



Alaska Medical Assistance

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Remittance Advice (RA) Message

Title: **Reminder: Requested DME Authorizations That Will Not Be Used Must Be Cancelled**

Issue Date: 07/19/2017

Run Length: 8 weeks

Provider Type(s): 071, 076

Message: Alaska Medicaid reminds providers that approved authorizations for requested DME services must be canceled if they will not be used.

If cancelling an authorization, submit page 2 of the original approved *Certificate of Medical Necessity* form. Include the date to end the authorization, the quantity of services or items used to date, and the charges for the quantity used. The request must be signed and dated by the requestor and include a contact phone number. Fax the cancellation request to the Conduent Service Authorization Department at 907.644.8131.