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Ms. M v Discovery Health Medical Scheme

Declined funding, short payment

This complaint was lodged by Ms M ("the Complainant") lodged a complaint against Discovery Health Medical Scheme ("the Respondent") regarding the Respondent's refusal to approve certain radiology and pathology procedure codes and its failure to fund her prescribed anticoagulant medication, Apixaban®, in full and at the dosage prescribed by her treating haematologist.

The Complainant was diagnosed with pulmonary embolism (ICD-10 code I26.9) following a positive VQ scan submitted by her treating pulmonologist in April 2025. The Respondent approved the diagnosis under Prescribed Minimum Benefit (PMB) provision 284E relating to acute pulmonary heart disease and pulmonary emboli. The Complainant thereafter consulted with haematologist Dr K, who assumed responsibility for her ongoing management. Dr K motivated for a panel of pathology investigations, an ultrasound (procedure code 70230), quarterly specialist consultations, and long-term anticoagulation therapy with Apixaban®. He prescribed Apixaban® at 10 mg twice daily for the first seven days followed by 5 mg twice daily, thereafter, requiring 74 tablets in the first month.

The Complainant alleged that despite multiple motivations and submissions, the Respondent rejected all requested items without adequate reasons. She further contended that she was forced to self-fund urgent blood tests at a cost of R4,394.50, portions of which were deducted from her Medical Savings Account and Oncology Benefit. She argued that PMB legislation obliges schemes to fund all diagnosis, treatment, and care costs for PMB conditions in full and sought approval and reimbursement for the disputed services.

In response, the Respondent confirmed PMB approval for pulmonary embolism under provision 284E but maintained that not all requested investigations and treatments formed part of the PMB basket of care. It explained that certain pathology codes were declined because they were already included in a full blood count panel, while others were reviewed under the Complainant's Oncology Benefit, as she was registered for breast cancer. Some tests and procedures were approved on

appeal, including one ultrasound and three additional specialist consultations, resulting in a total of four consultations per year.

With regard to Apixaban®, the Respondent approved funding only up to the Therapeutic Reference Price (TRP), citing the absence of evidence that warfarin had been trialled or failed. The Respondent further limited the number of tablets approved for the first month. It also declined funding for certain thrombophilia-related pathology tests, arguing that these were not part of oncology protocols or the PMB basket of care.

Due to the complexity of the dispute, the matter was referred to the Registrar's Clinical Review Committee (CRC) for independent clinical advice. The CRC confirmed that several pathology codes claimed in addition to a full blood count were correctly declined, as they are already included within the full blood count code and may not be billed separately. However, the CRC advised that additional pathology tests aimed at identifying underlying causes of pulmonary embolism, including homocysteine levels, lupus anticoagulant testing, and free Protein S antigen, are clinically indicated and should be funded in full as PMB level of care.

Regarding Apixaban®, the CRC found that its use was clinically justified given the Complainant's history of chronic gastrointestinal bleeding and the significantly lower bleeding risk associated with Apixaban® compared to warfarin. The CRC confirmed that Apixaban® is SAHPRA-approved for pulmonary embolism and that no formulary restriction applies. It further clarified that the prescribed dosage was correct and that 74 tablets were required for the first month. The CRC advised that no co-payment or TRP limitation may be imposed in this instance.

The CRC further advised that ongoing coagulation monitoring tests (codes 3805 and 3806) are not clinically required for patients treated with Apixaban®, in line with SAHPRA guidance, and therefore need not be funded indefinitely as PMB level of care.

Based on the CRC's clinical opinions, the Medical Schemes Act, and the Respondent's registered rules, it was found that the Respondent was justified in declining pathology codes duplicated within a full blood count and in limiting funding for monitoring tests not clinically applicable to Apixaban®

therapy. However, the Respondent was not justified in partially approving Apixaban®, limiting the number of tablets, or declining clinically indicated thrombophilia investigations related to pulmonary embolism.

Accordingly, the Respondent was directed to amend its authorisation to provide full funding for Apixaban® at the prescribed dosage, approve the identified pathology tests and ultrasound as PMB level of care, authorise four haematology consultations per year, and reimburse amounts incorrectly debited from the Complainant's Medical Savings Account.