

NETWORK Notification

Notice Date: August 4, 2023

To: CareSource Providers

From: CareSource

Subject: July 2023 Avalon Q1 2023 Quarterly Policy Updates

Summary

CareSource has partnered with Avalon Healthcare Solutions for laboratory benefits management (LBM), including routine testing management (RTM), a post-service pre-payment clinical claim editing program for routine lab testing.

The RTM program is based on ensuring compliance with the lab policies located on Avalon's website.

This notification is intended to provide you notification of changes to the policies listed below. The policies appear on Avalon website upon their effective dates.

Policies

Policy Name	Plans	Effective Date
F2019 Flow Cytometry: Effective Date: 10/01/2023	Ohio Dual Special Needs (DSNP)	10/01/2023
G2006 Diabetes Mellitus Testing: Effective Date: 10/01/2023	Ohio Dual Special Needs (DSNP)	10/01/2023
G2008 Prostate Specific Antigen (PSA) Testing: Effective Date: 10/01/2023	Ohio Dual Special Needs (DSNP)	10/01/2023
G2009 Preventive Screening in Adults: Effective Date: 08/01/2023- 09/30/2023	Ohio Dual Special Needs (DSNP)	08/1/2023-09/30/2023
G2022 Biomarker Testing for Autoimmune Rheumatic Disease: Effective Date: 10/01/2023	Ohio Dual Special Needs (DSNP)	10/01/2023
G2031 Allergen Testing: Effective Date: 10/01/2023	Ohio Dual Special Needs (DSNP)	10/01/2023
G2036 Hepatitis Testing: Effective Date: 10/01/2023	Ohio Dual Special Needs (DSNP)	10/01/2023
G2042 Pediatric Preventive Screening Effective Date: 10/01/2023	Ohio Dual Special Needs (DSNP)	10/01/2023
G2044 Helicobacter Pylori Testing: Effective Date: 10/01/2023	Ohio Dual Special Needs (DSNP)	10/01/2023

G2045 Thyroid Disease Testing: Effective Date: 10/01/2023	Ohio Dual Special Needs (DSNP)	10/01/2023
G2099 Intracellular Micronutrient Analysis: Effective Date: 10/01/2023	Ohio Dual Special Needs (DSNP)	10/01/2023
G2100 In Vitro Chemoresistance and Chemosensitivity Assay: Effective Date: 10/01/2023	Ohio Dual Special Needs (DSNP)	10/01/2023
G2120 Salivary Hormone Testing: Effective Date: 10/01/2023	Ohio Dual Special Needs (DSNP)	10/01/2023
G2125 Urinary Tumor Markers for Bladder Cancer: Effective Date: 10/01/2023	Ohio Dual Special Needs (DSNP)	10/01/2023
G2127 Vectra DA Blood Test for Rheumatoid Arthritis: Effective Date: 11/01/2022-09/30/2022	Ohio Dual Special Needs (DSNP)	11/01/2022-09/30/2022
G2138 Evaluation of Dry Eye: Effective Date: 10/01/2023	Ohio Dual Special Needs (DSNP)	10/01/2023
G2143 Lyme Disease Testing: Effective Date: 10/01/2023	Ohio Dual Special Needs (DSNP)	10/01/2023
G2157 Diagnostic Testing of Common Sexually Transmitted Infections: Effective Date: 10/01/2023	Ohio Dual Special Needs (DSNP)	10/01/2023
G2164 Parathyroid Hormone, Phosphorus, Calcium, and Magnesium Testing: Effective Date: 10/01/2023	Ohio Dual Special Needs (DSNP)	10/01/2023
G2181 Colorectal Cancer: Effective Date: 10/01/2023	Ohio Dual Special Needs (DSNP)	10/01/2023
M2041 Venous and Arterial Thrombosis Risk Testing: Effective Date: 10/01/2023	Ohio Dual Special Needs (DSNP)	10/01/2023
M2057 Diagnosis of Vaginitis including Multi-target PCR Testing: Effective Date: 10/01/2023	Ohio Dual Special Needs (DSNP)	10/01/2023
M2093 HIV Genotyping and Phenotyping: Effective Date 01/01/2023-09/30/2023	Ohio Dual Special Needs (DSNP)	01/01/2023-09/30/2023
M2116 Human Immunodeficiency Virus: Effective Date: 10/01/2023	Ohio Dual Special Needs (DSNP)	10/01/2023
M2172 Onychomycosis Testing: Effective Date: 10/01/2023	Ohio Dual Special Needs (DSNP)	10/01/2023
T2015 Prescription Medication and Illicit Drug Testing in the Outpatient Setting: Effective Date: 10/01/2023	Ohio Dual Special Needs (DSNP)	10/01/2023
F2019 Flow Cytometry: Effective Date: 10/01/2023	Ohio Marketplace	10/01/2023
G2006 Diabetes Mellitus Testing: Effective Date: 10/01/2023	Ohio Marketplace	10/01/2023

