



**Alaska Medical Assistance**  
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### **Remittance Advice (RA) Message**

**Title:** **Attending Provider Name and NPI Required on Institutional Claims**

**Issue Date:** 02/17/2016

**Run Length:** 10 weeks

**Provider Type(s):** 001, 002, 003, 005, 010, 012, 059, 060, 062, 112

**Message:** All providers submitting institutional claims via UB-04/837I must report the name and NPI of the attending physician in field 76, or equivalent for electronic submissions. Failure to complete this required field may impact claim adjudication.

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.