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MONADNOCK COMMUNITY HOSPITAL
FINANCIAL ASSISTANCE PROGRAM (Charitable Care)

Appendix B: Ineligible Services

Financial assistance will be applied only to medically necessary and emergency services, and only to services which are hospital-owned; see Appendix C for Participating Providers. If any service generally considered elective is determined to be medically necessary by the examining provider, that service may then be considered eligible for FAP.

The following services are considered to be ineligible under the FAP unless otherwise determined on a case-by-case basis by financial assistance staff, the Director of Physician Services, the Director of Revenue Management, and/or the Chief Financial Officer:

1. Acne care
2. Acupuncture
3. Biofeedback
4. Cardiac Wellness Program visits that exceed allowed number of services
5. Cosmetic procedures
6. Dental services, except for bone impacted teeth
7. Admits to Intermediate Care (ICF), custodial care, rest cures in swing beds, extended stays
8. Experimental/investigational procedures
9. Infertility procedures including artificial insemination, in-vitro fertilization, intra-uterine implantation procedures, laparoscopy (for treatment of infertility)
10. Insurance company claims denied for lack of referral/pre-certification that the patient is required to obtain or for patient failure to submit information being required by the insurance company
11. Massage therapy
12. Occupational health services, employment physicals
13. Physical exams and related services for work or insurance purposes or as required for other administrative or liability reasons
14. Routine eye exams (only covered if determined to be medically necessary and/or there is an underlying medical condition) and eyeglasses
15. Services or procedures available through federal, state, or local law, regulations or programs
16. Services or procedures for any condition, disease or injury arising out of or in the course of employment, when the member has the opportunity to be covered by worker compensation programs, until those funds are exhausted
17. Sex transformation procedures and related services
18. Sterilization and/or reversal of voluntary sterilization charges (physician consultation charges for discussion of possible sterilization may be covered)
19. Supplies, including but not limited to: hearing aids, allergy serum, IUD and other birth control devices, cast cover, and durable medical equipment
20. Travel immunizations
21. Medical Nutritional Therapy and Diabetes Self-Management Training that exceeds the Medicare Coverage Guidelines