Updates to Carelon's Genetic Testing Clinical Appropriateness Guidelines

Effective for dates of service on and after March 17, 2024, the following updates will apply to the Carelon Medical Benefits Management Genetic Testing 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 healthcare services.

Guideline updates include:

Cell-free DNA Testing (Liquid Biopsy) for the Management of Cancer

- Replaced "contraindicated" with "unsafe or infeasible" for clarification of tissue biopsy.

Prenatal Testing using cell-free DNA

- Clarified required components of genetic counseling. For viable singleton or twin pregnancy, clarified sex prediction for pregnancies at risk for an X-linked disorder.

Somatic Tumor Testing

- Clarified for FDA-approved test that moved to umbrella criteria.
- Expanded BRAF V600E criteria to include RAS variant in localized CRC.
- Removed Afirma standalone assay for testing ITNs.
- Restricted testing to 50 genes or less for bladder, colorectal, ovarian, ALL, AML, CML, MPN and MDS.
- Expanded specimen type in tissue-based testing for ALL, AML and MDS. For ALL, specimen-type, MRD and BCR-ABL1 monitoring.

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