OFFICE of the INSURANCE COMMISSIONER
WASHINGTON STATE

Health plan prior authorization data

2024 annual report to the Legislature

Jan. 1, 2025

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Background

In 2020, the Washington State Legislature enacted Engrossed Substitute Senate Bill (ESSB) 6404 (Chapter 316, Laws of 2020, codified at RCW 48.43.0161). This law requires health carriers with at least one percent of the market share in Washington state to annually report certain aggregated and de-identified data related to prior authorization to the Office of the Insurance Commissioner (OIC). Prior authorization is a utilization review tool used by carriers to review the medical necessity of requested health care services for specific health plan enrollees. Carriers choose the services subject to prior authorization review. Their prior authorization processes must comply with state law requirements related to medical necessity clinical standards, timeliness of prior authorization decisions and communicating prior authorization information and decisions to the providers and patients. (See WAC 284-43-2000 et seq.)

The data reported by carriers includes prior authorization information for the following categories of health services:

- Inpatient medical/surgical
- Outpatient medical/surgical
- Inpatient mental health and substance use disorder
- Outpatient mental health and substance use disorder
- Diabetes supplies and equipment
- Durable medical equipment (DME)

The carriers must report the following information for the prior plan year (PY) for their commercial individual and group health plans for each category of services:

- The 10 codes with the highest number of prior authorization **requests** and the percent of approved requests.
- The 10 codes with the highest percentage of **approved** prior authorization requests and the total number of requests.
- The 10 codes with the highest percentage of prior authorization requests that were initially denied and then approved on **appeal** and the total number of such requests.

Carriers must also include the average response time in hours for prior authorization requests and the number of requests for each covered service in the lists above for:

- Expedited decisions
- Standard decisions
- Extenuating-circumstances decisions

Engrossed Second Substitute House Bill 1357 added additional prescription drug prior authorization reporting requirements for health carriers beginning in reporting year 2024. Carriers submitted prescription drug prior authorization data in the same format as prescribed for medical services.

The reports from carriers were due Sept. 15, 2024, for PY 2023. The deidentified carrier submissions are available on the Washington state open data portal.

RCW 48.43.0161(3) directs the Insurance Commissioner to submit an annual report to the Legislature by Jan. 1 of each year.

OIC implementation of ESSB 6404

The OIC developed its first set of prior authorization data templates in 2020 for PY 2019 reporting. In reviewing the carriers' PY 2019 responses, OIC found substantial variability in the services and codes reported, as well as the number of claims reported for such services. In addition, PY 2019 reporting suggested that carriers do not require similar coding when authorizing services. Since then, OIC has standardized and refined the report to yield more informative results.

The OIC provided carriers the opportunity to submit prescription drug prior authorization data on a voluntary basis for PY 2022 in 2023, with the intention of using the submitted information to refine the data collection process for 2024. OIC used insights from the voluntary reporting to improve and clarify 2024 prescription drug data collection.

No other changes were made to the 2024 reporting template. Reporting is based on the date a service was provided to a patient.

Carriers required to file a report in 2024 for PY 2023 based on market share as directed in RCW 48.43.0160(1) are:

- Aetna Life Insurance Company
- Asuris Northwest Health
- Cigna Health & Life Insurance Company
- Coordinated Care Corp.
- Kaiser Foundation Health Plan of the Northwest
- Kaiser Foundation Health Plan of Washington Options
- Kaiser Foundation Health Plan of Washington
- LifeWise Health Plan of WA
- Molina HealthCare of WA
- Premera Blue Cross
- Regence BlueCross BlueShield (BCBS) of Oregon
- Regence BlueShield
- UnitedHealthCare Insurance Co.
- UnitedHealthCare of Washington Inc.

The OIC sent carriers the final ESSB 6404 Instruction Sheet (Appendix A) and ESSB 6404 Response Template (Appendix B) on July 19, 2024. The deidentified carrier submissions are available on the Washington state open data portal.

Carrier reporting

In 2015, OIC adopted rules that established minimum program and process standards for carriers' prior authorization activities. The rules, codified in WAC 284-43-2000 through 284-43-2060, include but are not limited to:

- Prior authorization program accreditation, e.g. accreditation by the National Committee for Quality Assurance (NCQA), Utilization Review Accreditation Commission (URAC), Joint Commission, or Accreditation Association for Ambulatory Health Care (AAAHC).
- Use of evidence-based clinical review criteria.
- Establishment of an online prior authorization submission process to provide more transparency and clearer guidance for providers and enrollees.
- Establishment of a secure online process for providers to submit prior authorization requests.
- Setting time limits for making prior authorization decisions.
- Required content of prior authorization approvals and denials.

In 2023, the legislature enacted E2SHB 1357, which modified several components of prior authorization review. New timelines were set for carrier responses to prior authorization requests and new standards were set related to access to and substance of carriers' prior authorization criteria. These changes impact health plans issued or renewed on or after Jan, 1, 2024. The OIC updated its rules to align with the statutory requirements of E2SHB 1357.

The Legislature has limited carriers' ability to require prior authorization for certain services (e.g., initial substance use disorder inpatient stays,[1] medication for treatment of opioid use disorder,[2] and chiropractic, physical therapy, and East Asian treatments.[3]

Data reporting under RCW 48.43.0161 addresses the clinical services that are subject to prior authorization, rather than the processes used by carriers to conduct prior authorizations.

[1] RCW 48.43.761.
[2] RCW 48.43.760.
[3] RCW 48.43.016.

Findings

The OIC received PY 2023 data from 14 carriers.

Some variation was observed in submissions across carriers:

- There was variation in how carriers reported "tied" codes, with multiple codes having the same number of requests. Some carriers indicated that there were multiple codes with the same number of requests, and when those tied codes exceeded their top ten reporting list, they did not include codes that exceeded their top ten list despite the ties. Other carriers submitted more than their top ten requests to account for the tied codes.
- Across the carriers, there was substantial variability in both the particular services or codes reported, and the number of claims reported for each such service.
- There were variations in the drug name submitted for each carrier.

As of Jan. 1, 2024, there were over 11,000 Common Procedure Terminology (CPT) codes and almost 8,000 Healthcare Common Procedural Coding System (HCPCS) codes in use.[4]

Key findings from the PY 2023 submitted data:

- Procedures with the most prior authorization requests tended to be for physical therapy services, MRI and CT scans, echocardiography and continuous airway pressure devices (CPAP devices).
- Among the top 10 procedures across all carriers with the most prior authorization requests, the approval rate ranged from 69% (physical therapy) to 96% (CPAP device).
- Among the top 10 procedure across all carriers with the highest approval rates, half were for orthotic or prosthetic procedures. This is a change from last year, where only one shoulder orthosis procedure code appeared in the top 10.
- There is not a substantial difference in approval rates between medical/surgical prior authorization requests and mental health/substance use disorder prior authorization requests.
- Prior authorization requests for inpatient medical/surgical procedures had the longest standard response time (52.6 hours) for the submitted procedure codes, followed by requests for diabetes supplies and equipment (46.3 hours). Requests for outpatient medical/surgical procedures had the shortest standard response time among the submitted codes (12.1 hours).
- Response time was longer for mental health/substance use disorder prior authorization requests (25.2 hours) compared to medical/surgical prior authorization requests (12.3 hours).

[4] CPT codes are developed by the American Medical Association, https://www.ama-assn.org/amaone/cpt-current-procedural-terminology; HCPCS codes are developed by the HHS/Center for Medicare and Medicaid Services, https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo.

- Semaglutide (brand name Ozempic, Rybelus, Wegovy) was the prescription drug with the most prior authorization requests (12,684 requests, 41% approval rate). All 14 carriers submitted this drug as one of their top 10 for prior authorization requests.

Prior authorization requests across carriers and code types

The carriers' submissions were aggregated to observe and compare trends across carriers, service categories and service code types. All carrier reports are included in this report.

Carriers submitted the top 10 procedure codes with the highest number of prior authorization requests for six service categories.

The health service code with the highest number of prior authorization requests for each health service category are found in Figure 1. This table and all analysis presented in this report excludes prior authorizations for Office Evaluation and Management (E&M) codes, as some health plans in Washington state require prior authorizations for referrals to in-network specialist office visits. This resulted in a high number of office visit E&M requests. The total number of requests for the previous reporting year (PY 2022) are shown in parentheses.

Figure 1 Highest number of prior authorization requests by service category

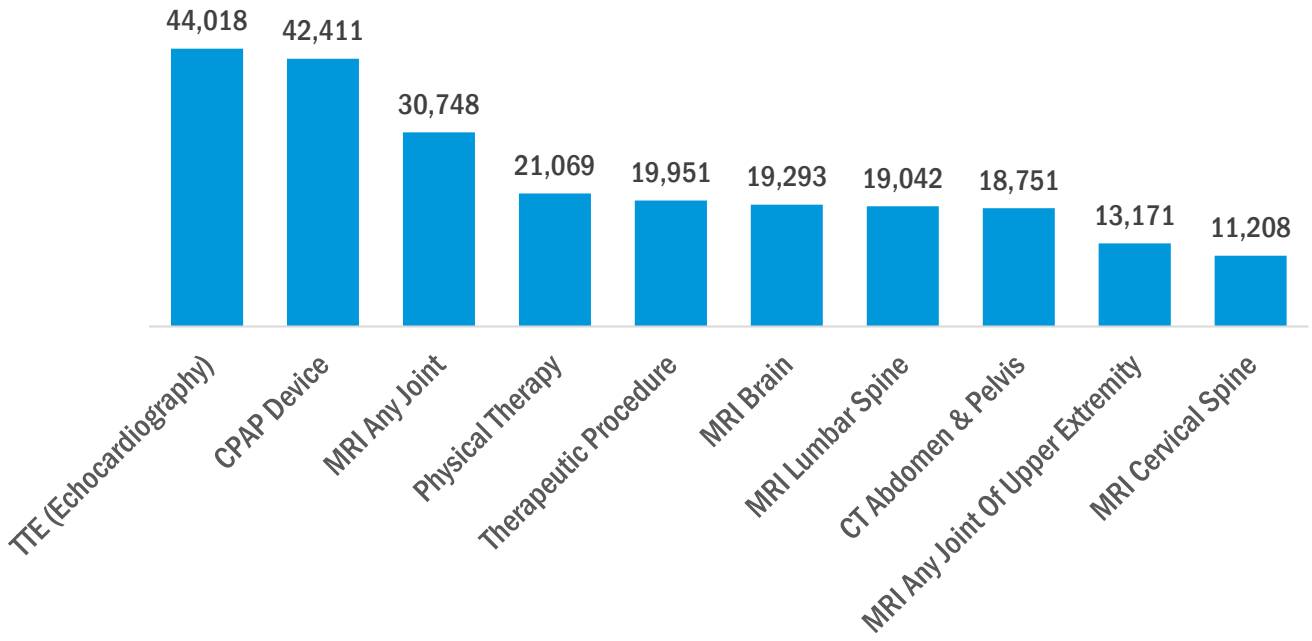
Service Category	Code	Description	Total Requests
Outpatient Med-Surg	93306	TTE (Echocardiogram) With Spectral & Color Flow Doppler	44,018 (40,108)
Outpatient MH-SUD	90837	Psychotherapy, 60 Minutes With Patient	11,074 (12,233)
DME	E0601	Cont. Airway Pressure Device (CPAP)	9,995 (10,563)
Diabetes Supplies and Equip	E2103	Nonadjunctive Nonimplanted Continuous Glucose Monitor/Receiver	916 (0)
Inpatient MH-SUD	1002	Substance Abuse Residential	211 (354)
Inpatient Med-Surg	121	Room & Board Semiprivate (Two Beds)-Medical/Surgical/Gyn	178 (249)

For the reported codes with the highest number of prior authorization requests, the code 93306 (complete transthoracic echocardiogram with doppler) within the service category Outpatient Med-Surg had the highest number of requests.

