

BULLETIN NUMBER: 22-2019
TITLE: GENERAL EXCLUSIONS
DATE: OCTOBER 1, 2018

PURPOSE:

The purpose of this bulletin is to clarify in details list of general exclusion that shall not be covered under the NHI plan. Exclusions means items or risks specifically not covered under the National Health Insurance Plan.

BACKGROUND:

On February 17, 2011 the first rules and regulations of the Healthcare Fund was adopted in accordance to with the Administrative Procedure Act codified in 6 PNC § 101 ff and RPPL 8-14 codified in Title 41, Chapter 9 of the PNC. The purpose of these rules and regulations is to ensure effective and efficient and Administration of the National Healthcare Financing Act, RPPL 8-14. The regulations under Section 551 and 552 stated general list of items that are excluded from coverage under the National Health Insurance for off-island and on-island care. The program faced challenges with different interpretations on non covered items, and actions were taken to further clarify and provide details to benefits covered under the plan. With the new schedule of benefits as approved on October 2017, the plan also listed in details other general exclusions that are not covered under the National Health Insurance.

INTERPRETATION:**General Exclusion:****Limitations & Exclusions**

- Abortion Services, supplies, Drugs, and other care for voluntary abortions and/or fetal reduction surgery. This Exclusion does not apply to therapeutic abortions, which are abortions performed to save the life or health of the mother as recommended by a Doctor.
- Acts of War, Disasters, or Nuclear Accidents In the event of a major disaster, epidemic, war, or other event beyond our control, a good faith effort to give will be provided for Covered Services. The plan will not be responsible for any delay or failure to give services due to lack of available Facilities or staff.

- a. Benefits will not be given for any illness or injury that is a result of war, service in the armed forces, a nuclear explosion, and nuclear accident, release of nuclear energy, a riot, or civil disobedience.
- Administrative Charges
 - a) Charges to complete claim forms,
 - b) Charges to get medical records or reports,
 - c) Membership, administrative, or access fees charged by Doctors or other Providers. Examples include, but are not limited to, fees for educational brochures or calls to provide test results.
- Alternative / Complementary Medicine Services or supplies for alternative or complementary medicine. This includes, but is not limited to:
 - a) Holistic medicine,
 - b) Homeopathic medicine,
 - c) Hypnosis,
 - d) Aroma therapy,
 - e) Massage and massage therapy,
 - f) Reiki therapy,
 - g) Herbal, vitamin or dietary products or therapies,
 - h) Naturopathy,
 - i) Thermography,
 - j) Orthomolecular therapy,
 - k) Contact reflex analysis,
 - l) Bioenergetic synchronization technique (BEST),
 - m) Iridology-study of the iris,
 - n) Auditory integration therapy (AIT),
 - o) Colonic irrigation,
 - p) Magnetic innervation therapy,
 - q) Electromagnetic therapy,
 - r) Neurofeedback / Biofeedback.
- Care received before the Effective Date or after coverage ends, except as written in this Plan.

- Services received from Providers that are not licensed by law or otherwise to provide Covered Services. Examples include, but are not limited to, massage therapists, physical therapist technicians, and athletic trainers.
- Charges over the Maximum Allowed Amount for Covered Services or what is deemed as Usual, Customary, or Reasonable.
- Charges Not Supported by Medical Records or described in medical records.
- Services for Cochlear Implants.
- Complications of Non-Covered Services - Care for problems directly related to a service that is not covered by this Plan. Directly related means that the care took place as a direct result of the non- Covered Service and would not have taken place without the non-Covered Service.
- Contraceptives Contraceptive devices including diaphragms, intra uterine devices (IUDs), and implants.]
- Cosmetic Services Treatments, services, Prescription Drugs, equipment, or supplies given for cosmetic services. Cosmetic services are meant to preserve, change, or improve how an individual looks. No benefits are available for surgery or treatments to change the texture or look of skin or to change the size, shape or look of facial or body features. This Exclusion does not apply to reconstructive surgery for breast symmetry after a mastectomy or to surgery to correct congenital defects and birth abnormalities
- Court Ordered Testing or care unless Medically Necessary.
- Treatment of an injury or illness that results from a crime that is committed, or attempted to commit.
- Custodial Care, convalescent care or rest cures. This Exclusion does not apply to Hospice services.
- Charges incurred for dental services except for surgical procedures as a result of accidental injury to natural teeth or jaw; such services do not include capping, bridges or retainers as benefits
- Educational Services or supplies for teaching, vocational, or self-training purposes.
- Experimental or Investigational Services or supplies.
- Eyeglasses and Contact Lenses Eyeglasses and contact lenses to correct eyesight. This Exclusion does not apply to lenses needed after a covered eye surgery.

