COUNCIL FOR MEDICAL SCHEMES APPEALS COMMITTEE
(PRETORIA)

In the matter between:

HE C Appellant

and

DISCOVERY HEALTH MEDICAL SCHEME Respondent

RULING

---

1. This appeal comes to us by way of section 49 of the Medical Schemes Act, 131 of 1998 (*"the MSA"*). The Registrar, courtesy of Mr Pautz, found that the appellant had been diagnosed with alcoholic hepatitis, that this is a scheme exclusion and that, because it is also not a prescribed minimum benefit condition, the scheme is not liable to fund its treatment at all. He also found that the appellant did not present with an emergency medical condition.

2. The scheme had declined to fund the claim for in-hospital treatment of this condition on these grounds.

3. The appellant is aggrieved by the Registrar's ruling. He says he was not admitted for alcoholic hepatitis; that because he was admitted to an emergency unit of the hospital this means that medical care was of *"great necessity"*; and that the fact that an intravenous line, blood tests, ECG and oxygen were administered mean that his was a *"medical emergency"*. He finds it *"bitterly unfair"* that he should now be liable for the hospital account after having been a loyal member of the scheme for many years.

4. The appellant was admitted to hospital from 10 August 2012 until 17 August 2012 *"very ill . . . too weak to stand unaided . . . severely short of breath"* and with septic wounds. Ultimately, however, he was diagnosed with alcoholic hepatitis as evinced by the ICD10 code K70.1 that was provided by the hospital when it requested authorisation for admission. His blood serum toxicology level for alcohol on admission was 0.380g/dL while normal range is 0.010g/dL. Treatment for alcoholic hepatitis falls under services that are excluded from scheme benefits. Specifically, the scheme's rules provide that *"healthcare services relating to acute and/or*

long term alcoholic, drug or solvent abuse . . . will not be paid for by the scheme". The only exception is where the condition is a prescribed minimum benefit. That means only if (1) the condition is listed among the diagnosis and treatment pairs or chronic diseases in annexure A to the regulations, or (2) the condition calls for a medical emergency.

5. Alcoholic hepatitis is not listed among the diagnosis and treatment pairs or list of chronic diseases in the regulations. So it cannot found its place among prescribed minimum benefit conditions there. But is it an emergency medical condition? This is defined in regulation 7 as

> *"the sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a body organ or part, or would place the person's life in serious jeopardy"*

6. The appellant's condition does not fit this description as there was no evidence that its onset was either sudden or unexpected. There

was also no evidence of vital signs of threat to life or serious impairment to bodily function if immediate surgical or medical treatment was not done. The administration of intravenous lines, oxygen, ECG and blood tests does not make the condition an emergency medical condition. Neither does being admitted to the emergency unit of the hospital. Loyalty for many years (even many years of claim-free membership) is not a valid basis for the funding of a claim for treatment that is excluded by the scheme rules and is not triggered by a prescribed minimum benefit condition.

7. In the result, the appeal cannot succeed.

28 OCTOBER 2015

VR NGALWANA SC for Appeal Committee

For the appellant:	*Mr C Heynes*
For the scheme:	*N Taitz; S Singh; Dr N Madlopa*
For the Registrar:	*L Pautz; R Smit*
Date of hearing:	*18 September 2015*
Date of Ruling:	*30 September 2015*