

<b>BSC_CON_2.07 Genetic Testing: Prenatal and Preconception Carrier Screening</b>			
<b>Original Policy Date:</b>	February 1, 2023	<b>Effective Date:</b>	August 1, 2023
<b>Section:</b>	2.0 Medicine	<b>Page:</b>	Page 1 of 26

**Example Test Table**

Below is a list of higher volume tests and the associated laboratories for each coverage criteria section. This list is not all inclusive.

Policy Statement Sections	Example Tests (Labs)	Common CPT Codes
<a href="#">Expanded Carrier Screening Panels</a>	Foresight (Myriad)	81443
	Horizon (Natera)	
	Inheritest (LabCorp)	
	GeneSeq (LabCorp)	
	Comprehensive Carrier Screening (Invitae)	
<b>Cystic Fibrosis Carrier Screening</b>		
<a href="#">CFTR Known Familial Variant Analysis</a>	CFTR Known Familial Mutation Analysis	81221, 81220
<a href="#">CFTR Sequencing and/or Deletion/Duplication Analysis, or Mutation Panel</a>	CFTR Sequencing Tests	81222, 81223, S3835
	CFTR Deletion/Duplication Tests	
	CFTR Common Mutation Tests	
<a href="#">CFTR Intron 9 PolyT and TG Analysis (aka Intron 8 poly-T/TG)</a>	CFTR Intron 9 (8) Poly-T Analysis	81224
<b>Spinal Muscular Atrophy Carrier Screening</b>		
<a href="#">SMN1 Targeted Variant Analysis</a>	SMN1 Targeted Mutation Analysis Tests	81337, 81400, 81403
<a href="#">SMN1/SMN2 Sequencing and/or Deletion/Duplication Analysis</a>	SMN1 Deletion/Duplication (SMA Carrier Screening) Tests	81329, 81336, 81405
<b>Fragile X Syndrome Carrier Screening</b>		
<a href="#">FMR1 Repeat Analysis</a>	FMR1 Repeat Analysis Tests	81243, 81244
	FMR1 Carrier Screening Tests	
	FMR1 Repeat and Methylation Analysis Tests	
<b>Hemoglobinopathy Carrier Screening</b>		
<a href="#">HBA1, HBA2, or HBB Targeted Variant Analysis</a>	HBA1 Targeted Mutation Analysis Tests	81258, 81362, 81257, 81361
	HBA2 Targeted Mutation Analysis Tests	
	HBB Targeted Mutation Analysis Tests	
<a href="#">HBA1, HBA2, or HBB Sequencing and/or Deletion/Duplication Analysis</a>	HBA1 Sequencing Tests	81259, 81269, 81363, 81364
	HBA2 Sequencing Tests	
	HBB Sequencing Tests	
	HBA1 Deletion/Duplication Tests	
	HBB Deletion/Duplication Tests	

Policy Statement Sections	Example Tests (Labs)	Common CPT Codes
Ashkenazi Jewish Carrier Panel Testing		
<a href="#">Ashkenazi Jewish Carrier Panel Testing</a>	Foresight: AJ Panel (Counsyl)	81412, 81443
	Inheritest: AJ Panel (LabCorp)	
	Horizon 106 Comprehensive Jewish Panel (Natera)	
Duchenne and Becker Muscular Dystrophy Carrier Screening		
<a href="#">DMD Targeted Variant Analysis</a>	DMD Targeted Mutation Analysis Tests	81403
<a href="#">DMD Sequencing and/or Deletion/Duplication Analysis</a>	DMD Deletion/Duplication Tests	81161, 81408, 0218U
	DMD Sequencing Tests	
General Criteria for Targeted Carrier Screening		
<a href="#">General Criteria for Carrier Screening</a>	Varies	81174, 81190, 81200, 81205, 81209, 81242, 81247, 81248, 81250, 81251, 81253, 81254, 81289, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408

## Policy Statement

### EXPANDED CARRIER SCREENING PANELS

- I. Expanded carrier screening panels (81443) may be considered **medically necessary** when:
  - A. The member is considering pregnancy or is currently pregnant, **AND**
  - B. The panel includes CFTR and SMN1.
- II. Expanded carrier screening panels (81443) are considered **investigational** for all other indications.

### CYSTIC FIBROSIS CARRIER SCREENING

#### CFTR Known Familial Variant Analysis

- III. Cystic fibrosis carrier screening via *CFTR* targeted mutation analysis (when an expanded carrier panel is not ordered) for a known familial mutation (81221) may be considered **medically necessary** when:
  - A. The member and/or the member's reproductive partner is considering pregnancy or is currently pregnant, **AND**
  - B. The member has a [close relative](#) with a known pathogenic or likely pathogenic variant in *CFTR*.
- IV. Cystic fibrosis carrier screening via *CFTR* targeted mutation analysis for a known familial mutation (81221) is considered **investigational** for all other indications.

#### CFTR Sequencing, Deletion/Duplication Analysis, or Mutation Panel

- V. Cystic fibrosis carrier screening via *CFTR* sequencing (81223, S3835), deletion/duplication analysis (81222) (when an expanded carrier panel is not ordered), may be considered **medically necessary** when:
  - A. The member and/or the member's reproductive partner is considering pregnancy or is currently pregnant, **OR**
  - B. The member's reproductive partner is a known carrier for cystic fibrosis.

- VI. Cystic fibrosis carrier screening via *CFTR* sequencing (81233, S3835), deletion/duplication analysis (81222), or a mutation panel (81220) using at a minimum the ACMG-23 variant panel is considered **investigational** for all other indications.

#### **CFTR Intron 9 PolyT and TG Analysis (previously called Intron 8 polyT/TG Analysis)**

- VII. Separate or individual analysis of the *CFTR* intron 9 polyT and TG regions (81224) for cystic fibrosis carrier screening may be considered **medically necessary** when:
  - A. The member and/or the member's reproductive partner is considering pregnancy or is currently pregnant, **AND**
  - B. The member is known to have an R117H variant in the *CFTR* gene.
- VIII. Separate or individual analysis of the *CFTR* intron 9 polyT and TG regions (81224) for cystic fibrosis carrier screening is considered **investigational** for all other indications.

**Note:** If fertility benefits allow, testing for male infertility (including *CFTR*) may be medically necessary for congenital bilateral absence of the vas deferens (CBAVD).

Refer to Blue Shield of California Medical Policy: *Genetic Testing: Multisystem Inherited Disorders, Intellectual Disability, and Developmental Delay* (to be published) for coverage criteria for genetic testing to establish a diagnosis of cystic fibrosis (rather than for carrier screening).

#### **SPINAL MUSCULAR ATROPHY CARRIER SCREENING**

##### ***SMN1* Targeted Variant Analysis**

- IX. Separate or individual spinal muscular atrophy (SMA) carrier screening via *SMN1* targeted variant analysis (81337) (when an expanded carrier panel is not ordered) may be considered **medically necessary** when:
  - A. The member and/or the member's reproductive partner is considering pregnancy or is currently pregnant, **AND**
  - B. The member has a [close relative](#) with a known pathogenic or likely pathogenic variant in *SMN1*.
- X. Separate or individual spinal muscular atrophy (SMA) carrier screening via *SMN1* targeted variant analysis (81337) (when an expanded carrier panel is not ordered) is considered **investigational** for all other indications.

##### ***SMN1/SMN2* Sequencing and/or Deletion/Duplication Analysis**

- XI. Separate or individual spinal muscular atrophy (SMA) carrier screening via *SMN1/SMN2* sequencing and/or deletion/duplication analysis (81329, 81336) (when an expanded carrier panel is not ordered) is considered **medically necessary** when:
  - A. The member and/or member's reproductive partner is considering pregnancy or is currently pregnant, **OR**
  - B. The member's reproductive partner is a known carrier for spinal muscular atrophy.
- XII. Separate or individual spinal muscular atrophy (SMA) carrier screening via *SMN1/SMN2* sequencing and/or deletion/duplication analysis (81329, 81336) (when an expanded carrier panel is not ordered) is considered **investigational** for all other indications.

**Note:** Refer to Blue Shield of California Medical Policy: *Genetic Testing: Epilepsy, Neurodegenerative, and Neuromuscular Disorders* (to be published) for coverage criteria for genetic testing to establish a diagnosis of spinal muscular atrophy (SMA) (rather than for carrier screening).

**FRAGILE X SYNDROME CARRIER SCREENING*****FMR1* Repeat Analysis**

- XIII. Fragile X carrier screening via *FMR1*CGG-trinucleotide repeat analysis (81243, 81244) (when an expanded carrier panel is not ordered) may be considered **medically necessary** when:
- A. The member has been diagnosed with premature ovarian insufficiency or elevated follicle-stimulating hormone level before age 40 years, **OR**
  - B. The member is considering a pregnancy or is currently pregnant, **AND**
    1. The member has one of the following:
      - a) [Close relative](#) with Fragile X syndrome (i.e., close relative has >200 CGG repeats in the *FMR1* gene), **OR**
      - b) [Close relative](#) who is a known carrier for Fragile X syndrome (i.e., close relative has between 55-200 CGG repeats in the *FMR1* gene), **OR**
      - c) [Close relative](#) with unexplained intellectual disability, developmental delay, or autism spectrum disorder, **OR**
      - d) [Close relative](#) diagnosed with premature ovarian insufficiency or elevated follicle-stimulating hormone level before age 40 years.
- XIV. Fragile X carrier screening via *FMR1*CGG-trinucleotide repeat analysis (81243, 81244) (when an expanded carrier panel is not ordered) is considered **investigational** for all other indications.

