

The complaint

Mr V has complained that AXA PPP healthcare Limited ('AXA') has unfairly declined his claim for treatment.

What happened

Mr V has a private medical insurance policy, underwritten by AXA.

He made a claim for surgery which AXA declined as it said an exclusion applied to treatment which wasn't deemed medically necessary.

Mr V complained to AXA and unhappy with its response, referred his complaint to the Financial Ombudsman Service.

Our investigator looked into the complaint but didn't think that AXA had unfairly declined the claim.

Mr V disagreed and so the case has been passed to me for a final 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.

Having done so, I don't think this complaint should be upheld. I'll explain why.

- The relevant rules and industry guidelines say an insurer should handle claims promptly and fairly. And shouldn't unreasonably reject a claim.
- The policy terms contain an exclusion which says: *"Like most health insurers, we only cover treatment that is medically necessary. We do not cover treatment that is not medically necessary, or that can be considered a personal choice."*
- Mr V made a claim for surgery which AXA declined on the basis of the above exclusion. Mr V has said that AXA failed to detail the exclusion at the outset which meant he had to refer his complaint to the Financial Ombudsman Service.
- Having considered the available medical evidence, I don't think AXA unfairly declined Mr V's surgery initially as the medical evidence didn't suggest the surgery was medically necessary. During our investigation, AXA provided further reasoning which led to Mr V seeking further medical evidence. But AXA did confirm throughout its correspondence that it would be willing to consider any further medical evidence if Mr V was able to provide it.
- I have looked at the timeline of events to consider whether AXA could have done more to help Mr V understand its reason for declining the surgery. On 24 August 2023 AXA confirmed Mr V did not meet the criteria for surgery. It said his condition

was currently well controlled. Mr V said he wanted to provide further medical evidence and AXA confirmed it would review this.

- On 30 August 2023 AXA again confirmed that the medical evidence suggested his condition was well managed and so a request for surgery did not meet the eligibility criteria. Mr V replied on the same day and asked under what basis the decision was made. AXA responded on 1 September and confirmed it was based on the medical evidence provided. It said if Mr C could provide further medical evidence, it would be happy to review it. Mr V replied on the same day and asked for the relevant clause of his policy. This was provided to him on 4 September 2023.
- Having considered the timeline carefully, I think it would have been better if AXA had quoted the relevant policy term at the outset. But I don't think its communication or information was unhelpful as it clearly explained that the reason the surgery was declined was because Mr V's condition was well controlled. It provided Mr V with the specific term on 4 September 2023 which was just a few days after his request, so I don't think the problem was long lasting.
- Mr V has said that AXA may now agree to fund his surgery but I can only look at the events which took place up to the point AXA issued its final response letter on 4 September 2023. AXA clearly explained which exclusion it had relied on. Mr V says this should have been provided sooner and I agree it would have been helpful for AXA to have pointed this out to begin with but overall, I don't think the impact was long lasting or significant. So I won't be asking AXA to do anything more.

My final decision

For the reasons set out above, I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr V to accept or reject my decision before 12 March 2024.

Shamaila Hussain
Ombudsman