BlueCross BlueShield
Kansas

1133 SW Topeka Blvd.
Topeka, KS 66629-0001

bcbsks.com

In Topeka: 785-291-7000
In Kansas: 800-432-0216

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

To comply with the CMS Interoperability and Prior Authorization final rule Blue Cross and Blue Shield of Kansas 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 (e.g., approvals, denials, 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

These are the medical items and services for which we require prior authorization (excluding drugs)
Inpatient Acute
Skilled Nursing
Long Term Care-Acute
Inpatient Rehabilitation
Transcranial Magnetic Stimulation

Prior to January 1, 2026, impacted payers are required to send prior authorization decisions within the following timeframes:

- For Medicare Advantage plans, 72 hours for **expedited requests** (urgent) and 14 calendar days for **standard requests** (non-urgent) prior authorization decision timeframes for expedited requests prior to January 1, 2026.

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

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

H7063_PAReqs26_C

An independent licensee of the Blue Cross Blue Shield Association.

1

BlueCross BlueShield
Kansas

1133 SW Topeka Blvd.
Topeka, KS 66629-0001

In Topeka: 785-291-7000
In Kansas: 800-432-0216

bcbsks.com

Non-urgent Prior Authorization Requests

Type of decision	How many times this happened	Out of total requests	Percentage
Request approved	1,910	1,974	97%
Request approved only after time for review was extended	0	0	0%
Request approved only after appeal	3	4	75%
Request denied	64	1,974	3%
Request denied after time for review was extended	0	0	0%
Request denied after appeal	1	4	25%

Urgent Prior Authorization Requests

(response due to provider within 72 hours)

Type of decision	How many times this happened	Out of total requests	Percentage
Request approved	86	88	98%
Request approved only after time for review was extended	0	0	0%
Request denied	2	88	2%
Request denied after time for review was extended	0	0	0%

Time between receiving a prior authorization request and sending a decision

	Mean (Average) Time	Median (Middle) Time
Non-urgent Prior Authorization Requests (response due to provider within 7 calendar days)	5.8 days	5.6 days
Urgent Prior Authorization Requests (response due to provider within 72 hours)	40.94 hours	28.32 hours

H7063_PAReqs26_C

An independent licensee of the Blue Cross Blue Shield Association.

2