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RULINGS ISSUED BY THE OFFICE OF THE REGISTRAR

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A v Discovery Health Medical Scheme

Declined funding of external medical appliance from Major Risk benefits.

This complaint was lodged by Mr. A ("the Complainant") against Discovery Health Medical Scheme ("the Respondent") concerning the Respondent's decision to decline full funding for a knee brace and crutches supplied following the Complainant's hospital admission.

The Complainant submitted that on 30 December 2024, he was admitted to Mediclinic Cape Town after sustaining a serious knee injury that left his leg locked and immobile. An MRI scan confirmed a bucket handle tear of the meniscus, resulting in his authorised hospital admission for surgery. As the attending doctor specialised in spinal surgery and the appropriate knee specialist was unavailable, surgery was postponed. In the interim, he arranged for the provision of a knee brace and crutches through Malcolm Freeman and Associates. The total cost of these appliances was R5,021.00, of which R3,468.00 was paid from the Complainant's medical savings account (MSA), leaving a shortfall of R1,553.00. The Complainant contested the Respondent's decision to fund the items from his MSA, arguing that the injury qualified as a Prescribed Minimum Benefit (PMB) condition.

In response, the Respondent confirmed the admission and diagnosis of tear of meniscus, current (ICD-10 code S83.2), noting that this diagnosis does not qualify as a PMB condition under the Diagnosis and Treatment Pairs (DTPs), Chronic Disease List (CDL), or emergency medical conditions defined in the Medical Schemes Act. The Respondent stated that claims for the knee brace and crutches were processed according to its plan rules and billing protocols, which stipulate that external medical items are paid from the member's Medical Savings Account (MSA) unless they form part of a defined benefit or qualify as a PMB. The Respondent also pointed out that while the Complainant referred to ICD-10 code S83.1 (Dislocation of knee), which is a PMB, the MRI report confirmed the diagnosis as S83.2, which is not a PMB. Accordingly, the Respondent maintained that the funding decision was consistent with its registered rules.

The matter was referred to the Registrar's Clinical Review Committee (CRC) to determine whether the Complainant's condition and treatment constituted PMB-level care. The CRC confirmed that S83.2 – Tear of meniscus, current is not a PMB condition, and therefore, the appliances provided did not qualify as PMB-level of care. In terms of Regulation 8(1) of the Medical Schemes Act, only PMB conditions must be funded in full by medical schemes since the diagnosis did not qualify, the Respondent's funding obligations were governed by its registered rules.

The investigation confirmed that under Annexure 6 of the Respondent's rules, external medical items such as crutches and knee braces are to be funded from a member's MSA or Above Threshold Benefit (ATB), subject to available funds. As the Complainant's diagnosis was not a PMB, and the appliances were correctly categorised as external medical items, the Respondent acted in accordance with its rules and legal obligations.

In terms of Section 32 of the Medical Schemes Act, the scheme's rules are binding on both the Respondent and its members. Accordingly, the Respondent was legally justified in limiting payment for the knee brace and crutches to the Complainant's available medical savings benefit.

The Registrar determined that the Respondent acted correctly in its funding decision and in accordance with its registered rules. The complaint is dismissed.