Figure 1 above excludes the prior authorization request data submitted for prescription drugs, and office E&M codes. A later section of this report describes submitted prescription drug data.

Figure 2 below details the total number of prior authorization requests for the 10 service codes with the highest number of requests for PY 2023, excluding prescription drugs and office E&M codes.

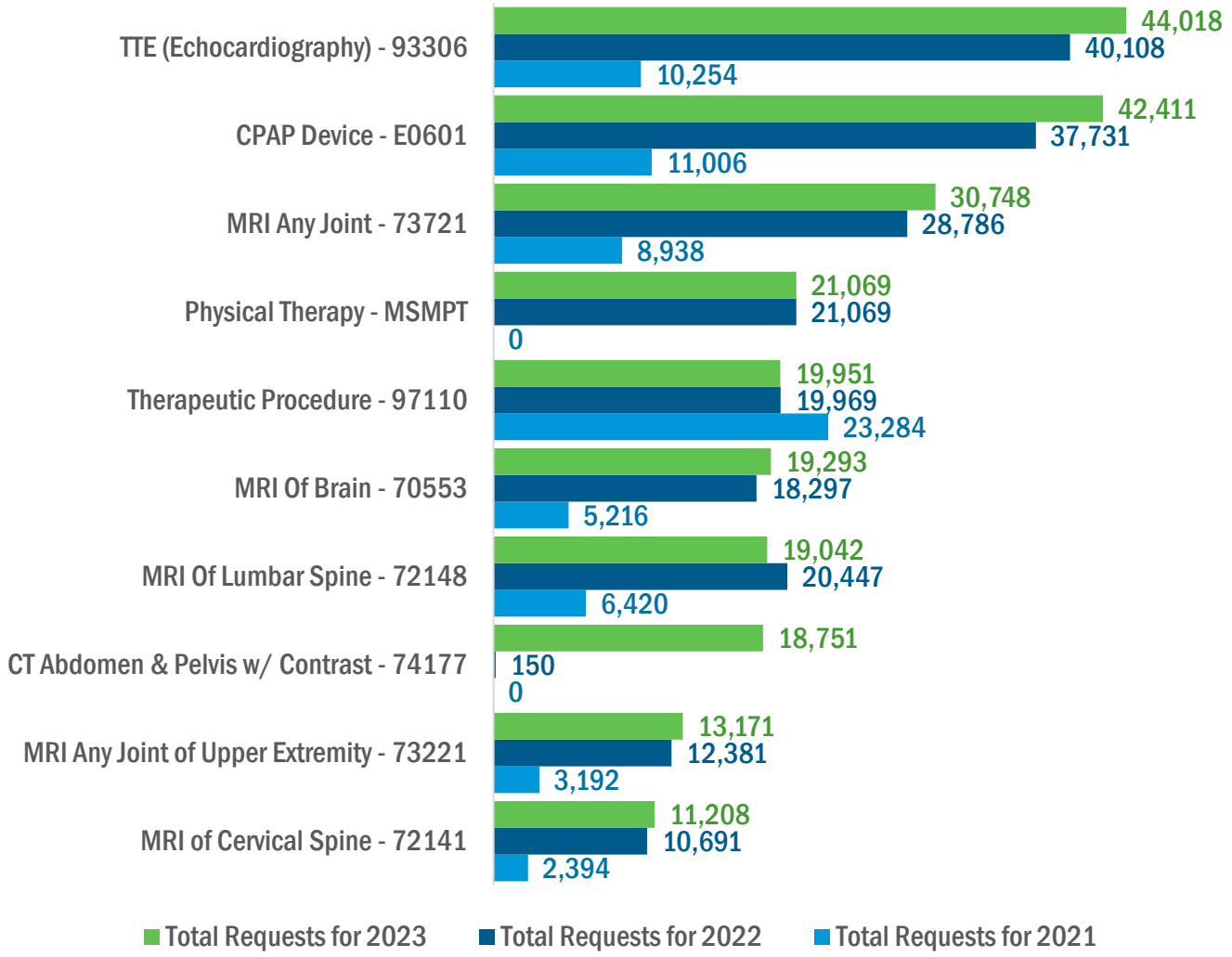
Figure 2 Highest number of requests by code totals 2023



Common procedures requiring prior authorization tended to be for physical therapy services, MRI and CT scans, echocardiography, and continuous airway pressure (CPAP) devices.

Figure 3 below shows the total number of prior authorization requests for the 10 services codes with the highest number of requests for PY 2023, compared to the number of requests for those same service codes in PY 2022 and PY 2021.

Figure 3 Highest number of requests by code for 2023, 2022 and 2021 sorted by codes submitted for 2023.

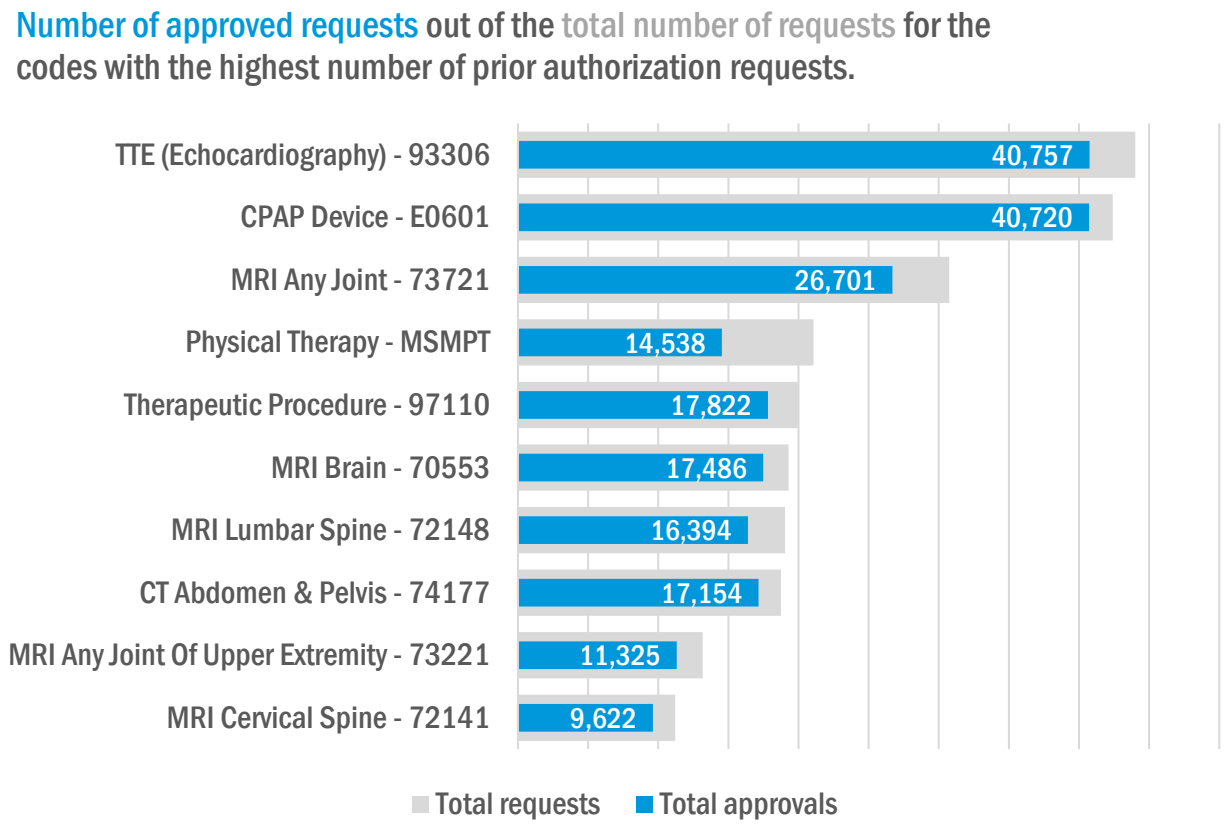


Carriers submitted information about the approval rates for each code. Using the approval rates and the total number of requests, we determined the number of approved requests for each code. Excluding prescription drugs and office E&M prior authorization requests, for the service codes with the highest number of requests:

- The approval rate for all services was 89.2% (92.1% in PY 2022).
- Twenty-four codes had 0% approval rates, with the number of requests ranging from 1 to 19.
- The lowest approval rate was 2%, for definitive drug test of classes 22+ (HCPCS G0483), with 56 total requests. This is excluding all codes that were approved 0% of the time.
- Eighty-seven codes had approval rates of 100%. Among these codes, the number of requests ranged from 1 to 577 (71 of these codes had 15 or fewer total requests). The code with 577 prior authorization requests was HCPCS L3908 – Wrist Split with or without cock-up.

Figure 4 shows the number of approved requests for each of the 10 most-requested codes.

Figure 4 Approved number of requests by code out of total requests



The data presented in Figures 2 - 4 are aggregated in the table in Figure 5 below. This table includes:

- The total number of requests
- The approval rates
- The number of carriers that reported each code

Figure 5 is sorted by total prior authorization requests in descending order.

Figure 5 Highest number of requests by code table

Code Description	Total Prior Authorization Requests	Number of Approved Requests	Approval Percentage	Number of Carriers that Reported Code
TTE (echocardiography) - 93306	44,018	40,757	92.6%	7
CPAP Device - E0601	42,411	40,720	96.0%	8
MRI Any Joint - 73721	30,748	26,701	86.8%	6
Physical Therapy - MSMPT	21,069	14,538	69.0%	1
Therapeutic Procedure - 97110	19,951	17,822	89.3%	4
MRI Brain - 70553	19,293	17,486	90.6%	5
MRI Lumbar Spine - 72148	19,042	16,394	86.1%	3
CT Abdomen & Pelvis - 74177	18,751	17,154	91.5%	4
MRI Any Joint of Upper Extremity - 73221	13,171	11,325	86.0%	2
MRI Cervical Spine - 72141	11,208	9,622	85.8%	2

Physical therapy was reported as the fourth most common code for prior authorization requests and had the lowest approval rate by a large margin. However, compared to other codes in the top 10, physical therapy was only reported by a single carrier in both 2023 and 2022 and in both years the approval rate was approximately 70%. It was not reported at all for PY 2021.

The OIC collected data from carriers showing the 10 codes with the highest prior authorization approval rate for each category of services. Several service codes appear in the top 10 services for both prior authorization requests and rate of prior authorization approvals.

The aggregated data in the tables below shows prior authorization data for the codes submitted by carriers with the highest approval rates. The two tables below (Figure 6 and Figure 7) show the top 10 codes with the highest total number of requests. The first table (Figure 6) shows the ten codes from this year's reporting (PY 2023), and the second table (Figure 7) is for last year's reporting (PY 2022). Comparing the two, the total number of requests among procedures are generally similar. In both reporting years, CPAP devices had significantly more requests than other codes with high approval rates. As seen in Figure 5, CPAP device procedure codes have some of the highest number of total prior authorization requests.

