PREMERA | BLUE CROSS BLUE SHIELD OF ALASKA
An Independent Licensee of the Blue Cross Blue Shield Association

Prior Authorization Metrics for Medical Items and Services (Excluding Drugs)

REPORTING PERIOD: 2025

To comply with the CMS Interoperability and Prior Authorization final rule, Premera Blue Cross Blue Shield of Alaska 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. This document applies only to Premera Blue Cross Blue Shield Individual plans purchased through the federal marketplace at HealthCare.gov.

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

Individual Plan Code List

Standard (non-urgent) Prior Authorization Requests

	How many times this happened	Out of total requests	Percentage
Request Approved	31,354	32,837	95%
Request Denied	1,483	32,837	5%

	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended	741	32,837	2.30%

	How many times this happened	Out of total appeals	Percentage
Request approved only after appeal	27	76	36%

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Expedited (urgent) Prior Authorization Requests (Response Due to Provider Within 72 Hours)

	How many times this happened	Out of total requests	Percentage
Request Approved	6,729	6,970	97%
Request Denied	241	6,970	3%

	How many times this happened	Out of total requests	Percentage
Request Approved only after time for review was extended	176	6,970	3%

	How many times this happened	Out of total requests	Percentage
Request approved only after appeal	15	19	79%

Time Between Receiving a Prior Authorization Request and Sending a Decision

	Mean (Average) Time	Median (Middle) Time
Standard (non-urgent) Prior Authorization Requests (response due to provider within 7 calendar days)	4.7 days	2.7 days
Expedited (urgent) Prior Authorization Requests (response due to provider within 72 hours)	0.6 days	0.6 days