

Provider Notice

To: MMA Providers
Subject: Reimbursement for Rapid Whole Genome Sequencing (rWGS), Exome and Biomarker Testing
Notice Date: January, 2026

Community Care Plan (CCP) would like to share important information from the Agency for Health Care Administration (AHCA) regarding Florida Medicaid's reimbursement for **Rapid Whole Genome Sequencing (rWGS), Exome and Biomarker Testing**.

Effective January 1, 2024, Florida Medicaid began reimbursing for rapid whole genome sequencing, as well as exome and biomarker testing, for 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 a normal response to treatment, or trauma
- Are receiving inpatient treatment in a hospital ICU or high-acuity pediatric care unit

This service is reimbursed in addition to the hospital inpatient reimbursement for the diagnostic-related group (DRG) payment, in accordance with the 2023 General Appropriations Act.

CPT Codes and Reimbursement Rates (Effective January 1, 2025)

Independent laboratories (Provider Type 50) and hospitals (Provider Type 01) may submit claims for rWGS, exome testing, and applicable biomarker testing using the appropriate CPT codes listed on the [AHCA Laboratory Fee Schedule](#)

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

Providers are responsible for selecting the **appropriate CPT code(s)** based on the genetic or biomarker test performed and for ensuring compliance with AHCA billing guidance.

Additional guidance can be found on AHCA's website:

[Inpatient Hospital Services Coverage Policy](#)

[Laboratory Services Coverage Policy](#)

Authorization and Claim Reprocessing Guidance:

- SMMC Managed Care Plans will remove any prior authorization requirements for rWGS testing for children in an inpatient setting.
- SMMC Managed Care Plans will reprocess any previous claim denials for dates of service January 1, 2024, to present for rWGS provided to Medicaid-enrolled children due to lack of prior authorization.

For Hospitals 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

Claim Submission

Claims must be submitted within 180 days from the date of service; claims submitted after 180 days will be denied. Ensure claims include all necessary information, such as enrollee ID, diagnosis codes and authorization numbers.

Submit electronic claims through Availity:

Clearinghouse: Availity

Payer Name: Community Care Plan (CCP)

Payer ID: 59065

Claims Registration: Availity.com

Claims Status: planlink.ccpcares.org or 1-866-899-4828

For additional information, visit the [CCP website](#) or contact Customer Experience at [1-866-899-4828](tel:1-866-899-4828).

Community Care Plan