

**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****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 <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)	4944	1870	2943	131
		Clinical	2861	64
		Benefit	69	47
		Member Eligibility	10	14
		Contractual	2	6

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)	59238	38183	21055

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	776	427	349
Re-Evaluations	954	57	897
Supports / DME	6	4	2
Special Services	2	2	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	1570	596	974
Upper Extremity	970	352	618
Back	799	298	501
Neck	419	163	256
Signs & Symptoms	378	130	248
Musculoskeletal / Injury - Other	321	101	220
Other	0	0	0

PROCESSING TIME

Average time between submission of a prior authorization request and the determination (business days):	0.74
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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):	7
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APPEALS ¹

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.