



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 4th Quarter of 2024
SPECIALTY Acupuncture

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 |
| ACUPUNCTURE TOTAL: | 4 | 1 | 2 | 1 |
| | | Clinical | 2 | 1 |
| | | 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 (Acupuncture) | 18 | 14 | 4 |

| 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 | 1 | 0 | 1 |
| Established Patient Exams | 2 | 2 | 0 |
| Adjunctive Therapies | 29 | 5 | 24 |
| 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 | 1 | 0 | 1 |
| Upper Extremity | 1 | 0 | 1 |
| Back | 2 | 1 | 1 |
| Neck | 1 | 0 | 1 |
| Signs & Symptoms | 0 | 0 | 0 |
| Musculoskeletal / Injury - Other | 0 | 0 | 0 |

PROCESSING TIME

| | |
|---|------|
| Average time between submission of a prior authorization request and the determination (business days): | 0.75 |
|---|------|

REQUESTS FOR DOCUMENTATION

| | |
|--|---|
| Average time between a request for clinical records and receipt of clinical records to complete the prior authorization process (calendar days): | 7 |
|--|---|

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 |