



# NETWORK *Notification*

**Notice Date:** October 1, 2023  
**To:** Georgia Medicaid Providers  
**From:** CareSource  
**Subject:** Avalon Q1 2023 Quarterly Laboratory Policy Updates

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## 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: 12-01-2023	Georgia Medicaid	12-01-2023
G2006: Diabetes Mellitus Testing Effective Date: 12-01-2023	Georgia Medicaid	12-01-2023
G2008: Prostate Specific Antigen PSA Testing Effective Date: 12-01-2023	Georgia Medicaid	12-01-2023
G2009: Preventive Screening in Adults Effective Dates: 09-01-2023 through 11-30-2023	Georgia Medicaid	09-01-2023 – 11-30-2023
G2022: Biomarker Testing for Autoimmune Rheumatic Disease Effective Date: 12-01-2023	Georgia Medicaid	12-01-2023
G2031: Allergen Testing Effective Date: 12-01-2023	Georgia Medicaid	12-01-2023
G2036: Hepatitis Testing Effective Date: 12-01-2023	Georgia Medicaid	12-01-2023
G2042: Pediatric Preventive Screening Effective Date: 12-01-2023	Georgia Medicaid	12-01-2023

G2044: Helicobacter pylori Testing Effective Date: 12-01-2023	Georgia Medicaid	12-01-2023
G2045: Thyroid Disease Testing Effective Date: 12-01-2023	Georgia Medicaid	12-01-2023
G2099: Intracellular Micronutrient Analysis Effective Date: 12-01-2023	Georgia Medicaid	12-01-2023
G2100: In Vitro Chemoresistance and Chemosensitivity Assays Effective Date: 12-01-2023	Georgia Medicaid	12-01-2023
G2120: Salivary Hormone Testing Effective Date: 12-01-2023	Georgia Medicaid	12-01-2023
G2125: Urinary Tumor Markers for Bladder Cancer Effective Date: 12-01-2023	Georgia Medicaid	12-01-2023
G2127: Vectra DA Blood Test for Rheumatoid Arthritis Effective Date: 12-01-2022 through 11-30-2023	Georgia Medicaid	12-01-2022 – 11-30-2023
G2138: Evaluation of Dry Eyes Effective Date: 12-01-2023	Georgia Medicaid	12-01-2023
G2143: Lyme Disease Testing Effective Date: 12-01-2023	Georgia Medicaid	12-01-2023
G2157: Diagnostic Testing of Common Sexually Transmitted Infections Effective Date: 12-01-2023	Georgia Medicaid	12-01-2023
G2164: Parathyroid Hormone, Phosphorus, Calcium, and Magnesium Testing Effective Date: 12-01-2023	Georgia Medicaid	12-01-2023
G2181: Colorectal Cancer Screening Effective Date: 12-01-2023	Georgia Medicaid	12-01-2023
M2041: Venous and Arterial Thrombosis Risk Testing Effective Date: 12-01-2023	Georgia Medicaid	12-01-2023
M2093: HIV Genotyping and Phenotyping Effective Date: 02-01-2023 to 11-30-2023	Georgia Medicaid	02-01-2023 – 11-30-2023
M2116: Human Immunodeficiency Virus (HIV) Effective Date: 12-01-2023	Georgia Medicaid	12-01-2023
M2172: Onychomycosis Testing: Effective Date: 12-01-2023	Georgia Medicaid	12-01-2023

### **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](#).

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DCH Approval: 09/12/2023