Revision log
Coding Implications

CONCERT GENETIC TESTING: Prenatal and Preconception Carrier Screening

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See Important Reminder at the end of this policy for important regulatory and legal information.

OVERVIEW

This policy addresses the use of tests intended to determine parental carrier status for genetic disorders before or during pregnancy.

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. The majority of professional societies recommend carrier screening prior to pregnancy. 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.

Pre-test and post-test genetic counseling that facilitates informed decision-making, the possibility to identify secondary finding with the option to 'opt out' of receiving these results, elicits patient preferences regarding secondary and/or incidental findings if possible, and formulates a plan for returning such results before testing occurs is strongly advised.

For additional information see the Rationale section.

POLICY REFERENCE TABLE

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2024, American Medical Association. All rights reserved. CPT codes and CPT descriptions are

from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

The tests, CPT codes, and ICD codes referenced in this policy are not comprehensive, and their inclusion does not represent a guarantee of coverage or non-coverage. Please see the Concert Platform for additional registered tests.

It is the policy of health plans affiliated with Centene Corporation® that the specific genetic testing noted below is **medically necessary** when meeting the related criteria:

CRITERIA SECTIONS	EXAMPLE TESTS (LABS)	COMMON BILLING CODES	REF
Expanded Carrier Screening Panels			
Expanded Carrier Screening Panels	Foresight Universal Panel Carrier Screen (Myriad Genetics)	81243, 81257, 81329, 81336, 81405, 81408, 81443, 81479, 0400U, O09, Z13, Z31, Z34, Z36, Z84	2, 4
	Inheritest 500 Plus Panel (Labcorp) GeneSeq Plus (Labcorp)		
	QHerit Expanded Carrier Screen (Quest Diagnostics) Horizon 27 (27 disease Pan-ethnic Standard Panel) (Natera) Genesys Carrier Panel - 0400U (Genesys Diagnostics)		
Basic Carrier Screening Panels			

Basic Carrier Screening Panels (Cystic Fibrosis, Spinal Muscular Atrophy, Fragile X, Hemoglobinopathies, not more than 14 genes)	Inheritest Core Panel (Labcorp)	81220, 81222, 81223, 81243, 81257, 81329, 81336, 81361, 0449U, O09, Z13, Z31, Z36, Z83.49	2, 3
	Inheritest 14-gene Panel (Labcorp)		
	Prenatal Carrier Panel (CFvantage, Fragile X, SMA) (Quest Diagnostics)		
	Foresight Fundamental Panel (Myriad Genetics) UNITY Carrier Screen - 0449U (BillionToOne)		
Cystic Fibrosis Carrier Screening			
CFTR Targeted Variant Analysis	CFTR One Known Familial Variant in a Nuclear Gene (GeneDx)	81221, O09, Z13, Z31, Z36, Z83.49	3
CFTR Sequencing, Deletion/Duplication Analysis, or Mutation Panel	Cystic Fibrosis Complete Rare Variant Analysis, Entire Gene Sequence (Quest Diagnostics)	81220, 81222, 81223	1, 9
	Cystic Fibrosis Gene Deletion or Duplication (Quest Diagnostics)		
	CFvantage Cystic Fibrosis Expanded Screen (Quest Diagnostics)		
CFTR Intron 9 PolyT and TG Analysis (previously called Intron 8 polyT/TG Analysis)	CFTR Intron 8 Poly-T Analysis (Quest Diagnostics)	81224	1
Spinal Muscular Atrophy Carrier Screening			

