

Notice Date: June 1, 2024
To: Ohio Medicaid & Ohio MyCare Providers
From: CareSource
Subject: Avalon Q1 2024

G2181 Colorectal Cancer Screening	Ohio Medicaid	08/01/2024
M2057 Diagnosis of Vaginitis	Ohio Medicaid	08/01/2024
M2116 Human Immunodeficiency Virus (HIV)	Ohio Medicaid	08/01/2024
M2172 Onychomycosis Testing	Ohio Medicaid	08/01/2024
T2015 Prescription Medication and Illicit Drug Testing in the Outpatient Setting	Ohio Medicaid	08/01/2024
G2006 Diabetes Mellitus Testing	Ohio MyCare	08/01/2024
G2008 Prostate Specific Antigen (PSA) Testing	Ohio MyCare	08/01/2024
G2022 Biomarker Testing for Autoimmune Rheumatic Disease	Ohio MyCare	08/01/2024
G2031 Allergen Testing	Ohio MyCare	08/01/2024
G2042 Pediatric Preventive Screening	Ohio MyCare	08/01/2024
G2044 Helicobacter Pylori Testing	Ohio MyCare	08/01/2024
G2050 Cardiovascular Disease Risk Assessment	Ohio MyCare	08/01/2024
G2056 Diagnosis of Idiopathic Environmental Intolerance	Ohio MyCare	08/01/2024
G2099 Intracellular Micronutrient Analysis	Ohio MyCare	08/01/2024
G2120 Salivary Hormone Testing	Ohio MyCare	08/01/2024
G2125 Urinary Tumor Markers for Bladder Cancer	Ohio MyCare	08/01/2024
G2138 Evaluation of Dry Eyes	Ohio MyCare	08/01/2024
G2143 Lyme Disease Testing	Ohio MyCare	08/01/2024