



# NETWORK *Notification*

**Notice Date:** April 1, 2024  
**To:** Ohio Medicaid & Ohio MyCare Providers  
**From:** CareSource  
**Subject:** Avalon Q4 2023 Quarterly 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
G2005 Vitamin D Testing: Effective Date: 06/01/2024	Ohio Medicaid	06/01/2024
G2006 Diabetes Mellitus Testing: Effective Date: 06/01/2024	Ohio Medicaid	06/01/2024
G2011 Diagnostic Testing of Iron Hemostasis & Metabolism: Effective Date: 06/01/2024	Ohio Medicaid	06/01/2024
G2013 Testosterone: Effective Date: 06/01/2024	Ohio Medicaid	06/01/2024
G2014 Vitamin B12 and Methylmalonic Acid Testing: Effective Date: 06/01/2024	Ohio Medicaid	06/01/2024
G2036 Hepatitis Testing: Effective Date: 06/01/2024	Ohio Medicaid	06/01/2024
G2124 Serum Tumor Markers for Malignancies: Effective Date: 06/01/2024	Ohio Medicaid	06/01/2024
G2174 Coronavirus Testing in the Outpatient Setting: Effective Date: 06/01/2024	Ohio Medicaid	06/01/2024
M2057 Diagnosis of Vaginitis: Effective Date: 06/01/2024	Ohio Medicaid	06/01/2024

M2141 Testing of Homocysteine Metabolism: Effective Date: 06/01/2024	Ohio Medicaid	06/01/2024
M2176 Testing for Autism Spectrum Disorder and Developmental Delay: Effective Date: 06/01/2024	Ohio Medicaid	06/01/2024
P2018 Immunohistochemistry: Effective Date: 06/01/2024	Ohio Medicaid	06/01/2024
G2005 Vitamin D Testing: Effective Date: 06/01/2024	Ohio MyCare	06/01/2024
G2006 Diabetes Mellitus Testing: Effective Date: 06/01/2024	Ohio MyCare	06/01/2024
G2011 Diagnostic Testing of Iron Hemostasis & Metabolism: Effective Date: 06/01/2024	Ohio MyCare	06/01/2024
G2013 Testosterone: Effective Date: 06/01/2024	Ohio MyCare	06/01/2024
G2014 Vitamin B12 and Methylmalonic Acid Testing: Effective Date: 06/01/2024	Ohio MyCare	06/01/2024
G2036 Hepatitis Testing: Effective Date: 06/01/2024	Ohio MyCare	06/01/2024
G2124 Serum Tumor Markers for Malignancies: Effective Date: 06/01/2024	Ohio MyCare	06/01/2024
G2174 Coronavirus Testing in the Outpatient Setting: Effective Date: 06/01/2024	Ohio MyCare	06/01/2024
M2057 Diagnosis of Vaginitis: Effective Date: 06/01/2024	Ohio MyCare	06/01/2024
M2141 Testing of Homocysteine Metabolism: Effective Date: 06/01/2024	Ohio MyCare	06/01/2024
M2176 Testing for Autism Spectrum Disorder and Developmental Delay: Effective Date: 06/01/2024	Ohio MyCare	06/01/2024
P2018 Immunohistochemistry: Effective Date: 06/01/2024	Ohio MyCare	06/01/2024

### **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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