



# Provider Newsletter

For Passport by Molina Healthcare, Inc. providers

Third quarter 2025

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## Benefits of submitting claims electronically

Passport by Molina Healthcare, Inc (Passport). reminds our providers that submitting claims electronically through clearinghouses or the [Availity Essentials portal](#) offers many advantages. These include:

- Improved Health Insurance Portability and Accountability Act (HIPAA) compliance
- Reduced operational costs associated with paper claims (printing, postage, etc.)
- Increased accuracy of data and efficient information delivery
- Fewer claim delays since errors can be corrected and resubmitted electronically
- Elimination of mail delays

### How to submit electronic data interchange (EDI) claims:

A clearinghouse is the easiest way to submit EDI claims to Passport. You may submit EDI transactions through Passport's gateway clearinghouse, SSI Group, or use a clearinghouse of your choice, so long as that clearinghouse establishes a connection with SSI Group. Passport offers additional options for electronic claims submissions. If you do not have a clearinghouse, log in to the [Availity portal](#) for more information.

## Keeping provider data updated and accurate

Providers must ensure Passport has accurate practice and business information. Accurate information allows us to better support and serve our members and providers.

Passport must maintain an accurate and current Provider Directory. It is a state and federal regulatory requirement and a National Committee for Quality Assurance (NCQA) requirement. Invalid information can negatively impact members' access to care, member/primary care provider (PCP) assignments and referrals. Additionally, current information is critical for timely and accurate claims processing. Providers must validate their information on file with Passport at least once every 90 days for correctness and completeness.

Failure to do so may result in your REMOVAL from the Passport Provider Directory.

Provider information that must be validated includes, but is not limited to:

- Provider or practice name
- Location(s)/address(es)
- Specialty(ies)
- Phone, fax numbers and email
- Digital contact information
- Whether your practice is open to new patients (PCPs only)
- Tax ID and/or National Provider Identifier (NPI)

Delegated and other providers that typically submit rosters must submit a complete roster that includes the above information to Passport.

All other providers must log into their Council for Affordable Quality Healthcare (CAQH) account to attest to the accuracy of the above information for each health care provider and/or facility in your practice contracted with Passport.

If the information is correct, please select the option to attest. If it is incorrect, providers can make updates through the CAQH portal. Providers unable to make updates through the CAQH portal should contact their provider services representative for assistance.

Additionally, per the terms specified in your Provider Agreement, providers must notify Passport of any changes, as soon as possible, but at least 30 calendar days in advance, of any changes in any provider information on file with Passport. Changes include, but are not limited to:

- Change in office location(s)/address, office hours, phone, fax or email
- Addition or closure of office location(s)
- Addition of a provider (within an existing clinic/practice)
- Change in provider or practice name, Tax ID and/or NPI
- Opening or closing your practice to new patients (PCPs only)
- Change in specialty(ies)
- Change in any other information that may impact members' access to care



## National Plan and Provider Enumeration System review for data accuracy

Your NPI data in the National Provider Identifier (NPI) must be reviewed to ensure accuracy. Providers are legally required to keep their NPPES data current.

When reviewing your provider data in NPPES, please update any inaccurate information in modifiable fields, including provider name, mailing address, phone and fax numbers and specialty. You should also include all addresses where you practice and actively see patients and where a patient can call and make an appointment. Do not include addresses where you do not actively practice. Please remove any practice locations that are no longer in use. Once you update your information, you must confirm it is accurate by certifying it in NPPES. Remember, NPPES has no bearing on billing Medicare fee-for-service.

If you have any questions about NPPES, visit [NPPES.CMS.HHS.gov](https://www.nppes.cms.hhs.gov).

# Cultural competency resources for providers and office staff

Let's partner to achieve health equity! Training modules and resources on cultural competency are available to review when communicating with and serving diverse patient populations. This information helps you and your staff understand and address disparities to improve health care and outcomes. As our provider partner, assisting you is one of our highest priorities. We look forward to supporting your efforts so all our members have the same opportunity to attain their highest level of health.

We are committed to improving health equity as a culturally competent organization. We support and adhere to the **National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care** established by the Office of Minority Health. We also comply with regulatory and accreditation standards focused on health equity.

## **Building culturally competent health care: Resources for providers and staff**

Cultural competency can positively impact a patient's health care experiences and outcomes. Cultural competency training modules and resources are available to providers and office staff. You can access the resources through [Availity](#).

### **Cultural competency educational resources include:**

- Cultural competency, including culturally and linguistically appropriate services (CLAS)
- Language access services, including effective communication strategies
- Health equity and disparities
- Social determinants of health
- Federal requirements, including the Affordable Care Act and the Americans with Disabilities Act

These resources also provide helpful tips and recommendations for effectively supporting unique subpopulations and communities, including racially, ethnically, culturally and linguistically diverse communities, LGBTQIA+ individuals, older adults, people with disabilities and immigrants/refugees.

The training modules last 5 to 10 minutes. Depending on the topic of interest, you may participate in all or just one module. Upon completing the training, please submit the provider attestation form available through [Availity](#). Please contact your provider services representative if you have any questions.

## **Americans with Disabilities Act (ADA) resources: Provider education series**

A series of provider education materials related to disabilities is also available to providers and office staff on Passport's website. To review the materials, please log in to [Availity](#).

# Cultural competency resources for providers and office staff (continued)

## Disability educational resources include:

- Overview of the Americans with Disabilities Act (ADA), including frequently asked questions for health care providers
- Information for members who are blind or have low vision, including how to request alternate formats
- Guidance on service animals and related accommodations
- Tips for communicating with people with disabilities and older adults

Please contact your provider services representative if you have any questions.

