



GATEWAY Health Plan[®]

Quick Tips

www.gatewayhealthplan.com

Medicare Assured[®]

Provider Services

Call Provider Services at **1-800-685-5205** with questions regarding claims, eligibility or benefits. The Provider Services Department is available Monday through Friday from 8:30 am - 4:30 pm.

Eligibility Verification

Call the DIVA Eligibility/Referral line **1-800-642-3515** before rendering service in order to verify eligibility. DIVA is available 24 hours a day, 7 days a week. In addition to using DIVA to verify eligibility, PCPs can use their Member Lists, which arrive via mail around the first day of each month.

Precertification

It is the ordering provider's responsibility to obtain authorization for services requiring precertification from Gateway's Medical Management Department at **1-800-685-5207 (PA)** and **1-888-447-4375 (Ohio)**. Call National Imaging Associates at **1-888-879-5922** for authorizations for MRI/MRA, CT, Nuclear Cardiology, Bone Densitometry and PET scans.

Lab Services

Diagnostic outpatient laboratory testing is covered with a script for all participating and non-participating facilities.

Referrals

Paper Referrals are not required. Referrals should be documented in the patient's medical record.

Billing & Timely Filing

Bill using valid HIPAA compliant CPT and HCPCS codes as covered by CMS following Gateway's timely filing guidelines.

- **365 days** from the date of service for initial claim submission
- **120 days** from the date of processing the initial claim to submit a claim review on any claim
- **365 days** from the date of claim processing by the primary carrier for coordination of benefit claims

EDI claims submitted without an NPI will be rejected. Paper claims can be submitted with both the NPI and the individual Gateway Provider ID#. Bill with the same amount that was billed to the primary carrier. The Explanation of Benefits (EOB) must match the billed amounts. Gateway will coordinate benefits.

To be paid appropriately, Gateway must have complete, accurate and comprehensive medical claim information regardless of the provider's reimbursement method (i.e. capitated services or claims where Gateway is the secondary payer must be submitted).

Pharmacy Benefit

Gateway Medicare Assured[®] Formulary is restricted; visit our web-site for a complete listing of covered medications. Request for non-formulary medication can be requested by completing a Request for Non-formulary Coverage Form. The completed form can be faxed to Gateway at: **1-888-447-4369**. All requests for non-formulary exception will receive a response within 24 hours. Some medications, although listed in the formulary, require prior authorization to be covered. If use of a formulary medication is not medically advisable for a member, the ordering practitioner must complete a Non-Formulary Drug Exception Form

OVER-THE-COUNTER MEDICATIONS

Prilosec, Ceterizine (Zyrtec OTC) and Loratadine (Claritin OTC) are the only OTCs covered. The member will need to use their Medicaid card for all other over-the-counter medications.

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