

Prior Authorization Metrics for Medical Items and Services

To comply with the CMS Interoperability and Prior Authorization final rule, TennCare is required to annually report aggregated prior authorization metrics on our website for **1915(c) waiver services**. All other metrics can be found on the TennCare MCO websites.

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:

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Reporting Period: CY2025

These are the 1915(c) waiver medical items and services for which we require prior authorization:

[Department of Disability and Aging Services and Rates FY-2026](#)

Prior to January 1, 2026, impacted payers are required to send prior authorization decisions within the following timeframes:

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

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

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

Standard (non-urgent) Prior Authorization Requests

	How many times this happened	Out of total requests	Percentage
Request approved	102,599	103,218	99%
Request denied	619	103,218	1%

	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended*	640	640	100%

	How many times this happened	Out of total appeals	Percentage
Request approved only after appeal	16	38	42%

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

	How many times this happened	Out of total requests	Percentage
Request approved	11,613	11,614	100%
Request denied	1	11,614	0%

	How many times this happened	Out of total requests	Percentage
Request approved only after time for review was extended*	59	60	98%

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)	5.5 days	5 days
Expedited (urgent) Prior Authorization Requests (response due to provider within 72 hours)	1.3 days	1 day