

Florida Medicaid

Rapid Whole Genome Sequencing Reimbursement Billing Guidelines

Reminder of Florida Medicaid's Reimbursement for **Rapid Whole Genome Sequencing**

This alert is to remind providers of Florida Medicaid's inclusion of the Rapid Whole Genome CPT codes 81425, 81426, and 81427 on Medicaid's Independent Laboratory Fee Schedule.

Effective January 1, 2024, the Agency for Health Care Administration (Agency) began reimbursing for rapid whole genome sequencing provided to Medicaid recipients who 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 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.

Claims from independent laboratories and hospitals for services rendered to Molina Medicaid members will be reimbursed for rapid whole genome sequencing with a Date of Service on or after January 1, 2024, that have a corresponding inpatient claim billed with revenue code 310 (OPH-PATHOLOGY/GENERAL).

Prior Authorizations

- Prior Authorizations are waived for children in an inpatient setting

Billing

- The following chart provides the codes and rates **effective January 1, 2025**, for rapid whole genome sequencing:

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	Reevaluation test of previously obtained genome sequencing	\$1,262.33



Reprocessing Claims

Molina will reprocess any previously denied claims due to the lack of prior authorization for dates of services on or after January 1, 2024 for rWGS provided for Medicaid enrolled children.

Instructions for Submitting Encounter claims

Independent laboratories (PT 50) and hospitals (PT 01) may submit claims for rWGS using the above CPT codes.

Hospital Claims only:

- A hospital provider's inpatient claims must be billed with revenue code 310 (OPH-PATHOLOGY/GENERAL) and the CPT code for rapid whole genome sequencing (see table above).
- Prior authorization is not required.

To access the Florida Medicaid Fee Schedule, please visit the AHCA website at [Rule 59G-4.002, Provider Reimbursement Schedules and Billing Codes | Florida Agency for Health Care Administration](#)

Claims for rapid whole genome sequencing will pay the additional maximum fee schedule amount listed in the table above in addition to the DRG rate of the approved inpatient claim. Revenue code 310 can still be billed without these CPT codes and will pay the DRG rate only. The 2025 FFS Independent Laboratory Fee Schedule is updated to include these procedure codes and rates. Providers may call the Provider Services Contact Center at 1-800-289-7799, option 7, for billing assistance.

For additional information regarding these changes please visit: Rule 59G-4.150, F.A.C., [Inpatient Hospital Services Coverage Policy](#), and Rule 59G-4.190, F.A.C., [Laboratory Services Coverage Policy](#).

Claim submission

Submit claims to Molina via one of the following methods:

- **Preferred:** Availity Essentials portal at: [Welcome to Molina Healthcare, Inc - ePortal Services](#)
- EDI clearinghouse: **Payer ID #51062**
- On paper, send to:

Molina Healthcare – Medicaid & Marketplace

PO Box 22812 Long Beach, CA 90801

Claim submission tip sheet: [Molina provider tip sheet](#)

For additional resources and training, please visit our Molina website: [Resources & Training](#)