

**UnitedHealthcare Prior Authorization (PA)
Calendar Year 2025**

Overview

Prior authorization is a clinical review process that helps check whether the treatment being requested – like a complex surgery or a therapy provided as part of a clinical trial – is covered by the patients' health insurance plan, and the services meet the standards for quality and safety. The process also works to reduce and remove fraud, waste, and abuse. Prior authorization only applies to planned services and is never required for emergencies or urgent care.

At UnitedHealthcare, we're committed to ensuring our 50M members have access to safe, coordinated, effective care while helping make the health care system work better for everyone -- prior authorization is an important part of that commitment. Across UnitedHealthcare, prior authorization is not required for 98% of all medical claims, and when it is required, nearly half are approved real time, and almost all are decided within 24 hours. *

While prior authorization doesn't impact everyone, we're working hard to make the experience simpler, faster, and more transparent for all.

CMS Final Rule

In addition to UnitedHealthcare's individual efforts, in 2024, the Centers for Medicare & Medicaid Services (CMS) announced the CMS Interoperability and Prior Authorization Final Rule (the "Final Rule") that requires Medicare Advantage (MA) organizations, Medicaid fee-for-service programs, Medicaid managed care plans, Children's Health Insurance Program (CHIP) programs, and Qualified Health Plan (QHP) issuers on Federally Facilitated Exchanges (FEEs) to publish certain prior authorization metrics annually.

- › A list of all medical items and services that require prior authorization (excluding drugs).
- › For standard prior authorization requests, aggregated for all items and services:
 - a. Percentage and number approved in the calendar year
 - b. Percentage and number not approved¹ in the calendar year
 - c. Percentage and number approved in the calendar year after appeal
 - d. The average (mean) and median response times that elapsed between the submission of a request and a determination by the payer
- › For expedited prior authorization requests, aggregated for all items and services:
 - a. Percentage and number approved in the calendar year
 - b. Percentage and number not approved¹ in the calendar year
 - c. Percentage and number approved in the calendar year after appeal
 - d. The average (mean) and median response times that elapsed between the submission of a request and a determination by the payer
- › The percentage of requests where the timeframe for review was extended, and the request was approved.

It is important to note the prior authorization numbers reported under the Final Rule include services that may not have been approved for a variety of reasons including administrative reasons, such as missing medical documents, coverage reasons, such as requests for services not covered under the health plan, or clinical reasons, such as requests for services that are not aligned with clinical policy or existing medical evidence (e.g. experimental treatments).

The following pages provide the required data.

¹Not Approved: Across UnitedHealthcare plans, the total number of claims that require prior authorization is only 2%, and UnitedHealthcare approves prior authorization requests over 90% of the time and pays more than 98% of valid claims. However, there may be large variations when reviewing this data at the contract or plan level. These variations may be due to significant differences in the number of members associated with each contract (e.g. some contracts cover just a few members, some cover thousands), different demographics covered under each contract (e.g. some contracts may serve healthier populations than others), different data sets, and the different plans associated with certain contracts (e.g. contracts can cover Exchange plans, Medicare plans, or Medicaid or CHIP plans).



**UnitedHealthcare Prior Authorizations (PA)
Calendar Year 2025**

The following prior authorization data is being reported consistent with the CMS Final Rule and includes certain prior authorization and appeal information for members enrolled in UnitedHealthcare Medicare Advantage (MA) H-Contracts from January 1, 2025 to December 31, 2025, including prior authorization requests for transitions to post-acute care and submitted to capitated-delegated providers, behavioral health delegates, physical health delegates and dental delegates (where applicable). The reports do not include any reporting related to prescription drugs (when not under the medical benefit). Any data for non-integrated entities will be reported separately. Access the current prior authorization requirements for MA medical items and services [here](#). Historical prior authorization requirements are available [here](#) and are listed by the MA plan type. Information is current as of the date of posting.

Note: UnitedHealthcare does not extend the timeframe to review prior authorization requests. As a result, UnitedHealthcare is not reporting information related to extensions

