

2025 Prior Authorization Data

This page shares information about prior authorization to follow a Centers for Medicare and Medicaid Services (CMS) [rule](#). Prior authorization means a provider asks us for approval before a member gets some services. This helps make sure the care is safe, needed for the member's health, and covered by the plan.

We also share a list of services that need approval before care. Drug requests are not part of this list.

List of services that need approval from [Illinois](#), [Montana](#), [New Mexico](#), [Oklahoma](#) and [Texas](#) Medicare plans.

Standard Requests	
88% Percent of requests we approved	This means the request was approved the first time we looked at it. We only ask for prior authorization for some services to help make sure the care is safe and right for our members.
12% Percent of requests we did not approve	Sometimes we may not get information from the provider. Other times, requests are reviewed to help prevent fraud, waste, and abuse. If a request is partly approved, we count it as a denial.
Not Reportable Percent of requests we approved after taking more time	Sometimes we may take more time to decide so a provider can send more medical information. When that happens, this number shows the percent approved after the extra time. Not all areas allow us to do this.
80% Percent of requests we approved after an appeal	An appeal is when a member or provider asks us to look at our decision again. Providers can share more information during the appeal. This may cause us to change our decision.

<p>1.66 days Average time it takes us to make a decision</p>	<p>These times show how quickly we make decisions for standard requests. State and Federal rules set time limits for our decisions.</p>
<p><1 day Median time it takes to make a decision</p>	

<p>Urgent Requests</p>	
<p>79% Percent of requests we approved</p>	<p>This means the request was approved the first time we looked at it. We only ask for prior authorization for some services to help make sure the care is safe and right for our members.</p>
<p>21% Percent of requests we did not approve</p>	<p>Sometimes we may not get information from the provider. Other times, requests are reviewed to help prevent fraud, waste, and abuse. If a request is partly approved, we count it as a denial.</p>
<p>38.2 hours Average time it takes us to make a decision</p>	<p>These times show how quickly we make decisions for urgent requests. State and Federal rules also set time limits here.</p>
<p>30.9 hours Median time it takes to make a decision</p>	

H-Contract: H0107

Standard Requests

90%

Percent of requests we approved

This means the request was approved the first time we looked at it. We only ask for prior authorization for some services to help make sure the care is safe and right for our members.

10%

Percent of requests we did not approve

Sometimes we may not get information from the provider. Other times, requests are reviewed to help prevent fraud, waste, and abuse. If a request is partly approved, we count it as a denial.

Not Reportable

Percent of requests we approved after taking more time

Sometimes we may take more time to decide so a provider can send more medical information. When that happens, this number shows the percent approved after the extra time. Not all areas allow us to do this.

84%

Percent of requests we approved after an appeal

An appeal is when a member or provider asks us to look at our decision again. Providers can share more information during the appeal. This may cause us to change our decision.

1.5 days

Average time it takes us to make a decision

These times show how quickly we make decisions for standard requests. State and Federal rules set time limits for our decisions.

<1 day

Median time it takes to make a decision

H-Contract: H0107

Urgent Requests

81%

Percent of requests we approved

This means the request was approved the first time we looked at it. We only ask for prior authorization for some services to help make sure the care is safe and right for our members.

19%

Percent of requests we did not approve

Sometimes we may not get information from the provider. Other times, requests are reviewed to help prevent fraud, waste, and abuse. If a request is partly approved, we count it as a denial.

36 hours

Average time it takes us to make a decision

These times show how quickly we make decisions for urgent requests. State and Federal rules also set time limits here.

30.4 hours

Median time it takes to make a decision

H-Contract: H1666

Standard Requests

85%

Percent of requests we approved

This means the request was approved the first time we looked at it. We only ask for prior authorization for some services to help make sure the care is safe and right for our members.

15%

Percent of requests we did not approve

Sometimes we may not get information from the provider. Other times, requests are reviewed to help prevent fraud, waste, and abuse. If a request is partly approved, we count it as a denial.

Not Reportable

Percent of requests we approved after taking more time

Sometimes we may take more time to decide so a provider can send more medical information. When that happens, this number shows the percent approved after the extra time. Not all areas allow us to do this.

86%

Percent of requests we approved after an appeal

An appeal is when a member or provider asks us to look at our decision again. Providers can share more information during the appeal. This may cause us to change our decision.

1.8 days

Average time it takes us to make a decision

These times show how quickly we make decisions for standard requests. State and Federal rules set time limits for our decisions.

<1 day

Median time it takes to make a decision

H-Contract: H1666

Urgent Requests

75%

Percent of requests we approved

This means the request was approved the first time we looked at it. We only ask for prior authorization for some services to help make sure the care is safe and right for our members.