- For this year's reporting, the lowest approval percentage was 94.5% for a continuous positive airway pressure (CPAP) device. Three carriers reported a total of 4,820 requests for this service.
- All nine other codes among the codes with the highest approval rates had approval rates of 100%, as seen in Figure 6.
- Five of the 10 top codes with the highest approval rates were for orthotic or prosthetic procedures. This is a change from last year, where only one shoulder orthosis procedure code appeared in the top 10.

- Beyond the reported top 10 codes in this category, carriers report that most codes had approval rates of 100%. Carriers reported 488 distinct codes; of these, 417, or 85% of them, were approved 100% of the time. This is similar to PY 2022, where 86% of codes were approved 100% of the time.

Figure 6 Highest prior authorization approval rate by code, PY 2023

Code Description	Total Requests	Number of Approved Requests	Approval Rate	Number of Carriers that Reported Code
CPAP Device - E0601	4,820	4,553	94.5%	3
Wrist Splint W/Wo Cock-Up - L3908	577	577	100.0%	2
Shoulder Orthosis - L3660	501	501	100.0%	2
Cystourethroscopy - 52000	498	498	100.0%	4
Mask Used W/ CPAP Device - A7027	470	470	100.0%	1
Wrist Thumb Spica - L3809	439	439	100.0%	2
Destruct Premalig Lesion - 17000	422	422	100.0%	2
Genetics Counseling - 96040	390	390	100.0%	1
Repair Orthotic Device - L4205	375	375	100.0%	2
Shoulder Orthosis - L3670	317	317	100.0%	2

Figure 7 Highest prior authorization approval rate by code table, PY 2022

Description of Service	Total Requests	Number of Approved Requests	Approval Rate	Number of Carriers that Reported Code
CPAP Device – E0601	4,171	3,996	95.8%	3
Room & Board – Psychiatric – 124	961	947	98.5%	9
Chiropractic Care – 99499	626	618	98.7%	1
Room & Board – Rehabilitation – 128	551	532	96.5%	5
Other Therapy Services – 900	476	471	99.0%	2
Genetics Counseling – 96040	391	391	100.0%	2
Shoulder Orthosis – L3660	371	371	100.0%	1
Residential Treatment, SUD – 1002	354	349	98.6%	5
Ostomy Pouch, Drainable – A4388	311	311	100.0%	2
Bone Density Study - 77080	272	272	100.0%	1

Prior authorization requests by code type

The OIC further examined data within each of the requested health services categories:

- Inpatient medical/surgical
- Outpatient medical/surgical
- Inpatient mental health and substance use disorder
- Outpatient mental health and substance use disorder
- Diabetes supplies and equipment
- Durable medical equipment (DME)

Excluding office E&M codes, outpatient medical/surgical services had the highest number of total prior authorization requests, with 292,792 requests. Inpatient mental health and substance use disorder services had the fewest total requests, with 591. The total number of codes reported for the outpatient medical/surgical category saw a slight decrease from the previous year (297,587 in PY 2022). Totals were either the same or slightly less for most other service categories. Inpatient med-surg and inpatient MH-SUD did have a notable decrease in prior authorization requests among codes with the highest number of requests. This may reflect implementation of RCW 48.43.761, which prohibits prior authorization for the first two days of inpatient or residential substance use disorder treatment and for the first three days of inpatient withdrawal management.

Figure 8 below shows the number of requests for each health service category. The figure uses the codes submitted for the top 10 codes with the highest number of prior authorization requests.

Figure 8 Total prior authorization requests by service category for 2023, 2022 and 2021.

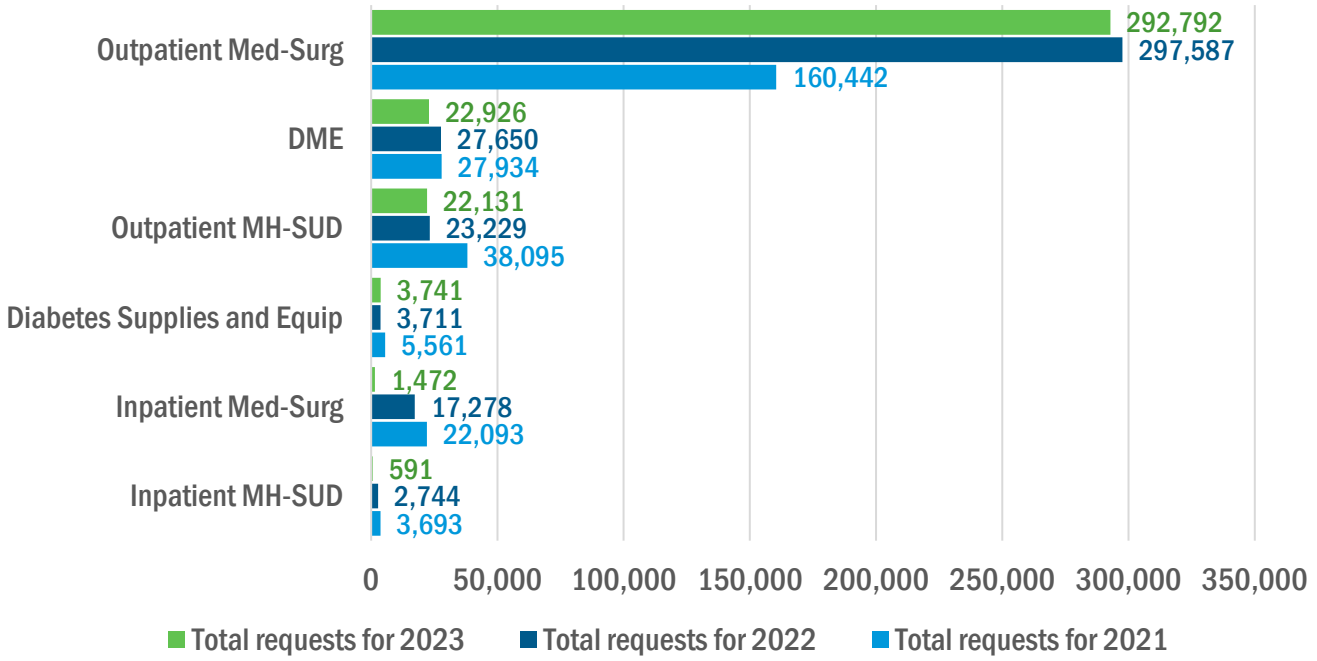
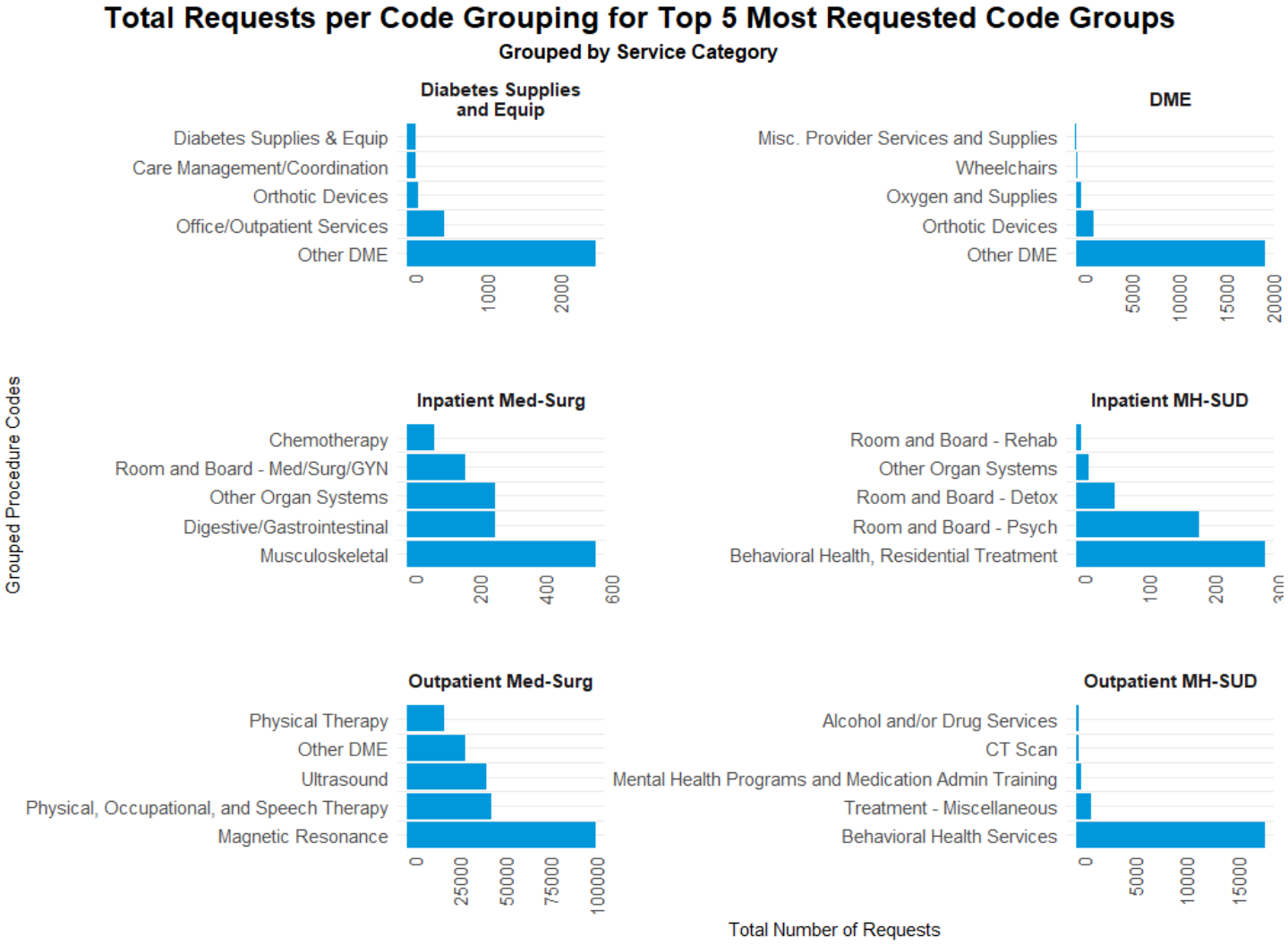


