

Prior authorization metrics at a glance

To comply with the Centers for Medicare & Medicaid Services (CMS) Interoperability and Prior Authorization [Final Rule](#), Blue Shield of California must report our prior authorization metrics. We will report metrics every year.

Our report promotes transparency and accountability. We also strive to help you understand Blue Shield's prior authorization process. The report will include:

- All medical items and services that require prior authorization (excluding prescription drugs).
- Data on prior authorization requests (e.g., approvals and denials).

In addition to the report, the CMS Interoperability and Prior Authorization Final Rule has certain requirements for plans and agencies. Beginning January 1, 2026, this will affect Medicare Advantage plans.

These plans and agencies must send prior authorization decisions within:

- 72 hours for **expedited (or urgent) requests**
- Seven calendar days for **standard (or non-urgent) requests**



For any questions, call **(800) 776-4466 (TTY: 711)**, 8 a.m. to 8 p.m. PT, seven days a week.

Medical items and services that require prior authorization (excluding prescription drugs)

Find the full list at <https://www.blueshieldca.com/en/provider/authorizations/authorization-list>. It outlines the medical items and services that need approval before care is given or billed. Prescription drugs are not included in this list.

Data summary for 2025

H0504 – Medicare Advantage HMO

Urgent prior authorization requests (response due to provider within 72 hours)

Total requests	59,270
Total approved	57,828
Total denied	1,442
Percentage approved	98%
Percentage denied	2%
Extension total	49
Extension total approved	37
Percent approved after extension	76%

Time between receiving a prior authorization request and sending a decision (in hours)

Response time average	14
Response time median	6

Appeals

Total appeals	125
Requests approved only after appeal	91
Percentage approved in the calendar year after appeal	73%

Non-urgent prior authorization requests

Total requests	451,021
Total approved	444,087
Total denied	6,934
Percentage approved	98%
Percentage denied	2%
Extension total	176
Extension total approved	135
Percent approved after extension	77%

Time between receiving a prior authorization request and sending a decision (in calendar days)

Response time average	3
Response time median	0

Appeals

Total appeals	267
Requests approved only after appeal	185
Percentage approved in the calendar year after appeal	69%

Data summary for 2025

H2819 – Medicare Advantage DSNP

Urgent prior authorization requests (response due to provider within 72 hours)

Total requests	13,775
Total approved	13,392
Total denied	383
Percentage approved	97%
Percentage denied	3%
Extension total	6
Extension total approved	2
Percent approved after extension	33%
Time between receiving a prior authorization request and sending a decision (in hours)	
Response time average	12
Response time median	8
Appeals	
Total appeals	36
Requests approved only after appeal	27
Percentage approved in the calendar year after appeal	75%

Non-urgent prior authorization requests

Total requests	122,926
Total approved	121,309
Total denied	1,617
Percentage approved	99%
Percentage denied	1%
Extension total	17
Extension total approved	10
Percent approved after extension	59%
Time between receiving a prior authorization request and sending a decision (in calendar days)	
Response time average	3
Response time median	0
Appeals	
Total appeals	74
Requests approved only after appeal	60
Percentage approved in the calendar year after appeal	81%

Data summary for 2025

H4937 – Medicare Advantage PPO

Urgent prior authorization requests (response due to provider within 72 hours)

Total requests	559
Total approved	546
Total denied	13
Percentage approved	98%
Percentage denied	2%
Extension total	14
Extension total approved	9
Percent approved after extension	64%
Time between receiving a prior authorization request and sending a decision (in hours)	
Response time average	25
Response time median	18
Appeals	
Total appeals	114
Requests approved only after appeal	76
Percentage approved in the calendar year after appeal	67%

Non-urgent prior authorization requests

Total requests	3,829
Total approved	3,368
Total denied	461
Percentage approved	88%
Percentage denied	12%
Extension total	195
Extension total approved	130
Percent approved after extension	67%
Time between receiving a prior authorization request and sending a decision (in calendar days)	
Response time average	4
Response time median	3
Appeals	
Total appeals	145
Requests approved only after appeal	108
Percentage approved in the calendar year after appeal	74%

Data summary for 2025

H5928 – Medicare Advantage HMO

Urgent prior authorization requests (response due to provider within 72 hours)

Total requests	7,251
Total approved	7,099
Total denied	152
Percentage approved	98%
Percentage denied	2%
Extension total	1
Extension total approved	0
Percent approved after extension	0%
Time between receiving a prior authorization request and sending a decision (in hours)	
Response time average	10
Response time median	5
Appeals	
Total appeals	7
Requests approved only after appeal	6
Percentage approved in the calendar year after appeal	86%

Non-urgent prior authorization requests

Total requests	67,137
Total approved	66,127
Total denied	1,010
Percentage approved	98%
Percentage denied	2%
Extension total	21
Extension total approved	18
Percent approved after extension	86%
Time between receiving a prior authorization request and sending a decision (in calendar days)	
Response time average	2
Response time median	0
Appeals	
Total appeals	28
Requests approved only after appeal	20
Percentage approved in the calendar year after appeal	71%