BSC_CON_2.20	Genetic Testing: Eye Disorders		
Original Policy Date:	December 1, 2023	**Effective Date:**	January 1, 2025
Section:	2.0 Medicine	**Page:**	Page 1 of 11

Example Test Table

The tests, associated laboratories, CPT codes, and ICD 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. Please see the Concert Platform for a comprehensive list of registered tests.

Policy Statement Sections	Example Tests (Labs)	Common CPT Codes
Macular Degeneration		
Macular Degeneration	Macula Risk (Arctic Medical Laboratories)	81479, 81599
	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 (PreventionGenetics, part of Exact Sciences)	81434
	Leber Congenital Amaurosis Panel (PreventionGenetics, part of Exact Sciences)	81404, 81406, 81408, 81479
Other Covered Eye Disorders		
Other Covered Eye Disorders	See below	81400-81408

Policy Statement

MACULAR DEGENERATION

I. Genetic testing for macular degeneration (81404, 81408, 81479, 81599, 0205U) is considered **investigational**.

INHERITED RETINAL DYSTROPHIES
Inherited Retinal Dystrophies Multigene Panel Analysis

II. Genetic testing for inherited retinal dystrophies via a multigene panel (81404, 81406, 81408, 81434, 81479) may be considered **medically necessary** when **BOTH** of the following criteria are met:
   A. The member has findings consistent with one of the following:
      1. Rod-cone degeneration (e.g., retinitis pigmentosa), **OR**
      2. Cone-rod degeneration (e.g., achromatopsia), **OR**
      3. Chorioretinal degeneration**, OR**

4. Macular dystrophy, **AND**

B. The test includes, at a minimum, the *RPE65* gene.

III. Genetic testing for inherited retinal dystrophies via a multigene panel (81404, 81406, 81408, 81434, 81479) is considered **investigational** for all other indications.

OTHER COVERED EYE DISORDERS

The following is a list of conditions that have a known genetic association. Due to their relative rareness, it may be appropriate to approve claims for these tests to establish or confirm a diagnosis.

IV. Genetic testing to establish or confirm one of the following eye disorders to guide management may be considered **medically necessary** when the member demonstrates clinical features* consistent with the disorder (the list is not meant to be comprehensive, see V below):

A. Duane Syndrome
B. Familial Exudative Vitreoretinopathy
C. Aniridia
D. X-linked Congenital Retinoschisis
E. Presenile Cataracts

V. 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).

NOTE: 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.

NOTE: Refer to Appendix A to see the policy statement changes (if any) from the previous version.

Policy Guidelines

DEFINITIONS

1. **Age-related Macular Degeneration (AMD)** is the leading cause of blindness and irreversible vision loss among older adults (greater than age 65 years).
2. **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.
3. ***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.
4. **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.

CLINICAL CONSIDERATIONS

The purpose of genetic testing of asymptomatic individuals with risk of developing age-related macular degeneration is to identify single nucleotide variants for primary prevention or earlier detection of disease for more timely intervention to affect course of disease progression. Patients may be referred from primary care to an ophthalmologist or medical geneticist for investigation and management of age-related macular degeneration. In all cases, the patient should receive counseling from a physician with expertise in inherited disease or a genetic counselor. Whenever clinical findings suggest the presence of an inherited eye disease, the treating ophthalmologist should either discuss the potential value of genetic testing with their patient and order the

appropriate tests (if any) or should offer a referral to another physician or counselor with expertise in the selection and interpretation of genetic tests. Treating physicians should also ensure that their patients receive a written copy of their genetic test results.

Genetic testing is required to detect the presence of pathogenic or likely pathogenic variants in the *RPE65* gene in individuals with documented vision loss. By definition, pathogenic or likely pathogenic variant(s) must be present in both copies of the *RPE65* gene to establish a diagnosis of biallelic *RPE65*-mediated inherited retinal dystrophy. Next-generation sequencing and Sanger sequencing typically cannot resolve the phase (e.g., *trans* vs. *cis* configuration) when two *RPE65* pathogenic or likely pathogenic variants are detected. In this scenario, additional documentation of the *trans* configuration is required to establish a diagnosis of biallelic *RPE65*-mediated inherited retinal dystrophy.

Coding
See the Codes table for details.

Description

In the past 15 years, genetics experts have identified approximately 500 genes that contribute to inherited eye diseases. Approximately 4,000 diseases affect humans, and nearly one-third of these diseases may affect the eyes. Because many genes involved in ophthalmologic disorders are now identified, scientists have developed a better understanding of how these genes influence vision and eye health.

