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### Remittance Advice (RA) Message

Title: **Policy Clarification: Incontinence Products**

Issue Date: 09/28/2021

Run Length: 8 weeks

Provider Type(s): 001, 005, 008, 020, 033, 034, 051, 071, 076

Message: Alaska Medicaid issued policy clarification for incontinence products. The 09/21/2021 Alaska Medicaid Incontinence Policy Clarification flyer is available on the [DMEPOS Provider Information](#) page.