



## Alaska Medicaid Policy Update Spinal Muscular Atrophy (SMA) Carrier Screening

Effective January 1, 2019 and in accordance with 7 AAC 105.100, Alaska Medicaid will pay for medically necessary SMA carrier screening when the following conditions are met:

### Covered Code

SMA carrier screening must be billed to Alaska Medicaid using CPT code **81329**, *SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed.*

### Medical Necessity Criteria

SMA carrier screening is considered medically necessary if the recipient has a **positive pregnancy test** (i.e. not pre-conception) and one of the following conditions exist:

- previous carrier status in at least one parent or
- family history of SMA in first or second degree relative of high risk partner (maternal or paternal)

### Lifetime Limit

SMA carrier screening is covered only once per lifetime. If the recipient has been tested previously, regardless of payer, Alaska Medicaid will not pay for further testing for that individual)

### Documentation Requirements

Claims for **all** genetic testing must be accompanied by a [Genetic Testing Supporting Information](#) form and a lab report. Failure to attach these documents will result in claim denial.