

**Authorization Information**

**Authorization # :** 25031802710313600004  
**Status:** APPROVED  
**Processed By:**  
**Place Of Service:** OFFICE  
**LOS:** 0  
**Priority Status:** 2 - STANDARD  
**HP Authorization #:**  
**Request Category:**  
**Service Type:**  
**Decision Date:** 3/18/2025  
**Admit Source:**  
**Facility Code:**

**Patient Mailing Address**

1232 E CORNELL AVE  
FRESNO, CA 93704

**Patient Information**

**Patient Name:** HAMBY, CHRISTOPHER G  
**DOB:** 10/4/1983  
**Age:** 41.452  
**Gender:** MALE  
**Memb ID:** XDJ91732984A  
**Healthplan:** BCM  
**PCP OV Co-Pay:** N/A  
**Service Area:**

**Referring Physician Information**

**Name:** ADAIR, THOMAS  
**Provider ID:** 1780650028  
**Specialty:** PHYSICIAN ASSISTANT  
**Address:** 1110 N BLACKSTONE AVENUE  
FRESNO, CA 937011016  
**Phone:** (800)492-4227  
**Fax:** (833)918-2250  
**Service Area:**

**Company ID:** UPN  
**Requested Date:** 03/18/2025  
**Time:** 13:02:15  
**Auth/Action Date:** 03/18/2025  
**Expiration Date:** 07/16/2025  
**Authorized Units:** 0  
**Requested Units:** 0  
**Certification Type:**  
**Auth Service Pkg:**  
**Admit Type:**  
**Patient Status:**

**Home Phone:** (559)260-5585

**Diagnosis Information**

Code	Version	Description	LOINC Code
N40.0	10	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINA	

**Performing Physician Information**

**Name:** RAINWATER, HAROLD G  
**Provider ID:** 1790780658  
**Specialty:** UROLOGY  
**Address:** 6113 N FRESNO ST, STE 101  
FRESNO, CA 937105207  
**Phone:** (559)438-2777  
**Fax:** (833)518-1974  
**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 Code	Service Line Amount	Line Rate
							1	2	3	4														
				99214	P	OFFICE O/P EST MOD 30-39 MIN					1.0	0.00	0.00				1.0					0.00	0.00	
				99204	P	OFFICE O/P NEW MOD 45-59 MIN					1.0	0.00	0.00				1.0					0.00	0.00	
				81003	P	URINALYSIS AUTO W/O SCOPE					1.0	0.00	0.00				1.0					0.00	0.00	
				87184	P	MICROBE SUSCEPTIBLE DISK					1.0	0.00	0.00				1.0					0.00	0.00	
				87086	P	URINE CULTURE/COLONY COUNT					1.0	0.00	0.00				1.0					0.00	0.00	
				87088	P	URINE BACTERIA					1.0	0.00	0.00				1.0					0.00	0.00	

						CULTURE														
				51798	P	US URINE CAPACITY MEASURE		1.0	0.00	0.00					1.0				0.00	0.00
				52000	P	CYSTOSCOPY		1.0	0.00	0.00					1.0				0.00	0.00
				36415	P	ROUTINE VENIPUNCTURE		1.0	0.00	0.00					1.0				0.00	0.00
				84153	P	ASSAY OF PSA TOTAL		1.0	0.00	0.00					1.0				0.00	0.00
				84403	P	ASSAY OF TOTAL TESTOSTERONE		1.0	0.00	0.00					1.0				0.00	0.00

