GHANA MEDICAL TRUST FUND

# TARIFFS OPERATIONAL MANUAL

Guidelines for Tariff Application, Claims Processing and Reimbursement

2026 VERSION 1.0

# GHANA MEDICAL TRUST FUND

Established under Act 1144, 2025

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# Preface

The rising burden of non-communicable diseases, particularly cancers and other high-cost medical conditions, continues to place significant financial burden on patients, families, and the healthcare system in Ghana. Access to quality specialised care requires not only clinical excellence but also sustainable financing mechanisms that ensure affordability and equitable access for all citizens.

The establishment of the Ghana Medical Trust Fund (GMTF) reflects Government's commitment to addressing these challenges by providing financial support for specialised medical care and strengthening Ghana's health financing architecture.

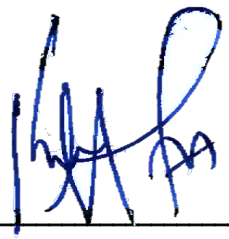
This Manual serves as an operational guide for certified healthcare providers, claims administrators, and implementing institutions participating in the Fund. It has been developed to provide a standardised reimbursement framework for services covered under the Fund. It outlines approved tariffs for investigations, consultations, procedures, treatment bundles, supportive care interventions, and related services eligible for reimbursement under GMTF.

The tariffs contained in this Manual are the result of extensive technical costing analysis, stakeholder consultations, benchmarking against prevailing market conditions, and expert review to ensure fairness, transparency, efficiency, and sustainability. The framework seeks to promote consistency in claims administration, enhance provider accountability, and support prudent financial stewardship of public resources.

This Manual represents the approved reimbursement schedule for services covered by the Ghana Medical Trust Fund on behalf of eligible beneficiaries. Accordingly, no beneficiary receiving covered services under the Fund shall be required to make out-of-pocket payments for any service, procedure, investigation, treatment bundle, or supportive care intervention explicitly listed in this Manual, except where otherwise authorised under applicable policy provisions of the Fund. Certified providers are required to adhere strictly to these reimbursement provisions to ensure financial protection, equitable access, and the integrity of implementation.

The Ministry of Health, working closely with the Ghana Medical Trust Fund and other strategic partners, remains committed to the continuous review and refinement of this Manual to reflect changing healthcare needs, emerging clinical standards, and evolving cost realities.

It is our expectation that this Manual will facilitate effective implementation of the Fund and contribute significantly to improving access to specialised care for all beneficiaries.



KWABENA MINTAH AKANDOH (HON.)
MINISTER FOR HEALTH

# 1 List of Acronyms

| | |
|---|---|
| ALL | Acute Lymphoblastic Leukaemia |
| BL | Burkitt Lymphoma |
| BRCA | Breast Cancer Gene (BRCA1 / BRCA2) |
| BUE | Blood Urea and Electrolytes |
| CHCP | Certified Health Care Provider |
| COP | Cyclophosphamide, Vincristine (Oncovin), Prednisolone |
| CSF | Cerebrospinal Fluid |
| CT | Computed Tomography |
| CVA | Cyclophosphamide, Vincristine, Actinomycin D |
| CVADo | Cyclophosphamide, Vincristine, Actinomycin D, Doxorubicin |
| EBRT | External Beam Radiotherapy |
| FBC | Full Blood Count |
| FFS | Fee-for-Service |
| FISH | Fluorescence In Situ Hybridisation |
| FPHC | Free Primary Health Care |
| GHS | Ghana Cedi |
| GMTF | Ghana Medical Trust Fund |
| HBsAg | Hepatitis B Surface Antigen |
| HIV | Human Immunodeficiency Virus |
| IARC | International Agency for Research on Cancer |
| ICCC-3 | International Classification of Childhood Cancer, 3rd Edition |
| ICCC-3-2017 | International Classification of Childhood Cancer, 3rd Edition (2017 update) |
| ICD-10 | International Classification of Diseases, 10th Revision |
| ICD-O-3 | International Classification of Diseases for Oncology, 3rd Edition |
| IMRT | Intensity-Modulated Radiotherapy |
| INR | International Normalised Ratio |
| IV | Intravenous |
| LDH | Lactate Dehydrogenase |
| LFT | Liver Function Tests |
| MDT | Multidisciplinary Team |
| MRD | Minimal Residual Disease |
| MRI | Magnetic Resonance Imaging |
| NCD(s) | Non-Communicable Disease(s) |
| NGS | Next-Generation Sequencing |
| NHIS | National Health Insurance Scheme |
| OPD | Outpatient Department |

| | |
|---|---|
| OTP | One-Time Password |
| PCR | Polymerase Chain Reaction |
| PET | Positron Emission Tomography |
| R-COPADM | Rituximab, Cyclophosphamide, Vincristine (Oncovin), Prednisone, Doxorubicin, Methotrexate |
| R-CYM | Rituximab, Cytarabine, Methotrexate |
| RDT | Rapid Diagnostic Test |
| RT | Radiotherapy |
| STG | Standard Treatment Guidelines |
| STS | Soft Tissue Sarcoma |
| WHO | World Health Organization |

# 2 Introduction

## 2.1 Background and Context

Non-communicable diseases (NCDs) have emerged as the leading driver of mortality in Ghana, now accounting for approximately 45% of all deaths nationwide. Conditions such as cancer, cardiovascular disease, diabetes, chronic kidney disease, and stroke are increasingly prevalent across all age groups and demographic strata. These conditions share a common characteristic: they require long-term, specialised, and costly care that frequently extends beyond the scope of routine primary and secondary health services.

Ghana's national health financing architecture consists of three principal tiers. Free Primary Health Care (FPHC) covers basic preventive and promotive services at the primary level. The National Health Insurance Scheme (NHIS), governed under Act 852 of 2012, provides reimbursement for a defined package of services encompassing the majority of common illnesses seen at various levels of care. However, the NHIS benefit package does not extend comprehensively to specialist-level treatment for most NCDs, particularly complex cancer management, advanced cardiac surgery, chronic kidney replacement therapy, and other high-cost interventions. This structural gap means that a significant proportion of Ghanaian patients with chronic NCDs have historically faced catastrophic out-of-pocket expenditure or, in the worst cases, have been unable to access the care they require.

The Ghana Medical Trust Fund (GMTF) was established to close this critical financing gap. Formally constituted under Act 1144 and launched in July 2025 by His Excellency President John Dramani Mahama at the University of Ghana Medical Centre, the Fund represents the apex tier of Ghana's health financing architecture. It complements both FPHC and the NHIS by mobilising sustainable financing for specialised medical care for persons living with chronic NCDs in Ghana. The Fund operates under the policy oversight of the Ministry of Health and is governed by a Board of Trustees, supported by an Administrator, a Secretariat of professionals, and specialist advisory committees.