## Passport by Molina's language access services

Language access services ensure mutual understanding of illness and treatment, increase patient satisfaction and improve health care quality for patients who speak a language other than English. Passport ensures effective communication with members by providing language access services. Providing language access services is a legal requirement for health care systems that receive federal funds. A member cannot be refused services due to language needs. Passport provides the following services directly to members at no cost, when needed:

- Written materials in other formats, such as large print, audio, accessible electronic formats and braille
- Written materials translated into languages other than English
- Interpreter services, including American Sign Language
- Relay service (TTY: 711)
- 24-hour Nurse Advice Line
- Bilingual staff

In many cases, Passport will also cover the cost of an interpreter for our members' medical appointments. Passport members and providers are instructed to call Member and Provider Services to schedule interpreter services or to connect to a telephonic interpreter.

Passport's materials are always written simply in plain language and at required reading levels.

You can access resources and materials on cultural competency, disability-related services and language access services by logging in to Availity or visiting the Passport website. If using **Availity**, you must first log in and navigate to Passport under **Payer Spaces**, then select the **Resources** tab to view the available resources.

For additional information on Passport's language access services or cultural competency resources, contact your provider services representative or visit [MolinaHealthcare.com](https://www.molinahealthcare.com).



## 2025 Passport by Molina Model of Care provider training

In alignment with requirements from the Centers for Medicare & Medicaid Services (CMS), Passport requires PCPs and key high-volume specialists, including cardiology, psychiatry and neurology to receive training about Passport's Special Needs Plans (SNP) Model of Care (MOC).

The SNP MOC is the plan for delivering coordinated care and care management to special needs members. Per CMS requirements, managed care organizations (MCOs) are responsible for conducting their own MOC training, which means multiple insurers may ask you to complete separate training.

MOC training materials and attestation forms are available at [MolinaHealthcare.com/Model-of-Care-Provider-Training](https://MolinaHealthcare.com/Model-of-Care-Provider-Training). The completion date for this year's training is December 31, 2025.

If you have any questions, please contact your provider services representative at (800) 578-0775.

## Helping members in their language

Our health plan members speak many different languages.

As of late 2024, the majority of language translation requests for Medicaid members were for Spanish, accounting for 74% of the total. This was followed by 5% each for Kinyarwanda and Arabic, 3% for Swahili, 2% each for Nepali and Haitian Creole, and 1% each for Somali, Burmese, French and Dari.

Among Medicare members, 64% of the language translation requests were for Spanish, followed by 12% for Chinese dialects, 6% for Vietnamese, 3% each for Arabic and Haitian Creole, 2% each for Russian and Portuguese and 1% each for Cambodian, Somali and Bosnian.

For Marketplace members, 68% of language translation requests were for Spanish, followed by 5% each for Nepali and Arabic, 4% for Swahili, 3% each for Vietnamese and Chinese dialects, 2% each for Hindi and Burmese, and 1% each for French and Somali.

Please contact Passport by Molina at **(800) 578-0603 (TTD/TTY: 711)** if you need assistance addressing your patients' language needs. We also provide resources for providers.

## Provider Manuals

Provider Manuals are customarily updated annually but may be updated more frequently as needed. Providers can access the Provider Manual at:

- [Medicaid Provider Manual](#)
- [Medicare Provider Manual](#)
- [Marketplace Provider Manual](#)





## Misdirected documentation to appeals and grievances department

Passport by Molina Healthcare reminds our providers that the following documentation should not be submitted to the appeals and grievances department. The documentation should be directed to the appropriate submission method. If providers send the documentation to the appeals and grievances department, it could be rejected or result in a response delay.

- If claim(s) are examined by Cost Recovery/SIU, that department sends the provider an overpayment notification letter with appeal instructions. Providers should follow the instructions on the overpayment notification.
- If the provider identifies an overpayment, the request should be sent to:
  - Recovery phone queue: **(866) 642-8999**
  - Fax number: **(866) 314-4613**
  - Recovery provider lock box

Passport by Molina Healthcare of Kentucky  
PO Box 2144  
Indianapolis, IN 46206

- If claim(s) are examined by **Optum**, that department sends the provider a notification with instructions on how and where to submit Optum documentation. Providers should follow the instructions on the Optum notification.
- **Claim submissions** are only accepted via the appropriate Claims PO Box, Availity or Clearinghouse. Passport strongly encourages providers to submit claims electronically. Providers should submit any claims to the appropriate claim submission methods for proper processing. Please follow Passport's claim submission processes and timely filing requirements outlined in the Provider Manual on **Passport's website** and/or your provider contract.
- Claims denied for **missing or invalid explanation of benefits from other insurance carriers, invoices, itemized bills or consent forms** are not considered claim appeals. In order to process the request appropriately and promptly, please follow Passport by Molina's claim submission processes and timely filing requirements outlined in the Provider Manual on **Passport's website** and/or your provider contract.



## 2025 new provider quality incentives

In 2025, Passport introduced new provider quality incentive opportunities. Passport aims to support the KY Department for Medicaid Services' focus on pediatric dental care and immunizations. In addition, Passport promotes early adoption of annual gynecological care to improve rates of women's screenings for chlamydia and cervical cancer, as well as effective pregnancy care. Members who had a visit with a women's health provider, as defined below, prior to pregnancy had significantly higher rates of timely prenatal and postpartum care than those who did not have a visit with a women's health provider.

