



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 2025.

Annual Prior Authorization Volume, by Outcome							
	Approved			Denied			Total
	Expedited	Standard	Total Approved	Expedited	Standard	Total Denied	
Prior Authorization Requests Received (count)	5,670	10,759	16,429	6,994	16,366	23,360	39,789
Prior Authorization Requests Received (rate)	14.3%	27.0%	41.3%	17.6%	41.1%	58.7%	100%

Annual Appeal Volume, by Outcome							
	Overturned (Approved)			Upheld (Denied)			Total
	Expedited	Standard	Total Overturned	Expedited	Standard	Total Upheld	
Appeal Requests Received (count)	660	574	1,234	645	690	1,335	2,569
Appeal Requests Received (rate)	25.7%	22.3%	48.0%	25.1%	26.9%	52.0%	100%

Rate of Adverse Determinations Overturned by an IRO	
Appeals Overturned by an Independent Review Organization (IRO)	46

Annual Prior Authorization Volume, by Patient Indication (Diagnosis) Top Thirty (30)			
No.	Consumer Description	ICD-10 Code	%
1	Type 2 diabetes mellitus with hyperglycemia	E11.65	13.35%
2	Type 2 diabetes mellitus without complications	E11.9	9.74%
3	Type 2 diabetes mellitus with other specified complication	E11.69	2.97%
4	Testicular hypofunction	E29.1	2.71%
5	Mixed hyperlipidemia	E78.2	2.05%
6	Acne vulgaris	L70.0	1.90%
7	Migraine, unsp, not intractable, without status migrainosus	G43.909	1.45%
8	Psoriasis vulgaris	L40.0	1.40%
9	Major depressv disorder, recurrent severe w/o psych features	F33.2	1.28%
10	Morbid (severe) obesity due to excess calories	E66.01	1.26%
11	Obstructive sleep apnea (adult) (pediatric)	G47.33	1.19%
12	Attention-deficit hyperactivity disorder, combined type	F90.2	1.07%
13	Hyperlipidemia, unspecified	E78.5	1.07%
14	Other atopic dermatitis	L20.89	1.05%
15	Attn-defct hyperactivity disorder, predom inattentive type	F90.0	1.03%
16	Type 1 diabetes mellitus with hyperglycemia	E10.65	1.00%
17	Major depressive disorder, recurrent, moderate	F33.1	0.91%
18	Dry eye syndrome of bilateral lacrimal glands	H04.123	0.91%
19	Migraine w/o aura, not intractable, w/o status migrainosus	G43.009	0.90%

20	Gastro-esophageal reflux disease without esophagitis	K21.9	0.89%
21	Overactive bladder	N32.81	0.86%
22	Prediabetes	R73.03	0.77%
23	Type 2 diabetes mellitus with unspecified complications	E11.8	0.75%
24	Type 1 diabetes mellitus without complications	E10.9	0.69%
25	Type 2 diabetes mellitus with diabetic polyneuropathy	E11.42	0.67%
26	Atherosclerotic heart disease of native coronary artery w/o ang pctrs	I25.10	0.66%
27	Bipolar II disorder	F31.81	0.63%
28	Hepatic encephalopathy	K76.82	0.60%
29	Rheumatoid arthritis, unspecified	M06.9	0.59%
30	Male erectile dysfunction, unspecified	N52.9	0.57%

Top Five (5) Reasons for Adverse Determinations (Denials)		
No.	Reason	%
1	Medical necessity	83.2%
2	Benefit not covered	6.1%
3	Exceeds Quantity Limit	0.8%
4	Lack of Information	0.2%
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	Endocrinologist
6	Dermatologist
7	Neurologist
8	Cardiologist
9	Psychiatrist
10	Gastroenterologist