The mandate of the GMTF encompasses four strategic pillars. First, the Fund provides direct financial support to eligible patients requiring specialist-level treatment for approved chronic NCDs. Second, it invests in health infrastructure and medical equipment to improve the quality and availability of specialist care within Ghana. Third, it supports the training of specialist doctors, pharmacists, nurses, and other health professionals in the management of complex NCDs. And finally, it funds applied medical research that deepens national understanding of chronic disease and informs evidence-based policy and practice.

In its initial phase of implementation, the Fund has focused on a defined set of cancers for which costing evidence, clinical protocols, and implementation readiness have been established. This initial package covers eight cancers: Cervical Cancer, Breast Cancer and Prostate Cancer in adults, as well as Acute Lymphoblastic Leukaemia, Burkitt Lymphoma, Wilms Tumour (Nephroblastoma), Retinoblastoma, Soft Tissue Sarcoma, in children. The Board of Trustees may revise and expand the service package from time to time in response to evolving epidemiological evidence, clinical capacity, and funding availability. Updates to the list of conditions will be published on the official GMTF website.

The GMTF has assessed the readiness of regional and tertiary hospitals nationwide to deliver specialist NCD care, and is working to ensure that no patient, district, or region is excluded from access to the Fund's services by reason of geographical or financial constraint.

## 2.2 Legal and Institutional Framework

The GMTF is a national statutory fund established by an Act of Parliament (Act 1144, 2025). It is financed through a 20% statutory allocation from the National Health Insurance Levy, government budgetary allocations approved by Parliament, donations, grants, voluntary contributions, and investment income. The Fund is subject to annual independent audit, internal audit controls, parliamentary oversight, and mandatory public reporting. All personal and medical data held by the Fund is protected under the Data Protection Act, 2012 (Act 843).

The Fund is governed by a Board of Trustees and headed by an Administrator supported by operational and technical staff of the Secretariat. The Board has responsibility for oversight of benefit package design, tariff setting, and financial management. Operational functions including beneficiary enrolment, claims processing, provider certification, and data management are managed by the Secretariat.

# 3 Purpose of the Manual

This manual is designed to guide the GMTF claims adjudication process and to create standards of operation between the Fund and its Certified Health Care Providers (CHCPs). It serves the following specific purposes:

- Describes the structure and principles of the GMTF tariff system, including the case management approach and the Fee-For-Service reimbursement methodology.
- Explains the ICD-10 diagnostic coding framework used by the GMTF, including coding definitions and the process for determining the correct ICD-10 code for each patient episode.
- Provides guidance on how to determine the applicable tariff for each patient, based on the diagnosis, disease stage and treatment phase.
- Describes the operational rules governing specific service types, including outpatient visits, inpatient admissions, chemotherapy sessions, radiotherapy sessions, surgical procedures, and follow-up care.
- Provides detailed guidance on the completion and submission of claim forms, including all required supporting documentation.
- Describes the claims processing, adjudication, and reimbursement procedures.
- Sets out the governance, audit, and anti-fraud framework governing the GMTF reimbursement system.
- Serves as a training reference for health facility staff, GMTF Secretariat staff, and all personnel involved in the diagnoses, treatment and reimbursement process.

The manual should be used in conjunction with the GMTF Tariff Appendix (which contains the specific tariff rates for each service), the GMTF Approved Medicines List, and the Guidelines for Submission and Review of Applications to the GMTF for Financial Support.

# 4 The GMTF Service Package

The healthcare services specified in this Part are the approved healthcare benefits under the Ghana Medical Trust Fund that shall be reimbursement by the fund.

## 4.1 Conditions Covered

The GMTF tariff is payable to CHCPs in respect of services provided for the diagnosis, staging, treatment and follow-up of the following conditions, as determined by the Board of Trustees from time to time. The current approved list is as follows:

| Condition | Clinical Specialty | Age Group |
|---|---|---|
| Acute Lymphoblastic Leukaemia (ALL) | Paediatric Oncology | Under 18 years |
| Burkitt Lymphoma (BL) | Paediatric Oncology | Under 18 years |
| Wilms Tumour / Nephroblastoma | Paediatric Oncology | Under 18 years |
| Retinoblastoma | Paediatric Oncology | Under 18 years |
| Soft Tissue Sarcoma (STS) | Paediatric Oncology | Under 18 years |
| Cervical Cancer | Gynaecological Oncology | Adults |
| Breast Cancer | Surgical / Medical Oncology | Adults |
| Prostate Cancer | Urological Oncology | Adults |

**NOTE:** The GMTF Board may revise the approved list from time to time. The most current version of the approved list shall be published on the GMTF website (www.gmtf.gov.gh) and communicated to CHCPs by the Secretariat.

## 4.2 Services Covered

The GMTF tariff covers the following services when provided to eligible beneficiaries for conditions on the approved list.

### 4.2.1 Outpatient

- Outpatient consultations, including specialist consultations, at all stages of management.
- Diagnostic and staging investigations, including laboratory tests, radiology, imaging, histopathology, cytology, and molecular diagnostics, as specified in the applicable STG.
- Chemotherapy administered on an outpatient or day-case basis.
- Radiotherapy (EBRT, brachytherapy, IMRT) administered on an outpatient or day-case basis.
- Hormonal therapy, targeted therapy, and immunotherapy, where specified in the GMTF Tariff Appendix.
- Response assessment investigations, as specified in the applicable STG for each disease.
- Follow-up consultations and maintenance treatment monitoring, as specified in the GMTF Tariff Appendix.
- Approved medicines on the GMTF Medicines List, claimed separately under GMTF pharmaceutical reimbursement provisions.

### 4.2.2 Inpatient

- Inpatient admissions and associated ward-based care.
- Surgical procedures directly related to the management of the cancers.

- Anaesthesia for approved surgical and investigative procedures.
- Chemotherapy administered during a formal inpatient admission.
- Radiotherapy administered during a formal inpatient admission.
- Prostheses and implants integral to approved oncological surgical procedures (for example, orbital implants in Retinoblastoma surgery).
- Blood products and consumables used in the direct delivery of approved treatment.

### 4.2.3 Cross-Cutting (Outpatient and Inpatient)

- Diagnostic and staging investigations, including laboratory tests, radiology, imaging, histopathology, cytology, and molecular diagnostics, as specified in the applicable STG.
- Hormonal therapy, targeted therapy, and immunotherapy, where specified in the GMTF Tariff Appendix.
- Blood products and consumables used in the direct delivery of approved treatment.
- Approved medicines on the GMTF Medicines List, claimed separately under the GMTF pharmaceutical reimbursement provisions.

