Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Medical Necessity Guidelines:

Whole Genome Sequencing

Effective: November 4, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation (electronically recommended or by fax)	Yes ☒ No ☐
Notification Required (Concurrent review may be required)	Yes ☐ No ☒

Applies to:

- Harvard Pilgrim Health Care Commercial products
- Tufts Health Direct
- Tufts Health Together
- Tufts Health RITogether
- Tufts Health One Care

We recommend submitting prior authorization electronically. If you opt to submit prior authorization requests via fax, please refer to this reference chart for the appropriate fax number (varies by product).
For details on all our products, please visit the Our Plans page on our provider website. For additional Prior Authorization and Notification details on other lines of business not listed on our Medical Necessity Guidelines page, please also reference our Prior Authorization Resources page.

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

Whole genome sequencing (WGS) is the analysis of the DNA content of an individual's genome and can be used to establish a diagnosis in individuals with especially complex and severe phenotypes. In the pediatric outpatient setting, when either whole exome sequencing (WES) or chromosomal microarray (CMA) is being considered, individuals may benefit from the broader testing capability provided by WGS. Given these benefits, the Plan covers WGS in the outpatient setting for individuals under 18 years of age who meet Carelon Medical Benefits Management (Carelon) whole exome sequencing (WES) guideline criteria. WGS is recommended over either WES or CMA in this population.

Clinical Guideline Coverage Criteria

The Plan may authorize Whole Genome Sequencing for members under the age of 18 in the outpatient setting when coverage criteria for whole exome sequencing outlined in the Carelon Clinical Appropriateness Guidelines for Whole Exome and Whole Genome Sequencing are met.

Carelon Clinical Appropriateness Guidelines

Codes

The following code(s) require prior authorization:

Table 1: CPT/HCPCS Codes

Code	Description
81425	Genome (e.g., unexplained constitutional or heritable disorder or syndrome)l sequence analysis
81426	Genome (e.g., unexplained constitutional or heritable disorder or syndrome); sequency analysis,

Code	Description
	each comparator genome (e.g., parents, siblings) (List separately in addition to code for primary procedure)
81427	Genome (e.g., unexplained constitutional or heritable disorder or syndrome; re-evaluation of previously obtained genome sequence (e.g., updated knowledge or unrelated condition/syndrome

Approval And Revision History

November 2020: Reviewed by the Medical Policy Clinical Committee as a new policy

Subsequent endorsement date(s) and changes made:

- June 2021: Reviewed by Medical Policy Clinical Committee, criteria updated
- November 2021: Reviewed by the Medical Policy Approval Committee (MPAC) , renewed without changes
- May 18, 2022: Reviewed by MPAC for integration purposes between Harvard Pilgrim Health Care and Tufts Health Plan; effective 10/1/2022
- October 18, 2023: Reviewed by MPAC, renewed without changes
- November 2023: Unify name changed to One Care effective January 1, 2024
- November 21, 2024: Reviewed by MPAC, renewed without changes, effective January 1, 2025.
- September 17, 2025. Reviewed by MPAC, annual review no changes, effective November 1, 2025.
- October 21, 2026. Reviewed by MPAC, annual review no changes. Effective date November 4, 2026. Administrative update, template updated.

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.