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Remittance Advice (RA) Message

Title: Billing Instructions for the 02/12 Version of the CMS-1500 Claim Form Now Available

Issue Date: 10/20/2014

Run Length: 8 weeks, *replaced after 5 weeks*

Provider Type(s): 003, 010, 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, 082, 095, 102, 105, 107, 108, 114, 116, 117

Message: An updated set of billing instructions for the 02/12 version of the CMS-1500 claim form is now available through Health Enterprise at <http://manuals.medicaidalaska.com/docs/updates.htm> and <http://manuals.medicaidalaska.com/docs/ProviderReference.html>. This document is intended to provide Alaska Medicaid-specific instructions and clarifications for completion of the 1500 claim form version 02/12. It is to be used as a companion to, and not a replacement for, the National Uniform Claim Committee (NUCC) 1500 Claim Form Reference Instruction Manual, available at <http://nucc.org/>.

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.