



**PG** 25  
*PROVIDER GUIDE*

# Renal Provider Guide

**Assisting healthcare professionals in delivering high-quality and member-centric care.**

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

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# Introduction to GEMS Renal Care

Chronic Kidney Disease (CKD) and End-Stage Renal Disease (ESRD) impact millions of people globally, necessitating comprehensive and coordinated healthcare. This GEMS Renal Provider Guide is crafted to assist healthcare professionals in delivering

high-quality and member-centric care. It also outlines benefits available to GEMS members, equipping providers with the necessary tools to offer optimal care to those with renal disease. Therefore, enhancing member outcomes and quality of life.



# Renal Dialysis Network Management

GEMS is dedicated to fostering long-term relationships with the healthcare professionals who provide essential care to our growing Scheme membership. Our healthcare provider networks aim to ensure that public service employees can access high-quality, cost-effective healthcare services, while also supporting healthcare providers in delivering appropriate care to GEMS members.

Our networks include Family Practitioners (FPs) and a wide range of Specialists such as Anaesthetists, Obstetricians, Gynaecologists, Physicians, Surgeons, Paediatricians, and Psychiatrists. Additionally, GEMS has established a Renal Dialysis Network for all benefit options composed of capable renal dialysis providers. This network aims to limit members' exposure to co-payments, enhance the quality of care, and maintain access to dialysis for GEMS beneficiaries.

## Benefits



**Increased Scheme Membership Coverage:** Beneficiaries requiring chronic dialysis are required to use providers in our Renal Dialysis Network. An out-of-network co-payment of 30% of the Scheme Tariff will apply to each service received voluntarily from a non-network renal dialysis provider, regardless of authorisation. Exceptions to this co-payment include members who do not live or work within a 30km radius of a network facility, subject to authorisation, managed care review and approval, or in the case of acute dialysis.