SMN1 Targeted Variant Analysis	Spinal Muscular Atrophy - SMN1 Known Variant Testing (Nemours) Targeted Variant Analysis (SMN1) (Labcorp)	81337, 81403, O09, Z13, Z31, Z34, Z36, Z84	3
SMN1 Sequencing and/or Deletion/Duplication and *SMN2* Deletion/Duplication Analysis	Spinal Muscular Atrophy Carrier Test (Natera) Genomic Unity SMN1/2 Analysis - 0236U (Variantyx Inc)	81329, 81336, 81401, 81405, 0236U	3, 4
Fragile X Syndrome Carrier Screening			
FMR1 Repeat Analysis for Carrier Screening	FMR1 CGG Repeat Analysis (GeneDx) Fragile X Syndrome, Carrier (Labcorp)	81243, 81244, O09, Z13, Z31, Z34, Z36, Z84	3, 7, 8
Hemoglobinopathy Carrier Screening			
HBA1, *HBA2*, or *HBB* Targeted Variant Analysis	Alpha-Globin Common Mutation Analysis (Quest Diagnostics) HBA1 One Known Familial Variant in a Nuclear Gene (GeneDx) HBA2 One Known Familial Variant in a Nuclear Gene (GeneDx) HBB One Known Familial Variant in a Nuclear Gene (GeneDx)	81257, 81258, 81361, 81362, O09, Z13, Z31, Z34, Z36, Z84	3
HBA1, *HBA2*, or *HBB* Sequencing and/or Deletion/Duplication Analysis	Alpha-Globin Gene Sequencing and Deletion/Duplication (Quest	81259, 81269, 81363, 81364	10

	Diagnostics) HBA1 Deletion/Duplication (GeneDx)		
	HBA2 Deletion/Duplication (GeneDx) Beta Globin Gene Dosage Analysis (Quest Diagnostics)		
	Beta-Globin Complete (Quest Diagnostics)		
Ashkenazi Jewish Carrier Panel Testing			
Ashkenazi Jewish Carrier Panel Testing	Ashkenazi Jewish Panel (11 Tests) (Quest Diagnostics)	81412, O09, Z13, Z31, Z34, Z36, Z84	3
Duchenne and Becker Muscular Dystrophy Carrier Screening			
DMD Targeted Variant Analysis	DMD One Known Familial Variant in a Nuclear Gene (GeneDx)	81479	5
DMD Sequencing and/or Deletion/Duplication Analysis	Duchenne/Becker MD (DMD) Gene Sequencing (GeneDx)	81161, 81408, 0218U, O09, Z13, Z31, Z34, Z36, Z84	6
	Duchenne/Becker MD (DMD) Del/Dup (GeneDx)		
	Genomic Unity DMD Gene Analysis - 0218U (Variantyx)		

RELATED POLICIES

This policy document provides criteria for prenatal and preconception carrier screening. Please refer to:

- ***Reproductive Testing: Prenatal Diagnosis*** for criteria related to fetal diagnostic testing for genetic disorders during pregnancy and following a pregnancy loss.
- ***Reproductive Testing: Prenatal Screening*** for criteria related to fetal screening for genetic disorders during pregnancy.
- ***Reproductive Testing: Fertility*** for criteria related to preimplantation diagnosis**.**
- ***Specialty Testing: Multisystem Genetic Conditions*** for criteria related to diagnostic tests for genetic disorders that affect multiple organ systems (e.g. whole exome and genome sequencing, chromosomal microarray, and multigene panels for broad phenotypes).
- ***Specialty Testing: Hematology*** for criteria related to diagnostic tests for benign (non-cancerous) hematologic conditions including sickle cell disease, inherited anemias, and hemophilias.
- ***General Approach to Laboratory Testing*** for criteria related to carrier screening, including known familial variant testing, that is not specifically discussed in this or another non-general policy.

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CRITERIA

It is the policy of health plans affiliated with Centene Corporation® that the specific genetic testing noted below is **medically necessary** when meeting the related criteria:

EXPANDED CARRIER SCREENING PANELS

Expanded Carrier Screening Panels

I. Expanded carrier screening panels[1] may be considered **medically necessary** when:

   A. The member/enrollee is considering pregnancy or is currently pregnant[2], **AND**

   B. The panel includes the genes *CFTR* and *SMN1*.

II. Current evidence does not support expanded carrier screening panels for all other indications.

[1] Fragile X (81243) and spinal muscular atrophy (SMA) (81329) carrier screening may be billed along with 81443 if performed separately from the remainder of the panel per CPT Code Book Guidelines. If 81243 is billed along with 81443, the member/enrollee should still meet the specific Fragile X syndrome criteria.