Figure 9 Top 5 highest number of code group requests PY 2023

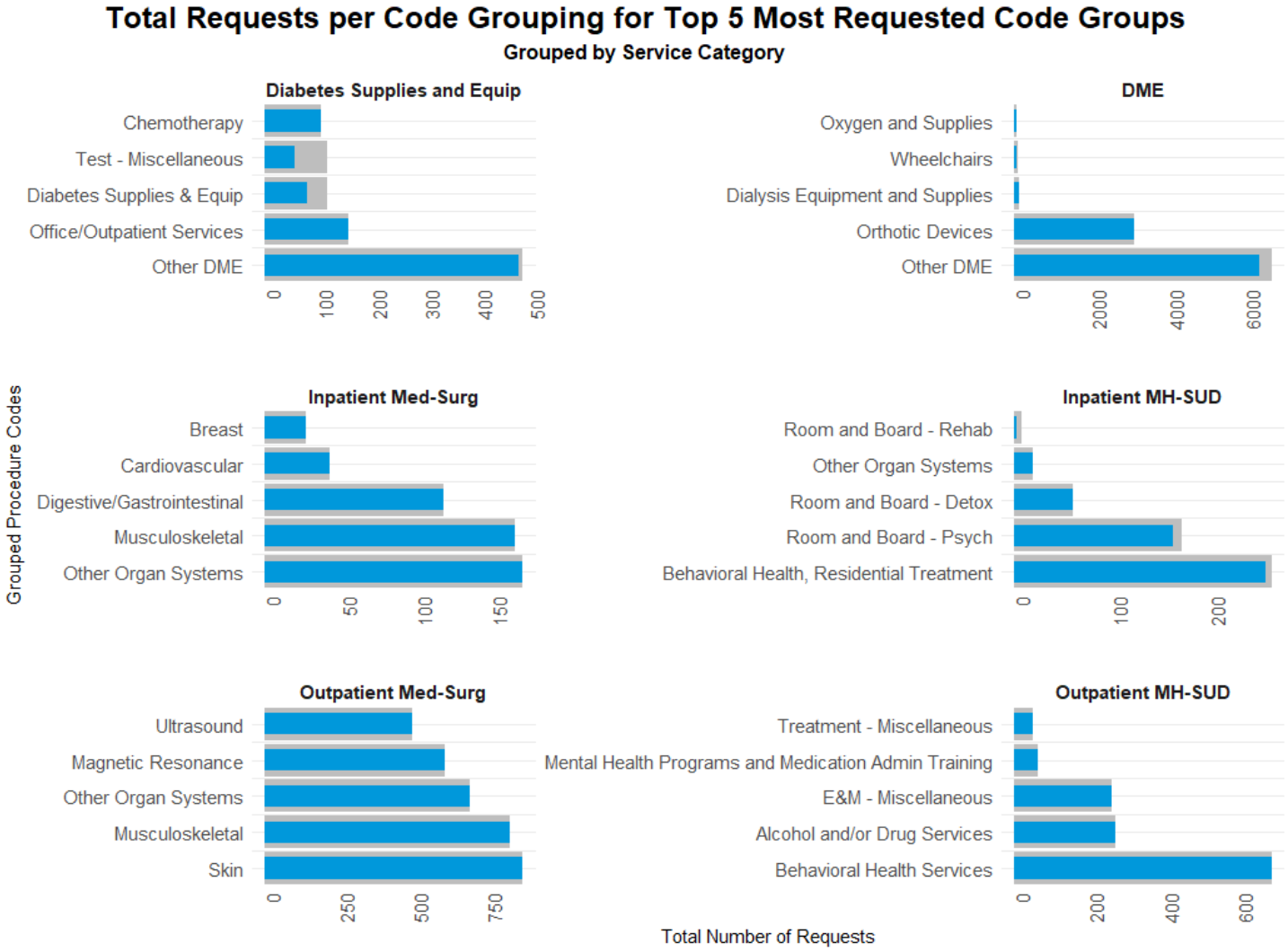


The data show that most health services categories had a single service code group with substantially more requests than other service code groups in the same category, as seen in Figure 9 above. Each group had a few additional codes with a significant number of requests. For example, among the 10 code groups with the most requests for **outpatient mental health/substance use disorder codes:**

- The most requests were for the group Behavioral Health Services with 18,356 requests.
- The second-highest number was for the Treatment - Miscellaneous group with only 1,500 requests.

Figure 10 shows the breakdown of approved requests compared to the total number of requests for codes for each of the six health services categories. This figure details the number of approved requests (in blue) out of the total number of requests (in gray) from the codes with the highest approval rates. Similar to Figure 9, like service codes are grouped.

Figure 10 Highest prior authorization approvals



Both inpatient and outpatient medical/surgical codes tend to have the highest percentage of approved prior authorization requests.

Figure 11 details the changes in approval rates by service category. Outpatient Meg-Surg, Inpatient Med-Surg, and Outpatient Mental Health/Substance Use Disorder were the service categories with the highest approval rates for PY 2023 among submitted codes. The Outpatient Mental Health/Substance Use Disorder service category saw the largest increase in approval rate from 2022 to 2023. Diabetes Supplies and Equipment saw the largest increase in approval rates from 2022 to 2023. The DME and Inpatient mental health/substance use disorder remained relatively constant.

Looking at the top 10 codes is useful to examine the most prevalent codes submitted by the carriers. However, to get a fuller picture, we examined trends across all reported codes within each health services category.

Figure 11 Highest approval rates for codes with the highest number of approvals

Service Category	Approval rates			
	2020	2021	2022	2023
Inpatient Med-Surg	97.4%	96.7%	100.0%	100.0%
Inpatient MH-SUD	94.4%	97.1%	97.0%	95.7%
Outpatient Med-Surg	98.3%	97.1%	99.6%	99.8%
Outpatient MH-SUD	91.8%	89.8%	99.1%	99.9%
DME	96.1%	95.9%	95.9%	96.5%
Diabetes Supplies and Equip	84.1%	84.8%	85.7%	89.2%

Figure 12 All reported codes for codes with the highest approval rates table, 2023

Service Category	Approval Percentage	Number of Distinct Codes	Total Number of Requests	Count of Distinct Carriers
Inpatient Med-Surg	100.0%	155	644	14
Outpatient MH-SUD	99.9%	113	1,567	13
Outpatient Med-Surg	99.8%	140	6,024	14
DME	96.5%	133	10,201	14
Inpatient MH-SUD	95.7%	41	541	10
Diabetes Supplies and Equip	89.2%	56	1,227	12

Prior authorization request response times

For each submitted procedure code, the OIC collected the average standard, expedited and extenuating circumstances response time in hours. This report examines the response times for codes with the highest total number of prior authorization requests during the previous plan year and the response times for codes with the highest percentage of approved prior authorization requests during the previous plan year.

In the table below (Figure 13), the weighted average standard response times, expedited response times and extenuating circumstances response times are reported for each health services category. The weighted average response times are weighted using the total number of requests for each type of response (standard, expedited, extenuating circumstances), as each submitted code had a variable number of associated requests. These results are averaged across all carrier submissions. For weighted average standard response times, inpatient medical/surgical and diabetes supplies and equipment codes had the longest response times.

The average extenuating circumstances response time is substantially longer than other types of requests and longer than previous years' reporting. The number of extenuating circumstances requests was very low when compared to both standard and expedited requests. The number of extenuating

circumstances requests in PY 2023 ranged from 23 (Diabetes Supplies and Equip) to 3,010 (Outpatient Med-Surg), excluding office E&M visits.

Figure 13 Weighted average response times for PY 2023 (PY 2022).

Service Category	Weighted average standard response time in hours	Weighted average expedited response time in hours	Weighted average extenuating circumstances response time in hours
Outpatient Med-Surg	12.1 (9.8)	15.6 (13.2)	43.1 (2,295.1)
DME	20.7 (17.3)	12.0 (1.8)	42.0 (2,584.0)
Diabetes Supplies and Equip	46.3 (45.3)	13.2 (8.3)	42.6 (624.0)
Outpatient MH-SUD	25.1 (30.7)	9.14 (12.3)	106.6 (734.8)
Inpatient Med-Surg	52.6 (54.4)	14.9 (18.0)	93.3 (NA)
Inpatient MH-SUD	28.8 (45.1)	18.6 (17.8)	38.5 (1,783.2)

Mental health/substance use disorder codes generally have longer standard response times than medical/surgical codes. All code groups in these two categories were analyzed.

Standard response time for mental health/substance use disorder code groups:

- Weighted average response time: 25.2 hours (down from 30.9 hours in PY 2022)

Standard response time for medical/surgical code groups:

- Weighted average response time: 12.3 hours (up from 11.5 hours in PY 2022)

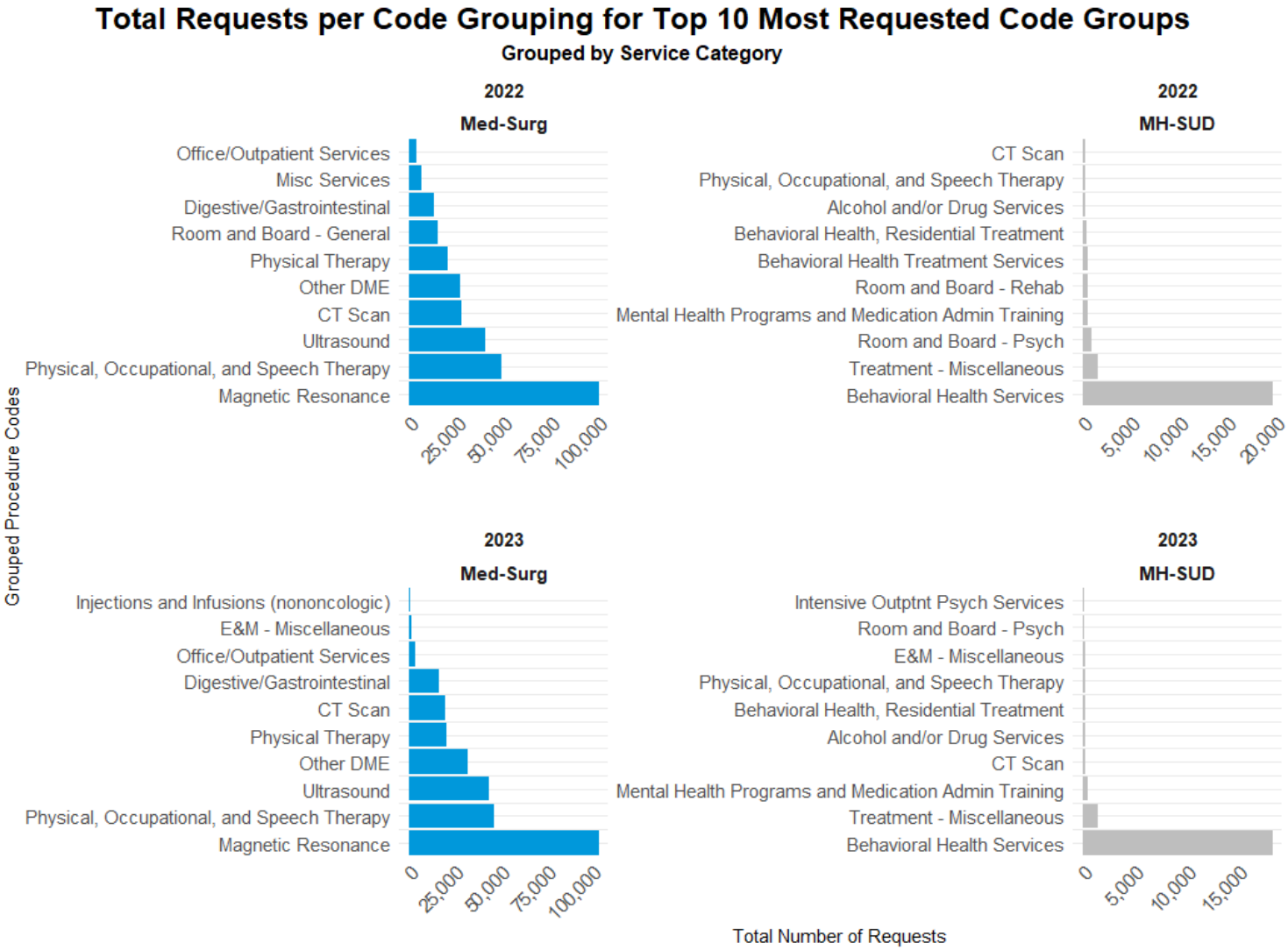
For medical/surgical codes, the standard response time is driven largely by outpatient prior authorization requests, which had a total of 271,723 standard requests compared to inpatient medical/surgical codes, which had 1,455 standard requests in PY 2022.