HContract	Type	Total Cases	Initial Approved		Initial Not Approved		Approved Post-Appeal % of Total Appeals		Final Not Approved (Upheld) % of Total Authorizations		Time to Determination	
			Count	%	Count	%	Count	%	Count	%	Mean (Days)	Median (Days)
H0169	Expedited	1,325	969	73.1%	356	26.9%	83	55.3%	273	20.6%	0	0.6
	Standard	40,168	34,736	86.5%	5,432	13.5%	484	47.4%	4,948	12.3%	0	1.9
	Total	41,493	35,705	86.1%	5,788	13.9%	567	48.4%	5,221	12.6%	N/A	N/A
H0251	Expedited	2,491	2,225	89.3%	266	10.7%	37	27.4%	229	9.2%	0	0.6
	Standard	32,320	27,341	84.6%	4,979	15.4%	469	49.2%	4,510	14.0%	1	2.9
	Total	34,811	29,566	84.9%	5,245	15.1%	506	46.5%	4,739	13.6%	N/A	N/A
H0294	Expedited	5,671	4,835	85.3%	836	14.7%	206	57.7%	630	11.1%	0	0.6
	Standard	90,700	72,715	80.2%	17,985	19.8%	745	49.1%	17,240	19.0%	1	1.9
	Total	96,371	77,550	80.5%	18,821	19.5%	951	50.8%	17,870	18.5%	N/A	N/A
H0321	Expedited	3,355	3,016	89.9%	339	10.1%	123	58.0%	216	6.4%	0	0.7
	Standard	38,523	34,598	89.8%	3,925	10.2%	461	49.0%	3,464	9.0%	2	3.1
	Total	41,878	37,614	89.8%	4,264	10.2%	584	50.7%	3,680	8.8%	N/A	N/A
H0421	Expedited	221	164	74.2%	57	25.8%	1	6.3%	56	25.3%	0	0.6
	Standard	3,538	3,030	85.6%	508	14.4%	60	60.0%	448	12.7%	1	3.4
	Total	3,759	3,194	85.0%	565	15.0%	61	52.6%	504	13.4%	N/A	N/A
H0432	Expedited	2,665	2,440	91.6%	225	8.4%	70	66.0%	155	5.8%	0	0.6
	Standard	39,696	33,473	84.3%	6,223	15.7%	332	58.8%	5,891	14.8%	1	2.2
	Total	42,361	35,913	84.8%	6,448	15.2%	402	59.9%	6,046	14.3%	N/A	N/A

**UnitedHealthcare Prior Authorizations (PA)
Calendar Year 2025**

The following prior authorization data is being reported consistent with the CMS Final Rule and includes certain prior authorization and appeal information for members enrolled in UnitedHealthcare Medicare Advantage (MA) H-Contracts from January 1, 2025 to December 31, 2025, including prior authorization requests for transitions to post-acute care and submitted to capitated-delegated providers, behavioral health delegates, physical health delegates and dental delegates (where applicable). The reports do not include any reporting related to prescription drugs (when not under the medical benefit). Any data for non-integrated entities will be reported separately. Access the current prior authorization requirements for MA medical items and services [here](#). Historical prior authorization requirements are available [here](#) and are listed by the MA plan type. Information is current as of the date of posting.

Note: UnitedHealthcare does not extend the timeframe to review prior authorization requests. As a result, UnitedHealthcare is not reporting information related to extensions

HContract	Type	Total Cases	Initial Approved		Initial Not Approved		Approved Post-Appeal % of Total Appeals		Final Not Approved (Upheld) % of Total Authorizations		Time to Determination	
			Count	%	Count	%	Count	%	Count	%	Mean (Days)	Median (Days)
H0543	Expedited	211,339	205,547	97.3%	5,792	2.7%	108	46.8%	5,684	2.7%	0	0.5
	Standard	1,569,659	1,542,138	98.2%	27,521	1.8%	385	82.3%	27,136	1.7%	0	2.4
	Total	1,780,998	1,747,685	98.1%	33,313	1.9%	493	70.5%	32,820	1.8%	N/A	N/A
H0609	Expedited	96,093	92,936	96.7%	3,157	3.3%	874	80.8%	2,283	2.4%	0	0.3
	Standard	705,296	653,620	92.7%	51,676	7.3%	4,355	81.7%	47,321	6.7%	0	1.4
	Total	801,389	746,556	93.2%	54,833	6.8%	5229	81.6%	49,604	6.2%	N/A	N/A
H0624	Expedited	187	153	81.8%	34	18.2%	8	100.0%	26	13.9%	0	0.3
	Standard	10,367	9,261	89.3%	1,106	10.7%	86	69.9%	1,020	9.8%	0	0.9
	Total	10,554	9,414	89.2%	1,140	10.8%	94	71.8%	1,046	9.9%	N/A	N/A
H0710	Expedited	111	106	95.5%	5	4.5%	1	100.0%	4	3.6%	0	0.1
	Standard	3,173	2,466	77.7%	707	22.3%	17	60.7%	690	21.7%	0	0.9
	Total	3,284	2,572	78.3%	712	21.7%	18	62.1%	694	21.1%	N/A	N/A
H0755	Expedited	2,054	1,914	93.2%	140	6.8%	52	59.1%	88	4.3%	0	0.5
	Standard	38,238	30,240	79.1%	7,998	20.9%	297	63.5%	7,701	20.1%	1	1.7
	Total	40,292	32,154	79.8%	8,138	20.2%	349	62.8%	7,789	19.3%	N/A	N/A
H0764	Expedited	55	50	90.9%	5	9.1%	1	50.0%	4	7.3%	0	0.4
	Standard	499	441	88.4%	58	11.6%	5	45.5%	53	10.6%	1	2.1
	Total	554	491	88.6%	63	11.4%	6	46.2%	57	10.3%	N/A	N/A