Age-related macular degeneration (AMD) is an eye condition that causes damage to the central portion of the retina (the macula), affecting the ability to see objects straight ahead. It is a complex disease and is the leading cause of blindness and irreversible vision loss among adults over the age of 65 years. The etiology of AMD is multifactorial and includes both genetic and environmental (e.g. age, smoking) factors. Genetic testing has been proposed to predict the risk of developing advanced AMD in asymptomatic individuals, however, the clinical utility of genetic testing for age-related macular degeneration is limited. No studies have shown improvements in patients identified as being high-risk based on genetic testing, and evidence is insufficient to determine the effects of genetic testing on health outcomes. For individuals who have age-related macular degeneration, the clinical utility of genetic testing is limited and has not shown to be superior to clinical evaluation.

Inherited retinal dystrophy can be caused by biallelic variants in the *RPE65* gene and other genes and can result in difficulty seeing in dim light and progressive loss of vision. Historically considered untreatable, gene therapy has been proposed as a treatment to improve visual function. Individuals who have vision loss due to biallelic *RPE65* variant associated retinal dystrophy are eligible to receive gene therapy. Because this is a rare condition, there are challenges with generating evidence demonstrating that the technology results in a meaningful improvement in net health outcomes.

Related Policies

This policy document provides coverage criteria for Genetic Testing for Eye Disorders. Please refer to:

- ***Genetic Testing: Hereditary Cancer Susceptibility*** for coverage criteria related to genetic testing for retinoblastoma.
- ***Genetic Testing: Hearing Loss*** for coverage criteria related to genetic testing for disorders that include hearing loss, such as Usher syndrome.
- ***Genetic Testing: Multisystem Inherited Disorders, Intellectual Disability, and Developmental Delay*** for coverage criteria related to oculocutaneous albinism and other multisystem inherited disorders.

- ***Genetic Testing: General Approach to Genetic and Molecular Testing*** for coverage criteria related to genetic testing for eye disorders that are not specifically discussed in this or another non-general policy, including known familial variant testing.

Benefit Application

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Some state or federal mandates (e.g., Federal Employee Program [FEP]) prohibits plans from denying Food and Drug Administration (FDA)-approved technologies as investigational. In these instances, plans may have to consider the coverage eligibility of FDA-approved technologies on the basis of medical necessity alone.

Rationale

Background
Macular Degeneration

American Society of Retina Specialists
American Society of Retina Specialists (2017) published special correspondence on the use of genetic testing in the management of patients with age-related macular degeneration, which made the following conclusions:

1. Age-related macular degeneration (AMD) genetic testing may provide information on the progression rates from intermediate to advanced AMD. However, before ordering this testing, retina specialists should be aware of the following:
    a. Testing should be performed only at Clinical Laboratory Improvement Amendments–certified laboratories with expertise in genetic sequencing. Because of the high variability in the results, direct-to-consumer (DTC) AMD genetic testing that does not meet this standard is not recommended.
    b. Interpretation of the results of AMD genetic testing is complex.
    c. At present, there is no clinical evidence that altering the management of genetically higher risk progression patients, for example, with more frequent office visits and/or improved lifestyle changes, results in better visual outcomes for these patients compared with individuals of lower genetic susceptibility. As such, prospective studies are needed before patient care is modified.
2. Age-related macular degeneration genetic testing at present in patients with neovascular AMD does not provide clinically relevant information regarding response to anti-vascular endothelial growth factor (VEGF) treatment and is not recommended for this purpose.
3. Although genetic testing to determine the optimal nutritional supplementation may in the future prove useful, at present there is insufficient data to support the use of genetic testing in patients with AMD prior to recommendation of current Age-Related Eye Disease Study (AREDS) nutritional supplement use. (p. 75)

American Academy of Ophthalmology
A Preferred Practice Pattern published in 2020 concluded that there is no evidence to support the need for genotyping to guide recommendations for use of supplements containing antioxidants and zinc in AMD (age related macular degeneration). (p. P15) In addition they state that routine use of genetic testing is not supported by existing literature and is not recommended at this time. (p. P16)

Inherited Retinal Dystrophies Multigene Panel Analysis

Food and Drug Administration

The FDA issued an approval letter on December 18, 2017 for Luxturna stating, "Under this license, you are authorized to manufacture the product voretigene neparvovec-rzyl, which is indicated for the treatment of patients with confirmed biallelic *RPE65* mutation-associated retinal dystrophy." (p. 1)

