

**SAN FRANCISCO
HEALTH PLAN™**



Here for you

HEALTHY KIDS  **HMO**

Benefit Explanation and Limitations

SFHP providers supply many medical benefits and services, some of which are itemized on the following pages.

For specific information not covered in this table, please contact:

Provider Relations

1(415) 547-7818 ext 7084

8:30am – 5:00pm on business days

At a minimum, SFHP covers the core benefits and services specified in our agreement with the California Department of Health Care Services. SFHP Healthy Kids HMO members may not be charged or balance-billed for covered services.

This list is not intended to be an all-inclusive list of covered and non-covered benefits. All services are subject to benefit coverage, limitations, and exclusions as described in the plan coverage guidelines. Some services require prior authorizations according to general or specific medical necessity criteria. Members are not responsible for any cost-sharing for covered services.

Service Category	Coverage	Details or Limitations
Abortion	Covered	
Acupuncture	Not Covered	
Alcohol and Substance Abuse Treatment Services [including drugs used for treatment, outpatient heroin detox, and Voluntary Inpatient Detox (VID)]	Covered	This is an Essential Health Benefit described in HSC Sec 1367.005 and Title 28 CCR 1300.67.005.
Allergy Services (testing and desensitization)	Covered	
Ambulance – Emergency Transportation	Covered	
Ambulance – Non-Emergency Transportation	Covered	
Ambulatory Surgery Center - ASC	Covered	
Anesthesia Services	Covered	
Artificial Insemination	Not Covered	
Audiology Services	Covered	Under 21 refer to California Children’s Services (CCS) guidelines.
Bariatric Surgery	Covered	Medical Criteria and Limitations apply.
Bedwetting (Enuresis) Alarm	Covered	Refer patients to ITC Medical Supplies at 1(415) 387-7100 .
Behavioral Health Therapy for Autism Spectrum Disorders	Covered	
Biofeedback	Covered	Medical Criteria and Limitations apply.
Birthing Centers	Covered	Limitations apply.
Blood and Blood Derivative Products	Covered	Coverage for hemophilia, including most antihemophilic factors, is covered by FFS Medi-Cal. Other limitations apply.
Bone Density Testing (DXA)	Covered	
Breast Milk Pumps	Covered	
California Children’s Services (CCS) Program, medical services for children with certain specialhealth problems	CCS Program	Only for members under 21; coordination provided.
Cancer Clinical Trials	Covered	Member and trial must meet specific medical criteria.
Chemotherapy	Covered	CCS Program will cover in most cases. See CCS Program.
Chiropractic Services	Not Covered	
Christian Science Practitioners	Not Covered	
Circumcision	Not Covered	Medically necessary circumcision is covered. Routine or elective circumcision is not covered.
Cosmetic or Elective Surgery (not medically necessary)	Not Covered	
Dental (dental providers and services)	Delta Dental	
Dental (medical providers and services related to dental services)	Covered	Certain prescription drugs, laboratory services, pre-admission physical examinations, anesthesia.

Service Category	Coverage	Details or Limitations
Diabetic Services	Covered	
Dialysis	Covered	
Dietitian Services	Not Covered	
Directly Observed Therapy (DOT) for Tuberculosis	covered	
Durable Medical Equipment	Covered	
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	N/A	Coordination provided.
Early Start	N/A	Coordination provided.
Emergency Room Services	Covered	
Enteral and Parenteral Nutrition	Covered	
Erectile Dysfunction Drugs and Therapies	Not Covered	
Experimental and Investigational Services	Not Covered	Including, but not limited to, services and drugs not approved for therapeutic use in human patients, and services for which efficacy and safety have not been established in human subjects.
Family Planning Services	Covered	Including out of network, from qualified providers.
Federally Qualified Health Center (FQHC) services	Covered	
Fluoride Varnish (non-dental provider)	Covered	Only for members under age 6, covered 3 times in a 12-month period. Service is provided by physicians, nurses, and other medical personnel.
Gender Reassignment Surgery	Covered	Procedures that are not medically necessary are not covered. Limited to members 18 & over.
Golden Gate Regional Center Services	N/A	Coordination provided.
Health Education	Covered	
Hearing Aids and Repairs	Covered	See CCS Program. Medical Criteria and Limitations apply.
Hearing Screenings and Evaluations	Covered	See CCS Program.
HIV Testing and Counseling	Covered	
HIV/AIDS Waiver	N/A	
Home Blood Pressure Cuffs	Not Covered	
Home and Community Based Services (HCBS) – Waiver Programs	N/A	
Home Health Care Services	Covered	
Hospice Care	Covered	
Hospital Services – Outpatient and Inpatient	Covered	
Hyperbaric Oxygen (HBO) Therapy	Covered	See CCS Program.
Hysterectomy	Covered	Not covered if solely for sterilization.

