"BEFORE THE APPEAL COMMITTEE OF THE COUNCIL FOR MEDICAL SCHEMES

Ref.: CMS 87431

Medihelp Medical Scheme	Appellant
And	
Mr C	Respondent

RULING AND REASONS

THE PARTIES

1. The Appellant is Medihelp Medical Scheme (The "Appellant" or the "Scheme"), registered and regulated under the Medical Schemes Act, Act 131 of 1998 (the "MSA").
2. The Respondent is Mr C (the "Respondent"), a member of the scheme.
3. This is an appeal under section 48(1) of the MSA, providing that –

"(1) Any person who is aggrieved by any decision relating to the settlement of a complaint or dispute may appeal against such decision to the Council."

INTRODUCTION

4. The Appeals Committee heard the Appeal on 12th June 26 via MS Teams.
5. Dr A, the medical advisor, and Ms. X, the legal advisor from Medihelp medical scheme, appeared for the Appellant.
6. Mr C and his daughter, Ms. C, were present on behalf of the Respondent at the hearing. Both made representations.

BACKGROUND

7. The Appellant appealed the decision of the Registrar on the basis that the diagnosis of polymyositis (with ICD 10 code M33.2) is not a Prescribed Minimum Benefit in terms of the Diagnosis and Treatment codes. There are no clear guidelines that the condition is a PMB condition and, as such, should not be entitled to the corresponding PMB level; hence, the Scheme was within its rights to deny funding for the claims related to the condition.

8. Mr C has been a longstanding member of the Medihelp Scheme for more than 50 years.

9. He is 79 years old and has marginal zone (splenic) lymphoma and hypertension.

10. On 24 May 2024, his health dramatically deteriorated with muscle weakness and swallowing difficulty.

11. He was diagnosed with paraneoplastic polymyositis and needed urgent admission on 2 July 2024, necessitating a tracheostomy and a PEG feeding tube.

12. The condition is rare, and treatment involves managing the underlying lymphoma and controlling the inflammatory muscle disease with corticosteroids and steroid-sparing immunosuppressants, where indicated.

13. Mr C laid a section 47 complaint with the Council of Medical Schemes (CMS) on the 14th of March 2025 when the Scheme failed to fund certain immunosuppressant medication prescribed, the Polymyxin® and Endoxan®.

14. The Scheme provided its response to the CMS, maintaining that the polymyositis diagnosis was not listed as a PMB diagnosis and that there were no specific protocols for the condition; hence, it had to rely on its managed care protocols in declining the funding.

15. The Registrar ruled on the 30th of June 2025, after extensive consultation with his Clinical Review Committee (CRC) finding that the condition should fall under PMB level of care, and directed that the Scheme fund the Polygam® and Endoxan® treatment of the member's condition in accordance with Regulation 8 of the Act.

16. The Appellant, the Scheme, felt that polymyositis (with ICD 10 code M33.2) is not a PMB condition, and it was correct in its assessment to decline the funding according to its Rules, and submitted the Section 48 (1) Appeal to the CMS on the 29th September 2025.

DISCUSSION AND LEGAL FRAMEWORK

APPELLANTS SUBMISSION

17. Dr A, on behalf of the Scheme, began the submissions by stating that the Scheme had changed its position on the case, having regard to the entire matter in retrospective analysis:
    a. He is a newly appointed medical advisor to the Scheme.
    b. On behalf of the Scheme, it would wish to reach an amicable solution by consent in this appeal hearing.
    c. The problem was that the initial decline was based on the ICD10 coding relevance to DTP conditions and hence the decision for the Scheme not to consider the condition as a PMB level of care.
18. He mentioned that the Scheme was empathetic to the patient's condition, his age and their submission should be interpreted as an attempt to resolve the funding of valid claims.
19. On prompting from the Committee, the following points were made to emphasise the correction required from the Scheme:
    a. Mr C's health took a dramatic deterioration on the 24th of May 2024, when he experienced severe muscle weakness and swallowing difficulty
    b. He eventually needed hospital admission on the 02nd of July 2024, where he required a tracheostomy and a PEG feeding tube.
    c. The Scheme is now committed to funding the Polygam® and Endoxan® treatment as well as any other shortfall in the treatment relevant to the condition and the underlying lymphoma.
    d. Ms X accepted that the grounds of appeal in terms of the incorrect application of Section 29(1)(o) in relation to PMB were then moot to the case.

e. On request of the Committee, the Scheme would provide a detailed statement of amounts not paid or short paid as a supplementary document to the case.

20. The Scheme concluded that it shall fund the condition as a PMB and not seek further redress on whether it qualifies for a PMB level of care.
21. The Scheme therefore consented that the Appeal should be dismissed on the above grounds; and added that it would look at settling all valid claims and any treatment going forward related to the condition.

