

MOJAVE CREST ASSURANCE COMPANY

3900 S. Maryland Parkway, Suite 400 · Las Vegas, NV 89119 · (702) 555-8200
Member Services | Utilization Management | Appeals & Grievances

UTILIZATION MANAGEMENT AUTHORIZATION — PRE-SERVICE REVIEW

October 8, 2024

PATIENT NAME Obata, Kenji	CASE NUMBER CR-2025-091243
MEMBER ID 09230007	AUTH NUMBER PA-0923-2024-0156
SUBSCRIBER Obata, Kenji (Subscriber ID: 09230007)	ADMIT DATE October 10, 2024
GROUP Paiute Valley Medical Associates Group MCA-0923	AUTH ISSUED October 8, 2024
PLAN / YEAR Vista Access PPO Plan Year 2024-25 (Apr 1, 2024 – Mar 31, 2025)	FACILITY Desert Peaks Rehabilitation Center

Mr. Kenji Obata
2156 Rancho Road
Las Vegas, NV 89106

RE: **Kenji Obata** — Authorization Approved, Inpatient Rehabilitation | Case No. CR-2025-091243 / Auth. No. PA-0923-2024-0156

Dear Mr. Obata:

Mojave Crest Assurance Company (MCA) has completed its pre-service utilization review of the request for inpatient rehabilitation services for **Kenji Obata** at Desert Peaks Rehabilitation Center. This review was conducted on October 8, 2024, based on clinical documentation submitted by the treating provider.

DETERMINATION: AUTHORIZED

Inpatient rehabilitation services are approved as specified below.

Diagnosis

Primary: Opioid Use Disorder, Severe (ICD-10: F11.20)

Authorization Details

Authorized Service	Inpatient Rehabilitation — Substance Use Disorder
Facility	Desert Peaks Rehabilitation Center
Authorized Dates	October 10, 2024 – October 23, 2024 (14 days)
Authorization Number	PA-0923-2024-0156
Level of Care	Inpatient Rehabilitation Facility (IRF)
INN Status	In-Network

Authorization is granted for up to **14 days** of inpatient rehabilitation services beginning October 10, 2024. This authorization is based on clinical documentation supporting medical necessity for inpatient-level care as of the date of review. Continued stay beyond October 23, 2024 requires submission of a concurrent review request with updated clinical documentation at least 48 hours prior to the authorized end date.

Important Conditions

This authorization is issued for the services and dates specified above. It does not guarantee payment and is subject to the following conditions: (1) the member must maintain active enrollment under an MCA plan at the time services are rendered; (2) services must be rendered by the authorized facility and provider; (3) the clinical circumstances supporting this authorization must remain consistent with those reviewed; and (4) all other applicable terms of the member's Evidence of Coverage apply, including cost-sharing obligations.

The authorization number **PA-0923-2024-0156** must be included on all claims submitted for these services. Claims submitted without a valid authorization number may be subject to denial for administrative reasons.

Questions

If you have questions about this authorization, contact MCA Member Services: Phone (702) 555-0148 · Fax (702) 555-8301 (fax-to-email) · Email appeals@mojavecrest.com

Mojave Crest Assurance Company
Utilization Management Department

This authorization was issued in accordance with MCA medical policies and the terms of the member's Evidence of Coverage. Authorization does not guarantee payment. Coverage is verified at the time of claim adjudication.

cc: Desert Peaks Rehabilitation Center — Utilization Review / Admissions

CONFIDENTIAL — This document contains protected health information (PHI) under HIPAA and NRS 629.061. Unauthorized disclosure is prohibited. Mojave Crest Assurance Company · NV License No. 0B03421 · Determinations are governed by the member's Evidence of Coverage and applicable Nevada law, including NRS Chapters 689A, 689B, and 695G.