

# 2024 OPTOMETRY PROVIDER GUIDE



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



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# Introduction

Welcome to the GEMS Optometry Management Programme. GEMS always strives to provide members with access to excellent, comprehensive, and affordable healthcare. To achieve this, GEMS understands that Optometrists play an essential role in the provision of quality optometry care to our members. Our enhancement to the optometry benefits demonstrates our commitment to improve members' access to the excellent healthcare to which they have become accustomed.

# Summary of Optometry benefits

The following are applicable to the GEMS Tanzanite One and Beryl options for 2024:

- One eye examination per beneficiary per 12-month period calculated from the last month within which same was last rendered to the affected Beneficiary (“Eye Examination Cycle”); and
- Examination includes visual, binocular stability and pathology evaluation (including tonometry) and diagnosis.
- One pair of spectacles (frame plus lenses) at the applicable package tariff per beneficiary per **24-month** period calculated from the date services were last rendered to the beneficiary, subject to the benefit limit.
- The below table indicates the limits applicable per option:



Benefit Option	Limit Available
Tanzanite One	Limit of R1 452 per beneficiary/ dependant every two (2) years
Beryl	Limit of R1 834 per beneficiary/ dependant every two (2) years



- Frame choice is from a provider-designated range. Lenses are standard-quality lenses, single vision, or bifocal (where appropriate).
- Should the beneficiary select a frame from outside the designated range, R280 must be credited towards this frame in lieu of the ‘package’ frame and member will be liable for the difference.
- Benefits are for either spectacles or contact lenses, not both.
- No cash refund or credit is available in lieu of the optometry benefit.
- All providers to use the GEMS Optometry Network tariff codes.
- Accounts from non-network Optometrists will be rejected and this will be for the member’s account.

- Refunds to the member, when approved, will be paid according to the Scheme rules and funding protocols. Provider should give the member an invoice for the member to claim the refund from the Scheme.
- Upgrades or services outside of the benefit option will not be covered by the Scheme and will be for the patient's account. This means that a member cannot claim a refund for a non-covered service paid out of their pocket.
- Prescribed minimum benefit entitlement for post-cataract surgery: Bifocal lenses and frame up to the value of R1 667 with a sub-limit of R280 for the frame will apply where the Optometry benefit is exhausted.

**The following are applicable to the GEMS, Emerald Value, Emerald, and Onyx options for 2024:**

- One Optometric examination per beneficiary per 12-month period (subject to clinical necessity) calculated from the date which services were last rendered to the beneficiary.
- A comprehensive examination (11001) includes visual, binocular stability and pathology evaluation (including tonometry) and diagnosis.
- One pair of spectacles (frame plus lenses) per beneficiary per 24-month period, calculated from the date which services were last rendered to the beneficiary, subject to the applicable limits and Scheme rate.
- The table below indicates the limits applicable per option:



Benefit Option	Limit Available
Emerald Value	Annual family limit available of R5 681 Limit of R2 963 per beneficiary/ dependant every two (2) years Frame is limited to R 1 564. Fitting (nylon or rimless, etc.) will not be covered.
Emerald	Annual family limit available of R5 681 Limit of R2 963 per beneficiary/ dependant every two (2) years Frame is limited to R 1 564. Fitting (nylon or rimless, etc.) will not be covered.
Onyx	Annual family limit available of R6 724 Limit of R3 498 per beneficiary/ dependant/dependant every two (2) years. Frame is limited to R2 529. Fitting (nylon or rimless, etc.) will not be covered.

- Benefits are for either spectacles or contact lenses, not both in the benefit cycle.
- All providers to use the GEMS Optometry Network tariff codes.
- Accounts from non-network optometrists will be considered for refund to the member per the Scheme refund process which the member must adhere to. Refunds to the member, when approved will be paid according to the Scheme rules and funding protocols. Provider should give the member an invoice for member to claim the refund from the Scheme.
- Upgrades or services outside the benefit option will not be covered by the Scheme but are for the patient's account. This means that a member cannot claim a refund for a non-covered service paid out of their pocket.
- Spectacles with accommodative single vision lenses or intermediate to near multifocal lenses will be covered up to the relevant appropriate benefit per clinical criteria.
- Prescribed minimum benefit entitlement for post cataract surgery: Bifocal lenses and frame up to the value of R1 667 with a sub-limit of R280 for the frame will apply where the Optometry benefit is exhausted.

