



MEDICAL PRE-AUTHORIZATION REQUEST

Used for COVENTRY (VISTA) or Vista Healthplan of South Florida Members.
 Fax the completed form to the Pre-Authorization dept. at (800) 528-2705
 or call Phone (800) 447-3725

Stat (24 hours)
 Urgent Emergent (72 hours)
 Routine Request (4-14 days)

AUTHORIZATION APPROVAL <i>(To be completed by the plan)</i>	
Authorization #	Date Issued

PROVIDER INFORMATION	PATIENT INFORMATION
Name	Name
Address	Member ID#
City, Zip Code	DOB
Phone	Date of Request
*Fax (Required to process authorization)	
Contact Person	

SERVICE REQUESTED: Fax Clinical / Plan of Treatment for Request	
Service Requested	DOS
Diagnosis	
*CPT Code(s) (Required to process authorization)	*ICD – 9 Code(s) (Required to process authorization)
Provider / Facility	Phone
Address	
City, Zip Code	
Procedure <input type="checkbox"/> Inpatient Surgery <input type="checkbox"/> Outpatient Surgery <input type="checkbox"/> Other _____	

*CLINICAL INFORMATION WITH SUPPORTING DOCUMENT(S) <small>(Required to process authorization)</small>
Primary Care Physician Signature: _____

**These fields MUST be completed for your authorization to be processed.
 Authorization is not a guarantee of payment.**

SERVICE PROVIDER INSTRUCTIONS

- Submit claim to the following address for processing:

COVENTRY (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.

COVENTRY (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 COVENTRY (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) High Cost Radiology Services ♦♦	Automatic Implantable Cardioverter Defibrillator - (A.I.C.D.) Blepharoplasty Bone Growth Stimulators Breast Surgery for Benign Condition Clinitron Bed Cosmetic Surgery CT/CTA/CCTA ♦♦ Customized Wheelchairs Diagnostic: Nuclear Medicine & Nuclear Cardiology ♦♦ DME ¹ Echo Stress ♦♦ Enhanced External Counter Pulsation Experimental/Investigational Services Extracorporeal Shock Wave Therapy/Orthotripsy Gastric Bypass/Banding Home Health Services ² Home Vents Hospice Care Hyperbaric Treatments Infertility Assessment/Treatment Infusion ³ / Home/Office Drug-Replacement ⁴ Laparoscopic Hysterectomy	Liquid Oxygen Manipulation Under Anesthesia MRA/MRI ♦♦ Pain Management Panniculectomy/Abdominoplasty PET Scans ♦♦ Power Mobility Devices (power wheelchair and scooters) Prosthetics/Braces/Orthotics Rehabilitation Therapies (PT, ST, OT) ⁵ 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.		

The following is a list of ancillary providers that are to be used statewide for all lines of business:

Specialty	Name	Phone #	Fax #
Diagnostic & High Cost Radiology Services ♦♦ Comm. & Medicare Products: Effective: 1/1/2010 Medicaid Products: Effective: 2/1/2010	National Imaging Associates, Inc. (NIA)	(800) 447-3725 (800) 642-7821	Web Address: www.RadMD.com
² Home Health Care	Atenda Nursing Management	(888) 914-2201	(888) 914-2202 (except North Florida Healthy Kids)
³ Home Infusion/injectables	Atenda Specialty Infusion Pharmacy	(954) 217-6055	(954) 217-6062
⁴ 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 #
¹ DME	Florida Home Medical Equipment	(888) 914-2201	(888) 914-2202
⁵ 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 from the Network for South Florida.			
For all other South Florida requests contact:		Telephone: (800) 447-3725	Fax: (800) 528-2705 or (954) 858-3432
^{1,5} In North Florida , DME and rehabilitation therapies, should be pre-authorized through COVENTRY'S (VISTA) Authorization Department. Telephone: (800) 447-3725, Fax: (800) 929-5842			