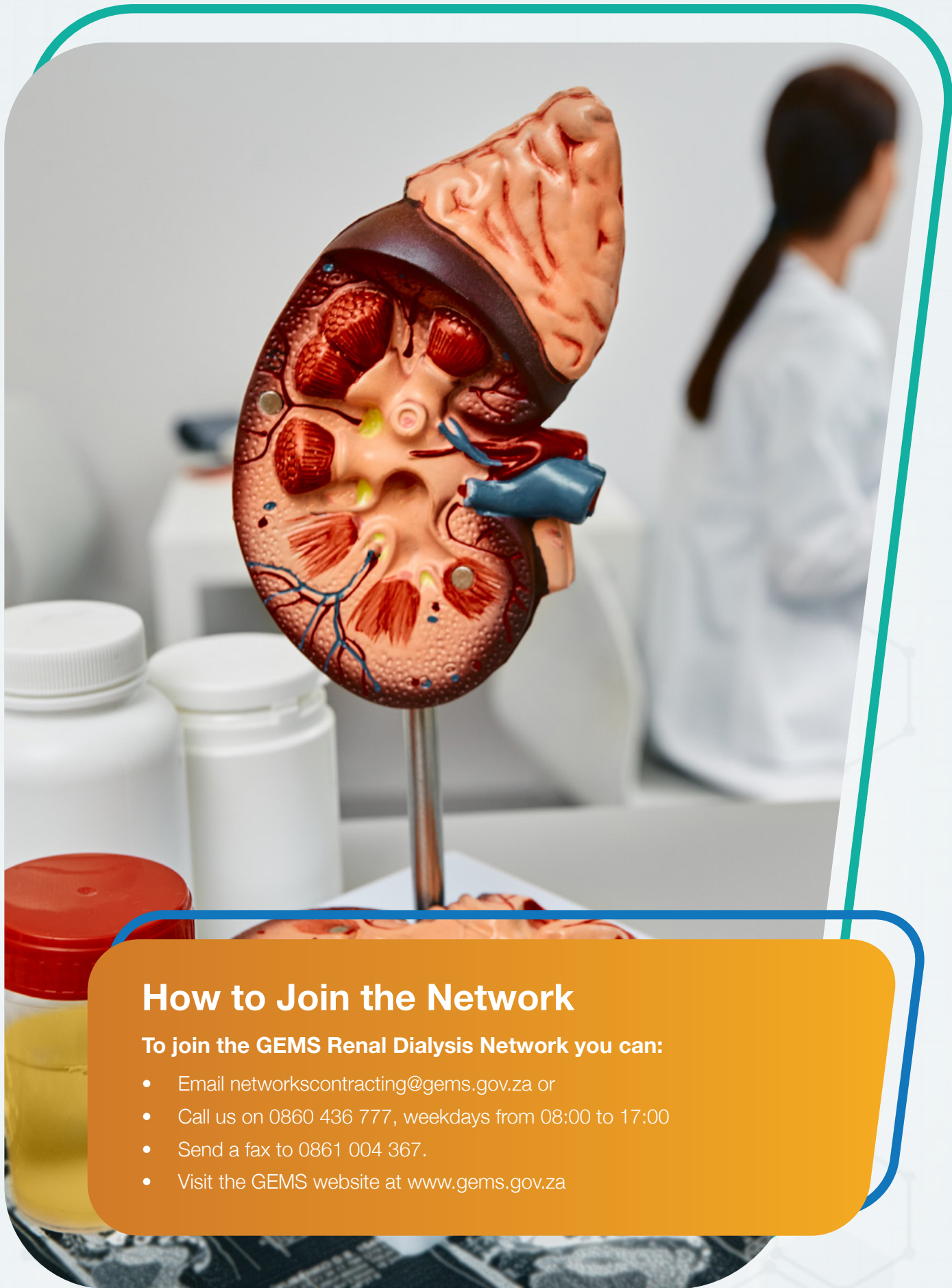


**Enhanced Quality of Care:** Participating network renal dialysis service providers are assured of an increased member footprint from GEMS' nation-wide membership pool of over 2 million beneficiaries.



**Access to Renal Dialysis Services:** Affected beneficiaries are directed to network renal dialysis service providers through the GEMS website, the GEMS Call Centre, and the Family Practitioner (FP) referrals to renal dialysis services.

By maintaining these networks, GEMS ensures that public service employees receive the care they need while supporting healthcare professionals in delivering high-quality and cost-effective services.



## How to Join the Network

To join the GEMS Renal Dialysis Network you can:

- Email [networkscontracting@gems.gov.za](mailto:networkscontracting@gems.gov.za) or
- Call us on 0860 436 777, weekdays from 08:00 to 17:00
- Send a fax to 0861 004 367.
- Visit the GEMS website at [www.gems.gov.za](http://www.gems.gov.za)

# Authorisation Processes

Authorisation is critical in managing the care provided to GEMS members, ensuring clinically necessary and appropriate services while maintaining sustainability. Pre-authorisation is required for several services to ensure payments are made from the correct benefit limits.

## These services include:

- Dialysis (acute, chronic, and other modalities)
- Erythropoietin (EPO)
- Renal organ transplant
- Disease Management Programme (DMP)

While GEMS provides an annual authorisation for chronic dialysis, a separate authorisation is required if the member is hospitalised or on holiday, as this care is not covered under the annual authorisation.

## Please note, the following table is an example of the coding that can be used:

CKD, Stage 5	N18.5
End stage renal disease	N18.6
Dependance on renal dialysis	Z99.2

## The importance of Dummy Practice Numbers

To enhance our network management and provider tracking capabilities, we request your assistance in applying for dummy practice numbers for each of your locations.

### This will help us:

- Identify and map your practice locations.
- Accurately count and manage practices within our network.
- Improve overall network optimisation and resource allocation.

### How to Apply for a Dummy Practice Number:

- Email [PLSHospital@medscheme.co.za](mailto:PLSHospital@medscheme.co.za) and request the Dummy Practice Number Application Form.
- Fill in the Dummy Practice Number Application Form and provide all the required information, including practice name, address, and contact details.
- Submit the completed form via email to [PLSHospital@medscheme.co.za](mailto:PLSHospital@medscheme.co.za).

# Understanding the Utilisation Management System (UMS)

The UMS system captures pre-authorisation requests and converts them into authorisation numbers, resulting in outcomes of pending, declined, or approved status. A correspondence detailing the captured information will be sent to the healthcare provider's preferred email address.

## Advantages of using the UMS System:

- Easy loading of requests by providing membership number, dependent details, ICD-10/procedure codes, date of admission, practice numbers, etc.
- Uploading of documents, reducing processing time and supporting efficient routing of documents. Improve preauthorization call centre efficiency Track and monitor requests, make updates, and upload additional clinical information.
- Avoid long hold times.
- Auto approval for a basket of codes issuing pre-authorisation numbers upfront.



