

**Authorization Information**

**Authorization # :** 25031702700251500003  
**Status:** DENIED  
**Processed By:**  
**Place Of Service:** OUTPATIENT HOSPITAL  
**LOS:** 0  
**Priority Status:** 2 - STANDARD  
**HP Authorization #:**  
**Request Category:**  
**Service Type:** 1 - MEDICAL CARE  
**Decision Date:**  
**Admit Source:**  
**Facility Code:**

**Patient Mailing Address**

4674 N CASEY AVE  
FRESNO, CA 937238939

**Patient Information**

**Patient Name:** URBAN, ANITA M  
**DOB:** 5/5/1961  
**Age:** 63.868  
**Gender:** FEMALE  
**Memb ID:** 91851403E  
**Healthplan:** HNM  
**PCP OV Co-Pay:** N/A  
**Service Area:**

**Referring Physician Information**

**Name:** BALFOUR, STEPHEN  
**Provider ID:** 1609139591  
**Specialty:** RADIOLOGY  
**Address:** 1510 E HERNDON AVE, STE 110  
FRESNO, CA 937203333  
**Phone:** (359)436-4757  
**Fax:** (559)436-4738  
**Service Area:**

**Facility Provider Information**

**Name:** SAINT AGNES MEDICAL CENTER  
**Specialty:** HOSPITAL  
**Address:** 1303 E HERNDON AVE  
FRESNO, CA 937203309

**Company ID:** UPN  
**Requested Date:** 03/17/2025  
**Time:** 03:32:55  
**Auth/Action Date:** 03/17/2025  
**Expiration Date:** 07/15/2025  
**Authorized Units:** 0  
**Requested Units:** 7  
**Certification Type:**  
**Auth Service Pkg:**  
**Admit Type:**  
**Patient Status:**

**Home Phone:** (559)246-8488

**Diagnosis Information**

Code	Version	Description	LOINC Code
I82.409	10	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEE	

**Performing Physician Information**

**Name:** SAINT AGNES MEDICAL CENTER  
**Provider ID:** 1205845567  
**Specialty:** HOSPITAL  
**Address:** 1303 E HERNDON AVE  
FRESNO, CA 937203309  
**Phone:** (559)450-3000  
**Fax:** (559)450-5288  
**Service Area:**

**Provider ID:** 1205845567  
**Phone:** (559)450-3000  
**Fax:** (559)450-5288

**Services**

Status	Auth Action	Auth Expiration	Auth Proc Grp	Service	Type	Description	Modifiers				Auth Qty	Co-Pay	Co-Ins	Admit Date	Discharge Date	Admit Type	Admit Source	Req Qty	Req Catg	Cert Type	Service Type	Fac Type Code	Service Line Amount	Line Rate
				36005	P	INJECTION EXT VENOGRAPHY	1	2	3	4	1.0	0.00	0.00					1.0						
				75820	P	VEIN X-RAY					1.0	0.00	0.00					1.0						

					ARM/LEG														
			75822	P	VEIN X-RAY ARMS/LEGS		1.0	0.00	0.00				1.0						
			37214	P	CESSJ THERAPY CATH REMOVAL		1.0	0.00	0.00				1.0						
			36010	P	PLACE CATHETER IN VEIN		1.0	0.00	0.00				1.0						
			36011	P	PLACE CATHETER IN VEIN		1.0	0.00	0.00				1.0						
			36012	P	PLACE CATHETER IN VEIN		1.0	0.00	0.00				1.0						

