Prior Authorization Metrics
for medical items and services (excluding drugs)

To comply with the CMS Interoperability and Prior Authorization final rule, Humana 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. For questions on the data below, members can contact the customer service number on the back of the member's ID card. Provider customer service can be contacted at 1-800-457-4708.

Reporting Period: 2025

Contract Number: H4461

These are the medical items and services for which we require prior authorization (excluding drugs)
www.humana.com/pal

Prior to January 1, 2026, Medicare Advantage (MA) plans are required to send prior authorization decisions within the following timeframes:

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

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

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

An overturn on appeal does not necessarily indicate an inappropriate initial prior authorization decision because the overturn may be the result of additional information received or changes in the member's clinical presentation.

Standard (Non-Urgent) Prior Authorization Requests

Type of decision	Number of times this happened	Out of total requests	Percentage
Request approved	262,891	280,178	93.83%
Request denied	17,287	280,178	6.17%

Type of decision	Number of times this happened	Out of total requests	Percentage
Request approved only after time for review was extended	0	0	0.00%
Request denied after time for review was extended	0	0	0.00%

Type of decision	Number of times this happened	Out of total appeals	Percentage
Request approved only after appeal	313	467	67.02%
Request denied after appeal	154	467	32.98%

An overturn on appeal does not necessarily indicate an inappropriate initial prior authorization decision because the overturn may be the result of additional information received or changes in the member's clinical presentation.

Expedited (Urgent) Prior Authorization Requests (response due to provider within 72 hours)

Type of decision	Number of times this happened	Out of total requests	Percentage
Request approved	4,424	4,881	90.64%
Request denied	457	4,881	9.36%

Type of decision	Number of times this happened	Out of total requests	Percentage
Request approved only after time for review was extended	0	0	0.00%
Request denied after time for review was extended	0	0	0.00%

Time Between Submission of a Prior Authorization Request and Decision

	Mean (average) time	Median (middle) time
Standard (non-urgent) prior authorization requests	1 day(s)	0 day(s)
Expedited (urgent) prior authorization requests	5 hour(s)	0 hour(s)

An overturn on appeal does not necessarily indicate an inappropriate initial prior authorization decision because the overturn may be the result of additional information received or changes in the member's clinical presentation.

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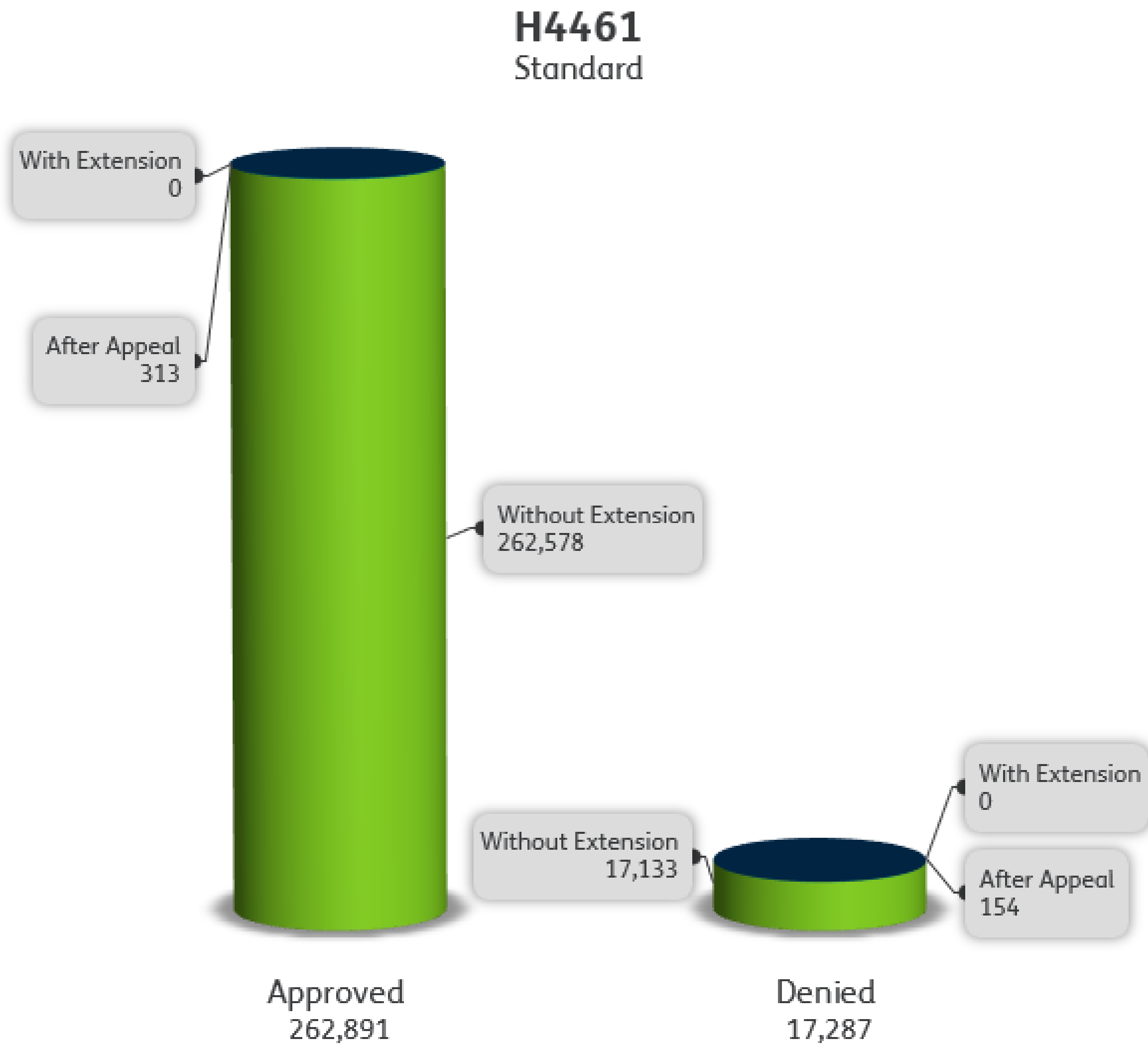
In 2025, we received a total of 280,178 standard (non-urgent) prior authorization requests for our covered patients. 93.83% of those requests were approved:

