



Alaska Medical Assistance

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Remittance Advice (RA) Message

Title: **Medicaid Policy Clarification: Newborn Bloodspot Screening**

Issue Date: 10/22/2018

Run Length: 8 weeks

Provider Type(s): 001, 005, 008, 020, 021, 033, 034, 046, 051

Message: Alaska Medicaid will reimburse healthcare providers for the fees charged by the Department for performing **required** newborn bloodspot screenings on eligible Medicaid recipients. Providers may submit a claim with procedure code S3620 for reimbursement. For additional information, refer to provider flyer "Medicaid Policy Clarification: Newborn Bloodspot Screening" dated 10/22/2018 at <http://manuals.medicaidalaska.com/docs/updates.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.