



NOVEMBER 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.

The contents of these rulings do not constitute legal or medical advice and may not be taken out of context. The findings and any opinions expressed in these rulings are based on the specific facts of each complaint, the evidence submitted, and applicable legal provisions.

The CMS does not assume liability or accept responsibility for any claims for damages or any errors, omissions, arising out of use, misunderstanding or misinterpretation, or with regard to the accuracy or sufficiency of the information contained in these publications.

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

All rights reserved.

C v Discovery Health Medical Scheme

Declined funding for a PMB condition.

This complaint was lodged by Ms. C ("the Complainant") against Discovery Health Medical Scheme ("the Respondent") concerning the Respondent's refusal to authorise a procedure required to treat and drain an infection in the complainant's left breast.

The complainant stated that, after oral antibiotics failed to treat the infection, her treating physician, pre-admitted her on 10 April 2025 for intravenous antibiotics, with surgery booked for the following day due to the urgent need for intervention. Despite submitting comprehensive medical documentation, including temperature readings, biopsy results, ultrasound findings, and photographic evidence showing the extent of the infection and the procedure's necessity, the Respondent failed to grant authorisation. The complainant indicated that she faced financial hardship as the hospital required a deposit and full payment upon discharge, which she could not afford, and she requested the Registrar's intervention.

In response, the Respondent confirmed receipt of the authorisation request on 10 April 2025 for the complainant's admission to hospital, with the diagnoses cellulitis of the trunk, infection due to prosthetic devices, and complications from prior surgery. The Respondent stated that the request was placed on hold pending further medical information and that, following review of the additional documents received, it declined funding on the grounds that the complications arose from a General Scheme Exclusion ("GSE") related to a prior breast prosthesis procedure.

The Respondent contended that in the absence of a confirmed Prescribed Minimum Benefit ("PMB") condition, the claim fell outside of PMB coverage and must therefore be paid in line with the Complainant's plan rules. It argued that this position was consistent with its 2025 Scheme Rules and its statutory duty to ensure financial sustainability under section 57(6)(a) of the Medical Schemes Act.

The Registrar referred the matter to the CMS Clinical Review Committee (“CRC”) to determine whether the complainant’s condition qualified as a PMB. The CRC found that the clinical evidence, including biopsy and ultrasound results, confirmed an inflammatory and infectious process coded under ICD-10 classifications N61 (inflammatory disorders of the breast), T85.7 (infection due to prosthetic devices), Y88.3 (post-surgical complications), and L03.3 (cellulitis of trunk), all of which are recognised as PMB conditions under the Diagnosis and Treatment Pairs 90S and 349J. The CRC concluded that the complainant’s condition constituted a PMB and that all related consultations, diagnostics, hospital admissions, and surgical interventions should therefore be funded in full.

Upon review of the facts, it was determined that the Respondent’s reliance on its General Scheme Exclusion conflicted with the PMB provisions in the Medical Schemes Act. Regulation 8(1) mandates that all medical schemes must pay in full for the diagnosis, treatment, and care of PMB conditions without co-payment or limitation. While Section 29(1)(p) permits schemes to adopt exclusions in their rules, such exclusions cannot override the statutory obligation to fund PMBs. The Respondent’s application of its exclusionary rule, despite the confirmed presence of a PMB condition, was therefore inconsistent with the regulatory framework designed to guarantee members access to essential healthcare.

Accordingly, the Registrar found that the Respondent’s decision to decline funding for the Complainant’s treatment was not justified. The Respondent is directed to approve and fully fund the Complainant’s diagnosis, treatment, and care relating to the infection in her left breast, in compliance with Regulation 8(1) of the Medical Schemes Act.