

**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****Rehabilitation Services (Physical Therapy & Occupational Therapy)**

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
REHABILITATION SERVICES (PT / OT)	3849	1575	2163	111
		Clinical	2114	66
		Benefit	44	33
		Member Eligibility	2	11
		Contractual	3	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)	42491	28053	14438

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	459	261	198
Re-Evaluations	665	22	643
Supports / DME	5	3	2
Special Services	1	0	1

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	1258	559	699
Upper Extremity	730	308	422
Back	623	263	360
Neck	347	145	202
Signs & Symptoms	329	108	221
Musculoskeletal / Injury - Other	241	76	165

PROCESSING TIME

Average time between submission of a prior authorization request and the determination (business days):	0.7
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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):	5
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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