To request UMS training, click on the **Provider UMS Training Request** link and enter your provider details. We will contact you to arrange the training.

## Escalation Process

All renal care treatments and services are subject to pre-authorisation at least 48 hours before the treatment date and within one working day after emergency admissions.



### The escalation process is as follows:

- **First Tier:** Submit the request directly on UMS with the accompanying blood results and script, or email [renalauths@gems.gov.za](mailto:renalauths@gems.gov.za) for all authorisation requests and codes pending for underwriting.
- **Second Tier:** If no response is received after 8 business/working hours, submit your query with the member's details to [gemsrenal@medscheme.co.za](mailto:gemsrenal@medscheme.co.za)
- **Third Tier:** If no response is received after another 8 business/working hours, escalate the request to the manager at [sccgemsmanagementescalations@medscheme.co.za](mailto:sccgemsmanagementescalations@medscheme.co.za).

By adhering to these processes, we can ensure timely and efficient authorisation, ultimately improving the quality of care provided to GEMS members.

# Funding Criteria

Type of Treatment	Authorisation Protocol
Acute dialysis	<p><b>Newly Diagnosed Members:</b></p> <p>For members newly diagnosed with acute renal failure, dialysis treatment can be used for up to a period of 6 weeks.</p> <p><b>Transition to Chronic Dialysis:</b></p> <p>Upon completion of the 6-week period, the member should continue chronic dialysis. The treating doctor must complete and send the appropriate template to ensure the transition is managed smoothly.</p> <p><i>If the blood results and Estimated Glomerular Filtration Rate (eGFR) clearly indicates the member is already in the chronic phase without any dialysis, the member will be registered on the chronic programme.</i></p> <p><b>The information required to make a funding decision:</b></p> <ul style="list-style-type: none"> <li>• Practice number (or 'dummy' practice number) of the facility/place of service.</li> <li>• Physical address and contact details of the unit where the dialysis will take place.</li> <li>• Practice number of the treating doctor.</li> <li>• ICD-10 and tariff code(s).</li> <li>• The acute modality required.</li> <li>• Actual treatment dates.</li> <li>• Pre-dialysis blood results for: Urea and Creatinine with Estimated Glomerular Filtration Rate (eGFR) (not older than 1 week/7 days prior to the planned date of service).</li> <li>• Letter of motivation for Continuous Renal Replacement Therapy (CRRT), Continuous Veno-Venous Haemodialysis (CVVHD) or Sustained Low-Efficiency Dialysis (SLED) in cases where the Level of Care (LOC) is high care.</li> <li>• All pathology blood results if Acute Haemo-Dialysis (AHD) / Continuous, Renal Replacement Therapy (CRRT), Continuous Veno-Venous Haemodialysis (CVVHD), or Sustained Low-Efficiency Dialysis (SLED) are done for five (5) sessions at a time.</li> <li>• The blood results should include: Full Blood Count (FBC), Urea and Electrolytes (U&amp;E), Pro-B-Type Natriuretic Peptide (PRO-BNP), C-Reactive Protein (CRP) and Procalcitonin (PCT), Arterial Blood Gas (ABG), (Intensive Care Unit (ICU) or High Care (HC)).</li> </ul>



