAYABLE FROM THE SCREENING AND PREVENTATIVE CARE BENEFIT			
Procedure	Relevant codes for Practice type 14/15	Frequency	Eligible beneficiaries
Influenza vaccination	836591 Vaxigrip® Junior 0.25ml 3000826 Vaxigrip Tetra single dose 0.5ml pre-fill 732826 Influvac 813338 Vaxigrip 0.5ml 3002734 Influvac Tetra 3000826 Vaxigrip Tetra 0.5ml 3002768 Fluarix Tetra 0.5ml 0017 FP modifier, to be charged together with a NAPPI code if there was no consultation 0190-0193/0017	Once per year	For all beneficiaries 6 - 35 months All beneficiaries ≥3 years of age All beneficiaries ≥6 months of age [#] All beneficiaries ≥6 months of age [#] All beneficiaries ≥3 years of age All beneficiaries ≥6 months of age All beneficiaries ≥6 months of age
Pneumococcal vaccination	755826 Pneumovax 23 single dose vial 0.5ml 715858 Prevenar 13 pre-filled syringe 0.5ml Modifier 0017	Once every 5 years	High risk beneficiaries: ≥65 years 2 - 64 years with a chronic registration / relevant hospital admission*
HPV vaccination	710020 Cervarix Pre-filled Syringe 0.5ml 710249 Gardasil Injection Modifier 0017	One course per beneficiary per lifetime**	Females 9 - 45 years
COVID-19 vaccination	3002823 COVID-19 Vaccine Administration Fee 3003366 COVID-19 Vaccine Janssen 3003282 COVID-19 Vaccine Pfizer 3003282 COVID-19 Vaccine Pfizer	One dose per beneficiary*** Two doses per beneficiary*** One dose per beneficiary***	18 years and older 18 years and older 12 to 17 year age

[#] Injections administered by practitioners: When desensitisation, intravenous, intramuscular or subcutaneous injections are administered by the practitioner him-/herself to patients who attend the consulting rooms, a first injection forms part of the consultation/visit and only all subsequent injections for the same condition should be charged at 7.50 consultative services units using modifier 0017 to reflect the amount (not chargeable together with a consultation item).

* Chronic heart disease, including congestive heart failure and cardiomyopathies; Chronic lung disease, including chronic obstructive pulmonary disease, emphysema and asthma (smokers with chronic lung disease secondary to smoking); Diabetes mellitus; Cerebrospinal fluid leaks; Cochlear implant(s); Alcoholism; Chronic liver disease; Congenital or acquired immunodeficiencies (includes B- (humoral) or T-lymphocyte deficiency, complement deficiencies), and phagocytic disorders (excluding chronic granulomatous disease); HIV infection; Chronic renal failure or nephrotic syndrome; Leukaemia or lymphoma; Hodgkin disease; Generalised malignancy; Iatrogenic immunosuppression (diseases requiring treatment with immunosuppressive drugs, including long-term systemic corticosteroids and radiation therapy); Solid organ transplant; Multiple myeloma.

** Ages 9-14: 1 course = 2 doses (Initial single dose, then follow-up dose at 6 or 12 months)
Ages 15-45: 1 course = 3 doses (Initial single dose, then follow-up doses at 2 and 6 months)

*** The frequency of COVID-19 vaccination is subject to change in line with developments communicated by the National Department of Health.



Vaccinations payable from the Vaccination Benefit

An additional risk benefit for vaccinations is available for beneficiaries on all GEMS options. A limit of R908 per beneficiary per year applies and funding is allowed for Practice types 14, 15, 60, 61, 63, 110 and for Specialists. Tariff codes 0017 should be used for FP administration.

