

New contract language concerning extenuating circumstances

Summary of change: New contract language in Apple Health and Integrated Managed Care contracts issued after July 1, 2018, include a reference to “extenuating circumstances.”

What is an extenuating circumstance?

Per *Washington Administrative Code* (WAC 284-43-2060, WAC 284-43-2000), extenuating circumstances may be identified when providers are not able to request a preauthorization prior to treating the patient and/or to notify the health plan within a contracted, predefined time period of the patient's admission.

Requesting an extenuating circumstance

A request for a review of an extenuating circumstance may be submitted to the Utilization Management department prior to a claim being submitted. Once a claim has been submitted and denied, the case must be submitted to the Claims Appeals department with supporting documentation for a review of the extenuating circumstance.

There are a number of circumstances that qualify for this exception, applying variously to both inpatient and outpatient authorizations, such as:

- Unable to know coverage.
- Unable to anticipate service.
- Inherent components.
- Misinformation.
- Delayed notification.

Please review the *Provider Manual* and the [Administrative Simplification Best Practice Recommendation for Extenuating Circumstances around Pre-Authorization & Admission Notification version 3.0](#) for more information and details on these noted circumstances.

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations consultant or call Provider Services at 1-800-454-3730.