

Revision: HCFA-AT-81-34 (BPP)

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State ALASKA

Citation 4.21 Prohibition Against Reassignment of
Provider Claims

42 CFR 447.10(c)
AT-78-90
46 FR 42699

Payment for Medicaid services
furnished by any provider under this
plan is made only in accordance with
the requirements of 42 CFR 447.10.

TN # 81-6
Supersedes
TN # 76-29

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