Vaccinations from the Expanded Programme for Immunisation (EPI) Schedule	Other vaccinations included in the benefit
700356 Engerix-b	700210 Engerix-b*
700767 Hiberix	700513 Avaxim
700768 Tritanrix-hb	701659 Heberbio hbv*
700772 Priorix	703442 Typherix
701658 Heberbio hbv	703448 Havrix junior
703335 Td polio	703846 Dukoral
703994 Infanrix pre-filled	706829 Twinrix
707285 Infanrix hexa	713048 Euvax b*
710935 Rotateq	714999 Synflorix
711258 Tetraxim	717194 Vivaxim
713229 Adacel quadra	717466 Zostavax
714133 Rotarix liquid oral	719932 Hepatitis B (rdna) (adult)
715349 Euvax b	719933 Hepatitis B (rdna) (paediatric)
716550 Priorix tetra	719934 Tetanus
716655 Boostrix tetra	720383 Measles mumps and rubella
719637 Hexaxim	720708 Menactra
719936 Haemophilus influenza	721887 BCG
720384 Measles	722017 Bivalent oral
722290 Measbio	722163 Serum pentavalent (Namibia only)
723131 Onvara	814970 Verorab**
724016 Omzyta	814989 Stamaril
813206 Act-hib	822361 Havrix 1440
823678 OPV-merieux 10	822442 Typhim
823686 OPV-merieux 20	832693 Tetavax
825158 Dtp-merieux	3002364 Tetanus Vaccine Cipla Ampoule 0.5ml
841307 OPV-merieux 10	848905 Avaxim
872962 BCG	879460 Chiorab**
879452 Morupar	3000484 Rabivax-s (section 21) **
892939 Varilrix	3000586 Twinrix (section 21)
3000689 Boostrix	3001231 Rabivax-s (Namibia only)
	3001248 Bett (Namibia only)
	3001324 Rotasil (Namibia only)
	3001925 Pneumovax 23
	3002510 Adacel Vial 0.5ml

* Vaccination forms part of the renal dialysis care plan and is currently pre-authorized on a case by case basis

** Vaccination must be pre-authorized

Alternatives to Hospitalisation

Sometimes members need medical care but do not necessarily need to receive it in hospital and will in fact do better in the comfort of their own home, with suitable medical care. Even though these benefits do not involve admission to hospital, they are funded from the overall annual limit and will not deplete a member's available day-to-day benefit.

If you have a patient who may qualify for this benefit, discuss it with them and email your clinical view in a referral, or a letter of motivation with the request for out-patient care, to Homebasedcare@medscheme.co.za.

The following services are covered from this benefit:

- Hospital at Home: This service includes real-time hospital-grade monitoring at home, virtual and in-person visits, skilled nursing, access to additional medical services as required, and rapid response protocols to transfer a patient to a hospital, should the need arise.
- Home nursing: This service could be used in instances such as assistance with mobilisation after a long-term illness, neonatal care, the care of long-term ventilated patients, stoma care, etc.
- Physical rehabilitation: This service can help members recover after an acute traumatic episode such as post-surgery, physical trauma, or amputation; or after a medical episode such as a stroke. (Please note that there is a special physiotherapy benefit available after a hip, knee, or shoulder replacement.)
- Palliative care: This service, which can be provided in a hospice or at home, is available for terminally ill members who require end-of-life care such as pain management.
- Other: In addition to prescribed treatments such as intravenous (IV) therapy, Outpatient Antibiotic Treatment (OPAT) and home dialysis, the alternatives to hospitalisation benefit also covers home oxygen, stepdown/sub-acute care, and wound care.



Prescribed Minimum Benefits

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

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

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



PMB conditions

Out-of-hospital PMBs are managed by activating treatment plans or baskets of care, which are valid for a benefit year (1 January - 31 December). Treatment plans outline the annual number and type of consultations, pathology and radiology per condition. Members access these benefits by completing and submitting the PMB request form, or automatically when a chronic medicine authorisation is generated, or a claim is submitted matching the PMB criteria for that condition.

If a member is registered for more than one chronic condition, the various care plans will be merged and the member will be authorised for the maximum of the highest number of treatments in the plan for each service, and not for an accumulative quantity.

It is also important that the correct ICD-10 codes are submitted on all claims to ensure correct payment. Once the treatment plan has been loaded, the applicable claims will be paid from the relevant day-to-day benefits. Should these also become depleted, claims will be paid from risk according to the authorisation given.

- The Care Plans are communicated when a beneficiary is newly registered and thereafter at the start of each benefit year.
- The PMB request form is available on the GEMS **website**, or telephonically on 0860 00 4367 via Client Services.
- The treating doctor and patient must complete the relevant information and sign the form before submitting.
- Application forms should be submitted to enquiries@gems.gov.za.
- In instances where additional services are required over and above the standard care plan provided, a motivation with the completed application form may be submitted to enquiries@gems.gov.za.
- In order to request a copy of the care plan, FPs may call 0860 436 777, while members may call 0860 00 4367.

