

# 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 and Blue Shield of California Promise Health Plan 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
- State Medicaid agencies
- Medicaid managed care plans
- State Children's Health Insurance Program (CHIP) agencies
- CHIP managed care entities

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:

**Los Angeles County: (800) 605-2556 (TTY: 711)**, 8 a.m. to 6 p.m. PT, Monday through Friday

**San Diego County: (855) 699-5557 (TTY: 711)**, 8 a.m. to 6 p.m. PT, Monday through Friday

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

Find the full list at <https://www.blueshieldca.com/en/bsp/providers/clinical-policies-and-guidelines/pa-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

### Medi-Cal

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

|   |         |
|---|---------|
| Total requests  | 113,125 |
| Total approved  | 111,918 |
| Total denied  | 1,207   |
| Percentage approved   | 99%     |
| Percentage denied   | 1%      |
| Extension total   | 158     |
| Extension total approved  | 144     |
| Percent approved after extension  | 91%     |
| <b>Time between receiving a prior authorization request and sending a decision (in hours)</b> |         |
| Response time average   | 5       |
| Response time median  | 1       |
| <b>Appeals</b>  |         |
| Total appeals   | 85      |
| Requests approved only after appeal   | 26      |
| Percentage approved in the calendar year after appeal   | 31%     |

#### Non-urgent prior authorization requests

|   |         |
|---|---------|
| Total requests  | 892,009 |
| Total approved  | 886,006 |
| Total denied  | 6,003   |
| Percentage approved   | 99%     |
| Percentage denied   | 1%      |
| Extension total   | 1,229   |
| Extension total approved  | 1,058   |
| Percent approved after extension  | 86%     |
| <b>Time between receiving a prior authorization request and sending a decision (in calendar days)</b> |         |
| Response time average   | 1       |
| Response time median  | 1       |
| <b>Appeals</b>  |         |
| Total appeals   | 392     |
| Requests approved only after appeal   | 90      |
| Percentage approved in the calendar year after appeal   | 23%     |

**L.A. County:** For more help and resources, visit [blueshieldca.com/promise/medical](https://blueshieldca.com/promise/medical). You can also call Customer Service at (800) 605-2556 (TTY: 711), 8 a.m. to 6 p.m. PT, Monday through Friday. Blue Shield of California Promise Health Plan is contracted with L.A. Care Health Plan to provide Medi-Cal managed care services in Los Angeles County. You can get this document for free in other formats, such as large print, braille, or audio. Call (800) 605-2556 (TTY: 711), 8 a.m. to 6 p.m. PT, Monday through Friday. The call is free.

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