**Note:** Refer to Blue Shield of California Medical Policy: *Genetic Testing: Multisystem Inherited Disorders, Intellectual Disability, and Developmental Delay* (to be published) for coverage criteria for genetic testing to establish a diagnosis of fragile X syndrome.

**HEMOGLOBINOPATHY CARRIER SCREENING*****HBA1*, *HBA2*, or *HBB* Targeted Variant Analysis**

- XV. Separate or individual hemoglobinopathy carrier screening via *HBA1*, *HBA2* (81257, 81258, S3845, S3846), or *HBB* (81361, 81362) targeted variant analysis (when an expanded carrier panel is not ordered) may be considered **medically necessary** when:
- A. The member and/or the member's reproductive partner is considering pregnancy or is currently pregnant, **AND**
  - B. The member meets one of the following:
    1. The member has a [close relative](#) with a known pathogenic or likely pathogenic variant in *HBA1*, *HBA2*, or *HBB*, **OR**
    2. The member's reproductive partner is a known carrier of a pathogenic or likely pathogenic variant in *HBA1*, *HBA2*, or *HBB*, **OR**
    3. The member's reproductive partner is known to have a diagnosis of a hemoglobinopathy, **OR**
    4. The member's hematologic screening results (e.g., MCV, MCH, CBC, hemoglobin electrophoresis, or dichlorophenol indophenol (DCIP)) are suggestive of or do not conclusively rule out a hemoglobinopathy.
- XVI. Hemoglobinopathy carrier screening via *HBA1*, *HBA2* (81257, 81258, S3845, S3846), or *HBB* (81361, 81362) targeted variant analysis is considered **investigational** for all other indications.

***HBA1*, *HBA2*, or *HBB* Sequencing and/or Deletion/Duplication Analysis**

- XVII. Hemoglobinopathy carrier screening via *HBA1*, *HBA2* (81259, 81269, S3845), or *HBB* (81363, 81364, S3846) sequencing and/or deletion/duplication analysis (when an expanded carrier panel is not ordered) may be considered **medically necessary** when:
- A. The member and/or the member's reproductive partner is considering pregnancy or is currently pregnant, **AND**
  - B. The member meets one of the following:

1. The member's hematologic screening results (e.g., MCV, MCH, CBC, hemoglobin electrophoresis, or dichlorophenol indophenol (DCIP)) are suggestive of or do not conclusively rule out a hemoglobinopathy.
- XVIII. Hemoglobinopathy carrier screening via *HBA1*, *HBA2* (81259, 81269, S3845), or *HBB* (81363, 81364, S3846) sequencing and/or duplication analysis is considered **investigational** for all other indications.

**Note:** Refer to Blue Shield of California Medical Policy: *Genetic Testing: Hematologic Conditions (non-cancerous)* for coverage criteria for genetic testing to establish a diagnosis of a hemoglobinopathy.

#### ASHKENAZI JEWISH CARRIER PANEL TESTING

- XIX. Separate or individual Ashkenazi Jewish carrier panel testing (81412) (when an expanded carrier panel is not ordered) may be considered **medically necessary** when:
- A. The member and/or the member's reproductive partner is considering pregnancy or is currently pregnant, **AND**
  - B. The member is of Ashkenazi Jewish ancestry, **AND**
  - C. The panel includes, at a minimum, screening for carrier status for genetic conditions associated with the following genes, as recommended by the American College of Medical Genetics (ACMG):
    1. Tay Sachs disease (HEXA)
    2. Canavan disease (ASPA)
    3. Cystic fibrosis (CFTR)
    4. Familial dysautonomia (ELP1)
    5. Bloom syndrome (BLM)
    6. Fanconi anemia (FANCC)
    7. Niemann-Pick disease (SMPD1)
    8. Gaucher disease (GBA)
    9. Mucopolysaccharidosis IV (MCP4)

**Note:** If only one partner is of Ashkenazi Jewish ancestry, then testing of that partner is considered medically necessary. Testing (by carrier panel or single gene testing) of the other partner is considered medically necessary only if the result of testing of the Ashkenazi Jewish partner is positive. In certain circumstances, biochemical or other clinical tests to definitively diagnose carrier status may be appropriate.

#### DUCHENNE AND BECKER MUSCULAR DYSTROPHY CARRIER SCREENING

##### DMD Targeted Variant Analysis

- XX. Separate or individual Duchenne and Becker muscular dystrophy carrier screening via *DMD* targeted variant analysis (81403) (when an expanded carrier panel is not ordered) may be considered **medically necessary** when:
- A. The member is considering pregnancy or is currently pregnant, **AND**
  - B. The member has a [close relative](#) with a known pathogenic or likely pathogenic variant in *DMD*.
- XXI. Separate or individual Duchenne and Becker muscular dystrophy carrier screening via *DMD* targeted variant analysis (81403) is considered **investigational** for all other indications.

##### DMD Sequencing and/or Deletion/Duplication Analysis

- XXII. Separate or individual Duchenne and Becker muscular dystrophy carrier screening via *DMD* sequencing and/or deletion/duplication analysis (81161, 81408) (when an expanded carrier panel is not ordered) may be considered **medically necessary** when:
- A. The member is considering pregnancy or is currently pregnant, **AND**

B. The member has one of the following:

1. [First- or second-degree](#) male relative diagnosed with Duchenne or Becker muscular dystrophy.

XXIII. Separate or individual Duchenne and Becker muscular dystrophy carrier screening via *DMD* sequencing and/or deletion/duplication analysis (81161, 81408) is considered **investigational** for all other indications.

Note: Refer to Blue Shield of California Medical Policy: *Genetic Testing: Epilepsy, Neurodegenerative, and Neuromuscular Disorders* (to be published) for coverage criteria for genetic testing to establish a diagnosis of Duchenne or Becker muscular dystrophy.

### GENERAL CRITERIA FOR CARRIER SCREENING

**NOTE:** Each section in the policy reference table includes specific coverage criteria. For any prenatal or preconception carrier screening test that does not have specific criteria above, refer to the following coverage criteria to assess for medical necessity.

Targeted carrier screening is defined as a test that screens for a known mutation in one gene associated with a specific genetic condition.

XXIV. Carrier screening for a genetic disorder (81174, 81190, 81200, 81205, 81209, 81242, 81247, 81248, 81250, 81251, 81253, 81254, 81289, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408) may be considered **medically necessary** when:

- A. The member is considering pregnancy or is currently pregnant, **AND**
- B. The genetic disorder is an autosomal recessive or X-linked condition, **AND**
- C. One of the [following](#):
  1. The member has a [close relative](#) with a known pathogenic or likely pathogenic variant associated with the disorder, **OR**
  2. The member's reproductive partner is a carrier for the genetic disorder, **OR**
  3. The member or the member's reproductive partner has a [first- or second-degree relative](#) who is affected with the genetic disorder.

XXV. Carrier screening for a genetic disorder (81174, 81190, 81200, 81205, 81209, 81242, 81247, 81248, 81250, 81251, 81253, 81254, 81289, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408) is considered **investigational** when the member does not meet any criteria above.

**NOTE:** Refer to [Appendix A](#) to see the policy statement changes (if any) from the previous version.

## Policy Guidelines

Consider approval on exception if the member or the member's reproductive partner are members of a population known to have a carrier rate of 1% or higher for the genetic condition

**Close relatives** include biological first, second, and third degree relatives on the same side of the family:

- a. **First-degree relatives** are parents, siblings, and children
- b. **Second-degree relatives** are grandparents, aunts, uncles, nieces, nephews, grandchildren, and half siblings
- c. **Third-degree relatives** are great grandparents, great aunts, great uncles, great grandchildren, and first cousins.

### Clinical Considerations

"Negative" carrier screening results reduce, but do not eliminate, the chance of an individual being a carrier for the condition(s) screened. Therefore, there is still a "residual risk" of being a carrier for the

condition(s) screened. The residual risk is the chance that the individual is still a carrier based on a normal/negative carrier screen. The residual risk will vary depending on which test is performed, how many mutations are included for each condition, the patient's ethnicity, etc.

It is important to recognize that family history, ethnicity, and race are self-reported, and may not be completely accurate, particularly in multi-ethnic and multi-racial societies.

When one member of a couple is at high risk of being a carrier for a certain condition due to ancestry (e.g., Ashkenazi Jewish, French-Canadian, Cajun, etc.) or has a family history of a condition, the high-risk partner should be offered screening. If the high-risk partner is found to be a carrier, the other partner should then be offered screening.

Genetic counseling is strongly recommended for patients considering expanded carrier screening.

## Description

There are more than 1,300 inherited recessive disorders (autosomal or X-linked) that affect 30 out of every 10,000 children. Some diseases have limited impact on either length or quality of life, while others are uniformly fatal in infancy or childhood. By definition, autosomal recessive disorders arise when both parents pass on disease-causing copies of genes to a child. X-linked recessive conditions arise when a disease-causing version of a gene is on the X-chromosome and is passed to a male child who only has one copy of the X-chromosome.