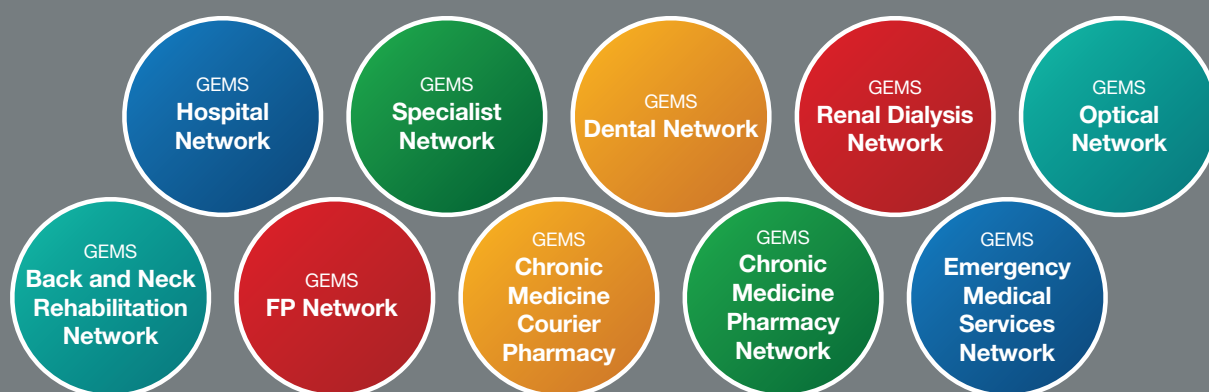
Where members have an active waiting period imposed by the underwriters and they are not eligible for PMB cover, claims submitted will be declined.



Designated Service Provider (DSP)

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

GEMS has contracted with healthcare providers or groups of providers to provide healthcare services to members. Although all GEMS members may access care from other private providers for PMB services, the level of care and services funded as PMB are determined by that provided by State facilities. The availability of the procedure or service at a State hospital also informs the funding decision in terms of the rate of pay for PMB cases for providers associated with in-hospital events. The established GEMS networks are:



Claims for any member voluntarily making use of a non-DSP will be funded at Scheme rates only. Network providers will be funded at Network rates. Should a member make use of a non-DSP involuntarily, as in the case of an emergency or where the service is not available or accessible at a DSP, the claim will be funded at cost. These rules also apply to all anaesthetist claims.



A note on the Renal Dialysis Network

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

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

This co-payment will not apply:

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



PMB retrospective review process for in-hospital provider claims

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

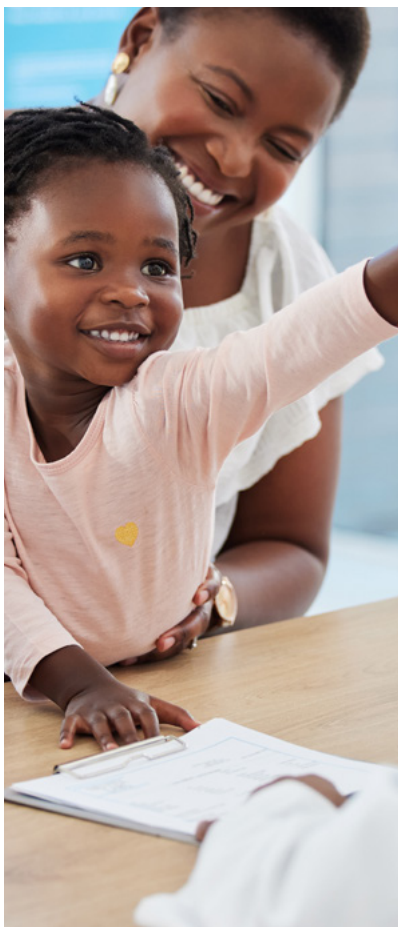
The review process takes the following into account:

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

The outcome of the review will be communicated to the provider and, if the request is declined, a reason will be provided.

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

Healthcare providers may appeal the decision if PMB at cost is declined. This follows a defined process that includes obtaining additional information, internal committee review and external consultant review, if necessary. All escalations and/or appeals should be submitted to enquiries@gems.gov.za.



Medicine



Acute Medicine

Beneficiaries on all GEMS options have an acute medicine benefit. Acute medicine can be obtained from a dispensing FP or a Pharmacy when prescribed by a non-dispensing FP. Acute medication, dispensed by the GEMS Tanzanite One and Beryl dispensing FPs, is included in the consultation fee. The FPs dispensing status and Dispensing License number must be indicated on the applicable contract annexure. In the event where a Dispensing FP does not have the prescribed medication in stock, a maximum of three (3) scripts of up to R242 each per beneficiary per year may be obtained from a Network pharmacy.

