gems
Government Employees Medical Scheme

PROVIDER GUIDE

GEMS Medical Devices Provider Guide

This guide provides more information on how GEMS covers medical devices

DISCOVER THE BRILLIANCE OF GEMS

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Introduction

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

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

Have you downloaded our App yet?

Download the mobile Practitioner App or register on the Practitioner Portal and experience the BRILLIANT features from the comfort of your home, or on the go, to make your life easier!

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

What's new in 2025

GEMS has applied an annual adjustment across all benefit options. In line with this change, the sub-limits for certain categories have been updated as follows:

Foot orthotics and prosthetics: **R 6 164** per beneficiary, per annum

Wheelchairs: **R 7 716** per beneficiary, every 24 months

Knee and back braces: **R 3 499** per brace, per beneficiary, per annum

Orthotic shoes, foot/shoe/ankle inserts and levelers: **R 1 761** per beneficiary, per annum

Compression stockings: **R 584** per pair, per beneficiary, per annum

Continuous Glucose Monitoring (CGM) and Insulin Pumps: One device, every 60 months subject to Prosthesis benefit and limit. Continuous Glucose Monitoring (CGM) consumables: **R 28 324** per beneficiary, per annum

Crutches: **R 701** per beneficiary, per annum

Pulse Oximeter: **R 467** per family, per annum

CPAP devices: **R 13 328** per beneficiary, every 36 months

Hearing Aids (unilateral or bilateral) **R 11 223** per beneficiary, every 36 months

Foot orthotics

The limits for foot orthotics and supports have been adjusted and the sub-limit will be applicable to the nature of the orthotic. Should there be a need for the services of an orthotist or prosthetist, such services would need to be supported by a referral.

The sub-limit for foot orthotics and prosthetics has been expanded to include moonboots. Certain moonboots requests require pre-authorisation, and the process requires a prescription, quotation and motivation from a GP, Podiatrist or Orthopaedic Specialist or any other provider that the Scheme deems necessary.

Insulin Devices and Continuous Glucose Monitoring (CGM):

Effective 1 January 2025, the benefit rules have been updated to allow for Insulin pumps and CGM devices to be funded as one (1) device per beneficiary every 60 months. The funding is limited to type-1 diabetic patients below 19 years of age.

Continuous Glucose Monitoring (CGM), including transmitters and sensors, and Insulin Pumps consumables will be funded per beneficiary per annum.

The usual pre-authorisation process applies to access funding for the insulin pump, CGM sensors and transmitters, and insulin pump consumables. Once a funding request is completed, correspondence is sent to the member and treating provider, indicating how the insulin pump and CGM or insulin pump consumables are to be funded and if any co-payments will apply.

Requests from beneficiaries that do not meet the above mentioned criteria will be assessed on clinical appropriateness and be subjected to managed care protocols.

Audiology and Hearing Aids:

GEMS is introducing a new online provider portal which will be operational for pre-authorisation of hearing aids effective from 1 January 2025. See additional information on page 8.

GEMS Medical Devices Benefit

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

Two broad categories of medical devices

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

Pre-approved list of medical devices – no pre-authorisation required

When issuing an appliance for GEMS patients, service providers have the option to select from a diverse range of medical devices without requiring prior authorisation. GEMS retains the authority to modify the approved list in response to emerging trends and rising costs. The list of medical devices can be accessed by clicking on Medical Appliance Lists.

Medical devices with pre-authorisation requirements

Please be aware that if a required device is not included on the pre-approved list, pre-authorisation may be necessary. Certain professional fees related to customised products also necessitate pre-authorisation and will be subject to managed care protocols. This is specifically because GEMS aims to help its members prevent unexpected co-payments, particularly in situations where benefit sub-limits are applicable.

