



RULINGS ISSUED BY THE OFFICE OF THE REGISTRAR

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N v BANKMED MEDICAL SCHEME

In this complaint, the Member underwent spinal surgery after slipping and falling. The Scheme paid the procedure up to scheme tariff and the Member was liable for charges above the scheme rates.

In his complaint, the Member averred that he provided a Letter of Motivation to the Scheme from his doctor detailing that his diagnosis was a Prescribed Minimum Benefit (PMB) condition and as such, the Scheme must fund the cost in full.

The matter was referred to the Scheme for a response in terms of section 47(1) of the Act. The Scheme stated that the doctor's account was paid up to scheme rates as he is not its network specialist and the Member's condition is not a PMB. According to the Scheme's submissions, the Member's diagnosis of *Spinal stenosis, lumbar region* amounts to a PMB condition if there is presence of Spinal cord compression, ischaemia or degenerative disease NOS. It averred that the radiology report did not indicate the aforesaid and as such, no PMB condition was confirmed.

In addition, the Scheme provided a list of available network specialists within reasonable proximity of the Member's residence.

The issue which fell for determination was whether the Scheme was justified in its funding decision relating to the account of the Member's doctor following the spinal surgery.

In respect of a 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.

During the investigation of this matter, a clinical opinion was sought from the CMS's Clinical Review Committee (CRC). The CRC was requested to confirm whether the Member was diagnosed with a PMB condition. The CRC advised that in this case, the MRI report did not confirm the presence of spinal cord compression, ischaemia or degenerative disease NOS. As such, the Member's condition was classified as non-PMB.

In respect of non-PMB conditions, a medical scheme's funding obligation is limited to the provisions of its registered rules and the applicable benefit option. On perusal of the Scheme's registered rules, it was found that non-network in-hospital specialists account are funded up to 100% scheme rates.

It must be noted that section 32 of the Act enshrines the binding force of medical schemes rules. The rules of a medical scheme constitute a binding contract between the scheme and each individual member and are enforceable at law.

The Registrar found that the Scheme's funding decision was in accordance with its registered rules and the complaint was dismissed.