



Department of Consumer & Business Services

Insurance Division — 2

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External Review Annual Summary

External Review Annual Summary for 20 03 .

Due on March 31 for previous calendar year.

Each independent review organization (IRO) shall submit an annual statistical report with information in the aggregate on its Oregon Insurance Division external reviews only. OARs 836-053-1350(1), 836-053-1360(2)

- 1. IRO name: Peer Reviews Systems, Inc. dba Permedion Filing date: 3/24/2004
2. IRO address: 350 Worthington Road, Suite H City, state, ZIP: Westerville, OH 43082
3. IRO Web site: www.permedion.com
4. Name, e-mail address, phone and fax number for person completing this form: Rita King rking@permedion.com 800-473-0802 EXT. 3381; fax: 614-839-2628
5. Name and title of person responsible for regulatory compliance and quality of external reviews: Thomas A. Schultz President Name: Gary Hinzman Title: Medical Director
6. Total number of requests for external review received from the Oregon Insurance Division during the reporting period: 17
7. Number of standard OID reviews completed to a final decision: 13
8. Average number of days IRO required to reach a final decision in standard reviews: 20
9. Number of expedited OID reviews completed to a final decision: 0
10. Average number of days IRO required to reach a final decision in expedited reviews: 0
11. Number of medical-necessity reviews decided in favor of the insurer: 7.5 Briefly list procedures denied: Acupuncture (2) Chiropractic-1partial, (2) Out-of-Network ER, Gastric Bypass, Bilateral Endovenous Radiofrequency, Facial Surgery
12. Number of medical-necessity reviews decided in favor of the enrollee: partial Briefly list procedures approved: Chiropractic (partial)
13. Number of experimental/investigational reviews decided in favor of the insurer: 2.5



ESWT, MRS (partial) \*\*Autologous Chondrycle Transplant - \*\* this case was reviewed 12/03 and the denial upheld; The State of OR requested a

Briefly list procedures denied: re-review, applying ORS.743.862(2), in 1/04 and the denial was reversed.

14. Number of experimental/investigational reviews decided in favor of the enrollee: 2.5

Briefly list procedures approved: PET Scan, Robotic Assisted Surgery, MRS (partial)

15. Number of continuity-of-care reviews decided in favor of the insurer: 0 Enrollee: 0

16. Number of OID review requests for which the IRO deemed it did not have jurisdiction under ORS 743.857: 4

17. Number of OID reviews terminated as the result of reconsideration by the insurer: 0

18. Number of OID reviews terminated by the enrollee: 0

19. Number of reviews declined due to possible conflict of interest with insurer: 0 Enrollee: 0

Describe possible conflict(s) of interest: 0

20. Number of enrollees who complained to the IRO at least once about their external review: 0