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N v FEDHEALTH MEDICAL SCHEME

The complaint concerned the Scheme's decision to short fund the Complainant's physiotherapy sessions.

The Complainant indicated that motivation for post operation physiotherapy was submitted to the Scheme for funding however the Scheme declined to fund the treatment in full.

In responding to the complaint, the Scheme submitted that in terms of its registered rules, the services rendered to the Complainant did not qualify for funding since the request was submitted 30 days post hospitalisation.

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 whether the physiotherapy constituted PMB level of care for the Complainant's condition. The outcome of the clinical review confirmed that the Complainant's condition is not included in the PMB Regulations. Further that, *"the medical scheme is correct to apply the scheme rules with regards to payment of the physiotherapy account."*

It was found that the Scheme cannot be compelled to fund outside PMB parameters. The registered scheme rules apply.

Prescribed Minimum Benefit conditions(PMB) are those conditions listed in the Diagnosis and Treatment Pairs in Annexure A of the Regulations or any emergency medical condition. 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 the provisions of Regulation 8(1) of the Act, the diagnosis, treatment and care of a PMB condition must be paid in full by a medical scheme. For non-PMB conditions, scheme rules and available benefits apply.

A ruling was therefore issued confirming the Scheme's decision to be correct. The complaint was accordingly dismissed.