



**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. ("ASH ODS - NJ")  
**REPORTING PERIOD** 2nd Quarter of 2025  
**SPECIALTY** Chiropractic

*Note: American Specialty Health ODS of New Jersey, 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
<b>CHIROPRACTIC TOTAL:</b>	180	69	91	20
		Clinical	89	18
		Benefit	2	1
		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 (Chiropractic Manipulations)	1331	766	565

<b>TESTS AND PROCEDURES: OTHER</b> <i>Reported at Individual Service Level (inclusive within treatment plan level above)</i>	<b>PRE-SERVICE AUTHORIZATIONS REQUESTED</b>	<b>PRE-SERVICE AUTHORIZATION APPROVALS</b>	<b>PRE-SERVICE DENIALS</b> <i>(includes partial approvals and full denials)</i>
New Patient Exams	16	11	5
Established Patient Exams	95	81	14
Adjunctive Therapies	2063	891	1172
X-Rays	3	3	0
Clinical Laboratories	0	0	0
Supports / DME	0	0	0
Preventive Services	0	0	0
Special Services	2	0	2

<b>DIAGNOSES / INDICATIONS</b> <i>Reported at Treatment Plan Level; primary diagnosis only</i>	<b>PRE-SERVICE AUTHORIZATIONS REQUESTED</b>	<b>PRE-SERVICE AUTHORIZATION APPROVALS</b>	<b>PRE-SERVICE DENIALS</b> <i>(includes partial approvals and full denials)</i>
Lower Extremity	4	0	4
Upper Extremity	7	2	5
Back	108	38	70
Neck	63	26	37
Signs & Symptoms	0	0	0
Musculoskeletal / Injury - Other	8	2	6
Other	0	0	0

#### **PROCESSING TIME**

Average time between submission of a prior authorization request and the determination (business days):	0.43
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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**<sup>1</sup>

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

<sup>1</sup> ASH ODS - NJ has limited delegation for member appeals in New Jersey.