

**CALIFORNIA CHILDREN'S SERVICES – 2025 PRIOR  
AUTHORIZATION METRICS FOR CALIFORNIA  
CHILDREN'S SERVICES (CCS) ITEMS AND  
SERVICES**

**Reporting Period: CY 2025**

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## INTRODUCTION

To comply with the [CMS Interoperability and Prior Authorization Final Rule](#), DHCS is required to annually report aggregated prior authorization metrics on our website. Specifically, this includes a list of items and services (excluding drugs) that require prior authorization, as well as data on prior authorization requests for those items and services over the previous calendar year (CY).

Public reporting of prior authorization metrics, which include Prior Authorization Requests (Treatment Authorization Requests (TARs) or Service Authorization Requests (SARs) in the DHCS program, promotes transparency and accountability, helps patients understand prior authorization processes, and enables providers to evaluate payer performance.

- **CMS-0057-F Regulatory Reference:** [42 CFR §440.230\(e\)\(3\)](#)

### Prior Authorization Requirements

Per [California Health and Safety Code, Section 123929](#) prior authorization is required before a member can receive any CCS items and services. For additional information on the CCS medical and dental items and services, refer to the following references.

- [Medical Eligibility Manual](#)
- [California Children's Services Program Service Code Groupings, and](#)

- [DHCS Dental Provider Handbook](#).

## Reporting Considerations

For this report, data is reported based upon current prior authorization processes. Data on expedited prior authorizations is not available. All prior authorizations (standard and expedited) are reported together.

## Definitions

1. Standard (Non-Urgent) Prior Authorization (TAR): Non-urgent prior authorization requests that are not expedited or manually adjudicated. Standard prior authorization requests must be completed within 7 calendar days.
2. Expedited (Urgent) Prior Authorization (TAR): Urgent prior authorization requests that are manually adjudicated. Expedited prior authorization requests must be completed within 72 hours (3 calendar days).

# DHCS PRIOR AUTHORIZATION METRICS

## Prior Authorization Request Decision Times

*Table 1 Prior Authorization Processing Timeframe in Calendar Days*

Request Type	Average # of Calendar Days	Median # of Calendar Days
Standard and Expedited Prior Authorization Requests	9	2

**Assumptions:** Data is not available for expedited requests. All prior authorizations (standard and expedited) are reported as one metric based upon submission date the prior authorization request was received and date the decision was made in CY 2025.

**CMS-0057-F Regulatory Reference:** [42 CFR §440.230\(e\)\(3\)\(viii\)–\(ix\)](#)

## Prior Authorization Request Metrics

*Table 2 Total Prior Authorization Requests by Decision*

Request Decision	Count	Total Requests	Percentage
Approved	555,301	755,850	73%
Denied	200,549	755,850	27%

**Assumptions:** Table 2 reflects the count and total percentage of standard and expedited prior authorization requests that were approved and denied during the CY. The total number of requests is the total of all standard prior authorizations that were adjudicated (decided) within the measurement period.

**CMS-0057-F Regulatory Reference:** [42 CFR §440.230\(e\)\(3\)\(ii\)–\(iii\)](#)

*Table 3 Prior Authorization Decisions within 7 Calendar Days*

Request Decision	Count	Total Requests	Percentage
Request approved within 7 days	442,990	755,850	59%
Request denied within 7 days	139,846	755,850	19%

**Assumptions:** Table 3 shows the count of all standard prior authorization requests that were approved and denied within 7 calendar days adjudicated within the measurement period. Previously authorized authorizations can be subsequently authorized for more days while retaining the original submission date, which make prior authorization decision times appear to take longer than the actual decision timeframe. The total number of requests is the total number of requests that were adjudicated within the measurement period.

**CMS-0057-F Regulatory Reference:** [42 CFR §440.230\(e\)\(1\)\(i\)](#)

Table 4 Prior Authorization Decisions with Extensions

Request Decision	Count	Total Requests	Percentage
Request approved after extension	304,799	755,850	40%
Request denied after extension	158,641	755,850	21%

**Assumptions:** Table 4 includes the count of all approved prior authorizations after an extension was requested, and all denied prior authorizations after an extension. Extensions were identified when medical documentation was attached to a prior authorization after the request was originally submitted, but before a decision was reached. The total number of requests is the total number of requests that were adjudicated within the measurement period.

