



RULINGS ISSUED BY THE OFFICE OF THE REGISTRAR

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S v NETCARE MEDICAL SCHEME

In this matter, the Complainant's son ("the Dependant"), was admitted for dental surgery. The Scheme approved pre-authorisation subject to its hospital dentistry benefit. Following the admission, the specialist's account was short paid by the Scheme. Thus, this matter concerned the short payment of the specialist's account following the Dependant's in-hospital dental surgery.

The matter was referred to the Scheme in terms of section 47(1) of the Act, for a response. The Scheme indicated that the account of the dental specialist was funded from the available in-hospital dentistry benefit. The shortfall relates to funds being depleted.

During the investigation of this matter, the Registrar's Office first needed to determine whether the Dependant's diagnosis amounted to a PMB condition. PMBs are conditions listed in the Diagnosis and Treatment Pairs and Chronic Disease List in Annexure A of the Regulations or any emergency medical condition. The PMBs consist of a set of defined benefits to ensure that all medical schemes members and their beneficiaries have access to certain minimum health services irrespective of which benefit option the member belongs to. In terms of Regulation 8(1) of the Act, a medical scheme must fund in full the cost of diagnosis, treatment and care of a PMB condition.

The CMS's Clinical Review Committee (the CRC) was requested to advise whether the Dependant's condition qualifies for PMB funding. The CRC advised that the Dependant's diagnosis does not amount to a PMB condition. In respect of non-PMB condition, a medical scheme's liability is limited to its registered rules and the applicable benefit option. To this end, section 32 of the Medical Schemes Act enshrines the binding force of medical schemes rules. The rules of a medical scheme constitute a binding contract between a medical scheme and each individual member and are enforceable as law.

On perusal of the Scheme's registered rules, it was found that maxilla-facial and oral surgeons procedures have an annual monetary limit. Thus, where the limit has been depleted, a medical scheme is not obligated to extend funding.

The complaint was accordingly dismissed.