



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

To comply with the CMS Interoperability and Prior Authorization [final rule](#), **Aetna Better Health® of Virginia** 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. For questions on the data below, contact: 1-800-279-1878 (TTY: 711).

These are the medical items and services for which we require prior authorization (excluding drugs)

Link all medical items and services that require prior authorization

**Prior Authorization Requirements Tool (click link then click Search ProPAT button)
[Aetna Better Health of Virginia](#)**

Prior to January 1, 2026, Medicaid managed care 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](#) require Medicaid managed care plans to send prior authorization decisions within:

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

Annual Reporting Metrics

Reporting Year: 2025

Data reported are current decisions as of 12/31/25 of the reporting calendar year.

Standard (non-urgent) Prior Authorization Requests

Type of decision	How many times this happened	Out of total standard requests	Percentage
Request approved	89,468	107,984	82.85%
Request denied	18,516	107,984	17.15%

Type of decision	How many times this happened	Out of total Appeals	Percentage
Request approved after appeal review	563	3,420	16.46%

Expedited (urgent) Prior Authorization Requests

Type of decision	How many times this happened	Out of total expedited requests	Percentage
Request approved	32,771	38,417	85.30%
Request denied	5,646	38,417	14.70%

Type of decision	How many times this happened	Out of total standard and expedited requests	Percentage
Request approved following extended review	14	27	51.85%

Time between receiving a prior authorization request and sending a decision

	Mean (Average) Time	Median (Middle) Time
Standard PA Request TAT - days	4.58 days	2.0 days
Expedited PA Requests TAT - hours	28.92 hours	23.0 hours