

Medica Coverage Policy



Policy Name:	Genetic Testing: Hearing Loss
Medica Effective Date:	January 01, 2024

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica 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 policy requirements 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 those 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 about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

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

OVERVIEW

Hereditary hearing loss can be classified as syndromic or nonsyndromic. Syndromic hearing loss refers to hearing loss associated with other medical or physical findings, including visible abnormalities of the external ear. Because syndromic hearing loss occurs as part of a syndrome of multiple clinical manifestations, it is often recognized more readily as hereditary. Nonsyndromic hearing loss is defined as hearing loss not associated with other physical signs or symptoms. Nonsyndromic hearing loss accounts for 70% to 80% of genetically determined deafness, and it is more difficult to determine whether the etiology is hereditary or acquired.

This policy primarily focuses on the use of genetic testing to identify a cause of suspected hereditary hearing loss. The diagnosis of syndromic hearing loss can be made on the basis of associated clinical findings. However, at the time of hearing loss presentation, associated clinical findings may not be apparent; furthermore, variants in certain genetic loci may cause both syndromic and nonsyndromic hearing loss. Given this overlap, the policy focuses on genetic testing for hereditary hearing loss more generally.

POLICY REFERENCE TABLE

The tests and associated laboratories and CPT codes contained within this document serve only as examples to help users navigate claims and corresponding coverage criteria; as such, they are not comprehensive and are not a guarantee of coverage or non-coverage.

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

Coverage Criteria Sections	Example Tests (Labs)	Common CPT Codes	Common ICD Codes	Ref
Hereditary Hearing Loss				

Known Familial Variant Analysis for Hereditary Hearing Loss	<i>GJB2</i> Targeted Mutation Analysis	81253	H90-H90.8, H90.A-90.A3, H91.3- H91.93	3	
	<i>GJB6</i> Targeted Mutation Analysis	81403			
GJB2 and GJB6 Sequencing and/or Deletion/ Duplication Analysis or Multigene Panel Analysis	<i>GJB2</i> Gene Sequencing (GeneDx)	81252			1, 2
	<i>GJB2</i> Deletion/Duplication Analysis (GeneDx)	81479			
	<i>GJB6</i> Common Variant Analysis	81254			
	<i>GJB6</i> Sequencing Analysis	81479			
	Hearing Loss Panel (GeneDx)	81430, 81431			
	Comprehensive Hearing Loss NGS Panel (Sequencing & Deletion/Duplication) (Fulgent Genetics)				
Hearing Loss and Deafness - Comprehensive (PreventionGenetics, part of Exact Sciences)					

OTHER RELATED POLICIES

This policy document provides coverage criteria for genetic testing for hereditary hearing loss. Please refer to:

- **Genetic Testing: Prenatal and Preconception Carrier Screening** for coverage criteria related to carrier screening for hereditary hearing loss.
- **Genetic Testing: Multisystem Inherited Disorders, Intellectual Disability, and Developmental Delay** for coverage criteria related to genetic disorders that affect multiple organ systems
- **Genetic Testing: General Approach to Genetic and Molecular Testing** for coverage criteria related to genetic testing for hearing loss that is not specifically discussed in this or another non-general policy.

COVERAGE CRITERIA

HEREDITARY HEARING LOSS

Known Familial Variant Analysis for Hereditary Hearing Loss

- I. Targeted variant analysis for a known familial variant(s) to establish a diagnosis of hereditary hearing loss (81253, 81403) is considered **medically necessary** when:
 - A. The member has a [close relative](#) with pathogenic or likely pathogenic variant(s) in *GJB2*, *GJB6*, or another gene known to cause hereditary hearing loss.

Targeted variant analysis for a known familial variant (81253, 81403) for hereditary hearing loss is considered **investigational** for all other indications.

[back to top](#)

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

- I. *GJB2* sequencing and/or deletion/duplication (81252, 81479) and/or *GJB6* sequencing and/or deletion/duplication analysis (81254, 81479) or multigene panel analysis (81430, 81431) 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 (81252, 81479) and/or *GJB6* sequencing and/or deletion/duplication analysis (81254, 81479) or multigene panel analysis (81430, 81431) to establish a diagnosis of hereditary hearing loss is considered **investigational** for all other indications.

[back to top](#)

PRIOR AUTHORIZATION

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

NOTES AND DEFINITIONS

1. Close relatives include first, second, and third degree blood relatives:
 - a. **First-degree relatives** are parents, siblings, and children
 - b. **Second-degree relatives** are grandparents, aunts, uncles, nieces, nephews, grandchildren, and half siblings
 - c. **Third-degree relatives** are great grandparents, great aunts, great uncles, great grandchildren, and first cousins

[back to top](#)

CLINICAL CONSIDERATIONS

If there is not a high suspicion for a specific hearing loss etiology, ideally the evaluation should occur in a stepwise fashion. About 50% of individuals with autosomal recessive hereditary hearing loss have pathogenic variants in the *GJB2* gene, in the other 50% of patients with apparent autosomal recessive hereditary hearing loss, numerous other genes are implicated. There is no single identifiable gene responsible for most cases of autosomal dominant hereditary hearing loss.

If there is suspicion for autosomal recessive congenital hearing loss, it would be reasonable to begin with testing of *GJB2* and *GJB6* and if testing is negative, screening for the other genes associated with hearing loss with a multigene panel would be efficient. An alternative strategy for suspected autosomal recessive or autosomal dominant hearing loss would be to obtain a multigene panel that includes *GJB2* and *GJB6* as a first step. Given the extreme heterogeneity in genetic causes of hearing loss, these 2 strategies may be considered reasonably equivalent.

[back to top](#)

BACKGROUND AND RATIONALE

Known Familial Variant Analysis for Hereditary Hearing Loss

Genetic Support Foundation

The Genetic Support Foundation's Genetics 101 information on genetic testing says the following about testing for familial pathogenic variants:

Genetic testing for someone who may be at risk for an inherited disease is always easier if we know the specific genetic cause. Oftentimes, the best way to find the genetic cause is to start by testing someone in the family who is known or strongly suspected to have the disease. If their testing is positive, then we can say that we have found the familial pathogenic (harmful) variant. We can use this as a marker to test other members of the family to see who is also at risk.

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 states:

In developed countries approximately 80% of prelingual hearing loss is due to genetic causes, with 70% of prelingual genetic hearing loss being nonsyndromic. 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 states that molecular genetic testing includes the use of multigene hearing loss panels and/or genomic testing. Single-gene testing (sequence analysis of a given gene, followed by gene-targeted deletion/duplication analysis) is rarely useful and typically NOT recommended.

[back to top](#)

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. Hereditary Hearing Loss and Deafness Overview. 1999 Feb 14 [Updated 2023 April 6]. In: Adam MP, Ardinger HH, Pagon RA, et al., editors. GeneReviews® [Internet]. Seattle (WA): University of Washington, Seattle; 1993-2023. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK1434/>
3. Genetic Support Foundation. Genetics 101 Genetic Testing: Familial Pathogenic Variant. Accessed 10/4/2022. <https://geneticsupportfoundation.org/genetics-101/#>

[back to top](#)

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

Medica Coverage Policy



Medica Original Effective Date: January 16, 2023

- Concert Genetics Effective Date: January 01, 2023 (V.1.2023)

Medica Re-Review Date(s):

- June 21, 2023
 - Concert Genetics Effective Date: July 01, 2023 (V.2.2023)
- December 20, 2023
 - Concert Genetics Effective Date: January 01, 2024 (V.1.2024)

© 2023-2024 Medica.