Prior authorization metrics for medical items and services (excluding drugs)

To comply with the Centers for Medicare and Medicaid Services (CMS) Interoperability and Prior Authorization Final Rule, Utah Medicaid is required to report aggregated prior authorization metrics annually on the website.

Specifically, this includes a list of all medical items and services (excluding drugs) that require prior authorization, as well as data on prior authorization requests for those items and services (e.g., approvals,/ denials, etc.) for the previous calendar year. Publicly reporting these metrics promotes transparency and accountability, helps patients understand prior authorization processes, and enables providers to evaluate payer performance. In addition, metrics can be used to compare plans, programs, and payers.

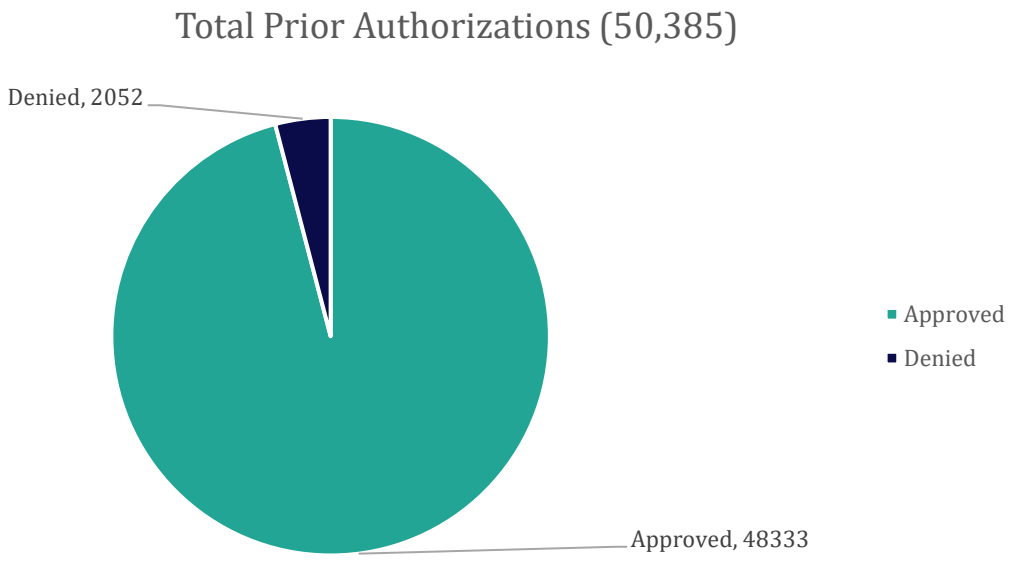
Reporting period 2025

These are the medical items and services that require prior authorization (excluding drugs).

Prior authorization decision timeframes are:

- Within 72 hours for expedited (i.e., urgent) requests.
- Seven calendar days for standard (i.e., non-urgent) requests.
    - Standard requests may be extended up to 14 calendar days if the provider requests an extension or if the prior authorization team determines that additional information from the provider is needed to make a decision.

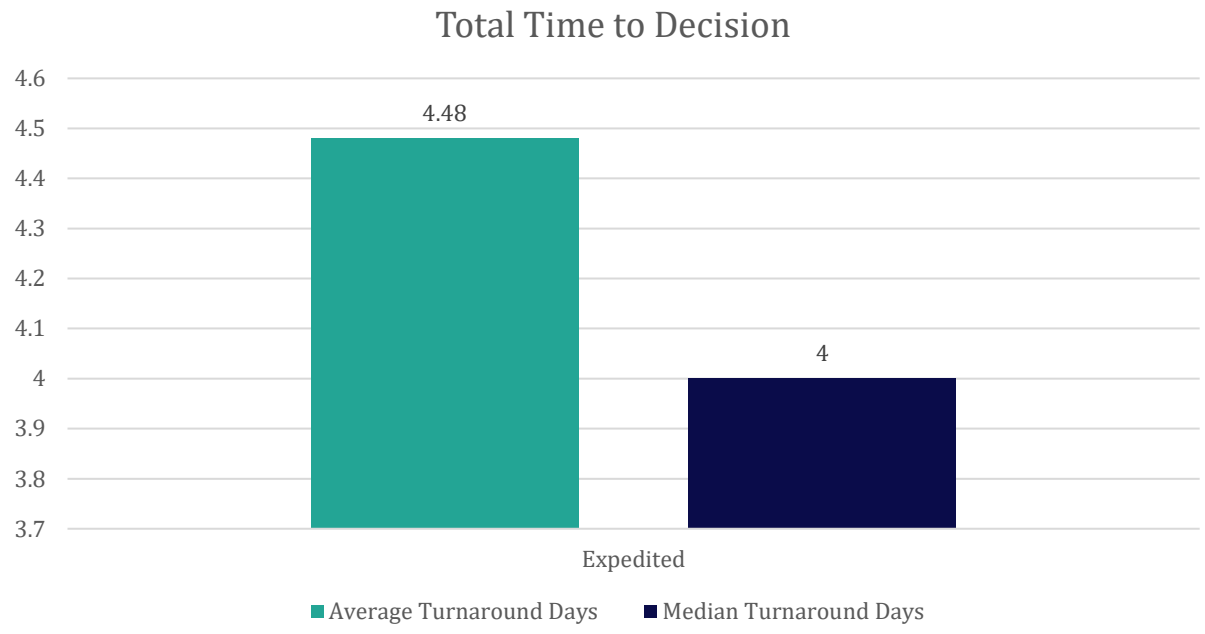
In 2025, the total number of prior authorizations was 50,385.