Mental Health/Substance Use Disorder (MH/SUD) vs. Medical/Surgical prior authorization request findings

This section examines the difference in prior authorization requests between MH/SUD codes and medical/surgical codes for PY 2022 and PY 2023. To make this comparison, inpatient and outpatient MH/SUD codes were grouped together, and inpatient and outpatient medical/surgical codes were similarly grouped. Codes in both durable medical equipment and diabetes supplies and equipment categories were excluded from this analysis. The goal of this section is to determine whether any differences in prior authorization processes or outcomes exist between these two categories of health services.

The following chart (Figure 14) highlights the difference between the top 10 code groups for mental health/substance use disorder services and the top 10 code groups for medical/surgical services prior authorization requests for PY 2023 and 2022.

Figure 14 Medical-Surgical vs Mental Health/Substance Use Disorder

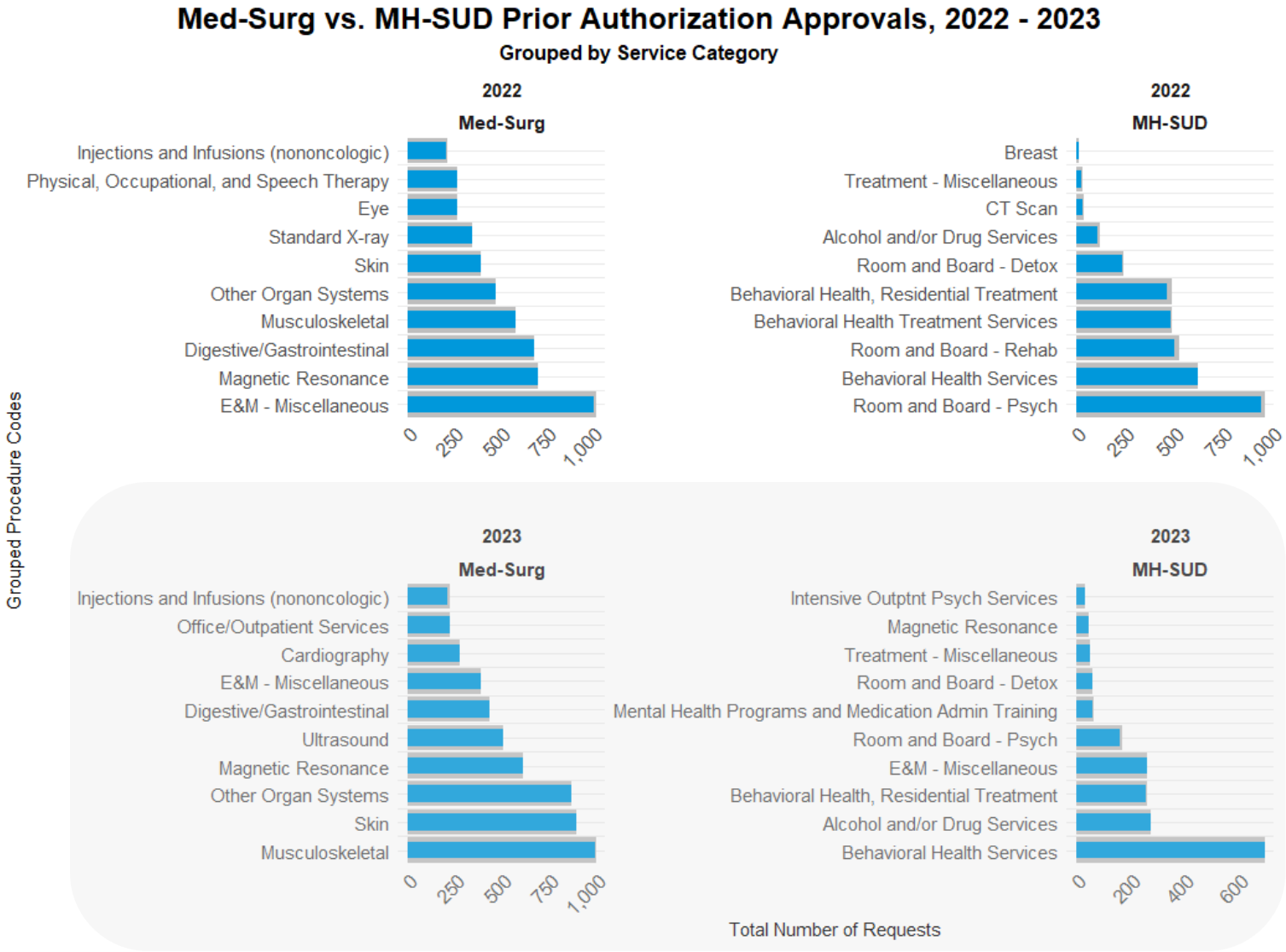


The findings display the 10 service code groups with the highest total number of prior authorization requests.

- For the medical/surgical category, Magnetic Resonance had the most requests, for PY 2023 with a total of 103,742. Among these requests, 87.4% were approved.
- For the mental health/substance use disorder category, Behavioral Health Services (largely made up of psychotherapy procedures) had substantially more requests than any other code group, with a total of 18,358. Of these, 97.8% were approved.
- Excluding office E&M codes, there were 294,264 total requests reported in 2023 and 314,865 total requests reported in 2022. For mental health/substance use disorder codes, the total number of requests was 22,722 (down from 26,140 PY 2022).

The following figure (Figure 15) also compares medical/surgical and mental health/substance use disorder codes. Highlighted are the 10 code groupings with the highest number of prior authorization requests from the service code groups with the highest approval rates. Code groupings are assigned using the CMS Restructured BETOS Classification System (RBCS), which allows researchers to group healthcare service codes into meaningful categories. We used the RBCS subcategories to determine code groupings. The blue bars indicate the number of approvals, with gray bars representing the total requests.

Figure 15 Top 10 most approved Medical-Surgical vs Mental Health/Substance Use Disorder code groups



Among the top 10 service code groups with the highest approval rates:

- Medical/surgical procedures had an approval rate of 100%, except for Musculoskeletal and Injections and Infusions (nononcologic) services, which each had an approvate rate of 99.8% and 96.4% respectively.
- The top 10 code groups in the mental health/substance use disorder group had approvate rates ranging from 94.7% to 100% (4 code groups, behavioral health services, room and board – detox, magnetic resonance, and intensive outpatient psychiatric services, had approval rates of 100%).
- For this year's reporting, medical/surgical code groups had an approval rate of 99.7% (up from 99.6% last year), and mental health/substance use disorder codes had an approval rate of 98.8% (up from 97.6% last year). These are the aggregate approval rates for the top 10 most approved codes submitted by each carrier. These the overall approval rates are not representative of all prior authorization requests.

The table below (Figure 16) details the prior authorization approval rates for all codes in these two groups.

Figure 16 Medical-Surgical vs Mental Health/Substance Use Disorder prior authorization approval rates

Year	MH or Med-Surg	Total Requests	Number of Approvals	Percent Approved
2020	Med-Surg	7863	7717	98.1%
2020	MH-SUD	4564	4262	93.4%
2021	Med-Surg	5488	5324	97.0%
2021	MH-SUD	5134	4856	94.6%
2022	Med-Surg	6442	6418	99.6%
2022	MH-SUD	3704	3613	97.5%
2023	Med-Surg	6668	6653	99.8%
2023	MH-SUD	2108	2083	98.8%

Prescription drug prior authorization reporting

Engrossed Second Substitute House Bill 1357 directs the OIC to collect prescription drug prior authorization data from health carriers beginning in 2024 for PY 2023.

Similar to the non-prescription drug data, the OIC requested the following information about codes with the highest percentage of:

- Prescription drug prior authorization requests during the previous plan year
- Approved prior authorization requests during the previous plan year
- Prior authorization requests that were initially denied and then subsequently approved on appeal

To compare prescription drug prior authorization reporting data across carriers, OIC requested that carriers submit prior authorization at the Generic Product Identifier (GPI) 10 level. The GPI is a drug classification system created by Wolters Kluewer's Medi-Span.[5] Specifically, the 10 character GPI was requested to capture a reasonable level of detail. Several carriers indicated that they did not have the GPI-10 codes available. In these cases, the 9-digit National Drug Code (NDC) was requested. Of the 14 carriers that submitted prescription drug data in some capacity, 12 provided GPI-10 codes. The remaining two submitted NDC-9 codes.

In addition to GPI/NDC and drug class, the reporting template also included a field for drug name. The name had to correlate with the GPI-10 or NDC-9 code reported. Only the ingredient name was requested. OIC also requested the brand names associated with the provided GPI10/NDC9 code for which there was a prior authorization request.

Prescription drugs with the most prior authorization requests

For the requested top 10 prescription drug codes with the highest number of prior authorization requests, semaglutide (brand names include Ozempic, Rybelsus and Wegovy) was the prescription drug with the most requests. Semaglutide (Ozempic, Rybelsus) is used to control blood sugar levels and reduce the risk of a stroke, heart attack or death in adults with type two diabetes. Semaglutide (Wegovy) is also increasingly used to help with weight loss. All 14 carriers reported semaglutide within their respective top 10 codes with the highest number of prior authorization requests. Across all carriers, there were 12,684 requests for semaglutide in PY 2023, with 5,196 approvals (41% approval rate). Below is a table of the top 10 prescription drugs with the highest number of prior authorization requests across all carriers.

[5] https://www.wolterskluwer.com/en/solutions/medi-span/about/gpi

Figure 17 Prescription drugs with the highest number of prior authorization requests (PY 2023)

Drug Name	Brand Names	Total Requests	Total Approvals	Percent Approved	Count Carriers
SEMAGLUTIDE	OZEMPIC, RYBELSUS, WEGOVY	12,684	5,196	41.0%	14
TIRZEPATIDE	MOUNJARO	3,462	1,080	31.2%	11
LISDEXAMPHETAMINE	VYVANSE	2,739	1,341	49.0%	7
EMPAGLIFLOZIN	JARDIANCE	1,656	1,482	89.5%	5
AMPHETAMINE/ DEXTROAMPHETAMINE	ADDERALL, MYDAYIS	1,633	1,321	80.9%	3
CYCLOSPORINE (OPHTH)	RESTASIS, CEQUA, VEVYE	1,460	1,166	79.9%	6
LIRAGLUTIDE	VICTOZA, SAXENDA	1,440	822	57.1%	6
DUPILUMAB	DUPIXENT	1,165	890	76.4%	6
ADALIMUMAB	HUMIRA PEN, HUMIRA, HUMIRA PEN-PS/UV STARTER, HUMIRA PEN-CD/UC/HS STARTER	1,092	896	82.1%	7
RIVAROXABAN	XARELTO	1,059	870	82.2%	3

The top 10 prescription drug codes reported above account for 73% of all drug codes reported in response to the request for the codes with the most prior authorization requests. Notably, among the prescription drugs with the highest number of prior authorization requests, the approval rates were markedly lower than among medical services. Across all reported prescription drugs with the highest number of prior authorization requests, the approval rate in 2023 was 56.2%.

Prescription drugs with the highest prior authorization approval rates

The OIC also collected information on the prescription drugs with the highest approval rates. Figure 18 details the top 10 drug codes with the highest approval rates ordered by total number of requests.

