

Services Requiring Prior Authorization.

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) or Community Health Network (CHN) 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

	CHN	UCSF
All Hospital Admissions (emergent and elective)	No	Yes
Allergy and Immunology Tests	No	No
Anesthesia for Children's Dental Treatment	No	Yes
Bone Density and Joint Studies	No	No
Cataract Removal	No	No
Chemotherapy	No	Yes
Colonoscopy and Endoscopy	No	No
Dialysis	No	Yes
DME and Medical Supplies (see orthotics and prosthetics)	Yes	Yes
EEG, ECG/EKG, Echo/Doppler, EMG	No	No
Genetic Testing and Counseling	No	Yes
Hearing Aids	Yes	Yes
Hearing Services/Audiology (Outpatient)	No	No
Home Health Care	No	No
Home Infusion	Yes	Yes
Hospice Care (home)	No	No
Hospice Care (inpatient in hospital or skilled nursing facility)	Yes	Yes
Immunizations	No	No
Incontinence Supplies (i.e. creams and washes)	Yes	Yes
Infusion Therapy (Outpatient)	No	Yes
Investigational Treatments	Yes	Yes
Labs (Routine) including AFP	No	No
Mammograms	No	No
MRI, MRA, PET Scan	No	Yes
Nuclear Medicine Studies within Radiology	Yes	Yes
Office Visits/Consultations	No	No
Ophthalmology Treatments	No	Yes
Ophthalmology Visits	No	No
Orthotics and Prosthetics	No	Yes
Pain Management Injections	No	Yes
Physical Therapy and Occupational Therapy	No	No
Radiation Therapy	No	No
Rehabilitation Facility and Intermediate Care Facility	Yes	Yes
Sensitive Services (STD testing, family planning services, victims of sexual assault services, abortions)	No	No
Skilled Nursing Facility (SNF)	Yes	Yes
Sleep Study	No	No
Speech Therapy	No	No
Transplant Evaluation and Surgery	Yes	Yes
Transportation (emergent)	No	No
Transportation (non-emergent: facility to facility/residence)	No	No
Transportation (non-emergent: residence to facility, or dialysis)	Yes	Yes
Ultrasounds, X-Rays, CT Scans	No	No