Genetic Services Biomarker Testing Medicaid Benefit Effective Sept. 1, 2024

08/14/2024

What is New

Effective September 1, 2024, specific biomarker testing benefits, including Whole Genome Sequencing and Expanded Carrier Screening, were added as benefits per the Texas Health and Human Services Commission.

Highlights:

Biomarker testing is considered medically necessary when the use of the test informs a client's outcome and a provider's clinical decision as defined in Chapter 1372 of Subtitle E, Title 8 of the Texas Insurance Code as added by S.B. 989. The test must have one or more of the following criteria:

- A United States Food and Drug Administration labelled indication for the test or an indicated test for a drug approved by the FDA.
- A national coverage determination made by the Centers for Medicare and Medicaid Services, or a local coverage determination by a Medicare administrative contractor.
- Nationally recognized clinical practice guidelines.
- Consensus statement recommendations for specific clinical circumstances when biomarker testing may optimize clinical care outcomes.

Benefit Procedure Codes

These procedure codes will become a benefit **effective September 1, 2024**, these procedure codes may be reimbursed to independent and privately owned laboratory providers for services rendered in the independent laboratory setting and will be limited to one service per lifetime to any provider.

Procedure Codes								
81279	81305	81307	81320	81345	81425	81426	81427	81443

These procedure codes may be reimbursed with prior authorization.

Procedure Codes							
81425	81426	81427	81443				

Blue Cross and Blue Shield of Texas Medicaid will provide all medically necessary, Medicaid – covered services to our Medicaid members.

Exclusions

The following service will not be reimbursed by Texas Medicaid:

• Biomaker testing not supported by medical and scientific evidence as outlined in section 1372.003 (a) (1-5) of TIC, or that does no show evidence of impact on client outcomes and a provider's clinical decision.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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Questions

Providers, for questions or additional information, please:

- Contact your Medicaid Provider Network Representative at 1-855-212-1615.
- Submit via email: <u>Texas Medicaid Network Department</u>

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. References to other third-party sources or organizations are not a representation, warranty or endorsement of such organization. Any questions regarding those organizations should be addressed to them directly. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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