American Academy of Ophthalmology (AAO)

The American Academy of Ophthalmology Clinical Statement (2022) provides recommendations and clinical genetic assessments of patients with inherited retinal degenerations. Next generation sequencing using a retinal dystrophy panel is an efficient first step for genetic testing and should include genes for syndromic forms of retinal disease even in patients without syndromic features. Patients would also need to have genetic testing to determine eligibility for the FDA- approved voretigene neparvovec or be considered for clinical trials. Genetic testing is recommended in patients with any of four major types of inherited retinal degenerations (rod-cone degenerations, cone-rod degenerations, chorioretinal degenerations and inherited macular dystrophies).

OTHER COVERED EYE DISORDERS

American Academy of Ophthalmology (AAO)

The American Academy of Ophthalmology (AAO) Task Force on Genetic Testing published the following recommendations for genetic testing of inherited eye diseases (2012, revised 2014):

1. Offer genetic testing to patients with clinical findings suggestive of a Mendelian disorder whose causative gene(s) have been identified. If unfamiliar with such testing, refer the patient to a physician or counselor who is. In all cases, ensure that the patient receives counseling from a physician with expertise in inherited disease or a certified genetic counselor.
2. Use Clinical Laboratories Improvement Amendments– approved laboratories for all clinical testing. When possible, use laboratories that include in their reports estimates of the pathogenicity of observed genetic variants that are based on a review of the medical literature and databases of disease-causing and non–disease-causing variants.
3. Provide a copy of each genetic test report to the patient so that she or he will be able independently to seek mechanism-specific information, such as the availability of gene-specific clinical trials, should the patient wish to do so.
4. Avoid direct-to-consumer genetic testing and discourage patients from obtaining such tests themselves. Encourage the involvement of a trained physician, genetic counselor, or both for all genetic tests so that appropriate interpretation and counseling can be provided.
5. Avoid unnecessary parallel testing— order the most specific test(s) available given the patient's clinical findings. Restrict massively parallel strategies like whole-exome sequencing and whole-genome sequencing to research studies conducted at tertiary care facilities.
6. Avoid routine genetic testing for genetically complex disorders like age-related macular degeneration and late-onset primary open-angle glaucoma until specific treatment or surveillance strategies have been shown in 1 or more published prospective clinical trials to be of benefit to individuals with specific disease-associated genotypes. In the meantime, confine the genotyping of such patients to research studies.
7. Avoid testing asymptomatic minors for untreatable disorders except in extraordinary circumstances. For the few cases in which such testing is believed to be warranted, the following steps should be taken before the test is performed: (1) the parents and child should undergo formal genetic counseling, (2) the certified counselor or physician performing the counseling should state his or her opinion in writing that the test is in the family's best interest, and (3) all parents with custodial responsibility for the child should agree in writing with the decision to perform the test. (p. 4 and 5)

References

1. American Academy of Ophthalmology Guidelines on Clinical Assessments of Patients with Inherited Retinal Degenerations -2022 Accessed 5/1/2024. https://www.aao.org/education/clinical-statement/guidelines-on-clinical-assessment-of-patients-with
2. Csaky KG SA, Kaiser PK, et al. The Use of Genetic Testing in the Management of Patients with Age-Related Macular Degeneration: American Society of Retina Specialists Genetics Task Force Special Report. 2017. Accessed 3/26/2024.
3. US Food & Drug Administration. Approval Letter - LUXTURNA. December 19, 2017. Accessed November 2, 2020. https://www.fda.gov/media/109487/download
4. MedlinePlus [Internet]. Bethesda (MD): National Library of Medicine (US). Available from: https://medlineplus.gov/genetics/
5. 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/NBK1116/
6. Online Mendelian Inheritance in Man, OMIM. McKusick-Nathans Institute of Genetic Medicine, Johns Hopkins University (Baltimore, MD). World Wide Web URL: https://omim.org/
7. Flaxel CJ, Adelman RA, Bailey ST, et al. Age-Related Macular Degeneration Preferred Practice Pattern [published correction appears in Ophthalmology. 2020 Sep;127(9):1279]. *Ophthalmology*. 2020;127(1):P1-P65. doi:10.1016/j.ophtha.2019.09.024
8. Stone EM, Aldave AJ, Drack AV, et al. Recommendations for genetic testing of inherited eye diseases: report of the American Academy of Ophthalmology task force on genetic testing. Ophthalmology. 2012;119(11):2408-2410.

