

Mercy Care Illinois Commercial HMO 2020								
<u>Prior Authorization Item</u>	Total Number Requested Referrals	Number Denied	Reason Denied	# of this Denial Reason	Reason Denied	# of Denials	Reason Denied	# of this Denial Reason
Specialist Consults	374	15	Services Available in Members Network	12	Does Not Meet Criteria or Schedule of Benefits or Policies Used to make Determination	3		
Abortion	NA	Na	NA					
Arthroscopic Surgery: knee and shoulder	7	0						
Autism Treatment and Therapy (Intensive and Non-Intensive ABA Therapy, OT, ST, PT). Network Consults for evaluation & diagnosis do not need PA	0	0						
Bariatric Surgery (Only in benefit for Self-Funded Plan, Medicaid, and Federal Employee (FEHB) group.)	0	0						
Behavior Health Residential Tx (MH and SUD) * <u>(Facility must notify MCHP of admission within 48 hours of admit. All admissions are reviewed for medical necessity.)</u>	6	0						
Behavioral Health: Inpatient, IOP**, PHP** (MH & SUD): <u>(Facility must notify MCHP of admission within 48 hours of admit. All admissions are reviewed for medical necessity.)</u>	0	0						
Biofeedback Tx: Covered for Torticollis, Urinary Incontinence & Headaches only	0	0						
Cardiac Stress Testing: Only the Myocardial Perfusion Imaging or Nuclear Medicine Stress Tests	2	1	Does not meet Criteria or Schedule of Benefits or Polices used to make determination.	1				

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Category III Procedure Codes	0	0						
Chiropractor Visit: Pre-cert required post 10 visits IF the chiropractor is: 1. a Non-Mercy Employed Chiropractor <u>OR</u> 2. Level 2 or 3 provider who practices in Wisconsin or Illinois.	0	0						
Circumcision (Outpatient AND if member >30 days of age)	0	0						
Cochlear Implants	0	0						
CT Scan: For EPIC/Tapestry users: A Referral order is created and the referral order must be processed. Tapestry will automatically pend for review any CT scans that must be reviewed for medical necessity.	48	0						
Durable Medical Equipment / Medical Supplies. Ordering provider must send order to the DME/Supply company who will Prior Authorize directly with MCHP).	22	1	Services Available in Member's Network	1				
Genetic Testing	0	0						
Home Health and Home Infusions (Ordering physician must send order to the Agency. HH and HI Agency providers will Prior Authorize directly with MCHP).	3	0						
Hospice (Ordering physician must send order to the Agency. HH and HI Agency providers will Prior Authorize directly with MCHP).	0	0						

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Hospital Services: <u>INPATIENT OR Observation: Elective scheduled admissions: Admitting MD submits PA. Unplanned or Emergent Admits: facility will PA directly with MCHP</u>	39	1	Services Available in Member's Network	1				
Hysterectomy or Hysteroscopy	1	0						
Infertility/Reproductive Endocrinology Procedures	1	1	Does Not Meet Criteria or Schedule of Benefits or Policies Used to Make Determination	1				
Laser and Photo Dynamic Therapy	0	0						
MRI/MRA: All non-par or Non MHS Health Providers need PA. For MHS EPIC/Tapestry users a Referral order is created and the referral order must be processed. EPIC/Tapestry will pend for review all non-emergent MRI scans ordered.	33	2	Does Not Meet Criteria or Schedule of Benefits or Policies Used to Make Determination	1	Services Available in Member's Network	1		
Neuro Psych & Psychological Testing	0	0						
Neurosurgery (any procedure)	0	0						
Oral Surgery: except impacted wisdom teeth (D7220, D7230, D7240) extraction & service is being provided by network provider at their clinic	0	0						
Pain Pump Implantable or Implantable Nerve Stimulator	0	0						
PET Scan	1	0						

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Reconstructive or Cosmetic Surgery: including but not limited to: breast surgery, blepharoplasty, Rhytidectomy; lipectomies; abdominoplasty; otoplasty; scar revision/TX; any procedure considered cosmetic	0	0						
Rhinoplasty or Septoplasty	0	0						
Skilled Nursing Facility Admission (facility will PA directly with MCHP)								
Spinal Surgeries (NEW)	0	0						
Sterilization (male or female)	0	0						
TMJ: surgery, procedures, treatments, DME or supplies	0	0						
Total Joint Replacement: any joint	4	0						
Transplant evaluations and Transplants	0	0						
Unlisted Procedure/Service Codes (CPT or HCPC)	2	1	Not a Covered Benefit	1				
Varicose Vein Surgery and/or Laser Tx and/or Injection for veins	2	0						
Out of Network Requests	34	16	Services Available in Members Network	15	Does Not Meet Criteria or Schedule of Benefits or Policies Used to Make Determination	1		

Total Number of Referrals	652	
Number Denied	22	3.37%
Medical Referrals Number	625	
Medical Referrals Denied	21	3.36%
Mental Health Referrals	20	
Mental health Referrals Denied	1	5%
Substance Use Disorder Referrals	6	
Substance Use Disorder Referrals Denied	0	0%
Turn Around Time: Date Referral Received to Notification	2.62	