PROVIDER*Update*

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Stay Compliant By Reviewing Changes to Medical Policies for Medicare

View new clinical policies and updates to existing policies

The medical policies listed in this update were approved by Centene's National Medicare Quality Improvement Utilization Management Committee and are effective as of February 2025.

For a complete description of the background, criteria, references, and coding implications for these Medicare medical policies, go to the Medicare Prior Authorization Medical Clinical Policies page at bit.ly/MA_ClinicalPolicies.

Apply the Medicare National Coverage Decisions (NCDs) and applicable Local Coverage Decisions (LCDs) local policies for primary coverage guidance.

Additional information

Providers are encouraged to access the provider portal online at **provider.healthnetcalifornia.com** for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact the Provider Services Center at 800-929-9224.

Medical policies, effective February 2025

The following are Medicare clinical policies that have been approved for use. The listed policies are effective February 2025.

New policies

Policy number	Name
MC.CP.MP.209	GI pathogen Nucleic Acid Detection Panel Testing
MC.CP.MP.250	Lantidra (donislecel) Allogeneic Pancreatic Islet Cellular Therapy
MC.CP.MP.185	Skin and Soft Tissue Substitutes for Chronic Wounds
MC.CP.MP.181	Polymerase Chain Reaction Resp Viral Panel Testing

THIS UPDATE APPLIES TO:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers
- Behavioral Health Providers

LINES OF BUSINESS:

- Wellcare By Health Net
  - Medicare Advantage (HMO)
  - Medicare Advantage (PPO)

PROVIDER SERVICES

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Medicare (individual & employer group) (Wellcare By Health Net) – 800-929-9224

Medicare Supplement – 800-641-7761

Behavioral Health providers – 844-966-0298

PROVIDER PORTAL

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PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

Updated policies

Policy number and name	Change
MC.CP.MP.101 Donor Lymphocyte Infusion	• Annual review. • Minor rewording in description with no impact on criteria. • Background updated with no impact on criteria. • References reviewed and updated. • Reviewed by external specialist.
MC.CP.MP.160 Implantable Wireless Pulmonary Artery Pressure Monitoring	• Annual review. • Description updated with no impact to criteria. • References reviewed and updated. • Reviewed by external specialist.
MC.CP.MP.170 Peripheral Nerve Blocks	• Annual review. • Added the following note under section I: If administered as part of a surgery or other procedure, coding for peripheral/ganglion nerve blocks should follow proper coding practices and would not be subject to prior authorization or payment separately from the procedure. • Added “and neurolysis” to III.B. • References reviewed and updated.
MC.CP.MP.182 Short Inpatient Hospital Stay	• Annual review. • Updated criteria I.A. by removing 2023 inpatient only link. • Updated description and background with no clinical significance. • References reviewed and updated.
MC.CP.MP.246 Pediatric Kidney Transplant	• Annual review. • Updated contraindication I.B.2., adding a-c. • References reviewed and updated. • Reviewed by external specialist.
MC.CP.MP.57 Lung Transplantation	• Annual review. • Updated I.C.2. from GFR < 40 mL/min/1.73m2 to GFR < 30 mL/min/1.73m2. • Expanded I.C.9. with qualifying criteria for members who are HIV positive. • Updated I.D.2.a.1. from FEV1 < 25% to FEV1 < 30%. • Background updated with no impact to criteria. • References reviewed and updated.
MC.CP.MP.69 Intensity-Modulated Radiotherapy	• Annual review. • Description updated with no impact to criteria. • Added criteria I.B.8. Hodgkin’s and non-Hodgkin’s lymphoma in close proximity to critical structures; I.B.9. • Select rectal cancer cases where there is lymph node involvement or require treatment of the inguinal lymph nodes; I.B.10. Soft tissue sarcoma when organ at risk dose constraints cannot be met. • References reviewed and updated. • Reviewed by external specialist.
CP.CPC.03 Preventative Health and Clinical Practice Guideline Policy	• Updated and added guidelines to CPG grid.
CPG Grid	• Updated link and title for USPSTF Adult Preventive Service Recommendations under Preventive Care (Adults). • Added USPSTF Adolescents and Pediatric Preventive Service Recommendations under Preventive Care (Pediatrics).