Figure 18 Prescription drugs with the highest prior authorization approval rates, ordered by total requests (PY 2023)

Drug Name	Brand Names	Total Requests	Total Approvals	Percent Approved	Count Carriers
AMPHETAMINE-DEXTROAMPHETAMINE	MYDAYIS, ADDERALL	1,421	1,204	84.7%	3
METHYLPHENIDATE	METHYLPHENIDATE ER, RITALIN, CONCERTA	608	498	81.9%	3
SACUBITRIL-VALSARTAN	ENTRESTO	148	121	81.8%	4
EMPAGLIFLOZIN	JARDIANCE	143	116	81.1%	1
SEMAGLUTIDE	OZEMPIC, RYBELSUS, WEGOVY	131	65	49.6%	3
INSULIN INFUSION DISPOSABLE PUMP	OMNIPOD 10 PACK, OMNIPOD DASH PODS (GEN 4), OMNIPOD 5 G6 INTRO KIT (GEN 5), OMNIPOD 5 G6 PODS (GEN 5)	92	77	83.7%	2
ADALIMUMAB	HUMIRA PEN, HUMIRA PEN-PS/UV STARTER, HUMIRA, HUMIRA PEN-CD/UC/HS STARTER	88	84	95.5%	4
GUANFACINE (ADHD)	INTUNIV	79	60	75.9%	1
FREMANEZUMAB-VFRM	AJOVY	72	72	100.0%	3
LISDEXAMFETAMINE	VYVANSE	66	58	87.9%	3

The top 10 drug code prior authorization requests above account for 66% of all submissions for this requested category, the top 10 codes with the highest approval rates.

Prescription drugs prior authorization response times

The average standard response time for prescription drug prior authorization requests ranged from three hours (Sacubitril/Valsartan, with 10 standard requests) to 943 hours (Clobetasol Propionate, with 462 standard requests). Figure 19 shows the top 10 prescription drugs with the longest average standard response time.

Figure 19 Standard response time for the most commonly requested prescription drugs, hours (PY2023)

Drug Name	Brand Names	Avg Standard Response Time	Total Standard Requests	Count Carriers
SEMAGLUTIDE	OZEMPIC, RYBELSUS, WEGOVY	91.4	11,381	14
TIRZEPATIDE	MOUNJARO	40.7	3,083	11
LISDEXAMPHETAMINE	VYVANSE, LISDEXAMFETAMINE DIMESYLATE	83.9	2,431	7
EMPAGLIFLOZIN	JARDIANCE	59.1	1,558	5
CYCLOSPORINE (OPHTH)	RESTASIS, CEQUA, CYCLOSPORINE, VEVYE	47.4	1,402	6
LIRAGLUTIDE	VICTOZA, SAXENDA	140.4	1,327	6
AMPHETAMINE/ DEXTROAMPHETAMINE	ADDERALL, MYDAYIS, AMPHETAMINE/ DEXTROAMPHETAMINE	47.9	1,113	3
BUDESONIDE-FORMOTEROL	SYMBICORT	55.7	1,025	2
DUPILUMAB	DUPIXENT, DUPIXENT DUPILUMAB	61.2	952	6
RIVAROXABAN	XARELTO	37.3	948	3

Prescription drug prior authorization data was grouped by therapeutic class to assess trends at a higher level. Appendix C provides details on primary uses for each therapeutic class. The antihyperglycemic therapeutic class had the prescription drugs with the most total prior authorization requests. This particular class consists of medications that lower blood glucose levels and are used to treat diabetes. Figure 20 below shows the top 10 therapeutic classes by total prior authorization requests and total approvals.

Figure 20 Top therapeutic classes with the most prior authorization requests (PY2023)

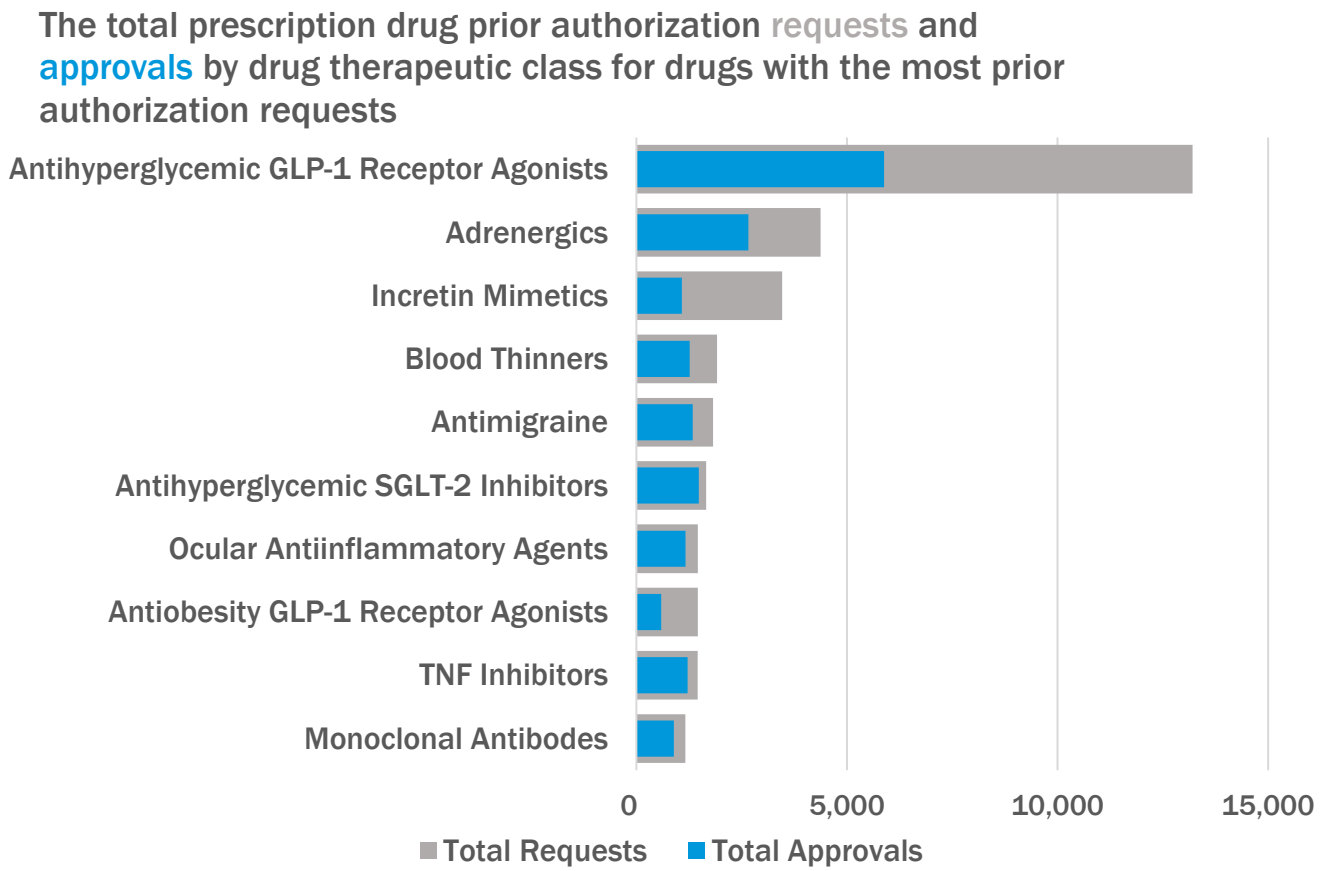


Figure 21 below provides further detail about all therapeutic classes and the drug within each class that had the most prior authorization requests. Semaglutide appears under both antihyperglycemic and anti-obesity classes, as it is used to treat both type two diabetes and obesity. For this particular drug, a majority of the prior authorization requests are for the diabetes medication.

Figure 21 All therapeutic classes and the drug in each class with the most prior authorization requests (PY 2023)

Therapeutic Class	Drug Name	Brand Names	Total Requests	Total Approvals
ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	SEMAGLUTIDE	RYBELSUS, OZEMPIC	11,235	4,608
ANTIHYPERGLYCEMIC - INCRETIN MIMETICS COMBINATION	TIRZEPATIDE	MOUNJARO	3,462	1,080
ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	LISDEXAMPHETAMINE	VYVANSE, LISDEXAMFETAMINE DIMESYLATE	2,739	1,341

Therapeutic Class	Drug Name	Brand Names	Total Requests	Total Approvals
ANTIHYPERGLYCEMIC-SOD/GLUC COTRANSPORT2(SGLT2) INH	EMPAGLIFLOZIN	JARDIANCE	1,656	1,482
OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE	CYCLOSPORINE	CEQUA, CYCLOSPORINE, RESTASIS, VEVYE	1,460	1,166
ANTI-OBESITY GLUCAGON-LIKE PEPTIDE-1 RECEP AGONIST	SEMAGLUTIDE	WEGOVY	1,449	588
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	ADALIMUMAB	HUMIRA	1,440	1,204
INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	DUPILUMAB	DUPIXENT	1,165	890
DIRECT FACTOR XA INHIBITORS	RIVAROXABAN	XARELTO	1,059	870
BETA-ADRENERGIC AND GLUCOCORTICOID COMBO, INHALED	BUDESONIDE-FORMOTEROL	SYMBICORT	1,050	611
ANTIMIGRAINE PREPARATIONS	RIMEGEPANT	NURTEC	966	648
OPIOID ANALGESIC AND NON-SALICYLATE ANALGESICS	HYDROCODONE/ ACETAMINOPHEN	HYDROCODONE-ACETAMINOPHEN, HYDROCO/APAP, NORCO	962	682
OPIOID ANALGESICS	OXYCODONE	OXYCODONE HCL, OXYCONTIN	733	527
ANTICONVULSANTS	PREGABALIN	PREGABALIN, LYRICA	623	253
TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	METHYLPHENIDATE	RITALIN	585	475
TOPICAL ANTI-INFLAMMATORY STEROIDAL	CLOBETASOL PROPIONATE	CLOBETASOL	531	163
DIABETIC SUPPLIES	DEXCOM RECEIVER/SENSOR/ TRANSMITER	DEXCOM	457	228
ANDROGENIC AGENTS	TESTOSTERONE	ANDROGEL, DEPO-TESTOST, TESTOSTERONE, ANDRODERM, TESTOSTERONE PUMP, TESTIM	394	285
PROTON-PUMP INHIBITORS	OMEPRAZOLE	OMEPRAZOLE	238	214
ANTIBIOTICS	RIFAXIMIN	XIFAXAN	222	65
TOPICAL IMMUNOSUPPRESSIVE AGENTS	TACROLIMUS	PROTOPIC	189	139
TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE	ATOMOXETINE HYDROCHLORIDE	STRATTERA	188	139

Therapeutic Class	Drug Name	Brand Names	Total Requests	Total Approvals
SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST	VARENICLINE TARTRATE	APO-VARENICLINE, CHANTIX	80	31
ANTIHYPERLIPIDEMIC - PCSK9 INHIBITORS	EVOLOCUMAB	REPATHA	39	35
TYROSINE KINASE 2 INHIBITOR	DEUCRAVACITINIB	STELARA	36	32
TOPICAL JANUS KINASE (JAK) INHIBITORS	RUXOLITINIB	OPZELURA	34	19
ANTIPSORIATIC AGENTS,SYSTEMIC	SECUKINUMAB	COSENTYX	33	33
ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG	EMTRICITABINE TENOFOVIR ALAFENAMIDE	DESCOVY	31	9
ANGIOTENSIN RECEPT-NEPRILYSIN INHIBITOR COMB(ARNI)	SACUBITRIL-VALSARTAN	ENTRESTO	13	9

