Genetic testing: eye disorders

These services may or may not be covered by your HealthPartners plan. Please see your plan documents for your specific coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

Administrative Process

Prior authorization is not applicable for genetic testing for macular degeneration as it considered investigational and therefore not covered.
Prior authorization is required for all other genetic testing for eye disorders.
Prior authorization is required for testing that is associated with a procedure code listed in “Box A,” below.

Tests that require prior authorization will be reviewed for medical necessity of the testing as a whole. That is, a single coverage decision will apply to all of the tests, services, and/or procedure codes associated with the genetic test, whether they are requested/billed together or separately.

Box A: Genetic testing procedure codes that require prior authorization
Molecular pathology procedures, Tier 2 or unlisted (CPT 81400-81408, 81479)
Unlisted multianalyte assays (CPT 81599)
Any other listed or unlisted laboratory/pathology CPT code when it is used in association with a genetic test.

Policy Reference Table

If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive.

Coverage Criteria Sections	Example Tests (Labs)	Common CPT Codes	Common ICD Codes
Macular Degeneration			
Macular Degeneration	Macula Risk (Arctic Medical Laboratories)	81479, 81599	H35.30, H35.3110-H35.3194, H35.3210-H35.3293, Z13.5
	Vita Risk (Arctic Medical Laboratories)	0205U	
	Macular Degeneration NGS Panel (Fulgent Genetics)	81404, 81408, 81479	
Inherited Retinal Dystrophies			
Inherited Retinal Dystrophies Multigene Panel Analysis	Comprehensive Inherited Retinal Dystrophies Panel (Prevention Genetics, part of Exact Sciences)	81434	H35.50-H35.54
	Leber Congenital Amaurosis Panel (Prevention Genetics, part of Exact Sciences)	81404, 81406, 81408, 81479	
Other Covered Eye Disorders			
Other Covered Eye Disorders	See below	81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408	

Coverage

Macular Degeneration

1. Genetic testing for macular degeneration is considered **investigational.**

Back to top

Inherited Retinal Dystrophies

Inherited Retinal Dystrophies Multigene Panel Analysis

1. Genetic testing for inherited retinal dystrophies via a multigene panel is considered **medically necessary** when:
    A. The member has findings consistent with one of the following:
        i. Rod-cone degeneration (e.g., retinitis pigmentosa), **or**
        ii. Cone-rod degeneration (e.g., achromatopsia), **or**
        iii. Chorioretinal degeneration, **or**
        iv. Macular dystrophy, **and**
    B. The test includes, at a minimum, the *RPE65* gene.
2. Genetic testing for inherited retinal dystrophies via a multigene panel is considered **investigational** for all other indications.

Back to top

Other Covered Eye Disorders

1. Genetic testing to establish or confirm one of the following eye disorders to guide management is considered **medically necessary** when the member demonstrates clinical features* consistent with the disorder (the list is not meant to be comprehensive, see 2. below):
    A. Duane Syndrome
    B. Familial Exudative Vitreoretinopathy
    C. Aniridia
    D. X-linked Congenital Retinoschisis
    E. Presenile Cataracts
2. Genetic testing to establish or confirm the diagnosis of all other eye disorders not specifically discussed within this or another medical policy will be evaluated by the criteria outlined in **General Approach to Genetic and Molecular Testing** (see policy for coverage criteria).

*Clinical features for a specific disorder may be outlined in resources such as GeneReviews, OMIM, National Library of Medicine, Genetics Home Reference, or other scholarly sources.

Definitions

Age-related Macular Degeneration (AMD) is the leading cause of blindness and irreversible vision loss among older adults (greater than age 65 years).

Gene therapy is a treatment that changes the expression of genes to treat disease, e.g., by replacing or inactivating a gene that is not functioning properly or by introducing a new gene. Genes may be introduced into human cells through a vector, usually a virus.

Retinal dystrophies (RDs) are degenerative diseases of the retina which have marked clinical and genetic heterogeneity. Vision impairment may vary from poor peripheral or night vision to complete blindness, and severity usually increases with age.

***RPE65* (retinal pigment epithelium-specific protein 65-kD) gene** encodes the RPE54 protein, which is an all translate-retinal isomerase, a key enzyme expressed in the retinal pigment epithelium (RPE) that is responsible for regeneration of 11-cis-retinol in the visual cycle.

Products

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria do not apply to Medicare Products. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy, contact Member Services at 952-883-7272 or 1-877-778-8384.

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