

**APPEAL COMMITTEE OF THE COUNCIL FOR MEDICAL SCHEMES**

In the matter between:

**DISCOVERY MEDICAL SCHEME**

Appellant

and

**REGISTRAR OF MEDICAL SCHEMES**

First Respondent

**D [REDACTED]**

Second Respondent

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**RULING**

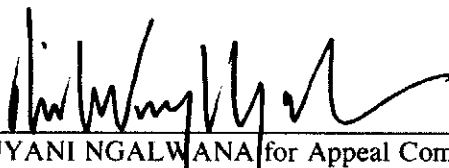
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- 1 This is an appeal by the scheme against the ruling of the Registrar which directed the scheme to pay in full for the treatment of the member following a motor-cycle accident.
  
- 2 Specifically, the scheme takes issue with the Registrar's definition of what constitutes an emergency medical condition. The Registrar expressed the view that the condition sustained by the member in a motorcycle accident is

Z-code. If whatever was done falls under a PMB treatment and care, then the scheme must pay. If not, then the scheme need not pay.

**Finding**

- 6 In the circumstances, the scheme is directed to ascertain from the medical service provider what precisely it is that he did in his treatment and care of the member, for which he charged using the Z-code. If the treatment and care forms part of a PMB treatment then the scheme must pay for that treatment in full.

  
VUYANI NGALWANA for Appeal Committee

*For the Appellant:* Dr K [REDACTED]; Ms S [REDACTED]

*For the 2<sup>nd</sup> respondent:* Ms D [REDACTED]

*Date of hearing:* 26 November 2009

*Date of Ruling:* 04 December 2009

a prescribed minimum benefit condition. The Registrar did not define an emergency medical condition.

3 In any event, even on the scheme's own definition (derived from Regulation 7 to the Medical Schemes Act, 131 of 1998), the member's condition clearly falls within that definition. The trouble is that the scheme seems to focus on that part of the definition that talks about a "person's life in serious jeopardy". But the definition also countenances a situation where the member sustains "serious impairment to bodily functions or serious dysfunction of a bodily organ or part". This much was conceded by Doctor K●●●.

4 Doctor K●●● also conceded that the member's condition could very well fall within the descriptors. However at issue here is that the unpaid portion of the account includes payment codes that do not fall within the list of codes recognisable as referring to services for a PMB condition. In the case of the fractured clavicle, the Registrar's published list of PMB-ICD codes does not include the code submitted by the surgeon (S42.00), and in the case of follow-up services the surgeon submitted a generic 'Z code' (Z48.8) that does not specify PMB services.

5 In light of the uncertainty as regards whether underlying the Z-code is a descriptor for a PMB condition, the scheme should ascertain from the medical service provider what precisely was done for the charge/s under the