### The following is applicable to the GEMS Ruby option for 2024:

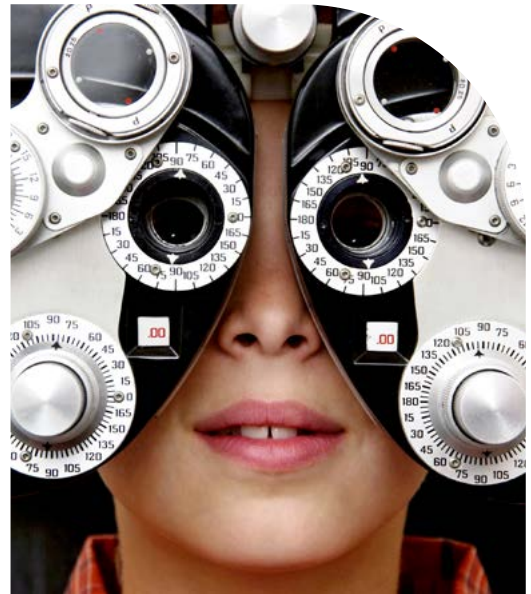
- One Optometric examination per beneficiary per financial year, starting on 1 January and ending 31 December of the same year.
- A comprehensive examination (11001) includes visual, binocular stability and pathology evaluation (including tonometry) and diagnosis.
- One pair of spectacles (frame plus lenses) per beneficiary per financial year, limited to available benefit in either the personal medical savings account or block benefit, subject to prescribed minimum benefits
- The below table indicates the limits applicable on the Ruby option:

Benefit Option	Limit Available
Ruby Option	Limited to PMSA and Block Benefit Frame is limited to R 1 564 Fitting (nylon or rimless, etc.) will not be covered.

- Benefits are for either spectacles or contact lenses, not both within 24 months.
- All providers to use the GEMS Optometry Network tariff codes.
- Accounts from non-network optometrists will be considered for refund to the member per the Scheme refund process that the member must adhere to. Refunds to the member, when approved, will be paid according to the Scheme rules and funding protocols. Provider should give the member an invoice for member to claim the refund from the Scheme.
- Upgrades or services outside the benefit option will not be covered by the Scheme but are for the patient's account. This means that a member cannot claim a refund for a non-covered service paid out of their pocket.
- Spectacles with accommodative single vision lenses or intermediate to near multifocal lenses will be covered up to the relevant appropriate benefit per clinical criteria.
- Prescribed Minimum Benefit (PMB) entitlement for post cataract surgery: Bifocal lenses and frame up to the value of R1 667 with a sub-limit of R280 for the frame will apply where the Optometry benefit is exhausted.

## Childhood screening (all options) for 2024:

- Preventative health screening is one of the most important healthcare strategies to facilitate early diagnosis and treatment of disease as well as to improve quality of life.
- GEMS offers comprehensive childhood screening for children across all options for beneficiaries up to and including age seven.
- Optometrists are encouraged to utilise the screening benefit available.
- Screening benefits when billed cannot be billed in combination with other codes as this is a stand-alone event.



Tariff code	Code description	Tariff amount	Service
94000	Individual Child Screening	R 105.30	Screening only



Signed consent must be obtained from the child's parent/guardian before screening takes place (this consent and the patient report must be produced on request).

During a child screening event per industry norms, the following usually is noted in a child screening event:

- Unaided visual acuity: Assessment of the habitual acuity at distance and near
- Acuity through a +1.50-diopter sphere lens: To eliminate the possibility of the patient accommodating during the assessment of his/her habitual visual acuity test
- Colour vision: To determine the presence of color blindness or deficiency
- Stereo acuity (depth perception): To ascertain that depth can be seen in binocular views
- Ocular motilities, cover test and near point of convergence (NPC): Assessment of ocular movements, alignment of the eyes and to determine any convergence weakness
- Ophthalmoscopy: To detect and evaluate various retinal vascular diseases or eye diseases and pupil response

Any deviation from clinically accepted industry norms, will require a comprehensive eye examination (the screening will then be void and only an eye examination must be charged).

# Optometry tariffs for 2024

The GEMS Optometry Network tariffs for 2024 are available on the [GEMS website](#).

