

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

To comply with the Centers for Medicare & Medicaid Services (CMS) Interoperability and Prior Authorization final rule, Quartz is required to annually report aggregated prior authorization metrics on our website. Specifically, this includes a list of all medical items and services (excluding drugs) that require prior authorization, as well as data on prior authorization requests for those items and services (meaning approval and denial rates, timeliness data, etc.) over the previous calendar year. Publicly reporting these metrics promotes transparency and accountability, helps patients understand prior authorization processes, and enables providers to evaluate payer performance. In addition, metrics can be used to compare plans, programs, and payers.

Reporting Period: 2025

Prior to January 1, 2026 plans are required to send prior authorization decisions within the following timeframes, although extensions are allowed in limited circumstances:

- 72 hours from the date and time received for expedited or urgent requests
- 14 calendar days for standard requests not including the day the request was received, or 15 calendar days total

Beginning January 1, 2026 plans are required to send prior authorization decisions within the following timeframes, although extensions are allowed in limited circumstances:

- 72 hours from the date and time received for expedited or urgent requests
- 7 calendar days for standard requests not including the day the request was received, or 8 calendar days total

The list of items and services that require prior authorization is found here.

<https://quartzbenefits.com/members/prior-authorization/>

Scroll down to this section and select your state and network.

View prior authorizations required for your health plan

To view what procedures, services, or medication require prior authorizations on your health plan, please select your state and network below (your network is listed at the top of your member ID card).

Please select state



Please select network



Standard (non-urgent) Prior Authorization Requests

(response due 14 days after receipt, not including the receipt day)

	How many times this happened	Out of total requests	Percentage
Request approved	10,855	11,593	94%
Request denied	738	11,593	6%

Request approved only after time for review was extended	1	2	50%
Request denied after time for review was extended	1	2	50%

Request approved only after appeal	19	71	27%
Request denied after appeal (optional)	52	71	73%

Expedited (urgent) Prior Authorization Requests

(response due 72 hours after receipt)

	How many times this happened	Out of total requests	Percentage
Request approved	233	262	89%
Request denied	29	262	11%

Request approved only after time for review was extended	0	0	N/A
Request denied after time for review was extended	0	0	N/A

Request approved only after appeal	0	0	N/A
Request denied after appeal (optional)	0	0	N/A

Time Between Receiving a Prior Authorization Request and Sending a Decision

	Mean (Average) Time	Median (Middle) Time
Standard (non-urgent) Prior Authorization Requests	1.69 days	0 days*
Expedited (urgent) Prior Authorization Requests	0.93 days	0 days*

*More than half of the requests received do not require prior authorization and are processed the day they are received, resulting in a median (middle) processing time of 0 days.