

Comprehensive Cardiomyopathy Panels

- I. Comprehensive cardiomyopathy panels are considered **medically necessary** when:
 - A. The member has a diagnosis of cardiomyopathy, **OR**
 - B. The member has a first-degree relative with sudden cardiac death (SCD) or sudden unexplained death (SUD), **AND**
 1. This relative's autopsy revealed unspecified cardiomyopathy (e.g., cardiomegaly or cardiomyopathy), **OR**
 2. This relative's autopsy revealed an anatomically normal heart, **AND**
 - a) The autopsy did not reveal a cause of death.
- II. Comprehensive cardiomyopathy panels are considered **investigational** for all other indications.

NOTE: Multigene panels that are targeted to the cardiomyopathy phenotype observed are recommended by professional guidelines

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
2. **Sudden cardiac death (SCD)** is death due to a cardiovascular cause that occurs within one hour of the onset of symptoms

3. **Sudden unexplained death (SUD)** (also known as Sudden unexplained death syndrome or SUDS) refers to a sudden cardiac death that occurs in an apparently healthy and often young individual within an hour of the onset of symptoms and for no apparent reason

REFERENCES

1. Hershberger RE, Givertz MM, Ho CY, et al. Genetic Evaluation of Cardiomyopathy-A Heart Failure Society of America Practice Guideline. *J Card Fail.* 2018;24(5):281-302. doi:10.1016/j.cardfail.2018.03.004
2. Stiles MK, Wilde AAM, Abrams DJ, et al. 2020 APHRS/HRS Expert Consensus Statement on the Investigation of Decedents with Sudden Unexplained Death and Patients with Sudden Cardiac Arrest, and of Their Families [published online ahead of print, 2020 Oct 13]. *Heart Rhythm.* 2020;S1547-5271(20)30953-X. doi:10.1016/j.hrthm.2020.10.010