



# Florida Medicaid

## Exome and Biomarker Testing Reimbursement Billing Guidelines

### Reminder of Florida Medicaid's Reimbursement for **Exome and Biomarker Testing**

This alert is to remind Medicaid providers of the Medicaid Independent Laboratory Fee Schedule and the Practitioner Laboratory Fee Schedule.

**Effective January 1, 2024**, the Agency for Health Care Administration (Agency) began reimbursing for exome and biomarker testing provided to Medicaid recipients.

### **Prior Authorizations**

Prior Authorizations are waived for children in an inpatient setting.

### **Provider Qualifications**

Providers must meet the qualifications specified in the [Florida Medicaid Laboratory Services Coverage Policy](#) in order to be reimbursed for Florida Medicaid laboratory services. This policy is intended for use by providers that render laboratory services to eligible Florida Medicaid recipients. It must be used in conjunction with Florida Medicaid's general policies and any applicable service-specific and claim reimbursement policies with which providers must comply.

### **Billing**

Services must be billed in accordance with the Florida Medicaid Fee Schedule, at [Rule 59G-4.002, Provider Reimbursement Schedules and Billing Codes | Florida Agency for Health Care Administration](#).

### **Claim submission**

**Submit claims to Molina via one of the following methods:**

- **Preferred:** Availity Essentials portal at: [Welcome to Molina Healthcare, Inc - ePortal Services](#)
- EDI clearinghouse: **Payer ID #51062**
- On paper, send to:

Molina Healthcare – Medicaid & Marketplace PO Box

22812 Long Beach, CA 90801

Claim submission tip sheet: [Molina provider tip sheet](#)

For additional resources and training, please visit our Molina website: [Resources & Training](#).