

## Network Gap Exception

You may ask your insurance company if they will pay for out-of-network care with me at the same cost-share rate it pays for in-network care. This is called a network gap exception.

A network gap exception is a tool health insurance companies use to compensate for gaps in their network of contracted healthcare providers. When your health insurer grants you a network gap exception, also known as a clinical gap exception, it's allowing you to get healthcare from an out-of-network provider while paying the lower in-network cost-sharing fees.

You first need to search for in-network providers with your insurance. If you are unable to find the type of specialist you need (such as a board-certified psychiatrist, a board-certified addiction psychiatrist, a physician with clinical expertise in eating disorders, a physician who provides Spravato™, a physician who provides Suboxone®/Sublocade®/Vivitrol® etc.), if the in-network specialists cannot see you within a reasonable amount of time, or the only in-network specialist is too far away, consider asking for a **network gap exception** because **“no in-network providers are available.”**

The information you'll need on hand when requesting a network gap exception includes:

- The CPT or HCPCS codes describing the healthcare services or procedures you need
- The ICD-10 codes describing your diagnosis
- The out-of-network provider's contact information
- A date range during which you expect to receive the requested service
- The names of any in-network providers of the same specialty within your geographic area along with an explanation as to why that particular in-network provider isn't capable of performing the service

To make sure the network gap exception includes the services you need, we can give you the CPT codes, HCPCS codes, and ICD-10 codes.

If there are any in-network providers of the same specialty as me, you will need to explain to your health insurance company why you can't use the in-network provider.

## Out-of-Network Benefits

You may wish to review whether your insurance offers out-of-network benefits. Such plans help pay for care you get from providers who don't take your plan. But you usually pay more of the cost. For example, your plan may pay 80 percent and you pay 20 percent if you go to an in-network doctor. Out of network, your plan may pay 60 percent and you pay 40 percent.

To estimate your costs, ask about:

- Do I need pre-authorization to use my out-of-network benefits?
- If yes, how do I obtain authorization?
- Do I have a deductible?
- What percent of reimbursement is covered under my benefit?
- What are the “reasonable and customary” fees? (this is for the specific CPT and/or HCPCS codes you need, and we can provide you with a list of the codes to ask about)
- Does my plan have a maximum out of network annual limit?
- How do I submit claims?



## INSURANCE WORKSHEET

### Benefits Investigation

Contact your member services department by the phone number on your insurance card.

What is the in-network deductible?	
What is the maximum number of visits per year?	
What percent of reimbursement is covered under my benefit?	
Do I have out-of-network benefits for mental health services?	
If not, how do I obtain out-of-network benefits through a "network gap exception?"	
Is authorization required?	
If yes, how do I obtain authorization?	

What are the "usual and customary" reimbursement rates for the following procedure codes?

CPT or HCPCS Code	Description	Usual and Customary Fee
99205	Level 5 New Patient Visit	
99214	Level 4 Office Follow-up	
99215	Level 5 Office Follow-up	
99417	Prolonged E/M 15 min	
90833	16-37 min Psychotherapy with E/M	
90836	38-52 min Psychotherapy with E/M	
90837	53+ min Psychotherapy	
90853	Group Psychotherapy	
G2082	Esketamine 56 mg with 2 Hours of Observation	
G2083	Esketamine 84 mg with 2 Hours of Observation	
J2315	Naltrexone Intramuscular 1 mg	
Q9991	Buprenorphine Subcutaneous 300 mg	
Q9992	Buprenorphine Subcutaneous 100 mg	
S0013	Esketamine Nasal Spray 1 mg	

### Authorization

Effective Date:	
Expiration Date:	
Number of Visits:	
Procedure Codes Approved:	

### Claims

How do I submit claims?	
What is the claims address?	



**IN-NETWORK PROVIDER SEARCH**

Provider	Telephone	Date Called	Result