

**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**

Rehabilitation Services (Physical Therapy &amp; Occupational Therapy)

*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.*

<b>SPECIALTY</b> <i>Reported at Treatment Plan Level</i>	<b>PRE-SERVICE AUTHORIZATIONS REQUESTED</b>	<b>PRE-SERVICE AUTHORIZATION APPROVALS</b>	<b>PRE-SERVICE DENIALS</b>	
			<b>PARTIAL APPROVALS</b>	<b>FULL DENIALS</b>
<b>REHABILITATION SERVICES (PT / OT)</b>	4564	1949	2483	132
		Clinical	2447	71
		Benefit	34	42
		Member Eligibility	1	18
		Contractual	1	1

<b>TESTS AND PROCEDURES: OFFICE VISITS</b> <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>	<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>
Office Visits (Modalities / Procedures)	52199	34679	17520

<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>
Initial Evaluation	744	474	270
Re-Evaluations	793	44	749
Supports / DME	3	3	0
Special Services	0	0	0

<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	1415	621	794
Upper Extremity	855	367	488
Back	754	283	471
Neck	427	191	236
Signs & Symptoms	387	163	224
Musculoskeletal / Injury - Other	296	118	178
Other	0	0	0

#### PROCESSING TIME

Average time between submission of a prior authorization request and the determination (business days):	0.98
---	------

#### REQUESTS FOR DOCUMENTATION

Average time between a request for clinical records and receipt of clinical records to complete the prior authorization process (calendar days):	9
--	---

**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.