



## RULINGS ISSUED BY THE OFFICE OF THE REGISTRAR

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## C v DISCOVERY HEALTH (PTY) LTD

The complaint arose following a forensic investigation into the Complainant's billing patterns. The Complainant was aggrieved by Discovery's decision to claw back payments made to her practice citing irregular billing. The Complainant stated that her practice has been under review since 2020, and there have been ongoing engagements with Discovery. She suggested that a significant discrepancy existed in the interpretation of billing guidelines from the Health Professions Council of South Africa (HPCSA), preventing a mutual agreement between her and Discovery as an administrator of various medical schemes.

In response, Discovery indicated that due to the non-verification of claims in conjunction with its risk report, it initiated a full forensic review of the Complainant's practice. It requested verification information from the Complainant, which she failed to provide. Discovery noted that the review revealed that the Complainant as a Perfusionist on call, billed and coded amounts higher than those of the anesthetist and, in some cases, the Cardiothoracic surgeon. Consequently, after reviewing the history of the matter, its administered medical schemes decided to block all payments to her practice.

Upon investigation of the complaint, it was noted that the dispute related to the interpretation of tariff codes. The Register found that disputes over the use and interpretation of clinical tariff codes are within the mandate of the HPCSA and/or the specific professional boards established under the Health Professions Act. Any attempt by the CMS to overstep this mandate would be *ultra vires* and have no legal effect. It was determined that the funding issue could not be addressed until the interpretation of codes issue is resolved. The dispute was to be referred to and resolved by the HPCSA before the Registrar could decide on the funding liability of the involved medical schemes. Therefore, the Registrar could not compel Discovery as an administrator of various medical schemes to release payment for claims whose validity is still in dispute.