



**Services Requiring Authorization for VISTA HEALTHPLAN**

The following are utilization management guidelines. If you are unsure if a specific procedure/service requires an authorization, contact MED3000. <b>MED3000 Intake/Referral Line at (850) 478-1960 or Toll Free (800) 492-9634</b>
<b>Referrals</b>
Vista members have direct access to Dermatology 5 times/year without authorization. After 5 visits authorization is required
Chiropractor and Podiatry are self-referred and the responsibility of Vista
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)
<b>OB Global Authorization – NO AUTHORIZATION REQUIRED</b>
* Dental Services – accident or injury only
<b>Office Services</b>
* Infertility Services
* Impotence Treatments
* Surgery performed in the Physician's office
* Visudyne Procedure performed in the Physician's office
* Sleep Studies <b>if performed in Office only</b>
* DEXA Scans <b>may be performed in approved offices only</b>
<b>Vista Responsibility</b>
Chiropractor and Podiatry are self-referred and Vista Responsibility
DME, Prosthetics, Orthotics
Therapy Services
Injectable and Infused Drugs
MRI/MRA, CT, PET Scans and Nuclear Medicine including Cardiovascular Procedures

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.