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 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) ▼

Medical services requiring prior authorization

- All home health and hospice services
- Applied Behavior Analysis (ABA) therapy services
- Transplants with the exception of cornea and kidney
- Germline Genetic Testing for Hereditary Breast/Ovarian Cancer Syndrome and Other High-Risk Cancers (BRCA1, BRCA2, PALB2)
- All inpatient medical stays
- All inpatient mental health stays

Impacted payers are required to send prior authorization decisions within the following timeframes:

- For QHP issuers on the FFEs, 72 hours for **expedited requests** (urgent) and 15 days for **standard requests** (non-urgent)

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Non-urgent Prior Authorization Requests

Type of decision	How many times this happened	Out of total requests	Percentage
Request approved	3,854	3,998	96.4%
Request approved only after time for review was extended	0	0	0%
Request approved only after appeal	59	101	58.42%
Request denied	136	3,998	3.4%
Request denied after time for review was extended	0	0	0%
Request denied after appeal	34	101	33.66%

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	1	1	100%
Request approved only after time for review was extended	0	0	0%
Request denied	0	0	0%
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 15 calendar days)	8 Days	8 days
Urgent Prior Authorization Requests (response due to provider within 72 hours)	2.13 Days	2 days