



NETWORK *Notification*

Notice Date: February 5, 2025
To: Georgia Medicaid Providers
From: CareSource
Subject: Avalon Q3 2024 Quarterly Laboratory Policy Updates
Effective Date: April 1, 2025

This notification is a revision to the [network notification](#) posted on February 1, 2025. Updates are in red font.

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 | 04/01/2025 |
| G2002 – Cervical Cancer Screening | GEORGIA MEDICAID | 04/01/2025 |
| G2007 – Prostate Biopsy Specimen Analysis | GEORGIA MEDICAID | 04/01/2025 |
| G2035 – Prenatal Screening (Nongenetic) | GEORGIA MEDICAID | 04/01/2025 |
| G2036 – Hepatitis Testing | GEORGIA MEDICAID | 04/01/2025 |
| G2043 – Celiac Disease Testing | GEORGIA MEDICAID | 04/01/2025 |
| G2045 – Thyroid Disease Testing | GEORGIA MEDICAID | 04/01/2025 |
| G2048 – Biochemical Markers of Alzheimer Disease and Dementia | GEORGIA MEDICAID | 04/01/2025 |
| G2050 – Cardiovascular Disease Risk Assessment | GEORGIA MEDICAID | 04/01/2025 |
| G2051 – Bone Turnover Markers Testing | GEORGIA MEDICAID | 04/01/2025 |

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| G2059 – Epithelial Cell Cytology in Breast Cancer Risk Assessment | GEORGIA MEDICAID | 04/01/2025 |
| G2060 – Fecal Analysis in the Diagnosis of Intestinal Dysbiosis and Fecal Microbiota Transplant Testing | GEORGIA MEDICAID | 04/01/2025 |
| G2061 – Fecal Calprotectin Testing in Adults | GEORGIA MEDICAID | 04/01/2025 |
| G2063 – Testing for Diagnosis of Active or Latent Tuberculosis | GEORGIA MEDICAID | 04/01/2025 |
| G2100 – In Vitro Chemoresistance and Chemosensitivity Assays | GEORGIA MEDICAID | 04/01/2025 |
| G2105 - Immunopharmacologic Monitoring of Therapeutic Serum Antibodies | GEORGIA MEDICAID | 04/01/2025 |
| G2107 – Measurement of Thromboxane Metabolites for ASA Resistance | GEORGIA MEDICAID | 04/01/2025 |
| G2110 – Serum Testing for Hepatic Fibrosis in the Evaluation and Monitoring of Chronic Liver Disease | GEORGIA MEDICAID | 04/01/2025 |
| G2113 – Oral Cancer Screening and Testing | GEORGIA MEDICAID | 04/01/2025 |
| G2115 – Metabolite Markers of Thiopurines Testing | GEORGIA MEDICAID | 04/01/2025 |
| G2119 – Diagnostic Testing of Influenza | GEORGIA MEDICAID | 04/01/2025 5/1/2024-12/31/2024 |
| G2121 – Laboratory Testing for the Diagnosis of Inflammatory Bowel Disease | GEORGIA MEDICAID | 04/01/2025 |
| G2123 – Serum Biomarker Testing for Multiple Sclerosis and Related Neurologic Diseases | GEORGIA MEDICAID | 04/01/2025 |
| G2124 – Serum Tumor Markers for Malignancies | GEORGIA MEDICAID | 04/01/2025 |
| G2149 – Pathogen Panel Testing | GEORGIA MEDICAID | 04/01/2025 |
| G2150 – Biomarkers for Myocardial Infarction and Chronic Heart Failure | GEORGIA MEDICAID | 04/01/2025 |
| G2151 – Serum Testing for Evidence of Mild Traumatic Brain Injury | GEORGIA MEDICAID | 04/01/2025 |
| G2153 – Pancreatic Enzyme Testing for Acute Pancreatitis | GEORGIA MEDICAID | 04/01/2025 |
| G2154 – Folate Testing | GEORGIA MEDICAID | 04/01/2025 |
| G2155 – General Inflammation Testing | GEORGIA MEDICAID | 04/01/2025 |
| G2156 – Urine Culture Testing for Bacteria | GEORGIA MEDICAID | 04/01/2025 |
| G2157 – Diagnostic Testing of Common Sexually Transmitted Infections | GEORGIA MEDICAID | 04/01/2025 |

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| G2158 – Testing for Vector-borne Infections | GEORGIA MEDICAID | 04/01/2025 |
| G2159 – β - Hemolytic Streptococcus Testing | GEORGIA MEDICAID | 04/01/2025 |
| G2173 – Gamma-glutamyl Transferase Testing in Adults | GEORGIA MEDICAID | 04/01/2025 |
| M2041 – Venous and Arterial Thrombosis Risk Testing | GEORGIA MEDICAID | 04/01/2025 |
| M2068 – Testing for Alpha-1 Antitrypsin Deficiency | GEORGIA MEDICAID | 04/01/2025 |
| M2097 – Identification of Microorganisms Using Nucleic Acid Probes | GEORGIA MEDICAID | 04/01/2025 |
| M2112 – Nerve Fiber Density Testing | GEORGIA MEDICAID | 04/01/2025 |

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 Approved: 12/13/2024