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### Remittance Advice (RA) Message

**Title:** **Versions 08/05 and 02/12 of CMS-1500 Claim Form Accepted During Transition Period**

**Issue Date:** 04/21/2014

**Run Length:** 12 weeks

**Provider Type(s):** 008, 010, 020, 021, 025, 033, 034, 035, 036, 039, 040, 041, 042, 043, 044, 045, 046, 047, 048, 049, 050, 051, 054, 055, 056, 057, 058, 061, 063, 064, 066, 068, 071, 072, 074, 075, 076, 078, 080, 081, 095, 105, 107, 108, 114, 116, 117

**Message:** The National Uniform Claim Committee (NUCC) recently updated the CMS-1500 paper claim form. While Alaska Medicaid makes changes to fully support the new form, both the revised 02/12 version and the former 08/05 version will be accepted. As always, providers are encouraged to submit claims electronically or through the web portal.

Questions? Please contact Provider Inquiry at 907.644.6800, option 1,1, or toll-free in Alaska at 800.770.5650, option 1, 1, 1.