

## Authorization Request Details

If you have any questions regarding the following determination(s), please contact CHG's Chief Medical Officer, Alan J. Conrad, MD, MMM, CPE, FACHE, FAAPL at (619) 271-4769.

This authorization is for in-office procedures.

If you receive approval for an In-Office procedure and the requested service is on the [current exclusion list](#) the authorization is not valid and will require clinical review.

Note: Effective immediately, injectables with a payable amount greater than \$200.00 (and not included as part of PCP's capitation) will require an auth.

Auth Status:	APPROVED
Confirmation ID:	4481346
Effective Dates:	11/25/2024 - 5/25/2025
Submitted Date:	11/25/2024
Notification Date/Time:	11/25/2024 8:29:00 AM

## Member Details

Name:	JARAMILLO QUEZADA , VERONICA
Date of Birth:	7/29/1973
CIN:	92332664F
Health Plan ID:	3170195712
Line of Business:	Medi-Cal
Specialty:	Cardiovascular Disease

Address:	5229 SANDBAR COVE WAY SAN DIEGO, CA 92154
Home Phone:	(619) 946-0831
Mobile Phone:	

## Provider Details

Referring Provider	
Name:	HASSAN KAFRI MD INC ,
NPI:	1760626477
Address	450 4TH AVE STE 215 CHULA VISTA, CA 91910
Phone:	(619) 434-0204
Fax:	(619) 337-0191

Rendering Provider	
Name:	KAFRI , HASSAN
NPI:	1730258401
Address	429 BROADWAY CHULA VISTA, CA 91910
Phone:	(619) 434-0204
Fax:	(619) 337-0191

## Clinical Notes

## Services

Svc Code	Type	Description	Status	Units
99215	CPT	OFFICE OUTPATIENT VISIT 40 MINUTES	APPROVED	2

94690	CPT	O2 UPTAKE EXP GAS ANALYSIS REST INDIRECT SPX	APPROVED	2
99453	CPT	REM MNTR PHYSIOL PARAM 1ST SET UP PT EDUCAJ EQP	APPROVED	2
96127	CPT	BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	APPROVED	2
G0447	CPT	FACE--FACE BEHAVIORAL COUNSELING OBESITY 15 MIN	APPROVED	4

Diagnoses	
Diag Code	Description
E66.9	OBESITY UNSPECIFIED

**This authorization is not a guarantee of payment. Determination of payment will be based on eligibility and plan benefits at the time services are rendered.**