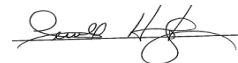


**INDEPENDENT CLINICS OF WASHINGTON
MEDICAL MANAGEMENT POLICY/PROCEDURE**

TITLE: Extenuating Circumstances	Policy Number:	396
	Original Issue:	09/18
	Last Revision Date:	7/22,10/22
	QUMC Review Date(s):	09/27/2018, 2/19, 1/20, 3/21, 7/22, 10/22

Last Review Date: October 27, 2022 Approved:



, Chair

(The following policy and procedure applies to services if delegated under health plan contract)

Policy

When extenuating circumstances are identified and the provider or facility is not able to request a pre-authorization or timely notification, ICW shall allow claims and related appeals to process as if a pre-authorization had been requested or admission notification had been submitted timely (WAC 284-43-2060).

The circumstances below outline situations in which and extenuating circumstance may apply:

- I. **Unable to Know Coverage** -Servicing provider is unable to obtain or verify current insurance information for the member.
- II. **Unable to Anticipate Service** -The servicing provider is unable anticipate the need for a procedure requiring a pre-authorization and any delay in the delivery of the procedure in order to obtain an authorization would adversely impact the health of the patient.
- III. **Inherent Components** – The servicing provider obtained a pre-authorization for at least one service in an inherently related set of services but not for other inherently related services in the set.
- IV. **Misinformation** The servicing provider must demonstrate that an ICW or health plan representative and/or the ICW or health plan’s web site gave inaccurate information about the need for a pre-authorization or admission notification.
- V. **Delayed Notification** In these circumstances ICW decision/notification took longer than the timeframes outlined in the WAC 284-43-2000 and the provider can demonstrate that they met all of their supporting documentation and timeframe requirements in submitting requested information, i.e. the service was provided after the pre-authorization was requested and submission and notification timeframes had passed, but before a pre-authorization notification decision was given to the provider.
- VI. **Good Cause** In this circumstance the record clearly shows that the delay was due to circumstances beyond the provider or members control.

Note:

- Any service for which a pre-authorization was previously denied does not qualify as an extenuating circumstance.
- Situations meeting extenuating circumstance criteria remain subject to a review for appropriateness, level of care, effectiveness, benefit coverage and medical necessity.
- Request for post service authorization is to be submitted within 2 business days of service provided, 30 days of identification of an extenuating circumstance but not to exceed 365 days from date of service.