

Long QT Syndrome Panels

I. Genetic testing for long QT syndrome (LQTS) via multigene panel is considered **medically necessary** when:

A. The member is asymptomatic, **AND**

1. The member has a confirmed prolonged QTc (greater than 460ms prepuberty, greater than 480 ms for adults) on resting ECG and/or provocative stress testing with exercise or during intravenous pharmacologic provocation testing (eg, with epinephrine), **OR**
2. The member has a close relative with a clinical diagnosis of LQTS, whose genetic status is unknown,¹ **OR**

B. The member is symptomatic (e.g., a history of syncope, cardiac arrest, and/or aborted sudden death), **AND**

1. The member meets either of the following:
 - a) A cardiologist has established a strong clinical suspicion for LQTS based on examination of the member's clinical history, family history, and expressed electrographic phenotype, **OR**
 - b) The member has a Schwartz score of 3.0 or more, **AND**
2. Non-genetic causes of a prolonged QTc interval have been ruled out, such as QT-prolonging drugs, hypokalemia, structural heart disease, or certain neurologic conditions including subarachnoid bleed.

II. Genetic testing for long QT syndrome (LQTS) via multigene panel is considered **investigational** for all other indications.

NOTE: If a panel is performed, the appropriate panel code should be used

¹If a pathogenic or likely pathogenic variant has been identified in an explanatory gene in the affected family member, refer to the *General Criteria for Known Familial Variant Analysis for a Genetic Condition* within the *General Approach to Laboratory Testing*.

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

REFERENCES

1. Ackerman MJ, Priori SG, Willems S, et al. HRS/EHRA expert consensus statement on the state of genetic testing for the channelopathies and cardiomyopathies this document was developed as a partnership between the Heart Rhythm Society (HRS) and the European Heart Rhythm Association (EHRA). *Heart Rhythm*. 2011;8(8):1308-1339. doi:10.1016/j.hrthm.2011.05.020
2. Schwartz PJ, Crotti L. QTc behavior during exercise and genetic testing for the long-QT syndrome. *Circulation*. 2011 Nov 15;124(20):2181-4. doi: 10.1161/CIRCULATIONAHA.111.062182. PMID: 22083145
3. Wilde AAM, Semsarian C, Márquez MF, et al. European Heart Rhythm Association/Heart Rhythm Society/Asia Pacific Heart Rhythm Society/Latin American Heart Rhythm Society expert consensus statement on the state of genetic testing for cardiac diseases. [published correction appears in *Europace*. 2022 Aug 30]. *Europace*. 2022;24(8):1307-1367. doi:10.1093/europace/euac030