

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	321	13	Services Available in Members Network	11	Failure to Prior Authorize	1	Not a covered Benefit	1
Abortion	NA	Na	NA					
Arthroscopic Surgery: knee and shoulder	5	1	Workman's Comp Injury	1				
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>	2	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>	4	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	13	0						
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						

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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.	54	0						
Durable Medical Equipment / Medical Supplies. Ordering provider must send order to the DME/Supply company who will Prior Authorize directly with MCHP).	24	1	Not a Covered Benefit					
Genetic Testing	2	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).	5	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</u> : <u>Elective scheduled admissions: Admitting MD submits PA. Unplanned or Emergent Admits: facility will PA directly with MCHP</u>	86	4	Does Not Meet Criteria or Schedule of Benefits or Policies Used to Make Determination	2	Not a Covered Benefit	1	Workman's Comp Injury	1
Hysterectomy or Hysteroscopy	0	0						
Infertility/Reproductive Endocrinology Procedures	4	0						
Laser and Photo Dynamic Therapy	0	0						

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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.	28	3	Does Not Meet Criteria or Schedule of Benefits or Policies Used to Make Determination	2	Not a Covered Benefit	1		
Neuro Psych & Psychological Testing	0	0						
Neurosurgery (any procedure)	2	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	1	0						
PET Scan	13	1	Does Not Meet Criteria or Schedule of Benefits or Policies Used to make Determination	1				
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	3	0						
Skilled Nursing Facility Admission (facility will PA directly with MCHP)	0	0						
Spinal Surgeries (NEW)	54	0						
Sterilization (male or female)	0	0						

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TMJ: surgery, procedures, treatments ,DME or supplies	0	0						
Total Joint Replacement: any joint	1	0						
Transplant evaluations and Transplants	0	0						
Unlisted Procedure/Service Codes (CPT or HCPC)	1	1	Not a Covered Benefit	1				
Varicose Vein Surgery and/or Laser Tx and/or Injection for veins	0	0						
Out of Network Requests	39	16	Services Available in Members Network	11	Not a Covered benefit	2	Failure To Prior Authorize	1

Total Number of Referrals	661	3.47%
Number Denied	23	
Medical Referrals Number	640	
Medical Referrals Denied	22	3.44%
Mental Health Referrals	16	
Mental Health Referrals Denied	1	6.25%
Substance Use Disorder Referrals	5	
Substance Use Disorder Referrals Denied	0	0
Turn Around Time : Date Referral received to Notification	2.28 Days	