



Services Requiring Authorization for VISTA HEALTHY KIDS

The following are utilization management guidelines. If you are unsure if a specific procedure/service requires an authorization, contact MED3000. MED3000 Intake/Referral Line at (850) 478-1960 or Toll Free (800) 492-9634
Note: HFN has Professional Risk Only under the 2008 Healthy Kids Contract with VISTA. Providers and Hospitals must contact VISTA via phone or fax to obtain a pre-authorization prior to scheduling other medical services. Providers and Hospitals must use the Pre-Authorization Request Form in the forms section of the VISTA website at www.vistahealthplan.com.
Referrals
Vista members have direct access to Dermatology 5 times/year without authorization. After 5 visits authorization is required
Par to Par referrals for specialty care (must be initiated by PCP)
-Hematology/ Oncology Referrals and Allergy Treatments are approved for 1 year
* Non-Participating / Out of service area physician/providers / Second Opinion Request
* Pain Management Services (initial evaluation and 1 follow-up visit auto-approves)
* Dental Services – accident or injury only
* OB Global Authorization
Urgent Care Services
Office Services
*Maternal Fetal Medicine
*Oral Surgery
* Surgery performed in the Physician's office
* Sleep Studies
Vista Responsibility
Ambulance Transport (non-emergency)
ALL DME, Prosthetics, Orthotics
Therapy Services
Injectable and Infused Drugs
MRI/MRA, CT, PET Scans and Nuclear Medicine including Cardiovascular Procedures
Hospital Admissions
Hospital Outpatient Services (all, includes diagnostic testing)
Behavioral Health Services
Vision Services

1 Starred procedures require clinical submission of supporting clinical documentation for medical review. Failure to provide clinical information can result in a delay or denial of your request.

2 Prenatal Notification form is required and should be submitted to the VISTA or MED3000