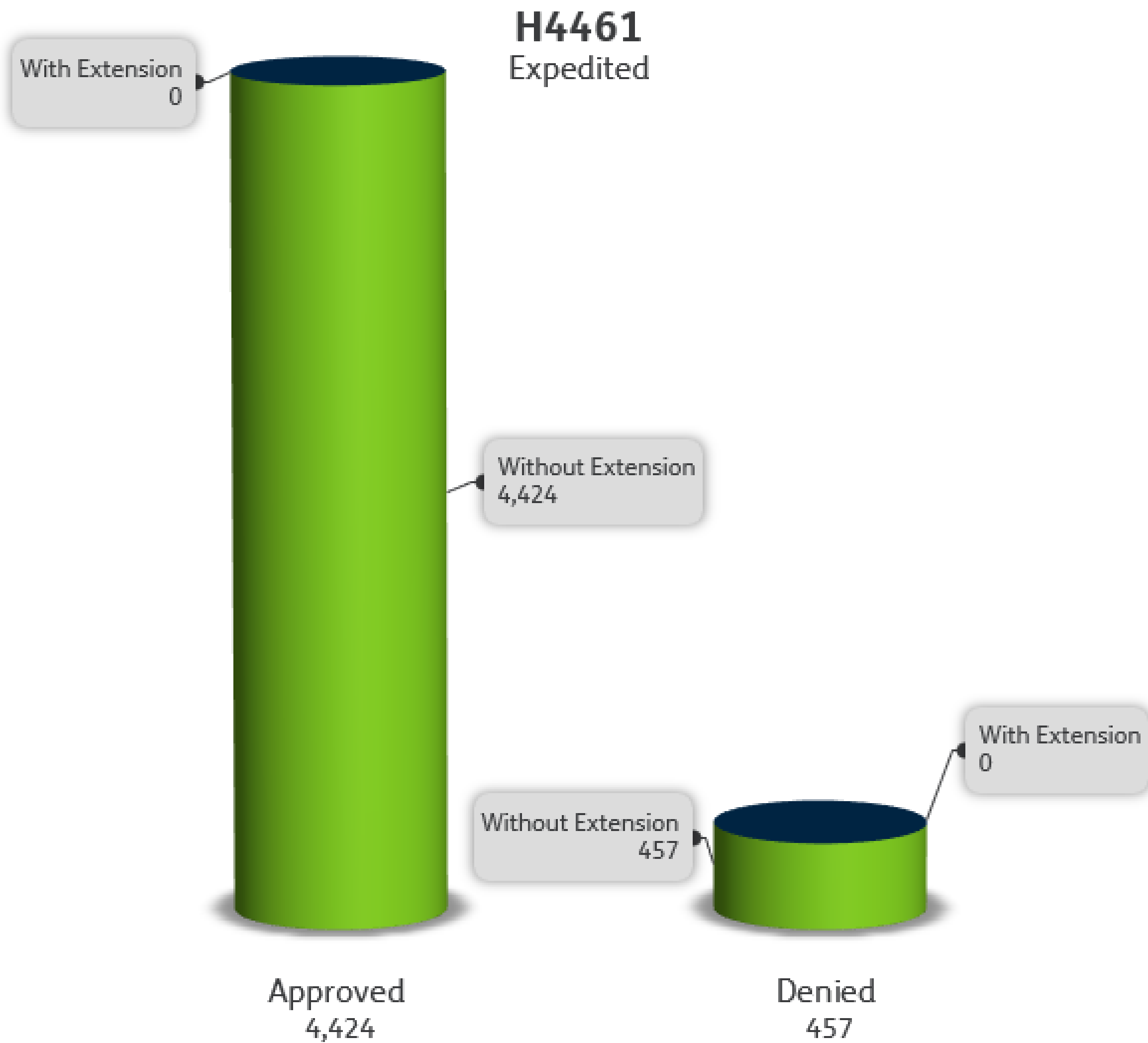


The mean (average) time that it took to make standard prior authorization decisions was	1 day(s)
The median (middle) time that it took to make standard prior authorization decisions was	0 day(s)

An overturn on appeal does not necessarily indicate an inappropriate initial prior authorization decision because the overturn may be the result of additional information received or changes in the member's clinical presentation.

Humana

In 2025, we received a total of 4,881 expedited (urgent) prior authorization requests for our covered patients. 90.64% of those requests were approved:



The mean (average) time that it took to make expedited prior authorization decisions was	5 hour(s)
The median (middle) time that it took to make expedited prior authorization decisions was	0 hour(s)

An overturn on appeal does not necessarily indicate an inappropriate initial prior authorization decision because the overturn may be the result of additional information received or changes in the member's clinical presentation.