



Alaska Medical Assistance

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Remittance Advice (RA) Message

Title: **Alaska Medicaid Policy Clarification: Genetic Testing**

Issue Date: 12/28/2018

Run Length: 6 weeks

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

Message: Alaska Medicaid issued a policy clarification regarding conditions of coverage for genetic testing (CPT codes 81162 – 81599). The 12/28/2018 Alaska Medicaid Policy Clarification: Genetic Testing flyer is available on the [Provider Updates](http://manuals.medicaidalaska.com/docs/updates.htm) page (<http://manuals.medicaidalaska.com/docs/updates.htm>).

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