

The complaint

Miss M complains about the decision by AXA PPP Healthcare Limited to turn down her claim under a private medical insurance policy.

Miss M is represented by Mr M.

What happened

Miss M is covered under a group private medical insurance policy with AXA. Mr M submitted a claim to AXA for Miss M after she had a consultation with a dermatologist.

AXA turned down the claim as it didn't think Mr M had provided enough information to show that the consultation was covered by the policy. Unhappy with AXA's claims decision, Mr M brought a complaint to this Service on Miss M's behalf.

Our investigator didn't recommend the complaint be upheld. She thought AXA's decision to turn down the claim had been reasonable, based on the available evidence.

Mr M then provided new evidence from the dermatologist. We sent this to AXA, but it still didn't think the claim was payable.

I issued a provisional decision on 14 August 2023. Here's what I said:

'Mr M told AXA that Miss M suffered from dermatology and needed to see a specialist. AXA asked for some more information about this, and Mr M said she had a skin disorder on her neck and shoulder. Mr M then told AXA he'd made an appointment with a dermatologist. AXA advised him that a GP referral would be needed for it to cover the consultation. AXA asked Mr M to discuss the condition with the GP, and said if the GP wanted Miss M to see a specialist, he should go back to AXA.

Mr M has provided a GP referral dated 2 November 2022. This only said 'Thank you for seeing the above patient for her ongoing skin concerns'.

I would expect a GP referral letter to set out why a patient needs to see a specialist. Here, the GP didn't provide any details about Miss M's skin concerns, or whether any treatment had been attempted.

AXA didn't think the GP referral letter showed that Miss M's consultation with a dermatologist was medically necessary. I would agree with this. However, Mr M has now provided further evidence from the dermatologist ('Dr A') dated 27 October 2022, which I've considered.

First of all, I note that the GP referral was dated after Miss M had been to see Dr A. It seems from this that Miss M chose to seek a specialist's opinion before seeing her GP.

I've read Dr A's letter and it appears that the appointment of 27 October 2022 was Miss M's second visit with her. I haven't seen a report from the first visit. Dr A said that, after a week of two ointments on the eyelids and neck, Miss M's eczematous eruption had completely

cleared. She said that Miss M had stopped all products, and could start to gradually reintroduce these.

The policy doesn't cover primary care services or treatment that would normally be carried out in a primary care setting.

Given the lack of information about Miss M's skin problems, it's not clear why Miss M's GP could not have prescribed the ointments that she needed, or why Miss M needed to see a specialist.

I therefore find that it was reasonable for AXA to turn down the claim as Miss M has not provided enough information to show that the claim is covered.

AXA has noted Dr A mentioned that Miss M had stopped using all products. It is not known whether the use of cosmetic or beauty products caused Miss M's skin problems, but if so, then AXA has pointed out that the policy excludes treatment that is needed as a result of using a cosmetic (beauty) product.

Miss M can of course provide further information to AXA from her GP and/or Dr A if she maintains that it was necessary for her to see a specialist. AXA can then consider the matter further.'

I asked both parties if they had any further information or comments to make before I made my final decision.

AXA responded to say it had no further comments to make.

Mr M responded to say he did not accept the decision on Miss M's behalf. He said her skin complaint was serious and needed urgent attention. He made the point that arranging to see a GP takes several days, and Dr A was available before the GP. Mr M also thought that if Miss M had seen a GP, there was no doubt the GP would have referred her to a specialist.

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.

To be clear, I don't dispute that Miss M's skin condition needed medical attention. The issue is that Miss M has not shown that she needed to see a specialist, rather than a GP. As I've said, the policy doesn't cover treatment that would normally be carried out in a primary care setting.

Mr M has said that if Miss M had seen a GP, there is no doubt the GP would have referred her to a specialist. However, I haven't seen any evidence to support this. Given the nature of the treatment (ointments), it seems likely that a GP could have treated Miss M. Though Miss M can provide further information to AXA from her GP and/or Dr A for it to consider if she wishes.

Miss M decided to see Dr A because the appointment was available before her GP could see her. Whilst I can appreciate why Miss M chose to do this, it does not mean that AXA should disregard the policy terms and cover the cost of this.

I therefore remain satisfied that it was reasonable for AXA to turn down the claim.

My final decision

My final decision is that I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss M to accept or reject my decision before 27 September 2023.

Chantelle Hurn-Ryan **Ombudsman**