[2] ACMG recommends follow-up screening for the partner of the member/enrollee that is pregnant or considering pregnancy via analysis of the same gene that has the pathogenic or LP variant as identified in the member/enrollee. Therefore, expanded carrier screening panels are not recommended to be completed by both reproductive partners in tandem.

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BASIC CARRIER SCREENING PANELS

Basic Carrier Screening Panels (Cystic Fibrosis, Spinal Muscular Atrophy, Fragile X, Hemoglobinopathies, not more than 14 genes)

I. Basic carrier screening panels (*CFTR, SMN1/2, FMR1, HBB/HBA1/HBA2*, but not more than 14 genes) may be considered **medically necessary** when:

   A. The member/enrollee is considering pregnancy or is currently pregnant[1], **AND**

   B. The panel includes the genes *CFTR* and *SMN1*.

II. Current evidence does not support basic carrier screening panels (*CFTR, SMN1/2, FMR1, HBB/HBA1/HBA2*, but not more than 14 genes) for all other indications.

[1]ACMG recommends follow-up screening for the partner of the member/enrollee that is pregnant or considering pregnancy via analysis of the same gene that has the pathogenic or LP variant as identified in the member/enrollee. Therefore, basic carrier screening panels are not recommended to be completed by both reproductive partners in tandem.

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CYSTIC FIBROSIS CARRIER SCREENING

CFTR Targeted Variant Analysis

I. Cystic fibrosis carrier screening via *CFTR* targeted variant analysis may be considered **medically necessary** when:

   A. The member/enrollee or the member/enrollee's reproductive partner is considering pregnancy or is currently pregnant, **AND**

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

II. Current evidence does not support cystic fibrosis carrier screening via *CFTR* targeted mutation analysis for a known familial mutation for all other indications.

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CFTR Sequencing, Deletion/Duplication Analysis, or Mutation Panel

I. Cystic fibrosis carrier screening via *CFTR* sequencing, deletion/duplication analysis, or a mutation panel using at a minimum the ACMG-100 variant panel, may be considered **medically necessary** when:

   A. The member/enrollee or the member/enrollee's reproductive partner is considering pregnancy or is currently pregnant, **OR**

   B. The member/enrollee's reproductive partner is a known carrier for cystic fibrosis.

II. Current evidence does not support cystic fibrosis carrier screening via *CFTR* sequencing, deletion/duplication analysis, or a mutation panel using at a minimum the ACMG-100 variant panel, for all other indications.

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

I. Analysis of the *CFTR* intron 9 polyT and TG regions for cystic fibrosis carrier screening may be considered **medically necessary** when:

   A. The member/enrollee or the member/enrollee's reproductive partner is considering pregnancy or is currently pregnant, **AND**

   B. The member/enrollee is known to have an R117H variant in the *CFTR* gene.

II. Current evidence does not support analysis of the *CFTR* intron 9 polyT and TG regions for cystic fibrosis carrier screening for all other indications.

NOTE: Refer to *Specialty Testing: Multisystem Genetic Conditions* for criteria for genetic testing to establish a diagnosis of cystic fibrosis

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SPINAL MUSCULAR ATROPHY CARRIER SCREENING

SMN1 Targeted Variant Analysis

I. Spinal muscular atrophy (SMA) carrier screening via *SMN1* targeted variant analysis may be considered **medically necessary** when:

   A. The member/enrollee or the member/enrollee's reproductive partner is considering pregnancy or is currently pregnant, **AND**

   B. The member/enrollee has a close relative with a known pathogenic or likely pathogenic variant in *SMN1*.

II. Current evidence does not support spinal muscular atrophy (SMA) carrier screening via *SMN1* targeted variant analysis for all other indications.

