Pursuant to CMS 0057-F

Health Plan of Nevada

A UnitedHealthcare Company 

Medicaid Prior Authorization Public Reporting

2025 Plan Year Data

Produced by
UnitedHealthcare - Nevada Market Business Intelligence

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Prior Authorization Metrics for Medical and Behavioral Items and Services

Health Plan of Nevada Medicaid complies with CMS-0057 Interoperability Final Rule for Managed Care Organizations to post prior authorization information on their website each year. This information includes a list of services approved, not approved, and appealed in the prior year.

Sharing this information makes the process clearer, helps communications with providers, and improves care for members.

Reporting Period: 2025

In 2025, Health Plan of Nevada Medicaid prior authorization department was required to complete prior authorization decisions by the timeframes listed below:

- Non-urgent standard requests with decisions made within fourteen calendar days from receipt of the case.

- Urgent requests reviewed and decisions made within 72 hours.

Decisions timeframes where a request for additional information is made:

- For non-urgent cases, a decision is made by the fourteenth calendar day following the member notification of the request.

- For urgent cases, decisions are made within 72 hours of receipt of the case.

Non-Urgent Prior Authorization Requests

Authorization Type	Status	Extension / Appeal	How many times	Total Volume	Percentage
Standard	Approved		188,875	193,630	97.54%
Standard	Approved	Extension	2,284	2,536	90.06%
Standard	Approved	Appeal	251	361	69.53%
Standard	Not Approved		4,755	193,630	2.46%
Standard	Not Approved	Extension	252	2,536	9.94%
Standard	Not Approved	Appeal	110	361	30.47%

Urgent Prior Authorization Requests

(Response due to provider within 72 hours)

Authorization Type	Status	Extension / Appeal	How many times	Total Volume	Percentage
Urgent	Approved		12,978	13,516	96.02%
Urgent	Approved	Extension	29	46	63.04%
Urgent	Approved	Appeal	9	26	34.62%
Urgent	Not Approved		538	13,516	3.98%
Urgent	Not Approved	Extension	17	46	36.96%
Urgent	Not Approved	Appeal	17	26	65.38%

Time between receiving a prior authorization request and sending a decision

AUTH TYPE	Mean (Average) Days	Median (middle) Days
Urgent	1.33	1
Non-urgent Prior Authorization Requests (response due to provider within 7 calendar days)	2.17	1

Services Requiring Prior Authorization

Inpatient Services

- Inpatient Neuromonitoring services
- Inpatient psychiatric and detoxification services
- Inpatient services at a rehabilitation facility
- Inpatient services (excluding routine obstetrical deliveries at a contracted facility)
- Inpatient services at a Skilled Nursing Facility
- Residential Treatment Center

Outpatient Services

- Applied Behavioral Analysis therapy
- Cardiac Rehabilitation
- Chemotherapy
- Clinical Trial
- Complex diagnostic testing (like Positron Emission Tomography scans)
- Contact lenses for treatment of a medical condition
- Durable Medical Equipment over $1500 per service line (billed charges), with consideration for diagnosis specific requirements (example: diabetic foot orthotics)
- Electroconvulsive therapy
- Gender reassignment services
- Gene therapy
- Genetic testing (except for codes exempt from prior authorization by legislation or Medicaid rules)
- Ground and Air ambulance services for non-life-threatening transport.
- Home Health services
- Infertility services
- Injections/infusions
- In-office services over $1500 per service line (billed charges), excluding complex radiology at free standing radiology facility.
- Intensive Outpatient Programs
- Medicaid named non-payable code(s)
- Neuropsychological testing (after $1500 threshold)
- Outpatient services at an acute rehabilitation or skilled nursing facility
- Partial Hospitalization Program
- Personal Care services
- Private Duty Nursing

Services Requiring Prior Authorization (continued)

- Psychological testing (after $1500 threshold)
- Psychosocial Rehabilitation and Basic Skills Training
- Radiation therapy
- Services in an outpatient hospital setting
- Services outside of Clark County service area
- Services outside of Nevada
- Services outside of value-based contractual agreements (like therapy)
- Services with a non-contracted provider or facility.
- Spravato® nasal spray
- Transcranial magnetic stimulation
- Transplant services

References

Federal requirement for Coverage and authorization of services pursuant to 42 CFR §438.210, standard and urgent decision timeframe requirements.

Timely and adequate notice of adverse benefit determination 42 CFR §438.404(c)(4)(i-ii), outlining the decision process and appeal rights for adverse benefit determinations.

Starting January 1, 2026:

CMS 0057-F Prior Authorization Timelines

https://www.federalregister.gov/d/2024-00895/p-86

CMS 0057-F Prior Authorization: Extension

https://www.federalregister.gov/d/2024-00895/p-1367

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