

# PROVIDERALERT



**To:** AmeriHealth Caritas Louisiana Providers

**Date:** January 29, 2025

**Subject:** Updated Clinical Guidelines

**Summary:** Updated Clinical Guidelines for Evolent

AmeriHealth Caritas Louisiana would like to make you aware of the updated Evolent clinical guidelines that have been approved by the Louisiana Department of Health in accordance with La. R.S. 46:460.54 and will become effective **February 28, 2025**. The new guidelines can be found at the following link:

<https://www1.radmd.com/solutions>

| Policy Name                                                | Guideline Number |
|------------------------------------------------------------|------------------|
| Abdomen CT                                                 | 030              |
| Abdomen CTA                                                | 034-1            |
| Abdomen MRA MRV                                            | 034-2            |
| Abdomen MRI, MRCP, MRE, and MRU                            | 031              |
| Abdomen Pelvis CT                                          | 68               |
| Abdomen Pelvis CTA                                         | 069              |
| Abdominal Aorta CT Angiography with Lower Extremity Runoff | 035              |
| Bone Marrow MRI                                            | 059              |
| Brain (Head) CT                                            | 002              |
| Brain (Head) CTA                                           | 004-1            |
| Brain (Head) MRA_MRV                                       | 004-2            |
| Brain (Head MRI Brain (Head with IAC                       | 001              |
| Brain (Head) MRS                                           | 003              |
| Brain PET Scan                                             | 071              |
| Breast MRI                                                 | 023              |
| Cervical Spine CT                                          | 041              |
| Cervical Spine MRI                                         | 040              |
| Chest (Thorax) CT                                          | 020              |
| Chest (Thorax) MRI                                         | 021              |
| Chest CTA                                                  | 022-1            |
| Coronary CT Angiography                                    | 062              |
| CT (Virtual) Colonoscopy - Diagnostic                      | 033-1            |
| CT Bone Density Study                                      | 060-2            |
| Electron Beam Tomography                                   | 029              |
| Functional Brain MRI                                       | 013              |
| Heart (Cardiac) PET                                        | 072              |

|                                                                   |       |
|-------------------------------------------------------------------|-------|
| Heart CT                                                          | 025   |
| Heart MRI                                                         | 028   |
| Heart PET with CT for Attenuation                                 | 079   |
| Low Dose CT for Lung Cancer Screening                             | 020-1 |
| Lower Extremity CT                                                | 057-2 |
| Lower Extremity CTA.CTV                                           | 061-1 |
| Lower Extremity MRA_MRV                                           | 058-1 |
| Lower Extremity MRI                                               | 057-4 |
| Lumbar Spine CT                                                   | 045   |
| Lumbar Spine MRI                                                  | 044   |
| MPI-Myocardial Perfusion Imaging                                  | 024   |
| Multiple Gated Acquisition Scan                                   | 27    |
| Neck CT                                                           | 008-1 |
| Neck CTA                                                          | 012-1 |
| Neck MRA_MRV                                                      | 012-2 |
| Pelvis CT                                                         | 36    |
| Pelvis CTA                                                        | 38    |
| Pelvis MRA_MRV                                                    | 39    |
| Pelvis MRI                                                        | 37    |
| PET Scans                                                         | 070-1 |
| Sinus Face Orbit Neck MRI                                         | 14    |
| Sinus Maxillofacial CT Limited or Localized Follow up Sinus CT    | 9     |
| Spinal Canal MRA MRV                                              | 46    |
| Temporal Bone, Mastoid, Orbits, Sella, Internal Auditory Canal CT | 006-1 |
| Temporomandibular Joint (TMJ) MRI                                 | 7     |
| Thoracic Spine CT                                                 | 43    |
| Thoracic Spine MRI                                                | 42    |
| Tumor Imaging PET - Any Site (Unlisted PET)                       | 070-2 |
| Unlisted Studies                                                  | 63    |
| Upper Extremity CT                                                | 057-1 |
| Upper Extremity CTA_CTV                                           | 061-2 |
| Upper Extremity MRA_MRV                                           | 058-2 |
| Upper Extremity MRI                                               | 057-3 |
| Low Field MRI                                                     | 64    |

**Questions:** Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007 or your [Provider Network Management Account Executive](#).

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