25%

Percent of requests we did not approve

Sometimes we may not get information from the provider. Other times, requests are reviewed to help prevent fraud, waste, and abuse. If a request is partly approved, we count it as a denial.

39.1 hours

Average time it takes us to make a decision

These times show how quickly we make decisions for urgent requests. State and Federal rules also set time limits here.

31.5 hours

Median time it takes to make a decision

H-Contract: H3251

Standard Requests

88%

Percent of requests we approved

This means the request was approved the first time we looked at it. We only ask for prior authorization for some services to help make sure the care is safe and right for our members.

12%

Percent of requests we did not approve

Sometimes we may not get information from the provider. Other times, requests are reviewed to help prevent fraud, waste, and abuse. If a request is partly approved, we count it as a denial.

Not Reportable

Percent of requests we approved after taking more time

Sometimes we may take more time to decide so a provider can send more medical information. When that happens, this number shows the percent approved after the extra time. Not all areas allow us to do this.

62%

Percent of requests we approved after an appeal

An appeal is when a member or provider asks us to look at our decision again. Providers can share more information during the appeal. This may cause us to change our decision.

1.5 days

Average time it takes us to make a decision

These times show how quickly we make decisions for standard requests. State and Federal rules set time limits for our decisions.

<1 day

Median time it takes to make a decision

H-Contract: H3251

Urgent Requests

80%

Percent of requests we approved

This means the request was approved the first time we looked at it. We only ask for prior authorization for some services to help make sure the care is safe and right for our members.

20%

Percent of requests we did not approve

Sometimes we may not get information from the provider. Other times, requests are reviewed to help prevent fraud, waste, and abuse. If a request is partly approved, we count it as a denial.

41.2 hours

Average time it takes us to make a decision

These times show how quickly we make decisions for urgent requests. State and Federal rules also set time limits here.

32.6 hours

Median time it takes to make a decision

H-Contract: H3822

Standard Requests

90%

Percent of requests we approved

This means the request was approved the first time we looked at it. We only ask for prior authorization for some services to help make sure the care is safe and right for our members.

10%

Percent of requests we did not approve

Sometimes we may not get information from the provider. Other times, requests are reviewed to help prevent fraud, waste, and abuse. If a request is partly approved, we count it as a denial.

Not Reportable

Percent of requests we approved after taking more time

Sometimes we may take more time to decide so a provider can send more medical information. When that happens, this number shows the percent approved after the extra time. Not all areas allow us to do this.

77%

Percent of requests we approved after an appeal

An appeal is when a member or provider asks us to look at our decision again. Providers can share more information during the appeal. This may cause us to change our decision.

1.9 days

Average time it takes us to make a decision

These times show how quickly we make decisions for standard requests. State and Federal rules set time limits for our decisions.

1 day

Median time it takes to make a decision

H-Contract: H3822

Urgent Requests

87%

Percent of requests we approved

This means the request was approved the first time we looked at it. We only ask for prior authorization for some services to help make sure the care is safe and right for our members.

13%

Percent of requests we did not approve

Sometimes we may not get information from the provider. Other times, requests are reviewed to help prevent fraud, waste, and abuse. If a request is partly approved, we count it as a denial.

38.9 hours

Average time it takes us to make a decision

These times show how quickly we make decisions for urgent requests. State and Federal rules also set time limits here.

31.3 hours

Median time it takes to make a decision

H-Contract: H3979

Standard Requests

89%

Percent of requests we approved

This means the request was approved the first time we looked at it. We only ask for prior authorization for some services to help make sure the care is safe and right for our members.

11%

Percent of requests we did not approve

Sometimes we may not get information from the provider. Other times, requests are reviewed to help prevent fraud, waste, and abuse. If a request is partly approved, we count it as a denial.

Not Reportable

Percent of requests we approved after taking more time

Sometimes we may take more time to decide so a provider can send more medical information. When that happens, this number shows the percent approved after the extra time. Not all areas allow us to do this.

74%

Percent of requests we approved after an appeal

An appeal is when a member or provider asks us to look at our decision again. Providers can share more information during the appeal. This may cause us to change our decision.

1.5 days

Average time it takes us to make a decision

These times show how quickly we make decisions for standard requests. State and Federal rules set time limits for our decisions.

<1 day

Median time it takes to make a decision

H-Contract: H3979

Urgent Requests

79%

Percent of requests we approved

This means the request was approved the first time we looked at it. We only ask for prior authorization for some services to help make sure the care is safe and right for our members.

