



# NETWORK Notification

**Notice Date:** October 1, 2023  
**To:** Ohio Medicaid Providers  
**From:** CareSource  
**Subject:** Avalon Q1 2023 Quarterly Policy Updates – OH MCD/OH MyCare

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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	Ohio Medicaid	12/01/2023
G2006 Diabetes Mellitus Testing OH MCD Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023
G2008 Prostate Specific Antigen (PSA) Testing Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023
G2009 Preventative Screening in Adults Effective Date: 11/01/2023- 11/30/2023	Ohio Medicaid	11/01/2023-11/30/2023
G2022 Biomarker Testing for Autoimmune Rheumatic Disease Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023
G2031 Allergen Testing Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023
G2036 Hepatitis Testing Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023

G2042 Pediatric Preventive Screening Effective Date: 11/01/2022-09/30/2023	Ohio Medicaid	11/01/2022-09/30/2023
G2044 Helicobacter Pylori Testing Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023
G2045 Thyroid Disease Testing Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023
G2099 Intracellular Micronutrient Analysis Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023
G2100 In Vitro Chemoresistance and Chemosensitivity Assay Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023
G2120 Salivary Hormone Testing OH MCD Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023
G2125 Urinary Tumor Markers for Bladder Cancer Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023
G2127 Vectra DA Blood Test for Rheumatoid Arthritis Effective Date: 11/01/2022-11/30/2023	Ohio Medicaid	11/01/2022-11/30/2023
G2138 Evaluation of Dry Eye Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023
G2143 Lyme Disease Testing Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023
G2157 Diagnostic Testing of Common Sexually Transmitted Infections Effective Date: 10/01/2022-09/30/2023	Ohio Medicaid	10/01/2022-09/30/2023
G2164 Parathyroid Hormone, Phosphorus, Calcium, and Magnesium Testing Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023
G2181 Colorectal Cancer Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023
M2041 Venous and Arterial Thrombosis Risk Testing Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023
M2057 Diagnosis of Vaginitis including Multi-target PCR Testing Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023
M2093 HIV Genotyping and Phenotyping Effective Date 01/01/2023-11/30/2023	Ohio Medicaid	01/01/2023-11/30/2023

M2116 Human Immunodeficiency Virus Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023
M2172 Onychomycosis Testing Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023
T2015 Prescription Medication and Illicit Drug Testing in the Outpatient Setting Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023
F2019 Flow Cytometry Effective Date: 12/01/2023	Ohio MyCare	12/01/2023
G2006 Diabetes Mellitus Testing Effective Date: 12/01/2023	Ohio MyCare	12/01/2023
G2008 Prostate Specific Antigen (PSA) Testing Effective Date: 12/01/2023	Ohio MyCare	12/01/2023
G2009 Preventive Screening in Adults Effective Date: 11/01/2023-11/30/2023	Ohio MyCare	11/01/2023-11/30/2023
G2022 Biomarker Testing for Autoimmune Rheumatic Disease Effective Date: 12/01/2023	Ohio MyCare	12/01/2023
G2031 Allergen Testing Effective Date: 12/01/2023	Ohio MyCare	12/01/2023
G2036 Hepatitis Testing Effective Date: 12/01/2023	Ohio MyCare	12/01/2023
G2042 Pediatric Preventive Screening Effective Date: 11/01/2022-09/30/2023	Ohio MyCare	11/01/2022-09/30/2023
G2044 Helicobacter Pylori Testing Effective Date: 12/01/2023	Ohio MyCare	1/2/01/2023/
G2045 Thyroid Disease Testing Effective Date: 12/01/2023	Ohio MyCare	12/01/2023
G2048 Biochemical Markers of Alzheimer's Disease and Dementia Effective Date: 12/1/2023	Ohio MyCare	12/01/2023
G2099 Intracellular Micronutrient Analysis Effective Date: 12/01/2023	Ohio MyCare	12/01/2023
G2100 In Vitro Chemoresistance and Chemosensitivity Assay Effective Date: 12/01/2023	Ohio MyCare	12/01/2023
G2120 Salivary Hormone Testing Effective Date: 12/01/2023	Ohio MyCare	12/01/2023
G2125 Urinary Tumor Markers for Bladder Cancer Effective Date: 12/01/2023	Ohio MyCare	12/01/2023

G2127 Vectra DA Blood Test for Rheumatoid Arthritis Effective Date: 11/01/222-11/30/2023	Ohio MyCare	11/01/222-11/30/2023
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M2172 Onychomycosis Testing Effective Date: 12/01/2023	Ohio MyCare	12/01/2023
T2015 Prescription Medication and Illicit Drug Testing in the Outpatient Setting Effective Date: 12/01/2023	Ohio MyCare	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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