10 September 2025

RULINGS ISSUED BY THE OFFICE OF THE REGISTRAR

The CMS hereby publishes summaries of rulings recently issued by the Complaints Adjudication Unit in respect of complaints lodged against regulated entities, in terms of Section 47 of the Medical Schemes Act.

These rulings are published solely for information purposes and may not be taken to be precedent setting in any way. Decisions articulated in these rulings may still be appealed in terms of Section 48 of the Medical Schemes Act. The CMS reserves the right to modify or remove any information published herein, without prior notice.

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Identifiable personal information of the complainants and any associated individuals have been redacted for their protection.

M v Discovery Health Medical Scheme

Declined funding prescribed treatment and consultations related to complications of a PMB.

This complaint was lodged by Ms M ("the Complainant") against Discovery Health Medical Scheme ("the Respondent") concerning its refusal to fund her prescribed medication (Innuvair®) and consultations with her pulmonologist. The Complainant joined the Respondent in January 2022 on the Classic Comprehensive plan. She alleged repeated administrative failures, including intercepted communications, which contributed to delayed and incomplete handling of her submissions.

The Complainant indicated that in March 2024, she developed breathing difficulties during exercise. Her cardiologist, suspected lung damage from prior cancer treatment and referred her to a pulmonologist. On 26 June 2024, a motivation was submitted to the Respondent with codes for consultations and diagnostic tests. Despite follow-ups, the Respondent delayed nearly two months before approving only limited codes, stating that the rest fell outside the Oncology basket of care, without disclosing the criteria used.

Subsequently, the Complainant sought treatment at Groote Schuur Hospital, where she was diagnosed small airways disease (SAD) and hyperinflation of the lungs, linked to prior Nitrofurantoin use, chemotherapy, and radiotherapy. He prescribed Innuvair®. On 28 November 2024, the Complainant resubmitted a motivation, including test results and a reference to a CMS ruling confirming that complications of Prescribed Minimum Benefit (PMB) conditions must themselves be funded as PMBs.

In response to this matter the Respondent confirmed receipt of the application for Innuvair®, registered under ICD-10 J44.8 (Other COPD). It stated that the application was pended due to missing documentation, specifically a post-bronchodilator lung function test. The Respondent argued that its clinical entry criteria require such tests, showing FEV1/FVC <70%, before approving Innuvair® for COPD. Although the Complainant was informed via SMS and email, the Respondent insisted the evidence did not substantiate a definitive diagnosis of COPD or SAD. The Respondent also emphasized that Innuvair® is only funded for asthma and COPD under the Chronic Illness Benefit and that no confirmed PMB condition justified cover. It further referred to its registered rules excluding experimental or unproven treatment.

The Registrar requested further clinical evidence, including CT scans and lung function tests, which the Complainant provided. The Respondent reviewed the new documents but upheld its denial, claiming the results did not confirm COPD or SAD.

The matter was escalated to the Clinical Review Committee (CRC). The CRC found that although a biopsy was not performed, the clinical, radiological, and physiological evidence strongly supported

a diagnosis of SAD or constrictive bronchiolitis as a complication of the Complainant's prior PMB conditions (triple-negative breast cancer, chronic pyelonephritis, and neuropathic bladder). Evidence included abnormal ventilatory patterns, CT findings of air trapping, and exposure to agents known to cause small airway damage.

The CRC advised that:

- The Complainant has met the clinical entry criteria for Innuvair®, based on symptoms, radiological evidence, and lung function abnormalities.

Having considered all the above the Registrar concluded that the Complainant's current respiratory condition is a complication of PMB-eligible illnesses. Additionally, that the prescribed treatment, Innuvair®, is clinically appropriate and falls within PMB-level care. Moreover, that the clinical entry criteria for Innuvair® have been met.

The Respondent's refusal to fund the treatment was found inconsistent with Regulation 8(1) of the Medical Schemes Act, which obliges medical schemes to cover the diagnosis, treatment, and care of PMB conditions in full.

The Respondent was directed to approve and fund Innuvair®, consultations with the pulmonologist, and associated diagnostic tests as part of the Complainant's PMB entitlements.