UnitedHealthcare Prior Authorizations (PA) Calendar Year 2025

The following prior authorization data is being reported consistent with the CMS Final Rule and includes certain prior authorization and appeal information for members enrolled in UnitedHealthcare Medicare Advantage (MA) H-Contracts from January 1, 2025 to December 31, 2025, including prior authorization requests for transitions to post-acute care and submitted to capitated-delegated providers, behavioral health delegates, physical health delegates and dental delegates (where applicable). The reports do not include any reporting related to prescription drugs (when not under the medical benefit). Any data for non-integrated entities will be reported separately. Access the current prior authorization requirements for MA medical items and services [here](#). Historical prior authorization requirements are available [here](#) and are listed by the MA plan type. Information is current as of the date of posting.

Note: UnitedHealthcare does not extend the timeframe to review prior authorization requests. As a result, UnitedHealthcare is not reporting information related to extensions

HContract	Type	Total Cases	Initial Approved		Initial Not Approved		Approved Post-Appeal % of Total Appeals		Final Not Approved (Upheld) % of Total Authorizations		Time to Determination	
			Count	%	Count	%	Count	%	Count	%	Mean (Days)	Median (Days)
H1045	Expedited	17,168	14,911	86.9%	2,257	13.1%	678	50.6%	1,579	9.2%	0	0.6
	Standard	182,207	149,689	82.2%	32,518	17.8%	2,183	47.5%	30,335	16.6%	1	2.3
	Total	199,375	164,600	82.6%	34,775	17.4%	2861	48.2%	31,914	16.0%	N/A	N/A
H1278	Expedited	23,935	23,348	97.5%	587	2.5%	179	100.6%	408	1.7%	0	0.2
	Standard	213,495	203,873	95.5%	9,622	4.5%	1,132	85.8%	8,490	4.0%	0	0.9
	Total	237,430	227,221	95.7%	10,209	4.3%	1311	87.5%	8,898	3.7%	N/A	N/A
H1285	Expedited	848	731	86.2%	117	13.8%	35	50.0%	82	9.7%	0	0.6
	Standard	21,449	18,566	86.6%	2,883	13.4%	307	43.1%	2,576	12.0%	2	2.7
	Total	22,297	19,297	86.5%	3,000	13.5%	342	43.7%	2,658	11.9%	N/A	N/A
H1360	Expedited	306	293	95.8%	13	4.2%	0	0.0%	13	4.2%	0	0.3
	Standard	1,935	1,794	92.7%	141	7.3%	8	57.1%	133	6.9%	1	2.5
	Total	2,241	2,087	93.1%	154	6.9%	8	50.0%	146	6.5%	N/A	N/A
H1537	Expedited	469	429	91.5%	40	8.5%	18	56.3%	22	4.7%	1	0.7
	Standard	17,926	13,416	74.8%	4,510	25.2%	179	61.3%	4,331	24.2%	1	1.7
	Total	18,395	13,845	75.3%	4,550	24.7%	197	60.8%	4,353	23.7%	N/A	N/A
H1659	Expedited	56	53	94.6%	3	5.4%	0	0.0%	3	5.4%	0	0.6
	Standard	810	642	79.3%	168	20.7%	3	75.0%	165	20.4%	1	1.6
	Total	866	695	80.3%	171	19.7%	3	60.0%	168	19.4%	N/A	N/A



**UnitedHealthcare Prior Authorizations (PA)
Calendar Year 2025**

The following prior authorization data is being reported consistent with the CMS Final Rule and includes certain prior authorization and appeal information for members enrolled in UnitedHealthcare Medicare Advantage (MA) H-Contracts from January 1, 2025 to December 31, 2025, including prior authorization requests for transitions to post-acute care and submitted to capitated-delegated providers, behavioral health delegates, physical health delegates and dental delegates (where applicable). The reports do not include any reporting related to prescription drugs (when not under the medical benefit). Any data for non-integrated entities will be reported separately. Access the current prior authorization requirements for MA medical items and services [here](#). Historical prior authorization requirements are available [here](#) and are listed by the MA plan type. Information is current as of the date of posting.

