



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.

H v Discovery Health Medical Scheme

Declined funding of a benefit option exclusion.

This complaint was lodged by Mr. H against Discovery Health Medical Scheme regarding the Scheme's refusal to authorise a tonsillectomy for his young daughter, who suffers from recurring acute tonsillitis. The complainant stated that his daughter, aged between three and four, had repeatedly suffered from acute tonsillitis with severe fevers, and that his multiple requests for authorisation of the procedure were declined. He argued that according to Section 12 of the

KeyCare benefit schedule, tonsillectomies should be covered when performed in a day clinic, and he also raised concerns about the lack of transparency and record-keeping regarding his telephonic interactions with the Scheme.

The Respondent explained that the initial request, based on a diagnosis of acute tonsillitis (J03.9), and a later amended diagnosis of chronic disease of the tonsils (J35.9), did not qualify as Prescribed Minimum Benefit (PMB) conditions. It maintained that tonsillectomies are excluded under the KeyCare plan unless linked to a PMB condition. The Respondent acknowledged that while the 2025 KeyCare plan guide may appear to include tonsillectomies under day surgery coverage, this section must be read with Section 16, which outlines exclusions. The Scheme cited its registered rules specifically Annexure 4 which clearly lists tonsillectomies among excluded procedures for KeyCare plans, except when linked to a PMB diagnosis.

A clinical opinion from the Registrar's Clinical Review Committee confirmed that the dependent's diagnosis does not fall within the PMB framework, and therefore, the tonsillectomy is not considered PMB-level care. In terms of Regulation 8(1) of the Medical Schemes Act, only PMB conditions must be funded in full, and since the diagnosis did not qualify, the Scheme's liability was limited to its registered rules. The investigation also established that the Respondent adequately communicated the benefit limitations to the complainant, fulfilling its statutory duty under section 57(4)(d) of the Act to provide clear information on members' rights and benefits.

In conclusion, as the dependant's condition was not classified as a PMB and tonsillectomies are expressly excluded under the KeyCare plan, there is no legal or clinical basis to compel the Scheme to fund the procedure. The Scheme's decision aligns with its registered rules, which have binding contractual force under section 32 of the Medical Schemes Act. The complaint was therefore dismissed.