

## Evolut Cardiology Policy Updates for Medicaid and Marketplace

Effective April 7, 2025 (Medicaid)

Note: Future effective date does not apply to Marketplace line of business.

### Evolut Cardiology with a New Look:

To improve the searchability, Evolut Clinical Guidelines now have an updated naming system. The type of request is now noted first in the policy title, followed by the policy number and ECG (Evolut Clinical Guidelines).

Former Guideline Name	New Policy #	New Policy Name
UM CARDIO_1126	7251	Abdominal Aortic Ultrasound
UM CARDIO_1082, 1085, 1112, & 1146	7252	Ambulatory Rhythm Monitoring
UM CARDIO_1077 & 1078	7253	Ankle-Brachial Index in Peripheral Artery Disease
UM CARDIO_1096	7254	Coronary Artery Bypass Graft
UM CARDIO_1095	7255	Aortic Valve Replacement
UM CARDIO_1268	7256	Aorto-Renal Endarterectomy or Bypass Surgery
UM CARDIO_1076	7257	Arterial Duplex in Peripheral Artery Disease
UM CARDIO_1097	7259	Aortic Root, Ascending Aorta and Aortic Arch Surgery
UM CARDIO_1336	7260	Automated Ambulatory Blood Pressure Monitoring
UM CARDIO_1144 & 1145	7261	Device (AICD, CRT and/or Pacemaker) Battery Replacement
UM CARDIO_1101, 1139, & 1143	7262	Diagnostic Electrophysiologic Testing
UM CARDIO_1114	7265	Cardiovascular Stress Test
UM CARDIO_1171	7266	Carotid Artery Stenting
UM CARDIO_1081	7267	Carotid Duplex
UM CARDIO_1163	7268	Carotid Endarterectomy
UM CARDIO_1169	7269	Catheter Based Carotid and Brachiocephalic Artery Digital Angiography
UM CARDIO_1166	7270	Central Venous Access Procedure
UM CARDIO_1269	7271	Coronary Fractional Flow Reserve
UM CARDIO_1291	7273	Coronary Atherectomy
UM CARDIO_1292	7274	Coronary Intra Vascular Arterial Ultrasound
UM CARDIO_1098	7276	Descending Thoracic Aortic Open or Endovascular Surgery
UM CARDIO_1257	7277	Device (PPM, AICD, CRT-D, Subcut- ICD, ILR) Programming
UM CARDIO_1256 & 1152	7278	Device Interrogation
UM CARDIO_1079	7280	Duplex Scan of Hemodialysis Access
UM CARDIO_1462	7281	Guideline Directed Medical Therapy - Heart Failure and Coronary Artery Disease
UM CARDIO_1141 & 1142	7282	Atrial Fibrillation Ablation

Former Guideline Name	New Policy #	New Policy Name
UM CARDIO_1170	7283	Abdominal Aortography with Bilateral Iliofemoral Lower Extremity Runoff
UM CARDIO_1140	7284	Catheter Ablation of Reentrant or Focal Tachydysrhythmias
UM CARDIO_1162 & 1337	7285	Abdominal Aortic Aneurysm Repair
UM CARDIO_1388	7286	Endomyocardial Biopsy
UM CARDIO_1173	7287	Endovascular Femoropopliteal Interventions
UM CARDIO_1172	7288	Endovascular Iliac Interventions
UM CARDIO_1174	7289	Endovascular Infrainguinal (Tibioperoneal) Interventions
UM CARDIO_1252, 1253, 1254, & 1255	7290	Treatment of Varicose Veins
UM CARDIO_1117	7291	Enhanced External Counter Pulsation
UM CARDIO_1164	7292	Infrainguinal Open Arterial Vascular Surgery
UM CARDIO_1165	7299	Hemodialysis Access Creation
UM CARDIO_1339	7300	Hemodialysis Access Maintenance
UM CARDIO_1418	7303	Intervention on Adults with Congenital Heart Defects
UM CARDIO_1358	7304	Intra Cardiac Echocardiography (ICE)
UM CARDIO_1168	7305	Introduction of Inferior Vena Cava Filter Device
UM CARDIO_1158	7309	Microvolt T-Wave Alternans
UM CARDIO_1099	7310	Mitral Valve Surgery
UM CARDIO_1417	7317	Percutaneous Closure of Patent Foramen Ovale (PFO)
UM CARDIO_1094	7318	Percutaneous Coronary Interventions
UM CARDIO_1368	7319	Percutaneous Iliocaval Interventions
UM CARDIO_1320	7320	Percutaneous Left Atrial Appendage Closure
UM CARDIO_1369	7321	Pericardial Disease Interventions
UM CARDIO_1318	7323	Peripheral Intravascular Arterial and Venous Ultrasound
UM CARDIO_1293	7324	Renal Angiography
UM CARDIO_1294	7325	Renal Artery Intervention
UM CARDIO_1125	7326	Renal/Retroperitoneal Vascular Duplex Ultrasound
UM CARDIO_1460	7327	Right Heart Catheterization Only
UM CARDIO_1389	7329	Subcutaneous ICD Device Implantation and Removal
UM CARDIO_1148	7330	Cardioversion of Atrial Fibrillation
UM CARDIO_1321	7331	Temporal Artery Biopsy
UM CARDIO_1370	7332	Thoracentesis and Pleurodesis
UM CARDIO_1159	7333	Tilt Table Testing
UM CARDIO_1295	7334	Transcatheter Aortic Valve Replacement (TAVR)
UM CARDIO_1296	7335	Transcatheter Edge to Edge Repair (TEER) of Mitral Valve
UM CARDIO_1100	7338	Tricuspid Valve Surgery
UM CARDIO_1453	7339	Ultrasound-Guided Vascular Access
UM CARDIO_1456	7340	Vascular Embolization or Occlusion
UM CARDIO_1319	7341	Venogram Invasive Vein Mapping