Note: UnitedHealthcare does not extend the timeframe to review prior authorization requests. As a result, UnitedHealthcare is not reporting information related to extensions

HContract	Type	Total Cases	Initial Approved		Initial Not Approved		Approved Post-Appeal % of Total Appeals		Final Not Approved (Upheld) % of Total Authorizations		Time to Determination	
			Count	%	Count	%	Count	%	Count	%	Mean (Days)	Median (Days)
H1889	Expedited	11,081	8,766	79.1%	2,315	20.9%	665	50.8%	1,650	14.9%	0	0.5
	Standard	178,418	147,885	82.9%	30,533	17.1%	2,338	56.8%	28,195	15.8%	1	2.1
	Total	189,499	156,651	82.7%	32,848	17.3%	3003	55.4%	29,845	15.7%	N/A	N/A
H2001	Expedited	74,909	66,274	88.5%	8,635	11.5%	2,534	52.7%	6,101	8.1%	0	0.6
	Standard	1,854,050	1,419,305	76.6%	434,745	23.4%	17,236	56.9%	417,509	22.5%	1	1.8
	Total	1,928,959	1,485,579	77.0%	443,380	23.0%	19770	56.4%	423,610	22.0%	N/A	N/A
H2226	Expedited	282	254	90.1%	28	9.9%	12	70.6%	16	5.7%	0	0.5
	Standard	13,000	12,447	95.7%	553	4.3%	83	24.8%	470	3.6%	2	3.4
	Total	13,282	12,701	95.6%	581	4.4%	95	27.0%	486	3.7%	N/A	N/A
H2247	Expedited	1,268	931	73.4%	337	26.6%	63	43.2%	274	21.6%	0	0.5
	Standard	19,397	17,206	88.7%	2,191	11.3%	213	18.8%	1,978	10.2%	2	3.0
	Total	20,665	18,137	87.8%	2,528	12.2%	276	21.6%	2,252	10.9%	N/A	N/A
H2272	Expedited	343	306	89.2%	37	10.8%	7	33.3%	30	8.7%	0	0.6
	Standard	3,200	2,940	91.9%	260	8.1%	33	41.3%	227	7.1%	1	2.0
	Total	3,543	3,246	91.6%	297	8.4%	40	39.6%	257	7.3%	N/A	N/A
H2292	Expedited	5	5	100.0%	0	0.0%	0	NaN	0	0.0%	0	1.0
	Standard	280	248	88.6%	32	11.4%	2	66.7%	30	10.7%	0	0.6
	Total	285	253	88.8%	32	11.2%	2	66.7%	30	10.5%	N/A	N/A

**UnitedHealthcare Prior Authorizations (PA)
Calendar Year 2025**

The following prior authorization data is being reported consistent with the CMS Final Rule and includes certain prior authorization and appeal information for members enrolled in UnitedHealthcare Medicare Advantage (MA) H-Contracts from January 1, 2025 to December 31, 2025, including prior authorization requests for transitions to post-acute care and submitted to capitated-delegated providers, behavioral health delegates, physical health delegates and dental delegates (where applicable). The reports do not include any reporting related to prescription drugs (when not under the medical benefit). Any data for non-integrated entities will be reported separately. Access the current prior authorization requirements for MA medical items and services [here](#). Historical prior authorization requirements are available [here](#) and are listed by the MA plan type. Information is current as of the date of posting.

Note: UnitedHealthcare does not extend the timeframe to review prior authorization requests. As a result, UnitedHealthcare is not reporting information related to extensions

HContract	Type	Total Cases	Initial Approved		Initial Not Approved		Approved Post-Appeal % of Total Appeals		Final Not Approved (Upheld) % of Total Authorizations		Time to Determination	
			Count	%	Count	%	Count	%	Count	%	Mean (Days)	Median (Days)
H2385	Expedited	31	28	90.3%	3	9.7%	0	0.0%	3	9.7%	0	0.7
	Standard	601	546	90.8%	55	9.2%	7	87.5%	48	8.0%	0	2.0
	Total	632	574	90.8%	58	9.2%	7	70.0%	51	8.1%	N/A	N/A
H2406	Expedited	32,936	30,982	94.1%	1,954	5.9%	612	58.0%	1,342	4.1%	0	0.4
	Standard	416,396	344,462	82.7%	71,934	17.3%	3,735	62.1%	68,199	16.4%	1	1.8
	Total	449,332	375,444	83.6%	73,888	16.4%	4347	61.5%	69,541	15.5%	N/A	N/A
H2445	Expedited	1,270	928	73.1%	342	26.9%	20	14.6%	322	25.4%	0	0.6
	Standard	18,682	16,209	86.8%	2,473	13.2%	238	41.2%	2,235	12.0%	1	3.0
	Total	19,952	17,137	85.9%	2,815	14.1%	258	36.1%	2,557	12.8%	N/A	N/A
H2509	Expedited	1,829	1,508	82.4%	321	17.6%	54	24.4%	267	14.6%	0	0.5
	Standard	19,482	16,964	87.1%	2,518	12.9%	409	43.5%	2,109	10.8%	1	2.8
	Total	21,311	18,472	86.7%	2,839	13.3%	463	39.9%	2,376	11.1%	N/A	N/A
H2531	Expedited	83	81	97.6%	2	2.4%	0	0.0%	2	2.4%	0	0.5
	Standard	7,282	6,829	93.8%	453	6.2%	99	30.0%	354	4.9%	0	1.2
	Total	7,365	6,910	93.8%	455	6.2%	99	29.8%	356	4.8%	N/A	N/A
H2582	Expedited	1	1	100.0%	0	0.0%	0	NaN	0	0.0%	0	0.0
	Standard	86	79	91.9%	7	8.1%	0	0.0%	7	8.1%	0	1.0
	Total	87	80	92.0%	7	8.0%	0	0.0%	7	8.0%	N/A	N/A