Policy number and name	Change
	• Added Zero Suicide Consensus Guide for Emergency Departments under Suicidal Behavior.
V2.2024 CG Aortopathies Connective Tissue	• Semi-annual review. • Updated title to reflect V2.2024 version. • In Known Familial Variant Analysis for Aortopathies and Connective Tissue Disorders criteria, moved criteria to policy "Genetic Testing: General Approach to Genetic and Molecular Testing" to consolidate criteria for known familial variant tests. In FBN1 Sequencing and/or Deletion/Duplication Analysis criteria, made a minor expansion to criteria to better align with guidelines and allow for coverage of genetic testing for individuals with a clinical diagnosis of Marfan syndrome. • In criteria for Loeys-Dietz Syndrome Multigene Panel, removed minimum gene list. In Classic Ehlers-Danlos syndrome (cEDS) Multigene Panel criteria, made a minor expansion in gene list to align with current test offerings on the market and removed COL1A1 from the minimum gene list. • In Familial Thoracic Aortic Aneurysm and Dissection (TAAD) Multigene Panel criteria, removed minimum gene list. • In Other Covered Connective Tissue Disorders criteria, genes added to disease name in list for consistency and to provide further clarity. • Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.
V2.2024 CG Cardiac Disorders	• Semi-annual review. • Updated title to reflect V2.2024 version. • For Known Familial Variant Analysis for Cardiac Disorders, moved criteria to policy "Genetic Testing: General Approach to Genetic and Molecular Testing" to consolidate criteria for known familial variant tests. • For Left Ventricular Non-Compaction Cardiomyopathy Panels, retired criteria set based on rarity of testing. • For Familial Hypercholesterolemia, removed criteria point requiring a definitive genetic diagnosis prior to medication eligibility. • Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.
V2.2024 CG Dermatologic Conditions	• Semi-annual review. • Updated title to reflect V2.2024 version. • In Known Familial Variant Analysis for Dermatologic Conditions criteria, moved criteria to policy "Genetic Testing: General Approach to Genetic and Molecular Testing" to consolidate criteria for known familial variant tests. • In Epidermolysis Bullosa Multigene Panel criteria, retired criteria set based on rarity of testing (low order volume and low claim volume). • In Congenital Ichthyosis Multigene Panel criteria, removed minimum gene list; at present there is limited rationale for inclusion. • Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.
V2.2024 CG Epilepsy Neurodegenerative and Neuromuscular Disorders	• Semi-annual review. • Updated title to reflect V2.2024 version. • In Known Familial Variant Analysis for Epilepsy, Neurodegenerative, and Neuromuscular disorders criteria, moved criteria to policy "Genetic Testing: General Approach to Genetic and Molecular Testing" to consolidate criteria for known familial variant tests.

Policy number and name	Change
	• In HTT Repeat Analysis criteria, added age restriction for testing (18 or older). In Amyotrophic Lateral Sclerosis (ALS) Multigene Panel criteria, removed age restriction for testing (18 or older) given there are childhood onset forms of ALS. In PMP22 Sequencing and/or Deletion/Duplication Analysis or Multigene Panel criteria, removed minimum gene list; at present there is limited rationale for inclusion. In PSEN1, PSEN2, and APP Sequencing and/or Deletion/Duplication Analysis criteria, clarified age requirement for symptomatic individuals diagnosed at or over age 66 (previous criteria stated "any age"). • Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.
V2.2024 CG Exome Genome Sequencing	• Semi-annual review. • Updated title to reflect V2.2024 version. In Reanalysis of Exome or Genome Sequencing Data criteria, expanded to allow a path to approval for patient to get re-analysis prior to 18 months if they have new qualifying findings (supported by PLUGS). • In Standard Exome Sequencing criteria, minor expansion in coverage in response to client feedback to remove burdensome criteria and better align with guidelines (e.g., bilateral sensorineural hearing loss of unknown etiology plus one other eligible clinical finding is now covered under the policy). • In Standard Exome Sequencing criteria, minor restriction – changed developmental delay definition to "global developmental delay" based on medical director feedback and to be consistent with guidelines. • In Rapid Exome Sequencing criteria, minor expansion in coverage in response to client feedback to remove burdensome criteria and better align with guidelines (e.g., bilateral sensorineural hearing loss of unknown etiology plus one other eligible clinical finding is now covered under the policy). In Rapid Exome Sequencing criteria, removed "diagnosed at any age" from unexplained epilepsy criteria statement, since rapid exome sequencing is only appropriate for individuals 12 months of age or younger. Removed "intellectual disability" and "autism" from criteria set, since rapid exome sequencing is only appropriate for individuals 12 months of age or younger and these cannot be diagnosed until an older age; minor restriction – changed developmental delay definition to "global developmental delay" based on medical director feedback and to be consistent with guidelines. In Standard Genome Sequencing criteria, minor expansion in coverage in response to client feedback to remove burdensome criteria and better align with guidelines (e.g., bilateral sensorineural hearing loss of unknown etiology plus one other eligible clinical finding is now covered under the policy). • In Standard Genome Sequencing, minor restriction – changed developmental delay definition to "global developmental delay" based on medical director feedback and to be consistent with guidelines. • In Rapid Genome Sequencing criteria, minor expansion in coverage in response to client feedback to remove burdensome criteria and better align with guidelines (e.g., Epileptic encephalopathy is now an eligible clinical finding covered under the policy). In Reanalysis of Exome or Genome Sequencing Data criteria, criteria set name changed (formerly "Reanalysis of Whole Exome Sequencing Data"). • Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.