The following are some of the categories of medical devices that require pre-authorisation but the list is not limited to the devices below:


Blood pressure monitors


Braces (knee and back)


Breast prostheses and mastectomy bras


Commodes


Nebulisers


Orthotic shoes


Oxygen Cylinders


Prosthetics & components


Sleep apnea devices


Specialised beds


Specialist compression stockings


Suction units


Wheelchairs, accessories and repairs


Hearing aids


Consumables


Colostomy Kits


Peg and Trachy tubes


Urinary Catheters


High-cost dressings

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

Appliance Category	Quantity Limit	Frequency / cycle	Eligibility
CPAP	One (1)	36 months	Per beneficiary
Hearing Aid	One (1) Unilateral/ One (1) pair of Bilateral	36 months	Per beneficiary
Insulin pump and Continuous Glucose Monitoring Devices (CGM)	One (1)	60 months	Shared Limit per family
Consumables for Glucose Monitoring Devices (CGM)	Subject to the Scheme Limit	Per annum	Per beneficiary
Knee braces	One (1)	Per annum	Per beneficiary
Wheelchair	One (1)	24 months	Per beneficiary
Back braces	One (1)	Per annum	Per beneficiary
Oximeters	One (1)	Per annum	Per family
Compression Stockings	Three (3) pairs	Per annum	Per beneficiary

How to obtain pre-authorisation for medical devices

Providers should request authorisation by sending an email to enquiries@gems.gov.za and include the following:

- A prescription or letter with clinical information.
- A quotation:
  - from a registered provider (a provider with a practice number) that includes a description of the device or appliance, the NAPPI code, the quantity requested, and the price;
  - from an appropriately registered supplier / manufacturer;
  - registered with the regulatory body (SAPHRA).

Prescribed Minimum Benefits (PMBs)

- GEMS funds PMB requests in line with PMB legislation.
- PMBs will pay from the available benefit limits first and then from risk. PMBs are not payable from savings.
- In terms of the Scheme Rules, GEMS may obtain:
  - Competitive quotations.
  - Second opinion from a provider of the member's choice or advised by the Scheme.
- Quotations received are reviewed in line with the Scheme's strategic sourcing criteria and will take into account cost-effectiveness and the clinical efficiency of the medical device. If approved, an authorisation will be created and communicated to the member and provider.

Important

- Please ensure that the membership number appears on all the relevant documents and in the subject line of the email correspondence (if applicable).
- Pre-authorisation may be required for custom-made prostheses.

How medical devices are covered by GEMS

Benefit cover is dependent on the Scheme option, and it is important to remember that managed care protocols may apply. In addition, the medical device benefit is a shared benefit for both in-hospital and out-of-hospital prostheses and appliances.

Benefits available for medical devices:

OPTION	PROSTHESIS BENEFIT LIMIT	APPLIANCES SUBLIMIT
Tanzanite One	R 37 227	R 8 761
Beryl	R 43 823	R 14 606
Ruby	R 56 131	R 21 901
Emerald Value	R 56 131	R 21 901
Emerald	R 56 131	R 21 901
Onyx	R 75 823	R 25 349

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

Ex gratia process

Ex gratia funding is a concession exercised at the sole discretion of the ex gratia Committee and not a benefit to which members are entitled. All submissions are assessed on merit according to ex gratia guidelines, but this does not guarantee reversal of previous funding decisions.

Important information for noting.

- the Scheme encourages that all requests or applications be sent prospectively.

In clinically and financially appropriate cases, members or providers may apply to GEMS for ex gratia consideration should the applicable benefit be depleted or is insufficient.

Providers may request application forms by calling 0860 00 4367 or emailing enquiries@gems.gov.za. In addition, members can request an application form at any of the GEMS Walk-in Centres. Ex gratia Committee meetings are held at least every eight (8) weeks.

Revised procedure to optimise pre-authorisation of hearing aids and enhance member outcomes

The Government Employees Medical Scheme (GEMS) is dedicated to addressing the healthcare requirements of its members. GEMS provides significant benefits for audiology services available to eligible members across various Scheme options. Recently GEMS revised its process for the authorisation of these services.

In 2024, we initiated modifications to the pre-authorisation process for hearing aid benefits. This involves the implementation of online pre-authorisation for hearing aids, which will take effect on 01 January 2025.

In anticipation of the upcoming update, we cordially invite you to create a Practice/Web user account on the following link: Audiology Practice Registration

We encourage you to refer to the user guide link provided below for a comprehensive step-by-step walkthrough. GEMS would like to express its gratitude for your ongoing support in delivering healthcare services to its members. The Scheme is committed to facilitating access to the benefits it offers.

How to facilitate claims payment

Verification of benefits

- First verify membership details and confirm the identity of the patient.
- Always ensure that available benefit codes and tariff values are verified with the Scheme. The Scheme will not be held responsible for payment of services excluded in terms of either the Scheme Rules or managed care protocols. Members will be liable for claims incurred for benefits not included in the benefit schedule.
- Benefit confirmation via pre-authorisation is required if the appliance is not included on the appliance list.

