07/29/2024

Genetic Services Biomarker Testing Benefits for Texas Medicaid Effective September 1, 2024

Background:

HHSC performed a targeted review of Genetic Services Medicaid medical benefits for the implementation of Senate Bill (S.B.) 989 (88th Legislature, Regular Session, 2023). Specific biomarker testing benefits, including Whole Genome Sequencing (WGS) and Expanded Carrier Screening (ECS), were added as part of this review and will become benefits effective September 1, 2024. Please refer to separately published MCO notices outlining the criteria for prior authorization for ECS and WGS.

Key Details:

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

- A United States Food and Drug Administration (FDA)-labeled 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 (CMS), 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.

Genetic Services to Become Benefits

Procedure codes 81279, 81305, 81307, 81320, 81345, 81425, 81426, 81427, and 81443 will become a benefit for Texas Medicaid effective for dates of service on or after 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 81425, 81426, 81427, and 81443 may be reimbursed with prior authorization.

Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to Medicaid members who are enrolled in their MCO. Administrative procedures, such as prior authorization, precertification, referrals, and claims and encounter data filing, may differ from traditional Medicaid (fee-for-service) and from MCO to MCO.

Exclusions

The following service will not be reimbursed by Texas Medicaid:

- Biomarker testing not supported by medical and scientific evidence as outlined in Section 1372.003(a) (1-5) of TIC, or that does not show evidence of impact on client outcomes and a provider's clinical decision.

Contact:

MedicaidBenefitRequest@hhsc.state.tx.us

Type: Informational

To: CHIP; STAR; STAR+PLUS; STARHEALTH; STAR_KIDS

From: Policy