

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:	4483129
Effective Dates:	11/25/2024 - 5/25/2025
Submitted Date:	11/25/2024
Notification Date/Time:	11/25/2024 4:50:00 PM

Member Details

Name:	ROSSELLE , DIANA
Date of Birth:	12/21/1981
CIN:	97375556D
Health Plan ID:	3015066500
Line of Business:	Medi-Cal
Specialty:	Cardiovascular Disease

Address:	2003 ARTISAN WAY APT 307 CHULA VISTA, CA 91915
Home Phone:	(619) 403-3575
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
93351	CPT	ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG	APPROVED	1

93356	CPT	MYOCDR STRAIN IMG SPECKLE TRCK ASSMT MYOCDR MECH	APPROVED	1
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Diagnoses	
Diag Code	Description
E66.01	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES
F17.210	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED
R00.0	TACHYCARDIA UNSPECIFIED
R06.09	OTHER FORMS OF DYSPNEA

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.