Policy number and name	Change
V2.2024 CG Eye Disorders	• Semi-annual review. • Updated title to reflect V2.2024 version. • In Known Familial Variant Analysis for Eye Disorders criteria, moved criteria to policy “Genetic Testing: General Approach to Genetic and Molecular Testing” to consolidate criteria for known familial variant tests. • In Inherited Retinal Dystrophies Multigene Panel Analysis criteria, criteria set name changed (formerly “RPE65 Sequencing and/or Deletion/Duplication Analysis”). • Clinical criteria updated to be more consistent with guidelines. • In Glaucoma criteria, retired criteria set based on rarity of testing (low order volume and low claim volume). • Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.
V2.2024 CG General Approach to Genetic and Molecular Testing	• Semi-annual review. • Updated title to reflect V2.2024 version. • In General Criteria for Oncology Algorithmic Tests criteria, minor expansion of criteria to be consistent with guidelines (added “suspected neoplasm and/or malignancy” to the coverage criteria; previously only allowed for confirmed neoplasm). • Criteria set name changed (former name: Oncology Algorithmic Tests). Updated coverage criteria assessing for clinical validity and utility. • In General Criteria for Known Familial Variant Analysis for a Genetic Condition criteria, several Known Familial Variant criteria moved to policy “Genetic Testing: General Approach to Genetic and Molecular Testing” to consolidate criteria for known familial variant tests. • Removed the following subjective criteria point: The genetic condition is associated with a significant health problem or problems. • In Single Gene or Multigene Panel Analysis criteria, updated coverage criteria assessing for clinical validity and utility. • Removed the following subjective criteria point: Genetic testing for the suspected genetic condition has been scientifically validated to improve health outcomes (i.e., the test has been shown to have clinical utility). • In General Criteria for Targeted Carrier Screening criteria, moved criteria FROM policy “Genetic Testing: Prenatal and Preconception Carrier Screening” to align with other general coverage criteria tests. • In General Criteria for Tumor Biomarker Analysis criteria, criteria set name changed (former name: General Tumor Biomarker Analysis). • Updated coverage criteria assessing for clinical validity and utility. • In General Criteria for Other Tests criteria, criteria set name changed (former name: Other Tests). • Updated coverage criteria assessing for clinical validity and utility. • Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.
V2.2024 CG Hearing Loss	• Semi-annual review. • Updated title to reflect V2.2024 version. • In Known Familial Variant Analysis for Hereditary Hearing Loss criteria, moved criteria to policy “Genetic Testing: General Approach to Genetic and Molecular Testing” to consolidate criteria for known familial variant tests. • Minor rewording for clarity throughout.