**The following tariffs will apply to both the Tanzanite One and Beryl options:**

Tariff code	Code description	Tariff amount	Service
90011	Vision Exam (when no Material Supplied)	R275.30	Consultation only
93200	Combined V/Exam+Frame+S/ Vision Standard	R972.00	Consultation, frame, and Single Vision Standard Lenses
93201	Combined V/Exam+Frame+S/ Vision Surfaced	R1 042.90	Consultation, frame, and Single Vision Surfaced Lenses
93300	Combined V/ Exam+Frame+Bifocal	R1 658.00	Consultation, frame, and Bifocal lenses

- For a single vision or bifocal package, your claim must reflect only the package tariff code and not the individual consultation and other tariff codes, e.g., for the bifocal package only claim for 93300 and do not include 90011. Benefits will not be paid if these codes are not reflected in your claim.
- Disposable or permanent contact lenses for the Tanzanite One and Beryl options are to be billed by using the appropriate product tariff code and rate per the approved GEMS tariff file for Optometry services.

The GEMS Optometry Network tariffs for 2024 will apply to the Ruby, Emerald Value, Emerald and Onyx options.





# Qualifying Criteria

The optometry benefit is subject to qualifying norms, including family or beneficiary limits where applicable.

Benefits will be subject to the Optometry Benefit Management Programme.

## **The following are applicable to the GEMS Tanzanite One and Beryl options for 2024:**

- Unaided visual acuity of worse than 6/9 (Snellen rating) for distance or near (where appropriate).
- Refractive error of minimum 0.75 Dioptre sphere or 0.75 Dioptre cylinder or reading Rx (Add) of at least +1.50 Dioptre sphere.
- For bifocals, both distance and near norms must be satisfied.

## **The following are applicable to the GEMS Ruby, Emerald, Emerald Value and Onyx options for 2024:**

- Unaided visual acuity of 6/9 (Snellen rating) or worse for distance or near (where appropriate).
- Refractive error of minimum of 0.50 Dioptre sphere or 0.50 Dioptre cylinder, or reading Rx (Add) of +1.00 Dioptre sphere.
- For bifocals and multifocals, both distance and near norms must be satisfied.

Claims for spectacles and lenses that do not meet the qualifying criteria for benefits will be rejected.



# Out-of-benefit upgrades

- Out-of-benefit upgrades are payable by members, directly to the participating Optometrist at no more than the relevant GEMS Optometry network tariff.
- The Scheme will not fund claims received for items excluded from benefits as per the Scheme rules.
- Should members on Tanzanite One and Beryl options select a non-designated frame, the claim must reflect the package code tariff as well as the selected frame at the marked price less R280. Only R280 will be paid towards the frame. The balance is for the member's account.
- All additional out-of-benefit items are to be reflected on the claim, but they will not be funded. **Please discuss this with the member. Split billing is prohibited on all claims.**
- No sunglasses or lenses with a tint over 35% will be covered (**spectacles including frame, will be rejected**) unless for albinism and proven photophobia, subject to pre-authorisation.



## Please take note of the following for benefit confirmations:

Benefits listed are subject to the 2024 registered Scheme Rules, Optometry Management Programme and in the event of a dispute the Registered Scheme Rules takes precedence.

Benefits may also be subject to a beneficiary limit every two (2) financial years, calculated from 1 January of the year within which any optical service was first rendered to any beneficiary, following the end of such previous two-year period (if any) ended on 31 December. The family limit is calculated per option annually as of 1 January 2024, benefits on the Ruby option are subject to one (1) financial year.

Insured benefits confirmations ideally will not change provided that:

- The member has no outstanding accounts, which will impact the benefit limits,
- The membership is active, and
- The claim is in line with the requirements of Optometry Management Programme.

Where a membership may be terminated/suspended, it remains the member's responsibility to settle the account with the provider directly.

Optometrists are encouraged to educate members on the different treatment options and what is available per the member's benefit option. Where members may change options, optometry benefits may be affected. Providers are encouraged to check the benefit option at each visit to be able to discuss treatment vs available benefit and potential shortfalls with the member accordingly. Benefit limits and tariff rates may vary from option to option and are subject to available limits (per family, or per beneficiary) and in line with the option structure.

The Scheme does not cover optometry devices which are not regarded as clinically essential or desirable. Please refer to the detail per benefit option above on what is covered by the Scheme.



## PPE Reimbursement

The reimbursement of PPE will be discontinued from **1 January 2024**.



## GEMS Practitioner Application / Portal

The Scheme is pleased to announce the newly redesigned and upgraded GEMS Practitioner Portal and Mobile Application. The platforms provide a more personalised and improved functionality and are user-friendly. Registration details and links are available on the **GEMS website**.



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## Contact details

### GEMS Contact Centre

0860 436 777 for provider queries option 4 per the IVR  
0860 004 367 for member queries

Monday – Friday: 08h00 – 17h00  
Saturday: 08h00 – 12h00  
Closed on Sundays and public holidays.



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