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

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| **TITLE: Extenuating Circumstances** | Policy Number: | 396 |
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***(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.