

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

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

REPORTING PERIOD

Calendar Year 2025

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)	137	36	95	6
		Clinical	95	5
		Benefit	0	0
		Member Eligibility	0	1
		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 (Modalities / Procedures)	1463	812	651

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	6	0	6
Re-Evaluations	12	0	12
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	39	9	30
Upper Extremity	37	10	27
Back	26	6	20
Neck	5	2	3
Signs & Symptoms	6	3	3
Musculoskeletal / Injury - Other	10	2	8
Other	0	0	0

PROCESSING TIME

Average time between submission of a prior authorization request and the determination (business days):	1.06
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CLINICAL REVIEWERS: PRIOR AUTHORIZATION REQUESTS

Specialties of clinicians reviewing prior authorization requests:
Physical Therapy
Occupational Therapy
Speech-Language Pathology
Family Medicine
Physical Medicine & Rehabilitation
Internal Medicine
Pediatrics

APPEALS

Prior Authorization Denial Decisions Appealed:	0
Prior Authorization Denial Decisions Upheld After Appeal:	0
Prior Authorization Denial Decisions Overturned After Appeal (Approvals):	0

PROCESSING TIME: APPEALS

Average time between submission of a prior authorization appeal and the determination (business days):	0
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CLINICAL REVIEWERS: APPEALS

Specialties of clinicians reviewing appeals:
Physical Therapy
Occupational Therapy
Speech-Language Pathology
Family Medicine
Physical Medicine & Rehabilitation
Internal Medicine
Pediatrics