

This Week in Revenue Cycle

Top 5 trends RCM leaders are watching right now

→ Swipe for this week's signals

■ HIGH IMPACT

CMS Finalizes New Prior Auth Rules for MA Plans

Starting January 2027, Medicare Advantage plans must respond to prior auth requests within 7 calendar days for standard and 72 hours for expedited requests.

Source: CMS.gov

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■ **HIGH IMPACT**

UHC Expands Prior Auth Requirements — 1,300 New Codes

UnitedHealthcare is adding 1,300 CPT codes to its prior authorization list. Effective April 1 for commercial and Medicare Advantage members.

Source: UHC Provider

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■ **WATCH**

Denial Rates Hit 5-Year High Across Hospital Systems

Commercial payer denial rates increased to 11.1% in 2025, with initial denial rates rising 23% since 2016. Appeals success rates remain under 40%.

Source: Becker's Hospital Review

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■ **WATCH**

BCBS Implementing New Timely Filing Deadlines — Multiple States

Blue Cross Blue Shield affiliates in TX, IL, and NC are reducing timely filing windows for professional claims from 180 to 120 days effective Q2 2026.

Source: RevCycle Intelligence

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■ **WATCH**

Zelis Network Expansion — 600+ New Dental Contracts

Zelis has finalized leased network agreements covering 600 additional dental practices, effective immediately for Cigna and Aetna dental plans in 12 states.

Source: Zelis

→ [PayorMap](#)

Stay ahead of every payor change.

Free weekly RCM intelligence — payor changes, prior auth updates, denial trends, and benchmarks. Every Tuesday.

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