Type of Treatment	Authorisation Protocol
	<ul style="list-style-type: none"> <li>• A valid Medicines Control Council (MCC) approval letter is required for the following fluids (section 21) used for Continuous Renal Replacement Therapy (CRRT) or Continuous Veno-Venous Haemodialysis (CVVHD) such as Multibic and Primosol. The authorisation will be valid for 6 months only.</li> <li>• Dialysis prescription from the treating doctor.</li> <li>• New script for change of modality (the script should contain the commencement date of the new modality).</li> </ul> <p>Following these steps will help maintain continuity of care and support optimal member outcomes.</p>
Erythropoietins (EPO)	<p>Erythropoietins may be funded for members in chronic renal failure with an Haemoglobin (HB) &lt; 10g/dl if there are adequate iron stores indicated by a transferrin saturation level of &gt;20% and/or a ferritin level of &gt; 100µg/l.</p> <p><b>The information required to make a funding decision:</b></p> <ul style="list-style-type: none"> <li>• First request: <ul style="list-style-type: none"> <li>○ Current Haemoglobin (HB).</li> <li>○ Iron study not older than 3 months.</li> <li>○ Script date must be after the pathology test date.</li> </ul> </li> <li>• Follow-up request: <ul style="list-style-type: none"> <li>○ Pathology test.</li> <li>○ Script date must be after the pathology test date.</li> </ul> </li> </ul>
Chronic haemodialysis	<p><b>Criteria:</b></p> <ul style="list-style-type: none"> <li>• Chronic dialysis is indicated for chronic renal failure when the Estimated Glomerular Filtration Rate (eGFR) is below 15.</li> </ul> <p><b>Setting:</b></p> <ul style="list-style-type: none"> <li>• This form of dialysis is administered on an outpatient basis at a dialysis centre.</li> </ul> <p><b>Frequency:</b></p> <ul style="list-style-type: none"> <li>• Members are scheduled for three visits per week, with an end date of 31/12/20...</li> </ul> <p><b>Additional Visits:</b></p> <ul style="list-style-type: none"> <li>• Any additional visits require a written motivation, accompanied by hard copies of the Full Blood Count (FBC) and/or Urea &amp; Electrolytes (U&amp;E) results for the relevant period.</li> </ul>

Type of Treatment	Authorisation Protocol
	<p><b>Information required to make a funding decision:</b></p> <ul style="list-style-type: none"> <li>• Practice number (or ‘dummy’ practice number) of the facility/place of service.</li> <li>• Physical address and contact details of the unit where dialysis will take place.</li> <li>• Practice number of the treating doctor.</li> <li>• ICD-10 and tariff code(s).</li> <li>• Specify the chronic modality required (Chronic Haemo-Dialysis (CHD) / Continuous Ambulatory Peritoneal Dialysis (CAPD) / Automated Peritoneal Dialysis (APD).</li> <li>• Actual treatment dates.</li> <li>• Pre-dialysis blood results for: Urea and Creatinine with Estimated Glomerular Filtration Rate (eGFR) (not older than 1 week/7 days from the planned date of service).</li> <li>• Renal template - to be completed by the treating doctor (the form should be completed comprehensively including the member’s psycho-social history and all co-morbidities).</li> <li>• For HIV positive members: CD4 count, and viral load (blood results) required.</li> <li>• The most recent full blood count and letter of motivation for all additional hemodialysis sessions.</li> <li>• Positron Emission Tomography (PET) test and K – Dialyzer Clearance of Urea (KT/V) for extraneal dialysis.</li> <li>• Dialysis prescription from the treating doctor.</li> </ul> <p>These guidelines ensure that the treatment is administered appropriately and that the member’s needs are met effectively.</p>
Automated Peritoneal Dialysis (APD)	<p>Automated Peritoneal Dialysis (APD) is available for funding and is considered PMB level of care for working adults, students, and scholars. It is funded under all Scheme options, subject to managed care rules and processes. Note that the purchase of a portable dialysis machine is not supported.</p> <p>However, the hiring of a portable dialysis machine may be approved and funded as Prescribed Minimum Benefits (PMBs) for a scholar, student, or working individual, subject to managed care rules and processes.</p> <p><b>Information Required for Funding Decision:</b></p> <ul style="list-style-type: none"> <li>• In addition to the standard information needed for chronic dialysis, proof of employment is required for dependents other than the Main Member (Dep 00).</li> </ul> <p>By adhering to these guidelines, we can ensure appropriate and effective funding for those in need of Automated Peritoneal Dialysis (APD) treatment.</p>

