

3. INSURED AND NON-INSURED SERVICES

3.1 OVERVIEW

The services covered, or insured, under the Newfoundland and Labrador Medical Care Plan (MCP), are listed in the Medical Payment Schedule. The authorization for this coverage is contained in the *Insured Services Regulations* made by the Provincial Cabinet in accordance with the *Newfoundland Medical Care Insurance Act*.

3.2 INSURED SERVICES

The *Medical Care Insurance Insured Services Regulations* stipulate the general categories of medical services covered under the Plan; these include:

- visits to a physician's office, hospital or beneficiary's residence
- surgical, diagnostic and therapeutic procedures including anaesthesia
- pre and post-operative care
- complete maternity care
- radiology/nuclear medicine interpretive services
- certain surgical-dental procedures which are medically necessary to be performed in hospital by a dentist or oral surgeon

3.3 NON-INSURED SERVICES

The *Medical Care Insurance Insured Services Regulations* also lists specific services which are **not** insured under MCP, these include:

- health examinations (including pre-employment, preschool, periodic and insurance physicals)
- vaccinations of persons who **are not** part of target populations designated by the DOHCS
- visits for renewal of prescription only
- X-ray, laboratory or other diagnostic and therapeutic services provided outside a hospital, unless approved by MCP
- experimental treatments and procedures
- services associated with clinical trials
- laser surgery for vascular lesions not listed in existing DOHCS policy
- services associated with hair transplantation
- injection of asymptomatic superficial veins
- epilation

- excision of redundant skin for elimination of wrinkles
- excision or destruction of tattoos
- surgery, including laser surgery, for correction of refractive errors
- reversal of previous sterilization procedure
- in-vitro fertilization and OSST (ovarian stimulation and sperm transfer)
- sex reassignment surgery, when not recommended by the Gender Identity Clinic—Centre for Addiction and Mental Health
- therapeutic abortions performed in the province at a facility not approved by the College of Physicians and Surgeons of Newfoundland and Labrador
- consultations required by hospital regulations
- alcohol/drug treatment, outside Canada
- medical examinations for drivers
- hypnotherapy
- circumcisions of newborns
- excision of xanthelasma
- fluoride dental treatment for children under six years of age
- the dentist, oral surgeon or general practitioner's fee for routine dental extractions performed in hospital
- visits to optometrists, general practitioners and ophthalmologists solely for the purpose of determining whether new or replacement glasses or contact lenses are required
- testimony in court
- plastic or other surgery for purely cosmetic purposes unless medically indicated
- examinations, not necessitated by illness or at the request of a third party except as specified by MCP
- acupuncture and all procedures and services related to acupuncture, excluding an initial assessment specifically related to diagnosis of the illness proposed to be treated by acupuncture
- ambulance service and other forms of transportation of patients
- the time taken or expenses incurred in travelling to consult a beneficiary
- any service to which a beneficiary is entitled
 - an Act of the Parliament of Canada
 - an Act of the Province
 - an Act of the Legislature of any province of Canada, or
 - any law of a country or part of a country
- any services rendered by a physician to the spouse and children of the physician
- the preparation by a physician of records, reports or certificates for or on behalf of, or any communication to or relating to, a beneficiary
- the dispensation by a physician of medicines, drugs or medical appliances and the giving or writing of medical prescriptions
- any advice given by a physician to a beneficiary by telephone

3.4 SERVICES EXCLUDED UNDER THE INTERPROVINCIAL AGREEMENTS FOR THE RECIPROCAL PROCESSING OF OUT-OF-PROVINCE MEDICAL AND HOSPITAL CLAIMS

Please refer to Section 4—Residents of Other Provinces, for a list of excluded services when billing out-of-province claims.

3.5 WORKPLACE HEALTH, SAFETY AND COMPENSATION COMMISSION (WHSCC)

Services and treatment as a result of **work-related** accidents should be billed to the WHSCC. When patients present with injuries that appear to be the result of an accident, it should be determined if the injury is work-related. If claims are submitted to MCP, and it is subsequently determined that the injury was work-related, it will cause extra work for your office and MCP staff.

3.6 THIRD PARTY CLAIMS

When patients present with injuries as a result of automobile or other non-work-related accidents, the claims for services should be submitted to MCP. The DOHCS and MCP review the claim costs for accident cases and pursue recoveries when a third party is at fault.