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

I. Spinal muscular atrophy (SMA) carrier screening via *SMN1* sequencing and/or deletion/duplication analysis and *SMN2* deletion/duplication analysis is considered **medically necessary** when:

   A. The member/enrollee or member/enrollee's reproductive partner is considering pregnancy or is currently pregnant, **OR**

   B. The member/enrollee's reproductive partner is a known carrier for spinal muscular atrophy.

II. Current evidence does not support spinal muscular atrophy (SMA) carrier screening via *SMN1* sequencing and/or deletion/duplication analysis and *SMN2* deletion/duplication analysis for all other indications.

NOTE: Refer to *Specialty Testing: Neurology* for criteria for genetic testing to establish a diagnosis of spinal muscular atrophy (SMA).

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FRAGILE X SYNDROME CARRIER SCREENING

FMR1 Repeat Analysis for Carrier Screening

I. Fragile X carrier screening via *FMR1* CGG-trinucleotide repeat analysis may be considered **medically necessary** when:

   A. The member/enrollee has been diagnosed with premature ovarian insufficiency or elevated follicle-stimulating hormone level before age 40 years, **OR**

   B. The member/enrollee is considering a pregnancy or is currently pregnant, **AND**

      1. The member/enrollee has one of the following:

         a) Close relative with fragile X syndrome (i.e., close relative has more than 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.

II. Current evidence does not support fragile X carrier screening via *FMR1* CGG-trinucleotide repeat analysis for all other indications.

NOTE: Refer to *Specialty Testing: Multisystem Genetic Conditions* for criteria for genetic testing to establish a diagnosis of fragile X syndrome. Additionally, if *FMR repeat analysis* (81243) is billed along with an additional carrier screen panel code (81443), the member/enrollee should still meet the above fragile X syndrome criteria.

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HEMOGLOBINOPATHY CARRIER SCREENING

HBA1, *HBA2*, or *HBB* Targeted Variant Analysis

I. Hemoglobinopathy carrier screening via *HBA1*, *HBA2*, or *HBB* targeted variant analysis may be considered **medically necessary** when:

A. The member/enrollee or the member/enrollee's reproductive partner is considering pregnancy or is currently pregnant, **AND**

B. The member/enrollee has a close relative with a known pathogenic or likely pathogenic variant in *HBA1*, *HBA2*, or *HBB*.

II. Current evidence does not support hemoglobinopathy carrier screening via *HBA1*, *HBA2*, or *HBB* targeted variant analysis for all other indications.

NOTE: If a member/enrollee's reproductive partner is known to be a carrier of a hemoglobinopathy, via genetic testing results and/or hematologic screening results, the more appropriate test for the member/enrollee is likely *HBA1*, *HBA2*, or *HBB* Sequencing and/or Deletion/Duplication Analysis.

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

I. Hemoglobinopathy carrier screening via *HBA1*, *HBA2*, or *HBB* sequencing and/or deletion/duplication analysis may be considered **medically necessary** when:

   A. The member/enrollee or the member/enrollee's reproductive partner is considering pregnancy or is currently pregnant.

II. Current evidence does not support hemoglobinopathy carrier screening via *HBA1*, *HBA2*, or *HBB* sequencing and/or duplication analysis for all other indications, including fetal hemoglobin testing via circulating fetal DNA.

NOTE: Refer to *Specialty Testing: Hematology* for criteria for genetic testing to establish a diagnosis of a hemoglobinopathy.

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ASHKENAZI JEWISH CARRIER PANEL TESTING

Ashkenazi Jewish Carrier Panel Testing

I. Ashkenazi Jewish carrier panel testing may be considered **medically necessary** when:

   A. The member/enrollee or the member/enrollee's reproductive partner is considering pregnancy or is currently pregnant, **AND**

   B. The member/enrollee 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 Obstetricians and Gynecologists (ACOG):

      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 type A (*SMPD1*)
8. Gaucher disease Type 1 (*GBA*)
9. Mucolipidosis IV (*MCOLN1*)
10. Glycogen storage disease type I (*G6PC1*)
11. Joubert syndrome (*TMEM216*)
12. Maple syrup urine disease (*BCKDHB*)
13. Usher syndrome types 1F and III (*PCDH15* and *CLRN1*).

