

**MEDI-CAL DENTAL – 2025 PRIOR
AUTHORIZATION METRICS FOR MEDI-CAL
FEE-FOR-SERVICE DENTAL ITEMS AND
SERVICES**

Reporting Period: CY 2025

TABLE OF CONTENTS

Tables and Figures.....	2
Introduction	2
DHCS Prior Authorization Metrics	3
Prior Authorization Request Decision Times.....	3
Prior Authorization Request Metrics.....	4

TABLES AND FIGURES

Table 1 Prior Authorization Processing Timeframe in Calendar Days	3
Table 2 Total Prior Authorization Requests by Decision.....	4
Table 3 Prior Authorization Decisions within 7 Calendar Days	4
Table 4 Prior Authorization Decisions with Extensions	5
Table 5 Prior Authorizations with Appeal.....	5
Figure 1 CY 2025 – Medi-Cal Dental Prior Authorization Metrics.....	6

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

TAR requirements for Medi-Cal dental services are outlined in the [Medi-Cal Dental Provider Handbook Section 5 Manual of Criteria \(MOC\)](#) for each dental procedure.

Below are versions used in CY 2025:

- Effective December 1, 2025 to current - [MOC effective 12-1-25](#)
- Effective April 1, 2025 through November 30, 2025 - [MOC effective 4-1-25](#)

- Effective February 1, 2024 through March 31, 2025 – [MOC effective 2-1-24](#)

For additional information regarding TAR processing, please reference the [Medi-Cal Dental Provider Handbook](#).

Providers can locate information about services regarding TAR processing, please reference the [Medi-Cal 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	4.8	5

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	2,212,669	3,138,788	70.49%
Denied	926,119	3,138,788	29.51%
Extension	24,230	3,138,788	0.77%

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	2,053,960	2,212,669	92.83%
Request denied within 7 days	802,691	926,119	86.67%

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	188	24,230	0.78%
Request denied after extension	24,042	24,230	99.22%

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	1,623	2,430	66.79%
Request denied after appeal (Optional)	807	2,430	33.21%

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 3,138,788 prior authorization requests for our members. 70.49% of those requests were approved.

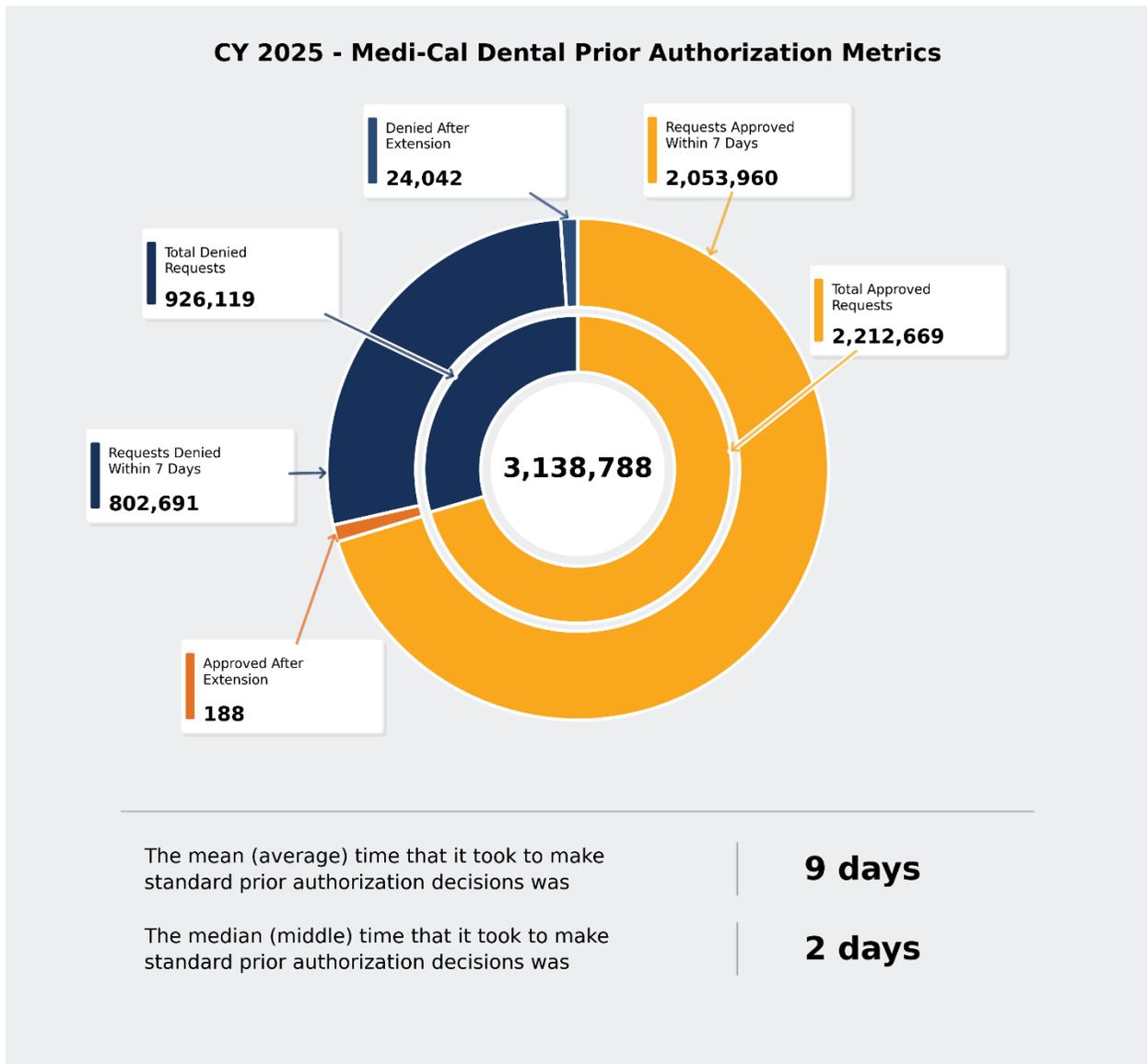


Figure 1 CY 2025 – Medi-Cal Dental Prior Authorization Metrics