G2008 Prostate Specific Antigen (PSA) Testing: Effective Date: 10/01/2023	Ohio Marketplace	10/01/2023
G2009 Preventive Screening in Adults: Effective Date: 08/01/2023- 09/30/2023	Ohio Marketplace	08/01/2023-09/30/2023
G2022 Biomarker Testing for Autoimmune Rheumatic Disease: Effective Date: 10/01/2023	Ohio Marketplace	10/01/2023
G2031 Allergen Testing: Effective Date: 10/01/2023	Ohio Marketplace	10/01/2023
G2036 Hepatitis Testing: Effective Date: 10/01/2023	Ohio Marketplace	10/01/2023
G2042 Pediatric Preventive Screening Effective Date: 10/01/2023	Ohio Marketplace	10/01/2023
G2044 Helicobacter Pylori Testing: Effective Date: 10/01/2023	Ohio Marketplace	10/01/2023
G2045 Thyroid Disease Testing: Effective Date: 10/01/2023	Ohio Marketplace	10/01/2023
G2099 Intracellular Micronutrient Analysis: Effective Date: 10/01/2023	Ohio Marketplace	10/01/2023
G2100 In Vitro Chemoresistance and Chemosensitivity Assay: Effective Date: 10/01/2023	Ohio Marketplace	10/01/2023
G2120 Salivary Hormone Testing: Effective Date: 10/01/2023	Ohio Marketplace	10/01/2023
G2125 Urinary Tumor Markers for Bladder Cancer: Effective Date: 10/01/2023	Ohio Marketplace	10/01/2023
G2127 Vectra DA Blood Test for Rheumatoid Arthritis: Effective Date: 11/01/2022-09/30/2023	Ohio Marketplace	11/01/2022-09/30/2023
G2138 Evaluation of Dry Eye: Effective Date: 10/01/2023	Ohio Marketplace	10/01/2023
G2143 Lyme Disease Testing: Effective Date: 10/01/2023	Ohio Marketplace	10/01/2023
G2157 Diagnostic Testing of Common Sexually Transmitted Infections: Effective Date: 10/01/2023	Ohio Marketplace	10/01/2023
G2164 Parathyroid Hormone, Phosphorus, Calcium, and Magnesium Testing: Effective Date: 10/01/2023	Ohio Marketplace	10/01/2023
G2181 Colorectal Cancer: Effective Date: 10/01/2023	Ohio Marketplace	10/01/2023
M2041 Venous and Arterial Thrombosis Risk Testing: Effective Date: 10/01/2023	Ohio Marketplace	10/01/2023

