

MENTAL HEALTH INSTITUTIONS



GEMS TARIFF IN RESPECT OF MENTAL HEALTH CARE FACILITIES WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Mental Health Institutions**
Code: **055**

TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	TARIFF VALUE
	In calculating the GEMS Tariff , the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed. ALL GEMS TARIFFS ARE VAT INCLUSIVE.				
	GENERAL RULES				
A	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.				
C	All accounts submitted by mental health institutions shall comply with all of the requirements in terms of the Medical Schemes Act, Act No. 131 of 1999. Where possible, such accounts shall also reflect the practice code numbers and names of the surgeon, the anaesthetist and of any assistant surgeon who may have been present during the course of an operation.				
D	All accounts shall be accompanied by a copy of the relevant theatre accounts specifying all details of items charged, as well as all the procedures performed. Photocopies of all other documents pertaining to the patients account must be provided on request. Medical schemes shall have the right to inspect the original source documents at the rehabilitation hospital concerned.				
E	All accounts containing items which are subject to a discount in terms of the recommended benefit shall indicate such items individually and shall show separately the gross amount of the discount.				
E.3.3	Mental Institutions refers to all institutions registered with the Department of Health in terms of the Mental Health Care Act 17 of 2002 having practice code numbers commencing with the digits 55.				
F	Accommodation fees includes the services listed below: A. The minimum services that are required are items 3, 5 and 6. B. If managed care organisations or medical schemes request any of the other services included in this list, no additional charge may be levied by the hospital. 1. Pre-authorisation (up to the date of admission) of: <ul style="list-style-type: none"> • length of stay • level of care • theatre procedures 2. Provision of ICD-10 and CPT-4 codes when requesting pre-authorisation 3. Notification of admission				

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F	<p>4. Immediate notification of changes to:</p> <ul style="list-style-type: none"> length of stay level of care theatre procedures <p>5. Reporting of length of stay and level of care · In standard format for purposes of creating a minimum dataset of information to be used in defining an alternative reimbursement system.</p> <p>6. Discharge ICD-10 and CPT-4 coding</p> <ul style="list-style-type: none"> In standard format for purposes of creating a minimum dataset of information to be used in defining an alternative reimbursement system. Including coding of complications and co-morbidity. To be done as accurately as practically possible by the hospital. <p>7. Case management by means of standard documentation and liaison between scheme and hospital appointed case managers</p> <ul style="list-style-type: none"> Liaison means communication and sharing of information between case managers, but does not include active case management by the hospital. 				
	SCHEDULE				
8	INSTITUTIONS REGISTERED IN TERMS OF THE MENTAL HEALTH ACT 1973 WITH A PRACTICE NUMBER COMMENCING WITH \\55\\				
004	General ward fee: with overnight stay	470	1,00	10,000	R1 771,10
005	General ward fee: without overnight stay	470	1,00	7,355	R1 302,90
006	General ward fee: under 5 hours stay	470	1,00	3,808	R674,70
045	Ward and dispensary drugs. The amount charged in respect of dispensed medicines and scheduled substances shall not exceed the limits prescribed in the Regulations Relating to a Transparent Pricing System for Medicines and Scheduled Substances, dated 30 April 2004, made in terms of the Medicines and Related Substances Act, 1965 (Act No 101 of 1965). In relation to other ward stock (materials and/or medicines), the amount charged shall not exceed the net acquisition price (inclusive of VAT) or the exit price as determined in terms of Act No 101 of 1965.	470	1,00	0,000	
055	Electroconvulsive therapy (ECT) (No theatre fee chargeable)	470	1,00	4,997	R885,50
231	Monitors	470	1,00	1,463	R259,40
273	To take out. Dispensed items including ampoules, over the counter and proprietary items issued to patients. All items must be shown on accounts. Dispensed items including ampoules, over the counter and proprietary items issued to patients. The same principles as in code 045 apply.	470	1,00	0,000	

GEMS TARIFF FOR SERVICES BY MEDICAL LABORATORY TECHNOLOGISTS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Medical Technology**
Code: **037**

TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	TARIFF VALUE
	<p>In calculating the GEMS Tariff, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.</p> <p>ALL GEMS TARIFFS ARE VAT INCLUSIVE.</p>				
PREAMBLE					
	<p>It is recommended that, when such benefits are granted, the following should be clearly specified in the scheme's rules.</p> <p>- Services must only be on referral.</p>				
GENERAL RULES					
001	<p>Each practitioner must acquaint him-/herself with the provisions of the Medical Schemes Act, and the regulations promulgated under the Act and shall render a monthly account in respect of any service rendered. NB: Every account shall contain the following particulars :</p> <p>The account or statement contemplated in section 59(1) of the Act must contain the following -</p> <ol style="list-style-type: none"> The surname and initials of the member; the surname, first name and other initials, if any, of the patient; the name of the scheme concerned; the membership number of the member; the practice code number, group practice number and individual provider registration number issued by the registering authorities for providers, if applicable, of the supplier of service and, in the case of a group practice, the name of the practitioner who provided the service; the relevant diagnostic and such other item code numbers that relates to such relevant health service; the date on which each relevant health service was rendered; the nature and cost of each relevant health service rendered, including the supply of medicine to the member concerned or to a dependant of that member; and the name, quantity and dosage of and net amount payable by the member in respect of, the medicine. 				
002	No "shopping list" must be distributed to doctors and no group tests will be carried out.				
003	No charge to be raised in respect of services such as sample handling and after hours services.				
004	Interaction with patient for collecting of specimens shall be limited to those specimens that are physiologically expelled, such as sputum and urine and taking of venous and peripheral blood.				
005	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.				