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Ms. M v Medihelp Medical Scheme

Declined funding of PMB claim

This complaint was lodged by Ms. M (the Complainant) against Medihelp Medical Scheme (the Respondent). The complaint concerned a refusal by the Respondent to fund out-of-hospital occupational therapy sessions for the Complainant's dependant. According to the Complainant, her dependant's Psychologist recommended occupational therapy to manage his diagnosed mental health condition and improve his ability to function.

The Complainant reported that she applied for funding of the occupational therapy sessions from risk benefits under Prescribed Minimum Benefits (PMBs). However, the Respondent declined the application, stating that the chosen benefit option did not provide for out-of-hospital occupational therapy.

In response to the complaint, the Respondent confirmed that the Complainant and her dependant were enrolled on the MedVital benefit option, which only covers occupational therapy services when rendered in hospital. It submitted that although the dependant was diagnosed with a PMB condition (Bipolar Affective Disorder), the requested therapy sessions did not qualify as PMB level of care.

The matter was referred to the CMS Clinical Review Committee (CRC) for a clinical opinion. Having reviewed all the submitted clinical evidence, the CRC confirmed that the dependant's diagnosis is a PMB condition and that there were clinical grounds justifying out-of-hospital occupational therapy in this case.

The CRC's findings established that the Respondent's benefit limitation to in-hospital therapy was inconsistent with the PMB guidelines. Further that occupational therapy, both in-hospital and out-of-hospital settings, is explicitly included under the required care for the dependant's condition. Therefore, a funding obligation existed, and the Respondent erred in declining funding.

In adjudicating this matter, the Registrar found that the Respondent's refusal to fund the therapy sessions constituted non-compliance with its legal obligations under the Medical Schemes Act. Consequently, the complaint was upheld, and the Respondent was directed to fund the claims in line with PMB regulations.