



Alaska Medical Assistance
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Remittance Advice (RA) Message

Title: **Date of Service is Date of Seatment**

Issue Date: 08/17/2016

Run Length: 6 weeks

Provider Type(s): 030

Message: In accordance with 7 AAC 110.145(h), when billing for permanent crowns, partials, and dentures, the date of service must be the seatment date of the appliance. Medicaid does not provide interim or partial payments for incomplete or in-progress dental services.

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