# RULINGS ISSUED BY THE OFFICE OF THE REGISTRAR

The CMS hereby publishes summaries of rulings recently issued by the Complaints Adjudication Unit in respect of complaints lodged against regulated entities, in terms of Section 47 of the Medical Schemes Act.

These rulings are published solely for information purposes and may not be taken to be precedent setting in any way. Decisions articulated in these rulings may still be appealed in terms of Section 48 of the Medical Schemes Act. The CMS reserves the right to modify or remove any information published herein, without prior notice.

The contents of these rulings do not constitute legal or medical advice and may not be taken out of context. The findings and any opinions expressed in these rulings are based on the specific facts of each complaint, the evidence submitted, and applicable legal provisions.

The CMS does not assume liability or accept responsibility for any claims for damages or any errors, omissions, arising out of use, misunderstanding or misinterpretation, or with regard to the accuracy or sufficiency of the information contained in these publications.

Identifiable personal information of the complainants and any associated individuals have been redacted for their protection.

T v DISCOVERY HEALTH MEDICAL SCHEME

The complaint concerned the Scheme's decision to decline funding of Clexane® (enoxaparin) from the Risk-benefit for the Member's pregnancy. The Member submitted that after numerous miscarriages and artificial insemination by various doctors, she did the IVF procedure which was successful and she fell pregnant. She was placed on Clexane® injections as well as Ecotrin tablets throughout the Pregnancy. She indicated that the use of Clexane ensured that a miscarriage and blood clots were avoided, therefore the Scheme must be held liable for the costs.

In responding to the complaint, the Scheme indicated that it considers funding of Clexane® in Pregnancy in-line with CHEST guidelines for confirmed Clotting Disorders or previous history of a Thrombotic event such as a Deep Vein Thrombosis or Pulmonary Embolism irrespective of when Antiphospholipid Antibody (APLA) Syndrome (one positive test and another positive test 12 weeks later) or Thrombophilia such as Factor 5 Leiden Gene Mutations. According to the Scheme, the Member did not have any previous Thrombotic event and has tested negative for APLA Syndrome. Whilst there may evidence to support the use of Clexane® for recurrent miscarriages or pregnancy loss, this is very partial and insufficient and is not adopted as its clinical decisions amongst others are evidence-based taking into consideration outcomes, cost-effectiveness, and long-term sustainability. Moreover, it noted that even though Pregnancy is listed as a PMB condition under provision 52N – Pregnancy, the specified treatment is Antenatal and Obstetric care necessitating hospitalisation, including delivery. It, however, declined the request for Clexane® on the basis that the Member did not meet the criteria for funding from the Risk benefits and that Clexane® may be funded from her day-to-day benefits because it is not PMB level of care.

The issue which fell for determination was whether the Scheme was correct in declining funding of Clexane® from Risk benefits.

Upon investigation, the submissions made by the Member and the Scheme were reviewed. Furthermore, the complaint was referred to our Clinical Review Committee ("CRC") for clinical opinion. CRC confirmed that Clexane® is not PMB level of care in pregnancy with a low positive ANF and that the Member did not meet the clinical criteria for the use of Clexane®.

It was to this end that a ruling was issued confirming that the Scheme is correct in its funding decision. The complaint was dismissed.