

**Active Health Prior Authorization Statistics:**

<b>DC 4Q2023-3Q2024 Prior Authorization Statistics</b>	
	<b>Lists</b>
(1) Specialties of physicians reviewing prior authorization requests or appeals;	Family Medicine
(2) Types of medication, tests, procedures, or treatment in which approval was being sought;	MRI Spine MRI Joint Lower Extremity Breast Reduction TAH TLH
(3) Medical indication offered in each request;	- Abnormal uterine and vaginal bleeding -Pelvic and perineal pain -Uterine leiomyoma -Excessive and frequent menstruation -Breast hypertrophy -Lumbar radiculopathy -Dysmenorrhea -Internal derangement of knee
(4) Reasons for an adverse determination;	Criteria Not Met
	<b>Total</b>
(5) Number of appeals taken;	0
(6) Number of appeals approved	0
or denied	
	<b>Length (Days)</b>
(7) Time between submission of a request and the utilization review entity's determination; and	3.25 Days
(8) Time between submission of an appeal and the utilization review entity's determination.	N/A