



**PRIOR AUTHORIZATION METRICS FOR MEDICAL ITEMS AND SERVICES
(EXCLUDING DRUGS)**

This information is published in accordance with the CMS Interoperability and Prior Authorization Final Rule (CMS0057F)

CHRISTUS Health Plan is required to annually report aggregated prior authorization metrics on our 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.) over 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: CY2025

These are the medical items and services that require prior authorization.
<https://christushealthplan.org/provider/prior-authorization>

Standard (non-urgent) Prior Authorization Requests

	How many times this happened	Out of total request	Percentage
Requests Approved	365	399	91%
Requests Denied	36	399	9%

	How many times this happened	Out of total request	Percentage
Requests approved within 14 days	365	365	100%
Requests denied within 14 days	36	36	100%

	How many times this happened	Out of total request	Percentage
Requests approved only after time for review was extended	0	0	0%
Requests denied after time for review was extended	0	0	0%

	How many times this happened	Out of total request	Percentage
Requests approved (Overturned) only after appeal	0	2	0%
Requests denied (Upheld) after appeal	2	2	100%

Expedited (urgent) Prior Authorization Requests (Response Due to Provider Within 72 Hours)

	How many times this happened	Out of total request	Percentage
Requests Approved	27	27	100%
Requests Denied	0	27	0%

	How many times this happened	Out of total request	Percentage
Requests approved within 72 hours	27	27	100%
Requests denied within 72 hours	0	27	100%

	How many times this happened	Out of total request	Percentage
Requests approved only after time for review was extended*	0	0	0%
Requests denied after time for review was extended	0	0	0%

Time Between Receiving a Prior Authorization Request and Sending a Decision

	Mean (Average) Time	Median (Middle) Time
Standard (non-urgent) Prior Authorization Requests (response due to provider within 14 calendar days)	3.0 days	2.0 days
Expedited (urgent) Prior Authorization Requests (response due to provider within 72 hours)	1.1 days	1 day

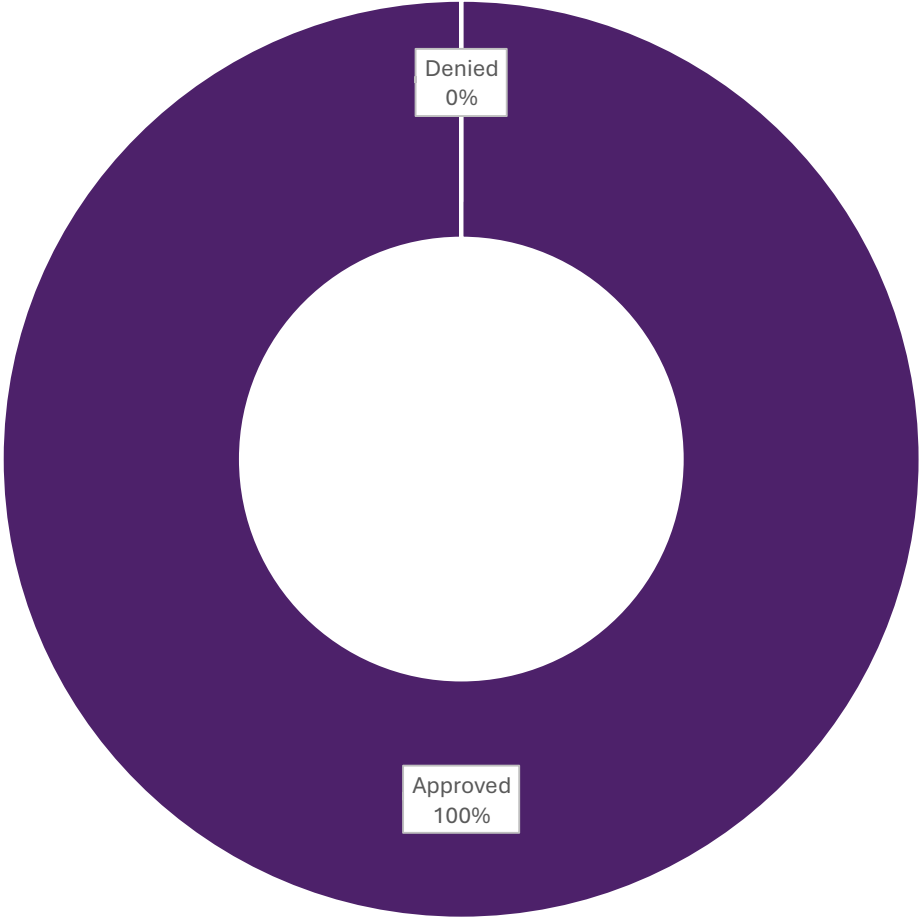
In 2025, we received a total of 399 standard (non-urgent) prior authorization requests for our covered membership. 91% of those requests were approved.



The mean (average) time that it took to make standard (non-urgent) prior authorization decisions was 3.0 days.

The median (middle) time that it took to make standard (non-urgent) prior authorization decisions was 2 days.

In 2025, we received a total of 27 expedited (urgent) prior authorization requests for our covered membership. 100% of those requests were approved.



The mean (average) time that it took to make expedited (urgent) prior authorization decisions was 1.1 days.

The median (middle) time that it took to make expedited (urgent) prior authorization decisions was 1 day.