



NETWORK *Notification*

Notice Date: February 1, 2025
To: CareSource Providers
From: CareSource
Subject: Avalon Q3 2024 Quarterly Policy Updates – OH Medicaid & OH MyCare
Effective Date: April 1, 2025

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: 04-01-2025	Ohio Medicaid	04/01/2025
G2002: Cervical Cancer Screening – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
G2007: Prostate Biopsy Specimen Analysis – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
G2035: Prenatal Screening (Nongenetic) – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
G2036: Hepatitis Testing – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
G2043: Celiac Disease Testing – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
G2045: Thyroid Disease Testing – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
G2048: Biochemical Markers of Alzheimer Disease and Dementia – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
G2050: Cardiovascular Disease Risk Assessment – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025

G2051: Bone Turnover Markers Testing – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
G2059: Epithelial Cell Cytology in Breast Cancer Risk Assessment – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
G2060: Fecal Analysis in the Diagnosis of Intestinal Dysbiosis and Fecal Microbiota Transplant Testing – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
G2061: Fecal Calprotectin Testing in Adults – Effective Date: 02-01-2025	Ohio Medicaid	04/01/2025
G2063: Testing for Diagnosis of Active or Latent Tuberculosis – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
G2100: In Vitro Chemoresistance and Chemosensitivity Assays – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
G2105: Immunopharmacologic Monitoring of Therapeutic Serum Antibodies – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
G2107: Measurement of Thromboxane Metabolites for ASA Resistance – Effective Date: 05-01-2024 to 01-31-2025	Ohio Medicaid	04/01/2025
G2110: Serum Testing for Hepatic Fibrosis in the Evaluation and Monitoring of Chronic Liver Disease – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
G2113: Oral Cancer Screening and Testing – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
G2115: Metabolite Markers of Thiopurines Testing – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
G2119: Diagnostic Testing of Influenza – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
G2121: Laboratory Testing for the Diagnosis of Inflammatory Bowel Disease – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
G2123: Serum Biomarker Testing for Multiple Sclerosis and Related Neurologic Diseases – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
G2124: Serum Tumor Markers for Malignancies – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
G2149: Pathogen Panel Testing – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
G2150: Biomarkers for Myocardial Infarction and Chronic Heart Failure – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
G2151: Serum Testing for Evidence of Mild Traumatic Brain Injury – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025

G2153: Pancreatic Enzyme Testing for Acute Pancreatitis – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
G2154: Folate Testing – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
G2155: General Inflammation Testing – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
G2156: Urine Culture Testing for Bacteria – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
G2157: Diagnostic Testing of Common Sexually Transmitted Infections – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
G2158: Testing for Vector-Borne Infections – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
G2159: B-Hemolytic Streptococcus Testing – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
G2173: Gamma-glutamyl Transferase – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
M2041: Venous and Arterial Thrombosis Risk Testing – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
M2068: Testing for Alpha-1 Antitrypsin Deficiency – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
M2097: Identification of Microorganisms Using Nucleic Acid Probes – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
M2112: Nerve Fiber Density Testing – Effective Date: 04-01-2025	Ohio Medicaid	04/01/2025
F2019: Flow Cytometry – Effective Date: 04-01-2025	Ohio MyCare	04/01/2025
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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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