



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 2019.

Annual Prior Authorization Volume, by Outcome							
	Approved			Denied			Total
	Expedited	Standard	Total Approved	Expedited	Standard	Total Denied	
Prior Authorization Requests Received (count)	1,717	3,630	5,347	178	1,460	1,638	6,985
Prior Authorization Requests Received (rate)	24.6%	52.0%	76.5%	2.5%	20.9%	23.5%	100%

Annual Appeal Volume, by Outcome							
	Overturned (Approved)			Upheld (Denied)			Total
	Expedited	Standard	Total Overturned	Expedited	Standard	Total Upheld	
Appeal Requests Received (count)	58	79	137	25	58	83	220
Appeal Requests Received (rate)	26.4%	35.9%	62.3%	11.4%	26.4%	37.7%	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	11.16%
2	Type 2 diabetes mellitus with hyperglycemia	E11.65	5.41%
3	Type 2 diabetes mellitus without complications	E11.9	4.00%
4	Attn-defct hyperactivity disorder, predom inattentive type	F90.0	2.78%
5	Acne vulgaris	L70.0	2.61%
6	Testicular hypofunction	E29.1	2.47%
7	Chronic pain syndrome	G89.4	2.41%
8	Tinea unguium	B35.1	2.26%
9	Gastro-esophageal reflux disease with esophagitis	K21.0	2.24%
10	Insomnia, unspecified	G47.00	2.00%
11	Psoriasis vulgaris	L40.0	1.97%
12	Attention-deficit hyperactivity disorder, combined type	F90.2	1.81%
13	Primary insomnia	F51.01	1.13%
14	Major depressive disorder, recurrent, moderate	F33.1	1.01%

15	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ	M05.79	0.98%
16	Attention-deficit hyperactivity disorder, unspecified type	F90.9	0.96%
17	Mixed hyperlipidemia	E78.2	0.95%
18	Irritable bowel syndrome with diarrhea	K58.0	0.95%
19	Hyperlipidemia, unspecified	E78.5	0.84%
20	Major depressive disorder, recurrent severe without psychotic features	F33.2	0.75%
21	Low back pain	M54.5	0.70%
22	Hepatic failure, unspecified without coma	K72.90	0.69%
23	Chronic migraine w/o aura, intractable, w status migrainosus	G43.711	0.64%
24	Unilateral primary osteoarthritis, right knee	M17.11	0.61%
25	Fibromyalgia	M79.7	0.61%
26	Chronic migraine without aura, not intractable, without status migrainosus	G43.709	0.59%
27	Male erectile dysfunction, unspecified	N52.9	0.59%
28	Other atopic dermatitis	L20.89	0.56%
29	Age-related osteoporosis w/o current pathological fracture	M81.0	0.55%

30	Chronic migraine w/o aura, intractable, w/o stat migr	G43.719	0.53%
-----------	---	---------	-------

Top Five (5) Reasons for Adverse Determinations (Denials)		
No.	Reason	%
1	Criteria for medical necessity not met (general)	40.1%
2	Criteria for medical necessity not met (non-formulary)	25.4%
3	Exceeds quantity limit	16.0%
4	Trial and Failure required	10.8%
5	Benefit is not covered	6.9%

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	Dermatologist
6	Psychiatrist
7	Gastroenterologist
8	OBGYN (Obstetrician and Gynecologist)
9	Pain Management Doctor
10	Neurologist