

**PACIFIC COAST HEALTH PLAN**

A Medicare Advantage Organization

H1234-001 | Contract Year 2025

**Member Services:** 1-800-555-0199**Provider Services:** 1-800-555-0188**Fax:** 1-800-555-0177**www.pacificcoasthp.com****✓ PRIOR AUTHORIZATION APPROVED****Date:** December 08, 2025**Authorization Number:** PA611132827**REQUESTING PROVIDER****Margaret Chen, MD**

Pulmonary &amp; Critical Care Associates

4521 Medical Center Drive, Suite 300

San Francisco, CA 94143

NPI: 1234567890 | Tax ID: 94-1234567

Phone: (415) 555-0142 | Fax: (415) 555-0143

**MEMBER INFORMATION**

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

**AUTHORIZATION DETAILS**

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

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### **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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**NOTICE:** This document contains confidential health information protected under HIPAA. If you received this in error, please notify the sender immediately and destroy all copies. This authorization is issued in accordance with 42 CFR §422.566 and California Health & Safety Code §1367.01. For questions regarding this determination, providers may contact Provider Services at 1-800-555-0188. Members may contact Member Services at 1-800-555-0199 (TTY: 711), 8 AM - 8 PM, 7 days a week.

Pacific Coast Health Plan is an HMO plan with a Medicare contract. Enrollment in Pacific Coast Health Plan depends on contract renewal. Pacific Coast Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

**Y0099\_PA\_APPROVAL\_2025\_C | Form Approved 01/01/2025**