# **Authorization Details**

Priority Status: 1 - STAT

#### HUMOHZBEION MITOHMACION

**Determination Date:** 

Time:

Company ID: HDMG Authorization # 25061714470000250102

Requested Date:06/17/2025 **APPROVED** Status:

Time: 11:52:14 Processed By:

Place Of Service: OUTPATIENT HOSPITAL **Auth Action:** 06/18/2025

LOS: 0

Expiration Date: 09/16/2025 **HP Authorization #:** 

**Authorized Units Request Category:** 

Requested Units: Service Type:

**Decision Date:** 6/18/2025 **Certification Type:** 

**Auth Service Pkg: Admit Source:** 

Admit Type: **Facility Code:** 

**Patient Status:** 

Additional Master Info

#### **Patient Information**

MESTAZ, MARIO **Patient Name:** 

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

A .....

**Diagnosis Information** 

Code **Version Description** LOINC Code PAROXYSMAL ATRIAL 148.0 10 **FIBRILLATION** 

Name: KHANAL, MD,

Provider900074

Specialty: ARDIOVASCULAR DISEASE

Phone: (661)674-4222

Fax:

(661)674-4211

Service Area:

# **Facility Provider Information**

Name: ANTELOPE VALLEY MEDICAL CENTER

Provider9E8001

Specialty:10SPITAL

Phone: (661)949-5000

Fax: (661)206-6224

					5	Service	s						
Status	Additional Dtl Info	Auth Action	Auth Expiration	Auth Proc Grp	Service	Туре	Description	Mod1	Mod2	Mod3	Mod4	Auth Qty	1
	ADDITIONAL DTL INFO	06/18/2025	09/16/2025		93312	P	ECHO TRANSESOPHAGEAL			landa, a		1.000	ţ
	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	t

Submit Request

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# **Authorization Details**

Authorization intormation

Authorization # 25061714470000250101

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:

**Determination Date:** 

Priority Status: 1 - STAT

Time:

**HP Authorization #:** 

Expiration Date: 09/16/2025

Request Category:

**Authorized Units** 

Service Type:

Requested Units:

Decision Date: 6/18/2025

**Certification Type:** 

Admit Source:

**Auth Service Pkg:** 

Facility Code:

Admit Type:

**Patient Status:** 

Additional Master Info

#### **Patient Information**

**Diagnosis Information** 

Patient Name:

MESTAZ, MARIO

Code Version Description

LOINC Code

DOB:

148.0

10

PAROXYSMAL ATRIAL FIBRILLATION

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

Name: ANTELOPE VALLEY MEDICAL CENTER

Provider988001

Specialty: OSPITAL

Phone: (661)949-5000

Fax:

(661)206-6224

Service Area:

#### **Facility Provider Information**

Name: ANTELOPE VALLEY MEDICAL CENTER

Provider9E8001

Specialty: OSPITAL

Phone: (661)949-5000

Fax: (661)206-6224

Services

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

Submit Request

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