Carrier screening is performed to identify individuals at risk of having offspring with inherited recessive or X-linked single-gene disorders. Carriers are typically asymptomatic but can pass disease-causing variants to their offspring. Carrier screening may be performed in the prenatal or preconception periods. Risk-based carrier screening is performed in individuals who have an increased risk to be a carrier based on population carrier frequency, ethnicity, and/or family history.

Expanded carrier screening (ECS) involves screening individuals or couples for disorders in many genes simultaneously (up to 100s) by next-generation sequencing. ECS panels may screen for diseases that are present with increased frequency in specific populations, but also include a wide range of diseases for which the individual seeking testing is not at increased risk for positive carrier status. The conditions included on ECS panels are not standardized and the panels may include conditions that are not well understood and for which there are no existing professional guidelines.

## Related Policies

This policy document provides coverage criteria for Prenatal and Preconception Carrier Screening. Please refer to:

- **Genetic Testing: Prenatal Diagnosis (via amniocentesis, CVS, or PUBS) and Pregnancy Loss** for coverage related to prenatal and pregnancy loss diagnostic genetic testing intended to diagnose genetic conditions following amniocentesis, chorionic villus sampling, or pregnancy loss.
- **Genetic Testing: Noninvasive Prenatal Screening (NIPS)** for coverage criteria related to prenatal cell-free DNA screening tests.
- **Genetic Testing: Preimplantation Genetic Testing** for coverage criteria related to genetic testing of embryos prior to in vitro fertilization.
- **Genetic Testing: Multisystem Inherited Disorders, Intellectual Disability and Developmental Delay** for coverage criteria related to suspected multisystem genetic conditions in the postnatal period. *(To be published)*
- **Genetic Testing: Hearing Loss** for coverage related to diagnostic genetic testing for hereditary hearing loss. *(To be published)*

- **Genetic Testing: Hematologic Conditions (non-cancerous)** for coverage related to diagnostic genetic testing for alpha-thalassemia and other hemoglobinopathies. *(To be published)*
- **Genetic Testing: Metabolic, Endocrine, and Mitochondrial Disorders** for coverage related to diagnostic genetic testing for mitochondrial and other disorders. *(To be published)*
- **Genetic Testing: General Approach to Genetic Testing** for coverage criteria related to carrier screening that is not specifically discussed in this or other non-general policies. *(To be published)*

## Benefit Application

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Some state or federal mandates (e.g., Federal Employee Program [FEP]) prohibits plans from denying Food and Drug Administration (FDA)-approved technologies as investigational. In these instances, plans may have to consider the coverage eligibility of FDA-approved technologies on the basis of medical necessity alone.

## Rationale

### Practice Guidelines and Committee Statements

American College of Medical Genetics and Genomics (ACMG):

#### *Expanded Carrier Screening Panels*

ACMG published a practice resource (2021) regarding screening for autosomal recessive and X-linked conditions during pregnancy and preconception, which included the following recommendations:

- The phrase "expanded carrier screening" be replaced by "carrier screening".
- Adopting a more precise tiered system based on carrier frequency
  - Tier 1: CF + SMA + Risk Based Screening
  - Tier 2:  $\geq 1/100$  carrier frequency (includes Tier 1)
  - Tier 3:  $\geq 1/200$  carrier frequency (includes Tier 2) includes X-linked conditions
  - Tier 4:  $< 1/200$  carrier frequency (includes Tier 3) genes/condition will vary by lab
- All pregnant patients and those planning a pregnancy should be offered Tier 3 carrier screening.
- Tier 4 screening should be considered:
  - When a pregnancy stems from a known or possible consanguineous relationship (second cousins or closer)
  - When a family or personal medical history warrants.
- Reproductive partners of pregnant patients and those planning a pregnancy may be offered Tier 3 carrier screening for autosomal recessive conditions when carrier screening is performed simultaneously with their partner."

ACMG does not recommend:

- Offering Tier 1 and/or Tier 2 screening without Tier 3, because these do not provide equitable evaluation of all racial/ethnic groups.
- Routine offering of Tier 4 panels.



### *Cystic Fibrosis Carrier Screening*

In 2001, ACMG made the following recommendation:

1. The Committee recommends that CF carrier screening be offered to non-Jewish Caucasians and Ashkenazi Jews, and made available to other ethnic and racial groups who will be informed of their detectability through educational brochures, the informed consent process, and/or other efficient methods. For example, Asian-Americans and Native-Americans without significant Caucasian admixture should be informed of the rarity of the disease and the very low yield of the test in their respective populations. Testing should be made available to African-Americans, recognizing that only about 50% of at-risk couples will be detected. An educational brochure and a consent form which recites this information as well as a sign-off for those choosing not to be tested after reading these materials is being prepared by the Working Group on Patient Education and Informed Consent.
2. We recommend that preconception testing be encouraged whenever possible, although we recognize that for practical purposes, testing will often occur in the prenatal setting."

In 2020, ACMG released technical standards for *CFTR* variant testing based on available technologies and expanding phenotypic knowledge of rare variants:

"The development of the ACMG-23 variant panel followed a careful analysis and revision of the original ACMG-25 variant panel, which was a product of two National Institutes of Health (NIH) consensus conferences (1997 and 1998), followed by a Steering Committee made up of ACMG and ACOG representatives. This was the first time professional organizations recommended population-based screening at the DNA level for a genetic condition.

However, along with advances in technology, the past two decades have brought about an improved understanding of genetics and genomics. As a result, (1) the system of variant classification has been refined, (2) the phenotypes associated with CF (both classic and nonclassic forms) have been better characterized, (3) the associations of *CFTR* variants with clinically relevant non classic CF phenotypes are now recognized, (4) in vitro genotype–phenotype functional variant analysis exists, and (5) pan-ethnic screening with minimal variation in implementation is accepted.

Expanded carrier screening by NGS now makes it possible to screen for clinically relevant variants without regard to ethnicity. The bottleneck is no longer the number of detectable variants but instead an improved understanding of genotype–phenotype correlation."

### *Fragile X Syndrome Carrier Screening*

ACMG published practice guidelines for carrier screening for Fragile X syndrome (2005), which recommended that Fragile X syndrome carrier testing should be offered to individuals with the following:

- Individuals seeking reproductive counseling who have (a) a family history of fragile X syndrome or (b) a family history of undiagnosed mental retardation.
- Women who are experiencing reproductive or fertility problems associated with elevated follicle stimulating hormone (FSH) levels, especially if they have (a) a family history of premature ovarian failure, (b) a family history of fragile X syndrome, or (c) male or female relatives with undiagnosed mental retardation.

### *Ashkenazi Jewish Carrier Panel Testing*

ACMG and ACOG published practice guidelines for carrier screening in individuals of Ashkenazi Jewish descent (2008) which made the following recommendations:

"We recommend that carrier screening for cystic fibrosis, Canavan disease, familial dysautonomia, and Tay-Sachs disease be offered to all Ashkenazi Jews who are pregnant or considering pregnancy, according to current American College of Medical Genetics and/or the American College of Obstetricians and Gynecologists (ACOG) guidelines. In addition, we recommend that carrier screening be offered for Fanconi anemia (Group C), Niemann-Pick

(Type A), Bloom syndrome, mucopolidosis IV, and Gaucher disease. Carrier screening for these disorders should include testing for the specific mutations listed [in Table 1], which will result in a carrier detection rate 95% for most disorders. As a result, even in disorders that are relatively less common, expected mutation-specific carrier frequencies are relatively high."

"If only one member of a couple is of Ashkenazi Jewish background, testing should still be offered. Ideally, the Jewish member of the couple should be tested first. If the Jewish partner has a positive test result, the other partner (regardless of background) should be screened for that particular disorder. In the case of Tay-Sachs disease, testing can be performed using the biochemical assay, which has an excellent detection rate regardless of ethnic or racial background. The mutation detection rate and carrier frequency among different ethnic/racial groups is known for cystic fibrosis; however, for the other disorders, a discussion should include the lack of a precise residual risk in the case where the non-Jewish partner is negative on mutation analysis."

"Generally, individuals self-identify themselves as Jewish and whether or not they are of eastern European origin. One Jewish grandparent is sufficient to offer testing. However, if someone is unsure as to their precise lineage, it is recommended to offer testing. At this time, there is no specific panel of tests available for Jews from non-Ashkenazi background. However, a proper family history and ethnic origin should still be obtained and appropriate testing offered (e.g., hemoglobinopathy screening for those from the Mediterranean basin)."