II. Current evidence does not support Ashkenazi Jewish carrier panel testing for all other indications.

NOTE: If only one partner is of Ashkenazi Jewish ancestry, then testing of that partner is considered medically necessary. Testing of the other partner is considered medically necessary only if the result of testing of the Ashkenazi Jewish partner is positive.

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DUCHENNE AND BECKER MUSCULAR DYSTROPHY CARRIER SCREENING

DMD Targeted Variant Analysis

I. Duchenne and Becker muscular dystrophy carrier screening via *DMD* targeted variant analysis may be considered **medically necessary** when:

A. The member/enrollee is considering pregnancy or is currently pregnant, **AND**

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

II. Current evidence does not support Duchenne and Becker muscular dystrophy carrier screening via *DMD* targeted variant analysis for all other indications.

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DMD Sequencing and/or Deletion/Duplication Analysis

I. Duchenne and Becker muscular dystrophy carrier screening via *DMD* sequencing and/or deletion/duplication analysis may be considered **medically necessary** when:

   A. The member/enrollee is considering pregnancy or is currently pregnant, **AND**

   B. The member/enrollee has a first- or second-degree relative diagnosed with Duchenne or Becker muscular dystrophy.

II. Current evidence does not support Duchenne and Becker muscular dystrophy carrier screening via *DMD* sequencing and/or deletion/duplication analysis for all other indications.

NOTE: Refer to *Specialty Testing: Neurology* for criteria for genetic testing to establish a diagnosis of Duchenne or Becker muscular dystrophy.

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RATIONALE

Expanded Carrier Screening Panels

American College of Obstetricians and Gynecologists (ACOG)

The American College of Obstetricians and Gynecologists (ACOG) published practice bulletin No. 690 (2017, reaffirmed 2023) 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" (p. e35).

It was also recommended that: "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" (p. e35).

American College of Medical Genetics and Genomics (ACMG):

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

- The phrase "expanded carrier screening" be replaced by "carrier screening".
- Adopting a more precise tiered system based on carrier frequency (p. 1796)
  - Tier 1: CF + SMA + Risk Based Screening
  - Tier 2: 1/100 carrier frequency or higher (includes Tier 1)
  - Tier 3: 1/200 carrier frequency or higher (includes Tier 2) includes X-linked conditions
  - Tier 4: 1/200 carrier frequency or higher (includes Tier 3) genes/condition will vary by lab
- All pregnant patients and those planning a pregnancy should be offered Tier 3 carrier screening for autosomal recessive and X-linked conditions (p. 1797).
- Tier 4 screening should be considered (p. 1797):
  - 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.
- Additionally, ACMG recommends follow-up screening of the partner with analysis of the same gene that has the pathogenic or LP variant as that identified in the partner (p. 1804).

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 (p. 1797).

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Basic Carrier Screening Panels (Cystic Fibrosis, Spinal Muscular Atrophy, Fragile X, Hemoglobinopathies, not more than 14 genes)

American College of Obstetricians and Gynecologists (ACOG)

ACOG published practice bulletin No. 691 (March 2017, reaffirmed 2023), which includes the following recommendations related to carrier screening (p. 2):

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

ACOG published practice bulletin No. 690 (March 2017, reaffirmed 2023), which includes the following recommendations related to carrier screening (p. e35):

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.

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CFTR Targeted Variant Analysis

ACOG published practice bulletin No. 691 (March 2017, reaffirmed 2023) and the following recommendations related to carrier screening:

Cystic fibrosis carrier screening should be offered to all women who are considering pregnancy or are currently pregnant. When 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/enrollee is available. Carrier screening should be offered for both partners, with attention to ensure that the familial mutation is included in the assessment (p. 2).

