



Alaska Medical Assistance

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Remittance Advice (RA) Message

Title: **Alaska Medicaid Covers Spinal Muscular Atrophy (SMA) Carrier Screening Effective 1/1/2019**

Issue Date: 12/28/2018

Run Length: 6 weeks

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

Message: Effective January 1, 2019, Alaska Medicaid will cover Spinal Muscular Atrophy (SMA) Carrier Screening once per lifetime per recipient. SMA carrier screening must be billed using CPT code 81329.

For coverage conditions and additional information, see provider flyer [Alaska Medicaid Policy Update: Spinal Muscular Atrophy \(SMA\) Carrier Screening](http://manuals.medicaidalaska.com/docs/updates.htm) (<http://manuals.medicaidalaska.com/docs/updates.htm>).