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M2057 Diagnosis of Vaginitis	Ohio Marketplace	10/01/2023
including Multi-target PCR Testing:		
Effective Date: 10/01/2023		
M2093 HIV Genotyping and	Ohio Marketplace	01/01/2023-09/30/2023
Phenotyping: Effective Date		
01/01/2023-09/30/2023		
M2116 Human Immunodeficiency Virus: Effective Date: 10/01/2023	Ohio Marketplace	10/01/2023
M2172 Onychomycosis Testing: Effective Date: 10/01/2023	Ohio Marketplace	10/01/2023
T2015 Prescription Medication and	Ohio Marketplace	10/01/2023
Illicit Drug Testing in the Outpatient	'	
Setting: Effective Date: 10/01/2023		
F2019 Flow Cytometry: Effective	Georgia Marketplace	10/01/2023
Date: 10/01/2023		
G2006 Diabetes Mellitus Testing:	Georgia Marketplace	10/01/2023
Effective Date: 10/01/2023		
G2008 Prostate Specific Antigen	Georgia Marketplace	10/01/2023
(PSA) Testing: Effective Date:		
10/01/2023		
G2009 Preventive Screening in	Georgia Marketplace	08/01/2023-09/30/2023
Adults: Effective Date: 08/01/2023-		
09/30/2023		
G2022 Biomarker Testing for	Georgia Marketplace	10/01/2023
Autoimmune Rheumatic Disease:		
Effective Date: 10/01/2023		
G2031 Allergen Testing: Effective	Georgia Marketplace	10/01/2023
Date: 10/01/2023		
G2036 Hepatitis Testing: Effective	Georgia Marketplace	10/01/2023
Date: 10/01/2023		
G2042 Pediatric Preventive	Georgia Marketplace	10/01/2023
Screening Effective Date:		
10/01/2023		
G2044 Helicobacter Pylori Testing:	Georgia Marketplace	10/01/2023
Effective Date: 10/01/2023		
G2045 Thyroid Disease Testing:	Georgia Marketplace	10/01/2023
Effective Date: 10/01/2023		10/01/00==
G2099 Intracellular Micronutrient	Georgia Marketplace	10/01/2023
Analysis: Effective Date:		
10/01/2023		10/04/0000
G2100 In Vitro Chemoresistance	Georgia Marketplace	10/01/2023
and Chemosensitivity Assay:		
Effective Date: 10/01/2023	O Marila (o la	40/04/0000
G2120 Salivary Hormone Testing	Georgia Marketplace	10/01/2023
Effective Date: 10/01/2023	Coounis Moules (eds.	40/04/0000
G2125 Urinary Tumor Markers for	Georgia Marketplace	10/01/2023
Bladder Cancer: Effective Date:		
10/01/2023	Coorgio Morketpless	11/01/2022 00/20/2022
G2127 Vectra DA Blood Test for	Georgia Marketplace	11/01/2022-09/30/2023
Rheumatoid Arthritis: Effective		
Date: 11/01/2022-09/30/2023		

G2138 Evaluation of Dry Eye: Effective Date: 10/01/2023	Georgia Marketplace	10/01/2023
G2143 Lyme Disease Testing: Effective Date: 10/01/2023	Georgia Marketplace	10/01/2023
G2157 Diagnostic Testing of Common Sexually Transmitted Infections: Effective Date: 10/01/2023	Georgia Marketplace	10/01/2023
G2164 Parathyroid Hormone, Phosphorus, Calcium, and Magnesium Testing: Effective Date: 10/01/2023	Georgia Marketplace	10/01/2023
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M2057 Diagnosis of Vaginitis including Multi-target PCR Testing: Effective Date: 10/01/2023	Georgia Marketplace	10/01/2023
M2093 HIV Genotyping and Phenotyping: Effective Date 01/01/2023-09/30/2023	Georgia Marketplace	01/01/2023-09/30/2023
M2116 Human Immunodeficiency Virus: Effective Date: 10/01/2023	Georgia Marketplace	10/01/2023
M2172 Onychomycosis Testing: Effective Date: 10/01/2023	Georgia Marketplace	10/01/2023
T2015 Prescription Medication and Illicit Drug Testing in the Outpatient Setting: Effective Date: 10/01/2023	Georgia Marketplace	10/01/2023
F2019 Flow Cytometry: Effective Date: 10/01/2023	Georgia Dual Special Needs	10/01/2023
G2006 Diabetes Mellitus Testing: Effective Date: 10/01/2023	Georgia Dual Special Needs	10/01/2023
G2008 Prostate Specific Antigen (PSA) Testing: Effective Date: 10/01/2023	Georgia Dual Special Needs	10/01/2023
G2009 Preventive Screening in Adults: Effective Date: 08/01/2023- 09/30/2023	Georgia Dual Special Needs	08/01/2023-09/30/2023
G2022 Biomarker Testing for Autoimmune Rheumatic Disease: Effective Date: 10/01/2023	Georgia Dual Special Needs	10/01/2023
G2031 Allergen Testing: Effective Date: 10/01/2023	Georgia Dual Special Needs	10/01/2023
G2036 Hepatitis Testing: Effective Date: 10/01/2023	Georgia Dual Special Needs	10/01/2023
G2042 Pediatric Preventive Screening Effective Date: 10/01/2023	Georgia Dual Special Needs	10/01/2023
G2044 Helicobacter Pylori Testing: Effective Date: 10/01/2023	Georgia Dual Special Needs	10/01/2023

