



Alaska Medical Assistance

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<http://medicaidalaska.com>

Remittance Advice (RA) Message

Title: **Genetic Testing Claim Requirements Effective April 1, 2017**

Issue Date: 02/22/2017

Run Length: 8 weeks

Provider Type(s): 001, 005, 008, 020, 021, 033, 034, 051, 056, 080

Message: Genetic testing claims **must** be accompanied by a lab report and a completed Genetic Testing Supporting Information form.

Effective 04/01/2017, genetic testing claims received without these required documents will be **denied**.

The Genetic Testing Supporting Information form is available at <http://manuals.medicaidalaska.com/docs/forms.htm>.

Questions? Please contact Provider Inquiry at 907.644.6800, option 1, 1, or toll-free in Alaska at 800.770.5650, option 1, 1, 1.