"In the case where someone is identified as a carrier, genetic counseling should be readily available to discuss the findings and possible reproductive options. Furthermore, a discussion regarding the importance of genetic counseling for other family members should be stressed. Although the provider can not contact family members directly, the individual should be encouraged to discuss the findings with his or her family if possible and appropriate"

#### American College of Obstetricians and Gynecologists (ACOG):

##### *Expanded Carrier Screening Panels*

ACOG published practice bulletin No. 690 (2017, reaffirmed 2020) regarding "Carrier Screening in the Age of Genomic Medicine", which made the following recommendations:

- "Ethnic-specific, panethnic, and expanded carrier screening are acceptable strategies for pre pregnancy and prenatal carrier screening. Each obstetrician-gynecologist or other health care provider or practice should establish a standard approach that is consistently offered to and discussed with each patient, ideally before pregnancy. After counseling, a patient may decline any or all carrier screening."
- "If a patient requests a screening strategy other than the one used by the obstetrician-gynecologist or other health care provider, the requested test should be made available to her after counseling on its limitations, benefits, and alternatives."
- "All patients who are considering pregnancy or are already pregnant, regardless of screening strategy and ethnicity, should be offered carrier screening for cystic fibrosis and spinal muscular atrophy, as well as a complete blood count and screening for thalassemias and hemoglobinopathies. Fragile X premutation carrier screening is recommended for women with a family history of fragile X-related disorders or intellectual disability suggestive of fragile X syndrome, or women with a personal history of ovarian insufficiency. Additional screening also may be indicated based on family history or specific ethnicity."
- "Couples with consanguinity should be offered genetic counseling to discuss the increased risk of recessive conditions being expressed in their offspring and the limitations and benefits of carrier screening."
- "Carrier screening will not identify all individuals who are at risk of the screened conditions. Patients should be counseled regarding residual risk with any test result."
- "Prenatal carrier screening does not replace newborn screening, nor does newborn screening diminish the potential benefit of prenatal carrier screening."

- "If a woman is found to be a carrier for a specific condition, her reproductive partner should be offered screening to provide accurate genetic counseling for the couple with regard to the risk of having an affected child. Additional genetic counseling should be provided to discuss the specific condition, residual risk, and options for prenatal testing."
- "If a carrier couple (i.e., carriers for the same condition) is identified before pregnancy, genetic counseling is encouraged so that reproductive options (e.g., donor gametes, preimplantation genetic diagnosis, prenatal diagnosis) can be discussed."
- "Individuals with a family history of a genetic disorder may benefit from the identification of the specific familial mutation or mutations rather than carrier screening. Knowledge of the specific familial mutation may allow for more specific and rapid prenatal diagnosis."
- "Given the multitude of conditions that can be included in expanded carrier screening panels, the disorders selected for inclusion should meet several of the following consensus-determined criteria: have a carrier frequency of 1 in 100 or greater, have a well-defined phenotype, have a detrimental effect on quality of life, cause cognitive or physical impairment, require surgical or medical intervention, or have an onset early in life. Additionally, screened conditions should be able to be diagnosed prenatally and may afford opportunities for antenatal intervention to improve perinatal outcomes, changes to delivery management to optimize newborn and infant outcomes, and education of the parents about special care needs after birth."
- "Carrier screening panels should not include conditions primarily associated with a disease of adult onset."

ACOG published practice bulletin No. 691 (March 2017, reaffirmed 2020) and following recommendations related to carrier screening for genetic conditions:

#### *General Recommendations*

- "Information about genetic carrier screening should be provided to every pregnant woman. After counseling, a patient may decline any or all screening."
- "Carrier screening and counseling ideally should be performed before pregnancy."
- "If an individual is found to be a carrier for a specific condition, the individual's reproductive partner should be offered testing in order to receive informed genetic counseling about potential reproductive outcomes. Concurrent screening of the patient and her partner is suggested if there are time constraints for decisions about prenatal diagnostic evaluation."
- "If both partners are found to be carriers of a genetic condition, genetic counseling should be offered. Prenatal diagnosis and advanced reproductive technologies to decrease the risk of an affected offspring should be discussed."
- "When an individual is found to be a carrier for a genetic condition, the individual's relatives are at risk of carrying the same mutation. The patient should be encouraged to inform his or her relatives of the risk and the availability of carrier screening. The obstetrician-gynecologist or other healthcare provider should not disclose this information without permission from the patient."
- "Carrier screening for a particular condition generally should be performed only once in a person's lifetime, and the results should be documented in the patient's health record. Because of the rapid evolution of genetic testing, additional mutations may be included in newer screening panels. The decision to rescreen a patient should be undertaken only with the guidance of a genetics professional who can best assess the incremental benefit of repeat testing for additional mutations."

#### *Cystic Fibrosis*

- "Cystic fibrosis carrier screening should be offered to all women who are considering pregnancy or are currently pregnant."
- "Complete analysis of the CFTR gene by DNA sequencing is not appropriate for routine carrier screening."

- "For couples in which both partners are unaffected but one or both has a family history of cystic fibrosis, genetic counseling and medical record review should be performed to determine if CFTR mutation analysis in the affected family member is available."
- "If a woman's reproductive partner has cystic fibrosis or apparently isolated congenital bilateral absence of the vas deferens, the couple should be provided follow-up genetic counseling by an obstetrician-gynecologist or other health care provider with expertise in genetics for mutation analysis and consultation."

#### *Spinal Muscular Atrophy*

- "Screening for spinal muscular atrophy should be offered to all women who are considering pregnancy or are currently pregnant."

#### *Fragile X Syndrome*

- "Fragile X premutation carrier screening is recommended for women with a family history of fragile X-related disorders or intellectual disability suggestive of fragile X syndrome and who are considering pregnancy or are currently pregnant."
- "If a woman has unexplained ovarian insufficiency or failure or an elevated follicle-stimulating hormone level before age 40 years, fragile X carrier screening is recommended to determine whether she has an FMR1 premutation."
- "All identified individuals with intermediate results and carriers of a fragile X premutation or full mutation should be provided follow-up genetic counseling to discuss the risk to their offspring of inheriting an expanded full-mutation fragile X allele and to discuss fragile X-associated disorders (premature ovarian insufficiency and fragile X tremor/ataxia syndrome)."

#### *Hemoglobinopathies*

- "A complete blood count with red blood cell indices should be performed in all women who are currently pregnant to assess not only their risk of anemia but also to allow assessment for risk of a hemoglobinopathy. Ideally, this testing also should be offered to women before pregnancy."
- "A hemoglobin electrophoresis should be performed in addition to a complete blood count if there is suspicion of hemoglobinopathy based on ethnicity (African, Mediterranean, Middle Eastern, Southeast Asian, or West Indian descent). If red blood cell indices indicate a low mean corpuscular hemoglobin or mean corpuscular volume, hemoglobin electrophoresis also should be performed."

#### *Ashkenazi Jewish Carrier Screening*

- "When only one partner is of Ashkenazi Jewish descent, that individual should be offered screening first. If it is determined that this individual is a carrier, the other partner should be offered screening. However, the couple should be informed that the carrier frequency and the detection rate in non-Jewish individuals are unknown for most of these disorders, except for Tay-Sachs disease and cystic fibrosis. Therefore, it is difficult to accurately predict the couple's risk of having a child with the disorder."

#### National Society of Genetic Counselors (NSGC):

##### *Expanded Carrier Screening Panels*

The National Society of Genetic Counselors released a position statement (2017) endorsing the use of multi-gene panels when clinically warranted and appropriately applied, stating the following:

"These tests can provide a comprehensive and efficient route to identifying the genetic causes of disease. Before ordering a multi-gene panel test, providers should thoroughly evaluate the analytic and clinical validity of the test, as well as its clinical utility. Additional factors to consider include, but are not limited to: clinical and family history information, gene content of the panel, limitations of the sequencing and informatics technologies, and variant interpretation and reporting practices. Panels magnify the complexities of genetic

testing and underscore the value of experts, such as genetic counselors, who can educate stakeholders about appropriate utilization of the technology to mitigate risks of patient harm and unnecessary costs to the healthcare system. NSGC supports straightforward and transparent pricing so that patients, providers, laboratories, and health plans can easily weigh the value of genetic testing in light of its cost.”

The National Society of Genetic Counselors updated a position statement (2017) regarding the genetic testing of minors for adult-onset conditions, stating the following:

“[NSGC] encourages deferring predictive genetic testing of minors for adult-onset conditions when results will not impact childhood medical management or significantly benefit the child. Predictive testing should optimally be deferred until the individual has the capacity to weigh the associated risks, benefits, and limitations of this information, taking his/her circumstances, preferences, and beliefs into account to preserve his/her autonomy and right to an open future.”

#### European Molecular Genetics Quality Network (EMQN)

##### *Duchenne and Becker Muscular Dystrophy Carrier Screening*

EMQN published best practice guidelines for genetic testing in dystrophinopathies (2020), which included the following in regard to carrier testing in females:

“When the familial pathogenic variant is known, carrier testing should be undertaken by specific testing for this variant.”

“When the familial pathogenic variant is unknown and an affected male is not available to be tested, female relatives at risk of being carriers should be offered the full cohort of level 1 and 2 genetic testing (i.e. CNV analysis and sequencing) since these two approaches are cost effective and offer ~99% sensitivity.”

