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Remittance Advice (RA) Message

Title: **Cytogenomic Microarray Analysis Policy Clarification**

Issue Date: 11/23/2016

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 cytogenomic constitutional (genome-wide) microarray analysis (CMA) (see *Medicaid Policy Clarification: Cytogenomic Microarray Analysis*, available at <http://manuals.medicaidalaska.com/docs/updates.htm>). Genetic testing that is covered by Alaska Medicaid must be medically necessary and must be supported by a lab report and completed *Genetic Testing Supporting Information* form. The form is available at <http://manuals.medicaidalaska.com/docs/forms.htm>.