



Colorado Statistics for Select Health Commercial Plans - Prior Authorization Case Review

The following information is provided to comply with a regulatory requirement for the State of Colorado to disclose information for services that require prior authorization requests. The following chart includes the number of commercial fully insured prior authorization* cases that have received approvals, denials, and denials overturned on appeal per Colorado Statute 10-16-124.5.

* Prior authorization means the process by which a carrier or organization determines the medical necessity and appropriateness of otherwise covered health care services prior to the rendering of the services. Prior authorization includes preadmission review, pretreatment review, utilization review, and case management and a carrier's or organization's requirement that a covered person or provider notify the carrier or organization prior to receiving or providing a health care service.

Q2 2024

| Provider Specialty | Procedure | Prior Authorizations Approved | Prior Authorizations Denied | Denied - Not Medically Necessary | Denied - Experimental and/or Investigational | Denied - Lack of Information/Other | Denied - Overturned on Appeal |
|-----------------------------|---------------------------------|-------------------------------|-----------------------------|----------------------------------|--|------------------------------------|-------------------------------|
| Ambulance | Ambulance | 0 | 0 | 0 | 0 | 0 | 0 |
| Durable Medical Equipment | DME/Prosthetics/Supplies | 4 | 2 | 0 | 0 | 2 | 0 |
| Facility | Inpatient Behavioral Health | 2 | 0 | 0 | 0 | 0 | 0 |
| | Inpatient Medical | 29 | 2 | 0 | 0 | 2 | 0 |
| | OP Facility - Behavioral Health | 3 | 0 | 0 | 0 | 0 | 0 |
| | OP Facility - Emergency | 0 | 0 | 0 | 0 | 0 | 0 |
| | OP Facility - Other | 4 | 1 | 0 | 0 | 1 | 0 |
| | OP Facility - Surgery | 15 | 6 | 0 | 0 | 6 | 0 |
| | Skilled Nursing Facility | 0 | 1 | 0 | 0 | 1 | 0 |
| Home Health | Home Health | 5 | 5 | 0 | 0 | 5 | 0 |
| Primary Care Provider (PCP) | Behavioral Health | 4 | 0 | 0 | 0 | 0 | 1 |
| | Diagnostic Test | 2 | 0 | 0 | 0 | 0 | 0 |
| | Miscellaneous | 8 | 1 | 0 | 1 | 0 | 0 |
| | Office | 6 | 3 | 0 | 0 | 3 | 1 |
| Specialist (SCP) | Behavioral Health | 7 | 0 | 0 | 0 | 0 | 0 |
| | Diagnostic Test | 1 | 0 | 0 | 0 | 0 | 0 |
| | Miscellaneous | 39 | 10 | 1 | 0 | 9 | 0 |
| | Office | 7 | 5 | 1 | 0 | 4 | 3 |
| Other | Diagnostic Test | 0 | 0 | 0 | 0 | 0 | 0 |
| | Professional | 0 | 0 | 0 | 0 | 0 | 0 |
| Pharmacy | Medication | 119 | 181 | 80 | 0 | 101 | 8 |