

PRIOR AUTHORIZATION PARTIAL APPROVAL LETTER

Date: January 12, 2024

Case ID: PA-2024-003

PARTIAL AUTHORIZATION APPROVED

Dear Dr. Emily Rodriguez,

This letter confirms that the prior authorization request has been
PARTIALLY APPROVED for the following patient and procedure:

PATIENT INFORMATION

Name: Robert Davis

Member ID: INS2024003

Date of Birth: 07/18/1972

Insurance: Standard Coverage - Active Benefits

AUTHORIZED PROCEDURE

Procedure: Knee Arthroscopy

CPT Code: 29881

Diagnosis: Medial meniscus tear

ICD-10 Code: S83.211A

Requested Amount: \$8,000.00

Approved Amount: 4,000.00

COVERAGE LIMITATION NOTICE

Your insurance policy has a maximum coverage limit of \$4,000
for knee arthroscopy procedures. The remaining \$4,000 will be
the patient's responsibility.

AUTHORIZATION DETAILS

Authorization Number: AUTH-2024-003

Effective Date: January 12, 2024

Expiration Date: April 12, 2024

Number of Services Authorized: 1

Priority Level: MEDIUM

Processing Method: PARTIAL APPROVAL - COVERAGE LIMIT

CLINICAL JUSTIFICATION

This authorization was partially approved based on:

- Medical necessity: CONFIRMED
- Clinical guidelines: MET
- Policy coverage limit: \$4,000 maximum for this procedure code
- Patient responsibility: \$4,000

For questions about coverage limits or appeals, contact Member Services at 1-800-XXX-XXXX.