



Dartmouth-Hitchcock Pre-Authorization List Effective 1/1/2018

The following table comprises Dartmouth-Hitchcock's Prior Authorization list for all covered plans.

- Anesthesia (In/Outpatient) related to dental surgery except in an office setting
- Surgery (inpatient)
- Bariatric Surgery
- Breast Reduction Surgery
- Surgery (outpatient) (required for reconstructive surgery that could be considered cosmetic) including outpatient surgical centers
- Gender Dysphoria Treatment and Related Services (gender reassignment surgery)
- Hospital Services – Inpatient (Precertification is always required for inpatient hospitalization.)
- Rehabilitation Hospital
- Skilled Nursing Facility / Extended Care Facility
- Organ, bone marrow and stem cell transplants
- Ambulance Service (scheduled, non-urgent ground ambulance greater than 100 miles and air ambulance)
- Durable Medical Equipment (including cochlear implants) greater than \$1000
- Genetic Testing: requires prior auth except when related to a maternity diagnosis
- Growth Hormones (for persons age 19 and older)
- Home Health Care
- Infertility treatment
- Injectables (for treatment in excess of \$2,000)
- Medical and Enteral Formula (including metabolic formula) Oral formula only
- Neuromuscular Stimulator Equipment including (TENS, spinal nerve stimulator and peripheral nerve stimulator)
- Prosthetics (required for devices over total combined cost \$3,500)
- Sleep Disorder Treatments (obstructive sleep apnea)
- Temporomandibular Joint Disorder (TMJ) (required for surgery)