### New incentives:

- Passport will pay an **additional \$10** per fluoride application administered in a PCP office to members between their 1st and 5th birthdays. This quality incentive will be paid for dates of service **(DOS) 1/1/2025-12/31/2025** via claim as an enhancement to the current medical fee schedule reimbursement.
- Passport will pay an **additional \$10** for influenza vaccines given to members before their 1st birthday. This quality incentive will be paid for dates of service **(DOS) 1/1/2025-12/31/2025** via claim as an enhancement to the current medical fee schedule reimbursement.
- Passport will pay an **additional \$10** for human papillomavirus (HPV) vaccines given to members between their 9th and 11th birthdays. This quality incentive will be paid for dates of service **(DOS) 1/1/2025-12/31/2025** via claim as an enhancement to the current medical fee schedule reimbursement.
- Passport will pay an **additional \$10** for diphtheria, tetanus and pertussis (DTaP) vaccines given to members between their 1st and 2nd birthdays. This quality incentive will be paid for dates of service **(DOS) 8/1/2025-12/31/2025** via claim as an enhancement to the current medical fee schedule reimbursement.
- Passport will pay an **additional \$10** for pneumococcal conjugate (PCV) vaccines given to members between their 1st and 2nd birthdays. This quality incentive will be paid for dates of service **(DOS) 8/1/2025-12/31/2025** via claim as an enhancement to the current medical fee schedule reimbursement.
- Passport will pay an **additional \$50** for one (1) annual well woman visit with a GYN, OB, OB/GYN or APRN specialized in obstetrics and gynecology /APRN midwife for female members aged 16 to 24 years old. This quality incentive will be paid for dates of service **(DOS) 8/1/2025-12/31/2025**

## Metabolic monitoring for children and adolescents on antipsychotics

As health care providers, we play a critical role in protecting the overall health of children and adolescents receiving antipsychotic medications. While these medications are necessary for managing behavioral health conditions, they also carry risks of metabolic side effects, including weight gain, diabetes and high cholesterol. That is why the antipsychotic metabolic monitoring (APM) measure is so important.

# Metabolic monitoring for children and adolescents on antipsychotics (continued)

## What is the APM measure?

This HEDIS® measure tracks the percentage of children and adolescents (aged 1–17) who had two or more antipsychotic prescriptions and received metabolic testing within the measurement year.

Metabolic testing includes:

- Blood glucose testing (e.g., glucose or HbA1c)
- Cholesterol testing (LDL-C)

## Reporting rates

The APM measure reports on three key metrics for children and adolescents:

1. Blood glucose testing: Percentage who received blood glucose testing
2. Cholesterol testing: Percentage who received cholesterol testing
3. Combined testing: Percentage who received both blood glucose and cholesterol testing

## Why this matters

Antipsychotic medications—commonly Risperidone, Aripiprazole and Quetiapine—can increase risks for diabetes, obesity and cardiovascular disease. Routine monitoring helps identify and manage these risks early, improving long-term health outcomes.

## Provider tips

- **Schedule annual screenings:** Proactively schedule metabolic tests for your pediatric patients on antipsychotics.
- **Educate families:** Discuss with parents/guardians how regular monitoring reduces risks of serious health conditions.
- **Coordinate care:** Encourage collaboration between primary care and behavioral health providers.
- **Monitor medication use:** Reinforce medication adherence and address any side effects with patients and caregivers.
- **Use electronic medical record (EMR) alerts:** Set up reminders or flags in your EMR system to prompt timely metabolic testing.

## Need more information?

Access Passport's APM HEDIS® Tip Sheet in [Availity](#) by logging in and going to **Passport's Payer Space > Resources**.

Not yet registered? Visit [Availity.com/MolinaHealthcare](https://www.availity.com/MolinaHealthcare) to sign up.

Source: Information based on the Healthcare Effectiveness Data and Information Set (HEDIS).

# Nicotine cessation performance improvement plan

Effective January 2025, the Kentucky Department for Medicaid Services implemented a 2-year performance improvement plan (PIP) related to nicotine use and cessation. The PIP goals include increasing the number of Medicaid members who receive intervention for a known nicotine use disorder.

The U.S. Preventive Services Task Force recommends that clinicians ask all adults about nicotine/tobacco use, advise them to stop using tobacco and provide behavioral interventions and U.S. FDA-approved pharmacotherapy for cessation to non-pregnant adults who use nicotine/tobacco.

The American Academy of Pediatrics (AAP) recommends screening for nicotine/tobacco use as well as other substances starting at age 11 using an evidence-based assessment tool. To maximize opportunities to identify and intervene for youth using nicotine products, AAP offers the **Ask-Counsel-Treat (ACT) model** for cessation efforts at every clinical encounter in pediatric practices.

Tobacco cessation is a covered benefit. It can also be a component of a preventive care visit for PCPs or a therapy session for behavioral health providers. Any of the service codes below will close a nicotine use disorder care gap for identified members.

Service and ICD-10 codes that close care caps	
Code(s)	Description
<b>Z71.6</b>	<b>Tobacco use counseling (used with tobacco use diagnosis code)</b>
99406	Smoking and tobacco use cessation counseling visit, 3-10 min.
99407	Smoking and tobacco use cessation counseling visit, >10 min.
S9453	Smoking cessation group
4000F	Tobacco use cessation intervention, counseling (COPD, CAP, CAD, Asthma)(DM)(PV)
4001F	Tobacco use cessation intervention, pharmacological therapy (COPD, CAP, CAD, Asthma)(DM)(PV)
4004F	Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy or both), if identified as a tobacco user (PV, CAD)
99384-99387 99394-99397	Comprehensive preventive medicine codes (well visit codes) <b>Z71.6 must be included in the diagnostic coding to close the gap.</b>
NRT Codes	All nicotine use replacement pharmacological intervention codes

Nicotine replacement therapy (NRT) is a covered benefit for members with a prescription. Providers can also refer adult patients to the **Kentucky Quitline** and teens to **MyLife MyQuit**.