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



GEMS Medicine Formularies

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



Chronic Medicine

Chronic medicine benefits are managed using the following tools:

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



New chronic registration and updates

- Members, doctors and pharmacists can contact the Chronic Authorisation Department to register new applications or update existing authorisations. Alternatively, they may obtain the chronic application form on the GEMS **website** by clicking [here](#) or request it telephonically by calling 0860 00 4367.
- When calling, the membership details will be required, as well as a valid prescription with the diagnosis or ICD-10 code.
- Alternatively, both the treating doctor and patient must complete the relevant information on the chronic application form and sign it before it is submitted.
- The chronic application form or valid prescription may be submitted to chronicdsp@gems.gov.za and the request will be processed within 5 working days.
- A disease basket containing medication used to treat the condition will be authorised, allowing changes in the prescription to be made without needing to update the chronic authorisation.
- Please note that underwriting may apply (e.g. general and condition-specific waiting periods).
- Healthcare providers may contact the Chronic Authorisation Department on 0860 436 777, and members may call 0860 00 4367.

- FPs can submit a claim for completion of the chronic application form or for doing a telephonic registration for chronic medicines. Please note that reimbursement will be conditional upon completion of the registration process and not merely on submission of a claim.
- The GEMS HIV/AIDS Disease Management Programme (DMP) supports the effective rollout of Test and Treat (TAT) to all our members. It is recommended that all HIV positive patients be registered on the programme.
- To enroll members on the GEMS HIV/AIDS Disease Management Programme:
 - Call 0860 436 736 from Monday to Friday between 8am and 5pm and Saturday between 8am and 12pm;
 - Send an email to GEMS at hiv@gems.gov.za for further information on the programme and to ask for an application form;
 - The forms to register on the GEMS HIV Disease Management Programme and for Post Exposure Prophylaxis (PEP) are available to download from the **website**. Registration on the programme is within 5 working days, and PEP will be funded from receipt of the fully completed form.
 - Please note that the member and treating provider are both required to sign the application form before submitting to GEMS by fax to the confidential toll-free fax number 0800 436 732, or via email to hiv@gems.gov.za. As soon as your application has been received and approved, you will be notified via email.
- A full guide on HIV testing, treatment initiation, treatment regimens and treatment monitoring is available. Please send an email to hiv@gems.gov.za to request a copy of the latest Clinical Guidelines.
- Please further note that pre-authorisation is required for Genotype HIV-resistance testing. The treating provider should submit a request and supporting documentation via email to hiv@gems.gov.za, or fax to 0800 436 732.



Co-payments

Co-payments are incurred when members use non-formulary medicine that is charged above the MPL reference price.

In order to contain the escalating costs of medicines, GEMS uses the MPL to determine the maximum price the Scheme will pay for those medicines with the same active ingredients based on the availability of generic equivalents on the market. The fundamental principle of the MPL is that it does not restrict a member's choice of medicines, but instead limits the amount that will be paid should a member choose a medicine priced above the MPL. The MPL reference prices are carefully determined so as to ensure adequate availability of generic equivalents within the price limit, without co-payments being necessary.

As an FP, you can assist members to avoid undesirable co-payments by ensuring that all scripted items are within the Acute/Chronic Formularies. In addition, claims submitted from a non-DSP Pharmacy will also attract a 30% co-payment.

Co-payments on chronic medicine can be avoided by doing the following:

- To avoid a 30% non-DSP co-payment, patients must ensure that they claim their chronic medicine from an allocated DSP that forms part of the GEMS Pharmacy Network.
- To confirm or change an allocated Network pharmacy, please contact GEMS on 0860 00 4367 and then follow the prompts below:
 - Press '4' for Pre-authorisations and select your preferred language;
 - Press '3' and '2' as these selections are a shortcut to get help selecting a Network pharmacy or with other general chronic medicine queries.
- To avoid a 30% out-of-formulary co-payment for the member, the FP must prescribe medicines listed on the GEMS formulary.
- To avoid generic co-payments on medicines, patients should speak to their pharmacist about generic medicines and medicines within the GEMS MPL.

Value Added Programmes



Chronic Back and Neck Rehabilitation Programme

GEMS has established a Chronic Back and Neck Rehabilitation (CBNR) programme which provides GEMS beneficiaries with appropriate treatment to manage their chronic back and neck pain. Positive outcomes of this non-surgical programme include improving flexibility, restoring functionality, reducing pain and a decreasing or delaying in the need for surgery, which leads to a more productive life.

