Authorization Details

Authorization miorination

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:

Time:

Priority Status: 1 - STAT **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

Diagnosis Information

Patient Name: BAILEY, GLORIA Code **Version Description** 135.0 10

Code NONRHEUMATIC AORTIC **VALVE STENOSIS**

LOINC

DOB:

11/20/1956

Age:

68 YEARS

Gender:

FEMALE

Memb ID:

00000298454

Healthplan:

CZCH

PCP OV Co-Pay:

N/A

Service Area:

A