

Medicaid rWGS Coverage and Eligibility Criteria

Aetna Better Health of Florida (ABHFL) is announcing significant updates to its policy regarding the coverage and reimbursement of Rapid Whole Genome Sequencing (rWGS). **Beginning January 1, 2024**, rWGS will be a covered and reimbursable service for qualifying Medicaid recipients, reflecting ABHFL's commitment to supporting advanced diagnostic services for eligible members.

Eligibility Criteria

- **Age:** The recipient must be 20 years of age or younger.
- **Medical Condition:** The recipient must present with a complex or acute illness of unknown origin.
- **Exclusions:** The illness must not be attributable to environmental exposure, toxic ingestion, infection with a normal response to treatment, or trauma.
- **Location:** The recipient must be receiving inpatient care in a hospital Intensive Care Unit (ICU) or a high-acuity pediatric care unit.

Reimbursement Details

- rWGS services provided during an inpatient hospital stay will be reimbursed separately from the Diagnosis-Related Group (DRG) payment.
- No prior authorization is required for rWGS testing. ABHFL has eliminated prior authorization requirements for rWGS in the inpatient setting.
- ABHFL will reprocess any previously denied claims for rWGS services provided to Medicaid-enrolled children from January 1, 2024, to the present, if denial was due to the absence of prior authorization.

Billing Codes for Rapid Whole Genome Sequencing (rWGS)

The table below outlines the current billing codes and associated reimbursement rates for rWGS services:

CPT Code	Description	Fee Schedule Rate
81425	Genome sequencing analysis for detection of disease-associated genes	\$2,716.85
81426	Genome sequencing analysis, each additional comparator genome	\$1,463.37
81427	Reevaluation of previously obtained genome sequencing	\$1,262.33



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Note: Fee schedule rates are subject to periodic updates by the state and are published on the state website. The rWGS codes and rates are listed under the Independent Laboratory Fee Schedule.

[AHCA Provider Reimbursement Schedules and Billing Codes](#)

For Hospital Claims:

- Use Revenue Code 310 (OPH-PATHOLOGY/GENERAL).
- Include the appropriate CPT code from the list above.
- No prior authorization is required.

We appreciate your continued partnership and commitment to providing high-quality care to our members. If you have any questions or concerns, please contact our provider engagement team or contracting department:

- Phone:
- MMA: 1-800-441-5501
- LTC: 1-844-645-7371
- FHK: 1-844-528-5815

Email:

Provider Engagement: FLProviderEngagement@aetna.com

Contract Department: FLMedicaidContracting@aetna.com

Thank you,

Aetna Better Health of Florida