

Mojave Crest Assurance Company

Internal Use Only

ORIGINAL DENIAL LETTER

Date: December 12, 2025

Member: Sarah Chen

Member ID: VA-88291-03

Group ID: G-14827

RE: Prior Authorization Request #PA-2025-089234

Service: Residential Substance Use Disorder Treatment

Provider: Desert Springs Recovery Center

Dates of Service Requested: December 15, 2025 - January 15, 2026 (31 days)

Authorization Granted: December 15, 2025 - January 10, 2026 at 11:59 PM PT (26 days)

Dear Ms. Chen,

Your prior authorization request for residential substance use disorder treatment at Desert Springs Recovery Center has been PARTIALLY DENIED.

Authorization has been granted for an initial period of 26 days (December 15, 2025 through January 10, 2026 at 11:59 PM PT). Continued authorization beyond January 10, 2026 at 11:59 PM PT has been DENIED.

Reason for Denial of Continued Authorization:

The requested continued residential SUD treatment does not meet the medical necessity criteria outlined in

Medical Policy MP-247-v2.3-20250101, specifically:

- The member does not meet the severity criteria for continued residential level of care
- Less intensive treatment options (intensive outpatient program) have not been exhausted
- The treatment plan does not demonstrate medical necessity for continued 24-hour residential supervision

The clinical reviewer determined that the member's condition could be appropriately managed in an intensive outpatient program (IOP) setting with appropriate support.

Billed Amount: \$85,000 (estimated for full requested period)

Your Appeal Rights:

You have the right to appeal this decision within 180 days of the date of this letter. Appeals may be filed by you, your authorized representative, or your treating provider (for pre-service and concurrent care

appeals).

If you have questions or wish to appeal, contact the Appeals Unit at (702) 555-0148.

Sincerely,

Marisol Alvarado, RN

Utilization Management Reviewer

Mojave Crest Assurance Company

This denial was issued under the Vista Access PPO Evidence of Coverage for Plan Year 2025 (EOC_G-14827_2025.pdf).

Medical Policy Applied: MP-247-v2.3-20250101 (Substance Use Disorder Treatment Criteria)