



Alaska Medical Assistance

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Remittance Advice (RA) Message

Title: Dental Service Authorization Request Requirements

Issue Date: 08/30/2019

Run Length: 4 weeks

Provider Type(s): 030

Message: Dental service authorization requests must include the specific date on which the service will be provided, the exact service that will be provided, and may be submitted only if an appointment has already been scheduled. Authorization requests that include span dates; blanket or unspecified services; unscheduled services; or otherwise do not meet these requirements will be returned to the provider.

Questions? Contact Carrie Crouse at 907.334.2403 or Sherri LaRue at 907.334.2656.