

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

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

REPORTING PERIOD

4th 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)	436	198	208	30
		Clinical	189	18
		Benefit	15	9
		Member Eligibility	3	2
		Contractual	1	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)	6141	3784	2357

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	75	45	30
Re-Evaluations	42	2	40
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	102	47	55
Upper Extremity	97	42	55
Back	58	19	39
Neck	21	13	8
Signs & Symptoms	56	27	29
Musculoskeletal / Injury - Other	47	22	25
Other	0	0	0

TOP FIVE DENIAL REASONS <i>Reported at Treatment Plan Level</i>	PARTIAL APPROVALS	FULL DENIALS
Clinical	189	18
Benefit	15	9
Member Eligibility	3	2
Contractual	1	1
Other	0	0