



NETWORK *Notification*

Notice Date: January 1, 2025
To: Georgia Medicaid Providers
From: CareSource
Subject: Evolent Healthcare Advanced Radiology 2025 Annual Policy Updates

Summary

CareSource has partnered with Evolent Healthcare to cover Advanced Radiology Services for our Georgia Medicaid CareSource members.

Our goal is to keep you informed with timely information about our Advanced Radiology Service updates and changes. As changes occur and as needs arise, we issue network notifications to our providers.

This notification is intended to provide you notification of changes to the policies listed below. The policies appear on the Evolent Healthcare website at <https://www1.radmd.com/> upon their effective dates.

Policies

Policy Name	Plans	Effective Date
Evolent Clinical Guideline 006-1 for Temporal Bone, Mastoid, Orbits, Sella, Internal Auditory Canal CT	Georgia Medicaid	March 1, 2025
Evolent Clinical Guideline 009 for Sinus Maxillofacial CT, Limited or Localized Follow Up Sinus CT	Georgia Medicaid	March 1, 2025
Evolent Clinical Guideline 014 for Sinus, Face, Orbit, Neck, and Internal Auditory Canal MRI	Georgia Medicaid	March 1, 2025
Evolent Clinical Guideline 035 for Abdominal Aorta CT Angiography with Lower Extremity Runoff	Georgia Medicaid	March 1, 2025
Evolent Clinical Guideline 070-2 for Tumor Imaging PET - Any Site (Unlisted PET)	Georgia Medicaid	March 1, 2025
Evolent Clinical Guideline 070-3 for Tumor Imaging PET - Breast Cancer (Initial Diagnosis)	Georgia Medicaid	March 1, 2025

Evolut Clinical Guideline 070-4 for Tumor Imaging PET - Melanoma (Non-Covered Indications)	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 001 for Brain MRI	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 002 for Brain CT	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 003 for Brain Magnetic Resonance Spectroscopy (MRS)	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 004-1 for Brain CTA	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 004-2 for Brain MRA/MRV	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 007 for Temporomandibular Joint (TMJ) MRI	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 008-1 for Neck CT	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 012-1 for Neck CTA	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 012-2 for Neck MRA_MRV	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 013 for Functional Brain MRI	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 015 for Cerebral Perfusion CT	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 020 for Chest (Thorax) CT	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 020-1 for Low Dose CT for Lung Cancer Screening	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 021 for Chest (Thorax) MRI	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 022-1 for Chest CTA	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 022 for Chest MRA	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 023 for Breast MRI	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 025 for Heart CT	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 028 for Heart MRI	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 029 for Electron-Beam Tomography or Non-Contrast Coronary Computed Tomography	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 030 for Abdomen CT	Georgia Medicaid	March 1, 2025

Evolut Clinical Guideline 031 for Abdomen MRI, MRCP (Magnetic Resonance Cholangiopancreatography), MRE (Magnetic Resonance Enterography), and MRU (Magnetic Resonance Urography)	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 033-1 for CT (Virtual) Colonoscopy - Diagnostic	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 033-2 for CT (Virtual) Colonoscopy - Screening	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 034-1 for Abdomen CTA (Angiography)	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 034-2 for Abdomen MRA/MRV (Angiography)	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 036 for Pelvis CT	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 037 for Pelvis MRI	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 038 for Pelvis CTA	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 039 for Pelvis MRA/MRV (Angiography/Venography)	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 040 for Cervical Spine MRI	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 041 for Cervical Spine CT	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 042 for Thoracic Spine MRI	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 043 for Thoracic Spine CT	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 044 for Lumbar Spine MRI	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 045 for Lumbar Spine CT	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 046 for Spinal Canal MRA/MRV	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 057-1 for Upper Extremity CT	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 057-2 for Lower Extremity CT	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 057-3 for Upper Extremity MRI	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 057-4 for Lower Extremity MRI	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 058-1 for Lower Extremity MRA/MRV	Georgia Medicaid	March 1, 2025

Evolut Clinical Guideline 058-2 for Upper Extremity MRA/MRV	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 059 for Bone Marrow MRI	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 060-2 for CT Bone Density Study	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 061-1 for Lower Extremity CTA/CTV	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 061-2 for Upper Extremity CTA/CTV	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 062 for Coronary CT Angiography	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 063 for Unlisted Study	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 064 for Low Field MRI	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 068 for Abdomen Pelvis CT	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 069 for Abdomen Pelvis CTA	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 070-1 for PET Scan	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 071 for Brain PET Scan	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 072 for Heart (Cardiac) PET	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 079 for Heart PET with CT for Attenuation	Georgia Medicaid	March 1, 2025
Evolut Clinical Guideline 110 for Fetal MRI	Georgia Medicaid	March 1, 2025

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DCH Approved: 12/30/2024