MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Adriena Krul-Hall

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Initial ☐ Public Comment ☒ Final ☐

Brief description of policy:

The bulletin standardizes the billing and coding of next generation sequencing multi-gene panel laboratory tests across laboratory providers to increase billing transparency and provide uniform Medicaid reimbursement.

Reason for policy (problem being addressed):

Wide variations in coding and billing practices of multi-gene panel laboratory tests contribute to significant differences in Medicaid reimbursement leading to possible overpayments.

Budget implication:

☒ budget neutral
☐ will cost MDHHS $, and (select one) budgeted in current appropriation
☐ will save MDHHS $

Is this policy change mandated per federal requirements?

No

Does policy have operational implications on other parts of MDHHS?

The policy will require implementation assistance from the Program Review Divison.

Does policy have operational implications on other departments?

No

Summary of input:

☐ controversial
☒ acceptable to most/all groups
☐ limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: ☐ Yes ☒ No If Yes, please provide status: ☐ Approved ☐ Pending ☐ Denied Date: Approval Date:	Public Notice Required: ☐ Yes ☒ No If yes, Submission Date:

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 2105-Lab	**Date:** April 14, 2021

Comments Due: May 19, 2021
Proposed Effective Date: July 1, 2020
Direct Comments To: Adriena Krul-Hall
Address:
E-Mail Address: Krulhalla@michigan.gov
Phone: **Fax:**

Policy Subject: Multi-Gene Panel Laboratory Tests

Affected Programs: Medicaid, Healthy Michigan Plan, MIChild, Children's Special Health Care Services, Maternity Outpatient Medical Services (MOMS)

Distribution: Practitioners, Outpatient Hospitals, Clinical Laboratories, Federally Qualified Health Centers, Local Health Departments, Rural Health Clinics, Tribal Health Centers

Summary: The bulletin standardizes the billing and coding of next generation sequencing multi-gene panel laboratory tests across laboratory providers to increase billing transparency and provide uniform Medicaid reimbursement.

Purpose: Wide variations in coding and billing practices of multi-gene panel laboratory tests contribute to significant differences in Medicaid reimbursement leading to possible overpayments.

Cost Implications: Budget Neutral

Potential Hearings & Appeal Issues: Aware of None

State Plan Amendment Required: Yes ☐ **No** ☒ **If yes, date submitted:**	**Public Notice Required: Yes** ☐ **No** ☒ **Submitted date:**

Tribal Notification: Yes ☐ **No** ☒ **- Date:**

THIS SECTION COMPLETED BY RECEIVER

☐ **Approved**	☐ **No Comments**
	☐ **See Comments Below**
☐ **Disapproved**	☐ **See Comments in Text**

Signature:	**Phone Number**
Signature Printed:	
Bureau/Administration *(please print)*	**Date**

Proposed Policy Draft

Michigan Department of Health and Human Services
Medical Services Administration

Distribution: Practitioners, Outpatient Hospitals, Clinical Laboratories, Federally Qualified Health Centers, Local Health Departments, Rural Health Clinics, Tribal Health Centers

Issued: June 1, 2021 (Proposed)

Subject: Multi-Gene Panel Laboratory Tests

Effective: July 1, 2021 (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan, MIChild, Children's Special Health Care Services, Maternity Outpatient Medical Services (MOMS)

This policy applies to Medicaid Fee-for-Service (FFS). Medicaid Health Plans (MHPs) and Integrated Care Organizations (ICOs) must provide the full range of covered services described in this policy at a minimum and may choose to provide services over and above those specified. For beneficiaries enrolled in an MHP or ICO, the provider must check with the beneficiary's health plan for applicable coding, billing, and authorization instructions.

The purpose of this bulletin is to standardize the billing and coding of next generation sequencing (NGS) multi-gene panel laboratory tests across laboratory providers. These changes align Michigan Medicaid with the Centers for Medicare & Medicaid Services (CMS) claim submission requirements when multiple genes are tested.

Medicaid defines multi-gene panels as any assay that simultaneously tests for more than one gene associated with a condition or symptom. The term "gene" when used throughout this policy will be used to indicate a gene, region of a gene, and/or variant(s) of a gene.

Genes assayed on the same date of service will be considered assayed in parallel if the result of one assay does not affect the decision to complete the assay on another gene, and the genes are being tested for the same indication. Effective for dates of service on and after July 1, 2021, if a laboratory assays multiple genes simultaneously in parallel for an individual beneficiary, then those genes will be considered part of the same panel. As a panel constitutes a single procedural service, one procedure code must be submitted for the panel. The laboratory should not report multiple individual procedure codes describing the gene component test results.

If a procedure code is available for the multi-gene panel test, this procedure code should be utilized. If no procedure code accurately describes the panel performed, an unlisted molecular pathology or unlisted molecular multianalyte assay with algorithmic analysis procedure code (as applicable) may be used. When an unlisted procedure code is reported, providers should include the name of the panel test in box 21 of the Genetic and Molecular Laboratory Test Authorization Request form (MSA-2081). The test name should also be reported in the Procedure Code Comment field in the MDHHS Community Health Automated Medicaid Processing System (CHAMPS) authorization form. Use of a panel or unlisted molecular procedure code does not imply the code or laboratory test is a Medicaid covered service.

Genes assayed on the same date of service will be considered assayed serially when the results of one or more gene analyses determines whether additional analyses are reasonable and necessary. When genes are serially assayed, the laboratory should submit claims with the genes reported individually.