Updates to Carelon Medical Benefits Management Genetic Testing Clinical Appropriateness Guidelines

Effective June 30, 2024, the following updates apply to Carelon's Genetic Testing Clinical Appropriateness Guidelines. As part of the Carelon guideline annual review process, these updates focus on advancing efforts to drive clinically appropriate, safe and affordable healthcare services.

Updates by Guideline:

Hereditary Cancer

General recommendation

- Clarified genetic counseling recommendations.

Li-Fraumeni syndrome

- Expanded indication to include individuals with at least one first-, second- or third-degree relative with a known TP53 variant.

Hereditary breast, ovarian and pancreatic cancer (HBOP)

- Expanded BRCA1 and BRCA2 testing.
- Expanded multi-gene panel testing to include ovarian and pancreatic cancer.

Prostate cancer

- Expanded the prostate cancer gene list (which now adds up to 20 genes and includes PALB2, MLH1, MSH2, MSH6, PMS2 and EPCAM), and the gene list for those pathogenic variants found by somatic tumor testing.
- Expanded circumstances where intermediate risk and where low- or intermediate-risk localized prostate cancer are now considered medically necessary.

Carrier Screening in the Reproductive Setting

- Expanded to include standard hemoglobinopathy screening for all pregnant individuals or an individual considering pregnancy.

Genetic Testing for Inherited Conditions

- Expanded preimplantation genetic testing for gamete providers in certain scenarios.

For questions, email Carelon at MedicalBenefitsManagement.guidelines@Carelon.com. Additionally, you may access and download a copy of the current and upcoming guidelines.