



Alaska Medical Assistance

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Remittance Advice (RA) Message

Title: **Providers Must Submit Original (Red) CMS-1500, UB-04, and ADA (J434) Claim Forms**

Issue Date: 05/28/2019

Run Length: 10 weeks

Provider Type(s): All

Message: Providers that submit paper claims must use the original red CMS-1500, UB-04, and ADA J434 claim forms. Optical Character Recognition (OCR) technology used to process paper claims is unable to read black, photocopied, or faxed claim forms. After June 30, 2019, only original red claim forms will be accepted. Black, photocopied, or faxed claims will be returned unprocessed to the provider. Providers may also submit claims electronically with Alaska Medicaid through billing software and Health Enterprise.

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.