

The complaint

Mr D complains that Vitality Health Limited declined a claim for a CT scan under his private health insurance policy.

What happened

Mr D held a private health insurance policy which was provided by Vitality. He made a claim for a knee operation which took place in October 2023. Mr D had pre-operative tests carried out before the operation, such as blood tests. His consultant also carried out a CT scan in September 2023 to help plan the procedure.

Vitality paid the costs relating to the knee operation Mr D had. But it declined to pay for the CT scan because this was carried out on an outpatient basis, and Mr D hadn't chosen to have this cover on his policy.

Mr D didn't agree with Vitality's position. He said the consultant had carried out the CT scan pre-operatively. So, he brought a complaint to this Service.

One of our investigators reviewed the complaint. Having done so, she thought Vitality had acted fairly and reasonably when it declined to pay for the CT scan, for the reasons it did.

Mr D didn't agree with the investigator's findings. 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 Mr D's complaint.

It's not in dispute that Mr D didn't hold outpatient cover on his policy. This policy benefit covers CT scans that are carried out on an outpatient basis. But Mr D says the CT scan was part of his operation, and so it should be covered as a pre-operative scan.

Vitality says it covers essential pre-operative tests. I can see that Mr D's consultant has explained that the scan was done to look at the anatomy of Mr D's leg bones to help plan the procedure. I don't dispute that this scan was an essential part to plan Mr D's operation. But this in itself doesn't mean it's an essential pre-operative test that Vitality covers.

Vitality has sent information to show what kind of tests are considered to be essential pre-operative tests. It has explained that these are tests that are carried out to check a patient is fit for surgery, such as blood tests and ECG, and which take place shortly before the procedure. CT scans are not considered to be part of these tests. Additionally, the consultant has said the CT scan was done to help plan the procedure, rather than check Mr D's fitness for surgery.

I'm sorry to disappoint Mr D, but having considered everything, I don't think Vitality acted unfairly or unreasonably when it declined to pay for the CT scan. This was carried out on an outpatient basis around a month before the surgery to help plan the procedure. Mr D doesn't hold outpatient cover, and the scan isn't considered an essential pre-operative test to check fitness for surgery. So, I don't think there's anything Vitality needs to do, to put things right.

My final decision

My final decision is that I don't uphold Mr D's complaint.

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

Renja Anderson
Ombudsman