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B v SOUTH AFRICAN POLICE SERVICE MEDICAL SCHEME

The Complainant in this case submitted that the Scheme declined to fund an MRI scan on behalf of his dependent. The Complainant mentioned that his dependent was experiencing constant lower back pain and was advised to go for an MRI scan.

In responding to the complaint, the Scheme submitted that an authorisation request for MRI scan was requested for *ICD10 code M51.1; Lumbar and other intervertebral disc disorders with radiculopathy*, which is not a PMB condition. The Scheme submitted that MRI scans are subject to a limit of one scan per family per annum, except for PMBs. The authorisation request for MRI scan was correctly declined due to depleted specialized radiology benefits.

Upon investigation, the submissions made by both the Complainant and the Scheme were reviewed and referred to the CMS Clinical Review Committee for a clinical opinion and confirmation of a PMB condition. The outcome of the clinical review confirmed that the Complainant's condition is non-PMB. The CRC confirmed that "*The MRI that was performed did not confirm a PMB condition."* CRC further confirmed that *"M51.1 - Lumbar and other intervertebral disc disorders with radiculopathy (G55.1*) is not included in the PMB Regulations."*

Prescribed Minimum Benefit conditions (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 respect of PMB condition, Regulation 8(1) of the Act provides that the diagnosis, treatment and care of PMB conditions must be paid in full, without any co-payment or deductible.

It is common cause that in the absence of the PMB diagnosis, the registered rules of a medical scheme apply. A ruling was therefore issued confirming the Scheme's decision to be correct. The complaint was accordingly dismissed.