

DENIAL OF CLAIM NOTIFICATION

Anthem Blue Cross Blue Shield P.O. Box 105187 Atlanta, GA 30348-5187

Date: April 22, 2026 **Member Name:** David Anthony Chen **Member ID:** ANT-XKR-773204918 **Group Number:** GRP-CA-44782 **Claim Number:** CLM-2026-0422-77320 **Date of Service:** April 8, 2026 **Provider:** Dr. Sarah Okonkwo, MD — Pacific Orthopedic Surgery Center **Provider NPI:** 9876543210 **Procedure Codes:**

- CPT 29881 (Arthroscopy, knee, surgical; with meniscectomy)
 - CPT 29877 (Arthroscopy, knee, surgical; debridement/shaving of articular cartilage) **Facility:** Pacific Surgical Center (NPI: 1122334455) **Billed Amount:** \$18,420.00 **Allowed Amount:** \$0.00 **Member Responsibility:** \$18,420.00
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Notice of Adverse Benefit Determination

Dear David Anthony Chen,

We have completed our review of the above-referenced claim. After careful evaluation, **this claim has been denied in full.**

Reason for Denial

Denial Code: PA-101 — Services Rendered Without Required Prior Authorization

The surgical procedures performed on April 8, 2026 (CPT 29881, 29877) required prior authorization under your plan's benefits. Our records indicate that **no prior authorization was obtained** before the services were rendered.

Per your Anthem Blue Cross Blue Shield plan document (Plan ID: GRP-CA-44782, Effective January 1, 2026):

- **Section 4.3.2 — Prior Authorization Requirements:** All elective surgical procedures, including arthroscopic surgery of the knee, require prior authorization from Anthem's Utilization Management department a minimum of **14 calendar days** before the scheduled date of service.
- **Section 4.3.5 — Failure to Obtain Authorization:** Claims for services requiring prior authorization that are rendered without such authorization will be denied. The member shall not be held financially responsible if the provider failed to obtain required authorization, **except** when the member was informed in writing that authorization was not obtained and elected to proceed.

Our system shows:

- **Authorization request received:** None on file
- **Authorization number:** N/A

Additional Review Notes

We acknowledge that the clinical documentation submitted with the claim supports the medical necessity of the procedures. **This denial is based solely on the administrative requirement for prior authorization, not on clinical grounds.** A retroactive authorization review may be requested as described below.

Your Appeal Rights

You have the right to appeal this decision within **180 days** of this notice. For prior authorization denials, you may also request a **retroactive authorization review** by submitting:

1. A written explanation of why prior authorization was not obtained (e.g., provider administrative error, urgent clinical circumstances)
2. Complete clinical documentation supporting the medical necessity of the procedures
3. Operative report from the April 8, 2026 procedure
4. A letter from the treating surgeon confirming clinical urgency, if applicable

Appeals and retroactive authorization requests may be submitted to: Anthem BCBS Appeals & Grievances P.O. Box 105187 Atlanta, GA 30348-5187 Fax: (800) 555-0291 Electronic submission: provider.anthem.com/appeals

Member Financial Protection Notice

Under California law (Health & Safety Code §1371.8), if the failure to obtain prior authorization was the responsibility of your in-network provider and you were not notified in advance, **you may not be held financially liable** for the denied charges. Contact Member Services at (800) 555-0234 to inquire about balance billing protections.

Sincerely,

Jennifer Liu, RN, BSN Utilization Management Coordinator Anthem Blue Cross Blue Shield of California

This determination was made by Jennifer Liu, RN, BSN. Clinical medical necessity was not evaluated as part of this determination. If you believe this service was clinically urgent or emergent, please indicate this in your appeal.