



# NETWORK Notification

**Notice Date:** March 1, 2024  
**To:** CareSource Providers  
**From:** CareSource  
**Subject:** Avalon Q3 2023 Quarterly Policy Updates – OH MCD

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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
G2002 Cervical Cancer Screening: Effective Date: 05/01/2024	Ohio Medicaid	05/01/2024
G2007 Prostate Biopsy Specimen Analysis: Effective Date: 05/01/2024	Ohio Medicaid	05/01/2024
G2036 Hepatitis Testing: Effective Date: 05/01/2024	Ohio Medicaid	05/01/2024
G2043 Celiac Disease Testing: Effective Date: 05/01/2024	Ohio Medicaid	05/01/2024
G2048 Biochemical Markers of Alzheimer Disease and Dementia: Effective Date: 05/01/2024	Ohio Medicaid	05/01/2024
G2051 Bone Turnover Markers Testing: Effective Date: 05/01/2024	Ohio Medicaid	05/01/2024
G2059 Epithelial Cell Cytology in Breast Cancer Risk Assessment: Effective Date: 05/01/2024	Ohio Medicaid	05/01/2024
G2060 Fecal Analysis in The Diagnosis of Intestinal Dysbiosis and Fecal Microbiota Transplant Testing: Effective Date: 05/01/2024	Ohio Medicaid	05/01/2024

G2061 Fecal Calprotectin Testing: Effective Date: 05/01/2024	Ohio Medicaid	05/01/2024
G2063 Testing for Diagnosis of Active or Latent Tuberculosis: Effective Date: 05/01/2024	Ohio Medicaid	05/01/2024
G2098 Immune Cell Function Assay: Effective Date: 05/01/2024	Ohio Medicaid	05/01/2024
G2100 In Vitro Chemoresistance and Chemosensitivity Assays: Effective Date: 05/01/2024	Ohio Medicaid	05/01/2024
G2105 Immunopharmacologic Monitoring of Therapeutic Serum Antibodies: Effective Date: 05/01/2024	Ohio Medicaid	05/01/2024
G2107 Measurement of Thromboxane Metabolites for ASA Resistance: Effective Date: 05/01/2024	Ohio Medicaid	05/01/2024
G2110 Serum Testing for Hepatic Fibrosis in the Evaluation and Monitoring of Chronic Liver Disease: Effective Date: 05/01/2024	Ohio Medicaid	05/01/2024
G2115 Metabolite Markers for Thiopurines Testing: Effective Date: 05/01/2024	Ohio Medicaid	05/01/2024
G2119 Diagnostic Testing of Influenza: Effective Date: 05/01/2024	Ohio Medicaid	05/01/2024
G2121 Laboratory Testing for the Diagnosis of Inflammatory Bowel Disease: Effective Date: 05/01/2024	Ohio Medicaid	05/01/2024
G2123 Serum Biomarker Testing for Multiple Sclerosis and Related Neurologic Diseases: Effective Date: 05/01/2024	Ohio Medicaid	05/01/2024
G2150 Biomarkers for Myocardial Infarction and Chronic Heart Failure: Effective Date: 05/01/2024	Ohio Medicaid	05/01/2024
G2159 B-Hemolytic Streptococcus Testing: Effective Date: 05/01/2024	Ohio Medicaid	05/01/2024
M2112 Nerve Fiber Density Testing: Effective Date: 05/01/2024	Ohio Medicaid	05/01/2024

### 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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