Services are reimbursed only where they are provided in accordance with the applicable Standard Treatment Guidelines, by a CHCP, and for a beneficiary who has been enrolled by the GMTF through the approved application and vetting process.

# 5 Certified Health Care Providers

## 5.1 Eligibility for GMTF Certification

The GMTF tariff is payable only to health facilities that have been formally certified by the Fund as Certified Health Care Providers (CHCPs). Certification is granted to facilities that meet the GMTF minimum standards for infrastructure, clinical staffing, equipment, clinical governance, data management, and pharmacy services relevant to the management of the covered NCD conditions. A facility may be certified under the NHIS without being an CHCP under the GMTF; separate certification from the Fund is required.

Both public and private health facilities, including government hospitals, mission hospitals, quasi-government hospitals, private hospitals and specialist clinics, may apply for GMTF certification provided they meet the required standards. Applications for certification are submitted to the GMTF Secretariat and are assessed against GMTF certification standards.

## 5.2 Provider Categories

The Fund recognises the following provider categories for purposes of tariff application and claims processing.

| Provider Category Code | Provider Type Description |
|---|---|
| 1 | Tertiary care hospital (Teaching hospitals and specialist referral centres) |
| 2 | Secondary care hospital (Regional hospitals and district hospitals with specialist capacity) |
| 3 | Oncology Centre (certified for cancer management across ownership types) |
| 4 | Certified Diagnostic and imaging centres |
| 5 | Certified Private pharmacies |

Tariffs reflect the different clinical capacities, case mix and overhead costs associated with each provider level. CHCPs are reimbursed only for services they are certified and credentialled to provide. Services provided outside the scope of a facility's certification level shall not attract reimbursement unless prior written authorisation has been obtained from the Fund.

## 5.3 Specialised Oncology Centres

Management of cancers under the GMTF, particularly the initiation of chemotherapy, radiotherapy, surgical oncology, and complex diagnostic procedures, shall be undertaken at facilities that have been accredited as oncology centres and certified under the GMTF. Claims submitted by facilities not holding GMTF oncology certification for these services shall not be reimbursed.

## 5.4 Provisional Certification

Where a primary or secondary care hospital has developed specialist capability and can demonstrate the required infrastructure, trained clinical staff, equipment, and quality assurance systems to safely manage a higher-level service, the facility may apply to the GMTF for provisional certification to provide designated higher-level services. Such certification is granted at the discretion of the Fund, is time-limited, and is subject to periodic review. Facilities must seek provisional certification before providing and claiming for services.

## 5.5 List of Certified Health Care Providers

| Region | Hospital |
|---|---|
| Greater Accra Region | 1. Greater Accra Regional Hospital |
| | 2. Korle-Bu Teaching Hospital |
| | 3. 37 Military Hospital |
| | 4. University of Ghana Medical Centre |
| Central Region | 5. Cape Coast Teaching Hospital |
| | 6. Winneba Trauma and Specialist Hospital |
| Western Region | 7. Effia Nkwanta Regional Hospital |
| Western North Region | 8. Sefwi Wiaso Government Hospital |
| Eastern Region | 9. Eastern Regional Hospital |
| Volta Region | 10. Ho Teaching Hospital |
| | 11. Volta Regional Hospital |
| Ashanti Region | 12. Kumasi South Hospital |
| | 13. Komfo Anokye Teaching Hospital |
| Bono Region | 14. Sunyani Teaching Hospital |
| Bono East Region | 15. Holy Family Hospital |
| Upper West Region | 16. Upper West Regional Hospital |
| Upper East Region | 17. Upper East Regional Hospital |
| Northern Region | 18. Tamale Teaching Hospital |
| | 19. Northern Regional Hospital |
| North East Region | 20. Baptist Medical Centre |
| Private Facilities | 21. International Maritime Hospital (Greater Accra Region) |
| | 22. Euracare Specialist Hospital (Greater Accra Region) |
| | 23. Trust Hospital (Greater Accra Region) |
| | 24. St. Michaels Hospital (Greater Accra Region) |
| | 25. Aisha Hospital (Northern Region) |

# 6 The GMTF Tariff System

## 6.1 The Case-Based Payment Method

The tariff adopted a Case-based payment method where a predetermined fixed amount is reimbursable to providers for treating a particular cancer stage. However, recognising the peculiarities of Ghana's service delivery system, the tariffs have been disaggregated into the various components to make room for situations where a patient may be referred for further treatment or to receive a particular service from another facility.

Under this approach, the cost of managing a specific condition is calculated by mapping the full clinical pathway from diagnosis through treatment to follow-up, identifying every consultation, investigation, procedure, and treatment the patient requires at each phase of management in accordance with the applicable Standard Treatment Guidelines (STG), and assigning a unit cost to each item.

This produces a disease-specific, phase-by-phase tariff schedule for each stage of the condition. Each line item in the schedule corresponds to a specific, identifiable clinical service with a defined frequency limit and a unit cost based on current market rates. The total reimbursable cost for a complete treatment episode is the sum of all line items across all phases of management for the applicable treatment option.

The case-based method differs from a case-mix approach in the following key respects. There is no bundling of multiple clinical services into a single average payment for a diagnosis group. Every service is separately identifiable, separately costed, and reimbursed. The tariff reflects the actual clinical pathway for each condition, not the average resource use across a heterogeneous group of diagnoses. CHCPs claim for services as they are rendered, within the defined frequency limits per treatment phase. The Fund reimburses the actual services provided to the beneficiary, within the limits.

This approach is transparent, clinically precise, and more equitable for the high-cost, specialist NCD conditions covered by the GMTF.

## 6.2 The Fee-For-Service Component

Reimbursement under the GMTF is made on a Fee-For-Service (FFS) basis. For each covered condition and each treatment phase, the GMTF Tariff Appendix specifies the applicable services (consultations, investigations, procedures, sessions) and their unit costs. CHCPs claim for each service performed, at the applicable unit cost, up to the maximum frequency permitted for that phase and that service in the Tariff Appendix.

