Documentation Type Requirement for Alaska Medicaid

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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.

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

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

   a. 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:

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

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)	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) ☐ YES ✓ NO	a. INSURED'S DATE OF BIRTH SEX MM DD YY 04 01 2022 M ☐ F ✓
b. RESERVED FOR NUCC USE EB ←	b. AUTO ACCIDENT? PLACE (State) ☐ YES ✓ NO	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.