American Specialty Health

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.**
REPORTING PERIOD	**2nd Quarter of 2026**
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 *Reported at Treatment Plan Level*	**PRE-SERVICE AUTHORIZATIONS REQUESTED**	**PRE-SERVICE AUTHORIZATION APPROVALS**	**PRE-SERVICE DENIALS**	
			PARTIAL APPROVALS	**FULL DENIALS**
REHABILITATION SERVICES (PT / OT)	4026	1723	2190	113
		Clinical	2140	33
		Benefit	47	65
		Member Eligibility	2	13
		Contractual	1	2

TESTS AND PROCEDURES: OFFICE VISITS *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.*	**PRE-SERVICE AUTHORIZATIONS REQUESTED**	**PRE-SERVICE AUTHORIZATION APPROVALS**	**PRE-SERVICE DENIALS** *(Includes partial approvals and full denials)*
Office Visits (Modalities / Procedures)	48927	34575	14352

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TESTS AND PROCEDURES: OTHER *Reported at Individual Service Level (inclusive within treatment plan level above)*	**PRE-SERVICE AUTHORIZATIONS REQUESTED**	**PRE-SERVICE AUTHORIZATION APPROVALS**	**PRE-SERVICE DENIALS** *(includes partial approvals and full denials)*
Initial Evaluation	1149	872	277
Re-Evaluations	928	19	909
Supports / DME	4	1	3
Special Services	0	0	0

DIAGNOSES / INDICATIONS *Reported at Treatment Plan Level; primary diagnosis only*	**PRE-SERVICE AUTHORIZATIONS REQUESTED**	**PRE-SERVICE AUTHORIZATION APPROVALS**	**PRE-SERVICE DENIALS** *(includes partial approvals and full denials)*
Lower Extremity	1293	573	720
Upper Extremity	845	347	498
Back	589	254	335
Neck	365	153	212
Signs & Symptoms	273	122	151
Musculoskeletal / Injury - Other	182	68	114
Other	0	0	0

PROCESSING TIME

Average time between submission of a prior authorization request and the determination (business days):	2.00

REQUESTS FOR DOCUMENTATION

Average time between a request for clinical records and receipt of clinical records to complete the prior authorization process (calendar days):	8

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APPEALS [1]

Prior Authorization Denial Decisions Appealed:	8
Prior Authorization Denial Decisions Upheld After Appeal:	7
Prior Authorization Denial Decisions Overturned After Appeal (Approvals):	0
Prior Authorization Denial Decisions Modified After Appeal (Partial Approvals):	1
Prior Authorization Appeals Processed Based on Lack of Clinical Documentation:	0

[1] ASH ODS - NJ has limited delegation for member appeals in New Jersey.