RESPONDENTS SUBMISSION

22. Mr C and his daughter were assured by the Committee of the nature of the Appeal hearing:
    a. Both were comfortable to proceed with the hearing having understood the process
    b. He further consented to his records being shared as per the bundle of documents
    c. He was appreciative of the reconciliatory tone of the Scheme in their submissions and desired an amicable resolution
23. He confirmed that his health took a bad turn on the 24th of May 2024 when he could not move his arms and shoulders as well as could not swallow:
    a. The treatment provided, including that of the occupational therapist, assisted
    b. He needed admission to the ICU of Netcare Hospital in East London, where he required a tracheostomy and PEG due to being unable to swallow properly
    c. He was obliged to follow the treating doctor's advice and responded very well to the Polygam® and Endoxan® treatment
24. After a long and difficult period in hospital, he was able to be discharged with the PEG and tracheostomy removed
    a. Besides the treatment above, there was required physiotherapy for rehabilitation, and he had to be treated with the chemotherapy required for the underlying lymphoma and hypertension
    b. He remains on various medications for his chronic conditions
    c. His condition has fortunately improved, and he has regained much of the 30kg lost

d. He is trying to live as actively as is possible as a pensioner with the underlying ailments

25. The Respondent informed that he had to self-fund R104 767.66 for the medication that was declined by the Scheme in 2024.
26. The Respondent, on guidance from the Committee, agreed on the review process for all claims during the 2024 period.
27. In concluding, the Respondent was appreciative of the collegial manner in which the Scheme agreed to honor any claims that should have been covered as part of the condition and for the Scheme's consent to rectify the process in this hearing, thereby upholding the Registrar's ruling.

RELEVANT STATUTORY AND REGULATORY PROVISIONS.

28. The relationship between the member and the scheme is governed by the terms of the contract ('*the scheme rules*') that the appellant concluded with Medihelp Medical Scheme.

29. The contract, in turn, is governed by the Medical Schemes Act 131 of 1998 and the regulations (as amended) contained in the Act.

30. This is a wide appeal. The Appeals Committee may consider the matter afresh and is not restricted to the record of proceedings that were before the registrar.

31. The burden of proof rests on the Appellant who must prove on a balance of probabilities that the appeal should succeed.

THE ISSUE IN DISPUTE

32. The issue in dispute is whether the scheme was correct in its interpretation for this case in denying the funding of the paraneoplastic polymyositis condition as part of the PMB level of care.

LEGAL FRAMEWORK AND EVALUATION

33. According to section 8 of the MSA, Prescribed Minimum Benefits (PMB)—

(1) *Subject to the provisions of this regulation, any benefit option that is offered by a medical scheme must pay in full, without co-payment or the use of deductibles, the diagnosis, treatment and care costs of the prescribed minimum benefit conditions.*

(2) Subject to section 29 (1) (p) of the Act, the rules of a medical scheme may, in respect of any benefit option, provide that—

(a) the diagnosis, treatment and care costs of a prescribed minimum benefit condition will only be paid in full by the medical scheme if those services are obtained from a designated service provider in respect of that condition; and a co-payment or deductible, the quantum of which is specified in the rules of the medical scheme, may be imposed on a member if that member or his or her dependant obtains such services from a provider other than a designated service provider, provided that no co-payment or deductible is payable by a member if the service was involuntarily obtained from a provider other than a designated service provider.

(5) When a formulary includes a drug that is clinically appropriate and effective for the treatment of a prescribed minimum benefit condition suffered by a beneficiary, and that beneficiary knowingly declines the formulary drug and opts to use another drug instead, the scheme may impose a co-payment on the relevant member.

(6) A medical scheme may not prohibit, or enter into an arrangement or contract that prohibits, the initiation of an appropriate intervention by a health care provider prior to receiving authorisation from the medical scheme or any other party, in respect of an emergency medical condition.

ANALYSIS AND FINDINGS

34. The Appeals Committee considered the papers filed in this Appeal; the further submissions the parties made; the relevant provisions of the MSA; and the rules of the Scheme.

35. It is common cause that:
    a. The Member is 79 years old and is a longstanding member of the Medihelp Scheme having joined the then Public Servants Scheme on the 1st of March 1975.
    b. He is on the Medprime option with the Medihelp medical scheme, which has managed care rules in place.
    c. The Member was diagnosed and treated for a marginal zone (splenic) lymphoma and has hypertension, both of which are PMB conditions and necessitate a PMB level of care.

