



# NETWORK Notification

**Notice Date:** November 1, 2025  
**To:** Georgia Medicaid Providers  
**From:** CareSource  
**Subject:** Avalon Q2 2025 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                                     | GEORGIA MEDICAID | JANUARY 1, 2026 |
| G2008 – Prostate Specific Antigen (PSA) Testing            | GEORGIA MEDICAID | JANUARY 1, 2026 |
| G2022 – Biomarker Testing for Autoimmune Rheumatic Disease | GEORGIA MEDICAID | JANUARY 1, 2026 |
| G2031 – Allergen Testing                                   | GEORGIA MEDICAID | JANUARY 1, 2026 |
| G2035 – Prenatal Screening (Nongenetic)                    | GEORGIA MEDICAID | JANUARY 1, 2026 |
| G2042 – Pediatric Preventive Screening                     | GEORGIA MEDICAID | JANUARY 1, 2026 |
| G2044 – <i>Helicobacter pylori</i> Testing                 | GEORGIA MEDICAID | JANUARY 1, 2026 |
| G2045 – Thyroid Disease Testing                            | GEORGIA MEDICAID | JANUARY 1, 2026 |
| G2099 – Intracellular Micronutrient Analysis               | GEORGIA MEDICAID | JANUARY 1, 2026 |
| G2120 – Salivary Hormone Testing                           | GEORGIA MEDICAID | JANUARY 1, 2026 |
| G2125 – Urinary Tumor Markers for Bladder Cancer           | GEORGIA MEDICAID | JANUARY 1, 2026 |
| G2138 – Evaluation of Dry Eyes                             | GEORGIA MEDICAID | JANUARY 1, 2026 |
| G2143 – Lyme Disease Testing                               | GEORGIA MEDICAID | JANUARY 1, 2026 |
| G2149 – Pathogen Panel Testing                             | GEORGIA MEDICAID | JANUARY 1, 2026 |

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| G2164 – Parathyroid Hormone, Phosphorus, Calcium, and Magnesium Testing            | GEORGIA MEDICAID | JANUARY 1, 2026 |
| G2181 – Colorectal Cancer Screening  | GEORGIA MEDICAID | JANUARY 1, 2026 |
| M2041 – Venous and Arterial Thrombosis Risk Testing                                | GEORGIA MEDICAID | JANUARY 1, 2026 |
| M2057 – Diagnosis of Vaginitis   | GEORGIA MEDICAID | JANUARY 1, 2026 |
| M2116 – Human Immunodeficiency Virus (HIV)   | GEORGIA MEDICAID | JANUARY 1, 2026 |
| M2172 – Onychomycosis Testing  | GEORGIA MEDICAID | JANUARY 1, 2026 |
| T2015 – Prescription Medication and Illicit Drug Testing in the Outpatient Setting | GEORGIA MEDICAID | JANUARY 1, 2026 |

### **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: 10/16/2025