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## Documentation for Clinical Review

### Please provide the following documentation:

- Physician order for genetic test
- Name and description of genetic test
- Name of laboratory performing the test
- CPT code(s) billed for the particular genetic test(s)
- Previous pertinent genetic testing results (parents, siblings, etc.)
- History and physical and/or consultation notes including:
  - Reason for performing test
  - Signs/symptoms/test results related to reason for genetic testing
  - Family history if applicable

### Post Service (in addition to the above, please include the following):

- Results/reports of tests performed

## Coding

*This Policy relates only to the services or supplies described herein. Benefits may vary according to product design; therefore, contract language should be reviewed before applying the terms of the Policy.*

*The following codes are included below for informational purposes. Inclusion or exclusion of a code(s) does not constitute or imply member coverage or provider reimbursement policy. Policy Statements are intended to provide member coverage information and may include the use of some codes for clarity. The Policy Guidelines section may also provide additional information for how to interpret the Policy Statements and to provide coding guidance in some cases.*

Type	Code	Description
CPT®	0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or saliva, identification and characterization of genetic variants
	0400U	Obstetrics (expanded carrier screening), 145 genes by nextgeneration sequencing, fragment analysis and multiplex ligationdependent probe amplification, DNA, reported as carrier positive or negative <i>(Code effective 7/1/2023)</i>
	81161	DMD (dystrophin) (e.g., Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed
	81174	AR (androgen receptor) (e.g., spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant
	81190	CSTB (cystatin B) (e.g., Unverricht-Lundborg disease) gene analysis; known familial variant(s)
	81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (e.g., E285A, Y231X)
	81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (e.g., maple syrup urine disease) gene analysis, common variants (e.g., R183P, G278S, E422X)
	81209	BLM (Bloom syndrome, RecQ helicase-like) (e.g., Bloom syndrome) gene analysis, 2281del6ins7 variant
	81220	CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; common variants (e.g., ACMG/ACOG guidelines)
	81221	CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; known familial variants
	81222	CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; duplication/deletion variants
	81223	CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; full gene sequence
	81224	CFTR (cystic fibrosis transmembrane conductance regulator) (e.g., cystic fibrosis) gene analysis; intron 8 poly-T analysis (e.g., male infertility)
	81242	FANCC (Fanconi anemia, complementation group C) (e.g., Fanconi anemia, type C) gene analysis, common variant (e.g., IVS4+4A>T)
	81243	FMR1 (fragile X mental retardation 1) (e.g., fragile X mental retardation) gene analysis; evaluation to detect abnormal (e.g., expanded) alleles
	81244	FMR1 (fragile X mental retardation 1) (e.g., fragile X mental retardation) gene analysis; characterization of alleles (e.g., expanded size and promoter methylation status)
	81247	G6PD (glucose-6-phosphate dehydrogenase) (e.g., hemolytic anemia, jaundice), gene analysis; common variant(s) (e.g., A, A-)
	81248	G6PD (glucose-6-phosphate dehydrogenase) (e.g., hemolytic anemia, jaundice), gene analysis; known familial variant(s)
	81250	G6PC (glucose-6-phosphatase, catalytic subunit) (e.g., Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (e.g., R83C, Q347X)
	81251	GBA (glucosidase, beta, acid) (e.g., Gaucher disease) gene analysis, common variants (e.g., N370S, 84GG, L444P, IVS2+1G>A)
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (e.g., nonsyndromic hearing loss) gene analysis; known familial variants	

Type	Code	Description
	81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (e.g., nonsyndromic hearing loss) gene analysis, common variants (e.g., 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])
	81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (e.g., alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (e.g., Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)
	81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (e.g., alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant
	81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (e.g., alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence
	81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (e.g., alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants
	81289	FXN (frataxin) (e.g., Friedreich ataxia) gene analysis; known familial variant(s)
	81329	SMN1 (survival of motor neuron 1, telomeric) (e.g., spinal muscular atrophy) gene analysis; dosage/deletion analysis (e.g., carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed
	81336	SMN1 (survival of motor neuron 1, telomeric) (e.g., spinal muscular atrophy) gene analysis; full gene sequence
	81337	SMN1 (survival of motor neuron 1, telomeric) (e.g., spinal muscular atrophy) gene analysis; known familial sequence variant(s)
	81361	HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (e.g., HbS, HbC, HbE)
	81362	HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)
	81363	HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)
	81364	HBB (hemoglobin, subunit beta) (e.g., sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence
	81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1
	81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2
	81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3
	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4
	81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5
	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6
	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7
	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8
	81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9
	81412	Ashkenazi Jewish associated disorders (e.g., Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1
	81443	Cardiac ion channelopathies (e.g., Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include



Type	Code	Description
		sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A
HCPCS	None	

## Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Medical Policy.

Effective Date	Action
02/01/2023	New policy.
08/01/2023	Coding update.

## Definitions of Decision Determinations

**Medically Necessary:** Services that are Medically Necessary include only those which have been established as safe and effective, are furnished under generally accepted professional standards to treat illness, injury or medical condition, and which, as determined by Blue Shield, are: (a) consistent with Blue Shield medical policy; (b) consistent with the symptoms or diagnosis; (c) not furnished primarily for the convenience of the patient, the attending Physician or other provider; (d) furnished at the most appropriate level which can be provided safely and effectively to the patient; and (e) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the Member's illness, injury, or disease.

**Investigational/Experimental:** A treatment, procedure, or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

**Split Evaluation:** Blue Shield of California/Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a split evaluation, where a treatment, procedure, or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

## Prior Authorization Requirements and Feedback (as applicable to your plan)

Within five days before the actual date of service, the provider must confirm with Blue Shield that the member's health plan coverage is still in effect. Blue Shield reserves the right to revoke an authorization prior to services being rendered based on cancellation of the member's eligibility. Final determination of benefits will be made after review of the claim for limitations or exclusions.

Questions regarding the applicability of this policy should be directed to the Prior Authorization Department at (800) 541-6652, or the Transplant Case Management Department at (800) 637-2066 ext. 3507708 or visit the provider portal at [www.blueshieldca.com/provider](http://www.blueshieldca.com/provider).

We are interested in receiving feedback relative to developing, adopting, and reviewing criteria for medical policy. Any licensed practitioner who is contracted with Blue Shield of California or Blue Shield of California Promise Health Plan is welcome to provide comments, suggestions, or concerns. Our internal policy committees will receive and take your comments into consideration.

For utilization and medical policy feedback, please send comments to: [MedPolicy@blueshieldca.com](mailto:MedPolicy@blueshieldca.com)

*Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. Blue Shield of California may consider published peer-reviewed scientific literature, national guidelines, and local standards of practice in developing its medical policy. Federal and state law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over medical policy and must be considered first in determining covered services. Member contracts may differ in their benefits. Blue Shield reserves the right to review and update policies as appropriate.*

**Appendix A**

POLICY STATEMENT (No changes)	
BEFORE	AFTER
<p><b>Genetic Testing: Prenatal and Preconception Carrier Screening BSC_CON_2.07</b></p> <p><b>Policy Statement:</b>  <b>EXPANDED CARRIER SCREENING PANELS</b></p> <ul style="list-style-type: none"> <li>I. Expanded carrier screening panels (81443) may be considered <b>medically necessary</b> when:                             <ul style="list-style-type: none"> <li>A. The member is considering pregnancy or is currently pregnant, <b>AND</b></li> <li>B. The panel includes CFTR and SMN1.</li> </ul> </li>   <li>II. Expanded carrier screening panels (81443) are considered <b>investigational</b> for all other indications.</li> </ul> <p><b>CYSTIC FIBROSIS CARRIER SCREENING CFTR Known Familial Variant Analysis</b></p> <ul style="list-style-type: none"> <li>III. Cystic fibrosis carrier screening via <i>CFTR</i> targeted mutation analysis (when an expanded carrier panel is not ordered) for a known familial mutation (81221) may be considered <b>medically necessary</b> when:                             <ul style="list-style-type: none"> <li>A. The member and/or the member’s reproductive partner is considering pregnancy or is currently pregnant, <b>AND</b></li> <li>B. The member has a <u>close relative</u> with a known pathogenic or likely pathogenic variant in <i>CFTR</i>.</li> </ul> </li>   <li>IV. Cystic fibrosis carrier screening via <i>CFTR</i> targeted mutation analysis for a known familial mutation (81221) is considered <b>investigational</b> for all other indications.</li> </ul> <p><b>CFTR Sequencing, Deletion/Duplication Analysis, or Mutation Panel</b></p> <ul style="list-style-type: none"> <li>V. Cystic fibrosis carrier screening via <i>CFTR</i> sequencing (81223, S3835), deletion/duplication analysis (81222) (when an expanded carrier panel is not ordered), may be considered <b>medically necessary</b> when:</li> </ul>	<p><b>Genetic Testing: Prenatal and Preconception Carrier Screening BSC_CON_2.07</b></p> <p><b>Policy Statement:</b>  <b>EXPANDED CARRIER SCREENING PANELS</b></p> <ul style="list-style-type: none"> <li>I. Expanded carrier screening panels (81443) may be considered <b>medically necessary</b> when:                             <ul style="list-style-type: none"> <li>A. The member is considering pregnancy or is currently pregnant, <b>AND</b></li> <li>B. The panel includes CFTR and SMN1.</li> </ul> </li>   <li>II. Expanded carrier screening panels (81443) are considered <b>investigational</b> for all other indications.</li> </ul> <p><b>CYSTIC FIBROSIS CARRIER SCREENING CFTR Known Familial Variant Analysis</b></p> <ul style="list-style-type: none"> <li>III. Cystic fibrosis carrier screening via <i>CFTR</i> targeted mutation analysis (when an expanded carrier panel is not ordered) for a known familial mutation (81221) may be considered <b>medically necessary</b> when:                             <ul style="list-style-type: none"> <li>A. The member and/or the member’s reproductive partner is considering pregnancy or is currently pregnant, <b>AND</b></li> <li>B. The member has a <u>close relative</u> with a known pathogenic or likely pathogenic variant in <i>CFTR</i>.</li> </ul> </li>   <li>IV. Cystic fibrosis carrier screening via <i>CFTR</i> targeted mutation analysis for a known familial mutation (81221) is considered <b>investigational</b> for all other indications.</li> </ul> <p><b>CFTR Sequencing, Deletion/Duplication Analysis, or Mutation Panel</b></p> <ul style="list-style-type: none"> <li>V. Cystic fibrosis carrier screening via <i>CFTR</i> sequencing (81223, S3835), deletion/duplication analysis (81222) (when an expanded carrier panel is not ordered), may be considered <b>medically necessary</b> when:</li> </ul>

