



**SAN FRANCISCO
HEALTH PLAN™**

Here for you

Services Requiring Prior Authorization

For reference only. Do not fax or email with your authorization form.

- All of Out-of-medical-group (OOMG) services
- All of Out-of-network (OON) services
- All Hospitalization Admissions (either via emergency or elective)
- All Outpatient Surgeries (except circumcision at birth)
- All DME and medical supplies
- Chemotherapy
- Colonoscopy / Endoscopy
- Dialysis
- General Anesthesia (CPT code 00170) for dental treatment for children only!
- Genetic Testing and Counseling
- Hearing Aids and Services
- Home Health Care
- Home Infusion
- Hospice
- Incontinence Supplies including creams and washes
- Infusion Therapy
- Investigational treatments
- MRI, MRA, PET scan, CT scan, DXA scan, NUC MED
- Non-emergency medical transportations
- Orthotics and Prosthetics
- Pain Management Injections
- PT/OT
- Radiation Therapy
- Rehab/Intermediate Care Facility
- Skilled Nursing Facility (SNF)
- Sleep Study
- Speech therapy
- Transplant evaluations and surgeries