



Washington State Extenuating Circumstances Policy

Purpose and Applicability

This procedure is written in accordance with WAC 284-43-2060 and sets forth the procedures a participating provider or participating facility must follow in order to obtain waiver or elimination of prior authorization requirements as a result of an extenuating circumstance.

This procedure does not apply to claims or prior authorization requirements applicable to a self-funded health benefits plans, federal employee health benefit plans or other programs regulated by the federal government, Medicare products, or prior authorization requirements for prescription drug services.

What Aetna Will Do

Aetna will waive penalties for failing to pre-certify health care services identified on the Precertification List when there is an extenuating circumstances that prevents a participating provider from obtaining the required prior authorization. An extenuating circumstance is an unforeseen event or set of circumstances which adversely affects the ability of a participating provider or facility to request prior authorization prior to service delivery.

Types of Extenuating Circumstances

- A participating provider or facility is unable to identify from which carrier or its designated or contracted representative to request a prior authorization;
- A participating provider or facility is unable to anticipate the need for a prior authorization before or while performing a service;
- An enrollee is discharged from a facility and insufficient time exists for institutional or home health care services to receive approval prior to delivery of the service.

How to notify Aetna of an extenuating circumstance

The administrative requirement to obtain prior authorization is not automatically eliminated due to an extenuating circumstance. A participating provider or facility must notify Aetna of the existence of an extenuating circumstance which prevented the provider or facility from timely requesting prior authorization as follows:

- **Before a claim is submitted:**

A participating provider or facility which fails to obtain prior authorization due to an “extenuating circumstance” must notify Aetna’s precertification department at 888-632-3862 prior to filing a claim. You must specifically request Aetna waive/eliminate the administrative requirement for precertification and provide a detailed explanation of the type of extenuating circumstance and how it resulted in your not obtaining prior authorization.

- **After a claim is denied, but before an appeal is initiated.**



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A participating provider or facility which fails to obtain prior authorization due to an “extenuating circumstance” must notify Aetna’s complaint grievance and appeal department of an extenuating circumstance following receipt of a claim denial. Notice must be in writing and identify the claim which had been denied for failing to obtain prior authorization, request that the administrative requirement to obtain prior authorization be waived or eliminated on the basis of an extenuating circumstance, and describe in sufficient detail the nature and type of extenuating circumstance which resulted in your not obtaining prior authorization. Notice must be sent to: Provider Resolution Team, PO Box 14020 Lexington KY 40512.

- **Once an appeal has been initiated**

A participating provider or facility which fails to obtain prior authorization due to an “extenuating circumstance” must notify Aetna’s complaint grievance and appeal department of an extenuating circumstance at any time prior to receiving written notification from Aetna of its appeal determination. Your notice must be in writing and identify the claim which had been denied for failing to obtain prior authorization, request that the administrative requirement to obtain prior authorization be waived or eliminated on the basis of an extenuating circumstance, and describe in sufficient detail the nature and type of extenuating circumstance which resulted in your not obtaining prior authorization. Notice must be sent to: Provider Resolution Team, PO Box 14020 Lexington KY 40512.

If an adverse determination on appeal has already been issued, the participating provider and facility must include a copy of the adverse determination notice along with the aforementioned information. If notice of an extenuating circumstance is received by Aetna more than 180 calendar days after the date of claim denial, Aetna will not eliminate the administrative requirement to prior authorize the health care services, or the penalty for failing to obtain authorization.