



## RULINGS ISSUED BY THE OFFICE OF THE REGISTRAR

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## **Dr B on behalf of Mr. V vs Medihelp Medical Scheme**

### **Voluntary use of a non-DSP**

The complainant (Dr B) submitted this complaint on behalf of Mr. V, a member of Medihelp Medical Scheme. The complaint followed the Scheme's decision to limit its funding of the member's surgical treatment costs.

On the facts submitted, the member had undergone surgical excision of an abscess of the salivary gland. The complainant argued that the condition was histologically confirmed as a Prescribed Minimum Benefit (PMB) diagnosis which mandated the scheme to cover the costs in full, in terms of the PMB regulations. The complainant further acknowledged that he is not a Designated Service Provider (DSP) for the scheme but that the member had involuntarily sought treatment from his practice because he was the only Maxillofacial surgeon available on call in Pretoria at the time of treatment. He, therefore argued that his costs must be reimbursed without limitation.

In its response to the complaint, the scheme confirmed that the member was registered on its MedAdd Elect benefit option, which requires the use of Designated Service Providers to qualify for full PMB cover. The scheme argued that Dr B was not a DSP and that it had informed both the member and Dr. B that its authorisation was limited to scheme tariffs as there were seven alternative Designated Service Providers who were located within a 20km radius from the member's residence. Dr B's account was therefore short paid, leaving a balance of R7,178.66 as the member's liability.

Following investigations, it was determined that the surgical procedure was planned and that there were DSPs available, who could have provided the same treatment as Dr B. Consideration was given to the provisions of Regulation 8(3) to the Medical Schemes Act, which states the following:

*“For the purposes of sub-regulation (2)(b), a beneficiary will be deemed to have involuntarily obtained a service from a provider other than a designated service provider, if—*

*(a) the service was not available from the designated service provider or would not be provided without unreasonable delay;*

*(b) immediate medical or surgical treatment for a prescribed minimum benefit condition was required under circumstances or at locations which reasonably precluded the beneficiary from obtaining such treatment from a designated service provider; or*  
*(c) there was no designated service provider within reasonable proximity to the beneficiary's ordinary place of business or personal residence."*

In this case, there was also no evidence to support the argument of involuntary use of a non-DSP in the context of Regulation 8(3). As a result, the Scheme's funding limitation was found to be compliant with its rules and the Act. The complaint was dismissed on the grounds that the use of Dr B as a non-DSP was voluntary, and the Scheme could not be compelled to fund the full cost of the procedure.