

**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