UnitedHealthcare Prior Authorizations (PA) Calendar Year 2025

The following prior authorization data is being reported consistent with the CMS Final Rule and includes certain prior authorization and appeal information for members enrolled in UnitedHealthcare Medicare Advantage (MA) H-Contracts from January 1, 2025 to December 31, 2025, including prior authorization requests for transitions to post-acute care and submitted to capitated-delegated providers, behavioral health delegates, physical health delegates and dental delegates (where applicable). The reports do not include any reporting related to prescription drugs (when not under the medical benefit). Any data for non-integrated entities will be reported separately. Access the current prior authorization requirements for MA medical items and services [here](#). Historical prior authorization requirements are available [here](#) and are listed by the MA plan type. Information is current as of the date of posting.

Note: UnitedHealthcare does not extend the timeframe to review prior authorization requests. As a result, UnitedHealthcare is not reporting information related to extensions

HContract	Type	Total Cases	Initial Approved		Initial Not Approved		Approved Post-Appeal % of Total Appeals		Final Not Approved (Upheld) % of Total Authorizations		Time to Determination	
			Count	%	Count	%	Count	%	Count	%	Mean (Days)	Median (Days)
H2802	Expedited	6,875	6,022	87.6%	853	12.4%	288	63.0%	565	8.2%	0	0.6
	Standard	203,602	161,670	79.4%	41,932	20.6%	1,622	55.9%	40,310	19.8%	1	1.8
	Total	210,477	167,692	79.7%	42,785	20.3%	1,910	56.9%	40,875	19.4%	N/A	N/A
H3113	Expedited	2,969	2,555	86.1%	414	13.9%	75	36.2%	339	11.4%	0	0.4
	Standard	35,501	31,985	90.1%	3,516	9.9%	557	58.1%	2,959	8.3%	1	2.4
	Total	38,470	34,540	89.8%	3,930	10.2%	632	54.2%	3,298	8.6%	N/A	N/A
H3256	Expedited	560	437	78.0%	123	22.0%	27	71.1%	96	17.1%	0	0.5
	Standard	18,400	16,090	87.4%	2,310	12.6%	264	71.4%	2,046	11.1%	0	1.3
	Total	18,960	16,527	87.2%	2,433	12.8%	291	71.3%	2,142	11.3%	N/A	N/A
H3307	Expedited	19	18	94.7%	1	5.3%	1	100.0%	0	0.0%	0	0.1
	Standard	647	507	78.4%	140	21.6%	8	57.1%	132	20.4%	1	1.9
	Total	666	525	78.8%	141	21.2%	9	60.0%	132	19.8%	N/A	N/A
H3379	Expedited	4,168	3,896	93.5%	272	6.5%	96	44.2%	176	4.2%	0	0.5
	Standard	67,401	52,993	78.6%	14,408	21.4%	595	54.5%	13,813	20.5%	1	1.9
	Total	71,569	56,889	79.5%	14,680	20.5%	691	52.8%	13,989	19.5%	N/A	N/A
H3387	Expedited	2,379	1,565	65.8%	814	34.2%	176	52.5%	638	26.8%	0	0.4
	Standard	40,768	36,076	88.5%	4,692	11.5%	485	43.9%	4,207	10.3%	0	1.4
	Total	43,147	37,641	87.2%	5,506	12.8%	661	45.9%	4,845	11.2%	N/A	N/A

**UnitedHealthcare Prior Authorizations (PA)
Calendar Year 2025**

The following prior authorization data is being reported consistent with the CMS Final Rule and includes certain prior authorization and appeal information for members enrolled in UnitedHealthcare Medicare Advantage (MA) H-Contracts from January 1, 2025 to December 31, 2025, including prior authorization requests for transitions to post-acute care and submitted to capitated-delegated providers, behavioral health delegates, physical health delegates and dental delegates (where applicable). The reports do not include any reporting related to prescription drugs (when not under the medical benefit). Any data for non-integrated entities will be reported separately. Access the current prior authorization requirements for MA medical items and services [here](#). Historical prior authorization requirements are available [here](#) and are listed by the MA plan type. Information is current as of the date of posting.

