

**HILL, ELAINE Patient**

Member ID	Date of Birth	Gender
CPR620W11953	1976-07-01	NA
Eligibility Status	Group Number	Plan / Coverage
A	Db 010 A	Date
		2022-03-01 -
		9999-12-31
Transaction Type	Organization	Payer
Outpatient	Total Lipedema Care	ANTHEM - CA
Authorization		

Certificate Information

Reference Number	Status
NA	PENDED
Review Reason 1	
Certification Responsibility of External Review Organization	

Member Information

Patient Name	Patient Date of Birth	
HILL, ELAINE	1976-07-01	
Member ID	Relationship to Subscriber	Subscriber Name
CPR620W11953	Self	HILL, ELAINE

Requesting Provider

Name

SCHWARTZ, JAIME

NPI

1336397660

Tax Id

460858807

Specialty

208200000X

Provider Role

Provider

Address240 S LA CIENEGA BLVD, STE
200, BEVERLY HILLS, CA 90211**Phone**

(310) 882-5454 - 122

Fax

(310) 747-5908

Contact Name

SHERRY BODOD

Service Information

Service Type

2 - Surgical

Place of Service

24 - Ambulatory Surgical Center

Service From - To Date

2023-11-22 - 2024-05-22

Quantity

3 Visits

Level of Service

Elective

Diagnosis Code 1

R609 - Edema unspecified

Diagnosis Code 2

M79604 - Pain in right leg

Diagnosis Code 3

M79605 - Pain in left leg

Diagnosis Code 4

M79601 - Pain in right arm

Diagnosis Code 5

M79602 - Pain in left arm

Procedure Code 1**(CPT/HCPCS)**15879 - SUCTION LIPECTOMY
LWR EXTREM**Procedure Service Quantity**

4 Units

Modifier 1

50 - Bilateral Procedure

Procedure Code 2
(CPT/HCPCS)

15877 - SUCTION LIPECTOMY
TRUNK

Procedure Service Quantity

5 Units

Procedure Code 3
(CPT/HCPCS)

15839 - EXCISE EXCESS SKIN &
TISSUE

Procedure Service Quantity

2 Units

Procedure Code 4**(CPT/HCPCS)**

15878 - SUCTION LIPECTOMY
UPR EXTREM

Modifier 1

50 - Bilateral Procedure

Procedure Service Quantity

2 Units

Procedure Code 5**(CPT/HCPCS)**

15836 - EXCISE EXCESSIVE
SKIN ARM

Modifier 1

50 - Bilateral Procedure

Procedure Service Quantity

1 Units

Procedure Code 6**(CPT/HCPCS)**

15832 - EXCISE EXCESSIVE
SKIN THIGH

Modifier 1

50 - Bilateral Procedure

Procedure Service Quantity

1 Units

**Procedure Code 7
(CPT/HCPCS)**

15833 - EXCISE EXCESSIVE
SKIN LEG

Modifier 1

50 - Bilateral Procedure

Procedure Service Quantity

1 Units

Rendering Provider/Facility

Provider 1

Name

SCHWARTZ, JAIME

NPI

1336397660

Tax Id

460858807

Specialty

208200000X

Provider Role

Service Provider

Address

240 S LA CIENEGA BLVD, STE
200, BEVERLY HILLS, CA 90211

Fax

(310) 747-5908

Provider 2

Name

TLC SURGERY CENTER

NPI

1104469105

Tax Id

833724406

Provider Role

Facility

Address

240 S LA CIENEGA BLVD, STE 210, BEVERLY HILLS, CA 90211

Fax

(818) 475-1813