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

Effective for dates of service on and after **April 4, 2026,** the following updates will apply to the 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

Hereditary Cancer Testing

- Adenomatous Polyp Syndromes
    - Added genes (NTHL1, AXIN, MSH3, POLE, POLD1) to list for testing
    - Added individuals with a personal history of cribriform-morular thyroid cancer
    - Added third-degree relative with known pathogenic variant in a gene associated with adenomatous polyp syndromes
    - Added individuals with GI cancers presenting under age 50
    - Added individuals with any cancer with P/LP variant identified in genomic/germline testing

- Juvenile Polyposis Syndrome
    - Added individual has a first-, second-, or third-degree relative with a known pathogenic variant in SMAD4 or BMPR1A
- Peutz-Jeghers syndrome
    - Expanded indication to anywhere in the GI tract
- PTEN-hamartoma tumor syndrome (including Cowden syndrome)
    - Expanded to include Bannayan-Riley-Ruvalcaba syndrome, autism spectrum disorder AND macrocephaly (≥ 97th percentile: 58 cm for adult women, 60 cm for adult men)
    - Expanded to include esophageal glycogenic acanthoses
    - New note/link to multigene panel testing for hereditary breast, ovarian, or pancreatic carcinoma
- Lynch Syndrome
    - Expanded family history to second-degree relatives with colorectal or endometrial cancer and another Lynch cancer
    - Expanded to third-degree relatives
- Hereditary Diffuse Gastric Cancer
    - New section added
- Li-Fraumeni Syndrome
    - New note/link to multigene panel testing for hereditary breast, ovarian, or pancreatic carcinoma
- Hereditary breast cancer

    - For individuals over age 65 diagnosed with breast carcinoma, expanded indication to include other high-risk ancestry
    - For individuals with no current or prior diagnosis of breast carcinoma, expanded indication to include other high-risk ancestry
- Endocrine Neoplasms
    - Added pituitary adenoma as positive criteria
    - Added criterion for testing high-risk genes in individuals with first, second, or third degree relative with known pathogenic variant in that gene
- Hereditary Myeloid Neoplasms
    - New section added
- Hereditary Brain Tumors
    - New section added
- Kidney Cancer
    - Expanded list of indicated genes (TSC1, TSC2)
- Prostate Cancer
    - Removed intraductal or cribriform histology from low- or intermediate-risk localized prostate cancer criteria

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