36. On the 24th of May 2024, the Member's health deteriorated when he could not move his arms and shoulders and could not swallow:
    a. He was diagnosed with paraneoplastic polymyositis.

b. He needed admission on the 02nd of July 2024 to the ICU of Netcare Hospital in XXX, where he required a tracheostomy and PEG feeding tube due to being unable to swallow properly.
c. After a long and difficult period in hospital, he was able to be discharged with the PEG and tracheostomy removed.
d. The treatment included Polygam® and Endoxan®, occupational therapy, physiotherapy for rehabilitation, and he had to be treated with the chemotherapy required for the underlying lymphoma and hypertension.

37. The condition of Paraneoplastic polymyositis is a rare inflammatory muscle disease that occurs as an indirect effect of an underlying cancer. Rather than the cancer invading the muscles, the body's immune system reacts to the cancer and mistakenly attacks muscle tissue, causing inflammation and weakness. Symptoms include progressive weakness of the muscles closest to the trunk, difficulty in swallowing, and, in severe cases, difficulty in breathing.

38. Whilst the clinical management of the condition is not before the Appeal Committee, the treating provider's letter of motivation (19 January 2025) is provided for ease of reference[1]:

39. According to the Scheme's response to the Section 47 complaint submitted on the 29th of April 2024[2]:
    a. There is a managed care protocol in place with the Scheme's DSP, the ICON (Independent Clinical Oncology Network), for the treatment of cancerous conditions.
    b. The tiers of treatment are more comprehensive with higher priced options.
    c. With funding guided by specific diagnosis and treatment pairs (DTPs), funding was declined in this case as the diagnosis received of polymyositis (with ICD 10 code M33.2) is not classified as a PMB and the Polygam®, immunoglobulin treatment is not included as a PMB level of care in the Member's current option.

[1] Paginated pages 25 – 27 of bundle of documents
[2] Paginated pages 20 – 21 of bundle of documents

40. During this hearing, the Scheme has changed its position consenting to reverse its decision on declining funding of the condition and further, the legal advisor, agreeing that the grounds of appeal as lodged in the Section 48(1) Appeal[3], below contained for reference are effectively moot.
    a. Polymyositis (with ICD 10 code M33.2) is not classified as a PMB
    b. Polygam® is not indicated for the Polymyositis in the essential medicine list (EML) but for other conditions
    c. There is an incorrect application of Section 29(1)(o) and (p) in the Registrar's Ruling.
    d. The Scheme further committed to empathetically engage with the Member that all issues relevant to these unpaid claims be meaningfully addressed.
41. According to the Member:
    a. He had to self-fund R104 767.66 for the medication that was declined by the Scheme in 2024.
    b. His condition requires ongoing and regular healthcare provision on a monthly basis
42. Based on the evidence before the Committee, and the verbal responses from both parties to the Committee's questions, the following can be deduced:
    a. The Scheme accepts that the Dystonia diagnosis is at a PMB level of care and all such treatment must be funded in this manner
    b. From the time of the patient's diagnosis in February 2022, the patient has needed to seek out specialist neurological consultation and treatment plans
43. The committee agrees with the findings of the Clinical Review Committee (CRC) of the CMS on the medical appropriateness of the treatment rendered[4]:

> *Based on current clinical guidelines and available literature, the following treatment recommendations are considered medically appropriate:*
>
> - *Paraneoplastic polymyositis is a rare immune-mediated condition associated with underlying malignancies such as lymphomas. The goal of treatment is to suppress immune-mediated muscle inflammation while addressing the underlying malignancy. (Cleveland Clinic. 2022)*
> - *Treatment of the underlying malignancy as well as paraneoplastic polymyositis are crucial for symptom control. In this case, Cyclophosphamide (Endoxan®)* is *considered an appropriate chemotherapeutic agent. One dose of*

[3] Paginated pages 44 – 50 of bundle of documents
[4] Paginated pages 28 – 33 of bundle of documents

Cyclophosphamide is consistent with current practices when initiating therapy for paraneoplastic syndromes with lymphoproliferative malignancies. (NCCN. 2023) Cyclophosphamide or rituximab may be helpful in patients who fail to stabilize or improve on less aggressive therapies. Patients with paraneoplastic syndromes and anti-Ri antibodies may respond to corticosteroids and/or cyclophosphamide. (Greenlee JE. 2010)

