



Billing process for Rapid Whole Genome Sequencing, Whole Exome Sequencing and Biomarkers

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.

Additionally, under the guidance of the Agency, Florida Community Care follows the recommendations and guidelines set forth to cover (reimburse) whole exome sequencing (WES) and whole genome sequencing (WGS) testing and biomarker testing for pediatric patients.

Effective October 1, 2025, the Agency amended the coverage including 941 biomarker lab tests.

Prior Authorization

Prior authorizations are waived for children in an inpatient setting.

Billing Codes and Rates:

The following chart provides the codes effective January 1, 2025, for rapid whole genome sequencing, Whole Exome Sequencing and biomarkers.:

CPT Code	Description	Reimbursement
81425	Test for detecting genes associated with disease, genome sequencing analysis	Based on state Medicaid Fee Schedule
81426	Test for detecting genes associated with disease, genome sequencing analysis, each additional comparator genome	Based on state Medicaid Fee Schedule
81427	Reevaluation test of previously obtained genome sequencing	Based on state Medicaid Fee Schedule
81415/81416:	Test for Whole Exome Sequencing (WES) codes.	Based on state Medicaid Fee Schedule
Gene-Specific Codes (81XXX) Proprietary Laboratory Analyses (PLA) Codes (0XXXU).	Testing for various biomarkers	Based on state Medicaid Fee Schedule



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](#).