

Department:	Utilization Management	Original Approval:	11/08/2023
Policy & Procedure No:	UM446	Last Approval:	11/08/2023
Policy and Procedure Title:	Extenuating Circumstances for Prior Authorization Policy		
Approved By:	Clinical Services Leadership Team		
Dependencies:	N/A		

Purpose

This policy and procedure outline the circumstances and notification requirements for providers and facilities to obtain a waiver of prior authorization processes in instances where there is an extenuating circumstance.

Policy

An extenuating circumstance is an unforeseen event or circumstance which adversely affects the ability of a provider or facility to request prior authorization before service delivery or submit a timely notification of admission.

The following circumstances are extenuating circumstances for which a provider can request a post-service review or late notification bypassing regular processing rules:

- 1) Provider or facility was unable to identify which carrier to request a prior authorization from;
- 2) Provider or facility was unable to anticipate the needs for a prior authorization before or while performing services;
- 3) The member is discharged from a facility and insufficient time exists for institutional or home health care services to receive approval prior to delivery of service.

When an extenuating circumstance applies, CHPW allows claims and related appeals to process as if a pre-authorization had been requested or timely notification was received. CHPW will review the request for benefit coverage, level of care, appropriateness, and medical necessity. An extenuating circumstance is not a guarantee of approval.

For instances where an extenuating circumstance prohibited a provider or facility from receiving prior authorization or submitting timely notification, they should follow these steps:

Before claim is submitted (preferred):

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- 1) Submit the request to CHPW Utilization Management department via fax to (206) 652-7078 prior to filing the claim.
- 2) Indicate on the Prior Authorization form “Extenuating Circumstance” and a brief narrative about why there is an extenuating circumstance (e.g., “member was retroactively enrolled into Medicaid” or “member unconscious when admitted and unable to verify coverage”).
- 3) Submit all pertinent supporting clinical documentation for CHPW to review the medical necessity for the service.
- 4) CHPW will review the service for medical necessity and provide a determination within 30 days of the request.

Once an appeal has been initiated or a claim denied:

- 1) Submit the request to CHPW Appeal & Grievance department via fax to (206) 613-8984.
- 2) Indicate on the Appeal form or cover letter “Extenuating Circumstance” and a brief narrative explaining the situation that prevented completion of the Authorization process.
 - a. Please include reference to the page number of the records provided that support the extenuating circumstance.
- 3) Submit all pertinent supporting clinical documentation (see 2a above) for CHPW to review the medical necessity for the service.
- 4) CHPW will review the service for medical necessity and provide a determination if
 - a. a pre-service request, within 28 days of the request.
 - b. a post-service request, within 60-90 days of the request.

List of Appendices

- A. Detailed Revision History

Citations & References

CFR		
WAC	WAC 284-43-2060	
RCW		
LOB / Contract Citation	<input checked="" type="checkbox"/> WAHIMC	11.6.1.9
	<input checked="" type="checkbox"/> BHSO	
	<input type="checkbox"/> MA	
	<input checked="" type="checkbox"/> CS	
Other Requirements		
NCQA Elements		

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Revision History

SME Review:	10/09/2023
Approval:	11/08/2023

Appendix A: Detailed Revision History

Revision Date	Revision Description	Revision Made By
11/07/2023	New Policy	Justin Fowler, RN, MSN
11/08/2023	Approval	Clinical Services Leadership Team