

Non-claimable Items

What are the claim items that are not covered and considered not as customary under PruBSN medical benefits?

PruBSN covers all costs directly related to the treatment of the covered conditions. However, there are certain things that PruBSN does not cover as per below:

1. Administrative or service charges by a hospital that is not deemed medically necessary or directly related to the treatment, including but not limited to:

- a. Administrative fee, Admission fee, Registration fee, Hospital visit fee, Billing fee, Facility fee, Dispensing fee
- b. Admission Kit/Pack
- c. Arm band/ID band/Wrist band/
- d. Smart locker, Laundry, Telephone/Television, DVD, thumb drive, pen drive, Mineral water, Newspaper
- e. Lodger/SleeperEtte (coverable for patient 15-years-old and below)
- f. Company bill, Insurance/Takaful bill, Electricity (use for charging mobile), Fax
- g. Medical Report fees, Medical Records fees, Insurance/Takaful processing fee

****All the above mentioned are non-coverable except for medical product with full coverage.***

2. Medical Supplies that is not directly related to the treatment nor deemed medically necessary, including but not limited to:

- a. Diapers, disposable men briefs, disposable panties, incontinence pad, sanitary pads, disposable underwear, inco-pad/underpad or similar items
- b. Trigene wipes, Distel wipes, Wypall, Microzid wipes, Trigene spray or similar items
- c. Fold Towel, Absorbent Hand Towel, Compress Towel, Magic Towel, Warm blanket, Hygiene Sheet/Tena, Bed bath/bed sponging or similar items
- d. Body Lotion, Baby lotion, Moisturising lotion, Sebamed soap/Cetaphil (shampoo /lotion) or similar items
- e. Vomit bowl/kidney bowl disposable (except medically necessary)

All the above mentioned are non-coverable except for medical product with full coverage

3. Home care or take-home external appliances that can be purchased from retail store or pharmacy without prescription, including but not limited to:

- a. Collar Support /Cervical collar/Miami J Collar/Crutches /Walker/Knee Brace/Lumbar Support/Jewett Brace/Lumbar sacro/Aerochamber/Optichamber/Wheel Chair/Wrist support and similar items
- b. Anti-embolism Stocking/Stockinette/Sigvaris Thrombox-x (thigh)/Hearing Aids/Arm Sling
- c. Ice bag/Ice pack/Hot/cold pack
- d. BP Monitoring Set (portable bring home set)

- e. Blood Glucose Monitoring Set (portable bring home set)
- f. Nebulizer machine (portable - bring home)
- g. Oxygen tank (portable bring home set)
- h. Portable phototherapy machine (for ultraviolet B (UVB) light)
- i. Pacemaker (internal & external)
- j. Cardioverter defibrillator (internal & external)

****Pacemaker and Cardioverter defibrillator coverage will be subjected Medical Plan terms and conditions.***

4. Vitamins or supplements to promote health or enhance bodily functions and preventive medicines (vaccines), including but not limited to:

- a. Supplement (Natural Substance)/Tanakan (Ginkgo biloba extracts)
- b. Glucosamine- any supplement containing active ingredient of Glucosamine or similar
- c. Adaxil/Bio Q10/Neuroaid
- d. Piascledine (Natural Substance)
- e. Mineral (eg: zinc, calcium, magnesium)
- f. Anti-Obesity (eg:Reductil)
- g. Weight gain products (eg: gainbac, protein)
- h. Infant Formula, Baby Powder
- i. Enercal/Mederma/dermatix/Vitamins/Probiotic/Legalon
- j. Any kind of infant's or adult's nutrition formula
- k. Prevenar Injection/Rotarix Injection/Engerix B/Harvix-720/1440/Glutamate/Dukoral/ and other preventive medicines
- l. Tetanus Toxoid (except for injury antiseptic & Pertussis)
- m. Tamiflu (except H1N1 infection, Influenza and any of flu condition)

5. Investigation (Lab, Imaging or of any other kind) that is not covered under the medical benefit and/or done for Screening purpose, including but not limited to:

- a. Sexually transmitted disease test/Pregnancy test/Infertility test/Genome test/Somatic DNA targeted Sequencing Panel/Hepatocyte growth-promoting factors/Circular RNA and Polymerase Chain Reaction (CR & PCR test)/RNA fusion analysis/Peptide Receptor Radionuclide test (PRR test)/Paradigm Cancer Diagnostic (PCDx) /Molecular profiling/Cancer marker
- b. Skin Allergy test/Skin Prick test/Mantoux test

****Hepatitis screening is coverable if related to admitting diagnosis.***

****Skin allergy test/Skin prick test/Mantoux test are coverable if related to admitting diagnosis.***

****Genomic Test subjected to claims review***

6. Treatment that is elective, cosmetic and experimental in nature, including but not limited to:

- a. Stem cell (except haemopoietic blood disorder)
- b. Platelet Rich Plasma (PRP)/Cancer Nano Blockage

- c. New Generation Photodynamic Therapy (PDT)
- d. Topaz Treatment /Renal Denervation procedure
- e. High intensity focused ultrasound, HIFU (except: 1)Uterine Fibroid, 2)Adenomyosis with severe presentation that failed conservative treatment)
- f. Mebo burn ointment
- g. Vaginal rejuvenating laser or energy treatment (Femilift -equipment laser machine)
- h. Robotic Surgery for cardiac/gastrointestinal/urology/gynecological etc. (except Prostate cancer, based on pre-authorization assessment consideration)
- i. Circumcision/Preputioplasty/Hyperhidrosis/Staphylococcal Enterotoxin C Injection/Any kind of skin resurfacing using yag or carbon dioxide laser
- j. Transconjunctival eye bag removal and similar nature of surgery

Note: The above list is not exhaustive and is subject to revision by Prudential BSN Takaful Berhad from time to time. If you have any enquiries, please email us at customer@prubsn.com.my