

LEWIS, CHRISTINA Patient

Member ID
W240478687

Date of Birth
1973-02-27

Gender
NA



Transaction Type
Outpatient Authorization

Organization
Total Lipedema Care

Payer
AETNA (COMMERCIAL &
MEDICARE)

▶ Payer :Unable to Respond at Current Time - Please Resubmit Original Transaction



Certificate Information

Certification Number
240321073875

Status
CERTIFIED - PARTIAL

Service Information

Service Type
-

Place of Service
24 - Ambulatory Surgical Center

Diagnosis Code 1
R609 - Edema unspecified

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

Modifier
50

Quantity
2 Units

Procedure From - To Date
2024-03-27 - 2025-03-27

Status
CERTIFIED IN TOTAL

Procedure Code 2 (CPT/HCPCS)
15877 - SUCTION LIPECTOMY TRUNK

Quantity
1 Units

Procedure From - To Date
2024-03-21

Status NOT CERTIFIED	Status Reason No Prior Approval
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Procedure Codes

Certification Number 240321073875	Status CERTIFIED IN TOTAL	
Procedure Code 1 15879 - SUCTION LIPECTOMY LWR EXTREM	Qualifier Code CPT/HCPCS	Quantity 2 Units
Start Date - End Date 2024-03-27 - 2025-03-27	Procedure Code Quantity 2	Procedure Code Quantity Type Units
Modifier 50		
Certification Number 240321073875	Status NOT CERTIFIED	
Review Reason 1 No Prior Approval		
Procedure Code 2 15877 - SUCTION LIPECTOMY TRUNK	Qualifier Code CPT/HCPCS	Quantity 1 Units
Start Date - End Date 2024-03-21	Procedure Code Quantity 1	Procedure Code Quantity Type Units

Requesting Provider

Name TOTAL LIPEDEMA CARE	NPI 1003417833
Provider Role Facility	
Phone (310) 882-5454	Contact Name SHERRY BODOD

Rendering Providers

Provider 1

Name	NPI
TOTAL LIPEDEMA CARE	1003417833
Provider Role	
Attending	

Provider 2

Name	NPI
TLC SURGICAL CENTER	1104469105
Provider Role	
Facility	

Health Plan Digital Correspondence(s)



- As we move forward in digitalizing Authorization decision correspondence, you may receive duplicate or additional paper correspondence related to the Authorization via USPS.
- We are working to consolidate Authorization provider correspondence to one provider view. Until that is complete, please disregard the “address to” field.

Attachment 1

File Name	Document Id	Recipient Name(s)
Network Adequacy Benefit Level Approval	QR3k9~g9N0dU6L-9RJZ-RFqD-gg31-wQr1AAGSBXZa	TOTAL LIPEDEMA CARE
		TLC SURGICAL CENTER

Attachment 2

The Name	Document ID	Recipient Name(s)
Standard Medical Necessity/ Admin Denial or Combo	n6PKs~Vr4vGbGH-i9NP-ygu0-IAVr-i5PCWRfUqR1S	TOTAL LIPEDEMA CARE TLC SURGICAL CENTER