



# NETWORK Notification

**Notice Date:** September 1, 2023  
**To:** Georgia Medicaid Providers  
**From:** CareSource  
**Subject:** September 2023 Magellan Healthcare Advanced Radiology Policy Updates

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## Summary

CareSource has partnered with Magellan 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 in Magellan Healthcare website <https://www1.radmd.com/radmd-home.aspx> upon their effective dates.

## Policies

Policy Name	Plans	Effective Date
Brain (Head) MRI – 001	Georgia Medicaid	11/01/2023
Brain (Head) CT – 002	Georgia Medicaid	11/01/2023
Brain (Head) MRS – 003	Georgia Medicaid	11/01/2023
Brain (Head) CTA – 004-1	Georgia Medicaid	11/01/2023
Brain (Head) MRA/MRV – 004-2	Georgia Medicaid	11/01/2023
Temporal Bone, Mastoid, Orbits, Sella, Internal Auditory Canal CT – 006	Georgia Medicaid	11/01/2023
Temporomandibular Joint (TMJ) MRI – 007	Georgia Medicaid	11/01/2023
Neck CT (soft tissue) – 008-1	Georgia Medicaid	11/01/2023
Sinus & Maxillofacial CT – 009	Georgia Medicaid	11/01/2023
Neck CTA – 012-1	Georgia Medicaid	11/01/2023
Neck MRA/MRV – 012-2	Georgia Medicaid	11/01/2023
Functional Brain MRI – 013	Georgia Medicaid	11/01/2023
Sinus, Face, Orbit, Neck MRI – 014	Georgia Medicaid	11/01/2023
Cerebral Perfusion CT – 015	Georgia Medicaid	11/01/2023
Chest (Thorax) CT – 020	Georgia Medicaid	11/01/2023

Low-Dose CT for Lung Cancer Screening – 020-1	Georgia Medicaid	11/01/2023
Chest (Thorax) MRI – 021	Georgia Medicaid	11/01/2023
Chest CTA – 022-1	Georgia Medicaid	11/01/2023
Chest MRA/MRV – 022-2	Georgia Medicaid	11/01/2023
Breast MRI – 023	Georgia Medicaid	11/01/2023
CT Heart – 025	Georgia Medicaid	11/01/2023
Heart MRI – 028	Georgia Medicaid	11/01/2023
Electron-Beam Tomography (EBCT) or Non-Contrast Coronary Computed Tomography (Non-contrast CCT) – 029	Georgia Medicaid	11/01/2023
Abdomen CT – 030	Georgia Medicaid	11/01/2023
Abdomen MRI – 031	Georgia Medicaid	11/01/2023
CT (Virtual) Colonoscopy – 033	Georgia Medicaid	11/01/2023
CT (Virtual) Colonoscopy Screening – 033-2	Georgia Medicaid	11/01/2023
Abdomen CTA (Angiography) – 034-1	Georgia Medicaid	11/01/2023
Abdomen MRA/MRV (Angiography) – 034-2	Georgia Medicaid	11/01/2023
Abdominal Arteries CTA (Angiography) – 035	Georgia Medicaid	11/01/2023
Pelvis CT – 036	Georgia Medicaid	11/01/2023
Pelvis MRI – 037	Georgia Medicaid	11/01/2023
Pelvis CTA – 038	Georgia Medicaid	11/01/2023
Pelvis MRA/MRV (Angiography/Venography) – 039	Georgia Medicaid	11/01/2023
Cervical Spine MRI – 040	Georgia Medicaid	11/01/2023
Cervical Spine CT – 041	Georgia Medicaid	11/01/2023
Thoracic Spine MRI – 042	Georgia Medicaid	11/01/2023
Thoracic Spine CT – 043	Georgia Medicaid	11/01/2023
Lumbar Spine MRI – 044	Georgia Medicaid	11/01/2023
Lumbar Spine CT – 045	Georgia Medicaid	11/01/2023
Spinal Canal MRA/MRV – 046	Georgia Medicaid	11/01/2023
Upper Extremity CT (Hand, Wrist, Elbow, Long Bone, or Shoulder CT) – 057	Georgia Medicaid	11/01/2023
Lower Extremity CT (Foot, Ankle, Knee, Leg, or Hip CT) – 057-2	Georgia Medicaid	11/01/2023
Upper Extremity MRI (Hand, Wrist, Arm, Elbow, Long Bone, or Shoulder MRI) – 057-3	Georgia Medicaid	11/01/2023
Lower Extremity MRI (Foot, Ankle, Knee, Leg, or Hip MRI) – 057-4	Georgia Medicaid	11/01/2023
Lower Extremity MRA/MRV – 058-1	Georgia Medicaid	11/01/2023
Upper Extremity MRA/MRV – 058-2	Georgia Medicaid	11/01/2023
Bone Marrow MRI – 059	Georgia Medicaid	11/01/2023
CT Bone Density Study – 060-2	Georgia Medicaid	11/01/2023
Lower Extremity CTA/CTV – 061-1	Georgia Medicaid	11/01/2023
Upper Extremity CTA/CTV – 061-2	Georgia Medicaid	11/01/2023

CT Coronary Angiography (CCTA) – 062	Georgia Medicaid	11/01/2023
Unlisted Study – 063	Georgia Medicaid	11/01/2023
Low Field MRI – 064	Georgia Medicaid	11/01/2023
Abdomen/Pelvis CT Combo – 068	Georgia Medicaid	11/01/2023
Abdomen/Pelvis CTA (Angiography) – 069	Georgia Medicaid	11/01/2023
PET Scans (PET, PET with CT Attenuation, PET/CT) – 070-1	Georgia Medicaid	11/01/2023
Tumor Imaging PET – Any Site (Unlisted PET) – 070-2	Georgia Medicaid	11/01/2023
Tumor Imaging PET – Breast Cancer – Initial Diagnosis – 070-3	Georgia Medicaid	11/01/2023
Tumor Imaging PET Melanoma – Noncovered Indications – 070-4	Georgia Medicaid	11/01/2023
Brain PET Scan – 071	Georgia Medicaid	11/01/2023
Heart (Cardiac) PET – 072	Georgia Medicaid	11/01/2023
Heart (Cardiac) PET with CT for Attenuation – 079	Georgia Medicaid	11/01/2023
Fetal MRI – 110	Georgia Medicaid	11/01/2023

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DCH Approved: 08/28/2023