## 6.3 Bundled Tariff Component

The GMTF adopts a bundled costing approach for OPD consultations and admissions. Under this approach, providers receive one predetermined payment covering all agreed components of care for consultations and admissions within a defined period or clinical episode. Bundled costing is intended to promote efficiency, cost containment, coordination of care, and improved health outcomes.

| Reimbursement Component | What It Covers | How It Is Claimed |
|---|---|---|
| OPD Consultation Tariff | Per-visit rate covering consultation, examination consumables, overhead. Applicable to new and follow-up outpatient visits. | Per visit, at the standard OPD consultation tariff. |
| FFS Investigations and Procedures | Disease-specific investigations, imaging, laboratory tests, clinical procedures, and interventions specified for each treatment phase in the applicable STG. | Each investigation or procedure is listed separately on the claim form with its description, unit cost, and frequency and the condition ICD-10 code. |
| Chemotherapy Session | OPD consultation and consumables costs per session. Drug costs claimed separately under the GMTF Medicines List. | Per session, listing the session code, the condition ICD-10 code, and the applicable consumable cost. |
| Radiotherapy Session | OPD consultation, radiotherapy technique and consumables costs per session or fraction. | Per fraction or session, listing the session type, the condition ICD-10 code, and the applicable tariff. |
| Surgery | Surgical procedure cost and theatre consumables, as well as anaesthesia cost, for approved oncological surgical procedures. | The procedure description, the condition ICD-10 code, and applicable cost. |

## 6.4 Guiding Principles of the Tariff

- **Efficiency:** The tariff provides incentives for efficient delivery of high-quality, evidence-based care. It does not reward unnecessary investigations, extended stays beyond the evidence-based average, or duplication of services.
- **Simplicity:** The tariff is designed to be straightforward to apply, allowing health facility administrative staff to determine the correct code and tariff amount without requiring deep clinical knowledge.
- **Equity:** Facilities providing specialised services shall receive the same tariff for the same service, regardless of ownership type and level (public, mission, quasi-government, or private).
- **Uniformity:** Patients with the same diagnosis and same treatment phase shall attract the same tariff, irrespective of minor variations in management within the accepted treatment protocol.
- **STG Alignment:** The FFS component is explicitly linked to the applicable national STG for each disease and treatment phase. Only investigations and procedures specified in the STG are reimbursable, unless specific prior authorisation has been obtained from the Fund.
- **Comprehensiveness:** The tariff covers both direct clinical costs and indirect overhead costs of service provision, with the exception of capital and major equipment costs, which are reflected in facility-level overhead amortisation.
- **Transparency:** All tariff rates are published in the GMTF Tariff Appendix and are publicly available. The basis for tariff calculation is documented and available for review.

## 6.5 Components of the Tariff Cost Model

### 6.5.1 Direct Care Costs

Direct care costs are those costs directly attributable to the diagnosis and treatment of a patient with a specific condition. They include investigation costs; consumable costs; blood and blood products; anaesthesia costs; prostheses and implants that are an integral component of an approved oncological surgical procedure.

### 6.5.2 Indirect and Overhead Costs

Indirect and overhead costs include human resource costs, utilities, administration and management, housekeeping and sanitation, vehicle running and maintenance, maintenance of buildings and equipment, and capital and equipment costs where applicable.

The tariff is developed based on a detailed costing model covering both direct and indirect costs of service provision. An understanding of these components assists CHCPs in properly categorising and claiming for services.

### 6.5.3 Direct Care Costs

Direct care costs are those costs directly attributable to the diagnosis and treatment of a patient with a specific condition or undergoing a specific procedure. They include the following:

- **Investigation costs:** The cost of all investigations required to diagnose, stage, monitor, and manage the condition, including laboratory tests, haematology, pathology, microbiology, imaging, and molecular diagnostics.
- **Consumable costs:** The cost of items used in the direct delivery of care, including syringes, catheters, cannulae, infusion sets, gloves, wound dressings, chemotherapy administration consumables, radiotherapy consumables, and surgical consumables such as sutures and theatre drapes.
- **Blood and blood products:** Costs of whole blood, concentrated red blood cells, platelets, and other blood products where required for direct patient management.
- **Anaesthesia costs:** Costs of anaesthetic drugs and infusions, including consumables used during and after operations and invasive procedures.
- **Prostheses and implants:** Costs of prostheses and implants that are an integral component of an approved oncological surgical procedure, such as orbital implants for Retinoblastoma surgery, as specified in the GMTF Tariff Appendix.

**NOTE:** The cost of chemotherapy and hormonal therapy drugs is not included in the session tariff. These are reimbursed separately through the GMTF Medicines List at rates published in the GMTF Pharmaceutical Reimbursement Schedule.

### 6.5.4 Indirect and Overhead Costs

Indirect costs are costs that cannot be attributed to a single patient but are shared across the patient population in a department or facility. Overhead costs are the costs of operating and maintaining the health facility. These include the following.

- **Human resource costs:** Costs of clinical and administrative staff, including basic salaries, allowances, and other personnel emoluments, to the extent not covered by GoG subvention for public facilities.

- **Utilities:** Costs of electricity, water, fuel, and other utilities.
- **Administration and management:** Costs of administrative staff, office consumables, communication, and management functions.
- **Housekeeping and sanitation:** Costs of cleaning, laundry, waste management, and sanitation services.
- **Vehicle running and maintenance:** Costs of facility vehicles used in service delivery.
- **Maintenance of buildings and equipment:** Routine maintenance costs.
- **Capital and equipment costs:** Where applicable, amortised costs of capital investment and specialist equipment, included in the overhead calculation for private facilities and for specialist equipment used in radiotherapy and advanced imaging.

# 7 Diagnostic Coding for Covered Conditions

## 7.1 Introduction to Diagnostic Coding

Accurate diagnostic coding is a prerequisite for claims processing under the GMTF. The Fund uses two complementary coding systems, applied according to the patient age group and condition.

For adult cancers (Cervical Cancer, Breast Cancer, and Prostate Cancer), the GMTF uses the International Classification of Diseases, 10th Revision (ICD-10), developed and maintained by the World Health Organisation (WHO). ICD-10 assigns a unique alphanumeric code to each clinical diagnosis and is the standard diagnostic coding system used nationally within the NHIS.

For childhood cancers (Acute Lymphoblastic Leukaemia, Burkitt Lymphoma, Retinoblastoma, Wilms Tumour, and Soft Tissue Sarcoma), the GMTF uses the International Classification of Childhood Cancers, 3rd Edition, updated 2017 (ICCC-3-2017), published by the International Agency for Research on Cancer (IARC). The ICCC-3-2017 classifies childhood cancers by morphology (histological type) using ICD-O-3 morphology codes, rather than by anatomical site alone. This is the internationally recognised standard for classifying malignancies in children and is more clinically precise for paediatric oncology than ICD-10 site-based coding.

Both coding systems must be applied correctly for every claim. Claims submitted without a valid diagnostic code for the diagnosis shall be returned for correction. The correct ICD-10 code can be determined using the ICD-10 codebook or a computer programme available in the health facility, or from the GMTF ICD-10 Reference Table in Section 6.3 of this manual.

