

## Alaska Medical Assistance

PO Box 240808 Anchorage, AK 99524-0808 Phone: 907.644.6800 Toll-free: 800.770.5650 http://medicaidalaska.com

## Remittance Advice (RA) Message

Title: Updated Certificate of Medical Necessity – Incontinence Form Effective

11/15/2019

Issue Date: 10/07/2019

Run Length: 6 weeks

Provider Type(s): 076

Message: Effective November 15, 2019, the updated Certificate of Medical Necessity –

Incontinence (CMN – Incontinence) form must be used for all service authorization (SA) requests for incontinence supplies. SA requests for incontinence supplies submitted on any previous version of the CMN – Incontinence form will not be

accepted.

The CMN – Incontinence form has been updated to include larger fields for diagnosis and medical justification information and a reorganized supplies request section. Instructions on how to complete the form are located on page four and five of the

form. The form is available on the <u>Conduent Forms</u> page (http://manuals.medicaidalaska.com/docs/forms.htm).