

**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