Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member’s benefit certificate.

Genetic Testing for Hearing Loss and Usher Syndrome

Covered Service: Yes—when meets criteria below

Prior Authorization Required: Yes—as shown below

Additional Information: None

Prevea360 Health Plan Medical Policy:

1.0 For Usher syndrome, CDH23, CIB2, CLRN1, DFNB31, GPR98, HARS, MYO7A, PCDH15, USH1C, USH1G, USH2A, PDZD7, SANS, ABHD12 and WHRN genetic testing requires prior authorization through the Quality and Care Management Division. Diagnostic confirmation of Usher syndrome Type 1, 2 or 3 is needed, or for the screening an at-risk individual for 1 or more of the following:
   1.1 Individual with family history of Usher syndrome; or
   1.2 Clinical evaluation, audiometry and other electrophysiologic testing equivocal for Usher syndrome; or
   1.3 Need to establish disease-causing mutation in patient with confirmed diagnosis.

2.0 DFNB1 genetic testing requires prior authorization and is considered medically necessary when ALL of the following criteria are met:
   2.1 Individual lacks physical findings suggestive of a known genetic syndrome; and
   2.2 Family history is suggestive of autosomal recessive inheritance or the individual lacks a family history of prelingual hearing loss; and
   2.3 Medical and birth histories are not suggestive of an environment (i.e. Non-genetic) cause of hearing loss.

3.0 Genetic testing for non-syndromic hearing loss using a multigene panel requires prior authorization and is considered medically necessary when BOTH of the following criteria are met:
   3.1 The criteria in (2.0) DFNB1 testing is met; and
   3.2 DFNB1 testing has been performed and was negative.

4.0 Multigene gene testing requires prior authorization and is considered medically necessary for congenital or prelingual nonsyndromic hearing loss when ALL of the following criteria are met:
   4.1 Individual lacks physical findings suggestive of a known genetic syndrome; and
   4.2 Family history is suggestive of autosomal recessive inheritance or the individual lacks a family history of prelingual hearing loss; and
Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member’s benefit certificate.

4.3 Medical and birth histories are not suggestive of an environmental (i.e. non-genetic) cause of hearing loss; and

5.0 Individual has previously had a negative DFNB1-related hearing loss genetic test result (i.e. gene GJB2/GJB6 mutation analysis).

**CPT/HCPCS Codes Related to MP9481**

* Codes on Medical Policy documents are included only as a general reference tool for each policy. This list may not be all-inclusive.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>81252</td>
<td>GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence</td>
</tr>
<tr>
<td>81253</td>
<td>GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants</td>
</tr>
<tr>
<td>81254</td>
<td>GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants</td>
</tr>
<tr>
<td>81404</td>
<td>Molecular Pathology Procedure Level 5</td>
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<tr>
<td>81407</td>
<td>Molecular Pathology Procedure Level 8</td>
</tr>
<tr>
<td>81408</td>
<td>Molecular Pathology Procedure Level 9</td>
</tr>
<tr>
<td>81430</td>
<td>Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1</td>
</tr>
<tr>
<td>81431</td>
<td>Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes</td>
</tr>
<tr>
<td>81479</td>
<td>Unlisted molecular pathology procedure</td>
</tr>
</tbody>
</table>

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