

**DATA REPORTING FORM FOR PRE-SERVICE AUTHORIZATION OF MEDICAL NECESSITY REVIEW REQUESTS: NEW JERSEY****NAME OF PAYOR****American Specialty Health ODS of New Jersey, Inc.****REPORTING PERIOD****1st Quarter of 2025****SPECIALTY****Chiropractic**

Note: American Specialty Health 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:	120	43	60	17
		Clinical	59	11
		Benefit	0	3
		Member Eligibility	1	3
		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)	856	474	382

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	18	12	6
Established Patient Exams	67	55	12
Adjunctive Therapies	1564	536	1028
X-Rays	5	5	0
Clinical Laboratories	0	0	0
Supports / DME	0	0	0
Preventive Services	0	0	0
Special Services	5	0	5

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	3	1	2
Upper Extremity	4	1	3
Back	64	19	45
Neck	56	23	33
Signs & Symptoms	1	0	1
Musculoskeletal / Injury - Other	3	0	3
Other	0	0	0

PROCESSING TIME

Average time between submission of a prior authorization request and the determination (business days):	0.67
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REQUESTS FOR DOCUMENTATION

Average time between a request for clinical records and receipt of clinical records to complete the prior authorization process (calendar days):	8
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APPEALS

Prior Authorization Denial Decisions Appealed:	0
Prior Authorization Denial Decisions Upheld After Appeal:	0
Prior Authorization Denial Decisions Overturned After Appeal (Approvals):	0
Prior Authorization Appeals Processed Based on Lack of Clinical Documentation:	0