

GATEWAY HEALTH PLANSM QUICK REFERENCE GUIDE AUTHORIZATION VS. REFERRALS

This listing of procedures should not be considered all inclusive.

	REFERRAL	GATEWAY AUTH	NIA AUTH	NOT COVERED	SCRIPT
ALLERGY VISITS	X				
ANGIOGRAMS	X				
BONE DENSITOMETRY			X		
BONE SCAN	X				
CT SCANS			X		
CHEMOTHERAPY (Hospital Setting Only)	X				
CHIROPRACTIC SERVICES		X			
DIALYSIS	X				
DME					
Covered items under \$500 (purchase or rental) & Items on Medical Assistance fee schedule					X
Items over \$500.00		X			
Items not on Medical Assistance fee schedule		X			
ELECTIVE ADMISSIONS		X			
ENDOSCOPIES	X				
FETAL NON-STRESS TESTS					X
HEARING AIDS & EAR MOLDS					
Members under 21		X			
All others				X	
HEART CATHETERIZATIONS (Performed in Lab)	X				
HOME HEALTH VISITS/HOSPICE		X			
INPATIENT REHAB		X			
IV THERAPY					
In-Home PLEASE NOTE: Drugs need to be authorized by Argus or Pharmacy Department; Nursing, Supplies and Enteral Products received in the home setting need to be authorized by Gateway's UM Department		X- See notes to left			
OP Hospital	X				
Dr's office * PLEASE NOTE: Needs to be authorized by Argus or Pharmacy Department		X - See notes to left			
Remicade PLEASE NOTE: Needs to be authorized by Argus or Pharmacy Department		X - See notes to left			
LABORATORY TESTING					
Member's Designated Laboratory					X
Non-Designated Laboratory	X				
MAMMOGRAMS (all types)					X
MRI/MRA			X		
NERVE CONDUCTION TESTING	X				
Referral to the facility only is required					
NON-PAR PROVIDERS		X			
NUCLEAR CARDIOLOGY			X		
OUTPATIENT SURGERY		X			
PAIN MANAGEMENT					
If services provided in Phys office or as an Outpatient	X				
If services provided in SPU		X			
Consult to Pain Clinic	X				
PET SCANS			X		
RADIATION					
Radiation Therapy	X				
Radiology Services-Standard Plain Film					X
Radiology Services-Invasive Radiology and Nuclear Medicine	X				
RESPIRATORY THERAPY SERVICES					
Arterial Blood Gases	X				
Pulmonary Function Test	X				
Pulse Oximetry	X				
SKILLED NURSING FACILITY		X			
SLEEP STUDY	X				
SPU PROCEDURES					
Any service provided in an SPU		X			
If service is provided in a Lab or OP Facility	X				
THERAPY SERVICES					
Occupational		X			
Physical		X			
Speech		X			
ULTRASOUND					
Ultrasound for OB/GYN Services					X
All Other Ultrasound Services	X				

- Services that require a referral and are performed in a hospital setting only require a referral written to the hospital provider number. Authorizations are the responsibility of the ordering provider.
- Reimbursement for services requires that they are billed with valid covered codes included on Gateway's fee schedules.
- Please contact Provider Services at 1-800-392-1145 for further explanation of what services require a referral or authorization.