

Prior Authorization Statistics

The chart below includes information on how many prior authorization requests we decided in 2025 for Fully Insured and Marketplace members. Prior authorization refers to medical care or services that need our approval before we'll pay our portion of the cost for that care or service.

This information complies with the requirements of the Tennessee Prior Authorization Fairness Act.

Percent of Total Medical Claims (Fully Insured and Marketplace) Requiring Prior Authorization	3.75%
Number of authorization requests decided	174,742
Avg. days authorization request to response	2.8
Number of appeals	490
Number of denials overturned on appeal	298
Avg. days appeal turnaround time	22
Top 5 denial reasons	Clinical Requirements Not Met*
Top 5 denial reasons	Investigational/Experimental
Top 5 denial reasons	Non-Covered Service
Top 5 denial reasons	Non-Compliant
Top 5 denial reasons	Lack of Information

* Sometimes referred to as "Not medically necessary"

Percent of Total Pharmacy Claims (Fully Insured and Marketplace) Requiring Prior Authorization	5.07%
Number of authorization requests decided	166,297
Avg. days authorization request to response	1.79
Number of appeals	10,373
Number of denials overturned on appeal	4,792
Avg. days appeal turnaround time	3.94
Top 5 denial reasons	Non-Covered Service
Top 5 denial reasons	Lack of Information
Top 5 denial reasons	No Prior Authorization Required
Top 5 denial reasons	Clinical Requirements Not Met
Top 5 denial reasons	Already Approved