



RULINGS ISSUED BY THE OFFICE OF THE REGISTRAR

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B v Discovery Health Medical Scheme

Declined funding of appliance for treatment of a non-PMB condition

This complaint was lodged by Mrs. B ("the Complainant") against Discovery Health Medical Scheme ("the Scheme") and concerns the Scheme's decision to decline funding for an orthotic sacroiliac belt from her risk benefits. The complainant submitted that her condition qualifies as a Prescribed Minimum Benefit (PMB) in accordance with the South African Medical Association (SAMA) Medical Guide. She argued that the Scheme's rejection of her application is inconsistent with its obligations to provide funding for PMB level of care treatment. The complainant requested that the Scheme reconsider its decision and fund the sacroiliac support belt from the risk benefit. She requested the Registrar's intervention.

The complaint was referred to the Scheme in terms of Section 47 of the Medical Schemes Act. In response to the complaint, the Scheme submitted that the complainant is currently enrolled on its Classic Comprehensive benefit option. The Scheme explained that members enrolled on the Classic Comprehensive plan have access to a Medical Savings Account (MSA) for day-to-day healthcare expenses. It further stated that for the 2025 benefit year, a Self-Payment Gap (SPG) and Annual Threshold applied, where members were required to fund claims personally until the SPG was closed. Once reached, further day-to-day claims could be funded from the limited Above Threshold Benefit (ATB) from the risk benefit, subject to Scheme rules.

The Scheme reportedly received an application for out-of-hospital PMB treatment from a Medical Orthotist and Prosthesis, with a diagnosis of lumbar spinal stenosis (ICD-10 M48.06). Upon clinical review, the request was declined on the basis that the Clinical Entry Criteria (CEC) for PMB funding had not been met.

During the CMS investigation of this complaint the matter was referred to the CMS Clinical Review Committee to confirm if the complainant's condition constitutes a PMB condition. CRC responded that the member's diagnosis is not a PMB condition, orthotic sacroiliac belt requested in this case is not PMB level of care."

During the CMS complaints investigation we considered the registered scheme rules, the provisions of the Medical Schemes Act and the CRC clinical opinion. Based on the evidence submitted the Registrar found that the Scheme is correct in its funding decision. The complaint is hereby dismissed.