



**DATA REPORTING FORM FOR PRE-SERVICE AUTHORIZATION OF MEDICAL NECESSITY REVIEW REQUESTS: ARKANSAS**

**NAME OF PAYOR** American Specialty Health Group, Inc. ("ASHG")  
**REPORTING PERIOD** 1st Quarter of 2026  
**SPECIALTY** Chiropractic

*Note: American Specialty Health Group, Inc. does not require prior authorization for any services that it administers. However, practitioners may choose to submit voluntary pre-service authorizations for medical necessity determinations, which the following statistics are based upon. Practitioners may submit authorization requests prior to, during, or up to 180 calendar days after the service.*

SPECIALTY <i>Reported at Treatment Plan Level</i>	PRE-SERVICE AUTHORIZATIONS REQUESTED	PRE-SERVICE AUTHORIZATION APPROVALS	PRE-SERVICE DENIALS	
			PARTIAL APPROVALS	FULL DENIALS
<b>CHIROPRACTIC TOTAL:</b>	7	1	5	1
		Clinical	4	1
		Benefit	1	0
		Member Eligibility	0	0
		Contractual	0	0

TESTS AND PROCEDURES: OFFICE VISITS <i>Reported at Individual Service Level (inclusive within treatment plan level above). Office visits within a documented plan of care are reviewed and approved, partially approved (e.g., 8 visits approved of 12 requested), or fully denied.</i>	PRE-SERVICE AUTHORIZATIONS REQUESTED	PRE-SERVICE AUTHORIZATION APPROVALS	PRE-SERVICE DENIALS <i>(Includes partial approvals and full denials)</i>
Office Visits (Chiropractic Manipulations)	69	31	38

<b>TESTS AND PROCEDURES: OTHER</b> <i>Reported at Individual Service Level (inclusive within treatment plan level above)</i>	<b>PRE-SERVICE AUTHORIZATIONS REQUESTED</b>	<b>PRE-SERVICE AUTHORIZATION APPROVALS</b>	<b>PRE-SERVICE DENIALS</b> <i>(includes partial approvals and full denials)</i>
New Patient Exams	1	1	0
Established Patient Exams	4	2	2
Adjunctive Therapies	70	24	46
X-Rays	0	0	0
Clinical Laboratories	0	0	0
Supports / DME	0	0	0
Preventive Services	0	0	0
Special Services	0	0	0

<b>DIAGNOSES / INDICATIONS</b> <i>Reported at Treatment Plan Level; primary diagnosis only</i>	<b>PRE-SERVICE AUTHORIZATIONS REQUESTED</b>	<b>PRE-SERVICE AUTHORIZATION APPROVALS</b>	<b>PRE-SERVICE DENIALS</b> <i>(includes partial approvals and full denials)</i>
Lower Extremity	0	0	0
Upper Extremity	0	0	0
Back	0	0	0
Neck	6	1	5
Signs & Symptoms	0	0	0
Musculoskeletal / Injury - Other	1	0	1
Other	0	0	0

<b>TOP FIVE DENIAL REASONS</b> <i>Reported at Treatment Plan Level</i>	<b>PARTIAL APPROVALS</b>	<b>FULL DENIALS</b>
Clinical	4	1
Benefit	1	0
Member Eligibility	0	0
Contractual	0	0
Other	0	0