Policy number and name	Change
	• Coding, reference-table, background and references updated.
V2.2024 CG Hematologic Conditions Non-Cancerous	• Semi-annual review. • Updated title to reflect V2.2024 version. • In Known Familial Variant Analysis for Hematologic Conditions (non-cancerous) criteria, moved criteria to policy "Genetic Testing: General Approach to Genetic and Molecular Testing" to consolidate criteria for known familial variant tests. • Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.
V2.2024 CG Hereditary Cancer Susceptibility	• Semi-annual review. • Updated title to reflect V2.2024 version. • In CDKN2A Sequencing and/or Deletion/Duplication Analysis criteria, now COVERED to align with guidelines, which recommend genetic risk assessment for specific clinical indications. • In Hereditary Breast Cancer Susceptibility Panels criteria, removed PALB2 testing criteria and PALB2 gene from the minimum gene list to reduce redundancy, given these criteria overlap with the BRCA1/BRCA2 testing criteria. • In Hereditary Breast Cancer Susceptibility Panels criteria, removed criteria point "the member is 18 years or older" to reduce redundancy, given this criteria point overlaps with the BRCA1/BRCA2 testing criteria. • In Hereditary Prostate Cancer Susceptibility Panels criteria, clarified criteria to better align with existing guidelines and allow for coverage of genetic testing for additional clinical indications. • Further clarified and simplified criteria based on client feedback (wording clarification). • In Hereditary Neuroendocrine Cancer Susceptibility Panels criteria, clarified and simplified criteria to better align with existing guidelines. • Removed minimum gene list; at present there is limited rationale for inclusion. • In BRCA1 and BRCA2 Sequencing and Deletion/Duplication Analysis criteria, minor expansion to criteria to be consistent with guidelines and allow for coverage of genetic testing for additional clinical indications (added ampullary adenocarcinoma as an indication). • Clarified and simplified criterion based on client feedback (wording clarification). • In PALB2 Sequencing and/or Deletion/Duplication Analysis criteria, minor expansion to criteria to be consistent with guidelines and allow for coverage of genetic testing for additional clinical indications (added ampullary adenocarcinoma as an indication). • Clarified and simplified criteria based on client feedback (wording clarification). In MLH1, MSH2, MSH6, PMS2, or EPCAM Targeted Variant Analysis criteria, criteria set name changed (former name: MLH1, MSH2, MSH6, PMS2, or EPCAM Targeted Mutation Analysis). • In MLH1, MSH2, MSH6, PMS2, or EPCAM Sequencing and/or Deletion/Duplication Analysis criteria, clarified criteria to better align with guidelines. • In RB1 Sequencing and/or Deletion/Duplication Analysis criteria, clarified family history criterion to streamline format. • In RET Sequencing and/or Deletion/Duplication Analysis criteria, removed "diagnosis of primary C cell hyperplasia" from criteria for testing to align with updated guidelines.

Policy number and name	Change
	• In TP53 Sequencing and/or Deletion/Duplication Analysis criteria, added "family history of pediatric hypodiploid ALL" as a criterion for testing to align with updated guidelines. • Clarified criteria based on client feedback (wording clarification). In FLCN Sequencing and/or Deletion/Duplication Analysis criteria, clarified first degree relative criteria to be consistent with this category of testing. • In SMAD4 and/or BMPR1A Sequencing and/or Deletion/Duplication Analysis criteria, removed criterion point D (pathogenic or likely pathogenic mutation detected on tumor profiling) as this criterion is covered in another section of this policy. • Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.
V2.2024 CG Immune, Autoimmune, and Rheumatoid Disorders	• Semi-annual review. • Updated title to reflect V2.2024 version. • In Known Familial Variant Analysis for Immune, Autoimmune, and Rheumatoid Disorders criteria, moved criteria to policy "Genetic Testing: General Approach to Genetic and Molecular Testing" to consolidate criteria for known familial variant tests. • In HLA Typing for Axial Spondylarthritis criteria, updated criteria to clarify name of the condition. • Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.
V2.2024 CG Kidney Disorders	• Semi-annual review. • Updated title to reflect V2.2024 version. • In APOL-1 Targeted Variant Testing criteria, criteria set name changed (formerly "Targeted Variant Analysis"). • Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.
V2.2024 CG Lung Disorders	• Semi-annual review. • Updated title to reflect V2.2024 version. • In SERPINA1 Common Variant Analysis or Sequencing and/or Deletion/Duplication Analysis criteria, updated criteria to better align with current guidelines, allowing for an expansion to coverage. • In SERPINA1 Known Familial Variant Analysis criteria, moved criteria to policy "Genetic Testing: General Approach to Genetic and Molecular Testing" to consolidate criteria for known familial variant tests. • Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.
V2.2024 CG Metabolic, Endocrine and Mitochondrial Disorders	• Semi-annual review. • Updated title to reflect V2.2024 version. • In Known Familial Variant Analysis for Metabolic, Endocrine, and Mitochondrial Disorders, moved criteria to policy "Genetic Testing: General Approach to Genetic and Molecular Testing" to consolidate criteria for known familial variant tests. • In Monogenic Diabetes (Including Maturity-Onset Diabetes of the Young (MODY)) Panels, criteria set name changed (formerly "Maturity-Onset Diabetes of the Young (MODY)"). • Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.

