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

To comply with the CMS Interoperability and Prior Authorization final rule, **Maryland Physicians Care** is required to annually report aggregated prior authorization metrics on our website.

Reporting Period: 2025

These are the medical items and services for which we require prior authorization (excluding drugs)

https://www.marylandphysicianscare.com/providers/services-prior-authorization/

Beginning January 1, 2026, the CMS Interoperability and Prior Authorization final rule requires Medicaid managed care plans to send prior authorization decisions within:

- 72 hours for **expedited requests** (urgent)
- 7 calendar days for **standard requests** (non-urgent)

Standard (non-urgent) Prior Authorization Requests

	How many times this happened	Out of total requests	Percentage
Request approved	136,803	171,892	80%
Request denied	35,089	171,892	20%

	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended*	8,664	17,304	50%

	How many times this happened	Out of total appeals	Percentage
Request approved only after appeal	630	1725	37%

Expedited (urgent) Prior Authorization Requests

(Response Due to Provider Within 72 Hours)

	How many times this happened	Out of total requests	Percentage
Request approved	822	934	88%
Request denied	112	934	12%

	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended*	13	26	50%

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 7 calendar days)	2.26 days	1 day
Expedited (urgent) Prior Authorization Requests (response due to provider within 72 hours)	.99 day	1 day