SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

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MEDICAID BULLETIN

TO: **Independent Laboratory Providers**

SUBJECT: **Genetic Testing Policy, Codes and Fee Updates**

Effective for dates of service on or after Dec. 1, 2024, the South Carolina Department of Health and Human Services (SCDHHS) is updating its genetic testing policy, coverage and the Independent Lab and Radiology Fee Schedule.

Genetic tests are covered for full-benefit Healthy Connections Medicaid members who meet the clinical criteria that renders these tests medically necessary. Clinical criteria and coverage limitations for specific genetic tests including EpiSign Complete, whole exome sequencing, whole genome sequencing and several hereditary conditions; as well as the updated policy for the post-transplant gene expression test and overall genetic testing policy are listed **here.** These updated policies, criteria and coverage limitations will also be published in the Physicians Services Provider Manual by Dec. 1, 2024.

SCDHHS will update the Independent Lab and Radiology Fee Schedule, by Dec. 1, 2024, to reflect the updated procedure codes covered by Healthy Connections Medicaid and their respective rates listed in the table below.

Procedure Code	Test Description	Rate
0318U	EpiSign Complete	$1,380.97
81415	Whole exome sequencing	$3,728.40
81416	Whole exome comparator sequence analysis	$9,360.00
81417	Exome reanalysis	$249.60
81427	Genome reanalysis	$1,823.37
81425	Whole genome sequencing	$3,924.34
81426	Whole genome comparator sequence analysis	$2,113.76
81161	DMD deletion/duplication analysis	$217.62
81234	DMPK expansion analysis	$106.86

81336	SMN1 full sequencing	$235.05
81329	SMN1 deletion/duplication	$106.86
81337	SMN1 known familial variant	$144.46
81222	CFTR deletion/duplication	$339.35
81221	CFTR known familial variant	$75.83
81223	Sequencing of CFTR gene	$389.22
81431	Hearing loss panel, deletion/duplication analysis, including Usher syndrome, Pendred syndrome	$530.06
81411	Aortic dysfunction or dilation panel, deletion/duplication analysis, including but not limited to TGFBR1, TGFBR2, MYH11 and COL3A1	$1,053.15
81265	Maternal cell contamination studies	$181.79
81204	X-inactivation studies	$106.86
81410	Aortic dysfunction/dilation & related disorders NGS panel, connective tissue disorders NGS panel, sequencing analysis	$393.12
81413	Long QT syndrome NGS panel, comprehensive cardiac NGS panel, sequencing analysis	$456.22
81414	Cardiac ion channelopathies (del/dup)	$456.22
81419	Epilepsy/seizure NGS panel	$1,909.88
81430	Hearing loss panel, sequencing analysis	$1,267.50
81434	Retinitis pigmentosa NGS panel	$466.37
81439	Hypertrophic cardiomyopathy NGS panel, dilated & arrhythmogenic cardiomyopathy NGS panel	$456.22
81441	Inherited bone marrow failure	$1,909.88
81442	RASopathy NGS panel	$1,672.01
81443	NGS Panel for the following conditions: Bardet-Biedl syndrome; Brugada syndrome; cholestasis; Coffin-Siris syndrome; comprehensive pulmonary; cone-rod dystrophy; congenital contractures; congenital stationary night blindness; early infantile epileptic encephalopathy; hereditary spastic paraplegia; Hermansky-Pudlak syndrome & pulmonary fibrosis; Kallmann syndrome & hypogonadotropic hypogonadism; leber congenital amaurosis; lysosomal storage disease; macular degeneration; mitochondrial depletion; neuromuscular disorders; non-immune hydrops; ocular albinism; optic atrophy & early glaucoma; overgrowth/macrocephaly; primary ciliary dyskinesia & cystic fibrosis; pulmonary arterial hypertension; Rett/Angelman syndrome; rhabdomyolysis & metabolic myopathies; syndromic autism; and vascular malformation	$1,909.88
81448	Charcot-Marie-Tooth hereditary neuropathy NGS panel	$456.22

81451	Hematolymphoid neoplasm or disorder (5-50 genes), RNA analysis	$592.43
81456	Solid organ or hematolymphoid neoplasm or disorder (51 genes or greater), RNA analysis	$2,277.29
81470	X-linked intellectual disability (XLID) NGS panel	$712.92
81479	NGS Panel for the following conditions: central hypoventilation syndrome; Cornelia de Lange syndrome; craniosynostosis; dyskeratosis congenita; maturity-onset diabetes of the young; mitochondrial DNA variant; neuronal ceroid lipofuscinoses; periodic fever; peroxisomal biogenesis disorders; skeletal dysplasia; surfactant dysfunction & respiratory distress in premature infants; tuberous sclerosis complex; AlloSure heart; and AlloSure kidney	$890.08

South Carolina's Medicaid managed care organizations (MCOs) are responsible for the authorizations, coverage and reimbursement related to the services described in this bulletin for members enrolled in an MCO.

Providers should direct questions related to this bulletin to the Provider Service Center (PSC). PSC representatives can be reached at (888) 289-0709 from 7:30 a.m.-5 p.m. Monday-Thursday and 8:30 a.m.-5 p.m. Friday. Providers can also submit an online inquiry at https://www.scdhhs.gov/providers/contact-provider-representative.

Thank you for your continued support of the South Carolina Healthy Connections Medicaid program.

/s/
Eunice Medina