Documentation for Clinical Review

Please provide the following documentation:

- Name of the test being requested or the Concert Genetics GTU identifier.
  The Concert Genetics GTU can be found at https://app.concertgenetics.com
- CPT codes to be billed for the particular genetic test (GTU required for unlisted codes)
- History and physical and/or consultation notes including:
  - Clinical findings:
    - Signs/symptoms leading to a suspicion of genetic condition
    - Family history if applicable
  - Prior evaluation/treatment:
    - Previous test results (i.e., imagining, lab work, etc.) related to reason for genetic testing
    - Family member's genetic test result, if applicable
  - Rationale
    - Reason for performing test
    - How test result will impact clinical decision making

Post Service (in addition to the above, please include the following):

- Results/reports of tests performed

Coding

This Policy relates only to the services or supplies described herein. Benefits may vary according to product design; therefore, contract language should be reviewed before applying the terms of the Policy.

The following codes are included below for informational purposes. Inclusion or exclusion of a code(s) does not constitute or imply member coverage or provider reimbursement policy. Policy Statements are intended to provide member coverage information and may include the use of some codes for clarity. The Policy Guidelines section may also provide additional information for how to interpret the Policy Statements and to provide coding guidance in some cases.

Type	Code	Description
CPT®	0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements
	81400	Molecular pathology procedure, Level 1 (e.g., identification of single germline variant [e.g., SNP] by techniques such as restriction enzyme digestion or melt curve analysis)
	81401	Molecular pathology procedure, Level 2 (e.g., 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)
	81402	Molecular pathology procedure, Level 3 (e.g., >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD])
	81403	Molecular pathology procedure, Level 4 (e.g., analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)
	81404	Molecular pathology procedure, Level 5 (e.g., analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)
	81405	Molecular pathology procedure, Level 6 (e.g., analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis)
	81406	Molecular pathology procedure, Level 7 (e.g., analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons)
	81407	Molecular pathology procedure, Level 8 (e.g., analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform)
	81408	Molecular pathology procedure, Level 9 (e.g., analysis of >50 exons in a single gene by DNA sequence analysis)
	81434	Hereditary retinal disorders (e.g., retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A
	81479	Unlisted molecular pathology procedure
	81599	Unlisted multianalyte assay with algorithmic analysis
HCPCS	None	

Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Medical Policy.

Effective Date	Action
12/01/2023	New policy.
12/01/2024	Annual review. No change to policy statement.
01/01/2025	Annual review. Policy statement, guidelines and literature updated. Coding update.

Definitions of Decision Determinations

Medically Necessary: Services that are Medically Necessary include only those which have been established as safe and effective, are furnished under generally accepted professional standards to treat illness, injury or medical condition, and which, as determined by Blue Shield, are: (a) consistent with Blue Shield medical policy; (b) consistent with the symptoms or diagnosis; (c) not furnished primarily for the convenience of the patient, the attending Physician or other provider; (d) furnished at the most appropriate level which can be provided safely and effectively to the patient; and (e) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the Member's illness, injury, or disease.

Investigational/Experimental: A treatment, procedure, or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield of California/Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a split evaluation, where a treatment, procedure, or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Prior Authorization Requirements and Feedback (as applicable to your plan)

Within five days before the actual date of service, the provider must confirm with Blue Shield that the member's health plan coverage is still in effect. Blue Shield reserves the right to revoke an authorization prior to services being rendered based on cancellation of the member's eligibility. Final determination of benefits will be made after review of the claim for limitations or exclusions.

Questions regarding the applicability of this policy should be directed to the Prior Authorization Department at (800) 541-6652, or the Transplant Case Management Department at (800) 637-2066 ext. 3507708 or visit the provider portal at www.blueshieldca.com/provider.

We are interested in receiving feedback relative to developing, adopting, and reviewing criteria for medical policy. Any licensed practitioner who is contracted with Blue Shield of California or Blue Shield of California Promise Health Plan is welcome to provide comments, suggestions, or concerns. Our internal policy committees will receive and take your comments into consideration.

For utilization and medical policy feedback, please send comments to: MedPolicy@blueshieldca.com

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. Blue Shield of California may consider published peer-reviewed scientific literature, national guidelines, and local standards of practice in developing its medical policy. Federal and state law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over medical policy and must be considered first in determining covered services. Member contracts may differ in their benefits. Blue Shield reserves the right to review and update policies as appropriate.

