

Genome Sequencing Billing Guidance

Guidance

Effective Jan. 1, 2024, the Agency for Health Care Administration (AHCA) began reimbursing for rapid whole genome sequencing provided to Medicaid recipients who meet the following criteria:

- are 20 years of age or younger;
- have a complex or acute illness of unknown etiology that has not been caused by environmental exposure, toxic ingestion, an infection with normal response to treatment, or trauma; and
- are receiving inpatient treatment in a hospital intensive care unit (ICU) or high-acuity pediatric care unit

This service is reimbursed at a rate in addition to the hospital inpatient reimbursement for diagnostic-related group (DRG) payment, in accordance with the 2023 General Appropriations Act. These services (Rapid Whole Genome Current Procedural Terminology [CPT®] codes 81425, 81426 and 81427) can be found on the Laboratory Fee Schedule found on the Agency Provider Reimbursement Schedule and Billing Code site at **Rule 59G-4.002, Provider Reimbursement Schedules and Billing Codes | Florida Agency for Health Care Administration.**

Humana Healthy Horizons in Florida will reprocess previously submitted claims.

Independent laboratories and hospitals will be reimbursed for rapid whole genome sequencing for claims submitted with a date of service on or after Jan. 1, 2024 and that have a corresponding inpatient claim billed with Revenue Code 0310 (OPH-PATHOLOGY/GENERAL).

Additional guidance pertaining to genome sequencing can be found on AHCA's website, including:

- **Rapid Whole Genome Sequencing Billing Guidance | Florida Agency for Health Care Administration**
- **Inpatient Hospital Services Coverage Policy**
- **Laboratory Services Coverage Policy**

Billing guidance

When submitting genome sequencing claims to Humana Healthy Horizons, please ensure the following criteria are met:

- Claim must be submitted by an independent lab or hospital;
- Patient is age 20 or younger at time of service;
- Patient has a complex or acute illness of etiology that has not been caused by environmental exposure, toxic ingestion, an infection with normal response to treatment, or trauma; and
- Patient is receiving treatment in a hospital ICU or high-acuity pediatric care unit

When submitting genome sequencing claims to Humana Healthy Horizons, please remember:

- An appropriate revenue code should be used.
- An appropriate Genome Sequencing CPT code and Modifier should be used, if required.
- Prior authorizations are not required for this service with an existing authorized inpatient admission.
- Hospitals must bill the Genome Sequencing CPT code in addition to the revenue codes to receive both the DRG and CPT code reimbursements.

The following chart provides the codes and rates effective Jan. 1, 2025, for rapid whole genome sequencing.

The codes provided here are for informational purposes only and may be subject to change. This should not be considered an all-inclusive list, and the list does not guarantee coverage or reimbursement.

CPT code	Description	Fee schedule
81425	Test for detecting genes associated with disease, genome sequencing analysis	\$2,716.85
81426	Test for detecting genes associated with disease, genome sequencing analysis, each additional comparator genome	\$1,463.37
81427	Re-evaluation test of previously obtained genome sequencing	\$1,262.33

Statewide Medicaid Managed Care (SMMC) plans have the flexibility to reimburse covered services through additional codes and to negotiate mutually agreed upon reimbursement rates for rapid whole genome sequencing with their network of contracted providers.

For more information on reimbursement of rapid whole genome sequencing for health plan enrollees, please contact Humana Healthy Horizons at 800-477-6931, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.