GI Psychology
Therapists Specializing in GI Disorders

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Gap Exceptions or Single Case Agreement:
Health Care Plans & Specialty Psychological Treatment for GI Disorders

1.About Insurance Networks

Your health insurance plan most likely has a “network,” which is a group of doctors, hospitals and other healthcare providers who agree to take your plan’s rate for payment.This group consists of “in-network” providers. Any provider who is not a part of this group is “out-of-network”.

2. GI Psychology, PLLC & Health Insurance

GI Psychology does not accept health insurance or process health insurance claims and is thus an out-of-network provider.

Some plans may not cover any services you get from providers who are not in the network.
Other plans cover part of your care when you get services from out-of-network providers.

3. Steps to take before going out-of-network

☐ If you choose to go out-of-network, ask your provider how much they will charge beforeyour visit.
***GI Psychology provides this information prior to initial consultation with rates for service outlined in our “Private Practice Policies Statement”*

☐ Talk to your insurer. Contact your health insurance plan directly to find out how much ofthe service/treatment your plan will cover and ask any questions you have about coverage (See the section below about gap exceptions: “Will a Health Plan cover an out-of-network Doctor?).
***If your plan covers some costs for out-of-network providers, realize plans differ in how they decide how much they will pay out-of-network providers. Many of them develop their own “usual, customary, and reasonable” (UCR) charges while others use Medicare’s payment(fee) schedule. The UCR and Medicare fee rate is often <u>less</u> than what your doctor charges. If you decide to go out-of-network, your health insurer may only pay for part of the bill.*

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4. Will your Health Plan cover an out-of-network Doctor?

Under certain circumstances, your health plan will pay for out-of-network care at thesame rate it pays for in-network care, saving you a lot of money.

A gap exception is a request to honor a patient's in-network benefits, even though they are seeing an out-of-network provider.

A gap exception may be referred to as any of the following within your health plan:

- network deficiency,
- gap waiver
- in-for-out,
- clinical gap exception,
- coverage gap exception waiver

If your insurer grants the gap exception, you'll pay the lower in-network deductible, copay, or coinsurance for that particular out-of-network care of receive reimbursement if you pay in full out-of-pocket.

Health plans may consider paying for care you get out-of-network as though you got itfrom an in-network provider in the following circumstances:

1. It was an emergency and you went to the nearest emergency room capable oftreating your condition.
2. There are no in-network providers where you are.
3. You are in the middle of a complex treatment cycle when your provider suddenly goes from being in-network to out-of-network.
4. A natural disaster makes it nearly impossible for you to get in-network care.
5. There is an extenuating circumstance making in-network care difficult or thatwould potentially make out-of-network care less costly than in-network care.

You will need to ask your health plan for a gap exception, the health plan won't just volunteer it. You'll need to make a convincing argument about why you need the out-of-network care and why using an in-network provider won't work.

The sections that follow will provide valuable advice to keep in mind before requesting the gap exception, including information specific to the GI Psychology practice.

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5. What you need to know before seeking a gap exception

- ✓ Plan in advance. If this is a non-emergency situation, approach your health plan with this request well before you plan to get the out-of-network care. This process may take weeks.
- ✓ Strengthen your argument with facts, not just opinions. For example, ask your in-network primary care physician or GI specialist to write a letter of necessity to your health plan about why your request should be honored.
- ✓ If you can show how using an out-of-network provider might save your healthinsurer money in the long run, that will support your cause.
- ✓ When you talk with your health plan, maintain a professional, polite demeanor. Be assertive, but not rude.
- ✓ When having a phone conversation, get the name and title of the person you'respeaking with. Write everything down. Get any agreements in writing.
- ✓ If the first representative you speak with does not allow you to file a request, askto be connected with a supervisor and insist upon filing a gap exception. A case number and a gap exception claim should be started before you end the call.
- ✓ Your health insurance company should call back with an answer within 7-10 days.
- ✓ When an insurer grants a gap exception, the exception usually only covers one specific service provided by a particular out-of-network provider during a limitedtime frame.
- ✓ A gap exception is not the same as appealing a denied claim. A gap exception is a *preemptive request for known benefits.* Appealing a denied claim involves a request for benefits coverage that the health insurance company does not believeit should have to pay. Denied claims go through a different appeals process than the pre-emptive gap exceptions.
- ✓ Exercise these rights at any time:
  1. The right to receive, in writing, the health insurance company's policy and process for requesting gap exception waivers.
  2. The right to request clarity on all decisions.
  3. The right to receive all decisions in writing.
  4. The right to appeal any decision by your insurance company (up to two times).
  5. The right to contact your state's Division of Insurance Enforcement for further help.

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6. GI Psychology and pursuing a gap exception

Circumstances #2 and #5 (listed above in part 4) will likely be the most appropriate touse if you are seeking treatment with GI Psychology for a gastroenterological medical condition such as Irritable Bowel Syndrome (IBS).

Circumstance #2 - There are no in-network providers where you are.

This means that you're within your health plan's regular territory, but your health plan's network doesn't include the type of specialist you need, or there is no in-network provider capable of providing the service you need within a reasonable distance. Each health plan defines for itself what a reasonable distance is. In some health plans, it mightbe 50 miles. In others, it could be a larger or smaller distance.

GI Psychology can frequently meet the criteria for this circumstance because their specialty of therapy utilizing Clinical Hypnosis, Cognitive Behavioral Therapy (CBT), and brief therapy for gastrointestinal issues is very rare and not many psychologists offer this particular service.

Circumstance #5 - There is an extenuating circumstance making in-network care difficult or that would potentially make out-of-network care less costly than in-network care.

These are special, unique circumstances that must be dealt with on an individual basis. You would be asking your health plan to make a special exception, just for you (or your child), and just for this episode of care.

Treatment for IBS (or other chronic functional disorders) with GI Psychology can sometimes be accomplished in a handful of sessions over a period of 1-2 months (the timeframe will vary from patient to patient). This form of brief therapy which focuses on pain management often results in long-term relief. Treatment with GI Psychology can be argued to save money for the health plan in the long run because of the reduction in costly gastroenterology appointments, medications, and/or procedures.

7. What you will need for an exception request

The information you'll need when requesting a gap exception may differ from one health plan to another, but often includes:

- ✓ The CPT or HCPCS code describing the healthcare service or procedure you need.
- ✓ The ICD-10 code 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. If you're not proactive in explaining to your health plan why the in-network specialist can't provide the service you need, your request is likely to be denied.

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8. What to do if your request is denied

Don't give up even if your request is initially denied. Call your health insurance company to find out why the request was denied. Sometimes, there is a simple reason such as:

- The health insurer was unable to contact the out-of-network provider's office.
- The insurer believes there are in-network providers who are capable of providing the service.
- The health insurer doesn't have your correct/current address.

Mistakes such as these can be cleared up. It is worth your time to find out why the request was denied, so that you can either appeal that decision or submit a new request that includes supplementary information to boost your request. If the request is denied on the basis that an in-network provider can provide the same service, ask for the name of the provider, check it against your list and find out if they really provide the same service. An appeal should be written and then mailed, emailed and faxed to yourhealth insurance

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company. An appeal should include

the letter of necessity (from your PCP or GI specialist), along with documentation of efforts to find in-network providers, and all the information regarding medical billing codes, provider name, location, date, and time of appointments. The appeal will go to the person who denied your original request or their supervisor. Finally, every state has a Division of Insurance Enforcement. If you believe your request has been denied without merit, you may contact your state's Division of Insurance Enforcement to learn more about how to this government agency can help fight for you consumer rights.