Additional resources for providers: **Kentucky Cabinet for Health and Family Services**

# The Consumer Assessment of Healthcare Providers and Systems

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an annual standardized survey conducted anonymously by a third-party vendor, Center for the Study of Services, to assess a random sample of consumers' experiences with their health plan, their personal provider and health care services. This article focused on two areas measured within the survey.

## Rating of health care specialist

The ratings of **health care quality**, **personal doctor** and **specialist seen most often** measure/evaluate patients' overall satisfaction within these areas.

### Ways to improve patient satisfaction:

- Maintain eye contact, listen intently and demonstrate comprehension. Empathize with and respect patients.
- Use easy-to-understand language and avoid the use of medical terminology.
- Sit down to show you are dedicating and taking time with each patient, even if only for a few minutes.
- Ask patients how you may assist them in having a better health care experience.
- Train office staff and providers about the value of patient satisfaction and how it affects CAHPS ratings.
- Attempt to make processes and/or procedures simpler for patients.
- Make sure that any unfulfilled care gaps are addressed at every patient visit.
- Track, examine and evaluate complaints about the standard of treatment, providers' choices, accessibility to care, utilization management (UM), etc.
- Gather and analyze patient feedback on their recent office visit (e.g., patient comment cards, follow-up calls/texts/emails).
- Promote the use of Molina's secure online member portal, which allows patients to access their health care information.
- Minimize wait times. Periodically analyze appointment scheduling timeframes versus types of office visits.
- When appropriate, encourage patients to acquire health care information by using Molina's 24-hour Nurse Advice Line and/or after-hours clinics. Ensure that all communications are coordinated and consistent.

## Rating of care coordination

The **care coordination** measure evaluates patients' satisfaction with how well their provider coordinates their care among multiple providers, keeps them informed and up to date about the care they have received, shares test results in a timely manner, and reviews their prescription medications during each visit. Patients self-report this information, which is collected annually as part of the CAHPS® survey.

# The Consumer Assessment of Healthcare Providers and Systems (continue)

## Ways to improve patient satisfaction:

- Establish a process in your office to ensure prompt communication of test findings.
- Create ongoing and timely reminders/messaging to encourage and enhance communication between all provider types.
- Ask patients how they would like to receive results and be upfront with patients about the timing of test results.
- Ask your patients if they have seen any other medical professionals since their last appointment. If you are aware that a patient receives specialist care, talk to them about their visit and treatment regimen, including any new medications.
- Inform all relevant providers about the patient's test findings and medical history.

For additional assistance, CAHPS Tip Sheets are located in [Availity](#) under the **Resources** tab.

## Clinical policies

Passport by Molina Healthcare clinical policies (MCPs) are located at [MolinaClinicalPolicy.com](#). Providers, medical directors and internal reviewers use these policies to determine medical necessity. The Passport by Molina Clinical Policy Committee (MCPC) reviews MCPs annually and approves them bimonthly.

The following new policies were approved:

- MCP-471 Zevaskyn (prademagene zamikeracel)
- MCP- 472 Allogeneic Processed Thymus Tissue–agdc (Rethymic)

The following policies were revised:

- MCP-455 Hematopoietic Stem Cell Transplantation for Hematologic Cancers
  - Removed numerical HLA matching criteria. Updated definition of engraftment and ANC criteria in coverage policy. Additional changes have been made to align with current guidelines under the following sections: ALL, AML, CLL/Small Lymphocytic Lymphoma, CML, Myelodysplastic Syndrome, and Myeloproliferative Neoplasms/Primary Myelofibrosis.
- MCP-456 Hematopoietic Stem Cell Transplantation for Hematologic Disorders
  - Removed numerical HLA matching criteria. Updated definition of engraftment and ANC criteria in coverage policy. Removed age stipulation under Sickle Cell/Thalassemia section.
- MCP-454 Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases
  - Removed numerical HLA matching criteria. Updated definition of engraftment and ANC criteria in coverage policy.
- MCP-457 Hematopoietic Stem Cell Transplantation for Solid Tumors
  - Updated definition of engraftment and ANC criteria in coverage policy. Removed primary metastatic Ewing sarcoma from initial therapy coverage.

## Clinical policies (continued)

- MCP-415 Pluvicto (lutetium Lu 177 vipivotide tetraxetan)
  - Expanded the indication to include adults with prostate-specific membrane antigen (PSMA)-positive metastatic castration-resistant prostate cancer (mCRPC) who have been treated with androgen receptor pathway inhibitor (ARPI) therapy and are considered appropriate to delay taxane-based chemotherapy.
- MCP-459 Pre-Transplant and Transplant Evaluations
  - For pre-transplant evaluation, specified history and physical within the past 12 months, and urine and alcohol drug screen if indicated. For transplant evaluation, removed participating centers of excellence criteria to waive.
- MCP-181 Radioembolization (Selective Internal Radiation Therapy) for Liver Tumors
  - Title Change: Radioembolization (Selective Internal Radiation Therapy) for Liver Tumors. Removed sub-criteria under bridge therapy criteria. Applied failure of systemic therapy to neuroendocrine tumors only. Updated contraindications.
- MCP-439 Vyjuvek (beremagene geperpavec) -
  - Added criteria for clinical features of disorder and removed one pathologic criterion.
- MCP-438 Zolgensma (onasemnogene abeparvovec)
  - Annual Review
- MCP-462 Aucatzyl (obecabtagene autoleucel)
  - Coding updates