Policy number and name	Change
V2.2024 CG Multisystem Inherited Disorders, ID and Developmental Delay	• Semi-annual review. • Updated title to reflect V2.2024 version. • In Known Familial Variant Analysis for the Multisystem Inherited Disorders, moved criteria to policy "Genetic Testing: General Approach to Genetic and Molecular Testing" to consolidate criteria for known familial variant tests. • In NF1 Sequencing and/or Deletion/Duplication, additional criterion added to be consistent with guidelines. In Noonan Spectrum Disorders/RASopathies Multigene Panel, removed minimum gene list; at present there is limited rationale for inclusion. • In Fanconi Anemia Multigene Panel, removed minimum gene list; at present there is limited rationale for inclusion. • Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.
V2.2024 CG Non-invasive Prenatal Screening	• Semi-annual review. • Updated title to reflect V2.2024 version. • Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.
V2.2024 CG Dermatologic Conditions	• Semi-annual review. • Updated title to reflect V2.2024 version. • In Known Familial Variant Analysis for Dermatologic Conditions criteria, moved criteria to policy "Genetic Testing: General Approach to Genetic and Molecular Testing" to consolidate criteria for known familial variant tests. • In Epidermolysis Bullosa Multigene Panel criteria, retired criteria set based on rarity of testing (low order volume and low claim volume). • In Congenital Ichthyosis Multigene Panel criteria, removed minimum gene list; at present there is limited rationale for inclusion. • Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.
V2.2024 CG Epilepsy Neurodegenerative and Neuromuscular Disorders	• Semi-annual review. • Updated title to reflect V2.2024 version. • In Known Familial Variant Analysis for Epilepsy, Neurodegenerative, and Neuromuscular Disorders criteria, moved criteria to policy "Genetic Testing: General Approach to Genetic and Molecular Testing" to consolidate criteria for known familial variant tests. • In HTT Repeat Analysis criteria, added age restriction for testing (18 or older). • In Amyotrophic Lateral Sclerosis (ALS) Multigene Panel criteria, removed age restriction for testing (18 or older) given there are childhood onset forms of ALS. In PMP22 Sequencing and/or Deletion/Duplication Analysis or Multigene Panel criteria, removed minimum gene list; at present there is limited rationale for inclusion. • In PSEN1, PSEN2, and APP Sequencing and/or Deletion/Duplication Analysis criteria, clarified age requirement for symptomatic individuals diagnosed at or over age 66 (previous criteria stated "any age"). • Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.
V2.2024 CG Exome Genome Sequencing	• Semi-annual review. • Updated title to reflect V2.2024 version.

Policy number and name	Change
	• In Reanalysis of Exome or Genome Sequencing Data criteria, expanded to allow a path to approval for patient to get reanalysis prior to 18 months if they have new qualifying findings (supported by PLUGS). • In Standard Exome Sequencing criteria, minor expansion in coverage in response to client feedback to remove burdensome criteria and better align with guidelines (e.g., bilateral sensorineural hearing loss of unknown etiology plus one other eligible clinical finding is now covered under the policy). • In Standard Exome Sequencing criteria, minor restriction – changed developmental delay definition to "global developmental delay" based on medical director feedback and to be consistent with guidelines. • In Rapid Exome Sequencing criteria, minor expansion in coverage in response to client feedback to remove burdensome criteria and better align with guidelines (e.g., bilateral sensorineural hearing loss of unknown etiology plus one other eligible clinical finding is now covered under the policy). In Rapid Exome Sequencing criteria, removed "diagnosed at any age" from unexplained epilepsy criteria statement, since rapid exome sequencing is only appropriate for individuals 12 months of age or younger. Removed "intellectual disability" and "autism" from criteria set, since rapid exome sequencing is only appropriate for individuals 12 months of age or younger and these cannot be diagnosed until an older age. Minor restriction – changed developmental delay definition to "global developmental delay" based on medical director feedback and to be consistent with guidelines. • In Standard Genome Sequencing criteria, minor expansion in coverage in response to client feedback to remove burdensome criteria and better align with guidelines (e.g., bilateral sensorineural hearing loss of unknown etiology plus one other eligible clinical finding is now covered under the policy). • In Standard Genome Sequencing, minor restriction – changed developmental delay definition to "global developmental delay" based on medical director feedback and to be consistent with guidelines. • In Rapid Genome Sequencing criteria, minor expansion in coverage in response to client feedback to remove burdensome criteria and better align with guidelines (e.g., Epileptic encephalopathy is now an eligible clinical finding covered under the policy). • In Reanalysis of Exome or Genome Sequencing Data criteria, criteria set name changed (formerly "Reanalysis of Whole Exome Sequencing Data"). • Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.
V2.2024 CG Eye Disorders	• Semi-annual review. • Updated title to reflect V2.2024 version. In Known Familial Variant Analysis for Eye Disorders criteria, moved criteria to policy "Genetic Testing: General Approach to Genetic and Molecular Testing" to consolidate criteria for known familial variant tests. • In Inherited Retinal Dystrophies Multigene Panel Analysis criteria, criteria set name changed (formerly "RPE65 Sequencing and/or Deletion/Duplication Analysis"). Clinical criteria updated to be more consistent with guidelines. • In Glaucoma criteria, retired criteria set based on rarity of testing (low order volume and low claim volume). • Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.

