

## Effective September 1, 2024: Genetic Services Biomarker Testing

Superior HealthPlan is contracted with Texas Evolent (formerly National Imaging Associates, Inc.) and a Texas licensed Utilization Review Agent (URA #5258), to perform utilization review for genetic services testing.

Effective for dates of service on or after September 1, 2024, genetic services testing procedure codes **81279, 81305, 81307, 81320, 81345, 81425, 81426, 81427, 81443** will become a benefit of Texas Medicaid limited to one service per lifetime to any provider.

As a result of this benefit update, Evolent will **require prior authorization** for procedure codes **81307, 81425, 81426, 81427, 81443** for Superior HealthPlan Medicaid (STAR, STAR Health, STAR Kids, STAR+PLUS) and CHIP members. Prior authorization requests for **members of all ages** should be submitted to **Evolent** at [RadMD.com](https://www.RadMD.com), or by calling 1-800-642-7554 or faxing to 1-800-784-6864.

Superior ensures medical necessity review criteria is current and appropriate for members and the scope of services provided, as a result, the following code update is effective on 9/1/2024.

### CPT Codes and Descriptions

**81307** - PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence.

**81425** - Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis.

**81426** - Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure).

**81427** - Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome).

**81443** - Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolysaccharidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)

Evolent genetic testing clinical guidelines can be found on [RadMD | Genetic Testing Solution](https://www.RadMD.com). Providers may login to [RadMD.com](https://www.RadMD.com), select “Provider Resources”, then click “Centene / Superior HealthPlan” to view a complete list of genetic tests that require prior authorization for Superior HealthPlan. For questions or additional information, contact Superior’s Prior Authorization department at 1-800-218-7508.