Community Care Plan
The Health Plan with a Heart

Provider Notice

To: MMA Providers
Subject: Reimbursement for Rapid Whole Genome Sequencing (rWGS).
Notice Date: October, 2025

Dear Provider,

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).**

Effective January 1, 2024, Florida Medicaid began reimbursing for rapid whole genome sequencing 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 (PT 50) and hospitals (PT 01) may submit claims for rWGS using the following CPT codes.

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

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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.

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