*Note on exclusions: There are also 13,070 prior authorization requests that do not fall into expedited, extended, or standard requests. These were generally longer than 14 days without an associated extension. These were excluded from data on standard and expedited requests, as well as their related time graphs. These prior authorizations were put into their own grouping called ‘delayed’.

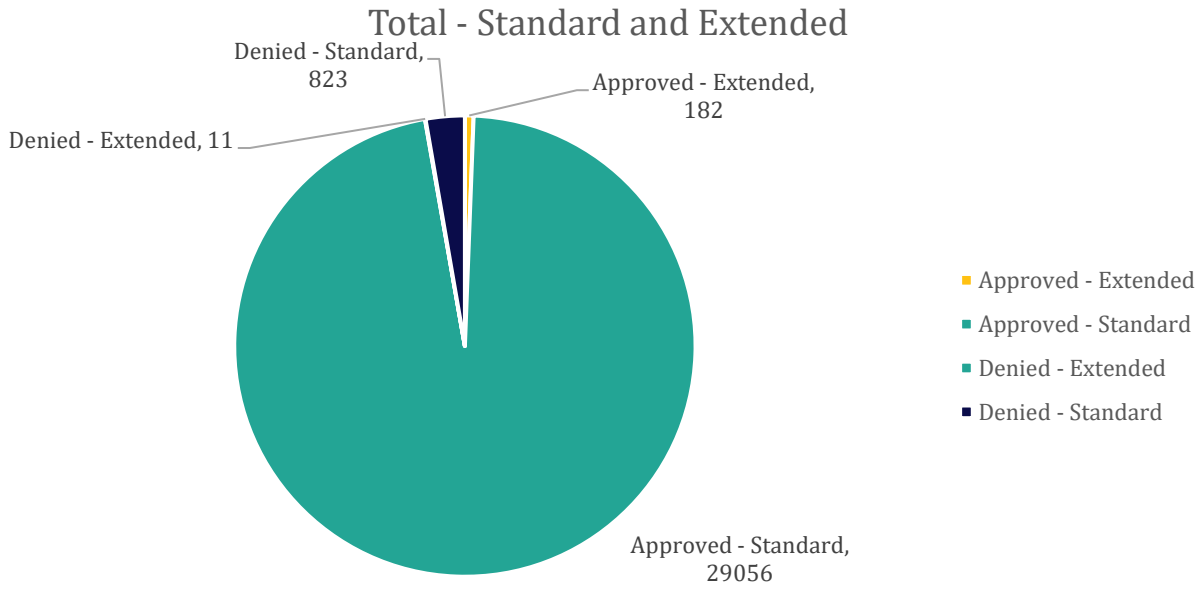
Time between receiving a prior authorization request and sending a decision for standard and expedited requests:

- The mean (average) time that it took to make a prior authorization decision was 4.81 days.
- The median (middle) time that it took to make a prior authorization decision was 4 days.



