



Alaska Medical Assistance
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Remittance Advice (RA) Message

Title: **UB-04 Billing Payer Name Requirements**
Issue Date: 11/10/2014
Run Length: 8 weeks
Provider Type(s): 001, 002, 003, 005, 008, 010, 012, 028, 051, 056, 059, 060, 062, 112
Message: When billing Alaska Medicaid for services on a UB-04 paper claim form providers must enter "Medicaid" in box 50a, 50b, or 50c, Payer Name. If any other name is used in place of Medicaid (i.e., Alaska Medicaid, Alaska Medical Assistance, DenaliCare, Denali Kid Care, Xerox) the claim will deny with exception code 1320.