



**Utilization Management
Preauthorization Form: Gap Exception Form**

Fax: 1-833-619-5745
Phone: 1-844-946-6263

To facilitate your request, please complete this form and submit with relevant clinical and diagnostic information from an in-plan specialist. **For faster processing, submit your request on Availity, Highmark's provider portal.**

Patient Information

Check box if a patient is under 21 and considered medically fragile.

Patient Name	
Patient Date of Birth	
Patient ID with Prefix	
Patient Diagnosis Code	
Patient Comorbidities	

Requesting In-Plan Provider Information

Provider Name	
Provider Specialty	
Provider NPI / Tax ID /BSID	
Designated Contact	
Contact Phone Number	
Contact Fax Number	

Out-of-Plan Servicing Provider/Facility Information

Provider/Facility Name	
Provider/Facility Address	
Provider/Facility Specialty	
Provider/Facility NPI / Tax ID / BSID	
Provider/Facility Phone Number	
Provider/Facility Fax Number	
<input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Outpatient Ambulatory <input type="checkbox"/> Outpatient Hospital	

Services Requested

CPT/HCPCS	Date of service	# of Visits / Units	Description

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