G2045 Thyroid Disease Testing: Effective Date: 10/01/2023	Georgia Dual Special Needs	10/01/2023
G2099 Intracellular Micronutrient Analysis: Effective Date: 10/01/2023	Georgia Dual Special Needs	10/01/2023
G2100 In Vitro Chemoresistance and Chemosensitivity Assay: Effective Date: 10/01/2023	Georgia Dual Special Needs	10/01/2023
G2120 Salivary Hormone Testing Effective Date: 10/01/2023	Georgia Dual Special Needs	10/01/2023
G2125 Urinary Tumor Markers for Bladder Cancer: Effective Date: 10/01/2023	Georgia Dual Special Needs	10/01/2023
G2127 Vectra DA Blood Test for Rheumatoid Arthritis: Effective Date: 11/01/2022-09/30/2023	Georgia Dual Special Needs	11/01/2022-09/30/2023
G2138 Evaluation of Dry Eye: Effective Date: 10/01/2023	Georgia Dual Special Needs	10/01/2023
G2143 Lyme Disease Testing: Effective Date: 10/01/2023	Georgia Dual Special Needs	10/01/2023
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G2164 Parathyroid Hormone, Phosphorus, Calcium, and Magnesium Testing: Effective Date: 10/01/2023	Georgia Dual Special Needs	10/01/2023
G2181 Colorectal Cancer: Effective Date: 10/01/2023	Georgia Dual Special Needs	10/01/2023
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M2116 Human Immunodeficiency Virus: Effective Date: 10/01/2023	Georgia Dual Special Needs	10/01/2023
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T2015 Prescription Medication and Illicit Drug Testing in the Outpatient Setting: Effective Date: 10/01/2023	Georgia Dual Special Needs	10/01/2023
F2019 Flow Cytometry: Effective Date: 10/01/2023	Kentucky Marketplace	10/01/2023
G2006 Diabetes Mellitus Testing: Effective Date: 10/01/2023	Kentucky Marketplace	10/01/2023

