



2025 Prior Authorization Data

This page shares information about prior authorization to follow a Centers for Medicare and Medicaid Services (CMS) [rule](#). Prior authorization means a provider asks us for approval before a member gets some services. This helps make sure the care is safe, needed for the member’s health, and covered by the plan.

We also share a list of services that need approval before care. Drug requests are not part of this list.

Blue Cross and Blue Shield of Oklahoma needs to approve this [list of services](#) for Individual & Family Markets.

Standard Requests	
<p>92%</p> <p>Percent of requests we approved</p>	<p>This means the request was approved the first time we looked at it. We only ask for prior authorization for some services to help make sure the care is safe and right for our members.</p>
<p>8%</p> <p>Percent of requests we did not approve</p>	<p>Sometimes we may not get information from the provider. Other times, requests are reviewed to help prevent fraud, waste, and abuse. If a request is partly approved, we count it as a denial.</p>
<p>Not Reportable</p> <p>Percent of requests we approved after taking more time</p>	<p>Sometimes we may take more time to decide so a provider can send more medical information. When that happens, this number shows the percent approved after the extra time. Not all areas allow us to do this.</p>
<p>31%</p> <p>Percent of requests we approved after an appeal</p>	<p>An appeal is when a member or provider asks us to look at our decision again. Providers can share more information during the appeal. This may cause us to change our decision.</p>

<p>0.9 days Average time it takes us to make a decision</p>	<p>State and Federal rules set time limits for our decisions. Sometimes we need the full time so the provider can send the medical information we need to make a complete and accurate decision.</p>
<p><1 day Median time it takes to make a decision</p>	

<h2>Urgent Requests</h2>	
<p>81% Percent of requests we approved</p>	<p>This means the request was approved the first time we looked at it. We only ask for prior authorization for some services to help make sure the care is safe and right for our members.</p>
<p>19% Percent of requests we did not approve</p>	<p>Sometimes we may not get information from the provider. Other times, requests are reviewed to help prevent fraud, waste, and abuse. If a request is partly approved, we count it as a denial.</p>
<p>37.3 hours Average time it takes us to make a decision</p>	<p>These times show how quickly we make decisions for urgent requests. State and Federal rules also set time limits here.</p>
<p>29.6 hours Median time it takes to make a decision</p>	