

Authorization Details

Authorization Information

Authorization # 25061714470000250102

Company ID: HDMG

Status: APPROVED

Requested Date: 06/17/2025

Processed By:

Time: 11:52:14

Place Of Service: OUTPATIENT HOSPITAL

Auth Action: 06/18/2025

LOS: 0

Determination Date :

Priority Status: 1 - STAT

Time:

HP Authorization #:

Expiration Date: 09/16/2025

Request Category:

Authorized Units:

Service Type:

Requested Units: 1

Decision Date: 6/18/2025

Certification Type:

Admit Source:

Auth Service Pkg:

Facility Code:

Admit Type:

Patient Status:

Additional Master Info

Patient Information

Patient Name: MESTAZ, MARIO
L

DOB: 06/04/1963

Age: 62 YEARS

Gender: MALE

Home Phone: (661)795-7515

Memb ID: H75300079-00

Healthplan: HUMS

PCP OV Co-Pay: N/A

Diagnosis Information

Code	Version	Description	LOINC Code
I48.0	10	PAROXYSMAL ATRIAL FIBRILLATION	

Name: KHANAL, MD,
SANJAYA

Provider: 930074

Specialty: CARDIOVASCULAR DISEASE

Phone: (661)674-4222

Fax: (661)674-4211

Service Area:

Facility Provider Information

Name: ANTELOPE VALLEY
MEDICAL CENTER

Provider: 938001

Specialty: HOSPITAL

Phone: (661)949-5000

Fax: (661)206-6224

Services

Status	Additional Dtl Info	Auth Action	Auth Expiration	Auth Proc Grp	Service	Type	Description	Mod1	Mod2	Mod3	Mod4	Auth Qty	
	ADDITIONAL DTL INFO	06/18/2025	09/16/2025		93312	P	ECHO TRANSESOPHAGEAL					1.000	(
	ADDITIONAL DTL INFO	06/18/2025	09/16/2025		93320	P	DOPPLER ECHO COMPLETE					1.000	(
	ADDITIONAL DTL INFO	06/18/2025	09/16/2025		93325	P	DOPPLER ECHO COLOR FLOW MAPG					1.000	(

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Authorization Details

Authorization Information

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Diagnosis Information

Code	Version	Description	LOINC Code
I48.0	10	PAROXYSMAL ATRIAL FIBRILLATION	

Name:  ANTELOPE VALLEY
MEDICAL CENTER

Provider: ~~918~~001

Specialty: HOSPITAL

Phone: (661)949-5000

Fax: (661)206-6224

Service Area:

Facility Provider Information

Name:  ANTELOPE VALLEY
MEDICAL CENTER

Provider: ~~918~~001

Specialty: HOSPITAL

Phone: (661)949-5000

Fax: (661)206-6224

Services

Status	Additional Dtl Info	Auth Action	Auth Expiration	Auth Proc Grp	Service	Type	Description	Mod1	Mod2	Mod3	Mod4	Auth Qty	Co- Pay
	ADDITIONAL DTL INFO	06/18/2025	09/16/2025		360	H	OPERATING ROOM SERVICES					1.000	250.00

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