

Guide to Out-of-Network Gap Exception Requests

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Prior Authorizations vs. Out-of-Network Gap Exception Requests

- Prior Authorization and Out-of-Network Gap Exception requests are **not** the same thing.
- Approval of one does not equate to approval for both.
- Prior Authorization and Out-of-Network Gap Exception requests must be made separately.

Prior Authorization

- Prior Authorization is a decision by Highmark that a health care service, treatment plan, prescription drug or durable medical equipment is **medically necessary**.
- Items requiring Prior Authorization are listed on the Provider Resource Center (PRC) under Authorizations.
- A Prior Authorization approval **does not** mean the patient/member can receive care out-of-network.
- If a Prior Authorization request is cancelled, this means the request does not require prior approval.
 - Cancellations **ARE NOT** approval for an out-of-network gap exception request.
 - If members lack out-of-network benefits, their costs will be higher to receive care out-of-network.

Out-of-Network Gap Exception

- An out-of-network gap exception is a formal request for Highmark to cover care from an out-of-network provider/facility at the in-network rate.
- These requests must be made **before** care is provided and **determined to be medically necessary by Highmark**.
 - Failure to submit a gap exception request prior to care will result in higher costs for the patient/member.
- Gap exceptions are decided on a case-by-case basis and only approved if:
 - The Highmark network lacks a specific, needed service, treatment, durable medical equipment (DME), drug, etc.
 - If approved, most gap exceptions would not exceed six months.
- Highmark uses a **100-mile geographic boundary** — except for Behavioral Health — to locate in-network providers/facilities/services for all plan types.
- If an **in-network** provider/facility/service is able to provide the needed service in a timely manner and located within the above radius, this gap exception request will be **DENIED**.

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