Service Category	Coverage	Details or Limitations
Immunizations	Covered	
In-Home Supportive Services	N/A	
Incontinence Creams and Washes	Covered	
Infertility (diagnosis and treatment)	Not Covered	
Injectable Medications	Covered	
Interpreter Services	Covered	Interpreter services are contracted as a provider service.
Laboratory and Pathology Services	Covered	
Laboratory Services - State Serum Alphafetoprotein Testing Program	Covered	Administered by the Genetic Disease Branch of California's Department of Public Health. Providers must submit proof of insurance with their sample, or the member may be billed in error for the service.
Lactation Services	Covered	The ICD-CM diagnosis code on the claim should be a specific diagnosis of the infant.
Lead Poisoning Case management (children)	N/A	Refer to San Francisco Department of Public Health; Screening for blood lead levels are covered.
Local Educational Agency (LEA) Services	N/A	Described in Title 22 CCR, Sec. 51360(b).
Long Term Care (LTC)	Covered	LTC is care in a facility for longer than the month of admission, plus one month. These health care facilities include skilled nursing facilities, subacute facilities, pediatric subacute facilities, and intermediate care facilities. This is an Essential Health Benefit described in Health & Safety Code Section 1367.005 and Title 28 CCR 1300.76.005. Limitations apply.
Mammography (for screening)	Covered	Females only.
Maternity and Newborn Care	Covered	Healthy Kids HMO: Newborn is covered for first 30 days of life. After 30 days, newborns must be separately enrolled.
Mental Health (Non-Specialty)	Covered	Refer patients to San Francisco Behavioral Health Services.
Mental Health (Specialty)	Covered (CBHS)	Refer patients to San Francisco Behavioral Health Services. Health & Safety Code Sections 1374.72 and 1374.73 require coverage of Severe Mental Illness (SMI) and Severe Emotional Disturbance (SED).
Midwife-Supported Labor and Delivery	Covered	Certified Nurse Midwives or Licensed Midwives.
Non-Medical Equipment	Not Covered	
Nurse Help Line (24/7)	Covered	1(877) 977-3397 for all SFHP members. Members assigned to Kaiser call 1(415) 833-2200 .
Obstetrical and Gynecological Services	Covered	
Occupational Therapy	Covered	

Service Category	Coverage	Details or Limitations
Ostomy Supplies	Covered	
Oxygen and Respiratory Services	Covered	
Pain Management	Covered	
Pap Smear / Cervical Cancer Screening (routine and preventative)	Covered	Females only.
Pediatric Day Health Care	Not Covered	See CCS Program.
Personal Care Services	Not Covered	
Phenylketonuria (PKU) Screening and Treatment	Covered	
Physical Therapy	Covered	
Podiatry Services	Covered	
Prayer and Spiritual Healing	Not Covered	Described in Title 22 CCR, Sec 51312.
Prescription Drugs	Covered	This benefit is managed by PerformRx and, for limited specialty drugs, by US Bioservices. See: sfhp.org/formulary
Preventive Care Services	Covered	Members 0-17 and Well-Woman visits only. This is an Essential Health Benefit described in Health & Safety Code Section 1367.005 and Title 28 CCR 1300.76.005.
Prosthetic and Orthotic Devices	Covered	See CCS Program.
Radiology Services (diagnostic, interventional, and therapeutic)	Covered	
Reconstructive Surgery (non-cosmetic)	Covered	Post-mastectomy reconstructive surgery is covered. Under age 21, see CCS Program.
Rehabilitation Services	Covered	
Second Opinions	Covered	
Sexual Reassignment Surgery	Covered	
Sexually Transmitted Infections (STI) – screening and treatment	Covered	
Skilled Nursing Facility Services (outpatient and inpatient)	Covered	Long-Term Care limitations may apply. See Long-Term Care.
Speech Therapy	Covered	
Sterilization Services	Covered	Members age 21 and older only. PM-330 consent form is required with claim submission.
Targeted Case Management (TCM)	Not Covered	Described in Title 22 CCR, Sec. 51185 and 51351.
Tobacco Cessation Services	Covered	
Transplant Services – Kidney and Cornea	Covered	Under age 21, see CCS Program.
Transplant Services – Other Major Organs	Covered	Upon acceptance by an approved transplant program, member is disenrolled from SFHP. Under age 21, see CCS Program.

Service Category	Coverage	Details or Limitations
Transportation (emergency)	Covered	
Transportation (non-emergency, for medical purposes)	Covered	
Tuberculosis	FFS Medi-Cal	Please see Directly Observed Therapy.
Urgent Care Center Services	Covered	
Vision	Covered	This benefit is managed by VSP. See: sfhp.org/vision
Women, Infants and Children (WIC)	WIC	Coordination provided.