SAN FRANCISCO HEALTH PLAN℠

Here for you

Medi-Cal

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 Medi-Cal 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	Covered	Benefit limits apply for patients 21 years old and older. No benefit limits for acupuncture services under EPSDT.
Aid-in-Dying Drugs	FFS Medi-Cal	Established under the End of Life Option Act (AB x2-15), when meeting eligibility conditions, and under a doctor's prescription.
Alcohol Misuse Screening and Brief Intervention	Covered	
Alcohol and Substance Abuse Treatment Services [including drugs used for treatment, outpatient heroin detox, and Voluntary Inpatient Detox (VID)]	FFS Medi-Cal	Refer members to Drug Medi-Cal Treatment Program available through FFS Medi-Cal. See: **sfdph.org/dph/comupg/oservices/mentalHlth/SubstanceAbuse** Described in Medi-Cal Plan contract Exhibit A, Attachment 11, Provision 6.
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	Medi-Cal members 21 and older are subject to the state's Optional Benefits Exclusion (OBE). 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	Refer Medi-Cal patients to Beacon Health Options for screening, referral, and case management.
Biofeedback	Not Covered	
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 special health problems)	CCS Program	Only for members under 21 (Medi-Cal Plan contract Exhibit A, Attachment 11, Provision 8) **dhcs.ca.gov/services/ccs**
Cancer Clinical Trials	Covered	Member and trial must meet specific medical criteria.
Cardiac Rehabilitation	Covered	

Service Category	Coverage	Details or Limitations
Chemotherapy	Covered	Under age 21, see CCS Program.
Child Health and Disability Prevention (CHDP) Services	CHDP Program	Only for members under 21. **dhcs.ca.gov/services/chdp**
Chiropractic Services	Covered	Managed by American Specialty Health. Patients may self-refer. Call **1(800) 678-9133** or use the ASH provider directory at **ashlink.com/ash/sfhp.** Treatment of back and neck pain only.
Christian Science Practitioners	FFS Medi-Cal	
Circumcision	Not Covered	Medically necessary circumcision is covered. Routine or elective circumcision is not covered.
Community-Based Adult Services (CBAS)	Covered	See: **sfhp.org/providers/our-network/community-based-adult-services**
Community Health Worker (CHW)	Covered	Licensed practitioner must submit the CHW recommendation form found at **sfhp.org/providers/provider-forms.** CHW services that duplicate another covered Medi-Cal service already being provided to a member may not be double-billed to SFHP. Of particular note: members enrolled in Enhanced Care Management (ECM) already receive all CHW services.
Community Supports	Covered	SFHP's two Community Supports programs are Medical Respite (recuperative care) and Sobering Center.
Comprehensive Perinatal Services Program (CPSP)	FFS Medi-Cal	Refer to Maternal, Child and Adolescent Health (MCAH) Program. **sfdph.org/dph/comupg/oprograms/MCH**
Cosmetic or Elective Surgery (not medically necessary)	Not Covered	
Custodial Care in a Skilled Nursing Facility	Covered	Long-Term Care processes may apply. See Long-Term Care.
Custodial Care in the Home or Other Non-Licensed Facility	Not Covered	
Dental (dental providers and services)	Denti-Cal	Described in Title 22 CCR, Sec 51307 and 51340.1(a).
Dental (medical providers and services related to dental services)	Covered	Certain prescription drugs, laboratory services, pre-admission physical examinations, anesthesia. (Medi-Cal Plan contract Exhibit A, Attachment 11, Provision 14)
Diabetes Prevention Program	Covered	Only for members 18 years and older. Refer candidates for Diabetes Prevention Program to YMCA of San Francisco at **1(415) 777-9622.**
Diabetic Services	Covered	Under age 21, see CCS Program.
Dialysis	Covered	Under age 21, see CCS Program.
Dietitian Services	FFS Medi-Cal	Covered for qualifying beneficiaries in the CCS, MSSP, LEA and AIDS Waiver programs.
Directly Observed Therapy (DOT) for Tuberculosis	FFS Medi-Cal	Please refer to the Tuberculosis Ward at ZSFG, Ward 94. **sfcdcp.org/tb-control** (Medi-Cal Plan contract Exhibit A, Attachment 11, Provision 15)

Service Category	Coverage	Details or Limitations
Doula Services	Covered	Licensed practitioner must record a recommendation for services. See Medi-Cal Manual.
Durable Medical Equipment	Covered	
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	Covered	EPSDT Coverage is elaborated in DHCS APL 19-010 and DHCS APL 19-014. Please consult the SFHP Resource Guide published **here.**
Early Start	FFS Medi-Cal	
Emergency Room Services	Covered	
Enhanced Care Management (ECM)	Covered	See: **sfhp.org/providers/our-network/enhanced-care-management**
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	FFS Medi-Cal	
Health Education	Covered	
Hearing Aids and Repairs	Covered	Under age 21, see CCS Program. Medical Criteria and Limitations apply.
Hearing Screenings and Evaluations	Covered	Medi-Cal members 21 and older are subject to the state's Optional Benefits Exclusion (OBE). Under 21, see CCS Program.
HIV Testing and Counseling	Covered	Including out-of-network from qualified providers.
HIV/AIDS Waiver	FFS Medi-Cal	
Home Blood Pressure Cuffs	Covered	One monitor every 5 years of Omron Series 3, Omron Series 5, or Omron Series 10.
Home and Community Based Services (HCBS) – Waiver Programs	FFS Medi-Cal	Described in Medi-Cal Plan contract Exhibit A, Attachment 11, Provisions 17 and 20.
Home Health Care Services	Covered	
Hospice Care	Covered	

