

Name: KHANAL, MD,
SANJAYA

Provider: 50074

Specialty: CARDIOVASCULAR DISEASE

Phone: (661)674-4222

Fax: (661)674-4211

Service Area:

Facility Provider Information

Name: ANTELOPE VALLEY
MEDICAL CENTER

Provider: 98001

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	06/27/2025	09/25/2025		93460	P	R&L HRT ART/VENTRICLE ANGIO					1.000	0.00

Submit Request

Printable Version

Fax Cover

Authorization Details

Authorization Information

Authorization # 25062614127000210101

Company ID: HDMG

Status: APPROVED

Requested Date: 06/26/2025

Processed By:

Time: 13:55:10

Place Of Service: OUTPATIENT HOSPITAL

Auth Action: 06/27/2025

LOS: 0

Determination Date :

Priority Status: 1 - STAT

Time:

HP Authorization #:

Expiration Date: 09/25/2025

Request Category:

Authorized Units:

Service Type:

Requested Units:

Decision Date: 6/27/2025

Certification Type:

Admit Source:

Auth Service Pkg:

Facility Code:

Admit Type:

Patient Status:

Additional Master Info

Patient Information

Patient Name: BAILEY, GLORIA

DOB: 11/20/1956

Age: 68 YEARS

Gender: FEMALE

Memb ID: 00000298454

Healthplan: CZCH

PCP OV Co-Pay: N/A

Service Area:

Diagnosis Information

Code	Version	Description	LOINC Code
I35.0	10	NONRHEUMATIC AORTIC VALVE STENOSIS	

Name: ANTELOPE VALLEY
MEDICAL CENTER

Provider: 98001

Specialty: HOSPITAL

Phone: (661)949-5000

Fax: (661)206-6224

Service Area:

Facility Provider Information

Name: ANTELOPE VALLEY
MEDICAL CENTER

Provider: 98001

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	Co
	ADDITIONAL DTL INFO	06/27/2025	09/25/2025		360	H	OPERATING ROOM SERVICES					1.000	0.00	0.

[Submit Request](#)

[Printable Version](#)

[Fax Cover](#)