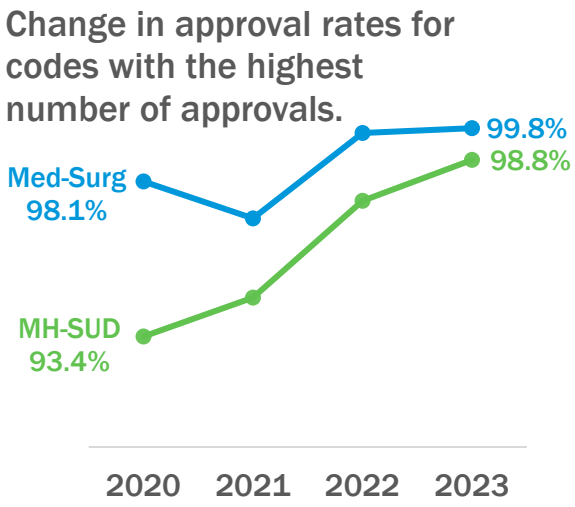
Conclusion

The review of the carrier submissions indicates several trends and notable comparisons. Outpatient medical/surgical codes had the most prior authorization requests. Inpatient medical/surgical codes had the highest approval rate, with codes in this category having an approval rate of 100%, the same as in 2022. Codes in the category Diabetes Supplies and Equipment have the lowest approval rate (among codes with the highest approval rate), with 89.2%, followed by DME with Inpatient mental health/substance use disorder with 95.7%. Diabetes supplies and equipment codes saw the largest increase in prior authorization approval rates, jumping from 85.7% in 2022 to 89.2% in 2023. No service categories have seen a decrease in the approval rate for the codes with the highest approval rate from 2022 to 2023.

Notably, among the prescription drugs with the highest number of prior authorization requests, the approval rates were markedly lower than among medical services. Across all reported prescription drugs with the highest number of prior authorization requests, the approval rate in 2023 was 56.2%.

Among the reported codes/prescription drugs, the prior authorization approval rate was much lower for prescription drugs when compared to medical and MH/SUD codes. In 2023, the approval rate among the reported prescription drug prior authorizations was 56.2%, compared to 89.2% for medical and MH/SUD services.

Figure 22 Approval percent change



Standard response times varied substantially across health services categories. Inpatient medical/surgical codes had an average standard response time of 52.6 hours (down from 54.4 hours in 2022), whereas outpatient medical/surgical codes had an average standard response time of 12.1 hours (up from 11.3 hours in 2022). As would be expected, expedited response times tended to be faster than both standard and extenuating circumstances response times. Codes with extenuating circumstances had the longest response times as compared to standard response times by a significant margin. The response times for extenuating circumstances saw a change from previous years. It should be noted that this category of response time had low total number of requests; most prior authorization requests are either standard or expedite.

There was also variation between mental health/substance use disorder codes and medical/surgical codes. Medical/surgical codes tended to have a shorter standard response time. The average standard response time for medical/surgical codes was 12.3 hours, as compared to 25.2 hours for mental health/substance use disorder codes. Both response times are similar to last year's reporting. Among codes with the highest approval rates, the average approval rate for mental health/substance use

disorder codes was 98.8%, as compared to 99.8% for medical/surgical codes. This gap has closed somewhat since PY 2020, and both categories have seen increases in approval rates since 2021. (See Figure 22). There were substantially fewer mental health/substance use disorder codes reported.

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Appendix A

RCW 48.43.0161 data reporting instruction sheet (Instructions sent to carriers)

For 2024 data submission (based on PY 2023 data)
Responses should be submitted to OIC at: market.conduct@oic.wa.gov

RCW 48.43.0161 requires health carriers to report prior authorization data based upon a threshold percentage of premiums written in Washington state. In interpreting this statute, the OIC took into consideration the consistency with existing National Association of Insurance Commissioner (NAIC) carrier financial reporting requirements. The OIC calculated the 1% threshold based upon premiums written in the individual, student health plan, small group and large group markets during 2023 as reported to the NAIC in the Supplemental Health Care Exhibit. The following carriers meet the 1% threshold for CY 2023:

- Aetna Life Insurance Company
- Asuris Northwest Health
- Cigna Health & Life Insurance Company
- Coordinated Care Corp.
- Kaiser Foundation Health Plan of the Northwest
- Kaiser Foundation Health Plan of Washington Options
- Kaiser Foundation Health Plan of Washington
- LifeWise Health Plan of WA
- Molina HealthCare of WA
- Premera Blue Cross
- Regence BlueCross BlueShield (BCBS) of Oregon
- Regence BlueShield
- UnitedHealthCare Insurance Co.
- UnitedHealthCare of Washington Inc.

By Sept. 15, 2024, for Washington state residents enrolled in commercial health plans issued in Washington state, the carriers listed above must report the de-identified and aggregated data listed below to the OIC for calendar year 2023 using the Excel workbook accompanying these instructions. Failure to submit the data as specified is a violation that can result in fines and other appropriate penalties.

The data to be reported is as follows:

- The 10 inpatient medical or surgical codes, 10 outpatient medical or surgical codes, 10 inpatient mental health and substance use disorder codes, 10 outpatient mental health and substance use disorder codes**,** 10 diabetes supplies and equipment codes, and 10 durable medical equipment codes with the highest:
    - Total number of prior authorization requests during the previous plan year, including the total number of requests and percent of approved requests for each code;
    - Percentage of approved prior authorization requests during the previous plan year, including the total number of requests and percent of approved requests for each code. If more than 10 codes have an approval rate of 100%, the carrier should default to those codes with the greatest number of prior authorization requests;
    - Percentage of prior authorization requests that were initially denied, appealed by an enrollee and then subsequently approved on appeal, counting internal and external appeals, including the total number of requests and the percent of requests initially denied and then subsequently approved for each code; and
- The average determination response time in hours for prior authorization requests to the plan and the number of requests with respect to each covered service included in the lists above for each of the following categories:
    - Expedited decisions;
    - Standard decisions; and
    - Extenuating circumstances decisions. The OIC assumes that per WAC 284-43-2060, prior authorization will not have occurred for these claims. Under WAC 284-43-2060(6), claims and appeals related to an extenuating circumstance may still be reviewed for appropriateness, level of care, effectiveness, benefit coverage and medical necessity under the criteria for the applicable plan, based on the information available to the provider or facility at the time of treatment. For claims processed via extenuating circumstances, the carrier should report the average response time in which authorization occurred following notification to the carrier by the provider or claim submission. In its reporting, a carrier may distinguish between claims for which a provider has notified the carrier of an extenuating circumstance prior to claims submission, and those claims that are administratively denied because a provider did not report the extenuating circumstances prior to claim submission and are then disputed by the provider.

      RCW 48.43.0161 requires reporting of response time in hours. A carrier whose data system does not track time in hours, but rather days, may use eight hours if the approval

occurs within one day, but should report a day as 24 hours if there are multiple days involved.

For reporting years beginning 2024, Engrossed Second Substitute House Bill 1357 added prescription drug prior authorization reporting requirements for health carriers.

Carriers should report the 10 prescription drugs with the highest:

- Total number of prior authorization requests during the previous plan year, including the total number of prior authorization requests for each prescription drug; and
- Percentage of approved prior authorization requests during the previous plan year, including the total number of prior authorization requests for each prescription drug and the percent of approved requests for each prescription drug; and
- Percentage of prior authorization requests that were initially denied and then subsequently approved on appeal, including the total number of prior authorization requests for each prescription drug and the percent of requests that were initially denied and then subsequently approved for each prescription drug.

Attached is an Excel workbook for the carrier to enter its data. Each service category has a tab (including one for prescription drugs) with a labelled worksheet that contains three tables. The tables correspond with the requirements above. The top 10 codes entered into each **table are to be unique to each question asked**. CPT, HCPC and revenue codes are listed in separate columns.

For each code or codes (if the same service can be billed using more than one type of code) reported, provide a description of the service to which the code applies. Ten codes must be submitted in each table and each code must be accompanied by a description that correlates with the CPT, HCPC or revenue code. The description should use full words, rather than abbreviations, such that a person who is not a coder can understand the service description. Providing only a description of the service does not meet the requirements for submission.

For prescription drug reporting, GPI 10 codes or nine-digit NDC codes are used to identify prescription drugs and are listed in separate columns in the Excel workbook. **We are requesting that carriers submit GPI 10 codes if available. Nine-digit NDC codes should be used if GPI 10 codes are not available.** If the carrier is reporting using NDC codes, when reporting the nine-digit NDC code in the template, please include only the labeler code (five digits) and the product code (four digits) excluding the packaging code (two digits) of the NDC code. **The GPI 10 codes reported must be 10 digits long and any NDC code reported must be nine digits long. Both fields must maintain leading zeros.** This is intended to clarify reporting and increase OIC's ability to compare results across carriers.

The generic drug name must correlate with the GPI 10 or NDC code provided. For the generic drug name, only include the ingredient name. For example: the drug Palbociclib should not include any packaging information. The GPI should be 2153106000, or the nine-digit NDC code would be 000690189. Please do not include the brand name. For example, 'Ozempic' should be included as 'Semaglutide.'

Please input all brand names associated with the GPI 10 that had applicable prior authorization requests. For each prescription drug at the GPI 10 level, please report the generic drug name (including only the ingredient name), as well as all brand names **for which there was a prior authorization request.** This should be a comma-separated list of prescription drug brand names. Please do not include ALL brand names associated with a GPI 10, only those for which there was a prior authorization request. **The number of prior authorization requests should be aggregated at the GPI-10 (or NDC-9 if GPI not available) level.** See an example row for dextroamphetamine/amphetamine below:

Prescription Drug Generic Name	Prescription Drug Brand Name(s)	GPI 10	NDC-9 Code	Total number of prior authorization requests
dextroamphetamine/amphetamine	Adderall, Adderall XR, Mydayis	6110990210		315

Prior authorization requests that include multiple services, some of which are approved and some of which are denied, i.e. "partial" prior authorizations, should be treated as denied and not counted more than once in a carrier's calculations.

When calculating the percentage of approved prior authorization requests, please include approved cases, denied cases, voided, withdrawn and pending cases in the denominator. Duplicate requests should not be included in the denominator.

Please report data for calendar year 2023, based upon the date of service.

Definitions:

- Codes - For medical, mental health and substance use disorder services (Excel spreadsheet tabs 1-6), codes include CPT, HCPC and revenue codes. Only these codes can be used to represent a service or prior authorization. Non-industry standard codes cannot be used. If the same service can be paid using more than one type of code, e.g. both a HCPC and a revenue code, then prior authorization requests using either code should be combined in calculating the number of prior authorization requests and utilize one code. However, if a CPT or HCPC code applies to both medical/surgical and mental health/substance use disorder diagnoses, the volume of prior authorization requests for the service should be calculated separately for medical/surgical diagnoses and for mental health/substance use disorder diagnoses to determine whether that code constitutes one of the top 10 codes for either medical/surgical or mental health/substance use disorder services. "Unlisted codes," which are used when there is not a CPT or HCPC code that accurately identifies the surgery or procedure being performed, should not be considered "codes" for purposes of reporting. For prescription drugs, codes include the GPI 10 or the nine-

digit NDC codes. For NDC codes, please only include the labeler code (5 digits) and the product code (four digits) excluding the packaging code (two digits) of the NDC code.