Service Category	Coverage	Details or Limitations
Hospital Services (outpatient and inpatient)	Covered	
Hyperbaric Oxygen (HBO) Therapy	Covered	Under age 21, see CCS Program.
Hysterectomy	Covered	Not covered if solely for sterilization.
Immunizations	Covered	Some vaccines covered by Vaccines for Children.
In-Home Supportive Services	FFS Medi-Cal	
Incontinence Creams and Washes	Covered	Medi-Cal members 21 and older may be subject to the state's Optional Benefits Exclusion (OBE). However, SFHP covers this benefit without the above limitation.
Infertility (diagnosis and treatment)	Not Covered	
Injectable Medications	Covered	
Intermediate Care Facility Services	FFS Medi-Cal	See Long-Term Care.
Interpreter Services	Covered	Interpreter services are contracted as a provider service.
Laboratory and Pathology Services	Covered	
Laboratory Services – State Serum Alphafetoprotein Testing Program	FFS Medi-Cal	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)	FFS Medi-Cal	Refer to San Francisco Department of Public Health.
Local Educational Agency (LEA) Services	N/A	Described in Title 22 CCR, Sec. 51360(b).
Long-Term Care (LTC)	Covered	LTC is custodial and/or intermediate care in a facility for longer than: the month of admission plus the following full month. These health care facilities include SNFs, subacute facilities, and intermediate care facilities. Members in LTC are reassigned as SFHP Direct Network (SDN) members. LTC in intermediate care facilities is covered by FFS Medi-Cal until June 30, 2023. After that date, it is planned for coverage by SFHP.
Mammography (for screening)	Covered	Females only.
Maternity and Newborn Care	Covered	Newborns will be covered under mother's name during month of baby's birth, and the next month. Mothers will need to enroll baby in Medi-Cal as soon after birth as possible.
Mental Health (non-specialty)	Covered	Refer patients to Beacon Health Options for screening, referral, and case management.

Service Category	Coverage	Details or Limitations
Mental Health (specialty)	FFS Medi-Cal	Refer patients to San Francisco Behavioral Health Services, or, if unsure of dysfunction severity, refer Medi-Cal members to Beacon Health Options for screening. (Medi-Cal Plan contract Exhibit A, Attachment 11, Provision 5).
Midwife-Supported Labor and Delivery	Covered	Certified Nurse Midwives or Licensed Midwives.
Non-Medical Equipment	Not Covered	
Nurse Advice 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	
Ostomy Supplies	Covered	
Oxygen and Respiratory Services	Covered	
Pain Management	Covered	
Palliative Care	Covered	Refer candidates to By the Bay Health at **1(415) 444-9210.**
Pap Smear / Cervical Cancer Screening (routine and preventative)	Covered	Females only.
Pediatric Day Health Care	FFS Medi-Cal	Under age 21, see CCS Program.
Personal Care Services	FFS Medi-Cal	
Phenylketonuria (PKU) Screening and Treatment	Covered	
Physical Therapy	Covered	
Podiatry Services	Covered	Medi-Cal members 21 and older are subject to the state's Optional Benefits Exclusion (OBE).
Prayer and Spiritual Healing	FFS Medi-Cal	Described in Title 22 CCR, Sec 51312.
Prescription Drugs	FFS Medi-Cal	The retail pharmacy benefit is managed by Medi-Cal Rx. See: **sfhp.org/providers/pharmacy-services/medi-cal-rx** Drugs administered by licensed practitioners are covered by SFHP.
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	Under age 21, see CCS Program.
Pulmonary Rehabilitation	Covered	
Radiology Services (diagnostic, interventional, and therapeutic)	Covered	
Reconstructive Surgery (non-cosmetic)	Covered	Post-mastectomy reconstructive surgery is covered. Under age 21, see CCS Program.

Service Category	Coverage	Details or Limitations
Rehabilitation Services	Covered	
Second Opinions	Covered	
Sexual Reassignment Surgery	Covered	
Sexually Transmitted Infections (STI) (screening and treatment)	Covered	
Skilled Nursing Facility (SNF) Services	Covered	Long-Term Care processes may apply. See Long-Term Care.
Speech Therapy	Covered	Medi-Cal members 21 and older are subject to the state's Optional Benefits Exclusion (OBE).
Sterilization Services	Covered	Members age 21 and older only. PM-330 consent form is required with claim submission.
Targeted Case Management (TCM)	FFS Medi-Cal	Described in Title 22 CCR, Sec. 51185 and 51351; Medi-Cal Plan contract Exhibit A, Attachment 11, Provision 2.
Tobacco Cessation Services	Covered	
Transplant Services (all organs)	Covered	Under age 21, see CCS Program.
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)	FFS Medi-Cal	