



RULINGS ISSUED BY THE OFFICE OF THE REGISTRAR

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S v BANKMED MEDICAL SCHEME

The Complainant underwent a Total parotidectomy with preservation of facial nerve at Cintocare Hospital. She underwent the procedure for treatment of Benign neoplasm, parotid gland. Prior to her admission, authorisation was requested from the Scheme and the latter approved same. Following her discharge, the treating doctor and anaesthetist's accounts were paid up to 100% of the Scheme tariffs and the Complainant was liable for the shortfall.

The complaint thus concerned the short payment of the treating doctor and anaesthetist's accounts.

The matter was referred to the Scheme in terms of section 47(1) of the Act for a response. In its response, the Scheme stated that the Complainant's diagnosis does not amount to a Prescribed Minimum Benefit (PMB) condition. It further stated that the Complainant was advised during pre-authorisation that the chosen doctor and anesthetists are not its network specialists. The Scheme paid the providers' accounts up to 100% of the scheme rates, and the Complainant was liable for the shortfall.

During the investigation of this matter a clinical opinion was sought from the CMS's Clinical Review Committee (CRC). PMBs are conditions listed in the Diagnosis and Treatment Pairs (DTP) and Chronic Disease List in Annexure A of the Regulations or any emergency medical condition. 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.

The CRC confirmed that the Complainant's diagnosis is not a PMB condition. In respect of non-PMB conditions, a medical scheme's liability is limited to the provisions of its registered rules and applicable benefit option.

Upon perusal of the Scheme's registered rules, it was found that the accounts of non-network specialist for in-hospital procedures are funded up to 100% of the scheme rates. Section 32 of the Act enshrines the binding force of the registered rules of a medical scheme. 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 justified and the complaint was accordingly dismissed.