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F v Discovery Health Medical Scheme

Declined funding of a condition that is an exclusion

This complaint was lodged by Ms F against Discovery Health Medical Scheme ("the Respondent") concerning the Respondent's refusal to fund the costs of an MRI scan and a conservative back admission scheduled for 27 May 2025.

The Complainant submitted that she consulted with a designated service provider, Dr M, who confirmed that her symptoms were serious and warranted hospital admission for diagnosis and treatment. She argued that, in terms of the Respondent's rules, MRI scans are covered when related to a hospital admission. Despite this, her planned admission was declined on the basis that a diagnosis of spinal stenosis first had to be confirmed. She was advised that the MRI would not be funded and that she would need to pay for it herself.

The Complainant attended the MRI scan on 30 May 2025 at her own cost, and the report confirmed a diagnosis of spinal stenosis, lumbar region (ICD-10 code M48.06). She maintained that, notwithstanding the confirmed diagnosis and submission of the report, the Respondent continued to decline both the admission and MRI funding, allegedly relying on an unreasonable distinction regarding the anatomical location of the stenosis. The Complainant contended that her condition constituted a Prescribed Minimum Benefit (PMB) and that the Respondent's exclusions for back and neck treatment were therefore inapplicable.

In response, the Respondent explained that an electronic hospital authorisation request was received on 27 May 2025 for a conservative spinal admission under diagnoses of spinal stenosis, lumbar region (M48.06) and lumbar radiculopathy (M54.16). The request was pended and subsequently declined on the basis that conservative back treatment is excluded under the Complainant's plan type, unless a qualifying PMB condition is established. The Respondent confirmed that the MRI report was reviewed by its Medical Review Team, which upheld the funding decline on the basis that the clinical information did not confirm a PMB diagnosis. The Respondent

maintained that, in the absence of spinal cord compression, ischaemia, or degenerative disease, the condition did not meet PMB criteria and that normal plan exclusions therefore applied.

The matter was referred to the Registrar's Clinical Review Committee (CRC) for an independent clinical opinion. The CRC confirmed that while spinal stenosis, lumbar region (M48.06) appears in the PMB Regulations, it only qualifies under the diagnosis and treatment pair relating to spinal cord compression, ischaemia, or degenerative disease. In this case, there was no evidence of spinal cord compression at any level, and lumbar radiculopathy (M54.16) is not included in the PMB Regulations. The CRC concluded that the Complainant's condition did not constitute a PMB and that the MRI scan did not represent PMB level of care.

Based on the CRC advice, the Act, and the Respondent's registered rules, it was found that the Respondent was entitled to apply its plan-specific exclusions relating to conservative back treatment. The rules further provide that MRI scans are only funded in hospital when related to an authorised admission. As no PMB obligation arose and the admission was not authorised, the Respondent's decision to decline funding was found to be lawful, reasonable, and consistent with its registered benefit structure. Accordingly, the complaint was dismissed.