

MEDICARE PRIOR AUTHORIZATION REQUEST

Form CMS-20034 (Organizational Determination Request)

Date Submitted: November 15, 2025

Request Type: ☒ Standard ☐ Expedited

Tracking #: PA-2025-847291

Priority: ☒ Urgent ☐ Routine

SECTION 1: BENEFICIARY INFORMATION

Beneficiary Name:	JOHNSON, MARGARET A.	Date of Birth:	03/15/1952
Medicare ID (MBI):	1EG4-TE5-MK72	Gender:	Female
Address:	4521 Oak Valley Drive	City/State/ZIP:	Sacramento, CA 95823
Phone:	(916) 555-0147	Alt Phone:	(916) 555-0198

SECTION 2: REQUESTING PROVIDER INFORMATION

Provider Name:	David Chen, MD	Specialty:	Pulmonology
NPI:	1234567890	Tax ID:	94-1234567
Practice Name:	Sacramento Pulmonary & Critical Care Associates		
Address:	2500 Medical Plaza Drive, Suite 320	City/State/ZIP:	Sacramento, CA 95816
Phone:	(916) 555-2800	Fax:	(916) 555-2801
Contact Person:	Jennifer Martinez, RN	Email:	jmartinez@sacpulm.com

SECTION 3: SERVICE/PROCEDURE REQUESTED

Procedure/Service:	Robotic-Assisted Transbronchial Lung Biopsy
CPT Code(s):	31629 - Bronchoscopy with transbronchial lung biopsy
	31632 - Bronchoscopy with transbronchial lung biopsy, each additional lobe
	77012 - CT guidance for needle placement
ICD-10 Diagnosis:	R91.1 - Solitary pulmonary nodule
	F17.211 - Nicotine dependence, cigarettes, in remission
	J44.9 - Chronic obstructive pulmonary disease, unspecified
	Z77.22 - Contact with and exposure to environmental tobacco smoke
Place of Service:	Hospital Outpatient (22)
Facility:	UC Davis Medical Center, Sacramento, CA
Facility NPI:	1982736450
Requested DOS:	December 10, 2025

SECTION 4: CLINICAL JUSTIFICATION

Chief Complaint: 72-year-old female with incidentally discovered 18mm right upper lobe pulmonary nodule.

Clinical History: Patient underwent routine chest X-ray on 10/01/2025 as part of lung cancer screening (eligible due to 40 pack-year smoking history, quit 8 years ago). CXR revealed suspicious density in RUL. Follow-up low-dose CT on 10/15/2025 confirmed 18mm part-solid nodule with spiculated margins in the right upper lobe posterior segment (segment 2). PET-CT on 10/28/2025 demonstrated moderate FDG uptake

(SUVmax 4.2), concerning for malignancy.

Lung-RADS Classification: Category 4B (>15mm solid nodule or part-solid with solid component \geq 8mm)

Risk Assessment: Brock Model probability of malignancy: 68%. Mayo Clinic Model: 71%.

Medical Necessity: Given the high probability of malignancy and nodule characteristics, tissue diagnosis is required. The nodule location in the peripheral RUL (segment 2) is not accessible via conventional bronchoscopy. Robotic-assisted bronchoscopy with electromagnetic navigation and CT fluoroscopy guidance provides optimal approach for this peripheral lesion while minimizing pneumothorax risk compared to CT-guided transthoracic needle biopsy (patient has underlying COPD with FEV1 62% predicted).

Alternative Treatments Considered:

- CT-guided transthoracic needle biopsy - Higher pneumothorax risk given COPD
- Surgical resection without biopsy - Not recommended given benign etiology possible
- Watchful waiting - Not appropriate given high malignancy probability

SECTION 5: ATTACHED DOCUMENTATION

- | | |
|-------------------------------------|--|
| ■ Clinical notes/History & Physical | ■ CT scan report (10/15/2025) |
| ■ PET-CT scan report (10/28/2025) | ■ Pulmonary function test results |
| ■ Laboratory results | ■ Prior authorization from other payer |
| ■ Radiology images (CD enclosed) | ■ Other: _____ |

SECTION 6: PROVIDER ATTESTATION

I certify that the information provided is true and accurate to the best of my knowledge. I attest that the requested service is medically necessary for this patient and that I have reviewed the applicable Medicare coverage criteria. I understand that payment of this claim will be from Federal funds and that any false claims, statements, or documents may be prosecuted under applicable Federal laws.

Physician Signature: _____

David Chen, MD

Date: 11/15/2025

Printed Name: DAVID CHEN, MD

NPI: 1234567890

Submit to: Medicare Administrative Contractor - Noridian Healthcare Solutions
Fax: 1-866-xxx-xxxx | Portal: provider.noridianmedicare.com | Phone: 1-855-xxx-xxxx
Standard processing: 14 calendar days | Expedited (if applicable): 72 hours