



Alaska Medical Assistance

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<http://medicaidalaska.com>

Remittance Advice (RA) Message

Title: **Vision Service Authorization Request Form Now Available**

Issue Date: 02/08/2017

Run Length: 6 weeks

Provider Type(s): 035, 075

Provider Specialty: 018

Message: Effective March 10, 2017, service authorization requests for vision services, excluding contact lenses requests, must be submitted on the new Vision Service Authorization Request form, available at <http://manuals.medicaidalaska.com/docs/forms.htm>. This form is designed specifically for vision services. Instructions on how to fill out the form are available on the second page. As of this date, vision service authorization requests on any other form will not be accepted.

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.