



BEFORE THE APPEALS COMMITTEE OF THE COUNCIL FOR MEDICAL
SCHEMES

HELD *VIA* MICROSOFT TEAMS VIDEO AND AUDIO CONFERENCING TECHNOLOGY

(Instituted in terms of the Medical Schemes Act No.131 of 1998)

REF. CMS NO: 78641

In the matter between:

Mr. S

Appellant

and

The Office of the Registrar

First Respondent

Fedhealth Medical Scheme

Second Respondent

RULING AND REASONS

INTRODUCTION

1. The Appellant is Mr S, (“Member”), a member of the Scheme.
2. The First Respondent is the Registrar of the Council for Medical Schemes (the Member).
3. The Second respondent is Fedhealth Medical Scheme (“Fedhealth” or the “Scheme”), a Medical Scheme duly registered and regulated under the Medical Schemes Act, Act 131 of 1998 (the “MSA”).
4. This is an appeal under section 48(1) of the MSA, providing that –

“(1) Any person who is aggrieved by any decision relating to the settlement of a complaint or dispute may appeal against such decision to the Council.”
5. The Appellant appeared and represented himself.
6. The First Respondent did not appear but indicated that the Registrar would abide by the Appeals Committee’s decision.
7. Miss L appeared for the second Respondent.
8. The Appeals Committee heard the Appeal on 13 September 2023 *via* audio and video conferencing link.

BACKGROUND

9. Mr. S is an 81-year-old member of the Fedhealth Medical Scheme since 01 November 2008.
10. The member obtained authorization from Fedhealth to visit a Urologist following a recommendation by his treating GP.

11. Dr. J diagnosed the member with the diagnosis code N40.
12. The Scheme received an account from Dr. J for services rendered to the member.
13. The Scheme declined to fund the member's claim from the Urologist and the pathologists.

MERITS OF THE APPEAL

14. Wide appeal

- 14.1 Appeals before the Appeals Committee are wide appeals. The Appeals Committee may consider the matter afresh and is not restricted to the records of proceedings that were before the Registrar.
- 14.2 The burden of proof rests on the Appellant who must prove on the balance of probabilities that the appeal should succeed.

ISSUES IN DISPUTE

15. The crisp issue for determination is whether the Scheme's decision to decline to fund the member's condition namely, Hyperplasia of the Prostate was correct taking into consideration the provisions of the Medical Schemes Act.

SUBMISSIONS BY APPELLANT

16. The Appellant contends that prior to visiting the Urologist, he obtained authorization from the Scheme.
17. In terms of this authorization, the Scheme is obliged to fund the medical treatment he obtained from the treating specialists.

SUBMISSIONS BY RESPONDENT

18. The Respondent argued that the reason why the claim was rejected was:
- 18.1 At the time the member consulted the Urologist, his day-to-day benefits had been depleted.
 - 18.2 According to the Scheme N40 is not considered a PMB condition due to the fact that there was no explicit diagnosis of acute urinary retention or obstructive renal failure.
19. The Scheme submitted that it correctly funded the member's Hyperplasia of the Prostate.

DISCUSSION AND ANALYSIS

20. It is common course between the parties that Mr. S suffered from the following condition:
N40-hyperplasia of the Prostate.
21. This is a Prescribed Minimum Benefit (PMB) condition under the Diagnosis and Treatment Pairs (DTP) 900L-Hyperplasia of the Prostate, with acute urinary retention or obstruction renal failure and the treatment component is transurethral resection, medical management.
22. Regulation 8(1) of the Medical Schemes Act provides the following:
subject to the provision of this regulation, any benefit option that is offered by a medical scheme must pay in full, without co-payment or the use of deductibles, the diagnosis, treatment and care costs of the prescribed minimum benefit conditions.
23. In terms of Regulation 7, a Prescribed Minimum Benefit condition is defined as a condition contemplated in the Diagnosis and Treatment Pair listed in Annexure A or any emergency medical condition.

24. Mr S was initially seen by his treating General Practitioner who after examination referred him to a Urologist.
25. According to Dr.J the Urologist, the member suffered from N40- Hyperplasia of the Prostate and this is a PMB condition as outlined above.N40 appears on the list of PMB conditions.
26. The argument advanced by the Scheme suggesting that N40 alone is not a PMB cannot stand.

FINDING

27. Based on the evidence presented, the Appeal Committee finds that :

27.1 Mr. S's medical condition, namely N40-hyperplasia of the Prostate constitutes a Prescribed Minimum Benefit Condition.

ORDER

28. Having considered the matter, the Appeals Committee rules that:

28.1. The Appeal is upheld.

28.2. The Scheme is ordered to reimburse Mr S's Hyperplasia of the Prostate condition in full.

DATED AT THIS CENTURION ON 04 OCTOBER 2023.

DR THANDI MABEBA (For and on behalf of the Appeals Committee)

CONCURRING WITH-

Mr M Maimane

Dr Sugan Naidoo

Dr X Ngobese