



Alaska Medical Assistance

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Remittance Advice (RA) Message

Title: **Pharmacogenetics Policy Clarification and Covered Codes**
Issue Date: 8/3/2016
Run Length: 8 weeks
Provider Type(s): 001, 005, 008, 020, 021, 033, 034, 051, 056, 080
Message: Alaska Medicaid has issued a policy clarification regarding covered and non-covered pharmacogenetics testing (see *Medicaid Policy Clarification: Pharmacogenetics Testing*, available at <http://manuals.medicaidalaska.com/docs/updates.htm>).