Billing process for Rapid Whole Genome Sequencing

Introduction:

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.

Prior Authorization

Prior authorizations are waived for children in an inpatient setting.

Billing Codes and Rates:

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

Submission of Electronic and Paper Claims:

Electronic Claim Submissions allow providers to safely submit and track HIPAA-compliant electronic claims. To register and get started with Availity visit their website: https://www.availity.com/essentials-portal-registration/. You can submit your electronic claims to FCC via your provider or billing clearinghouse or FCC's clearinghouse, Availity, under payer ID FLCCR without manual intervention. Additional details can be found on FCC's website: Availity Essentials Secure Provider Portal Registration - Florida Community Care

If you prefer to submit paper claims on forms CMS-1500 and/or UB-04 claim forms, they should be mailed to:

Florida Community Care Attn: Claims
PO Box 211322
Eagan, MN 55121

Any questions regarding submission of an electronic or paper claim can be directed to FCC's provider call center: 1-833-322-7526.

Process and Timeline of Reimbursement:

Once FCC receives a clean claim for reimbursement, the provider can expect to receive reimbursement no later than 15 days, but most providers will be reimbursed within 7 days. A clean claim is a claim that can be processed without obtaining additional information from the provider of the service or from a third party.

Additional Billing Resources:

FCC's provider handbook includes additional information relating to FCC's billing process: FCC-Provider-Handbook.pdf.

FCC's Secure Web Portal is a web-based platform that allows FCC to communicate Enrollee information directly with providers. Providers and their supporting staff can access several functions within this platform including:

- Enrollee Eligibility Status
- Authorization Status or Requests
- Claims Status
- Provider Inquiry Request

To access this information, providers must first register for the portal by clicking on the following link: Florida Community Care Provider Portal.