

RULINGS ISSUED BY THE OFFICE OF THE REGISTRAR

The CMS hereby publishes summaries of rulings recently issued by the Complaints Adjudication Unit in respect of complaints lodged against regulated entities, in terms of Section 47 of the Medical Schemes Act.

These rulings are published solely for information purposes and may not be taken to be precedent setting in any way. Decisions articulated in these rulings may still be appealed in terms of Section 48 of the Medical Schemes Act. The CMS reserves the right to modify or remove any information published herein, without prior notice.

The contents of these rulings do not constitute legal or medical advice and may not be taken out of context. The findings and any opinions expressed in these rulings are based on the specific facts of each complaint, the evidence submitted, and applicable legal provisions.

The CMS does not assume liability or accept responsibility for any claims for damages or any errors, omissions, arising out of use, misunderstanding or misinterpretation, or with regard to the accuracy or sufficiency of the information contained in these publications.

Identifiable personal information of the complainants and any associated individuals have been redacted for their protection.

All rights reserved.

K v DISCOVERY HEALTH MEDICAL SCHEME

The complaint concerns the Scheme's decision in declining to fund dental claims from the Basic

Dental Trauma Benefits. According to the Member, she was involved in an accident which resulted

in facial trauma (open wounds to both lips, chin and inside the mouth which all required stitches,

and a displaced fracture of the left mandible). She indicated that she during surgery the maxilla

facial surgeon discovered that she had also cracked 4 of her teeth and that one of the front teeth

(which had cut the inside of the mouth) seemed to have a severed nerve. As a result, the treating

provider began an emergency root canal treatment on her tooth in order to preserve it due.

In responding to the complaint, the Scheme submitted that it received the claims for the treatment

indicating the diagnosis of *Necrosis of pulp; ICD-10 code K04.1* and all claims were rejected as the

Member's Medical Savings Account (MSA) was depleted. Furthermore, a Letter of Motivation (LoM)

was furnished requesting funding from the risk benefits. The LoM was reviewed but the Scheme

was unable to approve funding from the risk benefit because the requested treatment was for

dentistry which is funded from the MSA. Additionally, funding could not be considered from the

Basic Dental Trauma Benefit as the Member did not meet the entry criteria for funding because

neither partial nor complete loss of one or more teeth was evident.

The issue which fell for determination was whether the Scheme was correct in its decision to decline

funding the dental claims from the risk benefits and/or Basic Dental Trauma Benefit.

Upon investigation, the submissions made by the Member and the Scheme were reviewed.

Furthermore, the complaint was referred to our Clinical Review Committee ("CRC") for clinical

opinion. CRC confirmed that the Member's condition, K04.1 - Necrosis of pulp, is not a Prescribed

Minimum Benefit (PMB) diagnosis code and that the treatment was not PMB level of care. CRC

alluded that the Member did not experience partial or complete loss of one or more of her teeth.

Therefore, she did not meet the criteria for basic dental trauma as per the scheme rules.

In the absence of PMB condition, the Schemes rules will apply. Table A of the 2023 Discovery Health Medical Scheme Rules, Coastal Saver Plan states that the aforesaid benefit is only available when the clinical entry criteria is met, CRC confirmed that the Complainant did not meet the requirement.

It was to this end that a ruling was issued confirming that the Scheme is correct in declining funding for the Member's dental claims. This Complaint was dismissed.