

ANNUAL PRIOR AUTHORIZATION STATISTICS

Prescription Drugs

Oscar Health provides the following information to comply with a regulatory requirement for the state of **New Jersey** 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)	928	955	1,883	1,275	1,902	3,177	5,060
Prior Authorization Requests Received (rate)	18.3%	18.9%	37.2%	25.2%	37.6%	62.8%	100%

Annual Appeal Volume, by Outcome							
	Overturned (Approved)			Upheld (Denied)			Total
	Expedited	Standard	Total Overturned	Expedited	Standard	Total Upheld	
Appeal Requests Received (count)	56	36	92	72	46	118	210
Appeal Requests Received (rate)	26.7%	17.1%	43.8%	34.3%	21.9%	56.2%	100%

Health Plan Decision Timeliness, by Urgency		
	Time (days)	
	Expedited	Standard
Average Time Between Prior Authorization Submission and Response	0.4	7.4
Average Time Between Appeal Submission and Response	1.3	5.5

Requesting Prescriber Response Timeliness, by Urgency		
	Time (days)	
	Expedited	Standard
Average Prescriber Response	0.4	0.8
Median Prescriber Response	0.0	1.0

Annual Prior Authorization Volume, by Patient Indication (Diagnosis) Top Thirty (30)			
No.	Consumer Description	ICD-10 Code	%
1	Encounter for screening for malignant neoplasm of colon	Z12.11	2.22%
2	Generalized anxiety disorder	F41.1	1.55%
3	Essential (primary) hypertension	I10	1.30%
4	Type 2 diabetes mellitus without complications	E11.9	1.17%
5	End stage renal disease	N18.6	1.16%
6	Type 2 diabetes mellitus with hyperglycemia	E11.65	1.02%
7	Encntr screen mammogram for malignant neoplasm of breast	Z12.31	1.02%
8	Encounter for general adult medical exam w abnormal findings	Z00.01	0.97%
9	Major depressive disorder, recurrent, moderate	F33.1	0.72%
10	Encntr for gyn exam (general) (routine) w/o abn findings	Z01.419	0.69%

11	Atherosclerotic heart disease of native coronary artery w/o ang pectoris	I25.10	0.64%
12	Obstructive sleep apnea (adult) (pediatric)	G47.33	0.56%
13	Chest pain, unspecified	R07.9	0.53%
14	Mixed hyperlipidemia	E78.2	0.52%
15	Multiple sclerosis	G35	0.44%
16	Shortness of breath	R06.02	0.42%
17	Other abnormal and inconclusive findings on dx imaging of breast	R92.8	0.42%
18	Hyperlipidemia, unspecified	E78.5	0.42%
19	Abnormal electrocardiogram [ECG] [EKG]	R94.31	0.42%
20	Radiculopathy, lumbar region	M54.16	0.39%
21	Pain in right knee	M25.561	0.38%
22	Adjustment disorder with mixed anxiety and depressed mood	F43.23	0.38%
23	Encounter for antineoplastic chemotherapy	Z51.11	0.36%
24	Dizziness and giddiness	R42	0.36%
25	Attention-deficit hyperactivity disorder, predominantly inattentive type	F90.0	0.35%
26	Gastro-esophageal reflux disease without esophagitis	K21.9	0.32%
27	Vitamin D deficiency, unspecified	E55.9	0.31%
28	Malignant neoplasm of prostate	C61	0.31%
29	Unilateral primary osteoarthritis, right knee	M17.11	0.30%
30	Generalized abdominal pain	R10.84	0.30%

Top Five (5) Reasons for Adverse Determinations (Denials)		
No.	Reason	%
1	Criteria for medical necessity not met (general)	37.8%
2	Criteria for medical necessity not met (non-formulary)	20.0%

3	Benefit is not covered	14.6%
4	Exceeds quantity limit	1.0%
5	Trial and Failure required	0.5%

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	Internal Medicine
2	Family Practice
3	Nurse Practitioner
4	Cardiologist
5	Endocrinologist
6	Dermatologist
7	Physician Assistant

8	Neurologist
9	Gastroenterologist
10	OBGYN (Obstetrician and Gynecologist)

Total Appeals Generated Due to Missing or Inadequate Clinical Information	
Appeals Generated Due to Insufficient Clinical Info	52