

Services Requiring Prior Authorizations

The table below outlines services requiring Prior Authorization (PA) for San Francisco Health Plan members enrolled in Medi-Cal Managed Care or Healthy Workers Program through UC San Francisco (UCSF), SF Health Network (SFN), and SF Community Clinic Consortium (CLN) medical groups. Providers must verify eligibility and benefits prior to providing services. Failure to obtain Prior Authorization for the services below will result in a denial of coverage.

Important: Below are the Prior Authorization (PA) requirements for In-Medical Group services only. Although not listed, Prior Authorization is required for all out-of-medical group services except for emergency services, urgent care services, sensitive services (for Medi-Cal members), emergent transportation and non-emergent transportation from facility to facility.

	SFN	CLN	UCSF
Acupuncture	Yes	Yes	Yes
All Hospital Admissions (emergent and elective)	No	Yes	Yes
Allergy and Immunology Tests	No	No	No
Anesthesia for Children's Dental Treatment	No	Yes	Yes
Bone Density and Joint Studies	No	No	No
Cataract Removal	No	No	No
Chemotherapy	No	Yes	Yes
Colonoscopy and Endoscopy	No	No	No
COVID-19 Screening & Testing	No	No	No
Dialysis	No	Yes	Yes
DME and Medical Supplies (see orthotics and prosthetics)	Yes	Yes	Yes
EEG, ECG/EKG, Echo/Doppler, EMG	No	No	No
Genetic Testing and Counseling	No	Yes	Yes
Hearing Aids	Yes	Yes	Yes
Hearing Services/Audiology (Outpatient)	No	No	No
Home Health Care	No	No	No
Home Infusion	Yes	Yes	Yes
Hospice Care [all levels of hospice care, excluding general inpatient care (GIP)]	No	No	No
Hospice Care [general inpatient care (GIP)]	Yes	Yes	Yes
Immunizations	No	No	No
Incontinence Supplies (i.e. creams and washes)	Yes	Yes	Yes
Infusion Therapy (Outpatient)	No	Yes	Yes
Investigational Treatments	Yes	Yes	Yes
Labs (Routine) including AFP	No	No	No
Mammograms	No	No	No
MRI, MRA, PET Scan	No	Yes	Yes
Nuclear Medicine Studies within Radiology	Yes	Yes	Yes
Office Visits/Consultations	No	No	No
Ophthalmology Treatments	No	Yes	Yes
Ophthalmology Visits	No	No	No
Orthotics and Prosthetics	No	Yes	Yes
Pain Management Injections	No	Yes	Yes
Physical Therapy and Occupational Therapy	No	No	No
Radiation Therapy	Yes	Yes	Yes
Sensitive Services (STI testing, family planning services, victims of sexual assault services)	No	No	No
Skilled Nursing Facility (SNF)	Yes	Yes	Yes
Sleep Study (at a facility)	No	No	No
Speech Therapy	No	No	No
Transplant Evaluation and Surgery	Yes	Yes	Yes
Transportation (emergent medical)	No	No	No
Transportation (non-emergent medical: facility to facility; hospital or LTAC to home, custodial care, doctor's office, clinic or dialysis; transfer from air to ground)	No	No	No
Transportation (non-emergent medical: all other)	Yes	Yes	Yes
Ultrasounds, X-rays, CT scans	No	No	Np

*Authorization requirements are subject to change. For the most up-to-date authorization requirement information, visit <https://www.sfhph.org/providers/authorizations/pre-authorizations/>