



# NETWORK Notification

**Notice Date:** November 1, 2023  
**To:** Georgia Medicaid Providers  
**From:** CareSource  
**Subject:** Avalon Q2 2023 Quarterly Laboratory 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
G2035: Prenatal Screening (Nongenetic)	Georgia Medicaid	12-01-2023
G2050: Cardiovascular Disease Risk Assessment	Georgia Medicaid	12-01-2023
G2113: Oral Cancer Screening and Testing	Georgia Medicaid	12-01-2023
G2124: Serum Tumor Markers for Malignancies	Georgia Medicaid	12-01-2023
G2130: ST2 Assay for Chronic Heart Failure	Georgia Medicaid	02-01-2023 to 11-30-2023
G2132: Erectile Dysfunction: Effective Date	Georgia Medicaid	02-01-2023 to 09-30-2023
G2133: ZIKA Virus Risk Assessment	Georgia Medicaid	12-01-2022 to 11-30-2023
G2149: Pathogen Panel Testing	Georgia Medicaid	12-01-2023
G2150: Biomarkers for Myocardial Infarction and Chronic Heart Failure	Georgia Medicaid	12-01-2023
G2153: Pancreatic Enzyme Testing for Acute Pancreatitis	Georgia Medicaid	12-01-2023
G2154: Folate Testing	Georgia Medicaid	12-01-2023
G2155: General Inflammation Testing	Georgia Medicaid	12-01-2023

G2156: Urine Culture Testing for Bacteria	Georgia Medicaid	12-01-2023
G2158: Testing for Vector-Borne Infections	Georgia Medicaid	12-01-2023
G2173: Gamma-glutamyl Transferase	Georgia Medicaid	12-01-2023
G2174: Coronavirus Testing in the Outpatient Setting	Georgia Medicaid	12-01-2023
M2057: Diagnosis of Vaginitis including Multi-target PCR Testing	Georgia Medicaid	12-01-2023
M2058: Genetic Testing for Adolescent Idiopathic Scoliosis: Effective Date	Georgia Medicaid	02-01-2023 to 9-30-2023
M2068: Testing for Alpha-1: Antitrypsin Deficiency	Georgia Medicaid	12-01-2023
M2097: Identification of Microorganisms Using Nucleic Acid Probes	Georgia Medicaid	12-01-2023
T2015: Prescription Medication and Illicit Drug Testing in the Outpatient Setting	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](#).

GA-MED-P-2310052

DCH Approval: 09/12/2023