

Mercy Care Illinois Commercial HMO 2022								
<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	269	10	Service available in member's network	9	Does not meet criteria or schedule of benefits or polices used to make determinations	1		
Abortion	0	0						
Arthroscopic Surgery: knee and shoulder	4	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 ( <b>Check your Certificate of Coverage for coverage information as this benefit is excluded for many plans</b> )	2	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>	1	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, Urinary Dysfunction & Headaches only	0	0						
Cardiac Stress Testing: Only the Myocardial Perfusion Imaging or Nuclear Medicine Stress Tests	6	0						

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Category III Procedure Codes	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.	36	0						
Durable Medical Equipment / Medical Supplies. Ordering provider must send order to the DME/Supply company who will Prior Authorize directly with MCHP).	21	0						
Genetic Testing	3	1	Does not meet criteria or schedule of benefits or polices used to make determinations					
Home Health and Home Infusions (Ordering physician must send order to the Agency. HH and HI Agency providers will Prior Authorize directly with MCHP).	9	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: <b><u>INPATIENT OR Observation: Elective scheduled admissions: Admitting MD submits PA. Unplanned or Emergent Admits: facility will PA directly with MCHP</u></b>	47	0						
Hysterectomy or Hysteroscopy	3	0						
Infertility/Reproductive Endocrinology Procedures	0	0						
Laser and Photo Dynamic Therapy	0	0						
MRI/MRA. EPIC/Tapestry will pend for review all non-emergent MRI scans ordered.	27	0						
Neuro Psych & Psychological Testing	0	0						
Neurosurgery (any procedure)	10	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	0	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	1	0						
Rhinoplasty or Septoplasty	0							
Skilled Nursing Facility Admission (facility will PA directly with MCHP)	5	3	Not a covered benefit	3				
Spinal Surgeries (NEW)								
Sterilization (male or female)	3	0						
TMJ: surgery, procedures, treatments, DME or supplies	0	0						
Total Joint Replacement: any joint	2	0						
Transplant evaluations and Transplants	0	0						
Unlisted Procedure/Service Codes (CPT or HCPC)	0	0						
Varicose Vein Surgery and/or Laser Tx and/or Injection for veins	1	0						
Out of Network Requests	72	12	Service available in member's network	11	Does not meet criteria or schedule of benefits or polices used to make determinations	1		

<b>Total Number of Referrals- Mercy Care Illinois Commercial HMO 2022</b>	<b>664</b>	<b>3%</b>
<b>Number Denied</b>	<b>20</b>	
Medical Referrals Number	658	3%
Medical Referrals Denied	18	
Mental Health Referrals	13	15%
Mental health Referrals Denied	2	
Substance Use Disorder Referrals	0	0%
Substance Use Disorder Referrals Denied	0	
Turn Around Time: Date Referral Received to Notification	1.05 days	
Number of Denied requests that were appealed	4	
Number of appealed requests that upheld adverse determination	2	
Number of appealed requests that reversed the adverse determination	2	