

## **SERVICES NOT COVERED UNDER FINANCIAL ASSISTANCE**

It is the policy of Dartmouth-Hitchcock (D-H) to not cover services under the D-H Financial Assistance Policy that are deemed elective and not medically necessary. The following list is services that are not covered, this is not meant to be all inclusive. Non- medically necessary services, as deemed by the physician could be excluded. Best efforts will be made to inform the patient prior to service of any new treatments not covered under the Financial Assistance Program.

### **Elective Cosmetic Procedures:**

Bariatric Surgery  
Breast Capsulectomy w/implants  
Mastpexy (Breastlift)  
Gynecomastiz (Male Breast Removal)  
Mastectomy (Transgender or cosmetic)  
Ryhtidectomy (Face Lift)  
Blepharoplasty (Eyelids)  
Brow Lift (fat/wrinkles on forehead)  
Augmentation Mammoplasty (breast implants)  
Reduction mammoplasty (breast reduction if not covered by insurance)  
Rhinoplasty (nose)  
Abdominoplasty (tummy tuck)  
Lipectomy of any kind (liposuction) - can also be listed as removal of excess skin  
or fat which is not deemed a medical necessity

Above procedures are usually screened and identified by the Financial Information Coordinators.

### **Artificial Insemination**

Microreanastomosis (tubal reversal)  
Vasovasostomy (vasectomy reversal)  
Laparoscopy for treatment of infertility (IUI - IVF - GIFT Programs)  
Infertility treatment - need to research: is it diagnostic or treatment of

### **Other**

Acupuncture  
Chiropractic Services  
Hearing aides and repairs  
Eye glasses  
Massage therapy  
Pharmaceuticals-prescription and over the counter medication  
Travel Clinic  
Blood Cord Study  
Gender disorder – see separate procedure

### **Manchester and Nashua Divisions Only**

**Routine Eye Exams** (Only covered if determined to be medically necessary and/or there is an underlying medical condition. In cases where these conditions do NOT exist the Scheduler will inform the patient that financial assistance will not apply). **Keene and Lebanon only**

### **Exceptions**

Some services due to their nature, though they fall under the elective and not medically necessary category, may be covered under the D-H Financial Assistance Policy for all or some services related to the episode of care. Guidelines will be outlined for known services and maintained by the Patient Access Resource Team as part of their procedures. These will be reviewed annually for needed revisions. Individual cases will be reviewed by Patient Access leadership and the Vice President of Revenue Management for approval of the exception.