

## **The complaint**

Mr C, on behalf of Miss C, complains that AXA PPP Healthcare Limited declined a claim under a private health insurance policy.

## **What happened**

The policy covers Miss C, who's a minor. Mr C has brought the complaint on her behalf.

Mr C made a claim to AXA for genetic testing that Miss C's medical practitioner had recommended. AXA declined the claim as it said an exclusion under genetic tests applied in the circumstances. This was when the result of the test wouldn't change the course of the treatment. Unhappy with AXA's decision, Mr C brought a complaint to this Service.

One of our investigators reviewed the complaint. Having done so, she didn't think AXA had fairly declined the claim. She thought Mr C had done enough to show the genetic test could impact the treatment Miss C needed. So, she didn't think the exclusion AXA had relied on applied in the circumstances. She said AXA should reassess the claim.

AXA didn't agree with the investigator's findings. It said that the medical reports Mr C had provided didn't show the results of the genetic tests would change the treatment plan. So, AXA maintained that the exclusion applied to the claim.

As no agreement was reached, the complaint has been passed to me to decide.

## **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.

Industry rules set out by the regulator (the Financial Conduct Authority) say insurers must handle claims fairly and shouldn't unreasonably reject a claim. I've taken these rules, and other industry guidance, into account when deciding what I think is fair and reasonable in the circumstances of Miss C's complaint.

The relevant policy terms say there's cover for the following:

*"We will pay for genetic testing when it is proven to help choose the best eligible treatment for your medical condition."*

But AXA has relied on the following exclusion under this section:

*"We do not cover genetic tests:*

*[...]*

- where the result of the test wouldn't change the course of eligible treatment. This might be because the course of eligible treatment for your symptoms will be the same regardless of the result of the test or what medical condition has caused them; [...]"*

AXA says the medical practitioner hasn't shown the results of the tests *would* change the course of eligible treatment. But that's not what the exclusion says – it says that they *wouldn't*. So, I've considered if AXA has shown that the genetic testing wouldn't change the course of the treatment.

Miss C's medical practitioner recommended genetic testing and said the following:

*"In my opinion, there may well be two different diagnoses here. [...]"*

*If we do find a mutation then of course this may well affect management as well as giving an indication of prognosis."*

After AXA declined cover for the genetic testing, Miss C's medical practitioner sent another report, in which they said the following:

*"If we identify a diagnosis particularly if related to exocrine function it will have significant impact on this young girl's future management and indeed lifelong treatment. A finding which shows an association with anaemia would also have significant implications for long term follow up and bone marrow function and management of her anaemia once the deficiencies are corrected."*

*It is therefore imperative that we establish a diagnosis in order to establish a prognosis and a firm management plan which has clear intervention and lifelong implications for treatment."*

I'm satisfied these reports, especially the later one, show that diagnosing Miss C, through genetic testing, is likely to have an impact on her treatment plan. In fact, the medical practitioner says that a potential diagnosis *"will have significant impact"* on treatment.

It's for AXA to show an exclusion applies. It says that a genetic test is not required to diagnose what's causing Miss C's condition, and this can be done using the conventional diagnostic tests. However, AXA hasn't clarified what these are.

AXA also says that Miss C's medical practitioner hasn't provided evidence how the results of the genetic test will directly change the course of treatment for her condition. And AXA's understanding is that the treatment for this condition will be the same regardless of the result of the genetic test. But AXA hasn't sent us persuasive evidence to show what the treatment for Miss C's suspected conditions are, and in what circumstances this treatment is appropriate.

I don't think AXA has shown that the exclusion applies in the circumstances, based on the evidence available so far. AXA has referred to Miss C's medical practitioner giving a vague justification for the testing. But firstly, I note that the treating doctor is a consultant in clinical genetics, so an expert in the field. And ultimately, I'm satisfied a medical professional has said that diagnosis, through genetic testing, is likely to have a significant impact on treatment. Overall, I'm not satisfied that AXA has shown the result of the genetic test wouldn't change the course of the treatment.

So, I think a fair and reasonable outcome is for AXA to reassess the claim on the basis that there's currently insufficient medical evidence to show the exclusion applies in Miss C's circumstances. Usually where an insurer hasn't shown an exclusion applies, I would direct it to simply pay the claim. However, AXA has also said that the treating doctor hasn't been recognised by AXA since 2019. So, I think in the circumstances the fair outcome is for AXA to reassess the claim.

**My final decision**

My final decision is that I uphold Miss C's complaint and direct AXA PPP Healthcare Limited to reassess the claim on the basis that there's currently insufficient medical evidence to show the exclusion applies.

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss C to accept or reject my decision before 30 July 2025.

Renja Anderson  
**Ombudsman**