Policy number and name	Change
V2.2024 CG General Approach to Genetic and Molecular Testing	• Semi-annual review. • Updated title to reflect V2.2024 version. • In General Criteria for Oncology Algorithmic Tests criteria, minor expansion of criteria to be consistent with guidelines (added "suspected neoplasm and/or malignancy" to the coverage criteria, previously only allowed for confirmed neoplasm). • Criteria set name changed (former name: Oncology Algorithmic Tests). Updated coverage criteria assessing for clinical validity and utility. • In General Criteria for Known Familial Variant Analysis for a Genetic Condition criteria, several Known Familial Variant criteria moved to policy "Genetic Testing: General Approach to Genetic and Molecular Testing" to consolidate criteria for known familial variant tests. • Removed the following subjective criteria point: The genetic condition is associated with a significant health problem or problems. In Single Gene or Multigene Panel Analysis criteria, updated coverage criteria assessing for clinical validity and utility. • Removed subjective criteria point: "Genetic testing for the suspected genetic condition has been scientifically validated to improve health outcomes (i.e., the test has been shown to have clinical utility)." In General Criteria for Targeted Carrier Screening criteria, moved criteria FROM policy "Genetic Testing: Prenatal and Preconception Carrier Screening" to align with other general coverage criteria tests. • In General Criteria for Tumor Biomarker Analysis criteria, criteria set name changed (former name: General Tumor Biomarker Analysis). • Updated coverage criteria assessing for clinical validity and utility. • In General Criteria for Other Tests criteria, criteria set name changed (former name: Other Tests). • Updated coverage criteria assessing for clinical validity and utility. • Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.
V2.2024 CG Oncology Algorithmic Testing	• Semi-annual review. • Updated title to reflect V2.2024 version. • In Evidence Based Cutaneous Melanoma Prognostic Algorithmic Tests, now COVERED for specific cutaneous melanoma prognostic algorithmic tests, based on concert evidence review demonstrating clinical validity and utility. • In Evidence Based Lung Cancer Diagnostic Algorithmic Tests, now COVERED for specific lung cancer diagnostic algorithmic tests, based on concert evidence review demonstrating clinical validity and utility. • In Cutaneous Melanoma Risk Assessment Algorithmic Tests, now COVERED for specific cutaneous melanoma risk assessment algorithmic tests, based on review of guidelines and current literature, which demonstrated clinical validity and utility. • In Evidence Based Prostate Cancer Risk Assessment and Diagnostic Algorithmic Tests, now COVERED for specific prostate cancer risk assessment and diagnostic algorithmic tests based on guidelines. • In Prostate Cancer Diagnostic Algorithmic Tests, consolidated criteria into the Evidence Based Prostate Cancer Risk Assessment and Diagnostics Algorithmic Tests coverage criteria.