## 7.2 Coding Definitions

### 7.2.1 Primary Diagnosis

The Primary Diagnosis is the main condition identified as the reason for a patient's visit, consultation, or inpatient admission, and for which the GMTF has approved financial support. The Primary Diagnosis determines the code used for claims and the applicable tariff schedule in the GMTF Tariff Appendix. Where multiple conditions co-exist, the Primary Diagnosis is the GMTF-covered condition that is the principal reason for the episode of care.

### 7.2.2 Other Diagnoses / Co-morbidities and Complications

Other diagnoses are conditions, circumstances, or problems that co-exist with the Primary Diagnosis at the time of the visit or admission, or that develop during the episode, and that influence the patient's need for treatment or care. All diagnoses, including co-morbidities and complications, must be recorded in the patient folder and on the claim form with their corresponding diagnostic codes, as they inform medicines prescribed and are used for clinical audit and future tariff review.

### 7.2.3 Applying the Diagnostic Code to the Claim

The process for determining and applying the correct diagnostic code is as follows:

1. Identify the diagnosis for the episode of care. This must be documented in the patient clinical record by the responsible clinician, supported by pathological or clinical confirmation as appropriate.
2. Determine whether the patient falls under the adult or childhood cancer coding pathway.

- For adult cancers: locate the diagnosis in the GMTF ICD-10 Reference Table (Section 6.3) and record the ICD-10 code on the claim form.
- For childhood cancers: locate the morphological diagnosis in the GMTF ICCC-3 Reference Table (Section 6.4) and record the ICD-O-3 morphology code on the claim form.

3. Refer to the GMTF Tariff Appendix for the tariff schedule applicable to that diagnosis and treatment phase.
4. If the diagnosis is not found in either reference table, contact the GMTF Claims Processing Unit before submitting the claim.

**NOTE:** The GMTF uses ICD-10 codes for adult cancers and ICCC-3 / ICD-O-3 morphology codes for childhood cancers as the sole diagnostic identifiers for claims processing. Claims submitted without a valid code in the correct coding system will be returned for correction.

## 7.3 GMTF ICD-10 Reference Table – Adult Cancers

The following table lists all ICD-10 codes applicable under the GMTF for its covered adult conditions.

| ICD-10 Code | Description | Condition | Age Group |
|---|---|---|---|
| C50 | Malignant neoplasm of breast (unspecified laterality) | Breast Cancer | Adults |
| C50.0 | Malignant neoplasm of nipple and areola | Breast Cancer | Adults |
| C50.1 | Malignant neoplasm of central portion of breast | Breast Cancer | Adults |
| C50.2 | Malignant neoplasm of upper-inner quadrant of breast | Breast Cancer | Adults |
| C50.3 | Malignant neoplasm of lower-inner quadrant of breast | Breast Cancer | Adults |
| C50.4 | Malignant neoplasm of upper-outer quadrant of breast | Breast Cancer | Adults |
| C50.5 | Malignant neoplasm of lower-outer quadrant of breast | Breast Cancer | Adults |
| C50.8 | Malignant neoplasm of overlapping lesion of breast | Breast Cancer | Adults |
| C50.9 | Malignant neoplasm of breast, unspecified | Breast Cancer | Adults |
| D05 | Carcinoma in situ of breast | Breast Cancer | Adults |
| C53.0 | Malignant neoplasm of endocervix | Cervical Cancer | Adults |
| C53.1 | Malignant neoplasm of exocervix | Cervical Cancer | Adults |
| C53.6 | Malignant neoplasm of cervix — premalignant / in situ lesion | Cervical Cancer | Adults |
| C53.8 | Malignant neoplasm of overlapping lesion of cervix uteri | Cervical Cancer | Adults |
| C53.9 | Malignant neoplasm of cervix uteri, unspecified | Cervical Cancer | Adults |
| D06 | Carcinoma in situ of cervix uteri | Cervical Cancer | Adults |
| D06.9 | Carcinoma in situ of cervix uteri, unspecified | Cervical Cancer | Adults |
| C61 | Malignant neoplasm of prostate | Prostate Cancer | Adults |

| ICD-10 Code | Description | Condition | Age Group |
|---|---|---|---|
| D29.1 | Benign neoplasm of prostate (for staging / differential) | Prostate Cancer | Adults |
| N40 | Hyperplasia of prostate (for differential diagnosis coding) | Prostate Cancer | Adults |

## 7.4 GMTF ICCC-3 Reference Table — Childhood Cancers

The following table is drawn from the International Classification of Childhood Cancers, 3rd Edition, updated 2017 (ICCC-3-2017), published by the IARC. It lists the ICD-O-3 morphology codes applicable under the GMTF for all five covered childhood cancers. The morphology code should be recorded in the diagnostic code field on the GMTF Claim Form for all paediatric oncology claims.

| ICD-O-3 Morphology Code | Morphology Name | Remarks |
|---|---|---|
| ACUTE LYMPHOBLASTIC LEUKAEMIA | | |
| 9827/3 | Acute Lymphoblastic Leukaemia, NOS | Not determined to be T or B cell by flow cytometry. Diagnosis by morphology. |
| 9811/3 | B-lymphoblastic leukaemia, NOS | The general category for B-ALL. |
| 9812/3 | B-ALL with BCR:ABL1 fusion | |
| 9813/3 | B-ALL with KMT2A rearrangement | Formerly MLL rearrangement. |
| 9814/3 | B-ALL with ETV6:RUNX1 fusion | |
| 9815/3 | B-ALL with high hyperdiploidy | |
| 9817/3 | B-ALL with IGH:IL3 fusion | |
| 9818/3 | B-ALL with TCF3::PBX1 fusion | Also known as E2A-PBX1. |
| 9837/3 | T-cell lymphoblastic leukaemia | |
| BURKITT LYMPHOMA | | |
| 9687/3 | Burkitt lymphoma | |
| RETINOBLASTOMA | | |
| 9510/3 | Retinoblastoma, NOS | |
| 9512/3 | Retinoblastoma, differentiated | |
| 9514/3 | Diffuse infiltrating retinoblastoma | |
| WILMS TUMOUR / NEPHROBLASTOMA | | |
| 8959/3 | Cystic partially differentiated nephroblastoma | |
| 8960/3 | Nephroblastoma, NOS | |
| SOFT TISSUE SARCOMA | | |
| 8900/3 | Rhabdomyosarcoma, NOS | |
| 8901/3 | Pleomorphic rhabdomyosarcoma | |

