

**MEDI-CAL - 2025 PRIOR AUTHORIZATION  
METRICS FOR MEDI-CAL MEDICAL AND  
BEHAVIORAL HEALTH ITEMS AND SERVICES**

**Reporting Period: CY 2025**

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## INTRODUCTION

To comply with the [CMS Interoperability and Prior Authorization Final Rule](#), the Department of Health Care Services (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

Providers can locate information about services and items that require TARs in the DHCS provider manual located on the [DHCS Medi-Cal Provider webpage](#).

## 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	4	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	55,741	78,987	71%
Denied	22,404	78,987	28%
Modified*	842	78,987	1%

\* Approved with changes

**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	48,725	78,987	62%
Request denied within 7 days	10,667	78,987	14%
Request modified within 7 days	721	78,987	1%

**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	774	78,987	1%
Request denied after extension	179	78,987	0%
Request modified after extension	23	78,987	0%
Request auto-denied after extension*	9,439	78,987	12%

\* Extensions requesting more information are denied automatically by the system if the provider does not respond.

**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	3	43	14%

**Assumptions:** Table 5 shows the count of approved or denied prior authorizations in CY 2025 after an appeal was filed by a provider through the appeal process, or member through the State Fair Hearings (SFHs) process.

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

In 2025, DHCS received a total of 78,987 prior authorization requests for our members. 71% of those requests were approved.

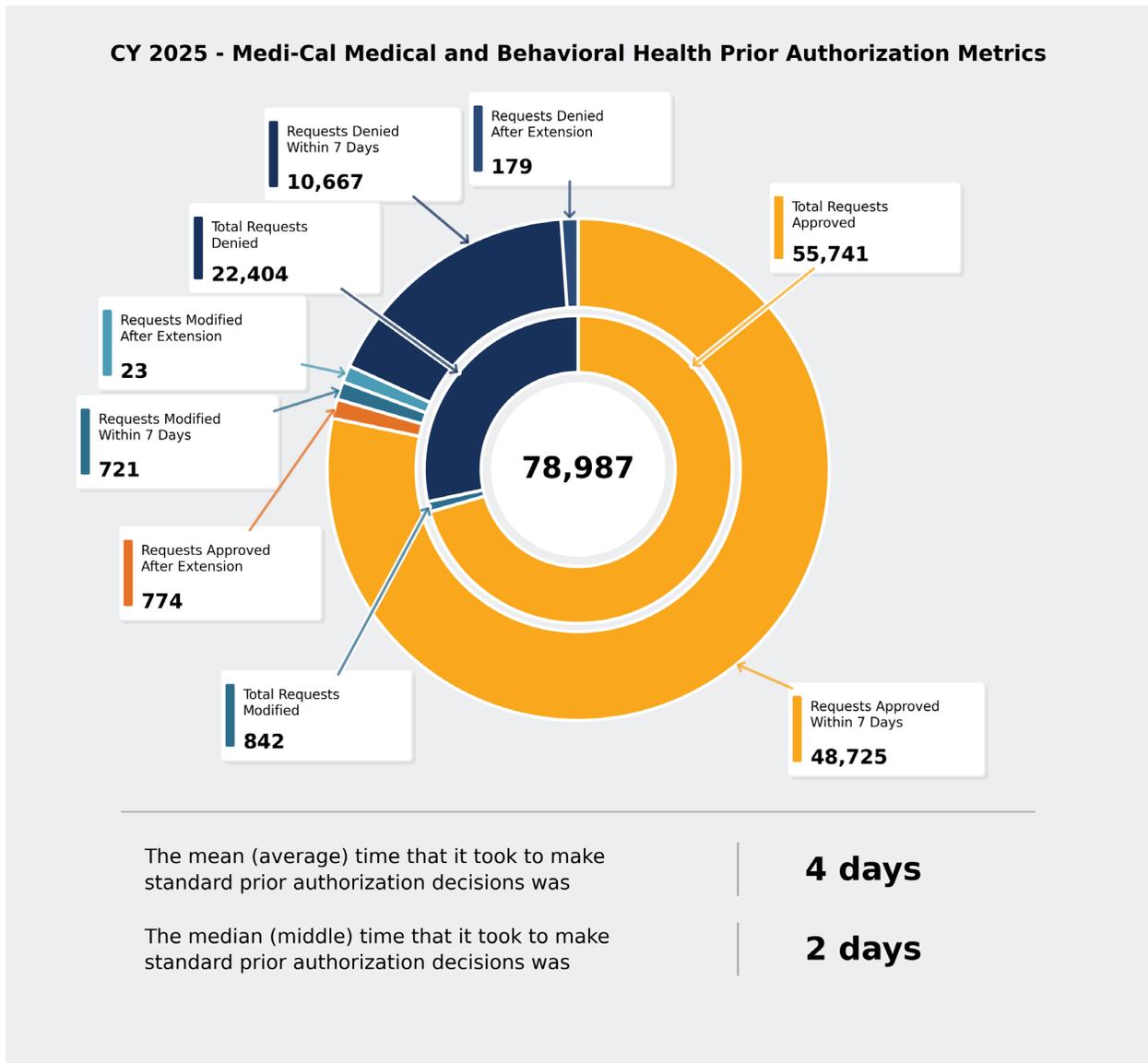


Figure 1 CY 2025 – Medi-Cal Medical and Behavioral Health Prior Authorization Metrics