



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

NAME OF PAYOR

American Specialty Health Group, Inc. ("ASHG")

REPORTING PERIOD

3rd Quarter of 2025

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
REHABILITATION SERVICES (PT / OT)	420	155	241	24
		Clinical	224	6
		Benefit	16	13
		Member Eligibility	0	5
		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 (Modalities / Procedures)	6904	3803	3101

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>
Initial Evaluation	70	40	30
Re-Evaluations	45	2	43
Supports / DME	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	118	33	85
Upper Extremity	53	19	34
Back	70	31	39
Neck	23	10	13
Signs & Symptoms	55	21	34
Musculoskeletal / Injury - Other	34	21	13
Other	0	0	0

TOP FIVE DENIAL REASONS <i>Reported at Treatment Plan Level</i>	PARTIAL APPROVALS	FULL DENIALS
Clinical	168	6
Benefit	14	1
Member Eligibility	0	1
Contractual	0	0
Other	0	0