| ICD-O-3 Morphology Code | Morphology Name | Remarks |
|---|---|---|
| 8902/3 | Mixed type rhabdomyosarcoma | |
| 8903/3 and 8991/3 | Embryonal rhabdomyosarcoma | |
| 8904/3 and 8920/3 | Alveolar rhabdomyosarcoma | |
| 8905/3 and 8912/3 | Rhabdomyosarcoma with spindle cell features | |
| 9040/3 | Synovial sarcoma, NOS | |
| 9041/3 | Synovial sarcoma, monophasic fibrous | |
| 9041/3 | Synovial sarcoma, biphasic | |
| 9042/3 | Synovial sarcoma, epithelioid cell | |
| 9043/3 | Synovial sarcoma, poorly differentiated | |
| 8806/3 | Desmoplastic small round cell tumour | |
| 8831/3–8833/3 | Dermatofibroma / Dermatofibrosarcoma | |
| 8850/3–8858/3 | Liposarcoma | |
| 8890/3 | Leiomyosarcoma | |
| 8990/3 | Mesenchymoma | |
| 9120/3 | Haemangiosarcoma | |
| 9132/3 | Haemangioendothelioma | |
| 9133/3 | Epithelioid haemangioendothelioma | |
| 9170/3 | Lymphangiosarcoma | |
| 9251/3 | Malignant giant cell tumour of soft tissue | |
| 8830/3 | Malignant fibrous histiocytoma | |
| 8963/3 | Rhabdoid tumour | |
| 9364/3 | Ewing's sarcoma of soft tissue / Peripheral neuroectodermal tumour | |
| 8813–8817 | Fibromatous tumours | |

## 7.5 Topology / Body Part Coding for Childhood Cancers

In addition to the ICD-O-3 morphology code, the topographical site of the primary tumour must be recorded in the patient clinical record. The following ICD-O-3 topology codes, drawn from the ICCC-3-2017 reference, identify the anatomical sites applicable to childhood cancers covered by the GMTF. CHCPs should record the topology code in the patient folder; it is not required on the GMTF Claim Form but will be requested during clinical audit.

| Category | ICD-O-3 Code Range | Description / Site |
|---|---|---|
| **Bones, Joints, and Articular Cartilage** | C40.0–C40.9 | Long and short bones of upper and lower limb; bone, joint, and articular cartilage of limbs, NOS |
| | C41.0–C41.9 | Bones of skull, mandible, vertebral column, rib, sternum, clavicle, and pelvic bones |
| **Skin and Soft Tissue** | C44.0–C44.9 | Skin (lip, eyelid, ear, face, scalp, neck, trunk, upper limb, lower limb) |
| | C47.0–C47.9 | Peripheral nerves and autonomic nervous system |
| | C48.0–C48.8 | Retroperitoneum, peritoneum, and other intra-abdominal sites |
| | C49.0–C49.9 | Connective, subcutaneous, and other soft tissues |
| **Urinary Tract** | C64.9 | Kidney, NOS (primary site for **Wilms Tumour**) |
| **Eye and Adnexa** | C69.0–C69.9 | Eye and adnexa (primary site for **Retinoblastoma**) |
| **Other Sites (for Burkitt Lymphoma and ALL)** | C77.0–C77.9 | Secondary and unspecified lymph nodes |
| | C80.9 | Unknown primary site |
| | C76.0–C76.8 | Other and ill-defined sites |

**NOTE:** For Soft Tissue Sarcoma arising at anatomical sites not listed above (for example, head and neck, thorax, or abdomen), CHCPs should record the most specific ICD-O-3 topology code from the full ICCC-3-2017 reference document and contact the GMTF Claims Processing Unit for guidance before submitting the claim.

## 7.6 Tariff Structure

| Service Type | Inpatient | Outpatient |
|---|---|---|
| Basis of payment | Admission spell (from admission to discharge, transfer, or death) | Illness episode or treatment visit |
| Payment type | Per-service FFS tariff for each identifiable service provided during the admission | Per-visit consultation rate plus FFS tariff for each investigation and procedure |
| Session-based services | Chemotherapy or radiotherapy during admission: session tariff applies per session (Admission + chemotherapy / radiotherapy consumables) | Chemotherapy or radiotherapy as day case or outpatient: per-session tariff applies (OPD consultation + chemotherapy / radiotherapy consumables) |

## 7.7 Level of Care and the Tariff

The tariff recognises different levels of care: primary, secondary, and tertiary. Tariff rates reflect the different overhead costs and clinical capacities associated with each provider level. The GMTF Tariff Appendix specifies, for each service item and each ICD-10 code, the provider categories at which that service is reimbursable. For the conditions covered by the GMTF, management predominantly takes place at secondary and tertiary levels and at certified oncology centres.

## 7.8 Determining the Applicable Tariff: Step-by-Step Process

1. Identify the primary diagnosis and confirm whether the patient falls under the adult or childhood cancer coding pathway.

2. Assign the correct diagnostic code: ICD-10 for adult cancers (Section 6.3); ICD-O-3 morphology code from ICCC-3-2017 for childhood cancers (Section 6.4). Record the code in the patient folder and on the claim form.
3. Identify the treatment phase from the GMTF disease-specific management pathway (phases: Diagnosis, Staging, Treatment — Surgery / Chemotherapy / Medication / Radiotherapy, Response Assessment, Follow-up / Maintenance).
4. Refer to the GMTF Tariff Appendix for the disease-specific tariff schedule for that diagnostic code and treatment phase.
5. List each service provided during the episode: consultations, investigations, procedures, chemotherapy or radiotherapy sessions. Record the description, the applicable tariff rate, the frequency, and the total amount for each item.
6. Verify that each claimed service is within the maximum frequency permitted for the relevant treatment phase in the Tariff Appendix.
7. Check that all services were provided at your certified provider level. Services outside your certification scope require prior authorisation.
8. Sum all line-item amounts to obtain the total claimable amount for the episode.

**NOTE:** Where there is uncertainty about the applicable tariff or the maximum frequency for a service, CHCPs are advised to contact the GMTF Claims Processing Unit before submitting the claim. Incorrectly submitted claims may be returned for correction or subjected to partial payment.

# 8 Outpatient Tariff

## 8.1 Structure of the GMTF Outpatient Tariff

The GMTF outpatient tariff is structured as a per-visit consultation rate applicable to all outpatient services provided to beneficiaries, supplemented by a Fee-For-Service (FFS) component for disease-specific investigations, procedures, and treatment sessions. The per-visit consultation rate does not differentiate between new and follow-up consultations; both attract the same tariff.

The FFS component covering investigations, procedures, chemotherapy sessions, and radiotherapy sessions is the principal cost driver of outpatient reimbursement for oncology patients, as the diagnostic and monitoring investigations required at each treatment phase constitute the major cost of outpatient management.

## 8.2 Outpatient Visit Consultation Rate

The standard outpatient consultation rate applicable under the GMTF is calculated per visit. This rate is applicable to all CHCPs and covers the consultation, routine examination consumables, and overhead costs of the visit.

