



Alaska Medical Assistance

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<http://medicaidalaska.com>

Remittance Advice (RA) Message

Title: **Frequency Limit for Procedure Code 81025 Effective 12/1/2018**

Issue Date: 10/26/2018

Run Length: 8 weeks

Provider Type(s): 001, 005, 020, 021, 033, 034, 046, 051, 054, 055, 056, 080, 097

Message: Effective December 1, 2018, procedure code 81025 – *urinary pregnancy test, by visual color comparison methods* will be covered at a maximum of two tests per member per month. Any additional tests beyond the maximum limit will require a service authorization. The Service Authorization Request 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.