



**PRIOR AUTHORIZATION METRICS FOR MEDICAID AND CHIP FEE-FOR-SERVICE MEDICAL ITEMS AND SERVICES (EXCLUDING DRUGS)**

The New Jersey Division of Medical Assistance and Health Services (DMAHS), NJ FamilyCare (NJFC)/Medicaid program publishes this report to comply with federal requirements under the Centers for Medicare & Medicaid Services (CMS) Interoperability and Prior Authorization [final rule](#). It provides aggregated annual data on prior authorization requests submitted for medical items and services (excluding prescription drugs), including decision outcomes and processing timeframes. This report is intended to support transparency, accountability, improve beneficiary understanding and enable providers to evaluate payer performance.

NJ FamilyCare (NJFC)/Medicaid remains committed to working towards improving the prior authorization process and reducing administrative burden for providers whenever possible.

There are no NJ FamilyCare (NJFC)/Medicaid Fee-for-Service (FFS) program required timeframes for either type of prior authorization request prior to January 1, 2026. Metrics for this reporting period represent Prior Authorization data broadly across our processing divisions and programs and have been aggregated using available data at the time of generation.

Beginning January 1, 2026, the CMS Interoperability and Prior Authorization final rule requires state Medicaid and state Children’s Health Insurance Program (CHIP) agencies to send prior authorization decisions within:

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

**Reporting Period: Calendar Year 2025 (January 1, 2025 to December 31, 2025)**

List of NJFC/Medicaid Fee-for-Service Items & Services that require Prior Authorization (excluding drugs)
 Prior Authorization Items & Services.pdf

**Standard (non-urgent) Prior Authorization Requests:**

	How many times this happened	Out of the Total Requests	Percentage
Request approved	883,132	889,627	99.27%
Request denied	2388	889,627	.27%



	How many times this happened	Out of the Total Requests	Percentage
Request approved with extended timeframe	1266	889,627	.14%

	How many times this happened	Out of the Total Requests	Percentage
Request approved only after appeal	0	0	0%

**Expedited (urgent) Prior Authorization Requests:**

(Response Due to Provider Within 72 Hours)

	How many times this happened	Out of the Total Requests	Percentage
Request approved	0	0	0%
Request denied	0	0	0%

**Time Between Receiving a Prior Authorization Request and Sending a Decision:**

	Mean (Average) Time	Median (Middle) Time
Standard (non-urgent) Prior Authorization Requests	1 day	1 day
Expedited (urgent) Prior Authorization Requests (response due to provider within 72 hours)	NA	NA