



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

NAME OF PAYOR American Specialty Health Group, Inc. ("ASHG")
REPORTING PERIOD 2nd 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
CHIROPRACTIC TOTAL:	11	5	6	0
		Clinical	6	0
		Benefit	0	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)	74	42	32

TESTS AND PROCEDURES: OTHER <i>Reported at Individual Service Level (inclusive within treatment plan level above)</i>	PRE-SERVICE AUTHORIZATIONS REQUESTED	PRE-SERVICE AUTHORIZATION APPROVALS	PRE-SERVICE DENIALS <i>(includes partial approvals and full denials)</i>
New Patient Exams	4	4	0
Established Patient Exams	0	0	0
Adjunctive Therapies	110	39	71
X-Rays	2	2	0
Clinical Laboratories	0	0	0
Supports / DME	0	0	0
Preventive Services	0	0	0
Special Services	0	0	0

DIAGNOSES / INDICATIONS <i>Reported at Treatment Plan Level; primary diagnosis only</i>	PRE-SERVICE AUTHORIZATIONS REQUESTED	PRE-SERVICE AUTHORIZATION APPROVALS	PRE-SERVICE DENIALS <i>(includes partial approvals and full denials)</i>
Lower Extremity	0	0	0
Upper Extremity	1	0	1
Back	3	1	2
Neck	9	5	4
Signs & Symptoms	0	0	0
Musculoskeletal / Injury - Other	0	0	0
Other	0	0	0

TOP FIVE DENIAL REASONS <i>Reported at Treatment Plan Level</i>	PARTIAL APPROVALS	FULL DENIALS
Clinical	6	0
Benefit	0	0
Member Eligibility	0	0
Contractual	0	0
Other	0	0