HFPP AT-RISK ANALYSIS
INSIGHTS

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Genetic Testing

This analysis reviewed high-risk billing outliers from January 2025 through March 2026. It focused on genetic testing codes to identify services that were likely not medically necessary or not performed. A set of 611 CPT/HCPCS codes* were used to flag genetic tests billed without evidence of a valid provider–patient relationship or for excessive testing. Any at-risk amounts are attributed to the rendering provider (the laboratory). Genetic testing is considered a high-risk area for fraud due to its high payment rates, which can incentivize fraudulent billing and exploitation. *Source: CMS HCPCS Level II; AMA CPT.

TOTAL AT-RISK DOLLARS IDENTIFIED:

$242.4M
No Prior Relationship

$480.7M
Excessive Testing

$663M*

*At-risk claims can be included in both scenarios; the total at-risk paid amount represented here accounts for that overlap.

Federal
All Partners had results
At-Risk Dollars: $420.9M

State Medicaid
98% of Partners had results
At-Risk Dollars: $120.3M

Private
94% of Partners had results
At-Risk Dollars: $122.0M

RESULTS OVERVIEW

233 Labs
Billing for At-Risk Genetic Testing Services

293K Patients
With At-Risk Claims

1.8M Claim Lines
Billed by labs identified as At-Risk

5 out of every 100 Patients
Receiving Genetic Testing Services have an At-Risk Claim

At-Risk Claims Account for 9.1%
of all Genetic Testing payments in Trusted Third Party (TTP) Data Warehouse

RECOMMENDED ACTION:

Information provided should be reviewed to determine if actions should be taken to mitigate past or ongoing fraud, waste, and abuse. HFPP Partners should compare findings with their own payment policies and claim edits.

Provider Lens

Utilization Tool

The Healthcare Fraud Prevention Partnership (HFPP) is a voluntary public-private partnership that helps detect and prevent healthcare fraud through data and information sharing. Partners include Federal government, state agencies, law enforcement, private health insurance plans, and healthcare anti-fraud associations.