Note: UnitedHealthcare does not extend the timeframe to review prior authorization requests. As a result, UnitedHealthcare is not reporting information related to extensions

HContract	Type	Total Cases	Initial Approved		Initial Not Approved		Approved Post-Appeal % of Total Appeals		Final Not Approved (Upheld) % of Total Authorizations		Time to Determination	
			Count	%	Count	%	Count	%	Count	%	Mean (Days)	Median (Days)
H3418	Expedited	1,540	1,425	92.5%	115	7.5%	42	48.8%	73	4.7%	0	0.4
	Standard	34,822	27,490	78.9%	7,332	21.1%	286	56.4%	7,046	20.2%	1	1.6
	Total	36,362	28,915	79.5%	7,447	20.5%	328	55.3%	7,119	19.6%	N/A	N/A
H3794	Expedited	755	416	55.1%	339	44.9%	52	55.9%	287	38.0%	0	0.8
	Standard	15,127	13,328	88.1%	1,799	11.9%	127	50.6%	1,672	11.1%	0	1.2
	Total	15,882	13,744	86.5%	2,138	13.5%	179	52.0%	1,959	12.3%	N/A	N/A
H3805	Expedited	7,481	7,033	94.0%	448	6.0%	156	73.2%	292	3.9%	0	0.5
	Standard	106,551	91,067	85.5%	15,484	14.5%	884	62.1%	14,600	13.7%	1	2.1
	Total	114,032	98,100	86.0%	15,932	14.0%	1040	63.6%	14,892	13.1%	N/A	N/A
H4032	Standard	8	8	100.0%	0	0.0%	0	NaN	0	0.0%	0	0.0
	Total	8	8	100.0%	0	0.0%	0	NaN	0	0.0%	N/A	N/A
H4514	Expedited	27,662	26,724	96.6%	938	3.4%	305	108.9%	633	2.3%	0	0.3
	Standard	226,988	216,138	95.2%	10,850	4.8%	1,289	90.0%	9,561	4.2%	0	1.2
	Total	254,650	242,862	95.4%	11,788	4.6%	1594	93.1%	10,194	4.0%	N/A	N/A
H4527	Expedited	34,494	33,622	97.5%	872	2.5%	267	97.4%	605	1.8%	0	0.2
	Standard	257,844	249,139	96.6%	8,705	3.4%	1,077	93.7%	7,628	3.0%	0	0.9
	Total	292,338	282,761	96.7%	9,577	3.3%	1344	94.4%	8,233	2.8%	N/A	N/A
H4604	Expedited	8,357	7,971	95.4%	386	4.6%	119	70.0%	267	3.2%	0	0.2
	Standard	88,018	75,213	85.5%	12,805	14.5%	887	71.0%	11,918	13.5%	1	1.9
	Total	96,375	83,184	86.3%	13,191	13.7%	1006	70.8%	12,185	12.6%	N/A	N/A

**UnitedHealthcare Prior Authorizations (PA)
Calendar Year 2025**

The following prior authorization data is being reported consistent with the CMS Final Rule and includes certain prior authorization and appeal information for members enrolled in UnitedHealthcare Medicare Advantage (MA) H-Contracts from January 1, 2025 to December 31, 2025, including prior authorization requests for transitions to post-acute care and submitted to capitated-delegated providers, behavioral health delegates, physical health delegates and dental delegates (where applicable). The reports do not include any reporting related to prescription drugs (when not under the medical benefit). Any data for non-integrated entities will be reported separately. Access the current prior authorization requirements for MA medical items and services [here](#). Historical prior authorization requirements are available [here](#) and are listed by the MA plan type. Information is current as of the date of posting.

Note: UnitedHealthcare does not extend the timeframe to review prior authorization requests. As a result, UnitedHealthcare is not reporting information related to extensions