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CFTR Sequencing, Deletion/Duplication Analysis, or Mutation Panel

American College of Medical Genetics and Genomics (ACMG)

In their 2023 position statement for *CFTR* variant testing, the American College of Medical Genetics and Genomics (ACMG) recommends a minimum number of 100 variants tested in the *CFTR* gene if carrier testing is pursued: “The new *CFTR* variant set [n=100; see p. 6] represents an updated minimum recommended variant set for CF [cystic fibrosis] carrier screening, and this new set now supersedes the previous set of 23 *CFTR* variants recommended by the ACMG” (p. 7).

In their 2020 technical standard for *CFTR*, the ACMG recommends that laboratories performing initial *CFTR* variant testing on an individual can use either targeted or comprehensive methods to evaluate the gene. If pathogenic or likely pathogenic *CFTR* variants have been confirmed in *both* biological parents, or an affected full sibling, only targeted methods should be used (p. 7).

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

American College of Medical Genetics and Genomics (ACMG)

In their 2020 technical standard for *CFTR* variant testing, the American College of Medical Genetics and Genomics (ACMG) recommends that, for all prenatal, postnatal, and adult diagnostic testing indications for *CFTR*, the R117H status as well as the results from at least the associated polyT tract be reported. For all adult carrier screening indications for *CFTR*, polyT status should be reported when the R117H variant is detected; laboratories may also want to consider reporting the results from the associated polyT tract in the partner of an individual who had a pathogenic or likely pathogenic variant detected during screening (p. 12).

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SMN1 Targeted Variant Analysis

American College of Medical Genetics and Genomics (ACMG)

In their 2020 technical standard for *CFTR* variant testing, the American College of Medical Genetics and Genomics (ACMG) recommends that, for all prenatal, postnatal, and adult diagnostic testing indications for *CFTR*, the R117H status as well as the results from at least the associated polyT tract be reported. For all adult carrier screening indications for *CFTR*, polyT status should be reported when the R117H variant is detected; laboratories may also want to consider reporting the results from the associated polyT tract in the partner of an individual who had a pathogenic or likely pathogenic variant detected during screening (p. 12).

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

American College of Obstetricians and Gynecologists (ACOG)

The American College of Obstetricians and Gynecologists (ACOG) published practice bulletin No. 691 (March 2017, reaffirmed 2023) and the following recommendations (p. 2:

- Screening for spinal muscular atrophy should be offered to all women who are considering pregnancy or are currently pregnant.
- In patients with a family history of spinal muscular atrophy, molecular testing reports of the affected individual and carrier testing of the related parent should be reviewed, if possible, before testing. If the reports are not available, *SMN1* deletion testing should be recommended for the low-risk partner.

American College of Medical Genetics and Genomics (ACMG)

The American College of Medical Genetics and Genomics recommended the following on carrier screening for spinal muscular atrophy (Gregg et al 2021): "Tier 1 screening adopts an ethnic and population neutral approach when screening for cystic fibrosis and spinal muscular atrophy" (p. 1796).

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FMR1 Repeat Analysis for Carrier Screening

American College of Obstetricians and Gynecologists (ACOG)

The American College of Obstetricians and Gynecologists (ACOG) published practice bulletin No. 691 (2017, reaffirmed in 2023) regarding "Carrier Screening for Genetic Conditions," which made the following recommendations (p. 2):

- 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).
- Prenatal diagnostic testing for fragile X syndrome should be offered to known carriers of the fragile X premutation or full mutation.

American College of Medical Genetics and Genomics (ACMG)

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 (p. 586):

- 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.

American College of Obstetricians and Gynecologists (ACOG)

ACOG published practice bulletin No. 605 (July 2014, reaffirmed 2021), which states the following:

"If a woman has a personal or family history of ovarian failure or an elevated follicle-stimulating hormone (FSH) level before age 40 years without a known cause, fragile X premutation carrier testing should be offered" (p. 194).

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HBA1, HBA2, or *HBB* Targeted Variant Analysis

American College of Obstetricians and Gynecologists (ACOG)

ACOG published practice bulletin No. 691 (2017, reaffirmed 2023) and following recommendations related to carrier screening (p. 1):

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. Additionally, when an individual is found to be a carrier of 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.

