



Alaska Medical Assistance

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<http://medicaidalaska.com>

Remittance Advice (RA) Message

Title: **Dental Service Authorization Requests Must Be Completed in Full**

Issue Date: 01/10/2018

Run Length: 8 weeks

Provider Type(s): 030, 110

Message: Alaska Medicaid reminds providers that authorization requests for dental services must be completed in full, including the date of service. If the request is for a retroactive date of service, check "yes" in field #2 and enter the retroactive date of service in field #4. If the request is for the current or a future date, check "no" in field #2 and enter the planned date of service in field #4. Detailed instructions are included with the Dental Service Authorization Request form, available at <http://manuals.medicaidalaska.com/docs/forms.htm>. Incomplete or incorrect authorization requests will be returned without an authorization decision.

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.