

ANNUAL PRIOR AUTHORIZATION STATISTICS

Prescription Drugs

Oscar Health provides the following information to comply with a regulatory requirement for the state of **Texas** to disclose information for services that require pre-service review. The following report details the number of pre-service requests that have received approvals and adverse determinations (denials) for the plan year of 2024.

Annual Prior Authorization Volume, by Outcome

	Approved			Denied			Total
	Expedited	Standard	Total Approved	Expedited	Standard	Total Denied	
Prior Authorization Requests Received (count)	2,583	4,388	6,971	3,441	7,693	11,134	18,105
Prior Authorization Requests Received (rate)	14.3%	24.2%	38.5%	19.0%	42.5%	61.5%	100%

Annual Appeal Volume, by Outcome

	Overturned (Approved)			Upheld (Denied)			Total
	Expedited	Standard	Total Overturned	Expedited	Standard	Total Upheld	
Appeal Requests Received (count)	337	287	624	326	309	635	1,259
Appeal Requests Received (rate)	26.8%	22.8%	49.6%	25.9%	24.5%	50.4%	100%

Rate of Adverse Determinations Overturned by an IRO	
Appeals Overturned by an Independent Review Organization (IRO)	22

Annual Prior Authorization Volume, by Patient Indication (Diagnosis) Top Thirty (30)			
No.	Consumer Description	ICD-10 Code	%
1	Encntr for general adult medical exam w/o abnormal findings	Z00.00	2.10%
2	Essential (primary) hypertension	I10	1.60%
3	Encounter for screening for malignant neoplasm of colon	Z12.11	1.55%
4	Type 2 diabetes mellitus without complications	E11.9	1.30%
5	Type 2 diabetes mellitus with hyperglycemia	E11.65	1.14%
6	Generalized anxiety disorder	F41.1	0.96%
7	Encounter for general adult medical exam w abnormal findings	Z00.01	0.89%
8	Encntr screen mammogram for malignant neoplasm of breast	Z12.31	0.70%
9	Acne vulgaris	L70.0	0.61%
10	Major depressv disorder, recurrent severe w/o psych features	F33.2	0.59%
11	End stage renal disease	N18.6	0.50%
12	End stage renal disease	585.6	0.50%
13	Other chest pain	R07.89	0.47%
14	Other chest pain	R07.8	0.47%
15	Sepsis, unspecified organism	A41.9	0.46%

16	Major depressive disorder, recurrent, moderate	F33.1	0.44%
17	Type 2 diabetes mellitus with other specified complication	E11.69	0.41%
18	Ath scl heart disease of native coronary artery w/o ang pctrs	I25.10	0.41%
19	Chest pain, unspecified	R07.9	0.37%
20	Obstructive sleep apnea (adult) (pediatric)	G47.33	0.35%
21	Mixed hyperlipidemia	E78.2	0.30%
22	Hyperlipidemia, unspecified	E78.5	0.26%
23	Radiculopathy, lumbar region	M54.16	0.25%
24	Encounter for antineoplastic immunotherapy	Z51.12	0.24%
25	Dizziness and giddiness	R42	0.24%
26	Unilateral primary osteoarthritis, left knee	M17.12	0.23%
27	Other long term (current) drug therapy	Z79.899	0.23%
28	Other long term (current) drug therapy	Z79.89	0.23%
29	Other long term (current) drug therapy	Z79.8	0.23%
30	Testicular hypofunction	E29.1	0.22%

Top Five (5) Reasons for Adverse Determinations (Denials)		
No.	Reason	%
1	Criteria for medical necessity not met (general)	67.3%
2	Criteria for medical necessity not met (non-formulary)	21.5%
3	Benefit is not covered	9.2%
4	Exceeds quantity limit	1.5%

5	Trial and Failure required	0.1%
---	----------------------------	------

Annual Prior Authorization Volume, by Requesting Prescriber Top Ten (10)	
No.	Requesting Prescriber Type
1	Doctor of Medicine (MD)
2	Nurse Practitioner (NP)
3	Doctor of Osteopathic Medicine (DO)
4	
5	
6	
7	
8	
9	
10	
No.	Requesting Prescriber Specialty
1	Nurse Practitioner
2	Family Practice
3	Internal Medicine
4	Physician Assistant
5	Psychiatrist
6	Dermatologist
7	Cardiologist
8	Neurologist
9	Oncologist

10

Endocrinologist