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D o.b.o C v Discovery Health Medical Scheme

Declined funding of Synagis®

This matter concerns a complaint lodged by Mr. D on behalf of Ms. C against Discovery Health Medical Scheme regarding the Scheme's refusal to fund Synagis® for Ms. C's dependant, who was born at 38 weeks with severe intrauterine growth restriction and required high-flow oxygen for 12 days. The infant was also diagnosed with a ventricular septal defect (VSD). The complainant argued

that given the baby's fragile health, Synagis® a preventive treatment for Respiratory Syncytial Virus (RSV) should have been covered by the Scheme.

The Scheme explained that Synagis® is indicated for preventing RSV in infants at high risk, administered monthly during the RSV season, but not as treatment once the disease manifests. It clarified that Synagis® is not classified as a Prescribed Minimum Benefit (PMB) and that its funding is restricted to specific clinical entry criteria based on guidelines from the South African Society of Paediatric Infectious Diseases (SASPID) and the South African Paediatric Association (SAPA). According to the Scheme's policy, coverage is limited to infants with severe chronic lung disease, ongoing cyanosis, pulmonary hypertension, heart failure, or pending corrective cardiac surgery.

The Scheme confirmed that after reviewing clinical reports, including one from the treating specialist, it found the dependant's VSD was small, had closed spontaneously, and the heart was structurally normal with no ongoing treatment required. Consequently, the request for Synagis® did not meet the evidence-based clinical criteria, and the funding was declined. The complainant's subsequent request for reconsideration was also denied on the same grounds. The Scheme relied on its 2025 Rules specifically rules 15.11 and 16.1 which authorise it to apply managed care protocols and limit payments to the extent of the member's benefit entitlement. It also referenced section 32 of the Medical Schemes Act, which binds both the Scheme and its members to the rules.

The Registrar's Clinical Review Committee (CRC) assessed whether the condition qualified as a PMB and whether Synagis® constituted PMB-level care. The CRC confirmed that while a ventricular septal defect is technically a PMB diagnosis under DTP93E, the baby's defect had resolved spontaneously, leaving no ongoing PMB condition or complications such as heart failure or pulmonary hypertension. Thus, Synagis® did not qualify as PMB-level care. The CRC also confirmed that Discovery Health's funding protocol for Synagis® was evidence-based and consistent with national clinical guidelines. In the absence of an active PMB condition, the Scheme could not be compelled to fund Synagis® under Regulation 8(1) of the Medical Schemes Act, which mandates full coverage only for confirmed PMB conditions.

The Registrar found that the Scheme acted lawfully and in accordance with its rules and the Medical Schemes Act. Since the dependant's condition had resolved and did not meet the criteria for Synagis® funding, the Scheme's decision was deemed correct, and the complaint was dismissed.