### Evolent:

- ECG 3000 Abraxane (nab-paclitaxel)
  - Annual Review
- ECG 3097 Abecma (idecabtagene vicleucel)
  - Annual Review
- ECG 3099 Carvykti (ciltacabtagene autoleucel)
  - Annual Review
- ECG 3068 Topical and Intralesional Therapies
  - Annual Review, formerly UM ONC\_1445
- ECG 3071 Amtagvi (lifleucel)
  - Annual Review, formerly UM ONC\_1496
- ECG 3002 Adstiladrin (nadofaragene firadenovec-vncg)
  - Converted to new Evolent policy template. Updated references. Previous policy number ONC\_1472.
- ECG 3003 Asparlas (calaspargase pegol-mknl)
  - Annual Review
- ECG 3004 Balversa (erdafitinib)
  - Annual Review
- ECG 3005 Calquence (acalabrutinib)
  - New FDA drug/indication

## Clinical policies (continued)

- ECG 3006 Caprelsa (vandetanib)
  - Annual Review
- ECG 3007 Criteria for Evidence-Based Cancer Therapies
  - Annual Review
- ECG 3008 Datroway (datopotamab deruxtecan-dlnk)
  - New FDA drug/indication
- ECG 3010 Iwifin (eflornithine)
  - Annual Review
- ECG 3011 Kadcykla (ado-trastuzumab emtansine)
  - Annual Review
- ECG 3012 Kymriah (tisagenlecleucel)
  - Converted to new Evolent policy template. Added “Follicular Lymphoma” to indications section. Previous policy number [ONC\\_1324](#).
- ECG 3013 Libtayo (cemiplimab-rwlc)
  - Annual Review
- ECG 3014 Lumakras (sotorasib)
  - New FDA Drug/Indication
- ECG 3015 Lunsumio (mosunetuzumab-axgb)
  - Annual Review
- ECG 3016 Margenza (margetuximab-cmkb)
  - Annual Review
- ECG 3017 Oncaspar (pegaspargase)
  - Annual Review
- ECG 3018 Opdivo and Opdivo Qvantig (nivolumab IVSC)
  - New FDA drug/indication
- ECG 3019 Rezlidhia (olutasidenib)
  - Annual Review
- ECG 3020 Stivarga (regorafenib)
  - Annual Review
- ECG 3021 Tarceva (erlotinib)
  - Annual Review
- ECG 3022 Tecartus (brexucabtagene autoleucel)
  - Converted to new Evolent policy template. Previous policy number [ONC\\_1413](#).
- ECG 3023 Vectibix (panitumumab)
  - New FDA drug/indication
- ECG 3024 Xtandi (enzalutamide)
  - Annual Review
- ECG 3025 Yescarta (axicabtagene ciloleucel)
  - Converted to new Evolent policy template. Added “Follicular Lymphoma” to indications section. Previous policy number [ONC\\_1329](#).



## Clinical policies (continued)

- ECG 3026 Yondelis (trabectedin)
  - Annual Review
- ECG 3027 Zaltrap (ziv-aflibercept)
  - Annual Review
- ECG 3028 Zepzelca (lurbinectedin)
  - Annual Review
- ECG 3029 Zynyz (retifanlimab-dlwr)
  - NCCN Update
- ECG 3031 Adcetris (brentuximab vedotin)
  - New FDA Drug/Indication
- ECG 3032 Brukinsa (zanubrutinib)
  - NCCN Update
- ECG 3033 Clolar (clofarabine)
  - Annual Review
- ECG 3034 Cosela (trilaciclib)
  - Annual Review
- ECG 3035 Enhertu (fam-trastuzumab deruxtecan-nxki)
  - New FDA drug/indication
- ECG 3036 Enjaymo (sutimlimab-jome)
  - Annual Review
- ECG 3037 Fotivda (tivozanib)
  - Annual Review
- ECG 3038 Gazyva (obinutuzumab)
  - Annual Review
- ECG 3039 Generic Drugs
  - Annual Review
- ECG 3040 Gomekli (mirdametinib)
  - New FDA drug/indication
- ECG 3041 Jakafi (ruxolitinib)
  - Annual Review
- ECG 3042 Lorbrena (lorlatinib)
  - Annual Review
- ECG 3043 Orserdu (elacestrant)
  - Annual Review
- ECG 3044 Photofrin (porfimer)
  - Annual Review
- ECG 3045 Revlimid (lenalidomide)
  - New FDA Drug/Indication
- ECG 3046 Rituximab Products
  - New FDA Drug/Indication

## Clinical policies (continued)

- ECG 3047 Romvimza (vimseltinib)
  - New FDA Drug/Indication
- ECG 3048 Tepmetko (tepotinib)
  - Annual Review
- ECG 3049 Tevimbra (tislelizumab-jsgr)
  - NCCN Update
- ECG 3050 Tukysa (tucatinib)
  - Annual Review
- ECG 3051 Venclexta (venetoclax)
  - Annual Review
- ECG 3053 Xpovio (selinexor)
  - Annual Review
- UM ONC\_1042 Somatostatin Analog-
  - Annual Review
- UM ONC\_1133 Erbitux (cetuximab)
  - New FDA drug/indication
- ECG\_7251 Abdominal Aortic Ultrasound 2025
  - This guideline replaces UM CARDIO\_1126 Abdominal Aortic Ultrasound.
- ECG\_7252 Ambulatory Rhythm Monitoring 2025
  - This guideline replaces UM Cardio 1082 Cardio Policy Ambulatory EKG Monitoring. This guideline replaces UM Cardio 1085 Cardio Policy Patient Activated Event Recorder. This guideline replaces UM Cardio 1112 Cardio Policy Cardiac Telemetry. This guideline replaces UM Cardio 1146 Cardio Policy Implantation of Loop Recorder Systems.
- ECG\_7253 Ankle-Brachial Index in Peripheral Artery Disease 2025
  - This guideline merges and replaces UM CARDIO\_1077 Arterial PVR and Stress Arterial PVR and UM CARDIO\_1078 Ankle Brachial Index.
- ECG\_7254 Coronary Artery Bypass Graft 2025v2
  - This guideline replaces UM Cardio 1096 Aorta Coronary Bypass Surgery.
- ECG\_7255 Aortic Valve Replacement 2025
  - This guideline replaces UM Cardio 1095 Cardio Policy Aortic Valve Replacement.
- ECG\_7256 Aorto-Renal Endarterectomy or Bypass Surgery 2025
  - This guideline replaces UM 1268 Aorto-Renal Endarterectomy or Bypass Surgery.
- ECG\_7257 Arterial Duplex in Peripheral Artery Disease 2025
  - This guideline replaces UM CARDIO\_1076 Arterial Duplex.
- ECG\_7259 Aortic Root, Ascending Aorta and Aortic Arch Surgery 2025
  - This guideline replaces UM CARDIO\_1097 for Ascending Aortic Graft Surgery.
- ECG\_7260 Automated Ambulatory Blood Pressure Monitoring 2025
  - This guideline replaces UM CARDIO\_1336 Automated Ambulatory Blood Pressure Monitoring.