HContract	Type	Total Cases	Initial Approved		Initial Not Approved		Approved Post-Appeal % of Total Appeals		Final Not Approved (Upheld) % of Total Authorizations		Time to Determination	
			Count	%	Count	%	Count	%	Count	%	Mean (Days)	Median (Days)
H5008	Expedited	1,711	1,371	80.1%	340	19.9%	68	50.4%	272	15.9%	0	0.6
	Standard	28,492	24,152	84.8%	4,340	15.2%	375	50.3%	3,965	13.9%	1	2.2
	Total	30,203	25,523	84.5%	4,680	15.5%	443	50.3%	4,237	14.0%	N/A	N/A
H5253	Expedited	22,290	19,836	89.0%	2,454	11.0%	505	53.7%	1,949	8.7%	0	0.6
	Standard	643,001	521,259	81.1%	121,742	18.9%	4,686	55.9%	117,056	18.2%	1	1.8
	Total	665,291	541,095	81.3%	124,196	18.7%	5191	55.7%	119,005	17.9%	N/A	N/A
H5322	Expedited	8,923	8,262	92.6%	661	7.4%	189	76.5%	472	5.3%	0	0.3
	Standard	135,667	123,422	91.0%	12,245	9.0%	1,039	61.6%	11,206	8.3%	0	1.5
	Total	144,590	131,684	91.1%	12,906	8.9%	1228	63.5%	11,678	8.1%	N/A	N/A
H5420	Expedited	2,644	2,348	88.8%	296	11.2%	54	36.2%	242	9.2%	1	0.8
	Standard	13,287	11,850	89.2%	1,437	10.8%	178	21.1%	1,259	9.5%	1	2.8
	Total	15,931	14,198	89.1%	1,733	10.9%	232	23.4%	1,501	9.4%	N/A	N/A
H5435	Expedited	7	7	100.0%	0	0.0%	0	0.0%	0	0.0%	2	1.7
	Standard	82	64	78.0%	18	22.0%	1	33.3%	17	20.7%	5	5.5
	Total	89	71	79.8%	18	20.2%	1	25.0%	17	19.1%	N/A	N/A
H5652	Expedited	24	21	87.5%	3	12.5%	0	0.0%	3	12.5%	1	0.8
	Standard	3,326	3,285	98.8%	41	1.2%	2	15.4%	39	1.2%	0	0.6
	Total	3,350	3,306	98.7%	44	1.3%	2	14.3%	42	1.3%	N/A	N/A



**UnitedHealthcare Prior Authorizations (PA)
Calendar Year 2025**

The following prior authorization data is being reported consistent with the CMS Final Rule and includes certain prior authorization and appeal information for members enrolled in UnitedHealthcare Medicare Advantage (MA) H-Contracts from January 1, 2025 to December 31, 2025, including prior authorization requests for transitions to post-acute care and submitted to capitated-delegated providers, behavioral health delegates, physical health delegates and dental delegates (where applicable). The reports do not include any reporting related to prescription drugs (when not under the medical benefit). Any data for non-integrated entities will be reported separately. Access the current prior authorization requirements for MA medical items and services [here](#). Historical prior authorization requirements are available [here](#) and are listed by the MA plan type. Information is current as of the date of posting.

Note: UnitedHealthcare does not extend the timeframe to review prior authorization requests. As a result, UnitedHealthcare is not reporting information related to extensions

HContract	Type	Total Cases	Initial Approved		Initial Not Approved		Approved Post-Appeal % of Total Appeals		Final Not Approved (Upheld) % of Total Authorizations		Time to Determination	
			Count	%	Count	%	Count	%	Count	%	Mean (Days)	Median (Days)
H6595	Expedited	740	638	86.2%	102	13.8%	14	38.9%	88	11.9%	0	0.6
	Standard	11,208	9,415	84.0%	1,793	16.0%	202	46.8%	1,591	14.2%	1	2.8
	Total	11,948	10,053	84.1%	1,895	15.9%	216	46.2%	1,679	14.1%	N/A	N/A
H6706	Expedited	4	4	100.0%	0	0.0%	0	NaN	0	0.0%	1	0.5
	Standard	133	119	89.5%	14	10.5%	4	100.0%	10	7.5%	1	2.1
	Total	137	123	89.8%	14	10.2%	4	100.0%	10	7.3%	N/A	N/A
H6824	Expedited	18	18	100.0%	0	0.0%	0	NaN	0	0.0%	1	0.7
	Standard	153	151	98.7%	2	1.3%	0	0.0%	2	1.3%	2	3.3
	Total	171	169	98.8%	2	1.2%	0	0.0%	2	1.2%	N/A	N/A
H7464	Expedited	873	540	61.9%	333	38.1%	71	44.4%	262	30.0%	0	0.5
	Standard	12,419	10,943	88.1%	1,476	11.9%	130	32.3%	1,346	10.8%	1	2.1
	Total	13,292	11,483	86.4%	1,809	13.6%	201	35.8%	1,608	12.1%	N/A	N/A
H7833	Expedited	149	147	98.7%	2	1.3%	1	5.9%	1	0.7%	1	0.8
	Standard	2,271	2,255	99.3%	16	0.7%	4	7.8%	12	0.5%	0	0.6
	Total	2,420	2,402	99.3%	18	0.7%	5	7.4%	13	0.5%	N/A	N/A
H8211	Expedited	243	215	88.5%	28	11.5%	4	28.6%	24	9.9%	0	0.8
	Standard	12,822	10,145	79.1%	2,677	20.9%	118	50.2%	2,559	20.0%	1	1.9
	Total	13,065	10,360	79.3%	2,705	20.7%	122	49.0%	2,583	19.8%	N/A	N/A



**UnitedHealthcare Prior Authorizations (PA)
Calendar Year 2025**

The following prior authorization data is being reported consistent with the CMS Final Rule and includes certain prior authorization and appeal information for members enrolled in UnitedHealthcare Medicare Advantage (MA) H-Contracts from January 1, 2025 to December 31, 2025, including prior authorization requests for transitions to post-acute care and submitted to capitated-delegated providers, behavioral health delegates, physical health delegates and dental delegates (where applicable). The reports do not include any reporting related to prescription drugs (when not under the medical benefit). Any data for non-integrated entities will be reported separately. Access the current prior authorization requirements for MA medical items and services [here](#). Historical prior authorization requirements are available [here](#) and are listed by the MA plan type. Information is current as of the date of posting.

