Medica Central Coverage Policy

Policy Name:	**Genetic Testing- Specialty Testing: Otolaryngology**
Effective Date:	**July 01, 2025**

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

OVERVIEW

This policy addresses the use of tests to identify a cause of hereditary hearing loss, or for other tests related to ear, nose, and throat disorders. Pre-test and post-test genetic counseling that facilitates informed decision-making, addresses the possibility of secondary or incidental findings, and a plan for returning results before testing occurs is strongly advised.
For additional information see the Rationale section.
The tests, CPT codes, and ICD codes referenced in this policy are not comprehensive, and their inclusion does not represent a guarantee of coverage or non-coverage.

POLICY REFERENCE TABLE

COVERAGE CRITERIA SECTIONS	EXAMPLE TESTS (LABS)	COMMON BILLING CODES	REF
Hereditary Hearing Loss			
GJB2 and *GJB6* Sequencing and/or	*GJB2* Deletion/Duplication Analysis (GeneDx)	81252, 81479, 81254, 81479, 81430, 81431, H90-	1, 2

COVERAGE CRITERIA SECTIONS	EXAMPLE TESTS (LABS)	COMMON BILLING CODES	REF
Deletion/Duplication Analysis or Multigene Panel Analysis	*GJB6* Sequencing Analysis (Billing lab my vary)	H90.8, H90.A-90.A3, H91.3-H91.93	
	Hearing Loss Panel (GeneDx)		
	Comprehensive Hearing Loss NGS Panel (Sequencing & Deletion/Duplication) (Fulgent Genetics)		
	Hereditary Hearing Loss and Deafness Panel (PreventionGenetics, part of Exact Sciences)		
	DFNB1 Autosomal Recessive Hearing Loss (*GJB2* sequencing and common *GJB6* deletions) (Billing lab may vary)		

RELATED POLICIES

This policy document provides coverage criteria for hereditary hearing loss, or for other tests related to ear, nose, and throat disorders. Please refer to:

- ***Reproductive Testing: Carrier Screening*** for coverage criteria related to parental carrier screening for genetic disorders before or during pregnancy.
- ***Specialty Testing: Multisystem Genetic Conditions*** for coverage criteria related to diagnostic tests for genetic disorders that affect multiple organ systems (e.g. whole exome and genome sequencing, chromosomal microarray, and multigene panels for broad phenotypes).
- ***General Approach to Laboratory Testing*** for coverage criteria related to hearing loss, including known familial variant testing, that is not specifically discussed in this or another non-general policy.

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COVERAGE CRITERIA

HEREDITARY HEARING LOSS

GJB2 and GJB6 Sequencing and/or Deletion/Duplication Analysis or Multigene Panel Analysis

I. *GJB2* sequencing and/or deletion/duplication and/or *GJB6* sequencing and/or deletion/duplication analysis or multigene panel analysis to establish a diagnosis of hereditary hearing loss is considered **medically necessary** when:

   A. The member has hearing loss, **AND**

   B. There is no known acquired cause of the hearing loss (i.e., TORCH infections [*Toxoplasma gondii*, other agents, rubella, cytomegalovirus, and herpes simplex virus], bacterial infection, age-related or noise-related hearing loss).

II. *GJB2* sequencing and/or deletion/duplication and/or *GJB6* sequencing and/or deletion/duplication analysis or multigene panel analysis to establish a diagnosis of hereditary hearing loss is considered **investigational** for all other indications.

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RATIONALE

GJB2 and GJB6 Sequencing and/or Deletion/Duplication Analysis or Multigene Panel Analysis

American College of Medical Genetics and Genomics (ACMG)
The American College of Medical Genetics and Genomics (ACMG) published guidelines in 2022 to guide genetics evaluation for individuals with hearing loss: “For individuals lacking physical findings suggestive of a known syndrome, a tiered diagnostic approach should be implemented. Unless clinical and/or family history suggests a specific genetic etiology, comprehensive HL gene panel testing should be initiated” (p. 9).
The guidelines also state the following: “Although nonsyndromic HL [hearing loss] demonstrates high genetic heterogeneity, the DFNB1 locus, which includes the *GJB2* gene encoding the gap junction protein connexin 26 and the *GJB6* gene encoding the gap junction protein connexin 30, accounts for an estimated 50% of all autosomal recessive nonsyndromic HL and 15% to 40% of all deaf individuals in a variety of populations” (p. 3).
GeneReviews: Hereditary Hearing Loss and Deafness Overview
GeneReviews is an expert-authored review of current literature on a genetic disease, and goes through a rigorous editing and peer review process before being published online.
In the section that discusses possible differential diagnosis for hereditary hearing loss and deafness, it is stated that approximately 65% of prelingual hearing loss is due to genetic causes in developed countries. The remainder of cases are due to environmental (acquired) causes, which should be differentiated from genetic causes to inform the evaluation and required ancillary testing. Acquired hearing loss in children commonly results from prenatal infections from ‘TORCH’ organisms…or postnatal infections (such as CMV). Acquired hearing loss in

adults is most often attributed to environmental factors.
GeneReviews also recommends the use of multigene hearing loss panels and/or genomic testing.

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REFERENCES

1. Li MM, Tayoun AA, DiStefano M, et al. Clinical evaluation and etiologic diagnosis of hearing loss: A clinical practice resource of the American College of Medical Genetics and Genomics (ACMG). Genet Med. 2022;24(7):1392-1406.
2. Shearer AE, Hildebrand MS, Smith RJH. Genetic Hearing Loss Overview. 1999 Feb 14 [Updated 2023 September 28]. In: Adam MP, Ardinger HH, Pagon RA, et al., editors. GeneReviews [Internet]. Seattle (WA): University of Washington, Seattle; 1993-2024. Available from: https://www.ncbi.nlm.nih.gov/books/NBK1434/

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Note: The Health Plan uses the genetic testing clinical criteria developed by Concert Genetics, an industry-leader in genetic testing technology assessment and policy development.

	Committee/Source	Date(s)
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Administrative Update: