

PINNACLE HEALTH PLANS

Utilization Management Department
P.O. Box 99100, Silverstone, TX 75001
Phone: 1-800-555-0147 | Fax: 1-800-555-0148
www.pinnaclehealthplans.example.com

PRIOR AUTHORIZATION
DETERMINATION NOTICE

Auth #: PA-2026-0128-55321

Date of Determination: January 30, 2026
TO: Whispering Pines Family Medicine / Fax: (555) 867-5309
ATTN: Dr. Evelyn Sato, DO

MEMBER INFORMATION

Member Name: DELACROIX, THOMAS R.
Member ID: PHP-882-44-6712
Date of Birth: 09/22/1971
Group #: GRP-MEDWEST-4400
Plan: Pinnacle Gold PPO

SERVICE REQUESTED

Procedure: MRI Lumbar Spine without Contrast (CPT 72148)
Diagnosis: M54.5 — Low back pain; M51.16 — Lumbar disc degeneration
Facility: Crestview Imaging Center — NPI 1234567890
Requested by: Dr. Evelyn Sato, DO — NPI 9876543210
Date of Service: On or before 03/01/2026

DETERMINATION: ☒ APPROVED
☐ DENIED
☐ PARTIALLY APPROVED
☐ PENDED FOR ADDITIONAL INFORMATION

NOTES:

Authorization valid for 60 days from date of determination.
One (1) MRI Lumbar Spine without contrast approved at Crestview Imaging Center.
Pre-certification does not guarantee payment. Benefits subject to plan terms.

Reviewed by: Lisa Chang, RN — Utilization Review Coordinator
Medical Director: Dr. Howard P. Gaines, MD, MBA

If you disagree with this determination, you or the member may file an appeal within 180 days.
Appeal requests: Pinnacle Health Plans, Attn: Appeals Dept, PO Box 99200, Silverstone, TX 75001 Fax: 1-800-555-0149