The focus of the CBNR programme is on back and neck rehabilitation with the major components being controlled exercises, biopsychosocial support and pain education. The FP located at some centres is the coordinator of spinal care and he/she is supported by a multidisciplinary team (including a physiotherapist and/or biokineticist and/or occupational therapist). Clinical measurements are taken and recorded and these are used to evaluate the progress of treatment over time.

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

Should your GEMS patient require a referral to a CBNR network facility, kindly send an email to enquiries@gems.gov.za. For an updated CBNR network list please refer to the GEMS **website** or call the GEMS Call Centre on 0860 436 777.

How to update your practice profile details with GEMS

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

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





Information required to update your banking details

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

- A signed practice letterhead (ALL partners' signatures are required, where applicable);
- If the bank account is in the name of a registered company, the Companies and Intellectual Property Commission (CIPC) papers must be included;
- A bank letter / bank statement (not older than three months) with a bank stamp;
- Bureau manager's certified ID and signature on a letterhead (if applicable);
- A certified copy of the owners' IDs (where applicable, ALL partners' certified ID copies);
- A certified marriage certificate (if applicable); and
- A 'trading as' letter (which can be indicated on the signed letterhead) if the practice name and the bank account holder names differ.

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



Information required to update your dispensing status

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

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



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



Useful Resources

SERVICE	PURPOSE	TELEPHONE	EMAIL ADDRESS/LINKS FOR QUERIES
GEMS contact centre	General queries related to GEMS	0860 436 777	enquiries@gems.gov.za
GEMS website	View GEMS products and services	-	www.gems.gov.za
GEMS tariff file, formularies and forms	To view GEMS tariff file, formularies and forms	-	www.gems.gov.za, select Healthcare Providers > Select either Tariff file, Formulary Lists or ICD10 Codes from the menu.
GEMS network contract management and Provider Liaison Consultants	Contracting queries, REP ¹² categorisation queries or Provider Liaison Consultant assistance	-	REO, Tanzanite One and Beryl: networkscontracting@gems.gov.za
Chronic medicine management – new registrations and updates	Chronic registrations	0860 436 777	chronicdsp@gems.gov.za
Chronic medicine authorisation queries	Queries related to the authorisation of chronic medicines	0860 436 777	chronicauths@gems.gov.za
Fraud Hotline	Fraud-related matters	0800 212 202	gems@thehotline.co.za office@thehotline.co.za
Hospital pre-authorisation	All hospital pre-authorisations for non-emergency events	0860 436 777	hospitalauths@gems.gov.za
Submission of claims	Submissions of claims for GEMS beneficiaries	0860 436 777	enquiries@gems.gov.za
Queries of claims	Queries relating to a claim for a GEMS beneficiary	0860 436 777	enquiries@gems.gov.za
Oncology services	Oncology-related queries	0860 436 777	oncologyauths@gems.gov.za
Ambulatory PMB	Out-of-hospital PMB queries	0860 436 777	enquiries@gems.gov.za
HIV/Aids management	HIV/AIDS related queries	0860 436 736	hiv@gems.gov.za

Specialist Referral Form

Tanzanite One, Beryl and Emerald Value



Tanzanite One and Emerald Value members require a Specialist authorisation if the referral is from a non-nominated Network Family Practitioner. Beryl members require a Specialist authorisation before making an appointment to see a Specialist. Specialist authorisations can be obtained by calling the GEMS Provider Call Center on 0860 436 777.

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. 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.

Private bag X782 Cape Town • Service Provider Call Centre: 0860 436 777 • Fax: 0861 00 GEMS (4367)
Email enquiries@gems.gov.za • Fraud Line 0800 21 2202 • HIV Aids Helpline 0860 436 736 • www.gems.gov.za

The Government Employees Medical Scheme (GEMS) is an authorised Financial Services Provider (FSP No 52861)