Appendix A

POLICY STATEMENT	
BEFORE Red font: Verbiage removed	**AFTER** Blue font: Verbiage Changes/Additions
Genetic Testing: Eye Disorders BSC_CON_2.20 **Policy Statement:** KNOWN FAMILIAL VARIANT ANALYSIS FOR EYE DISORDERS I. Targeted mutation analysis for a known familial variant (81403) for an eye disorder may be considered **medically necessary** when: A. The member has a close relative with a known pathogenic or likely pathogenic variant causing the condition. II. Targeted mutation analysis for a known familial variant (81403) for an eye disorder is considered **investigational** for all other indications. MACULAR DEGENERATION III. Genetic testing for macular degeneration (81404, 81406, 81408, 81479, 81599, 0205U) is considered **investigational**. *RPE65*-ASSOCIATED RETINAL DYSTROPHY / LEBER CONGENITAL AMAUROSIS *RPE65* Sequencing and/or Deletion/Duplication Analysis or Multigene Panel Analysis IV. Genetic testing for *RPE65*-associated retinal dystrophy/Leber congenital amaurosis via *RPE65* sequencing and/or deletion/duplication analysis (81406, 81479) or a multigene panel (81404, 81406, 81408, 81479) that includes *RPE65* may be considered **medically necessary** when **BOTH** of the following criteria are met: A. The member has a diagnosis of a retinal dystrophy or Leber Congenital Amaurosis B. The member is being considered for treatment with voretigene neparvovec (Luxturna®). V. Genetic testing for *RPE65*-associated retinal dystrophy/Leber congenital amaurosis via *RPE65* sequencing and/or deletion/duplication analysis (81406, 81479) or a multigene panel	**Genetic Testing: Eye Disorders BSC_CON_2.20** **Policy Statement:** MACULAR DEGENERATION I. Genetic testing for macular degeneration (81404, 81408, 81479, 81599, 0205U) is considered **investigational**. INHERITED RETINAL DYSTROPHIES Inherited Retinal Dystrophies Multigene Panel Analysis II. Genetic testing for inherited retinal dystrophies via a multigene panel (81404, 81406, 81408, 81434, 81479) may be considered **medically necessary** when **BOTH** of the following criteria are met: A. The member has findings consistent with one of the following: 1. Rod-cone degeneration (e.g., retinitis pigmentosa), **OR** 2. Cone-rod degeneration (e.g., achromatopsia), **OR** 3. Chorioretinal degeneration**, OR** 4. Macular dystrophy, **AND** B. The test includes, at a minimum, the *RPE65* gene. III. Genetic testing for inherited retinal dystrophies via a multigene panel (81404, 81406, 81408, 81434, 81479) is considered **investigational** for all other indications.

POLICY STATEMENT	
BEFORE Red font: Verbiage removed	**AFTER** Blue font: Verbiage Changes/Additions
(81404, 81406, 81408, 81479) that includes *RPE65* is considered **investigational** for all other indications. GLAUCOMA VI. Genetic testing for glaucoma (81404, 81406, 81407, 81408, 81479) is considered **investigational**. OTHER COVERED EYE DISORDERS The following is a list of conditions that have a known genetic association. Due to their relative rareness, it may be appropriate to approve claims for these tests to establish or confirm a diagnosis. VII. Genetic testing to establish or confirm one of the following eye disorders to guide management may be considered **medically necessary** when the member demonstrates clinical features* consistent with the disorder (the list is not meant to be comprehensive, see VIII below): A. Duane Syndrome B. Familial Exudative Vitreoretinopathy C. Retinitis Pigmentosa D. Aniridia E. X-linked Congenital Retinoschisis F. Presenile Cataracts VIII. 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 Testing 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 source.	OTHER COVERED EYE DISORDERS The following is a list of conditions that have a known genetic association. Due to their relative rareness, it may be appropriate to approve claims for these tests to establish or confirm a diagnosis. IV. Genetic testing to establish or confirm one of the following eye disorders to guide management may be considered **medically necessary** when the member demonstrates clinical features* consistent with the disorder (the list is not meant to be comprehensive, see V below): A. Duane Syndrome B. Familial Exudative Vitreoretinopathy C. Aniridia D. X-linked Congenital Retinoschisis E. Presenile Cataracts V. 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). ***NOTE:*** 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.