

**DATA REPORTING FORM FOR PRE-SERVICE AUTHORIZATION OF MEDICAL NECESSITY REVIEW REQUESTS: INDIANA****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 Group, Inc. 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)	224	27	192	5
		Clinical	191	3
		Benefit	1	0
		Member Eligibility	0	2
		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)	2937	1567	1370

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	38	2	36
Re-Evaluations	106	3	103
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	86	4	82
Upper Extremity	37	7	30
Back	27	5	22
Neck	18	2	16
Signs & Symptoms	26	5	21
Musculoskeletal / Injury - Other	17	3	14
Other	0	0	0

TOP FIVE DENIAL REASONS <i>Reported at Treatment Plan Level</i>	PARTIAL APPROVALS	FULL DENIALS
Clinical	191	3
Benefit	1	0
Member Eligibility	0	2
Contractual	0	0
Other	0	0

**PROCESSING TIME**

Average time between submission of a prior authorization request and the determination (business days):	0.45
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APPEALS¹

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

¹ ASHG has limited delegation for member appeals in Indiana.