Working towards a healthier you

Tanzanite One and Beryl - 2024

Pathology formulary

All codes not listed, require authorisation

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

RPL	DESCRIPTION	SUBJECT TO AUTHORISATION
A. CHEMISTRY		
CARDIAC / MUSCLE		
4152	CK-MB: Mass determination: Quantitative (Automated)	No
4161	Troponin isoforms: each	No
DIABETES		
4057	Glucose: Quantitative	No
4064	HbA1C	No
4221	Creatinine	No
4261	Micro Albuminurea (Quantitative)	No
INFLAMMATION / IMMUNE		
3947	C-reactive protein	No
LIPIDS		
4027	Cholesterol total	No
4026	LDL cholesterol	No
4028	HDL cholesterol	No
4147	Triglyceride	No
4132	Creatinine Kinase (CK)	No
LIVER / PANCREAS		
3999	Albumin	No
4001	Alkaline phosphatase	No
4006	Amylase	No
4009	Bilirubin: Total	No
4010	Bilirubin: Conjugated	No
4117	Protein: Total	No
4130	Aspartate Aminotransferase (AST)	No
4131	Alanine Aminotransferase (ALT)	No
4133	Lactate Dehydrogenase (LD)	No
4134	Gamma Glutamyl Transferase (GGT)	No
RENAL / ELECTROLYTES / BONE		
4017	Calcium: Spectrophotometric	No
4032	Creatinine	No
4086	Lactate	No
4094	Magnesium: Spectrophotometric	No

RPL	DESCRIPTION	SUBJECT TO AUTHORISATION
4109	Phosphate	No
4113	Potassium	No
4114	Sodium	No
4155	Uric acid	No
4151	Urea	No
CEREBROSPINAL FLUID		
B. HAEMATOLOGY		
3709	Antiglobulin test (Coombs' or trypsinized red cells)	No
3716	Mean cell volume	No
3743	Erythrocyte sedimentation rate	No
3739	Erythrocyte Count	No
3783	Leucocyte Differential Count	No
3785	Leucocytes - Total Count	No
3791	Packed Cell Volume: Haematocrit	No
3755	Full blood count (including items 3739, 3762, 3783, 3785, 3791)	No
3762	Haemoglobin estimation	No
3764	Grouping: A B and O antigens	No
3765	Grouping: Rh antigen	No
3797	Platelet count	No
3805	Prothrombin index	No
3809	Reticulocyte count	No
3865	Parasites in blood smear	No
4071	Iron	No
4144	Transferrin	No
4491	Vitamin B12	No
4528	Ferritin	No
4533	Folic acid	No
C. ENDOCRINE - REPRODUCTIVE		
4450	HCG: Monoclonal immunological: Qualitative	No
4531	Acute Hepatitis A (IgM)	No
4537	Prolactin	No
ENDOCRINE - THYROID		
4482	Free thyroxine (FT4)	No
3939	Agglutination test per antigen	No
4155	Uric acid	No
4182	Quantitative protein estimation: Nephelometer or Turbidometric method: FOR RHEUMATOID FACTOR ONLY	No

RPL	DESCRIPTION	SUBJECT TO AUTHORISATION
HEPATITIS TESTS		
4531	Hepatitis: Per antigen or antibody	No
4531	Chronic Hepatitis A (IgG)	No
4531	Acute Hepatitis B (BsAG)	No
4531	Hepatitis B: carrier/immunity (BsAB)	No
HIV TESTS		
3816	T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts)	No
3932	Antibodies to Human Immunodeficiency Virus (HIV): ELISA	No
3974	Qualitative PCR (only for children < age 6 months)	No
4429	Quantitative PCR (DNA/RNA)	No
4614	HIV Rapid Test	No
INFECTIOUS DISEASES AND OTHERS		
3946	IgM: Specific antibody titer: ELISA/EMIT: RUBELLA	No
3948	IgG: Specific antibody titer: ELISA/EMIT: RUBELLA	No
3949	Qualitative Kahn, VDRL or other flocculation	No
3951	Quantitative Kahn, VDRL or other flocculation	No
E. CYTOLOGY		
4566	Vaginal or Cervical smears, each	No
F. HISTOLOGY		
4567	Histology per sample	No
G. MISCELLANEOUS		
4352	Faecal Occult Blood test (FOB)	No
H. MICROBIOLOGY		
MCS		
3909	Anaerobe culture: Limited procedure	No
3901	Fungal culture	No
3918	Mycoplasma culture: Comprehensive	No
4401	Cell count	No
4188	Urine dipstick, per stick (irrespective of the number of tests on stick)	No
3928	Antimicrobial substances	No
3893	Bacteriological culture: Miscellaneous	No
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)	No
3922	Viable cell count	No
3879	Campylobacter in stool: Fastidious culture	No
3895	Bacteriological culture: Fastidious organisms	No
3928	Antimicrobial substances	No

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

Tanzanite One and Beryl



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

[illegible]

Signature _____

☐ Male ☐ Female Date of birth

Surname: _____

First Name: _____

Medical Scheme: _____

Medical Scheme Option: _____

Member no.