## 8.3 Illness Episodes

### 8.3.1 Definition of an Illness Episode

An illness episode is the period from first presentation of a specific condition through to recovery, remission, or transition to a long-term maintenance phase.

### 8.3.2 Chronic Illness Follow-up (Oncology Management)

For patients on ongoing oncology management under the GMTF, management proceeds through defined treatment phases (diagnosis, staging, treatment, response assessment, maintenance), and each phase has a defined number of consultations and investigations specified in the GMTF Tariff Appendix. CHCPs should claim for each consultation and each FFS investigation as they are provided, within the maximum frequencies specified for each phase. Claims for each consultation may be submitted after that consultation takes place.

### 8.3.3 Maximum Permissible Visits per Phase

The maximum number of outpatient consultations reimbursable per treatment phase for each disease is specified in the disease-specific tariff schedules in the GMTF Tariff Appendix. These maximums are derived from the applicable STG and reflect the clinical management pathway for each condition. Consultations in excess of the specified maximum require pre-authorisation from the GMTF.

## 8.4 Outpatient Chemotherapy and Radiotherapy Sessions

Where chemotherapy or radiotherapy is administered on a day-case or outpatient basis, the per-session tariff applies and sessions are claimed individually after each session. The outpatient chemotherapy session tariff covers OPD consultation and administration consumables. Drug costs are claimed separately. The radiotherapy session tariff covers OPD consultation and the radiotherapy technique cost and consumables. Details of session tariffs by condition are provided in the disease-specific schedules in the GMTF Tariff Appendix.

# 9 Inpatient Tariff

## 9.1 Basis of the Inpatient Tariff

The inpatient tariff covers the admission spell from the date of formal admission to the date of discharge, transfer to another facility, or death. A claim for reimbursement may only be submitted after the episode has concluded. All services provided during the admission (investigations, procedures, session-based treatments, consumables, and blood products) are individually claimed under the applicable FFS schedule.

## 9.2 Treatment Phases and the Inpatient Tariff

Inpatient admissions under the GMTF are associated with one or more of the defined treatment phases for each covered condition. CHCPs must indicate the treatment phase on the claim form. The treatment phases applicable under the GMTF are as follows.

| Phase | Treatment Step | Notes |
|---|---|---|
| 1 | Diagnosis | Includes initial diagnostic workup and biopsy procedures. |
| 2 | Staging | Includes staging investigations and imaging. |
| 3 | Treatment: Surgery | Covers surgical oncology procedures including anaesthesia. |
| 4 | Treatment: Chemotherapy | Covers chemotherapy administration including consumables. |
| 5 | Treatment: Medication | Covers non-chemotherapy pharmacological treatment. |
| 6 | Treatment: Radiotherapy | Covers external beam radiotherapy and brachytherapy. |
| 7 | Response Assessment | Covers post-treatment response assessment investigations. |
| 8 | Follow-up and Maintenance | Covers maintenance therapy and long-term monitoring. |

## 9.3 Multiple Surgical Procedures in One Admission

Where more than one surgical procedure is performed during a single inpatient admission, the following rules govern reimbursement:

- The procedure attracting the highest tariff is designated the principal procedure and is reimbursed at 100 per cent of its tariff.
- A second procedure performed during the same admission is reimbursable at 20 per cent of the tariff for that procedure.
- A third or further procedure is reimbursable at 20 per cent of the tariff for each additional procedure.
- For bilateral procedures under the same procedure code, the total claimable amount is 120 per cent of the procedure tariff.

NOTE:

CHCPs must list all procedures on the claim form, clearly identifying the principal procedure and all secondary procedures with their respective tariff amounts.

## 9.4 Multiple Diagnoses, Complications and Co-morbidities

All diagnoses, co-morbidities, and complications must be recorded in the patient folder. This information is essential for clinical audit, quality assurance, and future tariff review purposes.

## 9.5 Readmission

Emergency readmission of a patient with the same or a related diagnosis shall not attract reimbursement where the readmission results from inadequate quality of care or premature discharge. The Fund shall not reimburse a readmission where all three of the following conditions are simultaneously met:

- The readmission is to the same CHCP.
- The readmission occurs within 14 days of discharge from the preceding admission.
- The length of stay for the preceding admission was less than 1.5 times the average length of stay for that diagnosis.

Where a readmission arises from a genuinely distinct clinical event unrelated to the prior admission, or where the conditions above are not all met, reimbursement at the applicable tariff is permissible. The CHCP must document the clinical reason for readmission clearly.

Reimbursement for readmission is permissible without restriction for GMTF conditions where the nature of the disease inherently involves episodic admissions for active treatment phases, such as induction chemotherapy cycles or planned surgical procedures during multi-phase cancer management.

## 9.6 Admission Following Same-Day OPD or Emergency Attendance

Where a patient attends the outpatient or emergency department and is subsequently admitted as an inpatient on the same day, only the inpatient tariff shall apply for that day. The outpatient tariff shall not be claimed in addition. Where attendance at OPD or the emergency department leads to admission on a subsequent day, the OPD consultation on the initial day attracts the applicable outpatient consultation rate, and the inpatient admission from the date of formal admission attracts the applicable inpatient tariff.

# 10 Claims Process

## 10.1 Eligibility for Reimbursement

A claim for reimbursement shall be processed by the GMTF only where all of the following conditions are satisfied:

- The patient is a Ghanaian citizen with a valid national identification document (Ghana Card or equivalent).
- The patient holds an active NHIS membership card and the One-Time-Password (OTP) for the specific visit is indicated.
- The patient has been assessed and approved for GMTF financial support through the Fund's application and vetting process and holds a valid GMTF Unique Reference Number.
- The patient's condition is on the GMTF service package and the diagnosis has been clinically confirmed by a specialist.
- For cancers beyond Stage 3, a Multidisciplinary Team (MDT) recommendation is attached.
- The services were provided in accordance with the applicable STG and within the frequency and phase limits specified in the GMTF Tariff Appendix.