Type of Treatment	Authorisation Protocol
<p>Continuous Renal Replacement Therapy (CRRT) and Continuous Veno-Venous Haemodialysis (CVVHD) and High Care Unit (HCU) and Urea and Electrolytes (U&amp;E) and Intensive Care Unit (ICU)</p>	<p>Continuous Renal Replacement Therapy (CRRT) is a costly form of dialysis typically prescribed for selected members with multiple organ failure.</p> <p><b>Member Criteria:</b></p> <ul style="list-style-type: none"> <li>Members in high-care ward undergoing Continuous Renal Replacement Therapy (CRRT) require a Clinical update to determine funding for dialysis.</li> </ul> <p><b>Treatment Duration:</b></p> <ul style="list-style-type: none"> <li>Continuous haemodialysis over an extended period, up to 7 days.</li> </ul> <p><b>ICU Level of Care:</b></p> <ul style="list-style-type: none"> <li>Indicated for members who are haemodynamically unstable or those in multi-organ failure, including members with acute brain injury or other causes of increased intracranial pressure or generalised brain oedema.</li> <li>Supporting documentation should be submitted for review with accurate diagnosis coding.</li> </ul> <p><b>Information Required for Funding Decision:</b></p> <ul style="list-style-type: none"> <li>Weekly blood tests Urea and Electrolytes (U&amp;E)</li> <li>Haemodynamic parameters</li> </ul> <p>Adhering to these guidelines ensures proper funding and optimal member care for those requiring Continuous Renal Replacement Therapy (CRRT).</p>
<p>Re-dialysis</p>	<p><b>Definition:</b></p> <ul style="list-style-type: none"> <li>Re-dialysis refers to a second dialysis session within 24 hours.</li> </ul> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>Both Letter of Motivation (LOM) and hard copies of pathology reports are required.</li> </ul> <p><b>Review Process:</b></p> <ul style="list-style-type: none"> <li>The request will be sent to the medical advisor for review and funding decision.</li> </ul> <p>Ensuring these steps are followed will facilitate a smooth review and decision-making process.</p>

Type of Treatment	Authorisation Protocol
Renal Organ transplant	<p>Funding subject to Pre-authorisation, scheme rules, managed care protocols and processes.</p> <p><b>Transplantation Contraindications:</b></p> <ul style="list-style-type: none"> <li>• Malignancy that significantly limits future survival.</li> <li>• Persistent, recurrent, or unsuccessfully treated major infections.</li> <li>• Systemic illnesses or comorbidities negatively impacting transplant surgery outcomes.</li> <li>• Smoking or substance abuse.</li> </ul> <p><b>Post-Transplant Requirements:</b></p> <ul style="list-style-type: none"> <li>• Recipients require lifelong immunosuppressive therapy to prevent organ rejection.</li> <li>• Transplant requests must be from a South African Transplantation Society-listed transplantation centre.</li> </ul> <p><b>Funding Guidelines:</b></p> <ul style="list-style-type: none"> <li>• Generally supported for members with end-stage renal failure where no contraindications exist (e.g. active malignancy, irreversible progressive disease, diminished capacity due to mental illness, substance use disorder).</li> <li>• Funding aligned with PMB level of care, making kidney transplants PMB eligible if the requirements are met.</li> </ul> <p><b>Pre-Transplant Workup:</b></p> <ul style="list-style-type: none"> <li>• Up to three donors may be approved for workup, but not simultaneously.</li> <li>• All consultation, radiology, pathology requests require unique authorisation and funding from the recipient's transplant benefit.</li> <li>• Psycho-social report (recipient) forms part of the workup and must be available upon request.</li> <li>• Approved transplant Pre-Authorisation Request (PAR) is valid for 12 months.</li> <li>• Transplant requests require a clinical motivation and quote.</li> </ul>

Type of Treatment	Authorisation Protocol
	<p><b>Donor Funding:</b></p> <ul style="list-style-type: none"> <li>• International organ donor search or donation is not funded.</li> <li>• Donor costs for workup, surgery, and six (6) weeks post-transplant are covered under the recipient's Scheme transplant benefits.</li> </ul> <p><b>Post-Transplant Medication:</b></p> <ul style="list-style-type: none"> <li>• Includes immunosuppressants to prevent rejection, medications to prevent infection, and treatments for other common issues like side effects of anti-rejection therapy.</li> </ul> <p>These guidelines ensure thorough preparation and appropriate funding for kidney transplants, aligning with the highest standards of care.</p>
<p>GEMS Disease Management Programmes (DMPs)</p>	<p>The GEMS Chronic Medicine Management (CMM) Programme provides members with access to the GEMS Disease Management Programmes (DMPs). These programmes, supported by dedicated disease managers, are designed to assist both the member and the doctor in managing chronic illnesses.</p> <p><b>Key Features</b></p> <p>Members will be contacted by a qualified nurse who will:</p> <ul style="list-style-type: none"> <li>• Provide healthcare education about conditions.</li> <li>• Share easy-to-read information on the member's condition/s, if required.</li> <li>• Offer healthcare advice and support to help the member better manage their health or chronic condition.</li> <li>• Give guidance on adhering to the prescribed treatment for the member's condition.</li> <li>• Serve as additional support in the relationship and care the member receives from their doctor.</li> </ul> <p>Additionally, for certain chronic conditions, the programme covers not only medication but also consultations, procedures, or investigations necessary to manage and monitor the condition. This comprehensive approach is referred to as a care plan.</p> <p>These efforts aim to enhance the quality of care and support provided to our members, ensuring better health outcomes and improved quality of life.</p> <p>As a healthcare provider, please encourage our members to utilise their benefits in their DMPs as well as their care plan.</p>

