



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 3rd Quarter of 2025
SPECIALTY Chiropractic

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
CHIROPRACTIC TOTAL:	221	92	97	32
		Clinical	95	27
		Benefit	2	2
		Member Eligibility	0	2
		Contractual	0	1

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)	1661	921	740

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>
New Patient Exams	21	15	6
Established Patient Exams	108	92	16
Adjunctive Therapies	2406	947	1459
X-Rays	8	8	0
Clinical Laboratories	0	0	0
Supports / DME	0	0	0
Preventive Services	0	0	0
Special Services	4	0	4

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	5	0	5
Upper Extremity	7	3	4
Back	138	59	79
Neck	97	40	57
Signs & Symptoms	0	0	0
Musculoskeletal / Injury - Other	4	3	1
Other	0	0	0

PROCESSING TIME

Average time between submission of a prior authorization request and the determination (business days):	0.35
---	------

REQUESTS FOR DOCUMENTATION

Average time between a request for clinical records and receipt of clinical records to complete the prior authorization process (calendar days):	7
--	---

APPEALS¹

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

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