**Authorization Details** 3/18/25, 4:24 PM



**Authorization Information** 

Authorization #: 25031802710316500001

**APPROVED** Status:

**Processed By:** 

Place Of Service: **OUTPATIENT HOSPITAL** 

LOS:

**Priority Status:** 2 - STANDARD

**HP Authorization #: Request Category:** 

**Service Type:** 

**Decision Date:** 3/18/2025

**Admit Source: Facility Code:** 

**Patient Mailing Address** 

15688 S DEL REY AVE

KINGSBURG, CA 936319510

**Patient Information** 

**Patient Name:** ACEVEDO, RICHARD

DOB: 9/11/1981 Age: 43.515 **Gender:** MALE Memb ID:

90655433C **Healthplan:** HNM

PCP OV Co-Pay: N/A

**Service Area:** 

Referring Physician Information

HAMMAMI, MUHAMMAD BARAA Name:

**Provider ID:** 1891149571

Specialty: GASTROENTEROLOGY Address: 2335 Ε **KASHIAN** 

LN,STE 280

FRESNO,CA 937012211

Phone: (559)320-1090 Fax: (559)320-0331

Service Area:

**Facility Provider Information** 

Name: FRESNO COMMUNITY HOSPITAL &

MEDICAL CTR

Specialty: HOSPITAL

**Address:** 2823 N FRESNO ST

FRESNO,CA 937211324

Services

Auth AuthServiceType ActionExpirationProc Status Auth Auth Co- Co- Admit Discharge Admit Admit Req Req Cert Service Fac Service Line Qty Pay Ins Date Date Type Source Qty CatgType Type Type Line Rate Description **Modifiers** Grp CodeAmount 1 2 3 4 EGD DIAGNOSTIC 0.000.00 43235 1.0 1.0 0.00 0.00 Brush Wash 43239 EGD BIOPSY 1.0 0.00 0.00 1.0 0.00 0.00

**Company ID: UPN** 

**Requested Date:** 03/18/2025 Time: 07:55:43 **Auth/Action Date:** 03/18/2025

**Expiration Date:** 07/16/2025

**Authorized Units:** 0 **Requested Units: Certification Type:** 

**Auth Service Pkg: Admit Type:** 

**Patient Status:** 

**Home Phone:** (559)410-1673

**Diagnosis Information** 

Code	Version	Description	LOINC Code
K74.60	10	UNSPECIFIED	
		CIRRHOSIS OF LIVER	

**Performing Physician Information** 

Name: HAMMAMI,

**MUHAMMAD BARAA** 

**Provider ID:** 1891149571

Specialty: GASTROENTEROLOGY Address: 2335 Ε **KASHIAN** 

**LN,STE 280** 

FRESNO,CA 937012211

Phone: (559)320-1090 Fax: (559)320-0331

Service Area:

**Provider ID:** 1104906569

Phone: (559)459-6000 Fax: (559)724-4520

Authorization Details 3/18/25, 4:24 PM

l				SINGLE/MULTIPLE									
			00731	ANES UPR GI NDSC PX NOS	1.0	0.00			1.0			0.00	0.00
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Authorization Details 3/18/25, 4:24 PM