BlueCross BlueShield of Texas

2025 **Prior Authorization Data**

This page shares information about prior authorization to follow a Centers for Medicare and Medicaid Services (CMS) **rule**. Prior authorization helps make sure care is appropriate, effective and covered—before it happens.

We focus reviews where they matter most, so our members get the care they need, providers get clarity, and unnecessary costs are avoided.

We also share a **list of services** that require Blue Cross and Blue Shield of Texas approval before care. Drug requests are not part of this list.

Standard Requests	
89% Approved right away	Most requests are approved the first time—no delays, no extra steps. **What it means:** Providers and members move forward quickly with confidence.
11% Not approved	A small portion of requests aren't approved—typically when more information is needed or when the service may not be the best option. **What it means:** We help avoid care that may not deliver the right outcome or value.
60.7% Approved after more information	When additional details are provided, many requests are then approved after review. **What it means:** We take a thoughtful, thorough approach—making sure decisions are informed prior to approving.
23.4% Approved after an appeal	Some decisions are revisited and approved after an appeal with new or more information. **What it means:** There's a clear path to reconsideration—ensuring every case gets a fair look.

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1.77 days Average decision time	Most standard requests are reviewed and decided in just over a day. **What it means:** Care keeps moving without long waits.
2 days Typical (Median) decision time	Many decisions happen in just a few hours. **What it means:** In most cases, providers and members get answers quickly.

Urgent Requests	
77% Approved Immediately	Most urgent requests are approved right away. **What it means:** When care time is sensitive, decisions happen fast so treatment can begin.
23% Not approved	A smaller portion of urgent requests are not approved—often when more information is needed or the service might not be the best option. **What it means:** We help ensure the right care is delivered at the right time.
22.8 hours Average decision time	Urgent requests are typically reviewed within hours. **What it means:** Quick turnaround supports timely care when it matters most.
24 hours Typical (Median) decision time	