



**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** Rehabilitation Services (Physical Therapy & Occupational Therapy)

*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>REHABILITATION SERVICES (PT / OT)</b>	370	159	193	18
		Clinical	188	13
		Benefit	4	1
		Member Eligibility	1	3
		Contractual	0	1

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 (Modalities / Procedures)	5887	3599	2288

<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>
Initial Evaluation	52	29	23
Re-Evaluations	41	0	41
Supports / DME	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	74	28	46
Upper Extremity	81	26	55
Back	42	19	23
Neck	16	5	11
Signs & Symptoms	47	22	25
Musculoskeletal / Injury - Other	33	16	17
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	188	13
Benefit	4	1
Member Eligibility	1	3
Contractual	0	1
Other	0	0