

**Authorization Information**

Authorization # : 25031702710034900004
Status: DENIED
Processed By:
Place Of Service: OFFICE
LOS: 0
Priority Status: 2 - STANDARD
HP Authorization #:
Request Category:
Service Type: 1 - MEDICAL CARE
Decision Date:
Admit Source:
Facility Code:

Patient Mailing Address

533 W WALNUT AVE
VISALIA, CA 932775325

Patient Information

Patient Name: BOTELLO, ELVIRA
DOB: 1/8/1952
Age: 73.189
Gender: FEMALE
Memb ID: 383W03061
Healthplan: BCS
PCP OV Co-Pay: N/A
Service Area:

Referring Physician Information

Name: GUPTA, SACHIN
Provider ID: 1144343005
Specialty: HEMATOLOGY
Address: 7130 N MILLBROOK AVE, STE 100
FRESNO, CA 937203347
Phone: (559)326-1222
Fax: (858)609-7190
Service Area:

Company ID: UPN
Requested Date: 03/17/2025
Time: 14:20:49
Auth/Action Date: 03/17/2025
Expiration Date: 07/15/2025
Authorized Units: 1508
Requested Units: 1508
Certification Type:
Auth Service Pkg:
Admit Type:
Patient Status:

Home Phone: (559)368-4668

Diagnosis Information

Code	Version	Description	LOINC Code
D50.0	10	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (

Performing Physician Information

Name: GUPTA, SACHIN
Provider ID: 1144343005
Specialty: HEMATOLOGY
Address: 7130 N MILLBROOK AVE, STE 100
FRESNO, CA 937203347
Phone: (559)326-1222
Fax: (858)609-7190
Service Area:

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	Service Line	Line Rate
						1 2 3 4														
DENIED				01439	P	INJ FERRIC CARBOXYMALTOS 1 MG		1500.00	0.00	366.30				1500.0					0.00	0.00
DENIED				96367	P	TX/PROPH/DG ADDL SEQ IV INF		2.0	0.00	12.47				2.0					0.00	0.00
DENIED				07030	P	NORMAL SALINE SOLUTION INFUS		2.0	0.00	1.10				2.0					0.00	0.00
DENIED				96360	P	HYDRATION IV INFUSION INIT		2.0	0.00	14.20				2.0					0.00	0.00
DENIED				96361	P	HYDRATE IV INFUSION ADD-ON		2.0	0.00	5.43				2.0					0.00	0.00

