



State of Vermont
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671-1000

Global Commitment Register

August 30, 2018

GCR 18-036
PROPOSED

Genetic Testing for Cystic Fibrosis

Policy Summary:

The Department of Vermont Health Access (DVHA) is adding additional genetic testing for cystic fibrosis (codes 81221, 81222, 81223, and 81224) as Medicaid covered services with prior authorization. Cystic fibrosis is a life-limiting hereditary disorder affecting the exocrine glands. It causes the production of abnormally thick mucus, leading to the blockage of pancreatic ducts, intestines, and bronchi often resulting in respiratory infection. These tests may be used when no mutations are noted in the initial screening assay for cystic fibrosis but there is a known familial mutation or the individual exhibits symptoms. The results of these tests allow for appropriate, targeted treatment. These tests will be reimbursed according to the clinical laboratory fee schedule. Current rates for each code can be found under “Additional Information” below.

Effective Date:

October 1, 2018

Authority/Legal Basis:

[Medicaid State Plan](#)

Population Affected:

All Medicaid

Fiscal Impact:

The estimated gross annualized budget impact of this change is \$2,827.

Public Comment Period:

8/30/18 – 10/1/18

Send comments to:

AHS Medicaid Policy Unit
280 State Drive, Center Building
Waterbury, VT 05671-1000

Or submit via e-mail to AHS.MedicaidPolicy@vermont.gov.

There is no public meeting scheduled at this time. If one should be scheduled, that information can be found at: <http://dvha.vermont.gov/> either through the calendar or listed under upcoming events.

Additional Information:

[Clinical coverage guidelines for cystic fibrosis genetic testing](#) are posted on the DVHA website.

The following codes are being added effective 10/1/2018:

Code	Rate
81221	\$97.22
81222	\$435.07
81223	\$499.00
81224	\$168.75