Information required on claims

- Main member details such as membership number, option, name and contact details.
- Patient details, including date of birth, name and/or identity number.
- Provider details, including a valid BHF practice number, name and contact details.
- Diagnosis and summary of services rendered and items dispensed to the patient.
- Relevant tariff codes, ICD10 codes and NAPPI codes.
- Associated costs.

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

Coding of medical devices

Please note that GEMS makes exclusive use of NAPPI coding for prosthetics and appliances. All claims and authorisation requests should include the correct NAPPI codes to avoid any delay in the finalisation of your request.

Practitioners should request manufacturers to register with Performance Health if they have not already done so. Where products do not yet have an allocated NAPPI code, the claim will be rejected until a valid NAPPI code has been provided. This includes multi-component surgical products such as kits, packs and trays. Suppliers can also update product information or discontinue product listings with Performance Health (MediKredit). Practitioners are requested to refrain from abusing NAPPI codes with the intention of getting a higher reimbursement. The Scheme will institute action where such practices are identified.

More information on the registration process and application forms can be found on the Performance Health (MediKredit) website. Alternatively, an email can be sent to productfile.nappi@medikredit.co.za, or contact made via telephone on 011 770 6000, or you may register on the protal/website. Alternatively, an email can be sent to productfile.nappi@medikredit.co.za, or contact made via telephone on 011 770 6000.

Additional information to consider

Annual review of the benefit design

GEMS has a well-established process through which all funding guidelines, member benefits and provider remuneration is fully reviewed on an annual basis. This includes changes made to benefits and sub-limits, funding cycles and the funding of new technology. Input from many stakeholders is considered and GEMS welcomes suggestions from representative societies and providers alike. Input must be sent to ProductDevelopment@gems.gov.za. All submissions must be received by the end of the first quarter of each year and will then be considered as part of the overall project.

Chronic Back and Neck Rehabilitation programme

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

This programme provides GEMS beneficiaries with appropriate treatment to manage their chronic back and neck pain. Positive outcomes of this non-surgical programme include improved flexibility, restoring functionality, reducing pain and a decrease or delay in the need for surgery, which leads to a more productive life. The focus of the CBNR programme is on back and neck rehabilitation with the major components being controlled exercises, biopsychosocial support and pain education. The 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 re-evaluate the progress of treatment over time. The cost of the programme is paid from a separate CBNR benefit so there is no financial impact on the member's day-to-day benefits or savings. Should your GEMS patient require a referral to a CBNR network facility, kindly send an email to enquiries@gems.gov.za.

What is Fraud, Waste & Abuse?

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

Fraud, Waste and Abuse (FWA) is recognised as a major challenge for healthcare systems, globally and in South Africa. Fraud, waste and abuse can be defined as follows:

Fraud

Fraud refers to intentional deception by misrepresentation or by supplying false information with the knowledge that the deception could lead to payment or other benefit where no entitlement to such would otherwise exist. These acts may be committed either for one's own benefit or for the benefit of a third party.

Waste

Waste refers to the extra costs incurred when healthcare services are unnecessarily overused, or when bills for services are prepared incorrectly. Unlike fraud, waste is usually caused by mistake rather than illegal or intentionally wrongful actions.

Abuse

Abuse occurs when practices are inconsistent with sound fiscal, business or medical practice, and such inconsistencies result in an unnecessary cost to a medical scheme, or in reimbursement for services that are not medically necessary.

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

GEMS has a zero-tolerance approach to FWA and has a dedicated Claims Risk Management Unit and whistle-blower hotline to identify irregular claiming behaviour.

It is your responsibility as a provider to ensure that all claims submitted on behalf of the member are valid. The misuse of membership details to submit irregular claims may result in remedial actions being taken which may include reporting the unethical behaviour to the Regulatory bodies, civil and criminal action.