Note: UnitedHealthcare does not extend the timeframe to review prior authorization requests. As a result, UnitedHealthcare is not reporting information related to extensions

HContract	Type	Total Cases	Initial Approved		Initial Not Approved		Approved Post-Appeal % of Total Appeals		Final Not Approved (Upheld) % of Total Authorizations		Time to Determination	
			Count	%	Count	%	Count	%	Count	%	Mean (Days)	Median (Days)
H8768	Expedited	13,391	12,306	91.9%	1,085	8.1%	290	49.7%	795	5.9%	0	0.5
	Standard	310,977	247,019	79.4%	63,958	20.6%	2,438	55.8%	61,520	19.8%	1	1.7
	Total	324,368	259,325	79.9%	65,043	20.1%	2,728	55.0%	62,315	19.2%	N/A	N/A
H9239	Expedited	115	112	97.4%	3	2.6%	0	0.0%	3	2.6%	1	0.9
	Standard	6,262	6,108	97.5%	154	2.5%	27	19.1%	127	2.0%	1	2.7
	Total	6,377	6,220	97.5%	157	2.5%	27	18.5%	130	2.0%	N/A	N/A
R0759	Expedited	1,048	950	90.6%	98	9.4%	31	51.7%	67	6.4%	0	0.5
	Standard	13,563	10,691	78.8%	2,872	21.2%	158	62.0%	2,714	20.0%	1	1.8
	Total	14,611	11,641	79.7%	2,970	20.3%	189	60.0%	2,781	19.0%	N/A	N/A
R2604	Expedited	465	389	83.7%	76	16.3%	8	29.6%	68	14.6%	0	0.5
	Standard	11,155	8,854	79.4%	2,301	20.6%	113	54.9%	2,188	19.6%	1	1.8
	Total	11,620	9,243	79.5%	2,377	20.5%	121	51.9%	2,256	19.4%	N/A	N/A
R3444	Expedited	114	106	93.0%	8	7.0%	1	100.0%	7	6.1%	0	0.3
	Standard	3,155	2,567	81.4%	588	18.6%	14	63.6%	574	18.2%	0	1.4
	Total	3,269	2,673	81.8%	596	18.2%	15	65.2%	581	17.8%	N/A	N/A
R5342	Expedited	335	279	83.3%	56	16.7%	29	65.9%	27	8.1%	0	0.5
	Standard	8,366	6,519	77.9%	1,847	22.1%	80	48.8%	1,767	21.1%	1	1.7
	Total	8,701	6,798	78.1%	1,903	21.9%	109	52.4%	1,794	20.6%	N/A	N/A

**UnitedHealthcare Prior Authorizations (PA)
Calendar Year 2025**

The following prior authorization data is being reported consistent with the CMS Final Rule and includes certain prior authorization and appeal information for members enrolled in UnitedHealthcare Medicare Advantage (MA) H-Contracts from January 1, 2025 to December 31, 2025, including prior authorization requests for transitions to post-acute care and submitted to capitated-delegated providers, behavioral health delegates, physical health delegates and dental delegates (where applicable). The reports do not include any reporting related to prescription drugs (when not under the medical benefit). Any data for non-integrated entities will be reported separately. Access the current prior authorization requirements for MA medical items and services [here](#). Historical prior authorization requirements are available [here](#) and are listed by the MA plan type. Information is current as of the date of posting.

Note: UnitedHealthcare does not extend the timeframe to review prior authorization requests. As a result, UnitedHealthcare is not reporting information related to extensions

HContract	Type	Total Cases	Initial Approved		Initial Not Approved		Approved Post-Appeal % of Total Appeals		Final Not Approved (Upheld) % of Total Authorizations		Time to Determination	
			Count	%	Count	%	Count	%	Count	%	Mean (Days)	Median (Days)
R6801	Expedited	8,492	8,242	97.1%	250	2.9%	70	90.9%	180	2.1%	0	0.3
	Standard	89,493	85,895	96.0%	3,598	4.0%	383	97.0%	3,215	3.6%	0	1.1
	Total	97,985	94,137	96.1%	3,848	3.9%	453	96.0%	3,395	3.5%	N/A	N/A
R7444	Standard	18	13	72.2%	5	27.8%	0	NaN	5	27.8%	2	2.4
	Total	18	13	72.2%	5	27.8%	0	NaN	5	27.8%	N/A	N/A