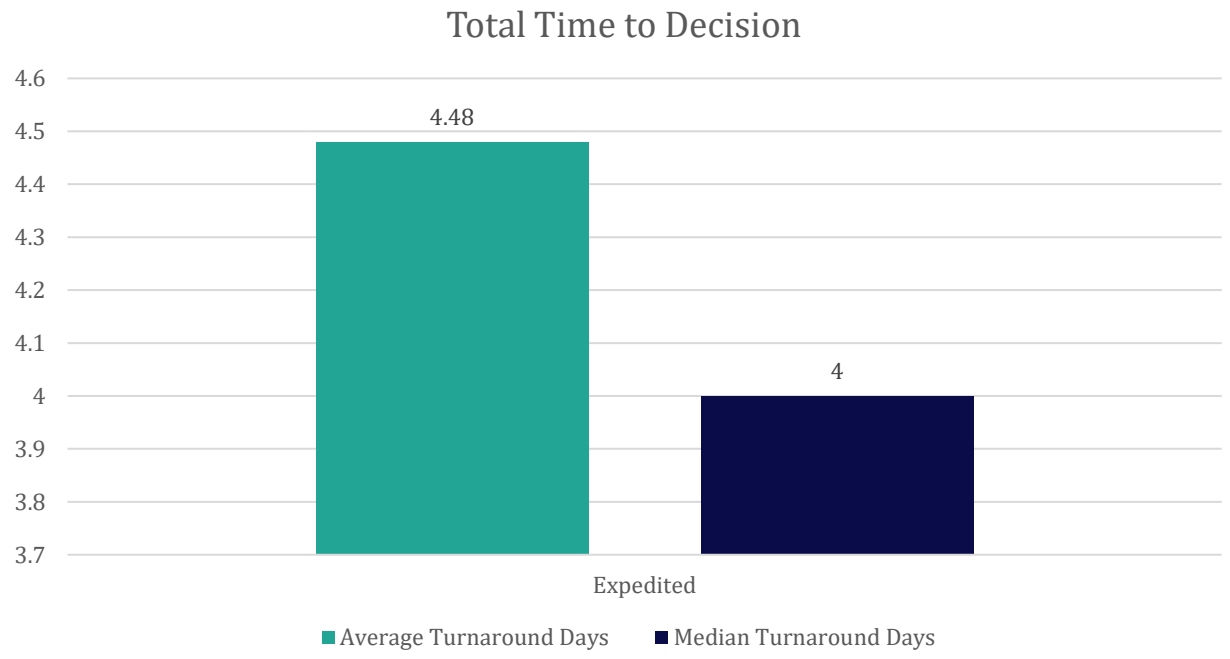
In 2025, a total of 30,072 non-urgent (standard) prior authorization requests were received for covered members.

- Approximately 97% of those requests were approved.
- Approximately 3% were denied.
- 11 were extended and then denied (~0%).
- 182 were extended and then approved (~1%)



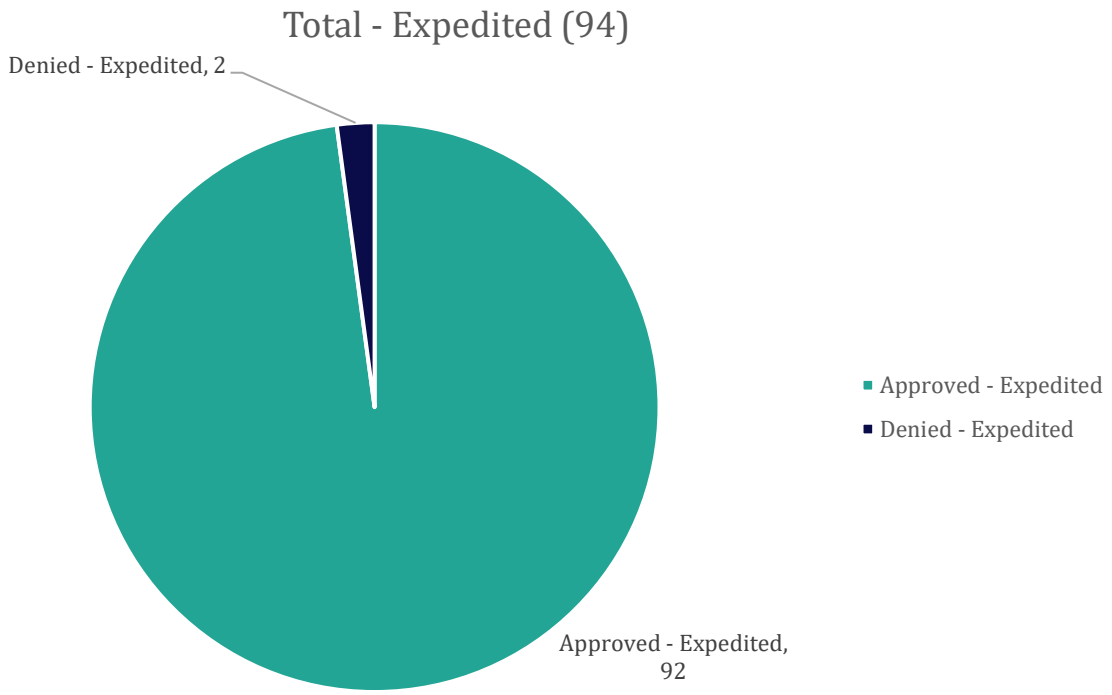
Time between receiving a prior authorization request and sending a decision:

- The mean (average) time that it took to make standard prior authorization decisions was 4.81 days.
- The median (middle) time that it took to make standard prior authorization decisions was 4 days.



