

**THE COUNCIL FOR MEDICAL SCHEMES
APPEAL COMMITTEE**

In the matter between:

AP

Appellant

and

NIMAS

Respondent

APPEAL RULING

1. Doctor X attended at the birth of Y who was one of twins born prematurely on 24 February 2006. The other twin, unfortunately, died shortly after birth.
2. Y's father, Z, was a member of the Respondent.
3. The Respondent declined to pay certain of the charges levied by Doctor X in respect of the services rendered by him in treating Y, in the period following her birth. Y was in hospital from 24 February 2006 until 18 May 2006.

4. Doctor X laid a complaint with the Registrar, who ruled that all of his costs should be paid by the Respondent, save for an amount of R23 078.04 in respect of ventilation costs.
5. In respect of this latter amount, there is a dispute as to whether ventilation in the treatment of a premature baby of a birth weight of under 1000 grams was a prescribed minimum benefit. The Registrar ruled that it was not and that therefore the scheme was entitled to exclude payment for ventilation during this period.
6. Doctor X has appealed to the appeal committee against the decision that the ventilation costs should not be met by the Respondent.
7. The appeal committee accepts the view of Professor Jan Van der Merwe, the medical advisor to the council, that in the circumstances of Y's treatment, whilst treatment of babies with low birth weight under 1000 grams with respiratory difficulties is a prescribed minimum benefit, such treatment excludes ventilation. The ventilation, in other words, does not form part of the prescribed minimum benefit, and the member could not claim repayment of the ventilation costs as a PMB.
8. Nevertheless, Mr Z's membership option covers up to 250% of NHRPL for in-hospital benefits.

9. The appeal committee fails to understand how the Respondent could decline to pay for the ventilation costs in their entirety. If the ventilation costs had been a prescribed minimum benefit the Respondent could not demand any co payment from the member whatsoever. Having established that they were not a prescribed minimum benefit in the applicable circumstances, however, the Respondent would still be obliged to meet the costs of the ventilation on the basis of its in-hospital benefit cover. This would mean that the Respondent should pay for the ventilation costs at a rate up to 250% of NHRPL.

10. In the circumstances the decision of the Registrar to deduct the costs of the ventilation cannot be justified, and the scheme is ordered to pay these costs up to an amount of 250% of NHRPL.

DATED AT JOHANNESBURG THIS DAY OF MARCH 2007

P R JAMMY
FOR: APPEAL COMMITTEE