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

Billing
BILLING
Billing Summary
Live Claims Feed
Patient Payments
Day Sheet
Transactions
Remittance Reports
Unmatched ERAs
Insurance Credit Card Payments
Accounts Receivable
Patient Statements
Product/Procedure
Patient Balance Ledger
Fee Schedule
Underpaid Items
Adjustment Master
Sales Tax
Billing Log

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

Live Claims Feed

Select All Offices	Select None	C new office All -	D Inpatient Hos	spital All - Primary	Office All -		
Claim Type All -	Claim St		Billing St: All -	Appt Profiles: All -	Calculate Counts	What's this?	TFL Warning
Patient	Payer Name	e 🗣 Payer	ID drc cla	lm #		Clinical Note	~

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

	Claim Type	Default 🗸	
E	Emergency Service	No 🗸	
	Delay Reason	- Not Used -	
Acute	Manifestation Date		
	Onset Date	- Onset Da 🗸	(HCFA box 14)
	Other Date	- Other Da 🗸	(HCFA box 15 & 19)
	Clinical Trial #		
		Is patient's condition related	to
	Employment	No 🗸	
	Auto Accident	No 🗸	
	Other Accident	No 🗸	
	EDI Billing Note	(HCFA/CMS-1500 Line 19))
	Providers		
	Attachment Type	Select Code	~

- 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	С	· ·	Required for ambulance providers		
			Complete if there are attachments to the claim. Enter the code that corresponds to the type of documentation attached:			
			Code	Type of Documentation		
			СК	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 MM DD YY 04 01 2022 M F
b. RESERVED FOR NUCC USE EB	b. AUTO ACCIDENT? PLACE (State)	b. OTHER CLAIM ID (Designated by NUCC)
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? YES NO	c. INSURANCE PLAN NAME OR PROGRAM NAME Medicaid AK
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a and 9d.