Dependent code

ID Number:

Surname:

First Name:

Tel Number:

Postal Address:

Patient Signature _____ ICD10 Codes: _____

Clinical Information: _____

Please note that the prices listed below are reference prices only. GEMS has specific arrangements in place with various laboratories.					
Chemistry		Endocrinology		Inflammation/Immunology	
Renal / electrolytes / bone	Request	Endocrine - thyroid	Request	Auto-immune	Request
Creatinine		TSH		CRP	
Calcium (serum - no cuff)		Free T4		ESR	
Magnesium		Endocrine – reproductive		Uric acid	
Phosphate (serum)		b-HCG screen		Rheumatoid factor	
Sodium		Prolactin (rest 15 minutes)		ANF	
				Agglutination test per antigen	
Potassium		Diabetes		Infectious diseases	
Urea		Glucose fasting		VDRL (Qualitative)	
Lactate		Glucose random		VDRL (Quantitative)	
Liver / pancreas		HBA1C		Rubella immunity (IgG only)	
Albumin		Creatinine		Hepatitis tests: specificity	
Total protein		Microalbuminuria (quantitative)		Acute hepatitis A (IgM)	
ALP		Ante-natal screen		Chronic hepatitis A (IgG)	
ALT		Haemoglobin estimation		Acute hepatitis B (Bs Ag)	
AST		Platelet count		Hepatitis B (carrier/immunity : BsAB)	
Bilirubin (total, conjugated) - fee		Blood group: A B and O antigen		HIV tests	
GGT		Coombs test		HIV 1+2 Ab + P24 Ag	
Lactate dehydrogenase		Grouping: Rh antigen		HIV Ab - Rapid Test	
Lactate dehydrogenase		HEP B s Ag		CD4 count	
Cardiac / muscle		HIV 1+2 Ab + P24 Ag		HIV PCR Testing	
Troponin		VDRL		HIV PCR viral load	
CK-MB mass		Rubella igg, IgM - fee		HIV PCR qualitative (diagnostic only)	
Lipids / cad risk		Tumour markers		Microbiology	
Cholesterol		PSA		Micro specimen type and site	
HDL and LDL		Haematology		MCS	
Triglycerides (fasting)		Grouping: A B and O antigens		AFB fluorochrome auramine (ZN) only	
Creatinine kinase (ck)		Grouping: Rh antigen		Parasites	
Histology		Full blood count		Bilharzia microscopy	
Histology per sample		Platelet count		TB tests	
Clinical data (please supply):		Haemoglobin estimation		TB culture	
		Reticulocyte count		TB sensitivity	
Cytology		Iron		Adenosine deaminase (Peritoneal)	
Cervical/vaginal smear		Transferrin		Adenosine deaminase (Pleural)	
HPV Test		Folate (serum)		The following TB related tests require an authorisation	
Hr-HPV-DNA test		Vit B12		TB PCR Testing	
Specimen type:		Coombs test		For advanced pathology tests not included on this form, please contact 0860 436 777 and request an authorisation number.	
		Parasites in blood smear		Other tests requested:	
Collected By:		Coagulation		Pre-authorisation number:	
Collection Date:		INR/PI			
Collection Time:		Miscellaneous			
		Faecal occult blood test (FOB)			

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Tanzanite One and Beryl - 2024

Radiology formulary

All codes not listed, require authorisation

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

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

MEDICAL PRACTITIONER	RADIOLOGIST	RADIOGRAPHY	CODE DESCRIPTION
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
LOWER LIMB			
6514	73100	39003	X-ray of the left lower leg
6514	73105	39003	X-ray of the right lower leg
6512	74100	39003	X-ray of the left ankle
6512	74105	39003	X-ray of the right ankle
6511	74120	39003	X-ray of the left foot
6511	74125	39003	X-ray of the right foot
6513	74130	39003	X-ray of the left calcaneus
6513	74135	39003	X-ray of the right calcaneus
6511	74140	39003	X-ray of both feet – standing – single view
3305	74145	39001	X-ray of a toe
6517	71100	39003	X-ray of the left femur
6517	71105	39003	X-ray of the right femur
6515	72100	39003	X-ray of the left knee one or two views - AP
6515	72100	39003	X-ray of the left knee one or two views - lateral
6515	72105	39003	X-ray of the right knee one or two views - AP
6515	72105	39003	X-ray of the right knee one or two views - lateral
Non-chargeable	72120	39003	X-ray of the left knee including patella
Non-chargeable	72125	39003	X-ray of the right knee including patella
6516	72140	39003	X-ray of left patella
6516	72145	39003	X-ray of right patella
Non-chargeable	72150	39003	X-ray both knees standing – single view
6519	74150	39003	X-ray of the sesamoid bones one or both sides - left
6519	74150	39003	X-ray of the sesamoid bones one or both sides - right

