

# Prior Authorization Metrics

The following is a list of items and services that require prior authorization:

## Reporting Period

1/1/2025 

12/31/2025 

- Day Treatment Intensive
- Day Treatment Rehabilitation
- Therapeutic Foster Care
- MH Transcranial Magnetic Stimulation (TMS)
- SUD Residential Treatment

Metrics not reported for services that received no requests during the reporting period.  
Other services may require referral by the Mental Health Plan (MHP).

Total standard prior authorization requests received	AuthorizationType	Authorization Approval %	Authorization Denial %	Review Timeframe Extended	Median Approval Time	Avg. Approval Time
373	SUD Residential Treatment	99.7 %	0.3 %	0.0 %	0:01:11	1:07:49
	MH Transcranial Magnetic Stimulation (TMS)	100.0 %		0.0 %	12:22:07	11:23:13
	<b>Total</b>	<b>99.7 %</b>	<b>0.3 %</b>	<b>0.0 %</b>	<b>0:01:12</b>	<b>1:11:15</b>

Total expedited prior authorization requests received	AuthorizationType	Authorization Approval %	Authorization Denial %	Median Approval Time	Avg. Approval Time
<11*	SUD Residential Treatment	100.0 %		0:00:38	0:04:29
	<b>Total</b>	<b>100.0 %</b>		<b>0:00:38</b>	<b>0:04:29</b>

## Total standard and expedited prior authorization requests received

379

\* Number suppressed for data de-identification

\*\*0 appeals for denied authorizations