- Orthoptics and vision therapy.
- Eye surgery to fix errors of refraction, such as near-sightedness. This includes, but is not limited to, LASIK, radial keratotomy or keratomileusis, and excimer laser refractive keratectomy.
- Services prescribed, ordered, referred by or given by a member's immediate family, including spouse, child, brother, sister, parent, in-law, or self.
- Routine foot care unless Medically Necessary. This Exclusion applies to cutting or removing corns and calluses; trimming nails; cleaning and preventive foot care, including but not limited to:
 - a) Cleaning and soaking the feet.
 - b) Applying skin creams to care for skin tone.
 - c) Other services that are given when there is not an illness, injury or symptom involving the foot.
- Foot orthotics, orthopedic shoes or footwear or support items unless used for an illness affecting the lower limbs, such as severe diabetes.
- Surgical treatment of flat feet; subluxation of the foot; weak, strained, unstable feet; tarsalgia; metatarsalgia; hyperkeratoses.
- Free Care Services one would not have to pay for if not enrolled in this Plan. This includes, but is not limited to government programs, services during a jail or prison sentence, services one gets from Workers Compensation, and services from free clinics.
- Health Club Memberships and Fitness Services Health club memberships, workout equipment, charges from a physical fitness or personal trainer, or any other charges for activities, equipment, or facilities used for physical fitness, even if ordered by a Doctor.
- Hearing Aids or exams to prescribe or fit hearing aids.
- Home Care
 - a) Services given by registered nurses and other health workers who are not employees of or working under an approved arrangement with a Home Health Care Provider.
 - b) Private Duty Nursing and Private Duty Nursing Services unless given as part of the "Home Health Care Services" benefit.
 - c) Food, housing, homemaker services and home delivered meals.

- Infertility Treatment Testing or treatment related to infertility.
- Maintenance Therapy - Treatment given when no further gains are clear or likely to occur. Maintenance therapy includes care that helps keep current level of function and prevents loss of that function, but does not result in any change for the better.
- Charges for missed or cancelled appointments.
- Services that is not Medically Necessary.
- Nutritional and/or dietary supplements.
- Oral Surgery Extraction of teeth, surgery for impacted teeth and other oral surgeries to treat the teeth or bones and gums directly supporting the teeth.
- Personal Care and Convenience items.
 - a) Items for personal comfort, convenience, protection, cleanliness such as air conditioners, humidifiers, water purifiers, sports helmets, raised toilet seats, and shower chairs,
 - b) First aid supplies and other items kept in the home for general use (bandages, cotton-tipped applicators, thermometers, petroleum jelly, tape, non-sterile gloves, heating pads),
 - c) Home work out or therapy equipment, including treadmills and home gyms,
 - d) Pools, whirlpools, spas, or hydrotherapy equipment.
 - e) Hypo-allergenic pillows, mattresses, or waterbeds,
 - f) Residential, auto, or place of business structural changes (ramps, lifts, elevator chairs, escalators, elevators, stair glides, emergency alert equipment, and handrails).
 - g) During an inpatient hospital stay, telephone or communication charges; extra beds, blankets or pillows; extra meals or drinks; nail care; cost for physical or digital copies or of film, x-ray, CT, MRI or Reports.
- A private hospital room when a semi-private room is appropriate.
- Prosthetics for sports or cosmetic purposes.
- Residential Treatment Centers.
- Sex Change Services and supplies for a sex change and/or the reversal of a sex change.
- Sexual Dysfunction Services or supplies for male or female sexual problems.
- Smoking Cessation Programs unless otherwise approved by the Plan.
- Stand-by charges of a Doctor or other Provider.

- Sterilization Services to reverse an elective sterilization.
- Temporomandibular Joint Treatment including fixed or removable appliances which move or reposition the teeth, fillings, or prosthetics (crowns, bridges, dentures).
- Travel Costs Mileage, lodging, meals, and other Member-related travel costs except as specifically approved by the Plan.
- Treatment of varicose veins or telangiectatic dermal veins (spider veins) by any method (including sclerotherapy or other surgeries) for cosmetic purposes.]
- Vision Services.
- Weight Loss Programs, whether or not under medical supervision.
- Weight Loss Surgery or Bariatric surgery.
- Charges for expenses in connection with Chronic Brain Syndrome, or custodial care charges resulting from senile deterioration, unless otherwise noted as covered in this policy;
- Charges for allergy testing and treatment;
- Treatment of End-Stage Renal Disease including but not limited to hemodialysis treatment.