

PROVIDERALERT



To: AmeriHealth Caritas Louisiana Providers

Date: May 22, 2026

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 **June 22, 2026**. The new guidelines can be found at the following link: <https://www1.radmd.com/solutions>

Policy Name	Guideline Number
Evolent Clinical Guideline 2031 for Low Field Magnetic Resonance Imaging (MRI)	ECG 2031 ACLA-844
Evolent Clinical Guideline 2032 for Lower Extremity Computed Tomography (CT)	ECG 2032 ACLA-850
Evolent Clinical Guideline 2030 for Low Dose Computed Tomography (CT) for Lung Cancer Screening	ECG 2030 ACLA-851
Evolent Clinical Guideline 2028 for Functional Magnetic Resonance Imaging (MRI) Brain	ECG 2028 ACLA-856
Evolent Clinical Guideline 2014 for Breast Magnetic Resonance Imaging (MRI)	ECG 2014 ACLA-861
Evolent Clinical Guideline 2018 for Chest Computed Tomography (CT)	ECG 2018 ACLA-875
Evolent Clinical Guideline 2020 for Chest Computed Tomography Angiography (CTA)	ECG 2020 ACLA-876
Evolent Clinical Guideline 2021 for Chest Magnetic Resonance Angiography (MRA)	ECG 2021 ACLA-877
Evolent Clinical Guideline 2019 for Chest Magnetic Resonance Imaging (MRI)	ECG 2019 ACLA-878
Evolent Clinical Guideline 2017 for Cervical Spine Magnetic Resonance Imaging (MRI)	ECG 2017 ACLA-880
Evolent Clinical Guideline 2016 for Cervical Spine Computed Tomography (CT)	ECG 2016 ACLA-881
Evolent Clinical Guideline 2012 for Brain Magnetic Resonance Imaging (MRI) With or Without Internal Auditory Canal (IAC) Views	ECG 2012 ACLA-882
Evolent Clinical Guideline 2008 for Brain Computed Tomography (CT)	ECG 2008 ACLA-883

Evolut Clinical Guideline 2011 for Brain Magnetic Resonance Angiography (MRA)	ECG 2011 ACLA-884
Evolut Clinical Guideline 2009 for Brain Computed Tomography Angiography (CTA)	ECG 2009 ACLA-885
Evolut Clinical Guideline 2007 for Bone Marrow Magnetic Resonance Imaging (MRI)	ECG 2007 ACLA-886
Evolut Clinical Guideline 2006 for Abdominal Aorta Computed Tomography Angiography with Lower Extremity Runoff	ECG 2006 ACLA-887
Evolut Clinical Guideline 2005 for Abdomen Pelvis Computed Tomography Angiography (CTA)	ECG 2005 ACLA-888
Evolut Clinical Guideline 2003 for Abdomen Magnetic Resonance Angiography (MRA)	ECG 2003 ACLA-889
Evolut Clinical Guideline 2000 for Abdomen Pelvis Computed Tomography (CT)	ECG 2000 ACLA-890
Evolut Clinical Guideline 2004 for Abdomen Magnetic Resonance Imaging (MRI), Magnetic Resonance Cholangiopancreatography (MRCP)	ECG 2004 ACLA- 891
Evolut Clinical Guideline 2001 for Abdomen Computed Tomography (CT)	ECG 2001 ACLA-892
Evolut Clinical Guideline 2002 for Abdomen Computed Tomography Angiography (CTA)	ECG 2002 ACLA-893
Evolut Clinical Guideline 2013 for Brain Positron Emission Tomography (PET) Scan	ECG 2013 ACLA-1147

Reminder: If your practice is not registered with our website portal, [NaviNet](#), we highly recommend registering. To register, please visit www.navinet.net to sign up or contact your Provider Account Executive for details.

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’s Provider Services department at 1-888-922-0007 or your [Provider Network Management Account Executive](#).

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