



UnitedHealthcare Community Plan of Virginia

Prior Authorization Metrics for Medical Items and Services (Excluding Drugs)

UnitedHealthcare Community Plan of Virginia (UHC) is required to report aggregated prior authorization data annually on our website in accordance with the CMS Interoperability and Prior Authorization [final rule](#). This includes data for all medical items and services (excluding drugs) that require prior authorization. The information below reflects information on requests for these services during the prior calendar year and is intended to promote transparency and accountability.

These are the medical items and services for which we require prior authorization (excluding drugs): [Prior Authorization and Notification | UnitedHealthcare Community Plan of Virginia | UHCprovider.com](#)

Please note, prior to January 1, 2026, Medicaid plans were required to communicate prior authorization decisions within the following timeframes:

- 72 hours for **expedited requests** (urgent)
- 14 calendar days for **standard requests** (non-urgent)

Beginning January 1, 2026, the CMS Interoperability and Prior Authorization [final rule](#) requires Medicaid plans to communicate prior authorization decisions within the following timeframes:

- 72 hours for **expedited requests** (urgent)
- 7 calendar days for **standard requests** (non-urgent)

Members may contact Member Services with any questions by calling 844-752-9434. Provider Services can be reached at 844-284-0146.

Annual Reporting Metrics

Reporting Year*:	2025
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*Data reported are current decisions as of 12/31 of the reporting calendar year.

Standard (non-urgent) Prior Authorization Requests

Type of Decision	Number of times this Happened	Out of total Standard Requests	Percentage
Request Approved	87,089	111,870	77.85%
Request Denied	24,781	111,870	22.15%

Standard (non-urgent) Prior Authorization Requests Cont.

Type of Decision	Number of times this Happened	Out of total Standard Requests	Percentage
Request approved after appeal review	287	1,378	20.83%

Expedited (urgent) Prior Authorization Requests (Response Due to Provider Within 72 Hours)

Type of Decision	Number of times this Happened	Out of total Standard Requests	Percentage
Request approved	14,090	19,421	72.55%
Request Denied	5,331	19,421	27.45%

Extended Prior Authorization Requests

Type of Decision	Number of times this Happened	Out of total Standard & Expedited Requests	Percentage
Request approved following extended review	1,815	131,291	1.38%

Time Between Receiving a Prior Authorization Request and Sending a Decision

PA Turnaround Timeframe	Mean (Average) Time	Median (Middle) Time
Standard PA Request TAT - days	2.2	1.0
Expedited PA Request TAT - hours	8.9	1.0