

# Contra Costa Health Plan

Utilization Management

Title: Application of Benefit Exception

Policy #: UM 15.021

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## Applies to:

All  BHC  Commercial  Healthy Families  
 Medi-Cal  Medicare  N/A  Other State Sponsored

## Regulatory/Accreditation:

CMS  DHCS  DMHC  MRMIB  
 N/A  Other  URAC

## Units:

Administration  Advice Nurses  All Staff  
 Business Services  Authorization/CM/UM  Health Ed/Cultural Ling.  
 Marketing  Member Services  Planning, Survey, Reg Affairs  
 Provider Affairs  QM/QI

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## POLICY & PURPOSE

Contra Costa Health Plan (CCHP) can make a benefit exception for a member when it is in the best interest to the member. CCHP has clear definitions and establish guidelines for making benefit exceptions. Only the Chief Medical Officer is authorized to grant exceptions to the benefit plan, which will be on a case-by-case basis and will not be considered precedent setting for other members.

## PROCEDURE

Upon notification of a member who is seeking or identified as needing a benefit exception, the case will be directed to the Utilization Management Department (initial request) or Appeals, Grievances and Denial Department (AGD) (on appeal) and assigned to a Utilization Management or AGD Nurse for clinical assessment. After completion of the assessment and, in collaboration with the Chief Medical Officer, a determination will be made as to whether a benefit exception is beneficial to the member. If a benefit exception is granted or denied, a written notification specifying the terms of the approval or reasons for denied is issued to the member and/or requesting provider.

## Definition

**Benefit Exception:** A process of responding to a member or physician, acting on behalf of the member, request for a service that is not part of or has exceeded the benefit agreement, but allowing such coverage is medically necessary and aids or acts as an adjunct to a medical treatment regimen. If approved by CCHP, the benefit exception is:

1. Valid for the specified amount and/or timeframe,
2. Does not imply that continuous coverage of such services beyond the noted limits is covered, and

3. Does not imply that future requests for such services by the original requestor or other members are covered.

### **Benefit Exception Guidelines:**

Upon request from a member, a benefit exception may be granted when one of the following conditions applies:

1. The member has a serious chronic illness or other serious health condition, and without the additional service, the member's life will be in danger.
2. The member has a serious chronic illness or other serious health condition, and without the additional service, the member's health will significantly worsen.
3. The member would need covered services that cost more than the requested service if the exception is not granted.
4. The member would meet nursing home or institution guidelines if the exception is not granted.

Examples of benefit exception include, but are not limited to:

1. Concurrent with home RN skilled visits, short-term home health aides for bathing and ADLs
2. Limited non-emergency ambulance or gurney transport to office or clinic appointments for a non-ambulatory member who does not have non-emergency transport benefits.

*Example:*

*An eighty-one-year-old female Senior Health member needs to continue her inpatient stay at a skilled nursing facility (SNF) for medically necessary rehabilitation services. However, the member could continue rehab services on an outpatient basis, but she cannot transport to an outpatient facility without gurney transportation. Transportation to and from the SNF and outpatient clinic is not covered under her benefit agreement and she has no financial means to pay for such services. In this example, the Health Plan could authorize payment for gurney transportation as a benefit exception and have the member continue rehab services on an outpatient basis.*

### **References**

Conventry Health Care, Benefits Exceptions, policy MM1030. Retrieved on December 6, 2013 from [http://chcillinois.coventryhealthcare.com/web/groups/public/@cvty\\_regional\\_chcil/documents/document/c065925.pdf](http://chcillinois.coventryhealthcare.com/web/groups/public/@cvty_regional_chcil/documents/document/c065925.pdf)

Priority Health, Medical Policy #91117-R6, Experimental/Investigational/Unproven Care/Benefit Exceptions. Retrieved on December 6, 2013 at <http://www.priorityhealth.com/provider/manual/auths/~~/media/documents/medical-policies/91117.pdf>