MEDICAL PRACTITIONER	RADIOLOGIST	RADIOGRAPHY	CODE DESCRIPTION
ULTRASOUND ABDOMEN AND PELVIS			
5102	61200	Non-chargeable	Ultrasound of the left shoulder joint
5102	61210	Non-chargeable	Ultrasound of the right shoulder joint
Non-chargeable	41200	Non-chargeable	Ultrasound study of the upper abdomen
3627	40210	Non-chargeable	Ultrasound study of the whole abdomen including the pelvis
3618	43200	39147	Ultrasound study of the pelvis transabdominal
3615	43250	39145	Ultrasound study of the pregnant uterus, first trimester
Non-chargeable	43270	39145	Ultrasound study of the pregnant uterus, third trimester, first visit
Non-chargeable	43273	39145	Ultrasound study of the pregnant uterus, third trimester, follow-up visit
3615	43277	39145	Ultrasound study of the pregnant uterus, multiple gestation, second or third trimester, first visit
3617	43260	39145	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment

Radiology Request Form

Tanzanite One and Beryl



Section A: Referring Family Practitioner Details

Name

Surname

Email

Tel no. Fax no.

Practice no. Practitioner Signature

Section B: Patient Details

Member no. Dependent code

Surname

First name

Date of birth Gender

Scheme Name Scheme Option

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

Patient Signature

Section C: Clinical Information

ICD10 codes

Please choose from the investigations below. For certain tests, please specify the view and site.					
Skull and brain	Ref price	Pelvis and hips	Ref price	Lower limb cont.	Ref price
Skull		Pelvis		Knee: left lateral	
Facial bones and nasal bones		Hip: left		Knee: right ap	
Facial bones		Hip: right		Knee: right lateral	
Nasal bones		Pelvis and hips		Knee including patella: left	
Orbits and paranasal sinuses		Upper limb		Knee including patella: right	
Orbits		Clavicle: left		Patella: left	
Paranasal sinuses		Clavicle: right		Patella: right	
Paranasal sinuses: 2 views		Scapula: left		Both knees standing: single view	
Mandible, teeth and maxilla		Scapula: right		Sesamoid bones: left	
Mandible		Acromio-clavicular joint: left		Sesamoid bones: right	
Teeth: single quadrant		Acromio-clavicular joint: right		Ultrasound	
Specify quadrants:		Shoulder: left		Ultrasound: left shoulder joint	
Teeth: more than one quadrant		Shoulder: right		Ultrasound: right shoulder joint	
Specify quadrants:		Humerus: left		Ultrasound study: upper abdomen	
Teeth: full mouth		Humerus: right		Ultrasound: abdomen and pelvis	
Temporo-mandibular joint: left		Elbow: left		Ultrasound: pelvis transabdominal	
Temporo-mandibular joint: right		Elbow: right		Ultrasound: pregnant uterus	
Mastoids: left		Forearm: left			
Mastoids: right		Forearm: right			
Mastoids: right and left		Hand: left			
Thorax		Hand: right			
Chest: pa		Finger: specify			
Chest: lateral		Wrist: left			
Chest: pa and lateral		Wrist: right			
Ribs		Scaphoid: left			
Abdomen		Scaphoid: right			
Abdomen		Lower limb			
Abdomen: multiple views incl chest		Lower leg: left			
Specify views:		Lower leg: right			
Abdomen: supine and erect or decubitus		Ankle: left			
Spine		Ankle: right			
Spine scoliosis view: ap only		Foot: left			
Cervical spine: ap		Foot: right			
Cervical spine: lateral		Calcaneus: left			
Thoracic spine: ap		Calcaneus: right			
Thoracic spine: lateral		Both feet standing: single view			
Lumbar spine: ap		Toe: specify			
Lumbar spine: lateral		Femur: left			
Sacrum and coccyx		Femur: right			
Sacroiliac joints		Knee: left ap			

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