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

American College of Obstetricians and Gynecologists (ACOG)

ACOG published a Practice Advisory (2022, reaffirmed 2023), which recommends offering universal hemoglobinopathy testing to individuals who are considering pregnancy or who are currently pregnant (at the initial prenatal visit). The testing may be performed using either hemoglobin electrophoresis or molecular testing, such as expanded carrier screening.

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Ashkenazi Jewish Carrier Panel Testing

American College of Obstetricians and Gynecologists (ACOG)

ACOG published practice bulletin No. 691 (2017, reaffirmed 2023), which provided carrier screening guidelines in individuals of Eastern and Central European Jewish descent (i.e., Ashkenazi Jewish). Specifically, they made the following recommendations:

- Cystic fibrosis, Canavan disease, familial dysautonomia, and Tay-Sachs disease carrier screening should be offered to all Ashkenazi Jewish individuals who are pregnant or considering pregnancy
- Consider carrier screening for Fanconi anemia (Group C), Niemann-Pick (Type A), Bloom syndrome, mucolipidosis IV, glycogen storage disease type I, Joubert syndrome, maple syrup urine disease, Usher syndrome, and Gaucher disease (p. 11-13).

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 (p. 3).

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DMD Targeted Variant Analysis

GeneReviews: Dystrophinopathies

GeneReviews is an expert-authored review of current literature on a genetic disease and goes through a rigorous editing and peer review process before being published online.

Per GeneReviews, it is appropriate to evaluate at-risk female family members (i.e., the sisters or maternal female relatives of an affected male and first-degree relatives of a known or possible heterozygous female) in order to identify as early as possible heterozygous females who would benefit from cardiac surveillance. Evaluations can include molecular genetic testing if the *DMD* pathogenic variant in the family is known.

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DMD Sequencing and/or Deletion/Duplication Analysis

European Molecular Genetics Quality Network (EMQN)

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 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" (p. 1147).

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DEFINITIONS

1. **Close relatives** include 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.

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Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy developed.	03/23	03/23

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Semi-annual review. Updated title to reflect V1.2024 version. Overview, coding, reference-table, background and references updated. Throughout policy: replaced "coverage criteria" with "criteria. For Overview: removed "Carrier screening may be performed…"; added "The majority of professional societies…"; added "'Negative carrier screening results…'". For Policy Reference Table; under Expanded Carrier Screening Panels: removed "81243, 81257, 81329, 81443"; removed "Inheritest 500 Plus Panel…"; removed "Comprehensive Carrier…"; removed "GeneSeq…"; removed "Horizon 14 (Natera)"; removed "Horizon 274 (Natera)"; removed "81329, 81336"; added "CFTR Targeted Variants…"; added "Genomic Unity…"; added "DMD Targeted Variants…"; removed "81408"; added "81479"; removed "81403". For Other Related Policies: added "and Molecular". For Criteria; under Expanded Carrier Screening Panels: I. and II. added "81336, 81405, 81408, 81479"; added "ACMG recommends…"; for BASIC CARRIER SCREENING PANELS (Cystic fibrosis, Spinal Muscular Atrophy, Fragile X, Hemoglobinopathies, not more than 14 genes): removed "81329"; added "81222, 81223"; removed "should be evaluated…"; added "81329, 81336), may be considered…"; for AMN1 Sequencing and/or Deletion/Duplication and SMN2 Deletion/Duplication Analysis: I. and II. added "0236U"; for Ashkenazi Jewish Carrier Panel Testing: C.7. added "type A"; C.8. added "Type 1"; added C.10-C.13…; for Duchenne and Becker Muscular Dystrophy Carrier Screening: I. and II. removed "81408, 81403"; added "81479"; for DMD Sequencing and/or Deletion/Duplication Analysis: I.B. removed "one of the following:"; removed "male". For Notes and Definitions: removed "Clinical Considerations…". For Background and Rationale: removed "American College of Medical Genetics…"; removed "ACMG does not recommend…"; added "Additionally, ACMG recommends…"; added "ACMG does not recommend"; for Basic Carrier Screening Panels (Cystic Fibrosis, Spinal Muscular Atrophy, Fragile X, Hemoglobinopathies, not more than 14 genes): replaced "and" with "includes the"; removed "Fragile X premutation…"; removed "Fragile X premutation carrier…"; for Cystic Fibrosis Carrier Screening: added "Cystic fibrosis carrier screening…"; for CFTR Sequencing and/or Deletion/Duplication Analysis, or Mutation Panel: removed "National Society of Genetic Counselors…"; removed "American College of Obstetricians…"; removed "American College of Medical Genetics…"; for Fragile X Syndrome Carrier Screening: added "reaffirmed in 2020…"; removed "DNA based molecular analysis"; for Duchenne and Becker Muscular Dystrophy Carrier Screening: removed "The recommendation for DMD testing…"; added "Per GeneReviews…"; for DMD Sequencing and/or Deletion/Duplication Analysis: removed "When the familial…"; for General Criteria for Targeted Carrier Screening: removed "Carrier screening is a term…"; removed "National Society of Genetic Counselors…"	10/23	10/23