## Clinical policies (continued)

- ECG\_7261 Device (AICD, CRT, and or Pacemaker) Battery Replacement 2025
  - This guideline replaces UM Cardio 1144 Automatic Implantable Cardioverter Defibrillator Battery Replacement.
- ECG\_7262 Diagnostic Electrophysiologic Testing 2025v2
  - This guideline replaces Evolent Utilization Management Cardio Policy 1101: Cardiac Electrophysiology Study without Arrhythmia Induction.
- ECG\_7263-01 Cardiac Resynchronization Therapy 2025
  - This guideline replaces UM CARDIO\_1149 Cardiac Resynchronization Therapy Implantation.
- ECG\_7265 Cardiovascular Stress Test 2025
  - This guideline replaces UM CARDIO\_1114 Cardiovascular Stress Test.
- ECG\_7266 Carotid Artery Stenting 2025
  - This guideline replaces UM CARDIO\_1171 Carotid Artery Stenting.
- ECG\_7267 Carotid Duplex 2025
  - This guideline replaces UM CARDIO\_1081 Carotid Duplex.
- ECG\_7268 Carotid Endarterectomy 2025
  - This guideline replaces UM CARDIO\_1163 for Carotid Endarterectomy.
- ECG\_7269 Catheter-Based Carotid and Brachiocephalic Artery Digital Angiography 2025
  - This guideline replaces UM CARDIO\_1169 Catheter-Based Carotid Artery Digital Angio.
- ECG\_7270 Central Venous Access Procedure 2025
  - This guideline replaces UM CARDIO\_1166 Central Venous Access Procedures
- ECG\_7271 Coronary Fractional Flow Reserve 2025
  - This guideline replaces UM CARDIO\_1269 Coronary Fractional Flow Reserve.
- ECG\_7272-01 Electron-Beam Tomography or Non-Contrast Coronary Computed Tomography 2025
  - This guideline replaces UM CARDIO\_1458 Coronary Artery Calcium Scoring by Electron Beam Tomography or Non-Contrast Coronary Computed Tomography.
- ECG\_7273 Coronary Atherectomy 2025
  - This guideline replaces UM 1291 Coronary Atherectomy.
- ECG\_7274 Coronary Intra Vascular Arterial Ultrasound 2025
  - This guideline replaces UM 1292 Coronary Intra Vascular Arterial Ultrasound.
- ECG\_7275-01 Coronary CT Angiography 2025
  - This guideline replaces UM Cardio 1115 Coronary and/or Cardiac Computed Tomographic Angiography.
- ECG\_7276 Descending Thoracic Aortic Open or Endovascular Surgery 2025
  - This guideline replaces UM CARDIO\_1098 for Descending Thoracic Aortic Graft Surgery.
- ECG\_7277 Device (PPM, AICD, CRT-D, Subcut-ICD, ILR) Programming 2025
  - This guideline replaces UM 1257 Device (PPM, AICD, CRT-D, Subcut-ICD, ILR) Programming.

