



Alaska Medical Assistance

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Remittance Advice (RA) Message

Title: **Incidental Services Require a Core Service – Implementation of Exception Code 4675**

Issue Date: 03/05/2019

Run Length: 6 weeks

Provider Type(s): 008

Message: Incidental services are covered only when performed in conjunction with a core service. A claim for an incidental service must also include the core service that was performed. Claims submitted with only an incidental service will be denied for exception code 4675, *Service Must be Billed with Core Service*.

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.