21%

Percent of requests we did not approve

Sometimes we may not get information from the provider. Other times, requests are reviewed to help prevent fraud, waste, and abuse. If a request is partly approved, we count it as a denial.

40.2 hours

Average time it takes us to make a decision

These times show how quickly we make decisions for urgent requests. State and Federal rules also set time limits here.

30.5 hours

Median time it takes to make a decision

H-Contract: H4801

Standard Requests

85%

Percent of requests we approved

This means the request was approved the first time we looked at it. We only ask for prior authorization for some services to help make sure the care is safe and right for our members.

15%

Percent of requests we did not approve

Sometimes we may not get information from the provider. Other times, requests are reviewed to help prevent fraud, waste, and abuse. If a request is partly approved, we count it as a denial.

Not Reportable

Percent of requests we approved after taking more time

Sometimes we may take more time to decide so a provider can send more medical information. When that happens, this number shows the percent approved after the extra time. Not all areas allow us to do this.

76%

Percent of requests we approved after an appeal

An appeal is when a member or provider asks us to look at our decision again. Providers can share more information during the appeal. This may cause us to change our decision.

1.9 days

Average time it takes us to make a decision

These times show how quickly we make decisions for standard requests. State and Federal rules set time limits for our decisions.

<1 day

Median time it takes to make a decision

H-Contract: H4801

Urgent Requests

72%

Percent of requests we approved

This means the request was approved the first time we looked at it. We only ask for prior authorization for some services to help make sure the care is safe and right for our members.

28%

Percent of requests we did not approve

Sometimes we may not get information from the provider. Other times, requests are reviewed to help prevent fraud, waste, and abuse. If a request is partly approved, we count it as a denial.

40.7 hours

Average time it takes us to make a decision

These times show how quickly we make decisions for urgent requests. State and Federal rules also set time limits here.

31.3 hours

Median time it takes to make a decision

H-Contract: H8133

Standard Requests

82%

Percent of requests we approved

This means the request was approved the first time we looked at it. We only ask for prior authorization for some services to help make sure the care is safe and right for our members.

18%

Percent of requests we did not approve

Sometimes we may not get information from the provider. Other times, requests are reviewed to help prevent fraud, waste, and abuse. If a request is partly approved, we count it as a denial.

Not Reportable

Percent of requests we approved after taking more time

Sometimes we may take more time to decide so a provider can send more medical information. When that happens, this number shows the percent approved after the extra time. Not all areas allow us to do this.

78%

Percent of requests we approved after an appeal

An appeal is when a member or provider asks us to look at our decision again. Providers can share more information during the appeal. This may cause us to change our decision.

2.4 days

Average time it takes us to make a decision

These times show how quickly we make decisions for standard requests. State and Federal rules set time limits for our decisions.

<1 day

Median time it takes to make a decision

H-Contract: H8133

Urgent Requests

73%

Percent of requests we approved

This means the request was approved the first time we looked at it. We only ask for prior authorization for some services to help make sure the care is safe and right for our members.

27%

Percent of requests we did not approve

Sometimes we may not get information from the provider. Other times, requests are reviewed to help prevent fraud, waste, and abuse. If a request is partly approved, we count it as a denial.

41.5 hours

Average time it takes us to make a decision

These times show how quickly we make decisions for urgent requests. State and Federal rules also set time limits here.

31.3 hours

Median time it takes to make a decision

H-Contract: H8547

Standard Requests

91%

Percent of requests we approved

This means the request was approved the first time we looked at it. We only ask for prior authorization for some services to help make sure the care is safe and right for our members.

9%

Percent of requests we did not approve

Sometimes we may not get information from the provider. Other times, requests are reviewed to help prevent fraud, waste, and abuse. If a request is partly approved, we count it as a denial.

Not Reportable

Percent of requests we approved after taking more time

Sometimes we may take more time to decide so a provider can send more medical information. When that happens, this number shows the percent approved after the extra time. Not all areas allow us to do this.

83%

Percent of requests we approved after an appeal

An appeal is when a member or provider asks us to look at our decision again. Providers can share more information during the appeal. This may cause us to change our decision.

2.1 days

Average time it takes us to make a decision

These times show how quickly we make decisions for standard requests. State and Federal rules set time limits for our decisions.

1 day

Median time it takes to make a decision

H-Contract: H8547

Urgent Requests

85%

Percent of requests we approved

This means the request was approved the first time we looked at it. We only ask for prior authorization for some services to help make sure the care is safe and right for our members.

15%

Percent of requests we did not approve

Sometimes we may not get information from the provider. Other times, requests are reviewed to help prevent fraud, waste, and abuse. If a request is partly approved, we count it as a denial.