## Clinical policies (continued)

- ECG\_7278 Device Interrogation 2025
  - This guideline replaces UM Cardio 1256 Cardio Policy Device Interrogation.
- ECG\_7280 Duplex Scan of Hemodialysis Access 2025
  - This guideline replaces UM CARDIO\_1079 Duplex Scan of Hemodialysis Access.
- ECG\_7281 Guideline Directed Medical Therapy - Heart Failure and Coronary Artery Disease 2025
  - This guideline replaces UM CARDIO\_1462 for Guideline Directed Medical Therapy (GDMT) for Heart Failure and Coronary Artery Disease (CAD).
- ECG\_7282 Atrial Fibrillation Ablation 2025
  - This guideline replaces UM Cardio 1141 Cardio Policy EPS with AI, Pacing after DI and Atrial or SVT and AP Ablation.
- ECG\_7283 Abdominal Aortography with Bilateral Iliofemoral Lower Extremity Runoff 2025
  - This guideline replaces UM 1170 Abdominal Aortography with Bilateral Iliofemoral Lower Extremity Runoff.
- ECG\_7284 Catheter Ablation of Reentrant or Focal Tachydysrhythmias 2025
  - This guideline replaces UM Cardio 1140 Cardio Policy EPS with Transseptal Left Heart Cath with Arrhythmia Induction and VT Ablation.
- ECG\_7285 Abdominal Aortic Aneurysm Repair 2025
  - This guideline merges and replaces, UM CARDIO\_1162 for Endovascular Aortic and Iliac Artery Aneurysm Repair and UM CARDIO\_1337 for Abdominal Aorta and Iliac Aneurysm Open Repair.
- ECG\_7286 Endomyocardial Biopsy 2025
  - This guideline replaces UM 1388 Endomyocardial Biopsy.
- ECG\_7287 Endovascular Femoropopliteal Interventions 2025
  - This guideline replaces UM CARDIO\_1173 for Endovascular Femoropopliteal Interventions.
- ECG\_7288 Endovascular Aortoiliac Interventions 2025
  - This guideline replaces UM CARDIO\_1172 for Endovascular Iliac Interventions.
- ECG\_7289 Endovascular Infrapopliteal (Tibioperoneal) Interventions 2025
  - This guideline replaces UM CARDIO\_1174 Endovascular Tibioperoneal Interventions. The name of the guideline has been changed to Endovascular Infrainguinal (Tibioperoneal) Interventions. Added CPT Codes 37232 and 37233. Clinical indications were updated per societal guidance.
- ECG\_7290 Treatment of Varicose Veins 2025
  - This guideline replaces UM 1252 Endovascular Venous Laser-Radiofrequency Ablation. This guideline replaces UM 1253 Lower Extremity Venous Ligation/Stripping. This guideline replaces UM 1254 Lower Extremity Venous Sclerotherapy. This guideline replaces UM 1255 Lower Extremity Venous Stab Phlebectomy.
- ECG\_7291 Enhanced External Counter Pulsation 2025
  - This guideline replaces UM Cardio 1117 Enhanced External Counter Pulsation (EECP).

## Clinical policies (continued)

- ECG\_7292 Infringuinal Open Arterial Vascular Surgery 2025
  - This guideline replaces UM CARDIO\_1164 for Femoral Popliteal Bypass Surgery. Guideline name changed to Infringuinal Open Arterial Vascular Surgery. Added CPT code 35685. Clinical indications were updated per societal guidance.
- ECG\_7293-01 Fractional Flow Reserve CT 2025
  - This guideline replaces UM CARDIO\_1457 for Fractional Flow Reserve CT.
- ECG\_7294-01 Heart (Cardiac) PET 2025
  - This guideline replaces UM CARDIO\_1124 Positron Emission Tomography (PET) Myocardial Imaging.
- ECG\_7295-01 Heart Catheterization 2025
  - This guideline replaces UM CARDIO\_1127 Diagnostic Heart Catheterization.
- ECG\_7296-01 Heart CT 2025
  - This guideline replaces UM CARDIO\_1459 for CT Heart CT Heart Congenital (Not Including Coronary Arteries).
- ECG\_7297-01 Heart MRI 2025
  - This guideline replaces UM Cardio 1113 Cardiac Magnetic Resonance Imaging (MRI).
- ECG\_7298-01 Heart PET with CT for Attenuation 2
  - This guideline replaces UM CARDIO\_1461 Cardiac PET with CT for Attenuation. Removed the following language and reference from the Indications section for post-cardiac transplant “SE diversion not required (40).”
- ECG\_7299 Hemodialysis Access Creation 2025
  - This guideline replaces UM CARDIO\_1165 for Hemodialysis Access Creation. Added CPT codes 36836 and 36837. Clinical indications were updated per societal guidance.
- ECG\_7300 Hemodialysis Access Maintenance 2025
  - This guideline replaces UM CARDIO\_1339 for Hemodialysis Access Maintenance.
- ECG\_7301-01 Implantable Cardioverter Defibrillator 2025
  - This guideline replaces UM Cardio 1080 Automatic Implantable Cardioverter Defibrillator (ICD).



## Clinical policies (continued)

- ECG\_7303 Interventions for Adults with Congenital Heart Defects 2025
  - This guideline replaces UM 1418 Interventions for Adults with Congenital Heart Defects. Added suspected paradoxical embolism as indication for ASD repair. Added indication for VSD repair related to endocarditis, worsening aortic regurgitation related to the VSD. Added indication for repair of subaortic stenosis to prevent worsening of aortic regurgitation. Added indication for coronary revascularization in symptomatic patients with supra-aortic stenosis and ostial coronary artery stenosis. Added indications for intervention in patients with Turner syndrome. Added indication for intervention in coarctation of aorta for stenosis  $\geq 50\%$  at diaphragm. Added indications for intervention in asymptomatic patients with severe pulmonary valve stenosis. Added indications for intervention for Ebstein anomaly related to the presence of shunting, paradoxical embolism and arrhythmia. Added indications for pulmonary valve replacement in tetralogy of Fallot related to the presence of ventricular arrhythmia, ECG abnormalities, significant disease involving other cardiac valves, branch pulmonary stenosis and RVOT aneurysm. Added indications for intervention for RV to PA conduit dysfunction. Added section on intervention for sequelae related to prior surgical procedures (TGA repair and Fontan palliation). Added indication for intervention for coronary fistulae. Added definitions and abbreviations.
- ECG\_7304 Intra Cardiac Echocardiography (ICE) 2025
  - This guideline replaces UM CARDIO\_1358 for Intra Cardiac Echocardiography (ICE).
- ECG\_7305 Introduction of Inferior Vena Cava Filter Device 2025
  - This guideline replaces UM CARDIO\_1168 Introduction of Inferior Vena Cava Filter Device.
- ECG\_7309 Microvolt T-Wave Alternans 2025
  - This guideline replaces UM CARDIO\_1158 Microvolt T-Wave Alternans.
- ECG\_7310 Mitral Valve Surgery 2025
  - This guideline replaces UM 1099 Mitral Valve Surgery. Updated references. Removed redundant indications. Reorganized indications by condition.
- ECG\_7311-01 Multiple Gated Acquisition Scan 2025.
  - This guideline replaces UM Cardio 1120 Radionuclide Angiography / (MUGA SCAN)
- ECG\_7312-01 Myocardial Perfusion Imaging 2025.
  - This policy replaces UM Cardio 1119 Pharmacological Nuclear Stress Test / Myocardial Perfusion Imaging (MPI).
- ECG\_7315-01 Pacemaker Implantation 2025
  - This guideline replaces UM 1147 Pacemaker Implantation.
- ECG\_7317 Percutaneous Closure of Patent Foramen Ovale (PFO) 2025
  - This guideline replaces UM CARDIO\_1417 for Percutaneous Closure of Patent Foramen Ovale (PFO).
- ECG\_7318 Percutaneous Coronary Interventions 2025
  - This guideline replaces UM Cardio 1094 Percutaneous Coronary Interventions.
- ECG\_7319 Percutaneous Iliocaval Interventions 2025
  - This guideline replaces UM CARDIO\_1368 for Percutaneous Iliocaval Interventions.

