

<b>Department:</b>	Utilization Management	<b>Original Approval:</b>	07/25/2016
<b>Policy No:</b>	UM428	<b>Last Approval:</b>	03/21/2022
<b>Policy Title:</b>	Benefit Limitation Extension Policy		
<b>Approved By:</b>	CMO Cabinet		
<b>Dependencies:</b>	Benefit Limitation Extension		

## Purpose

This policy defines the management of an eligible Community Health Plan of Washington (CHPW) Medicaid member and/or the Medicaid member's provider request regarding a benefit limitation extension under the Medicaid line of business.

**Limitation Extension (LE)** means a request by a member or member's health care provider to extend a covered service with a limit according to WAC 182-501-0169.

## Policy

Healthcare Coverage – Limitation Extension (Le)

This section addresses requests for limitation extensions regarding scope, amount, duration, and frequency of a covered health care service. For the purposes of this policy, health care services include treatment, equipment, related supplies, and drugs. CHPW does not authorize or pay for any covered health care services exceeding identified limitations unless authorization is obtained before the member receives the service.

1. No limitation extension of covered services will be authorized when prohibited by specific program rules.
2. When a limitation extension is not prohibited by specific program rules, a member or the member's provider may request a limitation extension.
3. CHPW evaluates requests for limitation extensions according to CHPW's prior authorization process.
4. CHPW considers the following in evaluating a request for a limitation extension:
  - a. The level of improvement the member has shown to date related to the requested service and the reasonably calculated probability of continued improvement if the requested service is extended; and

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- b. The reasonably calculated probability the member's condition will worsen if the requested service is not extended.

CHPW follows policy UM205 – Timeliness of Utilization Management Decision Making for organizational determinations.

## List of Appendices

- A. Detailed Revision History

## Citations & References

<b>CFR</b>		
<b>WAC</b>	WAC § 182-501-0169	
<b>RCW</b>		
<b>LOB / Contract Citation</b>	<input checked="" type="checkbox"/> <b>WAHIMC</b>	WA Apple Health Integrated Managed Care
	<input checked="" type="checkbox"/> <b>BHSO</b>	WA Apple Health Integrated Managed Care
	<input type="checkbox"/> <b>MA</b>	
	<input type="checkbox"/> <b>CS</b>	
<b>Other Requirements</b>		
<b>NCQA Elements</b>		

## Revision History

<b>SME Review:</b>	07/25/2016; 07/26/2016; 01/24/2017; 02/05/2018; 06/20/2018; 06/19/2019; 02/12/2020; 05/18/2020; 11/17/2020; 02/26/2020; 03/18/2022
<b>Approval:</b>	07/26/2016; 01/24/2017; 02/16/2018; 06/26/2018; 06/21/2019; 06/25/2020; 03/04/2021; 03/21/2022

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## Appendix A: Detailed Revision History

Revision Date	Revision Description	Revision Made By
07/25/2016	New policy created for “Extension Limitation”. Reformatted “Contract Citation” cell. Added “182” in front of - 501-0160 in the “WAC” cell. of	Cyndi Stilson
07/26/2016	Reviewed entire policy. No changes.	Jane Daughenbaugh
07/26/2016	Approved	MMLT
01/24/2017	Added language “CHPW follows policy UM205 –Timeliness of Utilizations Management Decision Making, for organizational determinations.”	Cyndi Stilson, RN
1/24/2017	Approved	MMLT
02/05/2018	Reviewed policy, no changes.	Justin Fowler
02/16/2018	Approval	Patty Jones
06/21/2018	Minor editing	Drew Breuckman
06/25/2018	Approved	Patty Jones, RN, MBA
06/19/2019	Added definition of Limitation Extension. Removed citation to WAC 182-501-0160, pertains to Exception to Rule. Updated title to Benefit Limitation Extension	Yves Houghton, RN, BSN
06/21/2019	Approved	MMLT
02/12/2020	Updated citations and regulatory references	Yves Houghton, RN, BSN
05/18/2020	Updated LE definition as stated in WAH-IMC contract. Added the work “limitation” to all extensions under Policy section.	Yves Houghton, RN, BSN
06/20/2020	Approved	Ma’ata Hardman, RN, MBA, CCM
06/25/2020	Approval	CMO Cabinet
11/17/2020	Updated LOB and C&R	Yves Houghton, RN, BSN
02/26/2020	Specified LE is applicable to Medicaid members	Yves Houghton, RN, BSN
03/03/2021	Approved	Ma’ata Hardman
03/04/2021	Approval	CMO Cabinet

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03/18/2022	Reviewed, no changes	Yves Houghton, RN, BSN
03/21/2022	Approval	Justin Fowler, RN MSN
03/21/2022	Approval	Ma'ata Hardman
03/21/2022	Approval	CMO Cabinet