

The complaint

Mr L complains about the decision by AXA PPP Healthcare Limited to turn down his private medical insurance claim.

What happened

Mr L holds private medical insurance cover with AXA. Mr L contacted AXA to obtain authorisation to see a cardiologist after being referred by his GP.

AXA refused the authorisation. It said the claim was excluded from cover because it thought Mr L's condition could be managed by his GP in a primary care setting.

Mr L went ahead and saw the cardiologist, and paid for the consultations and investigations himself. He brought a complaint to this service about AXA's claims decision.

Our investigator recommended the complaint be upheld. He thought the MRI arranged by the cardiologist could not have been carried out by the GP. Although AXA had referred to guidance which said Mr L should have tried three medications before being referred to a specialist, he thought the specialist had reasonably explained why the GP was correct to make the referral. He therefore recommended that AXA accept the claim.

AXA didn't agree to our investigator's recommendations, and so the matter has been passed to me for a decision.

What I've decided – and why

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

The policy says:

"4.15 GP and primary care services

Your cover includes access to the AXA Doctor at Hand service for video and telephone consultations as shown in the benefits table. We do not cover any other primary care services or treatment that would normally be carried out in a primary care setting. This includes any fees for services that a GP, dentist or optician could normally carry out, or any other primary care services."

AXA has referred to guidance issued by the National Institute for Health and Care Excellence (NICE) which recommends that three medications should be attempted before referral to a specialist. Mr L had been prescribed two medications by his GP. AXA thought the GP ought to have continued to treat Mr L's condition using medication, rather than refer him to a specialist.

If the GP referral had only said they wanted the specialist to manage the condition, I could understand why AXA would say that the condition could be managed by the GP, given the

NICE guidance. However, the GP also wanted the specialist to consider other investigations/input.

The specialist arranged for Mr L to have further investigations, including an MRI scan. This could not be done by a GP in a primary care setting.

The specialist also explained that he thought the GP was correct to refer Mr L to him when they did (despite the NICE guidance regarding three medications), given Mr L's previous very high blood pressure reading and additional symptom of palpitations. I agree with our investigator that this was a reasonable explanation.

Taking all of this into account, I don't agree with AXA that the claim fell under the above exclusion.

My final decision

My final decision is that I uphold this complaint. I require AXA PPP Healthcare Limited to pay the claim in line with the remaining policy terms. Interest* should be added at the rate of 8% simple per annum from the date Mr L paid the invoice/s to the date of settlement.

*If AXA considers that it's required by HM Revenue & Customs to take off income tax from that interest, it should tell Mr L how much it's taken off. It should also give Mr L a certificate showing this if he asks for one, so he can reclaim the tax from HM Revenue & Customs if appropriate.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr L to accept or reject my decision before 8 March 2023.

Chantelle Hurn-Ryan
Ombudsman