GEMS claims risk review overview

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

Useful resources

Service	Purpose	Telephone	Email address/links for queries
GEMS contact centre	General queries related to GEMS	0860 436 777	enquiries@gems.gov.za
GEMS website	View GEMS products and services	-	www.gems.gov.za
GEMS tariff file, formularies, and forms	To view GEMS tariff file, formularies, and forms	-	www.gems.gov.za, select Healthcare Providers > Select either Tariff file, Formulary Lists or ICD-10 Codes from the menu.
GEMS network contract management and Provider Liaison Consultants	Contracting queries, REPI2 categorisation queries or Provider Liaison Consultant assistance	-	REO, Tanzanite One and Beryl: networkscontracting@gems.gov.za
Chronic medicine management – new registrations and updates	Chronic registrations	0860 436 777	chronicdsp@gems.gov.za
Chronic medicine authorisation queries	Queries related to the authorisation of chronic medicines	0860 436 777	chronicauths@gems.gov.za
Fraud Hotline	Fraud-related matters	0800 212 202	gems@thehotline.co.za office@thehotline.co.za
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
Member Oncology Contact Centre	Oncology member related queries	0860 00 4367	oncologyauths@gems.gov.za
Provider Oncology Contact Centre	Oncology provider related queries	0860 436 777	
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
Aligned Serious Illness Benefit	Assistance with managing a serious illness.	0860 00 4367	referrals@alignd.co.za/ info@alignd.co.za
GEMS Palliative Care Programme	Assistance with managing a serious illness.	0860 00 4367	referrals@alignd.co.za
GEMS Alternatives to Hospitalisation	For medical care at home.	0860 00 4367	Homebasedcare@medscheme.co.za

Notes

Get in touch

General Enquiries

EMAIL
enquiries@gems.gov.za

FAX
0861 00 4367

POSTAL ADDRESS
GEMS, Private Bag X782
Cape Town, 8000

WEB
www.gems.gov.za

GEMS CONTACT CENTRE
0860 00 4367

GEMS FRAUD HOTLINE
0800 212 202
gems@thehotline.co.za

GEMS EMERGENCY SERVICES
0860 44 4367

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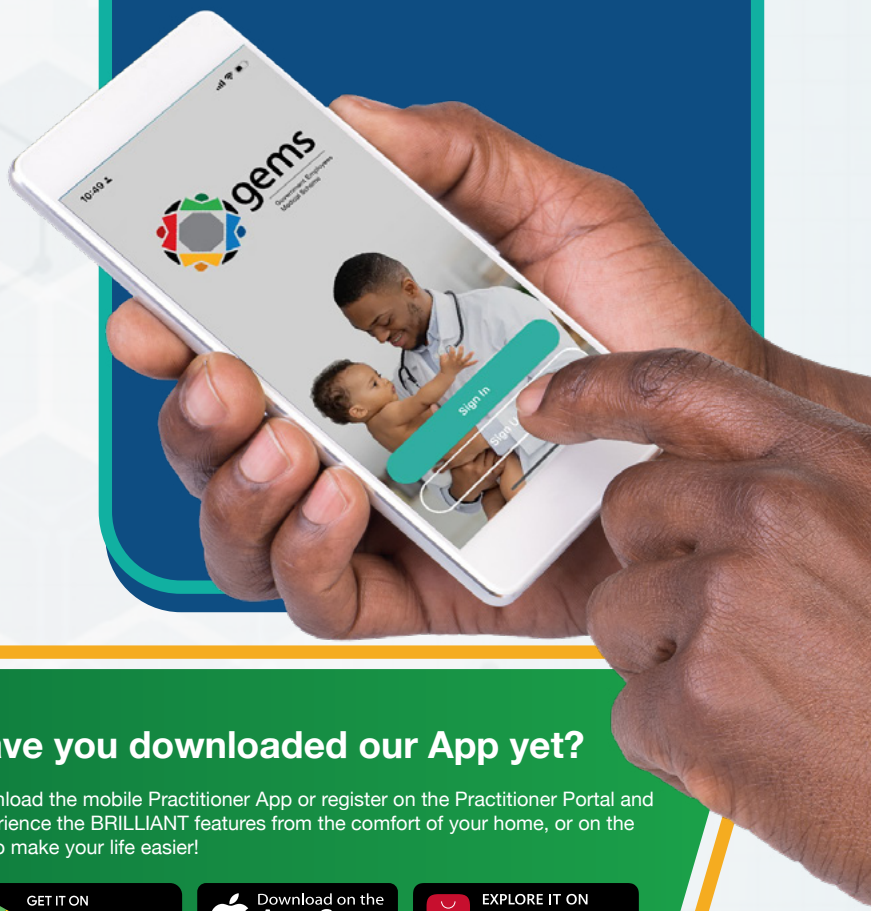

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