Mercy Care Illinois Off Exchange QHP 2020					
Prior Authorization Item	Total Number Requested Referrals	Number Denied	Reason Denied	# of this Denial Reason	Reason Denied
Specialist Consults	167	12	Services Available in Members Network	10	Failure To Prior Authorize
Abortion	NA	Na	NA		
Arthroscopic Surgery: knee and shoulder	2	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)* (Facility must notify MCHP of admission within 48 hours of admit. All admissions are reviewed for medical necessity.)	0	0			
Behavioral Health: Inpatient, IOP**, PHP** (MH & SUD): <u>(Facility must notify MCHP of</u> admission within 48 hours of admit. All admissions are reviewed for medical necessity.)	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	3	0			
Category III Procedure Codes	0	0			

Mercy Care Illinois Off Exchange QHP 2020					
Prior Authorization Item	Total Number Requested Referrals	Number Denied	Reason Denied	# of this Denial Reason	Reason Denied
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.	40	0			
Durable Medical Equipment / Medical Supplies. Ordering provider must send order to the DME/Supply company who will Prior Authorize directly with MCHP).	16	0			
Genetic Testing	3	2	Does Not Meet Criteria or Schedule of Benefits or Policies Used to make Determination	2	
Home Health and Home Infusions (Ordering physician must send order to the Agency. HH and HI Agency providers will Prior Authorize directly with MCHP).	2	0			
Hospice (Ordering physician must send order to the Agency. HH and HI Agency providers will Prior Authorize directly with MCHP).	0	0			
Hospital Services: INPATIENT OR Observation: Elective scheduled admissions: Admitting MD submits PA. Unplanned or Emergent Admits: facility will PA directly with MCHP	27	0			

Mercy Care Illinois Off Exchange QHP 2020					
Prior Authorization Item	Total Number Requested Referrals	Number Denied	Reason Denied	# of this Denial Reason	Reason Denied
Hysterectomy or Hysteroscopy	1	0			
Infertility/Reproductive Endocrinology Procedures	0	0			
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 stop for review all non- emergent MRI scans ordered.	6	0			
Neuro Psych & Psychological Testing	0	0			
Neurosurgery (any procedure)	1	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			
Reconstructive or Cosmetic Surgery: including but not limited to: breast surgery, blepharoplasty, Rhytidectomy; lipectomies; abdominoplasty; otoplasty; scar revision or treatment; any procedure considered cosmetic	4	0			
Rhinoplasty or Septoplasty	0	0			
Skilled Nursing Facility Admission (facility will PA directly with MCHP)	0	0			
Spinal Surgeries (NEW)	4	0			
Sterilization (male or female)	0	0			
TMJ: surgery, procedures, treatments, DME or supplies	0	0			

Mercy Care Illinois Off Exchange QHP 2020					
<u>Prior Authorization Item</u>	Total Number Requested Referrals	Number Denied	Reason Denied	# of this Denial Reason	Reason Denied
Total Joint Replacement: any joint	0	0			
Transplant evaluations and Transplants	0	0			
Unlisted Procedure/Service Codes (CPT or HCPC)	1	0			
Varicose Vein Surgery and/or Laser Tx and/or Injection for veins	2	0			
Out of Network Services	18	12	Services Available in Members Network	10	Failure to Prior Authorize Services

Total Number of Referrals	294	
Number Denied	14	4.70%
Medical Referrals Number	285	
Medical Referrals Denied	12	4.20%
Mental Health Referrals	9	
Mental Health Referrals Denied	2	22%
Substance Use Disorder Referrals	0	
Substance Use Disorder Referrals Denied	0	0
Turn Around Time : Date Referral received to		
Notification	2.04 days	