

Mercy Care Illinois Off Exchange QHP 2022								
<u>Prior Authorization Item</u>	Total Number Requested Referrals	Number Denied	Reason Denied	# of this Denial Reason	Reason Denied	# of this Denial Reason	Reason Denied	# of this Denial Reason
Specialist Consults	149	46	Services available in network	43	Failure to Prior Authorize, not a covered benefit and does not meet criteria or schedule of benefits or polices used to make determination	Each had 1		
Abortion	0							
Arthroscopic Surgery: knee and shoulder	11	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 (Check your Certificate of Coverage for coverage information as this benefit is excluded for many plans)	5	1	Does not meet criteria or schedule of benefits or polices used to make determination	1				
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>)	0							

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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>)	4	0						
Biofeedback Tx: Covered for Torticollis, Urinary Incontinence, Urinary Dysfunction & Headaches only	0							
Cardiac Stress Testing: Only the Myocardial Perfusion Imaging or Nuclear Medicine Stress Tests	11	0						
Category III Procedure Codes	0							
Circumcision (Outpatient AND if member >30 days of age)	0							
Cochlear Implants	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.	102	1	Service available in member's network	1				
Durable Medical Equipment / Medical Supplies. Ordering provider must send order to the DME/Supply company who will Prior Authorize directly with MCHP).	48	1	Not a covered benefit	1				

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Genetic Testing	3	2	Does not meet criteria or schedule of benefits or polices 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).	6	0						
Hospice (Ordering physician must send order to the Agency. HH and HI Agency providers will Prior Authorize directly with MCHP).	1	0						
Hospital Services: <u>INPATIENT OR Observation: Elective scheduled admissions: Admitting MD submits PA. Unplanned or Emergent Admits: facility will PA directly with MCHP</u>	78	0						
Hysterectomy or Hysteroscopy	7	0						
Infertility/Reproductive Endocrinology Procedures	1	0						
Laser and Photo Dynamic Therapy	0	0						

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MRI/MRA: EPIC/Tapestry will stop for review all non- emergent MRI scans ordered.	18	6	Does not meet criteria or schedule of benefits or polices used to make determination	5	Service available in member's network	1		
Neuro Psych & Psychological Testing	1	0						
Neurosurgery (any procedure)	3	0						
Oral Surgery: except impacted wisdom teeth (D7220, D7230, D7240) extraction & service is being provided by network provider at their clinic	5	1	Not a covered benefit					
Pain Pump Implantable or Implantable Nerve Stimulator	0							
PET Scan	1	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	2	0						
Skilled Nursing Facility Admission (facility will PA directly with MCHP)	0							
Spinal Surgeries	10	0						

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Sterilization (male or female)	3	0						
TMJ: surgery, procedures, treatments, DME or supplies	0	0						
Total Joint Replacement: any joint	0							
Transplant evaluations and Transplants	0							
Unlisted Procedure/Service Codes (CPT or HCPC)	0							
Varicose Vein Surgery and/or Laser Tx and/or Injection for veins	6	0						
Out of Network Services	122	48	Service available in member's network	45	Failure to Prior Authorize	2	Does not meet criteria or schedule of benefits or polices used to make determination	1

Total Number of Referrals (prior authorizations only) Mercy Care Illinois Off Exchange QHP 2022	296	
Number Denied	69	23%
Medical Referrals Number	287	
Medical Referrals Denied	67	23%
Mental Health Referrals	8	
Mental Health Referrals Denied	2	25%
Substance Use Disorder Referrals	0	
Substance Use Disorder Referrals Denied	0	
Turn Around Time : Date Referral received to Notification	1	
Number of Denied requests that were appealed	1	
Number of appealed requests that upheld adverse determination	1	
Number of appealed requests that reversed the adverse determination	0	