



NETWORK Notification

Notice Date: November 1, 2023
To: Georgia Medicaid Providers
From: CareSource
Subject: NIA/Evolent Healthcare Advanced Radiology 2024 Policy Updates

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 on the [Magellan Healthcare website](#) upon their effective dates.

Policies

Policy Name	Plans	Effective Date
CG-001 – Brain (head) MRI	Georgia Medicaid	01/01/2024
CG-002 – Brain (head) CT	Georgia Medicaid	01/01/2024
CG-003 – Brain (head) MRS	Georgia Medicaid	01/01/2024
CG-004 – Brain (head) CTA	Georgia Medicaid	01/01/2024
CG-004-2 Brain (head) MRA MRV	Georgia Medicaid	01/01/2024
CG-006-1 Temporal Bone Mastoid CT	Georgia Medicaid	01/01/2024
CG-007 Tempromandibula	Georgia Medicaid	01/01/2024
CG-008-1 Neck CT	Georgia Medicaid	01/01/2024
CG-009 Sinus Maxillofacial CT	Georgia Medicaid	01/01/2024
CG-012-1 Neck CTA	Georgia Medicaid	01/01/2024
CG-012-2 Neck MRA MRV	Georgia Medicaid	01/01/2024
CG-013 Functional Brain MRI	Georgia Medicaid	01/01/2024
CG-014 Sinus, Face, Orbit, Neck MRI	Georgia Medicaid	01/01/2024
CG-015 Cerebral Perfusion CT	Georgia Medicaid	01/01/2024
CG-020 Chest (Thorax) CT	Georgia Medicaid	01/01/2024

CG-020-1 Low Dose CT for Lung Cancer Screening	Georgia Medicaid	01/01/2024
CG-021 Chest (Thorax) MRI	Georgia Medicaid	01/01/2024
CG-022-1 Chest CTA	Georgia Medicaid	01/01/2024
CG-022-2 Chest MRA MRV	Georgia Medicaid	01/01/2024
CG-023 Breast MRI	Georgia Medicaid	01/01/2024
CG-025 Heart CT	Georgia Medicaid	01/01/2024
CG-028 Heart MRI	Georgia Medicaid	01/01/2024
CG-029 EBCT	Georgia Medicaid	01/01/2024
CG-030 Abdomen CT	Georgia Medicaid	01/01/2024
CG-031 Abdomen MRI MRCP	Georgia Medicaid	01/01/2024
CG-033-1 CT (Virtual) Colonoscopy Diagnostic	Georgia Medicaid	01/01/2024
CG-033-2 CT (Virtual) Colonoscopy Screening	Georgia Medicaid	01/01/2024
CG-034-1 Abdomen CTA	Georgia Medicaid	01/01/2024
CG-034-2 Abdomen MRA MRV	Georgia Medicaid	01/01/2024
CG-035 CTA Anotogram with Runoff	Georgia Medicaid	01/01/2024
CG-036 Pelvis CT	Georgia Medicaid	01/01/2024
CG-037 Pelvis MRI	Georgia Medicaid	01/01/2024
CG-038 Pelvis CTA	Georgia Medicaid	01/01/2024
CG-039 Pelvis MRA MRV	Georgia Medicaid	01/01/2024
CG-040 Cervical Spine MRI	Georgia Medicaid	01/01/2024
CG-041 Cervical Spine CT	Georgia Medicaid	01/01/2024
CG-042 Thoracic Spine MRI	Georgia Medicaid	01/01/2024
CG-043 Thoracic Spine CT	Georgia Medicaid	01/01/2024
CG-044 Lumbar Spine MRI	Georgia Medicaid	01/01/2024
CG-045 Lumbar Spine CT	Georgia Medicaid	01/01/2024
CG-046 Spinal Canal MRA MRV	Georgia Medicaid	01/01/2024
CG-057-1 Upper Extremity CT	Georgia Medicaid	01/01/2024
CG-057-2 Lower Extremity CT	Georgia Medicaid	01/01/2024
CG-057-3 Upper Extremity MRI	Georgia Medicaid	01/01/2024
CG-057-4 Lower Extremity MRI	Georgia Medicaid	01/01/2024
CG-058 Lower Extremity MRA MRV	Georgia Medicaid	01/01/2024
CG-058-2 Upper Extremity MRA MRV	Georgia Medicaid	01/01/2024
CG-059 Bone Marrow MRI	Georgia Medicaid	01/01/2024
CG-060-2 CT Bone Density Study	Georgia Medicaid	01/01/2024
CG-061-1 Lower Extremity CTA	Georgia Medicaid	01/01/2024
CG-061-2 Upper Extremity CTA	Georgia Medicaid	01/01/2024
CG-062 CTA	Georgia Medicaid	01/01/2024
CG-063 Unlisted Studies	Georgia Medicaid	01/01/2024
CG-064 Low Field MRI	Georgia Medicaid	01/01/2024
CG-068 Abdomen Pelvis CT	Georgia Medicaid	01/01/2024
CG-069 Abdomen Pelvis CTA	Georgia Medicaid	01/01/2024
CG-070-1 PET Scans	Georgia Medicaid	01/01/2024
CG-070-2 Tumor Imaging PET – Any Site (Unlisted PET)	Georgia Medicaid	01/01/2024

CG-070-3 Tumor Imaging PET – Breast Cancer – Initial Diagnosis	Georgia Medicaid	01/01/2024
CG-070-4 Tumor Imaging PET – Melanoma – Noncovered Indications	Georgia Medicaid	01/01/2024
CG-071 Brain PET Scan	Georgia Medicaid	01/01/2024
CG-072 Heart PET Scan	Georgia Medicaid	01/01/2024
CG-079 Heart PET with CT for Attenuation	Georgia Medicaid	01/01/2024
CG-110 Fetal MRI	Georgia Medicaid	01/01/2024

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DCH Approved: 10/17/2023