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AH OBO JH v GOVERNMENT EMPLOYEES MEDICAL SCHEME (GEMS)

Protocols

The complaint concerned the Scheme's the purported failure to fund the dependant's emergency medical treatment in full.

The Complainant was aggrieved that the Scheme's decision to partially fund the medical bill and therefore requested the Registrar to intervene.

In its response to the complaint, the Scheme stated that the dependant underwent a laparoscopic procedure on 20 January 2025, initially coded as CSSA 49651 (laparoscopy, surgical; repair recurrent inguinal hernia). Further that it approved the hospital stay until 21 January 2025 and amended some codes, but requested confirmation of whether the procedure was open or laparoscopic, plus the patient's BMI. It indicated that subsequent clinical updates were on 21 January 2025 and 22 January 2025 which were added as ICD-10 codes K43.6, K43.9, J95.8 and 49651.2.7. Furthermore, on 24 January 2025, it approved the updated ICD-10 codes but declined CSSA 49651 because the diagnosis was ventral/incisional hernia, not inguinal hernia. It stated that on 27 January 2025 and 28 January 2025, the hospital requested an amendment to CSSA 49592 (repair of anterior abdominal hernia(s) < 3 cm, incarcerated or strangulated). It indicated that on 29 January 2025, the hospital then confirmed that the procedure was a laparoscopic incisional hernia repair and the patient's BMI was 31 kg/m². The Scheme averred that on 30 January 2025, it declined funding for the laparoscopic approach because the BMI was 31 kg/m² and did not meet the policy threshold of > 35 kg/m² for laparoscopic hernia repair.

Upon investigation, the submissions made by both the Complainant and the Scheme were reviewed by the Registrar. The Registrar then referred the matter to the Clinical Review Committee (CRC) for a clinical opinion. The CRC advised that K43.6 - Other and unspecified ventral hernia with obstruction, without gangrene is included in the PMB Regulations under the Diagnosis and Treatment Pair 6F - Hernia with obstruction and/or gangrene; uncomplicated hernias under age 18.

For a condition to qualify as a Prescribed Minimum Benefit (PMB), the diagnosis must fully satisfy the criteria specified in the applicable PMB descriptor. In this case the CT scan gave the impression of a Ventral / Spigelian hernia, but no obstruction or gangrene was present. It indicated that the clinical information does not confirm a PMB condition. Furthermore, that the dependant's admission does not fall within the definition of an emergency medical condition as set out in Regulation 7 of the Medical Schemes Act, which defines such a condition as the sudden and unexpected onset of a health condition requiring immediate medical or surgical intervention, where the absence of such treatment would result in serious impairment of bodily functions, serious dysfunction of a bodily organ or part, or place the person's life in serious jeopardy.

It was then determined that the Scheme's decision to limit funding of the procedure was compliant with the Act. Therefore, its decision was in accordance with the registered scheme rules.

A ruling was therefore issued confirming the Scheme's decision. The complaint was accordingly dismissed.