**CMS-0057-F Regulatory Reference:** [42 CFR §440.230\(e\)\(3\)\(v\)](#)

Table 5 Prior Authorizations with Appeal

Request Decision	Count	Total Appeals	Percentage
Request approved after appeal	1	15	7%
Request denied after appeal	14	15	93%

**Assumptions:** Table 5 shows the count of approved or denied prior authorizations in CY 2025 after an appeal was filed by a member through the State Fair Hearings (SFHs) process. Withdrawn or dismissed appeals are not counted in the total number of appeals.

**CMS-0057-F Regulatory Reference:** [42 CFR §440.230\(e\)\(3\)\(iv\)](#)

**In 2025, DHCS received a total of 755,850 prior authorization requests for our members. 73% of those requests were approved.**

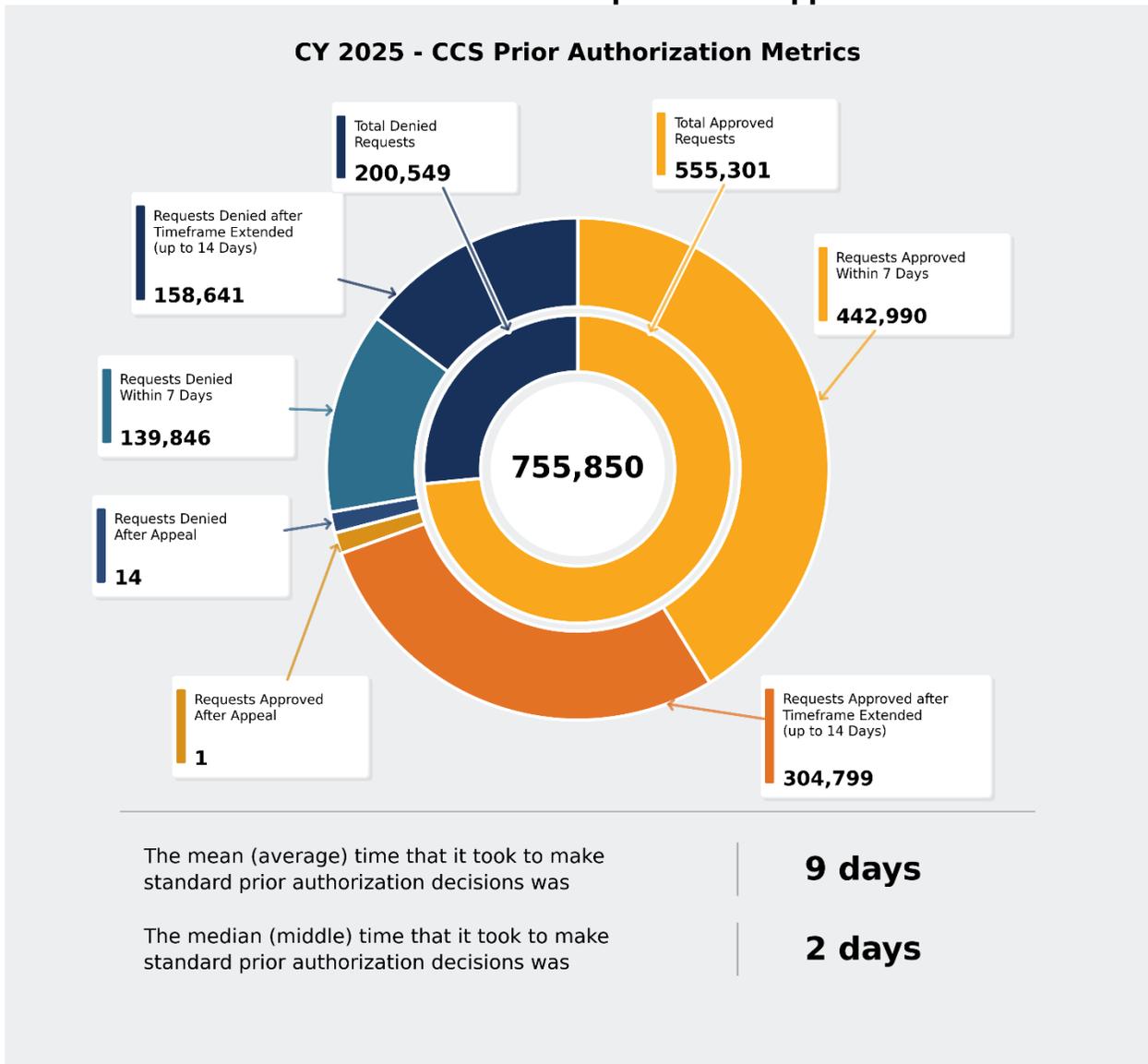


Figure 1 CY 2025 - CCS Prior Authorization Metrics