# Ex-Gratia Requests

Ex-Gratia is a process that allows members to apply for funding for items, procedures, or events that have been declined or are not covered under the Scheme Rules, as well as for cases with depleted benefits. Ex-gratia application is not a guarantee of funding, it is subject to the review and Scheme discretion.



Scheme exclusions



Insufficient benefits  
(e.g., chronic benefits,  
prosthesis benefits)



Managed care exclusions  
(after exhausting internal  
appeals)



Funding above  
Scheme Rates



## Ex-Gratia Process

To submit an ex-gratia request, please provide the following information to [gemsrenal@medscheme.co.za](mailto:gemsrenal@medscheme.co.za) with the subject heading "Urgent Ex-Gratia Request":

- Member details.
- Reason/s for referral.
- Quotations from all providers/items/procedures, where applicable.
- A letter of motivation from the treating doctor, along with all supporting documents. This will ensure the request is processed efficiently and accurately.

# Navigating Complex Tariffs

## Assisted Home Haemodialysis (AHHD) – Global Fee 97443

Assisted Home Haemodialysis (AHHD) offers a valuable option for members who face challenges adhering to their treatment regimen due to transportation or work-related issues.

AHHD is funded only if the member's home meets specific requirements. If AHHD is provided for fewer than 30 days in any one cycle (e.g., due to complications, the

death of the member, or termination of membership), the following applies:

- If the treatment period is 26 days or more in that cycle, the full fee applies.
- If the treatment period is up to 25 days in that cycle, the fee is prorated according to the number of actual treatment days.

## Mobile Dialysis 97444 versus Acute Dialysis

1. Tariff codes for haemodialysis are limited and cover two situations:
  - **Acute Dialysis:** Emergency haemodialysis in a hospital due to a life-threatening situation.
  - **Chronic Dialysis:** Routine, ongoing haemodialysis required due to a chronic condition.
2. Tariff code 97444 (mobile renal dialysis) is approved for members registered on the Chronic Renal Programme who are admitted to the hospital. This rate is higher than the chronic dialysis rate but lower than the acute dialysis rate.
3. Occasionally, a GEMS member in hospital for an unrelated procedure or condition, or a related one like end-stage renal disease, still requires routine chronic haemodialysis. In these cases, they may not be able to be treated in a dialysis facility. Though these sessions replace routine out-of-hospital dialysis sessions, they are often billed at the acute rate due to higher costs incurred by providing dialysis at the hospital bedside. GEMS introduced the new mobile chronic haemodialysis category and tariff to compensate providers while managing non-acute haemodialysis costs to align with industry trends where some corporate providers already charge a lower rate for this service.

## Sustained Low-Efficiency Dialysis (SLED)

GEMS funds SLED for up to 12 hours maximum only.

### The following tariffs can be claimed:

- 75150 (up to 5 hours)
- 75149 (1-hour intervals)

These guidelines help ensure the optimal allocation of resources while maintaining high-quality care for members.

# Claims Submission Processes

All service providers are required to submit claims once the authorisation process has been completed and according to the approved authorisation. This ensures that the necessary approvals and guidelines are followed meticulously.

## Required Information:

- ICD-10 Code/s (all codes are to be coded to the highest level of specificity).
- Approved Tariff/s: Specific to the approved modality.
- Service Date/s: Actual dates for services rendered.

## Management of Renal Dialysis Claims

All renal dialysis claims are managed by GEMS, under the administration of Metropolitan Health. Claims are repriced against the revenue codes as per the contract and benefit structure.

