



Authorization Detail

Auth Number: ALPHA - 20200904799998400471
Health Plan Auth No:
Request Date: 09/04/2020
Referral Type: ROUTINE REFERRAL
Cert Type: REVISED

Status: **Approved**
Action Date: 09/04/2020
Expiration Date: 12/03/2020
Retro Date:

Patient Name: GALVEZ, LAURA
9633 BEL AIR AVE
MONTCLAIR, CA 91763-2958
Phone: (909) 212-4873
Health Plan: IEHP MEDI-CAL

Date of Birth: 01/22/1965
Gender: F
Member ID: 20031100108200
Member PCP: LOPEZ, IRMA

Referral By: LOPEZ, IRMA
Phone number: (909) 391 3423
Fax number: (909) 391 3424

Referral To: HAYES, CHRISTOPHER BARRETT
Specialty: (ORS) ORTHOPEDIC SURGERY
POS: (11) OFFICE

Address: 160 E ARTESIA ST # 255
POMONA, 91767-2921
Phone Number: (909) 596-4346
Fax Number: (909) 596-4344
Address:
Phone Number:

Facility:

REFERENCE	DIAG CODE	DESCRIPTION
1	R22.42	LOCALIZED SWELLING MASS AND LUMP LEFT LOWER LIMB
2	M25.372	OTHER INSTABILITY LEFT ANKLE

CPT CODE	DESCRIPTION	MODIFIER	DIAG REF	QUANTITY
99204	OFFICE/OUTPATIENT VISIT		R22.42	1
99214	OFFICE/OUTPATIENT VISIT		R22.42	1

Notes

Attachment: [galvez Encounter.pdf \(\)](#)
[galvez ortho ref approval -nl.pdf \(\)](#)
Notifications: 09/11/2020 10:09 AM [Approval_Letter.pdf \(\)](#)

Provider's Responsibilities:

Eligibility must be verified 24 hours before the actual date of service. Provider MUST confirm with Health Plan/IPA that the member's health plan coverage is still in effect. ALPHA reserves the right to revoke this authorization prior to services being rendered based on cancellation of the member's eligibility. Final determination of benefits will be made after review of the claim for limitations or exclusions.