Former Guideline Name	New Policy #	New Policy Name
UM CARDIO_1093 & 1083	7342	Venous Duplex
UM CARDIO_1390	7343	Mechanical Circulatory Support (Ventricular Assist Device) - Percutaneous and Permanent
UM CARDIO_1402	7345	Wireless Pulmonary Artery Pressure Device Placement and Monitoring
UM CARDIO_1149	7263-01	Cardiac Resynchronization Therapy Implantation
UM CARDIO_1458	7272-01	Electron Beam Tomography or Non-Contrast Coronary Computed Tomography
UM CARDIO_1115	7275-01	Coronary CT Angiography
UM CARDIO_1457	7293-01	Fractional Flow Reserve CT
UM CARDIO_1124	7294-01	Heart (Cardiac) PET Scan
UM CARDIO_1127	7295-01	Heart Catheterization
UM CARDIO_1459	7296-01	Heart CT
UM CARDIO_1113	7297-01	Heart MRI
UM CARDIO_1461	7298-01	Heart PET with CT for Attenuation
UM CARDIO_1080	7301-01	Implantable Cardioverter Defibrillator
UM CARDIO_1120	7311-01	Multiple Gated Acquisition Scan
UM CARDIO_1119	7312-01	Myocardial Perfusion Imaging
UM CARDIO_1147	7315-01	Pacemaker Implantation
UM CARDIO_1123	7328-01	Stress Echocardiography
UM CARDIO_1122	7336-01	Transesophageal Echocardiography
UM CARDIO_1121	7337-01	Transthoracic Echocardiogram

### **Evolent Cardiology Policy Changes:**

Former Guideline Name	New Policy #	New Policy Name	Brief Description of Policy Change
UM CARDIO_1101, 1139, & 1143	7262	Diagnostic Electrophysiologic Testing	This guideline replaces UM Cardio_1101, UM Cardio Policy 1139, and UM Cardio_1143
UM CARDIO_1171	7266	Carotid Artery Stenting	This guideline replaces UM CARDIO_1171 Updated clinical indications, limitation, and background sections
UM CARDIO_1169	7269	Catheter Based Carotid and Brachiocephalic Artery Digital Angiography	This guideline replaces UM CARDIO_1169 Updated clinical and limitation sections
UM CARDIO_1098	7276	Descending Thoracic Aortic Open or Endovascular Surgery	This guideline replaces UM CARDIO_1098 Clinical indications were updated per societal guidance
UM CARDIO_1141 & 1142	7282	Atrial Fibrillation Ablation	This guideline replaces UM Cardio_1141 This guideline replaces UM Cardio_1142

Former Guideline Name	New Policy #	New Policy Name	Brief Description of Policy Change
UM CARDIO_1162 & 1337	7285	Abdominal Aortic Aneurysm Repair	This guideline merges, and replaces, UM CARDIO_1162 and UM CARDIO_1337 Indications, CPT codes, and Applicable Lines of Business were merged and reconciled Clinical indications were updated per societal guidance
UM CARDIO_1388	7286	Endomyocardial Biopsy	This guideline replaces UM Cardio_1388 Revised heart transplant monitoring schedule to conform with new professional guidance
UM CARDIO_1173	7287	Endovascular Femoropopliteal Interventions	This guideline replaces UM CARDIO_1173 Clinical indications updated and expanded per current guidance from major cardiovascular societies
UM CARDIO_1172	7288	Endovascular Iliac Interventions	This guideline replaces UM CARDIO_1172 Clinical indications were updated per societal guidance
UM CARDIO_1174	7289	Endovascular Infringuinal (Tibioperoneal) Interventions	This guideline replaces UM CARDIO_1174 Added CPT Codes 37232 and 37233 Clinical indications were updated per societal guidance
UM CARDIO_1252, 1253, 1254, & 1255	7290	Treatment of Varicose Veins	This guideline replaces UM Cardio_1252, UM Cardio_1253, UM Cardio_1254, and UM Cardio 1255
UM CARDIO_1164	7292	Infringuinal Open Arterial Vascular Surgery	This guideline replaces UM CARDIO_1164, Added CPT code 35685 Clinical indications were updated per societal guidance
UM CARDIO_1418	7303	Intervention on Adults with Congenital Heart Defects	This guideline replaces UM 1418 Updated clinical indications Added definitions and abbreviations
UM CARDIO_1125	7326	Renal/Retroperitoneal Vascular Duplex Ultrasound	This guideline replaces UM Cardio_1125 Clarified surveillance timelines for post-surgical imaging Added Clinical indications Updated citations
UM CARDIO_1390	7343	Mechanical Circulatory Support (Ventricular Assist Device) - Percutaneous and Permanent	This guideline replaces UM CARDIO_1390 Removed "Age greater than 80 for destination therapy" in Contraindications section