Network Gap Exception Request Form instructions

You can request a network gap exception when there aren't enough health care professionals in a local area or in a specific specialty.

Step 1: Submit a prior authorization request

Submit a prior authorization request online on the UnitedHealthcare Provider Portal or by contacting Provider Services.

- Online —
  - Go to **UHCprovider.com** and click Sign In at the top-right corner
  - Enter your One Healthcare ID and password
- If you don't have a One Healthcare ID, visit **UHCprovider.com/access** to get started
  - In the menu, select Prior Authorizations
- Provider Services — Chat with a live advocate 7 a.m.–7 p.m. CT from the **UnitedHealthcare Provider Portal**

You will be assigned a service reference (case) number when you submit your online prior authorization request. Provider Services will give you the service reference number if you chat. You must include the service reference number on the Network Gap Exception Form.

Step 2: Complete the Network Gap Exception Request Form

Please complete the required fields:

- Service reference number
- All member information, including member ID and date of birth
- All health care professional information, including the in-network referring health care professional. The in-network referring health care professional is typically the member's primary care provider (PCP) but can also be any in-network health care professional who refers the member.
- If a specialty request, list the specific clinical reason for the network exception
  - If you are requesting specialized equipment, include the make/model information
  - If you are requesting specialized training or techniques, you must provide details for what training, treatment, technique, etc., you are performing

Questions?

Connect with us through chat 24/7 in the **UnitedHealthcare Provider Portal.**

If you have issues with the portal, find chat options and contact information, visit **UHCprovider.com/contactus**.

Step 3: Submit the Network Gap Exception Form and clinical documentation

- Online: Upload clinical documentation on the portal in the prior authorization section (e.g., clinical history/notes, diagnostic testing and conservative treatment)
- Fax: Print the form and your clinical documentation, then fax it to the number Provider Services gives you if you chat for a prior authorization

United Healthcare®

Network Gap Exception Request Form instructions

Instructions:
1. Complete this form for all commercial network exception gap requests
2. A prior authorization case must be entered prior to form submission

Service reference number (prior authorization case number): _____

Member information

Member name (person being treated)	Member ID number	Date of birth (mm/dd/yyyy)

Address	City	State/ZIP code

Home/cell phone number	Work phone number

Subscriber name	Member's relationship to subscriber Self Dependent Spouse Other

In-network referring physician information

Network **referring** physician	NPI or Tax ID number (TIN)	Phone number

Address	City	State/ZIP code

Fax number	Reason for referral

Out-of-network physician information

Out-of-network physician/specialist

NPI or Tax ID number (TIN)	Phone number

Address	City

State/ZIP code	Fax number

Servicing facility address (if different than above)

City	ZIP code

United Healthcare®

Out-of-network facility information

Out-of-network facility (out-of-network facility exception requests **only**)	NPI or Tax ID number (TIN)	Phone number

Address	City	State/ZIP code

Reason for out-of-network facility request [if specialized equipment is the reason for the request, please include the specific equipment (name/brand/model/etc.)]

Applicable clinical information

Please select: New patient Existing patient Other	If Other selected, please explain:
Has a gap exception previously been granted? Yes No Unknown	If Yes, please explain and dates approved:
Has a gap exception previously been approved for a family member? Yes No Unknown	If Yes, please explain and dates approved:

Out-of-network physician information

Member diagnosis:

Expected date(s) of service/expected length of treatment:

Service(s) requested (include CPT® codes and visits/units when applicable):

Reason for gap exception request:

Please attach applicable clinical notes for review

CPT® is a registered trademark of the American Medical Association.

United Healthcare®