

Documentation Type Requirement for Alaska Medicaid

09/16/2024 12:15 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.

1. Navigate to Billing > Live Claims Feed
2. Select the patient by name, payer ID, DrChrono Claim ID, or date of service.

The screenshot shows the 'Live Claims Feed' interface. At the top, there are several filter buttons: 'Select All Offices', 'Select None', 'C new office All', 'D Inpatient Hospital All', and 'Primary Office All'. Below these are more filters: 'Claim Type All', 'Claim St' (with three colored circles), 'Billing St: All', 'Appt Profiles: All', a 'Calculate Counts' button, a 'What's this?' link, and a 'TFL Warning' checkbox. At the bottom, there are search fields for 'Patient', 'Payer Name', 'Payer ID', 'drc claim #', and 'Clinical Note'. Blue arrows point to the 'Patient', 'Payer ID', and 'drc claim #' fields.

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

The screenshot shows a form for claim details. Fields include: 'Claim Type' (Default), 'Emergency Service' (No), 'Delay Reason' (- Not Used -), 'Acute Manifestation Date' (empty), 'Onset Date' (- Onset Da) with a date input and '(HCFA box 14)', 'Other Date' (- Other Da) with a date input and '(HCFA box 15 & 19)', 'Clinical Trial #' (empty), 'Is patient's condition related to' section with 'Employment' (No), 'Auto Accident' (No), and 'Other Accident' (No), 'EDI Billing Note' (checkbox) with '(HCFA/CMS-1500 Line 19)', 'Providers' (edit icon), and 'Attachment Type' (Select Code) which is highlighted with a blue box.

4. From the drop-down, you will have the following options:

- The options listed match the requirements of Alaska Medicaid.

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| Attachment Type | <input checked="" type="checkbox"/> Select Code CK - Sterilization Consent Form EB - Explanation of Benefits OZ - Support Data for Claim / Medical Justification |
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| 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" style="width: 100%;"> <thead> <tr style="background-color: #4f81bd; color: white;"> <th style="text-align: left;">Code</th> <th style="text-align: left;">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 |
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5. 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.

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| 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) a. OTHER INSURED'S POLICY OR GROUP NUMBER b. RESERVED FOR NUCC USE EB ← | 10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH SEX MM DD YY M <input type="checkbox"/> F <input checked="" type="checkbox"/> 04 01 2022 b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME Medicaid AK d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If yes, complete items 9, 9a and 9d.</i> |
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