

Documentation Type Requirement for Alaska Medicaid

Last modified on 12/18/2024 11:56 am EST

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.

Live Claims Feed

Select All Offices | Select None | C new office All | Primary Office All | Test office All

Claim Type All | Claim St All | Billing St: All | Appt Profiles: All | Calculate Counts | What's this? | TFL Warning

Patient | Payer Name | Payer ID | drc claim # | From - To | Clinical Note

Open window in new tab | Exclude future follow-up dates | Check All | Clear | Update Filter

Batch Status Change | Export to File | Custom Export | Display | Schedule | Internal | PAGE 1

Info	Claim ID	Patient	Date of Service	Office	Provider	Supervising Provider	Billing Provider	Billed	Allowed	Adjmt	Ins 1 Paid	Ins 2 Paid	Pt Paid	Ins Bal	Pt Line Item Bal
							Totals:	\$1,570,934.23	\$1,460,616.75	\$110,317.48	\$148,033.51	\$0.00	\$15.00	\$4,761.13	\$1,307,807.11
<input type="checkbox"/>	330869573	Jenny (Jen) Harris	11/19/2024 12:00AM	Primary Office				\$185.00	\$185.00	\$0.00	\$0.00	\$0.00	\$0.00	\$185.00	\$0.00

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

Claim Type: Default

Emergency Service: No

Delay Reason: - Not Used -

Acute Manifestation Date: []

Onset Date: - Onset Date [] (HCFA box 14)

Other Date: - Other Date [] (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

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

a. The options listed match the requirements of Alaska Medicaid.

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="width: 15%;">Code</th> <th style="width: 85%;">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										
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5. Once an attachment type is selected and Verify and Save is selected, the associated code will appear in box 9A on the HCFA 1500 form.

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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State) _____ 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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