- Diabetes Supplies & Equipment – Materials and equipment used to assist in the monitoring of diabetes, including but not limited to blood sugar (glucose) test strips, blood glucose monitors, lancet devices, lancets and glucose control solutions for checking the accuracy of test strips and monitors.
- Durable Medical Equipment - Durable medical equipment is equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of an illness or injury and is appropriate for use in the home. As defined in RCW 48.43.290, the HealthCare.gov glossary and for Medicare coverage, durable medical equipment does not include implantable devices, prosthetics or orthotics.
- Expedited Request Decisions - Any request by a provider or facility for approval of a service where the passage of time could seriously jeopardize the life or health of the enrollee, seriously jeopardize the enrollee's ability to regain maximum function, or in the opinion of a provider or facility with knowledge of the enrollee's medical condition, would subject the enrollee to severe pain that cannot be adequately managed without the service that is the subject of the request (See WAC 284-43-0160 and WAC 284-43-2050).
- Extenuating Circumstance - An extenuating circumstance means an unforeseen event or set of circumstances, which adversely affects the ability of a participating provider or facility to request prior authorization prior to service delivery (See WAC 284-43-2060).
- Prior Authorization – A mandatory process that a carrier or its designated or contracted representative requires a provider or facility to follow before a service is delivered, to determine if a service is a benefit and meets the requirements for medical necessity, clinical appropriateness, level of care, or effectiveness in relation to the applicable plan. This includes any term used by a carrier or its designated or contracted representative to describe this process. Per the definitions of "prior authorization" and "authorization" in WAC 284-43-0160, prior authorization occurs before a service is delivered and does not include concurrent reviews or continued stay reviews. For the purposes of this reporting, only include "clinical prior authorizations". "Administrative prior authorizations" should be excluded. Prior authorizations for specialist out-of-network referrals should be excluded.
- Standard Request Decisions - A request by a provider or facility for approval of a service where the request is made in advance of the enrollee obtaining a service that is not required to be expedited (See WAC 284-43-0160 and 284-43-2050).

For questions, please contact John Kelcher at (360) 725-7216 or submit an email to market.conduct@oic.wa.gov.

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Appendix B

ESSB 6404 response template

Each carrier was directed to complete the excel spreadsheet below for each of the following categories of health care service codes:

- Inpatient medical/surgical codes
- Outpatient medical/surgical codes
- Inpatient mental health and substance use disorder codes
- Outpatient mental health and substance use disorder codes
- Diabetes supplies and equipment codes
- Durable medical equipment codes
- Prescription drug codes

		Codes with the highest total number of prior authorization requests during the previous plan year										
Column1	**Description of Service**	**CPT Code**	**HCPC Code**	**Revenue Code**	**Total number of prior authorization requests for each code**	**Percentage of approved requests for each code**	**Average determination response time in hours for prior authorization requests - Expedited Decisions**	**Average determination response time in hours for prior authorization requests - Standard Decisions**	**Average determination response time in hours for prior authorization requests - Extenuating Circumstances Decisions**	**Number of Requests - Expedited Decisions**	**Number of Requests - Standard Decisions**	**Number of Requests - Extenuating Circumstances Decisions**
Code 1												
Code 2												
Code 3												
Code 4												
Code 5												
Code 6												
Code 7												
Code 8												
Code 9												
Code 10												

		Codes with the highest percentage of approved prior authorization requests during the previous plan year										
Column1	**Description of Service**	**CPT Code**	**HCPC Code**	**Revenue Code**	**Total number of prior authorization requests for each code**	**Percentage of approved requests for each code**	**Average determination response time in hours for prior authorization requests - Expedited Decisions**	**Average determination response time in hours for prior authorization requests - Standard Decisions**	**Average determination response time in hours for prior authorization requests - Extenuating Circumstances Decisions**	**Number of Requests - Expedited Decisions**	**Number of Requests - Standard Decisions**	**Number of Requests - Extenuating Circumstances Decisions**
Code 1												
Code 2												
Code 3												
Code 4												
Code 5												
Code 6												
Code 7												
Code 8												
Code 9												
Code 10												

		Codes with the highest percentage of prior authorization requests that were initially denied and then subsequently										
Column1	**Description of Service**	**CPT Code**	**HCPC Code**	**Revenue Code**	**Total number of prior authorization requests for each code**	**Percentage of requests initially denied and then subsequently approved for each code**	**Average determination response time in hours for prior authorization requests - Expedited Decisions**	**Average determination response time in hours for prior authorization requests - Standard Decisions**	**Average determination response time in hours for prior authorization requests - Extenuating Circumstances Decisions**	**Number of Requests - Expedited Decisions**	**Number of Requests - Standard Decisions**	**Number of Requests - Extenuating Circumstances Decisions**
Code 1												
Code 2												
Code 3												
Code 4												
Code 5												
Code 6												
Code 7												
Code 8												
Code 9												
Code 10												

	Codes with the highest total number of prior authorization requests during the previous plan											
Column1	Prescription Drug Generic Name	Prescription Drug Brand Name(s)	GPI 10	NDC-9 Code	Total number of prior authorization requests for each code	Percentage of approved requests for each code	Average determination response time in hours for prior authorization requests - Expedited Decisions	Average determination response time in hours for prior authorization requests - Standard Decisions	Average determination response time in hours for prior authorization requests - Extenuating Circumstances Decisions	Number of Requests - Expedited Decisions	Number of Requests - Standard Decisions	Number of Requests - Extenuating Circumstances Decisions
Code 1												
Code 2												
Code 3												
Code 4												
Code 5												
Code 6												
Code 7												
Code 8												
Code 9												
Code 10												

	Codes with the highest percentage of approved prior authorization requests during the											
Column1	Prescription Drug Generic Name	Prescription Drug Brand Name(s)	GPI 10	NDC-9 Code	Total number of prior authorization requests for each code	Percentage of approved requests for each code	Average determination response time in hours for prior authorization requests - Expedited Decisions	Average determination response time in hours for prior authorization requests - Standard Decisions	Average determination response time in hours for prior authorization requests - Extenuating Circumstances Decisions	Number of Requests - Expedited Decisions	Number of Requests - Standard Decisions	Number of Requests - Extenuating Circumstances Decisions
Code 1												
Code 2												
Code 3												
Code 4												
Code 5												
Code 6												
Code 7												
Code 8												
Code 9												
Code 10												

	Codes with the highest percentage of prior authorization requests that were initially denied											
Column1	Prescription Drug Generic Name	Prescription Drug Brand Name(s)	GPI 10	NDC-9 Code	Total number of prior authorization requests for each code	Percentage of requests initially denied and then subsequently approved for each code	Average determination response time in hours for prior authorization requests - Expedited Decisions	Average determination response time in hours for prior authorization requests - Standard Decisions	Average determination response time in hours for prior authorization requests - Extenuating Circumstances Decisions	Number of Requests - Expedited Decisions	Number of Requests - Standard Decisions	Number of Requests - Extenuating Circumstances Decisions
Code 1												
Code 2												
Code 3												
Code 4												
Code 5												
Code 6												
Code 7												
Code 8												
Code 9												
Code 10												

Appendix C

This table provides details on primary uses for each therapeutic class. The short class names are used in Figure 20. The uses column describes what the class of drugs is used to treat.

Therapeutic Class	Short Class Name	Uses
ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	Antihyperglycemic GLP-1 Receptor Agonists	Used to treat type 2 diabetes. Increase insulin secretion and suppress glocagon release.
ANTIHYPERGLYCEMIC - INCRETIN MIMETICS COMBINATION	Incretin Mimetics	Used to treat type 2 diabetes by mimicking the incretin hormones that the body usually produces naturally.
ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	Adrenergics	Used to treat asthma, nasal congestion, and hypotension.
ANTIHYPERGLYCEMIC-SOD/GLUC COTRANSPORT2(SGLT2) INH	Antihyperglycemic SGLT-2 Inhibitors	Used to treat type 2 diabetes.
OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE	Ocular Anti-inflammatory Agents	Used to reduce pain or treat inflammation in the eyes.
ANTI-OBESITY GLUCAGON-LIKE PEPTIDE-1 RECEP AGONIST	Antiobesity GLP-1 Receptor Agonists	Used to treat obesity.
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	TNF Inhibitors	Used to treat inflammation such as rheumatoid arthritis.
INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB	Monoclonal Antibodies	Used to variety of diseases by stimulating the immune system.
DIRECT FACTOR XA INHIBITORS	Blood Thinners	Prevent blood clots.
BETA-ADRENERGIC AND GLUCOCORTICOID COMBO, INHALED	Inhaled Corticosteroids	Used to treat chronic airway diseases like asthma and chronic obstructive pulmonary disease.
ANTIMIGRAINE PREPARATIONS	Antimigraine	Used to treat migraines.
OPIOID ANALGESIC AND NON-SALICYLATE ANALGESICS	Opioid and Non-Salicylate Analgesics	Narcotics such as morphine or oxycodone, as well as pain relief such as ibuprofen and acetaminophen.
OPIOID ANALGESICS	Opioid Analgesics	Narcotics such as morphine or oxycodone.
ANTICONVULSANTS	Anticonvulsants	Used to treat seizures.
TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	ADHD/Narcolepsy Treatment	Used to treat narcolepsy and ADHD.
TOPICAL ANTI-INFLAMMATORY STEROIDAL	Topical Anti-Inflammatory Steroids	Used topically to reduce inflammation and irritation.
DIABETIC SUPPLIES	Diabetes Supplies	Used for diabetes supplies.
ANDROGENIC AGENTS	Androgenic Agents	Used to increase androgen levels, such as testosterone.

Therapeutic Class	Short Class Name	Uses
PROTON-PUMP INHIBITORS	Proton-Pump Inhibitors	Used to treat stomach acid-related conditions.
ANTIBIOTICS	Antibiotics	Used to treat bacterial infections.
TOPICAL IMMUNOSUPPRESSIVE AGENTS	Topical Immunosuppressive Agents	Used to treat inflammatory skin diseases.
TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE	NRI ADHD Treatment	Used to treat ADHD.
SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST	Nicotine Receptor Partial Agonists	Used to help people quit smoking.
ANTIHYPERLIPIDEMIC - PCSK9 INHIBITORS	Antihyperlipidemic - PCSK9 Inhibitors	Used to lower cholesterol levels.
TYROSINE KINASE 2 INHIBITOR	TYK2 Inhibitors	Used to treat conditions such as psoriasis and cancer. Reduces inflammation.
TOPICAL JANUS KINASE (JAK) INHIBITORS	Topical JAK Inhibitors	Used to treat atopic dermatitis, psoriasis, alopecia, and vitiligo.
ANTIPSORIATIC AGENTS,SYSTEMIC	Antiposiratic Agents	Used to treat psoriasis.
ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG	HIV Antivirals	Used to treat HIV and other viral infections.
ANGIOTENSIN RECEPT-NEPRILYSIN INHIBITOR COMB(ARNI)	ARNI	Used to treat heart failure. Combination of two drugs: ARB and Neprilysin inhibitor.