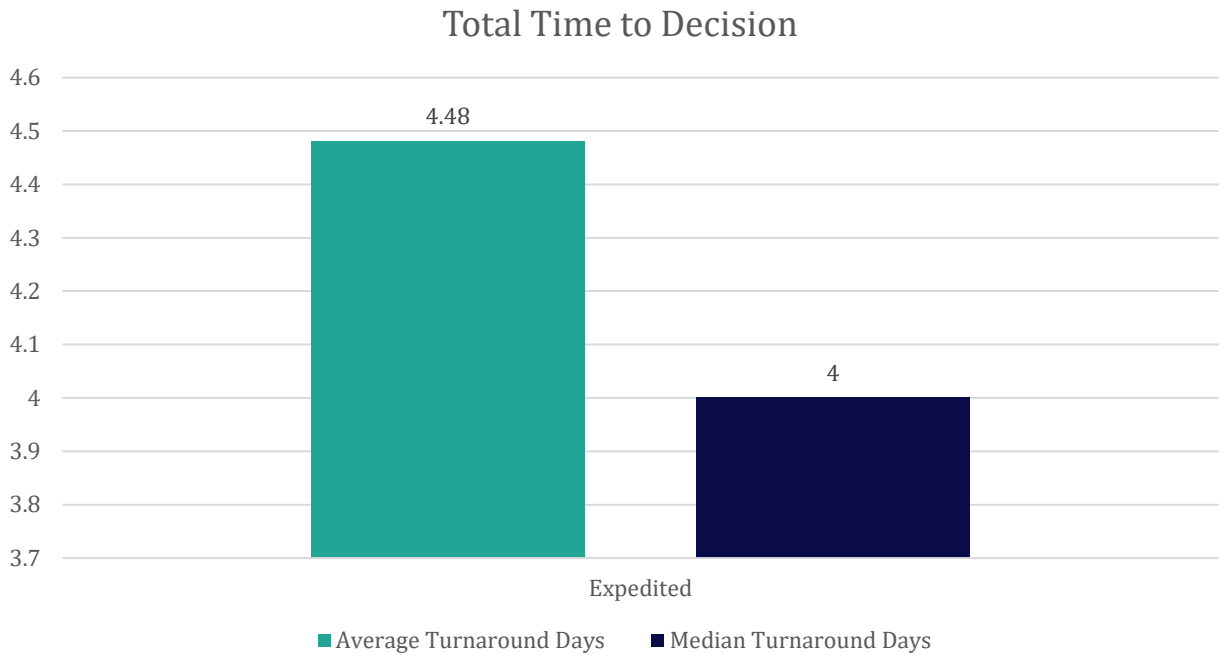
In 2025, a total of 94 urgent (expedited) prior authorization requests were received for covered members.

- Approximately 98% of those requests were approved.
- Approximately 2% were denied.



Time between receiving an expedited prior authorization request and sending a decision:

- The mean (average) time that it took to make expedited prior authorization decisions was 4.48 days.
- The median (middle) time that it took to make expedited prior authorization decisions was 4 days.



Percent of requests where the timeframe for review was extended and the requests were approved:

- Out of all 50,385 prior authorizations, only 182 requests were extended and approved; that comes to .36% of all prior authorization requests.
- Out of all 50,385 prior authorizations, only 2 requested an extension and were denied; that comes to .004% of all prior authorization requests.

*Note: Data on extended requests were not available until the middle of the year and we anticipate lower results due to lack of data.

Data tables

Type	Count of Prior Authorizations
Approved	48,333
Approved - Delayed	12,457
Approved - Expedited	92
Approved - Extended	182
Approved - Standard	29,056
Denied	2,052
Denied - Delayed	1,040
Denied - Expedited	2
Denied - Extended	11
Denied - Standard	823

Type	Average turnaround days	Median turnaround days
Delayed	39.44	21
Expedited	4.48	4
Extended	42.99	21
Standard	4.81	4