

✓ **PRIOR AUTHORIZATION APPROVED**

Date: December 08, 2025
Authorization Number: PA611132827

REQUESTING PROVIDER

Margaret Chen, MD
Pulmonary & Critical Care Associates
4521 Medical Center Drive, Suite 300
San Francisco, CA 94143
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MEMBER INFORMATION

Member Name:	Robert J. Anderson	Member ID:	H1234001987654
Date of Birth:	03/15/1952	Medicare ID:	1EG4-TE5-MK72
Plan:	Pacific Coast Premier (HMO)	Effective Date:	01/01/2025

AUTHORIZATION DETAILS

Service/Procedure:	CT-Guided Transbronchial Lung Biopsy with Robotic Navigation
CPT Code(s):	31629, 31633, 77012
ICD-10 Diagnosis:	R91.1 - Solitary pulmonary nodule; Z87.891 - Personal history of nicotine dependence
Place of Service:	Outpatient Hospital (POS 22)
Servicing Facility:	UCSF Medical Center - Parnassus Campus
Facility NPI:	1982736450
Quantity Approved:	1 procedure
Authorization Period:	12/08/2025 through 03/08/2026

CLINICAL DETERMINATION

This prior authorization request has been reviewed and approved based on the clinical documentation submitted. The requested service meets medical necessity criteria per Pacific Coast Health Plan Clinical Policy

Bulletin CPB-2024-PULM-047 (Bronchoscopy with Navigation) and is consistent with Medicare National Coverage Determination (NCD) 240.1 and Local Coverage Determination (LCD) L33461. The submitted documentation demonstrates: (1) presence of a peripheral pulmonary nodule measuring 18mm with high-risk features on CT imaging; (2) patient meets criteria for diagnostic evaluation based on Lung-RADS 4B classification; (3) conventional bronchoscopy is unlikely to reach the target lesion; and (4) robotic-assisted navigation is medically appropriate given lesion location in the right upper lobe posterior segment.

IMPORTANT INFORMATION

- This authorization confirms coverage eligibility only and is not a guarantee of payment. Payment is subject to member eligibility at the time of service, benefit limitations, and all other terms of the member's plan.
- Services must be rendered within the authorization period specified above.
- If the procedure is not performed within the authorization period, a new prior authorization request must be submitted.
- The servicing provider must be contracted with Pacific Coast Health Plan or services may not be covered.
- This authorization does not cover any additional procedures, services, or items not specifically listed above. Additional services may require separate prior authorization.

Medical Director Review

Electronically signed by:

James T. Harrison, MD, MBA, FACP

Medical Director, Utilization Management

Pacific Coast Health Plan

California Medical License #A123456

Review Date: December 08, 2025 at 03:45 AM PT

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