**POLICY STATEMENT**

**(No changes)**

BEFORE	AFTER
<p>A. The member and/or the member’s reproductive partner is considering pregnancy or is currently pregnant, <b>OR</b></p> <p>B. The member’s reproductive partner is a known carrier for cystic fibrosis.</p> <p>VI. Cystic fibrosis carrier screening via <i>CFTR</i> sequencing (81233, S3835), deletion/duplication analysis (81222), or a mutation panel (81220) using at a minimum the ACMG-23 variant panel, is considered <b>investigational</b> for all other indications.</p> <p><b>CFTR Intron 9 PolyT and TG Analysis (previously called Intron 8 polyT/TG Analysis)</b></p> <p>VII. Separate or individual analysis of the <i>CFTR</i> intron 9 polyT and TG regions (81224) for cystic fibrosis carrier screening may be considered <b>medically necessary</b> when:</p> <p>A. The member and/or the member’s reproductive partner is considering pregnancy or is currently pregnant, <b>AND</b></p> <p>B. The member is known to have an R117H variant in the <i>CFTR</i> gene.</p> <p>VIII. Separate or individual analysis of the <i>CFTR</i> intron 9 polyT and TG regions (81224) for cystic fibrosis carrier screening is considered <b>investigational</b> for all other indications.</p> <p><b>Note:</b> If fertility benefits allow, testing for male infertility (including <i>CFTR</i>) may be medically necessary for congenital bilateral absence of the vas deferens (CBAVD). Refer to Blue Shield of California Medical Policy: <i>Genetic Testing: Multisystem Inherited Disorders, Intellectual Disability, and Developmental Delay</i> (to be published) for coverage criteria for genetic testing to establish a diagnosis of cystic fibrosis (rather than for carrier screening).</p> <p><b>SPINAL MUSCULAR ATROPHY CARRIER SCREENING</b> <b><i>SMN1</i> Targeted Variant Analysis</b></p> <p>IX. Separate or individual spinal muscular atrophy (SMA) carrier screening via <i>SMN1</i> targeted variant analysis (81337) (when an</p>	<p>A. The member and/or the member’s reproductive partner is considering pregnancy or is currently pregnant, <b>OR</b></p> <p>B. The member’s reproductive partner is a known carrier for cystic fibrosis.</p> <p>VI. Cystic fibrosis carrier screening via <i>CFTR</i> sequencing (81233, S3835), deletion/duplication analysis (81222), or a mutation panel (81220) using at a minimum the ACMG-23 variant panel, is considered <b>investigational</b> for all other indications.</p> <p><b>CFTR Intron 9 PolyT and TG Analysis (previously called Intron 8 polyT/TG Analysis)</b></p> <p>VII. Separate or individual analysis of the <i>CFTR</i> intron 9 polyT and TG regions (81224) for cystic fibrosis carrier screening may be considered <b>medically necessary</b> when:</p> <p>A. The member and/or the member’s reproductive partner is considering pregnancy or is currently pregnant, <b>AND</b></p> <p>B. The member is known to have an R117H variant in the <i>CFTR</i> gene.</p> <p>VIII. Separate or individual analysis of the <i>CFTR</i> intron 9 polyT and TG regions (81224) for cystic fibrosis carrier screening is considered <b>investigational</b> for all other indications.</p> <p><b>Note:</b> If fertility benefits allow, testing for male infertility (including <i>CFTR</i>) may be medically necessary for congenital bilateral absence of the vas deferens (CBAVD). Refer to Blue Shield of California Medical Policy: <i>Genetic Testing: Multisystem Inherited Disorders, Intellectual Disability, and Developmental Delay</i> (to be published) for coverage criteria for genetic testing to establish a diagnosis of cystic fibrosis (rather than for carrier screening).</p> <p><b>SPINAL MUSCULAR ATROPHY CARRIER SCREENING</b> <b><i>SMN1</i> Targeted Variant Analysis</b></p> <p>IX. Separate or individual spinal muscular atrophy (SMA) carrier screening via <i>SMN1</i> targeted variant analysis (81337) (when an</p>

**POLICY STATEMENT**

**(No changes)**

**BEFORE**

**AFTER**

expanded carrier panel is not ordered) may be considered **medically necessary** when:

- A. The member and/or the member’s reproductive partner is considering pregnancy or is currently pregnant, **AND**
- B. The member has a close relative with a known pathogenic or likely pathogenic variant in *SMN1*.

X. Separate or individual spinal muscular atrophy (SMA) carrier screening via *SMN1* targeted variant analysis (81337) (when an expanded carrier panel is not ordered) is considered **investigational** for all other indications.

***SMN1/SMN2* Sequencing and/or Deletion/Duplication Analysis**

- XI. Separate or individual spinal muscular atrophy (SMA) carrier screening via *SMN1/SMN2* sequencing and/or deletion/duplication analysis (81329, 81336) (when an expanded carrier panel is not ordered) is considered **medically necessary** when:
  - A. The member and/or member’s reproductive partner is considering pregnancy or is currently pregnant, **OR**
  - B. The member’s reproductive partner is a known carrier for spinal muscular atrophy.

XII. Separate or individual spinal muscular atrophy (SMA) carrier screening via *SMN1/SMN2* sequencing and/or deletion/duplication analysis (81329, 81336) (when an expanded carrier panel is not ordered) is considered **investigational** for all other indications.

**Note:** Refer to Blue Shield of California Medical Policy: *Genetic Testing: Epilepsy, Neurodegenerative, and Neuromuscular Disorders* (to be published) for coverage criteria for genetic testing to establish a diagnosis of spinal muscular atrophy (SMA) (rather than for carrier screening).

**FRAGILE X SYNDROME CARRIER SCREENING**

***FMR1* Repeat Analysis**

XIII. Fragile X carrier screening via *FMR1* CCG-trinucleotide repeat analysis (81243, 81244) (when an expanded carrier panel is not ordered) may be considered **medically necessary** when:

expanded carrier panel is not ordered) may be considered **medically necessary** when:

- A. The member and/or the member’s reproductive partner is considering pregnancy or is currently pregnant, **AND**
- B. The member has a close relative with a known pathogenic or likely pathogenic variant in *SMN1*.

X. Separate or individual spinal muscular atrophy (SMA) carrier screening via *SMN1* targeted variant analysis (81337) (when an expanded carrier panel is not ordered) is considered **investigational** for all other indications.

***SMN1/SMN2* Sequencing and/or Deletion/Duplication Analysis**

- XI. Separate or individual spinal muscular atrophy (SMA) carrier screening via *SMN1/SMN2* sequencing and/or deletion/duplication analysis (81329, 81336) (when an expanded carrier panel is not ordered) is considered **medically necessary** when:
  - A. The member and/or member’s reproductive partner is considering pregnancy or is currently pregnant, **OR**
  - B. The member’s reproductive partner is a known carrier for spinal muscular atrophy.

XII. Separate or individual spinal muscular atrophy (SMA) carrier screening via *SMN1/SMN2* sequencing and/or deletion/duplication analysis (81329, 81336) (when an expanded carrier panel is not ordered) is considered **investigational** for all other indications.

**Note:** Refer to Blue Shield of California Medical Policy: *Genetic Testing: Epilepsy, Neurodegenerative, and Neuromuscular Disorders* (to be published) for coverage criteria for genetic testing to establish a diagnosis of spinal muscular atrophy (SMA) (rather than for carrier screening).