## Clinical policies (continued)

- ECG\_7320 Percutaneous Left Atrial Appendage Closure 2025
  - This guideline replaces UM CARDIO\_1320 for Percutaneous Left Atrial Appendage Closure.
- ECG\_7321 Pericardial Disease Interventions 2025
  - This policy replaces UM 1369 Pericardial Disease Interventions.
- ECG\_7323 Peripheral Intravascular Arterial and Venous Ultrasound 2025
  - This guideline replaces UM 1318 Peripheral Intravascular Arterial and Venous Ultrasound.
- ECG\_7324 Renal Angiography 2025
  - This guideline replaces UM CARDIO\_1293 Renal Angiography.
- ECG\_7325 Renal Artery Intervention 2025
  - This guideline replaces UM CARDIO\_1294 Renal Artery Intervention (Angioplasty or Stent)
- ECG\_7326 Renal Retroperitoneal Vascular Duplex Ultrasound 2025
  - This guideline replaces UM 1125 Renal/Retroperitoneal Vascular Duplex Ultrasound.
- ECG\_7327 Right Heart Catheterization Only 2025
  - This guideline replaces UM CARDIO\_1460 Right Heart Catheterization Only. Added CPT code 93463.
- ECG\_7328-01 Stress Echocardiography 2025
  - This guideline replaces UM CARDIO\_1123 Stress Echocardiography.
- ECG\_7329 Subcutaneous ICD Device Implantation and Removal 2025
  - This guideline replaces UM CARDIO\_1389 for Subcutaneous ICD Device Implantation and Removal.
- ECG\_7330 Cardioversion of Atrial Fibrillation 2025
  - This guideline replaces UM Cardio 1148 Cardio Policy: Synchronized Electrical Cardioversion.
- ECG\_7331 Temporal Artery Biopsy 2025
  - This guideline replaces UM CARDIO\_1321 for Temporal Artery Biopsy.
- ECG\_7332 Thoracentesis and Pleurodesis 2025
  - This guideline replaces UM 1370 Thoracentesis and Pleurodesis.
- ECG\_7333 Tilt Table Testing 2025
  - This guideline replaces UM 1159 Tilt Table Testing.
- ECG\_7334 Transcatheter Aortic Valve Replacement (TAVR) 2025
  - This guideline replaces UM CARDIO\_1295 Transcatheter Aortic Valve Replacement (TAVR).
- ECG\_7335 Transcatheter Edge to Edge Repair (TEER) of Mitral Valve 2025
  - This guideline replaces UM 1296 Transcatheter Edge-to-Edge Repair (TEER) of Mitral Valve.
- ECG\_7336-01 Transesophageal Echocardiography 2025
  - This guideline replaces UM CARDIO\_1122 Transesophageal Echocardiography (TEE). Added missing CPT code 96374.

## Clinical policies (continued)

- ECG\_7337-01 Transthoracic Echocardiogram 2025
  - This guideline replaces UM 1121 Transthoracic Echocardiography. Simplified surveillance schedule ranges. Corrected CPT code typo.
- ECG\_7338 Tricuspid Valve Surgery 2025
  - This guideline replaces UM 1100 Tricuspid Valve Surgery. Added indications for repeat surgery. Added indications for Ebstein anomaly. Added indications for patients undergoing left-sided interventions.
- ECG\_7339 Ultrasound-Guided Vascular Access 2025
  - This guideline replaces UM CARDIO\_1453 for Ultrasound-Guided Vascular Access.
- ECG\_7340 Vascular Embolization or Occlusion 2025
  - This guideline replaces UM CARDIO\_1456 for Vascular Embolization or Occlusion.
- ECG\_7341 Venogram Invasive Vein Mapping 2025
  - This guideline replaces UM CARDIO\_1319 for Venogram Invasive Vein Mapping
- ECG\_7342 Venous Duplex 2025
  - This policy replaces UM 1093 Venous Duplex and UM 1083 Vessels Mapping for Hemodialysis or CABG.
- ECG\_7343 Mechanical Circulatory Support (Ventricular Assist Device) Percutaneous Permanent 2025
  - This guideline replaces UM CARDIO\_1390 Ventricular Assist Device (VAD) - Percutaneous and Permanent. Removed “Age greater than 80 for destination therapy” in Contraindications section.
- ECG\_7345 Wireless Pulmonary Artery Pressure Device Placement and Monitoring 2025
  - This guideline replaces UM 1402 Wireless Pulmonary Artery Pressure Device. Added requirement for maximally tolerated GDMT. Removed GFR, CHD and heart tx from limitations.