



**Alaska Medical Assistance**  
Xerox State Healthcare, LLC  
PO Box 240808  
Anchorage, AK 99524-0808  
Phone: 907.644.6800  
Toll-free: 800.770.5650  
<http://medicaidalaska.com>

### Remittance Advice (RA) Message

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

**Issue Date:** 12/01/2014

**Run Length:** 8 weeks

**Provider Type(s):** 008, 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, 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 on the billing manuals bookshelf at <http://manuals.medicaidalaska.com> and through Health Enterprise at <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.