**FRAGILE X SYNDROME CARRIER SCREENING**

***FMR1* Repeat Analysis**

XIII. Fragile X carrier screening via *FMR1* CCG-trinucleotide repeat analysis (81243, 81244) (when an expanded carrier panel is not ordered) may be considered **medically necessary** when:

**POLICY STATEMENT**

**(No changes)**

BEFORE	AFTER
<p>A. The member has been diagnosed with premature ovarian insufficiency or elevated follicle-stimulating hormone level before age 40 years, <b>OR</b></p> <p>B. The member is considering a pregnancy or is currently pregnant, <b>AND</b></p> <p>1. The member has one of the following:</p> <ul style="list-style-type: none"> <li>a) <u>Close relative</u> with Fragile X syndrome (i.e., close relative has &gt;200 CGG repeats in the <i>FMR1</i> gene), <b>OR</b></li> <li>b) <u>Close relative</u> who is a known carrier for Fragile X syndrome (i.e., close relative has between 55-200 CGG repeats in the <i>FMR1</i> gene), <b>OR</b></li> <li>c) <u>Close relative</u> with unexplained intellectual disability, developmental delay, or autism spectrum disorder, <b>OR</b></li> <li>d) <u>Close relative</u> diagnosed with premature ovarian insufficiency or elevated follicle-stimulating hormone level before age 40 years.</li> </ul> <p>XIV. Fragile X carrier screening via <i>FMR1</i>CGG-trinucleotide repeat analysis (81243, 81244) (when an expanded carrier panel is not ordered) is considered <b>investigational</b> for all other indications.</p> <p><b>Note:</b> Refer to Blue Shield of California Medical Policy: <i>Genetic Testing: Multisystem Inherited Disorders, Intellectual Disability, and Developmental Delay</i> (to be published) for coverage criteria for genetic testing to establish a diagnosis of fragile X syndrome.</p> <p><b>HEMOGLOBINOPATHY CARRIER SCREENING</b>  <b><i>HBA1, HBA2, or HBB</i> Targeted Variant Analysis</b></p> <p>XV. Separate or individual hemoglobinopathy carrier screening via <i>HBA1, HBA2</i> (81257, 81258, S3845, S3846), or <i>HBB</i> (81361, 81362) targeted variant analysis (when an expanded carrier panel is not ordered) may be considered <b>medically necessary</b> when:</p> <ul style="list-style-type: none"> <li>A. The member and/or the member’s reproductive partner is considering pregnancy or is currently pregnant, <b>AND</b></li> <li>B. The member meets one of the following:                     <ul style="list-style-type: none"> <li>1. The member has a <u>close relative</u> with a known pathogenic or likely pathogenic variant in <i>HBA1, HBA2, or HBB</i>, <b>OR</b></li> </ul> </li> </ul>	<p>A. The member has been diagnosed with premature ovarian insufficiency or elevated follicle-stimulating hormone level before age 40 years, <b>OR</b></p> <p>B. The member is considering a pregnancy or is currently pregnant, <b>AND</b></p> <p>1. The member has one of the following:</p> <ul style="list-style-type: none"> <li>a) <u>Close relative</u> with Fragile X syndrome (i.e., close relative has &gt;200 CGG repeats in the <i>FMR1</i> gene), <b>OR</b></li> <li>b) <u>Close relative</u> who is a known carrier for Fragile X syndrome (i.e., close relative has between 55-200 CGG repeats in the <i>FMR1</i> gene), <b>OR</b></li> <li>c) <u>Close relative</u> with unexplained intellectual disability, developmental delay, or autism spectrum disorder, <b>OR</b></li> <li>d) <u>Close relative</u> diagnosed with premature ovarian insufficiency or elevated follicle-stimulating hormone level before age 40 years.</li> </ul> <p>XIV. Fragile X carrier screening via <i>FMR1</i>CGG-trinucleotide repeat analysis (81243, 81244) (when an expanded carrier panel is not ordered) is considered <b>investigational</b> for all other indications.</p> <p><b>Note:</b> Refer to Blue Shield of California Medical Policy: <i>Genetic Testing: Multisystem Inherited Disorders, Intellectual Disability, and Developmental Delay</i> (to be published) for coverage criteria for genetic testing to establish a diagnosis of fragile X syndrome.</p> <p><b>HEMOGLOBINOPATHY CARRIER SCREENING</b>  <b><i>HBA1, HBA2, or HBB</i> Targeted Variant Analysis</b></p> <p>XV. Separate or individual hemoglobinopathy carrier screening via <i>HBA1, HBA2</i> (81257, 81258, S3845, S3846), or <i>HBB</i> (81361, 81362) targeted variant analysis (when an expanded carrier panel is not ordered) may be considered <b>medically necessary</b> when:</p> <ul style="list-style-type: none"> <li>A. The member and/or the member’s reproductive partner is considering pregnancy or is currently pregnant, <b>AND</b></li> <li>B. The member meets one of the following:                     <ul style="list-style-type: none"> <li>1. The member has a <u>close relative</u> with a known pathogenic or likely pathogenic variant in <i>HBA1, HBA2, or HBB</i>, <b>OR</b></li> </ul> </li> </ul>

**POLICY STATEMENT**

**(No changes)**

BEFORE	AFTER
<p>2. The member’s reproductive partner is a known carrier of a pathogenic or likely pathogenic variant in <i>HBA1</i>, <i>HBA2</i>, or <i>HBB</i>, <b>OR</b></p> <p>3. The member’s reproductive partner is known to have a diagnosis of a hemoglobinopathy, <b>OR</b></p> <p>4. The member’s hematologic screening results (e.g., MCV, MCH, CBC, hemoglobin electrophoresis, or dichlorophenol indophenol (DCIP)) are suggestive of or do not conclusively rule out a hemoglobinopathy.</p> <p>XVI. Hemoglobinopathy carrier screening via <i>HBA1</i>, <i>HBA2</i> (81257, 81258, S3845, S3846), or <i>HBB</i> (81361, 81362) targeted variant analysis is considered <b>investigational</b> for all other indications.</p> <p><b><i>HBA1</i>, <i>HBA2</i>, or <i>HBB</i> Sequencing and/or Deletion/Duplication Analysis</b></p> <p>XVII. Hemoglobinopathy carrier screening via <i>HBA1</i>, <i>HBA2</i> (81259, 81269, S3845), or <i>HBB</i> (81363, 81364, S3846) sequencing and/or deletion/duplication analysis (when an expanded carrier panel is not ordered) may be considered <b>medically necessary</b> when:</p> <p>A. The member and/or the member’s reproductive partner is considering pregnancy or is currently pregnant, <b>AND</b></p> <p>B. The member meets one of the following:</p> <p>1. The member’s hematologic screening results (e.g., MCV, MCH, CBC, hemoglobin electrophoresis, or dichlorophenol indophenol (DCIP)) are suggestive of or do not conclusively rule out a hemoglobinopathy.</p> <p>XVIII. Hemoglobinopathy carrier screening via <i>HBA1</i>, <i>HBA2</i> (81259, 81269, S3845), or <i>HBB</i> (81363, 81364, S3846) sequencing and/or duplication analysis is considered <b>investigational</b> for all other indications.</p> <p><b>Note:</b> Refer to Blue Shield of California Medical Policy: <i>Genetic Testing: Hematologic Conditions (non-cancerous)</i> for coverage criteria for genetic testing to establish a diagnosis of a hemoglobinopathy.</p> <p><b>ASHKENAZI JEWISH CARRIER PANEL TESTING</b></p>	<p>2. The member’s reproductive partner is a known carrier of a pathogenic or likely pathogenic variant in <i>HBA1</i>, <i>HBA2</i>, or <i>HBB</i>, <b>OR</b></p> <p>3. The member’s reproductive partner is known to have a diagnosis of a hemoglobinopathy, <b>OR</b></p> <p>4. The member’s hematologic screening results (e.g., MCV, MCH, CBC, hemoglobin electrophoresis, or dichlorophenol indophenol (DCIP)) are suggestive of or do not conclusively rule out a hemoglobinopathy.</p> <p>XVI. Hemoglobinopathy carrier screening via <i>HBA1</i>, <i>HBA2</i> (81257, 81258, S3845, S3846), or <i>HBB</i> (81361, 81362) targeted variant analysis is considered <b>investigational</b> for all other indications.</p> <p><b><i>HBA1</i>, <i>HBA2</i>, or <i>HBB</i> Sequencing and/or Deletion/Duplication Analysis</b></p> <p>XVII. Hemoglobinopathy carrier screening via <i>HBA1</i>, <i>HBA2</i> (81259, 81269, S3845), or <i>HBB</i> (81363, 81364, S3846) sequencing and/or deletion/duplication analysis (when an expanded carrier panel is not ordered) may be considered <b>medically necessary</b> when:</p> <p>A. The member and/or the member’s reproductive partner is considering pregnancy or is currently pregnant, <b>AND</b></p> <p>B. The member meets one of the following:</p> <p>1. The member’s hematologic screening results (e.g., MCV, MCH, CBC, hemoglobin electrophoresis, or dichlorophenol indophenol (DCIP)) are suggestive of or do not conclusively rule out a hemoglobinopathy.</p> <p>XVIII. Hemoglobinopathy carrier screening via <i>HBA1</i>, <i>HBA2</i> (81259, 81269, S3845), or <i>HBB</i> (81363, 81364, S3846) sequencing and/or duplication analysis is considered <b>investigational</b> for all other indications.</p> <p><b>Note:</b> Refer to Blue Shield of California Medical Policy: <i>Genetic Testing: Hematologic Conditions (non-cancerous)</i> for coverage criteria for genetic testing to establish a diagnosis of a hemoglobinopathy.</p> <p><b>ASHKENAZI JEWISH CARRIER PANEL TESTING</b></p>

