



Prior Authorization Metrics for Medical Items and Services (Excluding Drugs)

In accordance with 45 CFR § 156.223(c), the following prior authorization metrics are reported at the issuer level and are aggregated across all applicable medical items and services (excluding drugs as defined in 45 CFR § 156.221(b)(1)(v)) for the 2025 calendar year.

Reporting Year: 2025

Standard (non-urgent) Prior Authorization Requests	
Requests Approved	91.8%
Requests Denied	8.2%
Approved Following Appeal	80.8%
Mean (Average) Time to Decision	2.8 Days
Median (Middle) Time to Decision	0 Days

Expedited (urgent) Prior Authorization Requests	
Requests Approved	96.6%
Requests Denied	3.4%
Mean (Average) Time to Decision	0 Days
Median (Middle) Time to Decision	0 Days

Expedited & Standard Prior Authorization Requests	
Requests approved only after time for review was extended	0%

Following is a link to the medical items and services for which prior authorization is required:
<https://www.averahealthplans.com/insurance/for-providers/preauthorizations/>