Figure 1 below summarises the beneficiary enrolment process:

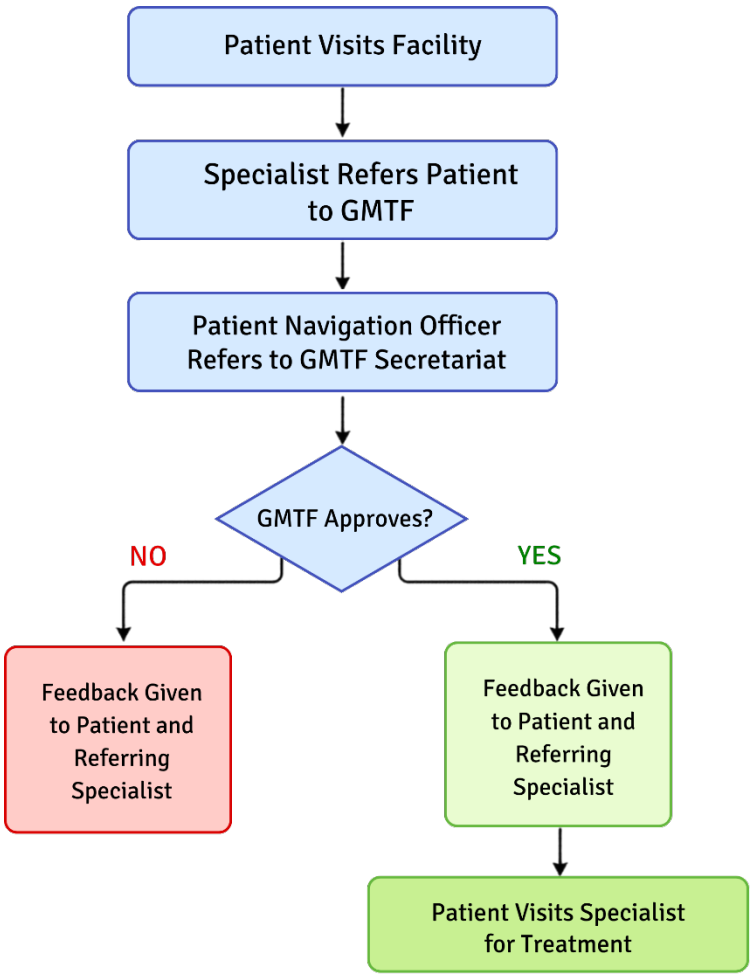



*Figure 1: Beneficiary Enrolment Flow*

## 10.2 Timing of Claims Submission

| Service Type | Submission Timing |
|---|---|
| Outpatient visit (acute episode) | After conclusion of the illness episode (within one week of first attendance). |
| Outpatient visit (oncology consultation, chronic management) | After each visit, within the maximum frequencies per phase specified in the Tariff Appendix. |
| Inpatient admission | After discharge, transfer, or death of the patient. |
| Chemotherapy session | After each session is administered. |
| Radiotherapy session | After each session or treatment fraction. |
| Surgery | After discharge from the admission in which surgery was performed. |
| Response assessment | After each response assessment investigation cycle. |

**NOTE:** Claims not submitted within 30 calendar days of the date of service may not be reimbursed. The Fund reserves the right to review this window and will communicate any changes to CHCPs.

## 10.3 Pre-Authorisation Requirements

The following services require prior authorisation from the GMTF before they are provided:

- Chemotherapy or radiotherapy sessions exceeding the maximum permissible number specified for the relevant treatment phase in the GMTF Tariff Appendix.
- Prostate Cancer brachytherapy.
- Acute Lymphoblastic Leukaemia Minimal Residual Disease (MRD) testing.
- PET scans.
- BRCA genetic testing.
- Flow cytometry for immunophenotyping.
- Basic cytogenetic panel (PCR/FISH/NGS).
- Any deviation from the applicable STG that is clinically justified.
- Any treatment option marked with an asterisk (*) in the GMTF Tariff Appendix.

Pre-authorisation requests must be submitted to the GMTF via the GMTFCare application, together with a clinical justification and the relevant clinical documentation. The GMTF shall respond within 72 hours of receipt of a complete pre-authorisation request.

**IMPORTANT:** Claims submitted for pre-authorisation-required services without documented prior authorisation shall not be processed. In emergency cases where prior authorisation was not possible, CHCPs must notify the GMTF within 48 hours of providing the service and provide full clinical documentation and justification.

## 10.4 Summary of Claims Process

Figure 2 below summarises the claims process flow:

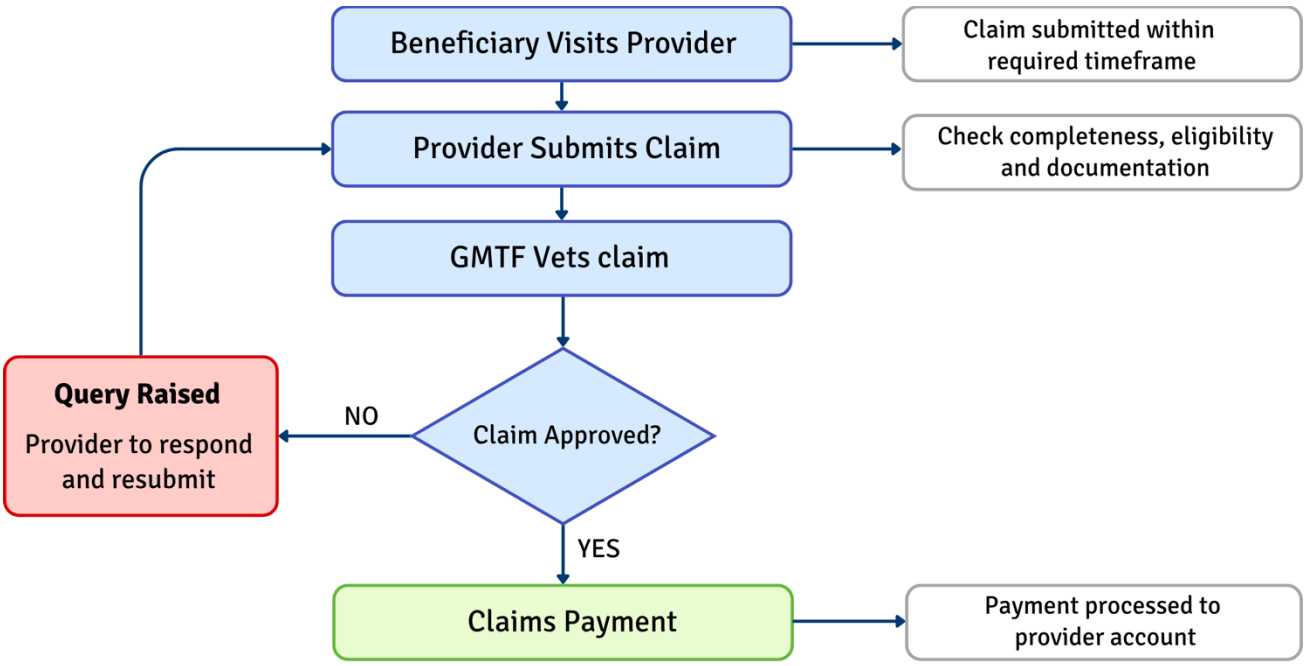



*Figure 2: Summary of claims process*