

The table below outlines service types 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), SF Community Clinic Consortium (CLN), and SFHP Direct Network (SDN).

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.

Please use the Code Lookup tool online at <https://www.sfhp.org/providers/authorizations/code-lookup> to confirm authorization requirements by service code.

Note: Below are the Prior Authorization (PA) requirements for services received within the member's medical group. Although not listed, Prior Authorization is required for all services received outside of the member's medical group and outside the SFHP provider network except for emergency services, urgent care services, sensitive services (for Medi-Cal members), and emergent transportation.

Service Types Requiring Prior Authorization				
Service Type	SFN	CLN	UCSF	SDN
Acupuncture	Yes	Yes	Yes	Yes
All Hospital Admissions (emergent and elective)	Yes	Yes	Yes	Yes
Allergy and Immunology Tests	No	No	No	No
Anesthesia for Children's Dental Treatment	Yes	Yes	Yes	Yes
Biomarker Testing	No	No	No	No
Bone Density Studies (DXA)	No	No	No	No
Cataract Removal	No	No	No	No
Chemotherapy	Yes	Yes	Yes	Yes
Colonoscopy and Endoscopy	No	No	No	No
COVID-19 Screening & Testing	No	No	No	No
Dialysis	No	No	No	No
DME – small/med (e.g. canes, crutches, tub bench, commode)	No	No	No	No
DME – other (e.g. hospital beds, powered mobility, lifts, respiratory)	Yes	Yes	Yes	Yes
EEG, ECG/EKG, Echo/Doppler, EMG	No	No	No	No
Genetic Counseling and ACOG recommended carrier and prenatal testing	No	No	No	No
Genetic Testing	Yes	Yes	Yes	Yes
Hearing Aids	No	No	No	No
Hearing Services/Audiology (Outpatient)	No	No	No	No
Home Health Care	No	No	No	No
Home Infusion	Yes	Yes	Yes	Yes
Hospice Care [all levels of hospice care, excluding general inpatient care (GIP)]	No	No	No	No
Hospice Care [general inpatient care (GIP)]	Yes	Yes	Yes	Yes
Immunizations	No	No	No	No
Incontinence Supplies (i.e. creams and washes)	No	No	No	No
Infusion Therapy (Outpatient)	Yes	Yes	Yes	Yes
Investigational Treatments	Yes	Yes	Yes	Yes
Labs (Routine) including AFP	No	No	No	No
Long-Term Care (SNF effective 1/1/2023; Subacute and ICF/DD effective 1/1/2024)	Yes	Yes	Yes	Yes

Continued - Service Types Requiring Prior Authorization

Service Type	SFN	CLN	UCSF	SDN
Mammograms	No	No	No	No
Medical supplies (basic- including ostomy, enteral, respiratory, incontinence)	No	No	No	No
MRI, MRA, PET Scan	No	No	No	No
Nuclear Medicine Studies within Radiology	No	No	No	No
Office Visits/Consultations	No	No	No	No
Ophthalmology Treatments	Yes	Yes	Yes	Yes
Ophthalmology Visits	No	No	No	No
Orthotics and Prosthetics	No	No	No	No
Orthotics and Prosthetics – diabetic shoes/inserts and custom	Yes	Yes	Yes	Yes
Physician Administered Drugs (PADs) <ul style="list-style-type: none"> • Administration codes • Hydration • Immunizations • Radiocontrast 	No	No	No	No
Physician Administered Drugs (PADs) <ul style="list-style-type: none"> • Biologicals • Blood factors/anti-hemophilic • Chemotherapy and immunotherapy • Dialysis related medications • Hormones • Immunoglobulin • Iron infusion • Joint Injections • Neurotoxins • Non-specific drug codes • Ophthalmic • Pain management/join injections • Puberty suppression • Specialty pharmacy and outpatient infusion • Therapeutic radiotherapy 	Yes	Yes	Yes	Yes

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