



NETWORK Notification

Notice Date: February 1, 2025
To: Indiana Medicaid Providers
From: CareSource
Subject: Evolent Healthcare Advanced Radiology 2025 Annual Policy Updates
Effective Date: April 1, 2025

Summary

CareSource has partnered with Evolent Healthcare to cover Advanced Radiology services for our 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 Health website](#) upon their effective dates. If you have any questions or concerns, please call Provider Services at **1-844-607-2831**. Provider Services is available Monday through Friday from 7 a.m. Central Time (CT)/8 a.m. Eastern Time (ET) to 7 p.m. CT/8 p.m. ET.

Policies

Policy Name	Plans	Effective Date
Cerebral Perfusion CT – CG-015	Indiana Medicaid	04/01/2025
Unlisted Studies – CG-063	Indiana Medicaid	04/01/2025
Low Field MRI – CJ-064	Indiana Medicaid	04/01/2025

IN-MED-P-3317657; Issued Date: 02/01/2025

OMPP Approved: 11/27/2024