



Healthy Blue

Healthy Blue
PO BOX 7368 / GA081W-0014
COLUMBUS, GA 31908-7368

10/11/23 9022118688

1011AI 161155-019860000000

Healthy Blue is the trade name of Community Care
Health Plan of Louisiana, Inc., an independent
licensee of the Blue Cross and Blue Shield
Association.

1011AI 161155-019860

PROVIDER ID NO

11193283

TAX ID NO

XXXXX2508

DATE

10/11/23



#BWNCQXF

#61/888067////DF4#

MONITORING ASSOCIATES LLC

PO BOX 29650 DEPT 880256

PHOENIX AZ 85038-9650

ZERO AMOUNT -- THIS IS NOT A CHECK

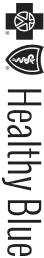
Healthy Blue

DATE 10/11/23

PROVIDER NAME	MONITORING ASSOCIATES LLC	
ADDRESS	PO BOX 29650 DEPT 880256 PHOENIX AZ 85038-9650	
PROVIDER-NPI IDS	11193283	- 1174916522
TAX ID NO	XXXXX2508	
CHECK NUMBER:	9022118688	

PAYMENT SUMMARY

GROSS APPROVED CLAIM AMOUNT	0.00		IRS WITHHELD	0.00
INTEREST	0.00		STATE WITHHELD	0.00
PENALTY	0.00		AMOUNT PREVIOUSLY OVERPAID	0.00
LEVY/GARNISHMENT	0.00		AMOUNT DISBURSED	0.00
NET AMOUNT DUE	0.00		RECOUPMENT BALANCE	0.00



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MONITORING ASSOCIATES, LLC
PROVIDER ID NO: 11193283

CHECK/EFT DT: 10/11/23
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HEALTHY BLUE

SERVICE DATE(S)/ RULE TYPE	SERVICE/ REVENUE CODE(S)	COUNT/ DAYS	POS	CHARGE	ALLOWED	DEDUCTIBLE	COINSURANCE COPAYMENT AMOUNT	CONTRACTUAL DIFFERENCE	TPP	PROV RESP AMOUNT	EXPL/ANSI CODE(S)	INSURED'S RESP AMOUNT	EXPL/ANSI CODE(S)	NET PAID
PATIENT NAME: WHITE, DAVID D														
PATIENT ACCOUNT#: 0.2850086					MEMBER ID: 730572192					STATE/ALT ID: 7769998025400				
SERVICE PROVIDER NAME: THOMAS, GEORGE P.					CLAIM NUMBER: 255343691900					TOB: 10/03/2023				
					SERVICE PROVIDER ID: 1912298423					AUTH#: 7769998025400				
										RECEIVED DATE: 10/03/2023				
										DNG#: 18,561.00				
										EXPL CD: Y41 197				
01/05/23	01/05/23	9593826	1	22	3,107.00	0.00	0.00	0.00	0.00	3,107.00	Y41 197	0.00	0.00	0.00
01/05/23	01/05/23	9595526	1	22	1,755.00	0.00	0.00	0.00	0.00	1,755.00	GDP 256	0.00	0.00	0.00
01/05/23	01/05/23	9590926	1	22	555.00	0.00	0.00	0.00	0.00	555.00	Y41 197	0.00	0.00	0.00
01/05/23	01/05/23	9588626	2	22	2,972.00	0.00	0.00	0.00	0.00	2,972.00	Y41 197	0.00	0.00	0.00
01/05/23	01/05/23	9588626	2	22	2,972.00	0.00	0.00	0.00	0.00	2,972.00	Y41 197	0.00	0.00	0.00
01/05/23	01/05/23	95999	4	22	7,200.00	0.00	0.00	0.00	0.00	7,200.00	YAA 252	0.00	0.00	0.00
TOTAL:					18,561.00	0.00	0.00	0.00	0.00	18,561.00		0.00	0.00	0.00
INTEREST						0.00	0.00	0.00				0.00	0.00	0.00
TOTAL NET PAID														0.00

TOTAL APPROVED AMOUNT 0.00
TOTAL INTEREST 0.00
TOTAL NET AMOUNT DUE: HEALTHY BLUE 0.00
GROSS APPROVED CLAIM AMOUNT 0.00
TOTAL INTEREST 0.00
NET AMOUNT DUE 0.00

GENERAL INFORMATION

PAYEE ENDORSEMENT ACKNOWLEDGEMENT: "I UNDERSTAND THAT PAYMENT OF THIS CLAIM WILL BE FROM FEDERAL AND STATE FUNDS, AND THAT ANY FALSIFICATION, OR CONCEALMENT OF A MATERIAL FACT, MAY BE PROSECUTED UNDER FEDERAL AND STATE LAWS." (42 CFR 455.19)

FOR DETAIL EXPLANATION ON DENIED LINES WHERE RULE TYPE CODE IS POPULATED (BELOW THE SERVICE DATE), PLEASE GO TO https://providers.healthisblue.com/Documents/LA_CAI_D_RP_EOP_PolicyCrosswalk.pdf AND ENTER THE RULE TYPE CODE.

EXPL CODES	EXPLANATION	GROUP CODE	CARC	RARC
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Y41	Deny no authorization on file	CO	197	
GDP	This was not paid because it was submitted using a procedure code that is not reimbursable. If you disagree with our decision, and have documents to support the claim, the fastest and easiest way to dispute a claim is through Availity.com. Log onto Availity.com and use the Claims & Payments tab to access Claims Status. Find the claim, select the Dispute button, and attach supporting documentation. If the Dispute button function is not available, refer to your provider manual for additional information about how to file a claims dispute. Resubmit with invoice	CO	96	N161
YAA	Resubmit with invoice	CO	252	M23
197	PRECERTIFICATION/AUTHORIZATION/NOTIFICATION/PRE-TREATMENT ABSENT.			
256	SERVICE NOT PAYABLE PER MANAGED CARE CONTRACT.			
252	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE.			

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APPEALS CODE APPEALS

ALA

Payment Disputes-If you disagree with a claim determination, you may file a payment dispute in writing within that prescribed period mandated by the state which you do business. Your payment dispute should be directed to HEALTHY BLUE's Payment Dispute Unit at P.O. Box 61599, Virginia Beach, VA 23466 or call 1-844-521-6942.