

Mercy Care Illinois Exchange QHP 2021						
<u>Prior Authorization Item</u>	Total Number Requested Referrals	Number Denied	Reason Denied	# of this Denial Reason	Reason Denied	# of this Denial Reason
Specialist Consults	811	29	Services Available in Members Network	27	Does Not Meet Criteria or Schedule of Benefits or Policies Used to make Determination	2
Abortion	NA	Na	NA			
Arthroscopic Surgery: knee and shoulder	6	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>	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>	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	1	0				
Category III Procedure Codes	0	0				

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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.	2	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.	174	0				
Durable Medical Equipment / Medical Supplies. Ordering provider must send order to the DME/Supply company who will Prior Authorize directly with MCHP).	30	2	Does Not Meet Criteria or Schedule of Benefits or Policies Used to make Determination	2		
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).	29	0				
Hospice (Ordering physician must send order to the Agency. HH and HI Agency providers will Prior Authorize directly with MCHP).	1	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>	61	0				
Hysterectomy or Hysteroscopy	3	0				
Infertility/Reproductive Endocrinology Procedures	1	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.	54	6	Does Not Meet Criteria or Schedule of Benefits or Policies Used to make Determination	6		
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	0	0				
PET Scan	4	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	1	0				

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Skilled Nursing Facility Admission (facility will PA directly with MCHP)	0	0				
Spinal Surgeries (NEW)	16	0				
Sterilization (male or female)	1	0				
TMJ: surgery, procedures, treatments, DME or supplies	0	0				
Total Joint Replacement: any joint	5	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	0	0				
Out of Network Services	69	26	Services Available in Members Network	24	Does Not Meet Criteria or Schedule of Benefits or Policies Used to make Determination	2

Total Number of Referrals	1463	2.53%
Number Denied	37	
Medical Referrals Number	1424	2.59%
Medical Referrals Denied	37	
Mental Health Referrals	37	22%
Mental Health Referrals Denied	0	
Substance Use Disorder Referrals	2	0%
Substance Use Disorder Referrals Denied	0	
Turn Around Time : Date Referral received to Notification	1.58 days	