



Alaska Medicaid Policy Clarification Newborn Bloodspot Screening

Newborn bloodspot screening is required for all babies born in Alaska. The healthcare provider attending the birth of the baby is required to perform the screening within 48 hours of birth. A parent or guardian's refusal to allow the screening must be reported to the Division of Public Health.

The newborn bloodspot screenings must be performed at a single laboratory designated by the Department. The department charges a one-time fee of \$159.50 per newborn, which includes all required specimens and repeat specimens necessary due to poor quality or abnormal results. The fee includes all costs associated with the screening (e.g., the specimen card, shipping and handling, laboratory fees).

More information on the newborn bloodspot screening can be found at <http://dhss.alaska.gov/dph/wcfh/Pages/Resources-for-Providers.aspx>.

Billing Medicaid for Fees Incurred for Newborn Bloodspot Screening

Alaska Medicaid will reimburse healthcare providers for the fees charged by the Department for performing **required** newborn bloodspot screenings. No additional reimbursement is allowed for the collection of the sample.

Babies Delivered in a Hospital Setting

Alaska Medicaid will reimburse the hospital through the hospital's prospective rate set by the Office of Rate Review. No additional reimbursement is allowed to the healthcare provider collecting the sample or for additional samples collected outside of the inpatient hospital setting. The hospital must include the newborn bloodspot screening as a line item on their inpatient claim using procedure code S3620.

Exception: Healthcare providers collecting a sample outside of a hospital setting may be reimbursed for the newborn bloodspot screening in cases where the sample was not collected by a hospital during the inpatient stay.

Babies Delivered Outside of a Hospital Setting

The healthcare provider that delivered the baby may submit a claim with procedure code S3620 for newborn bloodspot screening. Providers are reimbursed at the fee for service rate of \$159.50 to cover the costs incurred by the Department for the screening.

Required Procedure Code

Procedure Code S3620 is the only code authorized to reimburse for the newborn bloodspot screening collection.