38.2 hours

Average time it takes us to make a decision

These times show how quickly we make decisions for urgent requests. State and Federal rules also set time limits here.

30.4 hours

Median time it takes to make a decision

H-Contract: H8554

Standard Requests

84%

Percent of requests we approved

This means the request was approved the first time we looked at it. We only ask for prior authorization for some services to help make sure the care is safe and right for our members.

16%

Percent of requests we did not approve

Sometimes we may not get information from the provider. Other times, requests are reviewed to help prevent fraud, waste, and abuse. If a request is partly approved, we count it as a denial.

Not Reportable

Percent of requests we approved after taking more time

Sometimes we may take more time to decide so a provider can send more medical information. When that happens, this number shows the percent approved after the extra time. Not all areas allow us to do this.

100%

Percent of requests we approved after an appeal

An appeal is when a member or provider asks us to look at our decision again. Providers can share more information during the appeal. This may cause us to change our decision.

2.2 days

Average time it takes us to make a decision

These times show how quickly we make decisions for standard requests. State and Federal rules set time limits for our decisions.

<1 day

Median time it takes to make a decision

H-Contract: H8554

Urgent Requests

71%

Percent of requests we approved

This means the request was approved the first time we looked at it. We only ask for prior authorization for some services to help make sure the care is safe and right for our members.

29%

Percent of requests we did not approve

Sometimes we may not get information from the provider. Other times, requests are reviewed to help prevent fraud, waste, and abuse. If a request is partly approved, we count it as a denial.

41.1 hours

Average time it takes us to make a decision

These times show how quickly we make decisions for urgent requests. State and Federal rules also set time limits here.

32.4 hours

Median time it takes to make a decision

H-Contract: H8634

Standard Requests

86%

Percent of requests we approved

This means the request was approved the first time we looked at it. We only ask for prior authorization for some services to help make sure the care is safe and right for our members.

14%

Percent of requests we did not approve

Sometimes we may not get information from the provider. Other times, requests are reviewed to help prevent fraud, waste, and abuse. If a request is partly approved, we count it as a denial.

Not Reportable

Percent of requests we approved after taking more time

Sometimes we may take more time to decide so a provider can send more medical information. When that happens, this number shows the percent approved after the extra time. Not all areas allow us to do this.

80%

Percent of requests we approved after an appeal

An appeal is when a member or provider asks us to look at our decision again. Providers can share more information during the appeal. This may cause us to change our decision.

1.8 days

Average time it takes us to make a decision

These times show how quickly we make decisions for standard requests. State and Federal rules set time limits for our decisions.

<1 day

Median time it takes to make a decision

H-Contract: H8634

Urgent Requests

77%

Percent of requests we approved

This means the request was approved the first time we looked at it. We only ask for prior authorization for some services to help make sure the care is safe and right for our members.

23%

Percent of requests we did not approve

Sometimes we may not get information from the provider. Other times, requests are reviewed to help prevent fraud, waste, and abuse. If a request is partly approved, we count it as a denial.

37.3 hours

Average time it takes us to make a decision

These times show how quickly we make decisions for urgent requests. State and Federal rules also set time limits here.

30.4 hours

Median time it takes to make a decision

H-Contract: H9706

Standard Requests

84%

Percent of requests we approved

This means the request was approved the first time we looked at it. We only ask for prior authorization for some services to help make sure the care is safe and right for our members.

16%

Percent of requests we did not approve

Sometimes we may not get information from the provider. Other times, requests are reviewed to help prevent fraud, waste, and abuse. If a request is partly approved, we count it as a denial.

Not Reportable

Percent of requests we approved after taking more time

Sometimes we may take more time to decide so a provider can send more medical information. When that happens, this number shows the percent approved after the extra time. Not all areas allow us to do this.

72%

Percent of requests we approved after an appeal

An appeal is when a member or provider asks us to look at our decision again. Providers can share more information during the appeal. This may cause us to change our decision.

2.1 days

Average time it takes us to make a decision

These times show how quickly we make decisions for standard requests. State and Federal rules set time limits for our decisions.

<1 day

Median time it takes to make a decision

H-Contract: H9706

Urgent Requests

75%

Percent of requests we approved

This means the request was approved the first time we looked at it. We only ask for prior authorization for some services to help make sure the care is safe and right for our members.

25%

Percent of requests we did not approve

Sometimes we may not get information from the provider. Other times, requests are reviewed to help prevent fraud, waste, and abuse. If a request is partly approved, we count it as a denial.

41.3 hours

Average time it takes us to make a decision

These times show how quickly we make decisions for urgent requests. State and Federal rules also set time limits here.

32.6 hours

Median time it takes to make a decision