



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
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M2057 Diagnosis of Vaginitis: Effective Date: 06/01/2024	Ohio MyCare	06/01/2024
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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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