Updates to Carelon Medical Benefits Management, Inc. Clinical Appropriateness Guidelines

Effective for dates of service on and after **September 19, 2026,** the following updates will apply to Carelon Medical Benefits Management, Inc. Clinical Appropriateness Guidelines. As part of the Carelon guideline annual review process, these updates are focused on advancing efforts to drive clinically appropriate, safe, and affordable health care services

Genetic Testing

All Genetic Testing guidelines

- General Requirements:
    - Added statement that testing be performed in a CLIA-certified lab accredited by the College of American Pathologists

Prenatal Screening using Cell-free DNA

- Added medically necessary indications for fetal red blood cell antigen screening using cell-free DNA
- Clarified scenarios on use of cfDNA screening considered Not Medically Necessary, including removal of RhD and/or other fetal red blood cell antigens

Carrier Screening in the Reproductive Setting

- Clarified screening limited to once per lifetime for a given gene instead of for a given condition
- Removed exclusion: molecular screening for conditions where nonmolecular techniques can be used

Genetic Testing for Inherited Conditions

- General Requirements:
    - Clarified that germline genetic testing is limited to once per lifetime for a given gene except when individual is inadequately tested
    - Allow testing for an inherited condition per member health plan drug-specific policy requirements
    - Clarified that multigene panel testing is considered not medically necessary when either whole exome or whole genome sequencing is being or has been performed
- Cardiac Conditions:
    - Hereditary arrhythmia syndromes: focused testing based on clinical conditions
    - Hereditary cardiomyopathy syndromes: removed age restriction in symptomatic individuals and allow genetic testing for either symptomatic or presymptomatic individuals with a family history
    - Hereditary aortopathies: focused testing based on clinical condition
    - Suspected family history of sudden cardiac death: renamed indication for clarity
- Primary Mitochondrial Diseases: targeted gene panel expanded from < 25 to < 30 genes
- Thrombophilia Testing:
    - Added two criteria for individuals with a VTE: Pregnancy or postpartum up to 6 weeks, or estrogen exposure

    - Added a criterion for individuals with or without a VTE and low activated protein C (APC) resistance activity
    - Edited one criterion for individuals without a VTE contemplating pregnancy and first-degree relative with VTE and high-risk thrombophilia
    - Added criteria for individuals without a VTE: Pregnant or postpartum and a first-degree relative with a history of VTE and high-risk thrombophilia or cancer receiving chemotherapy at low or intermediate risk of thrombosis and a first-degree relative with a history of VTE
    - Clarified scenarios considered Not Medically Necessary
- Biomarker Testing for Rejection in Solid Organ Transplantation
    - For individuals ≥15 years of age post-cardiac transplantation:
        - Testing allowed beginning at 2 months (reduced from 6 months) post-transplant
        - Testing frequency allowed at 2-month increments (reduced from 3 months) between 2 and 12 months after transplant
    - Clarified additional scenarios and related tests for gene expression profiling, donor-derived cell-free DNA (dd-cfDNA), and MicroRNA testing considered Not Medically Necessary