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G2008 Prostate Specific Antigen	Kentucky Marketplace	10/01/2023
(PSA) Testing: Effective Date: 10/01/2023		
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G2009 Preventive Screening in	Kentucky Marketplace	06/01/2023-09/30/2023
Adults: Effective Date: 06/01/2023-		
09/30/2023	Mantualius Mantsatalaaa	40/04/2022
G2022 Biomarker Testing for	Kentucky Marketplace	10/01/2023
Autoimmune Rheumatic Disease:		
Effective Date: 10/01/2023	Mantualius Mantsatalaaa	10/01/2023
G2031 Allergen Testing: Effective	Kentucky Marketplace	10/01/2023
Date: 10/01/2023	Mantucky Mankatoka	40/04/0000
G2036 Hepatitis Testing: Effective	Kentucky Marketplace	10/01/2023
Date: 10/01/2023	Mantucky Mankatoka	40/04/0000
G2042 Pediatric Preventive	Kentucky Marketplace	10/01/2023
Screening Effective Date:		
10/01/2023	Mantucky Mankatoka	40/04/0000
G2044 Helicobacter Pylori Testing:	Kentucky Marketplace	10/01/2023
Effective Date: 10/01/2023	IZ-activally Manufactures	40/04/0000
G2045 Thyroid Disease Testing:	Kentucky Marketplace	10/01/2023
Effective Date: 10/01/2023		40/04/0000
G2099 Intracellular Micronutrient	Kentucky Marketplace	10/01/2023
Analysis: Effective Date:		
10/01/2023		40/04/0000
G2100 In Vitro Chemoresistance	Kentucky Marketplace	10/01/2023
and Chemosensitivity Assay:		
Effective Date: 10/01/2023	Marataraha Marataraha a	40/04/0000
G2120 Salivary Hormone Testing	Kentucky Marketplace	10/01/2023
Effective Date: 10/01/2023	Mantucky Mankatalaaa	40/04/0000
G2125 Urinary Tumor Markers for	Kentucky Marketplace	10/01/2023
Bladder Cancer: Effective Date:		
10/01/2023	Mantuala Mantatala a	00/04/2022 00/20/2022
G2127 Vectra DA Blood Test for Rheumatoid Arthritis: Effective	Kentucky Marketplace	09/01/2022-09/30/2023
Date: 09/01/2022-09/30/2023	Kontuoley Morketalasa	10/01/2023
G2138 Evaluation of Dry Eye:	Kentucky Marketplace	10/01/2023
Effective Date: 10/01/2023	Kontuoky Markotalaaa	10/01/2022
G2143 Lyme Disease Testing:	Kentucky Marketplace	10/01/2023
Effective Date: 10/01/2023 G2157 Diagnostic Testing of	Kontucky Marketalace	10/01/2023
Common Sexually Transmitted	Kentucky Marketplace	10/01/2023
Infections: Effective Date:		
10/01/2023		
G2164 Parathyroid Hormone,	Kentucky Marketplace	10/01/2023
Phosphorus, Calcium, and	Neritucky iviatketpiace	10/01/2023
Magnesium Testing: Effective		
Date: 10/01/2023		
G2181 Colorectal Cancer: Effective	Kentucky Marketplace	10/01/2023
Date: 10/01/2023	Nemucky Marketplace	10/01/2023
M2041 Venous and Arterial	Kentucky Marketplace	10/01/2023
Thrombosis Risk Testing: Effective	Nemucky Marketplace	10/01/2023
Date: 10/01/2023		
Dale. 10/01/2023		

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M2057 Diagnosis of Vaginitis	Kentucky Marketplace	10/01/2023
including Multi-target PCR Testing:		
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M2093 HIV Genotyping and	Kentucky Marketplace	11/01/2022-09/30/2023
Phenotyping: Effective Date		
11/01/2022-09/30/2023		
M2116 Human Immunodeficiency Virus: Effective Date: 10/01/2023	Kentucky Marketplace	10/01/2023
M2172 Onychomycosis Testing: Effective Date: 10/01/2023	Kentucky Marketplace	10/01/2023
T2015 Prescription Medication and Illicit Drug Testing in the Outpatient	Kentucky Marketplace	10/01/2023
Setting: Effective Date: 10/01/2023		
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F2019 Flow Cytometry: Effective Date: 10/01/2023	North Carolina Marketplace	10/01/2023
G2006 Diabetes Mellitus Testing: Effective Date: 10/01/2023	North Carolina Marketplace	10/01/2023
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G2022 Biomarker Testing for Autoimmune Rheumatic Disease: Effective Date: 10/01/2023	North Carolina Marketplace	10/01/2023
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F2019 Flow Cytometry: Effective Date: 10/01/2023	West Virginia Marketplace	10/01/2023
G2006 Diabetes Mellitus Testing: Effective Date: 10/01/2023	West Virginia Marketplace	10/01/2023
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G2127 Vectra DA Blood Test for Rheumatoid Arthritis: Effective Date: 09/01/2022-09/30/2023	West Virginia Marketplace	09/01/2022-09/30/2023
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T2015 Prescription Medication and Illicit Drug Testing in the Outpatient Setting: Effective Date: 10/01/2023	West Virginia Marketplace	10/01/2023

Trial Claim Advice Tool

Providers may use the Trial Claim Advice tool to review claims with laboratory services for adherence and consistency with CareSource laboratory policies. This is a simulation tool and does not guarantee approval or reimbursement of claims. You can access the Trial Claim Advice Tool on the CareSource Provider Portal.

Multi-Multi-P-1170502