
42 C.F.R. § 431.80

Prior authorization requirements.

- (a) *Communicating a reason for denial.* Beginning January 1, 2026, if the State denies a prior authorization request (excluding a request for coverage of drugs as defined in § 431.60(b)(6)), in accordance with the timeframes established in § 440.230(e)(1) of this chapter, the response to the provider must include a specific reason for the denial, regardless of the method used to communicate that information.
- (b) *Prior Authorization Application Programming Interface (API).* Unless granted an extension or exemption under paragraph (c) of this section, beginning January 1, 2027, a State must implement and maintain an API conformant with § 431.60(c)(2) through (4), (d), and (e), and the standards in 45 CFR 170.215(a)(1), (b)(1)(i), and (c)(1) that—
- (1) Is populated with the State's list of covered items and services (excluding drugs, as defined in § 431.60(b)(6)) that require prior authorization;
 - (2) Can identify all documentation required by the State for approval of any items or services that require prior authorization;
 - (3) Supports a HIPAA-compliant prior authorization request and response, as described in 45 CFR part 162; and

This document is only available to subscribers. Please log in or purchase access.

[Purchase Login](#)