

NETWORK Notification

Notice Date: October 1, 2023

To: Ohio Medicaid and Ohio MyCare Providers

From: CareSource

Subject: Avalon Q3 & Q4 2022 Quarterly Policy Updates – OH MCD/OH MyCare

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:	Ohio Medicaid	12/01/2023
Effective Date:12/01/2023		
G2005 Vitamin D Testing	Ohio Medicaid	12/01/2023
Effective Date: 12/01/2023		
G2007 Prostate Biopsies	Ohio Medicaid	12/01/2023
Effective Date: 12/01/2023		
G2011 Diagnostic Testing of Iron	Ohio Medicaid	12/01/2023
Homeostasis and Metabolism		
Effective Date: 12/01/2023		
G2013 Testosterone	Ohio Medicaid	12/01/2023
Effective Date: 12/01/2023		
G2014 Vit B12 and Methylmalonic	Ohio Medicaid	12/01/2023
Acid Testing		
Effective Date: 12/01/2023		40/04/0000
G2043 Celiac Disease Testing	Ohio Medicaid	12/01/2023
Effective Date: 12/01/2023	Olais Maralinaid	40/04/0000
G2045 Thyroid Disease Testing Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023
	Ohio Madigaid	12/01/2022
G2048 Biochemical Markers of Alzheimer Disease and Dementia	Ohio Medicaid	12/01/2023
Effective Date: 12/01/2023		
LITECTIVE DATE. 12/01/2023		

G2051 Bone Turnover Markers	Ohio Medicaid	12/01/2023
Testing		
Effective Date: 12/01/2023		
G2056 Diagnosis of Idiopathic	Ohio Medicaid	12/01/2023
Environmental Intolerance		
Effective Date: 12/01/2023		10/01/0000
G2059 Epithelial Cell Cytology in	Ohio Medicaid	12/01/2023
Brest Cancer Risk Assessment		
Effective Date: 12/01/2023	Ohio Madiasid	40/04/0000
G2060 Fecal Analysis in the	Ohio Medicaid	12/01/2023
Diagnosis of Intestinal Dysbiosis		
and Fecal Microbiota Transplant		
Testing		
Effective Date: 12/01/2023	Ohio Madiacid	40/04/0000
G2061 Fecal Calprotectin Testing	Ohio Medicaid	12/01/2023
in Adults Effective Date: 12/01/2023		
	Ohio Medicaid	12/01/2023
G2063 Testing for Diagnosis of Active or Latent Tuberculosis	Onio Medicald	12/01/2023
Effective Date: 12/01/2023		
G2098 Immune Cell Function	Ohio Medicaid	12/01/2023
Assay	Offic Medicald	12/01/2023
Effective Date: 12/01/2023		
G2100 In Vitro Chemoresistance	Ohio Medicaid	12/01/2023
and Chemosensitivity Assay	One Medicald	12/01/2020
Effective Date: 12/01/2023		
G2105 Immunopharmacologic	Ohio Medicaid	12/01/2023
Monitoring of Therapeutic Serum		1
Antibodies		
Effective Date: 12/01/2023		
G2107 Measurement of	Ohio Medicaid	12/01/2023
Thromboxane Metabolites for ASA		
Resistance		
Effective Date: 12/01/2023		
G2110 Serum Testing for Hepatic	Ohio Medicaid	12/01/2023
Fibrosis in the Evaluation and		
Monitoring of Chronic Liver		
Disease		
Effective Date: 12/01/2023		
G2115 Monitoring Metabolite	Ohio Medicaid	12/01/2023
Markers of Thiopurines		
Effective Date: 12/01/2023		
G2119 Diagnostic Testing of	Ohio Medicaid	12/01/2023
Influenza		
Effective Date: 12/01/2023		10/04/0000
G2121 Laboratory Testing for the	Ohio Medicaid	12/01/2023
Diagnosis of Inflammatory Bowel		
Disease		
Effective Date: 12/01/2023		

G2123 Serum Biomarker Testing for Multiple Sclerosis and Related Neurologic Diseases Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023
G2155 General Inflammation Testing Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023
G2158 Testing for Mosquito- or Tick-Related Infections Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023
G2159 B-Hemolytic Streptococcus Testing Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023
G2174 Coronavirus Testing in the Outpatient Setting Effective Date. 12/01/2023	Ohio Medicaid	12/01/2023
M2097 Identification of Microorganisms using Nucleic Acid Probes Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023
M2112 Nerve Fiber Density Testing Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023
M2141 Testing of Homocysteine Metabolism-Related Conditions Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023
M2176 Testing for Autism Spectrum Disorders and Developmental Delay Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023
P2018 Immunohistochemistry Effective Date: 12/01/2023	Ohio Medicaid	12/01/2023
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G2059 Epithelial Cell Cytology in	Ohio MyCare	12/01/2023
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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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