**POLICY STATEMENT**

**(No changes)**

BEFORE	AFTER
<p>XIX. Separate or individual Ashkenazi Jewish carrier panel testing (81412) (when an expanded carrier panel is not ordered) may be considered <b>medically necessary</b> when:</p> <ul style="list-style-type: none"> <li>A. The member and/or the member’s reproductive partner is considering pregnancy or is currently pregnant, <b>AND</b></li> <li>B. The member is of Ashkenazi Jewish ancestry, <b>AND</b></li> <li>C. The panel includes, at a minimum, screening for carrier status for genetic conditions associated with the following genes, as recommended by the American College of Medical Genetics (ACMG):                             <ul style="list-style-type: none"> <li>1. Tay Sachs disease (HEXA)</li> <li>2. Canavan disease (ASPA)</li> <li>3. Cystic fibrosis (CFTR)</li> <li>4. Familial dysautonomia (ELP1)</li> <li>5. Bloom syndrome (BLM)</li> <li>6. Fanconi anemia (FANCC)</li> <li>7. Niemann-Pick disease (SMPD1)</li> <li>8. Gaucher disease (GBA)</li> <li>9. Mucopolipidosis IV (MCOLN1)</li> </ul> </li> </ul> <p><b>Note:</b> If only one partner is of Ashkenazi Jewish ancestry, then testing of that partner is considered medically necessary. Testing (by carrier panel or single gene testing) of the other partner is considered medically necessary only if the result of testing of the Ashkenazi Jewish partner is positive. In certain circumstances, biochemical or other clinical tests to definitively diagnose carrier status may be appropriate.</p> <p><b>DUCHENNE AND BECKER MUSCULAR DYSTROPHY CARRIER SCREENING</b></p> <p><b>DMD Targeted Variant Analysis</b></p> <p>XX. Separate or individual Duchenne and Becker muscular dystrophy carrier screening via <i>DMD</i> targeted variant analysis (81403) (when an expanded carrier panel is not ordered) may be considered <b>medically necessary</b> when:</p> <ul style="list-style-type: none"> <li>A. The member is considering pregnancy or is currently pregnant, <b>AND</b></li> </ul>	<p>XIX. Separate or individual Ashkenazi Jewish carrier panel testing (81412) (when an expanded carrier panel is not ordered) may be considered <b>medically necessary</b> when:</p> <ul style="list-style-type: none"> <li>A. The member and/or the member’s reproductive partner is considering pregnancy or is currently pregnant, <b>AND</b></li> <li>B. The member is of Ashkenazi Jewish ancestry, <b>AND</b></li> <li>C. The panel includes, at a minimum, screening for carrier status for genetic conditions associated with the following genes, as recommended by the American College of Medical Genetics (ACMG):                             <ul style="list-style-type: none"> <li>1. Tay Sachs disease (HEXA)</li> <li>2. Canavan disease (ASPA)</li> <li>3. Cystic fibrosis (CFTR)</li> <li>4. Familial dysautonomia (ELP1)</li> <li>5. Bloom syndrome (BLM)</li> <li>6. Fanconi anemia (FANCC)</li> <li>7. Niemann-Pick disease (SMPD1)</li> <li>8. Gaucher disease (GBA)</li> <li>9. Mucopolipidosis IV (MCOLN1)</li> </ul> </li> </ul> <p><b>Note:</b> If only one partner is of Ashkenazi Jewish ancestry, then testing of that partner is considered medically necessary. Testing (by carrier panel or single gene testing) of the other partner is considered medically necessary only if the result of testing of the Ashkenazi Jewish partner is positive. In certain circumstances, biochemical or other clinical tests to definitively diagnose carrier status may be appropriate.</p> <p><b>DUCHENNE AND BECKER MUSCULAR DYSTROPHY CARRIER SCREENING</b></p> <p><b>DMD Targeted Variant Analysis</b></p> <p>XX. Separate or individual Duchenne and Becker muscular dystrophy carrier screening via <i>DMD</i> targeted variant analysis (81403) (when an expanded carrier panel is not ordered) may be considered <b>medically necessary</b> when:</p> <ul style="list-style-type: none"> <li>A. The member is considering pregnancy or is currently pregnant, <b>AND</b></li> </ul>



**POLICY STATEMENT**

**(No changes)**

**BEFORE**

B. The member has a close relative with a known pathogenic or likely pathogenic variant in *DMD*.

XXI. Separate or individual Duchenne and Becker muscular dystrophy carrier screening via *DMD* targeted variant analysis (81403) is considered **investigational** for all other indications.

***DMD* Sequencing and/or Deletion/Duplication Analysis**

XXII. Separate or individual Duchenne and Becker muscular dystrophy carrier screening via *DMD* sequencing and/or deletion/duplication analysis (81161, 81408) (when an expanded carrier panel is not ordered) may be considered **medically necessary** when:

- A. The member is considering pregnancy or is currently pregnant, **AND**
- B. The member has one of the following:
  - 1. First- or second-degree male relative diagnosed with Duchenne or Becker muscular dystrophy.

XXIII. Separate or individual Duchenne and Becker muscular dystrophy carrier screening via *DMD* sequencing and/or deletion/duplication analysis (81161, 81408) is considered **investigational** for all other indications.

Note: Refer to Blue Shield of California Medical Policy: *Genetic Testing: Epilepsy, Neurodegenerative, and Neuromuscular Disorders* (to be published) for coverage criteria for genetic testing to establish a diagnosis of Duchenne or Becker muscular dystrophy.

**GENERAL CRITERIA FOR CARRIER SCREENING**

**NOTE:** Each section in the policy reference table includes specific coverage criteria. For any prenatal or preconception carrier screening test that does not have specific criteria above, refer to the following coverage criteria to assess for medical necessity.

Targeted carrier screening is defined as a test that screens for a known mutation in one gene associated with a specific genetic condition.

**AFTER**

B. The member has a close relative with a known pathogenic or likely pathogenic variant in *DMD*.

XXI. Separate or individual Duchenne and Becker muscular dystrophy carrier screening via *DMD* targeted variant analysis (81403) is considered **investigational** for all other indications.

***DMD* Sequencing and/or Deletion/Duplication Analysis**

XXII. Separate or individual Duchenne and Becker muscular dystrophy carrier screening via *DMD* sequencing and/or deletion/duplication analysis (81161, 81408) (when an expanded carrier panel is not ordered) may be considered **medically necessary** when:

- A. The member is considering pregnancy or is currently pregnant, **AND**
- B. The member has one of the following:
  - 1. First- or second-degree male relative diagnosed with Duchenne or Becker muscular dystrophy.

XXIII. Separate or individual Duchenne and Becker muscular dystrophy carrier screening via *DMD* sequencing and/or deletion/duplication analysis (81161, 81408) is considered **investigational** for all other indications.

Note: Refer to Blue Shield of California Medical Policy: *Genetic Testing: Epilepsy, Neurodegenerative, and Neuromuscular Disorders* (to be published) for coverage criteria for genetic testing to establish a diagnosis of Duchenne or Becker muscular dystrophy.

**GENERAL CRITERIA FOR CARRIER SCREENING**

**NOTE:** Each section in the policy reference table includes specific coverage criteria. For any prenatal or preconception carrier screening test that does not have specific criteria above, refer to the following coverage criteria to assess for medical necessity.

Targeted carrier screening is defined as a test that screens for a known mutation in one gene associated with a specific genetic condition.

**POLICY STATEMENT**

**(No changes)**

BEFORE	AFTER
<p>XXIV. Carrier screening for a genetic disorder (81174, 81190, 81200, 81205, 81209, 81242, 81247, 81248, 81250, 81251, 81253, 81254, 81289, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408) may be considered <b>medically necessary</b> when:</p> <ul style="list-style-type: none"> <li>A. The member is considering pregnancy or is currently pregnant, <b>AND</b></li> <li>B. The genetic disorder is an autosomal recessive or X-linked condition, <b>AND</b></li> <li>C. One of the <u>following</u>:                             <ul style="list-style-type: none"> <li>1. The member has a <u>close relative</u> with a known pathogenic or likely pathogenic variant associated with the disorder, <b>OR</b></li> <li>2. The member’s reproductive partner is a carrier for the genetic disorder, <b>OR</b></li> <li>3. The member or the member’s reproductive partner has a <u>first- or second-degree relative</u> who is affected with the genetic disorder.</li> </ul> </li> </ul>	<p>XXIV. Carrier screening for a genetic disorder (81174, 81190, 81200, 81205, 81209, 81242, 81247, 81248, 81250, 81251, 81253, 81254, 81289, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408) may be considered <b>medically necessary</b> when:</p> <ul style="list-style-type: none"> <li>A. The member is considering pregnancy or is currently pregnant, <b>AND</b></li> <li>B. The genetic disorder is an autosomal recessive or X-linked condition, <b>AND</b></li> <li>C. One of the <u>following</u>:                             <ul style="list-style-type: none"> <li>1. The member has a <u>close relative</u> with a known pathogenic or likely pathogenic variant associated with the disorder, <b>OR</b></li> <li>2. The member’s reproductive partner is a carrier for the genetic disorder, <b>OR</b></li> <li>3. The member or the member’s reproductive partner has a <u>first- or second-degree relative</u> who is affected with the genetic disorder.</li> </ul> </li> </ul>
<p>XXV. Carrier screening for a genetic disorder (81174, 81190, 81200, 81205, 81209, 81242, 81247, 81248, 81250, 81251, 81253, 81254, 81289, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408) is considered <b>investigational</b> when the member does not meet any criteria above.</p>	<p>XXV. Carrier screening for a genetic disorder (81174, 81190, 81200, 81205, 81209, 81242, 81247, 81248, 81250, 81251, 81253, 81254, 81289, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408) is considered <b>investigational</b> when the member does not meet any criteria above.</p>