OHCA Coverage Guideline

Medical Procedure Class:	**Rapid Whole Genome Sequencing**
Initial Implementation Date:	May 18, 2026
Last Review Date:	May 18, 2026
Effective Date:	February 1, 2026
Next Review/Revision Date:	February 2029

* This document is not a contract, and these guidelines do not reflect or represent every conceived situation. Although all items contained in these guidelines may be met, this does not reflect or imply any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.

☒ New Criteria ☐ Revision of Existing Criteria

Summary

Purpose: To provide guidelines to assure medical necessity and consistency in coverage for Rapid Whole Genome Sequencing.

Definition

Rapid Whole Genome Sequencing" is defined by Oklahoma state law as an investigation of the entire human genome, including coding and non-coding regions and mitochondrial deoxyribonucleic acid, to identify disease-causing genetic changes that returns the preliminary positive results within seven (7) days and final results within fifteen (15) to twenty-one (21) days from the date of receipt of the sample by the lab performing the test, and includes patient-only whole genome sequencing (WGS) and duo and trio whole genome sequencing of the patient and biological parent or parents.

Covered Codes

81425, 81426 (see CPT manual for full description)

Approval Criteria

I. The Oklahoma Health Care Authority shall include coverage of **rapid whole genome sequencing** as a separately payable service for Medicaid beneficiaries when **all** of the following criteria are met:

A. Member is under twenty-one (21) years of age; AND

B. Member has a complex or acute illness of unknown etiology, that is not confirmed to be caused by an environmental exposure, toxic ingestion, infection with normal response to therapy or trauma; AND

C. Member is receiving hospital services in an intensive care unit or other high acuity care unit within a hospital, AND

D. Member has symptoms that suggest a broad differential diagnosis that would require an evaluation by multiple genetic tests if rapid whole genome sequencing is not performed; AND

E. Member's treating health care provider has determined that timely identification of a molecular diagnosis is necessary to guide clinical decision-making and testing results may guide the treatment or management of the patient's condition; AND

F. Member has a complex or acute illness of unknown etiology, including **at least one** of the following conditions:

1. congenital anomalies involving at least two organ systems or complex and multiple congenital anomalies in one organ system, OR
2. specific organ malformations highly suggestive of a genetic etiology, OR

3. abnormal laboratory tests or abnormal chemistry profiles suggesting the presence of a genetic disease, complex metabolic disorder, or inborn error of metabolism, OR
4. refractory or severe hypoglycemia or hyperglycemia, OR
5. abnormal response to therapy related to an underlying medical condition affecting vital
   organs or bodily systems, OR
6. severe muscle weakness, rigidity, or spasticity, OR
7. refractory seizures, OR
8. a high-risk stratification on evaluation for a brief resolved unexplained event with **any** of the following:
   a) a recurrent event without respiratory infection, OR
   b) a recurrent event without witnessed seizure-like event, OR
   c) a recurrent cardiopulmonary resuscitation, OR
9. abnormal cardiac diagnostic testing results suggestive of possible channelopathies, arrhythmias, cardiomyopathies, myocarditis, or structural heart disease, OR
10. abnormal diagnostic imaging studies suggestive of an underlying genetic condition, OR
11. family genetic history related to patient's condition, OR

II. **Comparator whole genome sequencing** is covered for biological parents (mother and/or father) of a member who meets the above criteria and is performed in conjunction with the whole genome sequencing for the child. This testing may be covered whether the parent is a SoonerCare member or not. Billing for this testing should be billed under the child's SoonerCare ID.

III. **Limits** 81425 will be limited to once per lifetime. 81426 will be limited to 2 units per lifetime – once for each biological parent.

Note: Testing for both child and biological parent(s) will be billed under the child's SoonerCare ID. Testing is to be billed by the inpatient facility on a separate outpatient UB04 claim form from the inpatient facility claim.

References

1) OHCA Policy OAC 317: 30-3-1 and 30-5-2 (a) (1) (FF)
2) Oklahoma State Law Section 4005 of Title 56