Policy number and name	Change
	• New – In Emerging Evidence Prostate Cancer Diagnostic and Algorithmic Tests, created separate criteria to distinguish between tests with varying levels of evidence for validity and guideline support. • New – In Emerging Evidence Cutaneous Melanoma Prognostic Algorithmic Tests, created separate criteria sets to distinguish between tests with varying levels of evidence for validity and guideline support. • New – In Emerging Evidence Lung Cancer Diagnostic Algorithmic Tests, created separate criteria sets to distinguish between tests with varying levels of evidence for validity and guideline support. • In Oncology Test Specific Not Covered Algorithmic Tests, moved criteria to policy "Genetic Testing: General Approach to Genetic and Molecular Testing" to consolidate general coverage criteria for new algorithmic tests. • Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.
V2.2024 CG Oncology Cancer Screening	• Semi-annual review. • Updated title to reflect V2.2024 version. • Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.
V2.2024 CG Oncology Circ Tumor DNA Tumor Cells Liquid Biopsy	• Semi-annual review. • Updated title to reflect V2.2024 version. • In Broad Molecular Profiling Panel Tests via Circulating Tumor DNA (ctDNA), minor expansion of criteria to be consistent with guidelines (added several tumor types for coverage). • In Colorectal Cancer Focused Panel Tests via Circulating Tumor DNA (ctDNA), clinical criteria removed due to lack of currently available tests for this indication. • In Lung Cancer Focused Panel Tests via Circulating Tumor DNA (ctDNA), minor clarification of criteria to update staging of cancer types to better align with guidelines and removed additional tissue criteria to better align with guidelines. • In Melanoma Focused Panel Tests via Circulating Tumor DNA (ctDNA), clinical criteria removed due to lack of currently available tests for this indication. • In EGFR Variant Analysis via ctDNA, updated criteria to align with current guidelines. • Minor expansion via removal of requirement that tissue testing be unavailable to align with updated guidelines. • In BRAF Variant Analysis via ctDNA, updated criteria to align with current guidelines. • Minor expansion via removal of requirement that tissue testing be unavailable to align with updated guidelines; in KRAS Variant Analysis via ctDNA, updated criteria to align with current guidelines. • Minor expansion via removal of requirement that tissue testing be unavailable, to align with updated guidelines. • Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.
V2.2024 CG Oncology Cytogenetic Testing	• Semi-annual review. • Updated title to reflect V2.2024 version. In Tumor Specific ALK Gene Rearrangement (Qualitative FISH and PCR) Tests, minor expansion of criteria to be consistent with guidelines (added several tumor types for coverage). • In Tumor Specific BCR/ABL Gene Rearrangement (Qualitative FISH and PCR) Tests, moved criteria and combined with BCR/ABL1 criteria in the Solid Tumor

Policy number and name	Change
	and Hematological Malignancies policy to align with the clinical use of these tests. In Tumor Specific ERBB2 (HER2) Deletion/Duplication (FISH and CISH), minor expansion of criteria to be consistent with guidelines (added several tumor types for coverage). • In NTRK Fusion Analysis Panel, minor expansion of criteria to be consistent with guidelines (added several tumor types for coverage). • In Tumor Specific FOLR1 Protein Analysis, clarified ovarian cancer pathology. • In Tumor Specific RET Gene Rearrangement Tests (FISH0), minor expansion of criteria to be consistent with guidelines (added several tumor types). • In Tumor Specific ROS1 Gene Rearrangement, minor expansion of criteria to be consistent with guidelines (added several tumor types for coverage). • Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.
V2.2024 CG Oncology Molecular Analysis of Solid Tumor and Hem Malignancies	• Semi-annual review. • Updated title to reflect V2.2024 version. • In Broad RNA Fusion Panels, now COVERED, for acute lymphoblastic leukemia. In Tumor-Type Agnostic Solid Tumor Molecular Profiling Panels, minor expansion of criteria to be consistent with guidelines (added several tumor types for coverage). • In Tumor Specific BCR/ABL1 FISH, Qualitative, and Quantitative Tests, criteria set name changed (formerly "Tumor Specific BCR/ABL1 Quantitation and Breakpoint Analysis"). • Criteria updated to include indication for diagnostic testing. • In Tumor Mutational Burden (TMB), minor expansion of criteria to be consistent with guidelines (added several tumor types for coverage). • In Colorectal Cancer Focused Molecular Profiling Panels, clinical criteria updated to be consistent with guidelines. • In Tumor Specific BRAF Variant Analysis, minor expansion of criteria to be consistent with guidelines (added several tumor types for coverage). • In Tumor Specific BRCA1/2 Variant Analysis, clarification requirements for pancreatic cancer diagnosis to better align with guidelines. • In Tumor Specific CALR Variant Analysis, clarification of criteria wording to be more clear/streamlined. • In Tumor Specific FLT3 Variant Analysis, minor expansion of criteria to be consistent with guidelines (added tumor type for coverage). • In Tumor Specific KRAS Variant Analysis, minor expansion of criteria to be consistent with guidelines (added several tumor types for coverage). • In Tumor Specific Microsatellite Instability (MSI) Analysis, minor expansion of criteria to be consistent with guidelines (added tumor type for coverage). • Clarified qualifying stages of other cancers to be consistent with guidelines. • In Overview and Clinical Considerations, policy overview updated to include information from the Clinical Considerations section, which has been consolidated into the Overview section. • Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.
V2.2024 CG Pharmacogenetics	• Semi-annual review. • Updated title to reflect V2.2024 version. • In Warfarin Sensitivity Analysis Panels, clinical criteria section added to allow coverage of small targeted panels for this indication.

