



**Alaska Medical Assistance**

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**Remittance Advice (RA) Message**

Title: **New Required Professional Claim Fields**

Issue Date: 02/17/2016

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: All providers submitting professional claims via CMS-1500/837P must report the name and NPI of the referring, ordering, prescribing, and supervising providers in fields 17 and 17b, or equivalent for electronic submissions, if applicable for that claim. Failure to complete these required fields may impact claim adjudication and payment.

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.