Reviews, Revisions, and Approvals	Revision Date	Approval Date
In the criteria for CFTR Sequencing, Deletion/Duplication Analysis, or Mutation Panel, changed the number of tested variants from 23 to 100 and updated background accordingly, consistent with the 2023 ACMG statement on CFTR variant testing.	01/24	01/24
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.	04/24	04/24
Semi-annual review. Updated title to reflect V1.2025 version. Basic Carrier Screening Panels (Cystic fibrosis, Spinal Muscular Atrophy, Fragile X, Hemoglobinopathies, not more than 14 genes): Added CPT code 81361 to the PRT and criteria set to reflect inclusion of hemoglobinopathy tests on panel; Updated page numbers in Background and Rationale and references. SMN1 Sequencing and/or Deletion/Duplication and SMN2 Deletion/Duplication Analysis: Removed reference from Background and Rationale and references. SMN1 Targeted Variant Analysis: Reworded heading in Background and Rationale to match criteria set title. Updated test in Policy Reference Table and updated page numbers in Background and Rationale and references. Expanded Carrier Screening Panels: Updated example test in Policy Reference Table. HBA1, HBA2, or HBB Sequencing and/or Deletion/Duplication Analysis: Updated example tests in Policy Reference Table. CFTR Targeted Variant Analysis: Updated page numbers in Background and Rationale and references. FMR1 Repeat Analysis for Carrier Screening: Updated criteria name to distinguish carrier screening from diagnostic testing; updated tests in Policy Reference Table; updated page numbers in Background and Rationale and references. Ashkenazi Jewish Carrier Panel Testing: Added investigational	11/24	11/24

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criterion which was missing; Reworded heading in Background and Rationale to match criteria set title; Updated page numbers in references. HBA1, HBA2 or HBB Targeted Variant Analysis: Reworded heading in Background and Rationale to match criteria set title; Updated example tests in Policy Reference Table; Updated page numbers in Background and Rationale; Updated references. DMD Targeted Variant Analysis: Reworded heading in Background and Rationale to match criteria set title; Updated example tests in Policy Reference Table.		
Annual review. Policy title change to Concert Genetic Testing: Prenatal and Preconception Carrier Screening. "Investigational" policy statements changed to note that "current evidence does not support…" Rationale and references updated.	11/25	12/25

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10. ACOG with the assistance of Ahizechukwu C. Eke, MD, MPH, PhD; Manisha Gandhi, MD; Anjali J. Kaimal, MD, MAS; Michelle Moniz, MD, MSc; and Andrea Shields, MD, MS. ACOG Practice Advisory: Hemoglobinopathies in Pregnancy. August 2022. Reaffirmed September 2023. https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2022/08/hemoglobinopathies-in-pregnancy

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The

Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of member/enrollees. This clinical policy is not intended to recommend treatment for member/enrollees. Member/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, member/enrollees, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, member/enrollees and their representatives agree to be bound by such terms and conditions by providing services to member/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid member/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare member/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.