

Change to Medicare Prior Authorization Response Times: Effective 1/1/2026

Date: 10/28/25

To ensure timely access to medical care, we're adopting Centers for Medicare & Medicaid Services guidelines for turn-around time standards for prior authorization for our Medicare members, effective Jan. 1, 2026.

What's changing:

We're reducing response times to up to **seven calendar days** for *nonurgent preservice* and concurrent prior authorization and admission notification. The previous response time was up to 14 calendar days.

What's not changing:

We may extend the response time up to an **additional 14 days** when:

- A member or provider requests an extension, or
- We request additional clinical information for prior authorization processing

Expedited/Urgent prior authorization requests will be completed within 72 hours

With shorter response times for supporting clinical information requests, all necessary clinical information should be submitted at the time of the authorization request.

Additional Information

- Complete clinicals include Diagnosis, History and Current Condition, Treatment Plan and Interventions, and Relevant Diagnostic Tests.
- Response times can be lessened if all information is submitted with the authorization request.
- Missing clinical information may lead to a denial due to inadequate supporting records.
- Submitting prior authorization requests via the secure CHC portal allows for faster review.

For more information, refer to CMS' [appointment wait time FAQs](#).