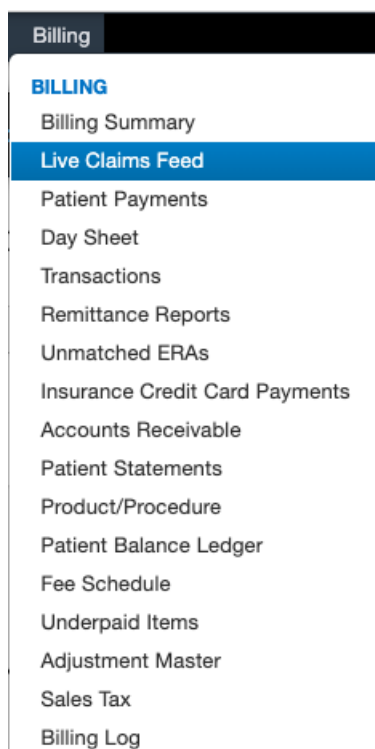


Documentation Type Requirement for Alaska Medicaid

07/24/2024 1:50 pm EDT

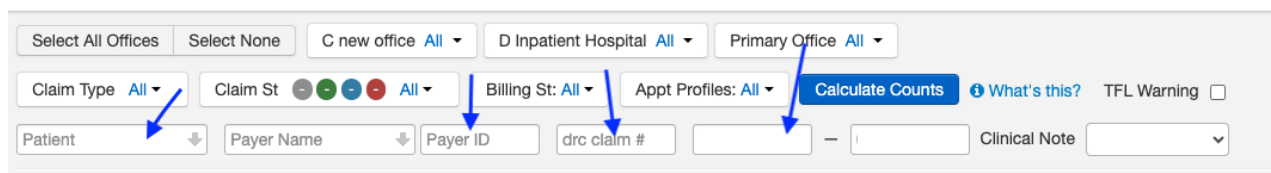
If you are billing claims to Alaska Medicaid on the HCFA-1500 form and including documentation, the type of documentation attached must be listed in Box 9B on the HCFA form. You can add this information easily from the Live Claims Feed. If you need to be set up for this feature, please reach out to your Account Manager or [support](#) and ask that it be turned on for your account.

- Navigate to Billing > Live Claims Feed



- Select the patient by name, payer ID, DrChrono Claim ID, or date of service.

Live Claims Feed



- On the right hand of the screen, you will find an option titled "Attachment Type"

Claim Type
Emergency Service
Delay Reason
Acute Manifestation Date
Onset Date (HCFA box 14)
Other Date (HCFA box 15 & 19)
Clinical Trial #
Is patient's condition related to
Employment
Auto Accident
Other Accident
EDI Billing Note (HCFA/CMS-1500 Line 19)
Providers
Attachment Type

- From the drop-down, you will have the following options:
 - The options listed match the requirements of Alaska Medicaid.

Attachment Type
 Select Code
 CK - Sterilization Consent Form
 EB - Explanation of Benefits
 OZ - Support Data for Claim / Medical Justification

9b.	Reserved for NUCC Use	C	Required for ambulance providers Complete if there are attachments to the claim. Enter the code that corresponds to the type of documentation attached:								
			<table border="1"> <thead> <tr> <th>Code</th> <th>Type of Documentation</th> </tr> </thead> <tbody> <tr> <td>CK</td> <td>Sterilization Consent Form</td> </tr> <tr> <td>EB</td> <td>Explanation of Benefits</td> </tr> <tr> <td>OZ</td> <td>Support Data for Claim / Medical Justification</td> </tr> </tbody> </table>	Code	Type of Documentation	CK	Sterilization Consent Form	EB	Explanation of Benefits	OZ	Support Data for Claim / Medical Justification
Code	Type of Documentation										
CK	Sterilization Consent Form										
EB	Explanation of Benefits										
OZ	Support Data for Claim / Medical Justification										

- Once an attachment type is selected and Verify and Save is clicked, the associated code will appear in box 9A on the HCFA 1500 form.

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FECA NUMBER
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	a. INSURED'S DATE OF BIRTH SEX
b. RESERVED FOR NUCC USE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MM DD YY M F
EB ←	b. AUTO ACCIDENT? PLACE (State)	b. OTHER CLAIM ID (Designated by NUCC)
c. RESERVED FOR NUCC USE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	c. INSURANCE PLAN NAME OR PROGRAM NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME	c. OTHER ACCIDENT?	Medicaid AK
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
	10d. CLAIM CODES (Designated by NUCC)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If yes, complete items 9, 9a and 9d.</i>