

VISTA Pre-Authorization Rules

Authorizing Treatment for Members

Please refer to the **Authorizing Treatment for Members** section of the Provider Manual for additional information. Providers and Hospitals shall use the Pre-Authorization Request Form found in the Forms Section of the Provider Manual or in the forms section of the VISTA website at www.vistahealthplan.com.

IMPORTANT: The following services may not be covered under all VISTA health benefit plans even though such services are listed below. Members should refer to their Summary of Benefits or Evidence/Certificate of Coverage for information regarding their covered health care services.

Provider Type	Service/Procedure (regardless of place of treatment)
Ambulance Transport (non-emergency) Air Ambulance (non-emergency) Hospital Admission Hospital Outpatient Services (all, includes diagnostic testing) Maternal Fetal Medicine ♦ Neuropsychology Non-participating Providers Oral Surgery Rehabilitation Facility Inpatient Admission Reproductive Endocrinology ♦ Skilled Nursing Facility Admission Vent/Sub-acute, Long-term Care Admission Wound Care Centers (non-emergency)	Automatic Implantable Cardioverter Defibrillator (A.I.C.D.) Blepharoplasty Bone Growth Stimulators Breast Surgery for Benign Condition Clinitron Bed Cosmetic Surgery CT Scans Customized Wheelchairs DME* Enhanced External Counter Pulsation Experimental/Investigational Services Extracorporeal Shock Wave Therapy/Orthotripsy Gastric Bypass/Banding Home Health Services* Home Vents Hospice Care Hyperbaric Treatments Infertility Assessment/Treatment Infusion* / Home/Office Drug-Replacement* Laparoscopic Hysterectomy Liquid Oxygen Manipulation Under Anesthesia MRI/MRA Nerve Conduction Study Pain Management Panniculectomy/Abdominoplasty PET Scans Power Mobility Devices (power wheelchair and scooters) Prosthetics/Braces/Orthotics Rehabilitation Therapies (PT, ST, OT)** Removal of Keloid/Lipomas Rhinoplasty/Septoplasty Sclerotherapy for Varicose Veins Sleep Studies Transplant Evaluations/Transplants Ultrasound, Pregnant Uterus, Transvaginal (76817)♦ Uvulopalatopharyngoplasty Wound Care (non-emergency) Wound Vacs
♦ COMMERCIAL MEMBERS: Not required for members with a POS or PPO health benefits plan. However, if POS or PPO members do not obtain a prior authorization, the amount covered by VISTA will be reduced by 20% or 50% depending on their specific health benefits plan. Clinical information will be required to substantiate request. The above list is subject to change.	

Statewide for all lines of business:

Specialty	Name	Phone#	Fax #
*Home Health Care	Atenda Nursing Management	(888) 914-2201	(888) 914-2202 (except North Florida Healthy Kids)
*Home Infusion/injectables	Atenda Specialty Infusion Pharmacy	(954) 217-6055	(954) 217-6062
*Home-Office Drugs/Drug Replacement	ICore	(866) 522-2469	(866) 522-2478
The ICore forms necessary to order the following are included in the Forms section of our Website at www.vistahealthplan.com : Drug Order for Home Use, Chemotherapy Drug Replacement & Physician Office Medications.			
For South Florida , send requests for the following services to our contracted vendors:			
Specialty	Name	Phone #	Fax #
*DME	Florida Home Medical Equipment	(888) 914-2201	(888) 914-2202
**Rehabilitation therapy is initiated by the PCP with a Referral to a participating therapist for one visit for assessment. The therapist will then obtain the authorization.			
For all other South Florida requests contact: Telephone: (800) 447-3725 Fax: (800) 528-2705 or (954) 858-3432			
In North Florida , all types of providers and services listed on this page, including **rehabilitation therapies, should be pre-authorized through VISTA's Authorization Department. Telephone: (800) 447-3725 Fax: (800) 929-5842			

SERVICE PROVIDER INSTRUCTIONS

- Submit claim to the following address for processing:

VISTA
 PO Box 45-9011
 Sunrise, FL 33345-9011
- Specialty network physicians should follow network guidelines.
- Verify member eligibility and benefits prior to rendering service.