### Claim Requirements:

- Authorisation number
- Valid treatment date
- Valid membership number
- Valid ICD-10 code
- Valid tariff code
- Valid practice number
- Valid dummy practice number
- Correct name and date of birth of the member



## Submission Instructions

You can submit your claim directly to GEMS via email at [enquiries@gems.gov.za](mailto:enquiries@gems.gov.za) or send a fax to 0861 004 367.

Ensuring all these details are accurately provided will facilitate the efficient processing of your claims.



# Compliance

As part of our dedication to ensuring the highest quality of care for our members, all renal providers are required to submit quality metrics reports twice a year in February and September. Such reports allow GEMS to assess the effectiveness of the renal services and its Disease Management Programme (DMP).



## Areas of Interest:

1. Member Outcomes:
  - Data on member survival rates
  - Transplant outcomes
  - Complications related to dialysis and transplantation
2. Quality Metrics:
  - Infection rates
  - Vascular access management
  - Anemia management
  - Hospital Admission Rate (SHR)
  - Mortality Rate (SMR)
  - Unplanned Readmission Rate (Unplanned SRR)
  - All-Cause Readmission Rate (SRR)
  - Adherence to clinical guidelines

We understand that compiling these reports may require time and effort; however, this information is essential for maintaining excellence in our services. Your co-operation in providing these reports is highly valued.

Please share all quality reports via email to [RDNcontracts@medscheme.co.za](mailto:RDNcontracts@medscheme.co.za)

By working together, we can continue to improve member outcomes and enhance the quality of life for our members.

# Frequently Asked Questions (FAQs)

## What do I do if I want to dispute a declined request?

There are two steps that a complainant must follow before requesting the GEMS Dispute Committee to take a decision on a complaint:



**Step 1:** Call the GEMS provider call centre (086 043 6777), inform the agent of the complaint and request that the complaint be solved.



**Step 2:** If the complaint is not solved to the complainant's satisfaction after the call to the call centre, a letter of complaint for the attention of the GEMS Principal Officer must be written to [complaints@gems.gov.za](mailto:complaints@gems.gov.za). GEMS will acknowledge receipt in writing to the complainant within 24 hours of receiving the letter. GEMS will then try to resolve the matter within 30 days. Once the complaint has been processed, the complainant will be notified in writing of GEMS's findings.

## How does the appeals process work?

Hospital utilisation decisions i.e. authorisations are based on clinical indications and treatment within Scheme rules and benefits. Scheme member or duly authorised representative acting on behalf of the member or the treating healthcare professional (the appellant/s) may appeal a funding decision taken during the utilisation review process. This decision is perceived to be contrary to Scheme rules and benefits

and/or to the appellant/s detriment. The appeal is to re-evaluate the initial funding decision.

Structures are in place to ensure that appeals are dealt with in the most efficient manner and that decisions are taken with due clinical and legal consideration within the relevant Scheme rules and benefits. The following levels are available to deal with appeals.

### First level:

Medical advisor of the relevant service; Hospital Benefit Management to consider first level appeal.

### Second level:

Clinical Review Committee: A committee consisting of medical advisors from both GEMS and Medscheme business units and representatives from the Health Policy Unit (HPU). An external clinical expert may attend, or the opinion provided by an external clinical expert may be submitted to the committee.

### Third level:

Escalated Appeals Forum includes the medical advisor presenting the case, key members of the original relevant Clinical Review Committee and the Group Functional Professional and/or Senior Medical Advisor who were not in attendance at the first appeal meeting. The committee convenes as required, considering the urgency associated with the case.

# 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
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

# Get in touch

## General Enquiries



EMAIL  
[enquiries@gems.gov.za](mailto:enquiries@gems.gov.za)



FAX  
0861 00 4367



POSTAL ADDRESS  
**GEMS, Private Bag X782  
Cape Town, 8000**



WEB  
[www.gems.gov.za](http://www.gems.gov.za)



GEMS CONTACT CENTRE  
0860 43 6777



GEMS FRAUD HOTLINE  
0800 212 202  
[gems@thehotline.co.za](mailto:gems@thehotline.co.za)



GEMS EMERGENCY SERVICES  
0860 44 4367

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**BRILLIANCE**  
OF **GEMS**

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YOUTUBE  
[@GEMSMEDICALAID1](https://www.youtube.com/@GEMSMEDICALAID1)



LINKEDIN  
Government Employees Medical Scheme



## 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!



### Disclaimer

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