- *Immunosuppressive therapy is considered standard of care. This may include:*
  - *Corticosteroids (e.g., high-dose methylprednisolone) as first-line immunosuppression, however the member in this case was refractory to corticosteroids. (Selva-O'Callaghan, A. 2022)*
  - *Intravenous Immunoglobulin (IVIG) such as Polygam® (Polyvalent intravenous immunoglobulin (IVIG)), especially in cases of severe or rapidly progressing weakness or swallowing difficulties. Polyvalent intravenous immunoglobulin (IVIG) studies showed that the condition of approximately 70% of the patients tested improved. After the discontinuation of the IVIG therapy, the efficacy remained stable in 50% of the patients, with a follow-up of over 3 years. (Cherin P et al. 2022) (Selva-O'Callaghan, A. 2022) (Greenlee, J.E., 2010)*
- *Nutritional support with parenteral nutrition (Triomel®) is clinically appropriate and necessary due to PEG insertion and the aspiration risk. This constitutes supportive treatment and should be considered essential care in this context.*
- *Physical therapy and rehabilitation to maintain mobility and muscle strength during recovery.*

There are currently no condition-specific guidelines or protocols for Paraneoplastic Polymyositis included in the Standard Treatment Guidelines (STGs) or the Tertiary and Quaternary Essential Medicines List (November 2024).

There is sufficient evidence in published clinical literature to support that the treatment provided in this case is clinically appropriate despite the absence of National Department of Health or South African condition-specific guidelines protocols,

The treatment components are available in the state sector and listed on the national database as follows:

- Polygam® – National Stock Number: 189712717
- Cyclophosphamide – National Stock Number: 189714915

Based on the availability of the prescribed treatment in the state sector and its clinical appropriateness, the intervention qualifies as Prescribed Minimum Benefit (PMB) level of care and should be funded in full.

44. The committee is of view that the Scheme should have been more engaging with the treating provider at the time of the Member's diagnosis of the paraneoplastic polymyositis to understand more the overall clinical picture of the illness, its relation to the underlying lymphoma and the rationale for the usage of the steroid sparing immunosuppressants and/or the rationale for the usage of Polygam®(IVIG) and Endoxan®(cyclophosamide) due to the severe nature of the illness and that the illness was not responding to high dose first line corticosteroids.
    a. In this case in point, there is a clear and timeous history of the illness, not responding to the first line treatment and the motivation is supported by

international guidelines and literature showing the evidence of the efficacy of the Polygam® and Endoxan® in the treatment as the required level of treatment.

i. The Scheme and its medical advisors should be more engaged in understanding the overall complexity of the illness and its serious life-threatening sequelae without such an interactive and multidisciplinary approach.
ii. At a basic level, there could have been more collegial engagement from peer to peer with the treating specialists upfront.

45. It is for the Scheme to note in their future reviews of such conditions that conditions with underlying PMB such as the margin cell lymphoma should be reviewed and assessed as related to the underlying condition until proven otherwise.
46. In terms of submissions and the information provided for the member's condition, the Appeal Committee agrees with the Registrar's ruling that the treatment should constitute a PMB level of care for the member's condition and that Regulation 8(1)[5] of the MSA provides that the diagnosis, treatment and care of a PMB condition must be paid in full.
47. The Appeal Committee, for the reasons above, accepted that the requirements of Regulation 8 for payment in full have been met and concurred with the Registrar's findings.
48. The Appeal Committee agrees that the relationship between a Scheme and its member is contractual. The terms of the contract between the member and the Scheme consist of the Scheme Rules, the Medical Schemes Act and its Regulations.

FINDING AND ORDER

49. The Scheme has not appropriately applied diligence to the overall nature of this case at the time of the authorization but has, at the time of the hearing, changed its position and conceded that the Registrar was correct in his findings.

[5] Regulation 8 —(1) Subject to the provisions of this regulation, any benefit option that is offered by a medical scheme must pay in full, without co-payment or the use of deductibles, the diagnosis, treatment and care costs of the prescribed minimum benefit conditions.

50. Section 32[6] of the MSA stipulates that the Appellant is bound by the Rules of a medical scheme.
51. The Appeal is dismissed, and the Registrar's decision of the 30th of June 2025 upheld.
52. The scheme is ordered to pay the costs of all valid claims relating to the required multidisciplinary treatment rendered to the patient/ dependent member as well as ongoing treatment in line with the MSA and the Scheme Rules.
    a. This includes the amount mentioned in the submissions by the Member of R104 767.66 and any other relevant amounts that had not been paid for valid claims to the Member's diagnosed condition of paraneoplastic polymyositis.
    b. The Scheme is ordered to provide a written submission/ claims statement to validate the amount in paragraph 52(a).

DATED AT CAPE TOWN ON THIS 29th July 2026

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Dr S Naidoo

For: The Appeal Committee (Presiding Officer)

WITH –

Ms. P Beck

Adv T Maphike

CONCURRING, IT SO BE RULED

[6] Section 32. The binding force of rules.—The rules of a medical scheme and any amendment thereof shall be binding on the medical Scheme concerned, its members, officers and on any person who claims any benefit under the rules or whose claim is derived from a person so claiming.