

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 2020.

Annual Prior Authorization Volume, by Outcome							
	Approved			Denied			Total
	Expedited	Standard	Total Approved	Expedited	Standard	Total Denied	
Prior Authorization Requests Received (count)	2,587	4,613	7,200	665	1,609	2,274	9,474
Prior Authorization Requests Received (rate)	27.3%	48.7%	76.0%	7.0%	17.0%	24.0%	100%

Annual Appeal Volume, by Outcome							
	Overturned (Approved)			Upheld (Denied)			Total
	Expedited	Standard	Total Overturned	Expedited	Standard	Total Upheld	
Appeal Requests Received (count)	110	118	228	57	74	131	359
Appeal Requests Received (rate)	30.6%	32.9%	63.5%	15.9%	20.6%	36.5%	100%

Rate of Adverse Determinations Overturned by an IRO	
Appeals Overturned by an Independent Review Organization (IRO)	0

Annual Prior Authorization Volume, by Patient Indication (Diagnosis) Top Thirty (30)			
No.	Consumer Description	ICD-10 Code	%
1	Gastro-esophageal reflux disease without esophagitis	K21.9	6.65%
2	Type 2 diabetes mellitus with hyperglycemia	E11.65	4.38%
3	Type 2 diabetes mellitus without complications	E11.9	3.72%
4	Acne vulgaris	L70.0	3.32%
5	Chronic pain syndrome	G89.4	2.86%
6	Attn-defct hyperactivity disorder, predom inattentive type	F90.0	2.75%
7	Psoriasis vulgaris	L40.0	2.37%
8	Testicular hypofunction	E29.1	2.35%
9	Insomnia, unspecified	G47.00	2.34%
10	Tinea unguium	B35.1	1.55%
11	Attention-deficit hyperactivity disorder, combined type	F90.2	1.50%
12	Hyperlipidemia, unspecified	E78.5	1.19%
13	Major depressive disorder, recurrent severe without psychotic features	F33.2	1.18%
14	Gastro-esophageal reflux	K21.0	1.15%

	disease with esophagitis		
15	Major depressive disorder, recurrent, moderate	F33.1	1.11%
16	Primary insomnia	F51.01	1.11%
17	Irritable bowel syndrome with diarrhea	K58.0	1.05%
18	Mixed hyperlipidemia	E78.2	1.04%
19	Attention-deficit hyperactivity disorder, unspecified type	F90.9	0.92%
20	Hepatic failure, unspecified without coma	K72.90	0.80%
21	Low back pain	M54.5	0.78%
22	Chronic migraine without aura, not intractable, without status migrainosus	G43.709	0.73%
23	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ	M05.79	0.69%
24	Migraine, unspecified, not intractable, without status migrainosus	G43.909	0.65%
25	Multiple sclerosis	G35	0.63%
26	Atopic Dermatitis	L20.9	0.63%
27	Other atopic dermatitis	L20.89	0.60%
28	Fibromyalgia	M79.7	0.57%
29	Generalized anxiety disorder	F41.1	0.56%
30	Chronic viral hepatitis C	B18.2	0.54%

Top Five (5) Reasons for Adverse Determinations (Denials)		
No.	Reason	%
1	Criteria for medical necessity not met (general)	61.2%
2	Exceeds quantity limit	16.3%
3	Trial and Failure required	13.8%
4	Benefit is not covered	4.9%
5	Criteria for medical necessity not met (non-formulary)	1.8%

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	Family Practice
2	Internal Medicine

3	Nurse Practitioner
4	Physician Assistant
5	Psychiatrist
6	Dermatologist
7	Gastroenterologist
8	Pain Management Doctor
9	Oncologist
10	OBGYN (Obstetrician and Gynecologist)