Policy number and name	Change
	• Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.
V2.2024 CG Preimplantation Genetic Testing	• Semi-annual review. • Updated title to reflect V2.2024 version. • In Overview and Clinical Considerations, policy overview updated to include information from the Clinical Considerations section, which has been consolidated into the Overview section. • Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.
V2.2024 CG Prenatal and Preconception Carrier Screening	• Semi-annual review. • Updated title to reflect V2.2024 version. • In HBA1, HBA2, or HBB Sequencing and/or Deletion/Duplication Analysis, updated criteria to align with current ACOG recommendations for universal hemoglobinopathy screening. • In General Criteria for Targeted Carrier Screening, moved criteria to policy "Genetic Testing: General Approach to Genetic and Molecular Testing" to align with other general coverage criteria tests. • In HBA1, HBA2, or HBB Targeted Variant Analysis, several clinical criteria were removed to better align with guidelines. • In CFTR Targeted Variant Analysis, criteria set name changed (formerly "CFTR Known Familial Variant Analysis"). • In Ashkenazi Jewish Carrier Panel Testing, genes added to disease names in list for consistency and to provide further clarity. • Professional society corrected from ACMG to ACOG. In Expanded Carrier Screening Panels, added note with clarifying language to indicate that if 81243 is billed with 81443, the patient should still meet Fragile X criteria. • In FMR1 Repeat Analysis, added note with clarifying language to indicate that if 81243 is billed with 81443, the patient should still meet Fragile X criteria. • In HBA1, HBA2, or HBB Sequencing and/or Deletion/Duplication Analysis, added clarifying information in the "investigational" statement that this testing does not include fetal hemoglobin testing via circulation fetal DNA. • Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.
V2.2024 CG Prenatal Dx of Amnio CVS or PUBS and Pregnancy Loss	• Semi-annual review. • Updated title to reflect V2.2024 version. • In Prenatal Diagnosis for Noonan Spectrum Disorders, minor expansion in coverage: changed nuchal translucency requirement to 3.0 mm to better align with ACOG guidelines and published literature. • In Prenatal Diagnosis for Noonan Spectrum Disorders/RASopathies, removed minimum gene list; at present there is limited rationale for inclusion. • In Definitions, clarified that the definition of "major malformations" includes fetal growth restriction/IUGR, as primary literature suggests that fetuses with IUGR have a relatively high diagnostic yield via exome sequencing. • In Chromosomal Microarray Analysis (CMA) for Pregnancy Loss, updated requirements for counseling to be consistent with coverage criteria throughout this policy. • In Prenatal Diagnosis via Exome Sequencing, removed one criterion from this section regarding exome or genome sequencing for pregnancy loss on products of conception based on lack of volume in claims.

Policy number and name	Change
	• Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.
V2.2024 CG Skeletal Dysplasia and Rare Bone Disorders	• Semi-annual review. • Updated title to reflect V2.2024 version. • In Overview and Clinical Considerations, policy overview updated to include information from the Clinical Considerations section, which has been consolidated into the Overview section. • Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.
V2.2024 CG Gastroenterologic Disorders Non-Cancerous	• Semi-annual review. • Updated title to reflect V2.2024 version. • Non-Invasive Liver Fibrosis Serum Tests criteria is new; created criteria to align coverage with guidelines. • In Known Familial Variant Analysis for Gastroenterologic Conditions criteria, moved criteria to policy "Genetic Testing: General Approach to Genetic and Molecular Testing" to consolidate criteria for known familial variant tests. • In HLA-DQ Genotyping Analysis criteria, updated criteria to align coverage with new guidelines. • In Hereditary Inflammatory Bowel Disease/Crohn's Disease Panel Tests criteria, changed age at diagnosis for Crohn's disease to align with updated guidelines criteria (see Redline document). • In MCM6 Targeted Variant Analysis criteria, retired criteria set based on rarity of testing (low order volume and low claim volume). • In Other Not Covered Gastroenterologic Disorders Tests criteria, FibroSure tests moved to the new Non-invasive Liver Fibrosis Serum Tests coverage criteria. Remaining tests moved to the General Genetic and Molecular Testing policy for consolidation. • Minor rewording for clarity throughout. • Coding, reference-table, background and references updated.