

# 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
<b>81425</b>	Test for detecting genes associated with disease, genome sequencing analysis	\$2,716.85
<b>81426</b>	Test for detecting genes associated with disease, genome sequencing analysis, each additional comparator genome	\$1,463.37
<b>81427</b>	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](https://www.availity.com)

**Claims Status:** [planlink.ccpcare.org](https://planlink.ccpcare.org) or 1-866-899-4828

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

### **Community Care Plan**