HOW TO REQUEST A GAP EXCEPTION/ PRIOR AUTHORIZATION FOR OUT OF NETWORK CARE

For Midwife/Home Birth/Birth Center Care
Insurance companies now require that GAP Authorization request comes from either the patient OR the primary care physician of the patient. Below are instructions to request in-network coverage for your out of network provider, or what in the insurance world is called an GAP exception.

In order to proceed with the request you will need the following information:
- Provider Name / Birth Center
- Provider Address
- Estimated delivery date
  - Provide & Ensure ALL these codes are added to your auth for best results

Mother Services:
- CPT code:  59400 x1  59425 x1  59426 x1  59409 x1  59410 x1  59430 x4  99204 x1
- Diagnosis code:  080  Z370  Z3493

Infant Services:
- CPT:  99460 x1  99464 x1  99461 x1  99214 x4
- Diagnosis Code:  Z3800  Z00110  Z00111

Follow the steps below:
- Contact your insurance company member service, customer service department which the number is located on the back of your insurance card.
- Verify your personal and insurance information, and ask to be transferred to the prior authorization department (some companies may say pre-certification, it’s the same thing)
- Once transferred, make a request to the representative that you would like to initiate a GAP EXCEPTION.

Key points for tell the representative:
- You are seeking care from a provider (midwife / birth center ) that is not a contracted provider
- If this provider has treated you in the past, state you would like to see this provider for a continuity of care(meaning, you and this doctor has a previous treating history)
- Since your insurance policy does NOT provide care from a contracted midwife or birth center, a gap of care has been created in your policy and you would like a gap exception to be extended
- Some insurances may try to provide you a list of contracted OBGYNs or HOSPITALS you may seek care with, inform them that you are seeking care from a specific provider, (mid wife or birth center) and if there are NO specific providers that offer the services you are requesting to please send the case to nurse review

FYI:
- IF insurance needs to fax documents/requests, please provide fax # 623.374.4592
- Please make sure you ALWAYS keep a record of the representative’s name of whom you have spoken with and ALWAYS request a reference number.
- The process normally takes approximate 14 business days and an approval or denial is usually sent to you via mail. You can always call and check the status of your request.