ADMINISTRATIVE POLICY STATEMENT
TrueCare

Policy Name & Number	Date Effective
Claims Editing and Review-TrueCare-AD-1317	07/01/2025
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statements are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased, or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan policies and procedures.

Administrative Policy Statements do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage or Certificate of Coverage) for the service(s) referenced in the Administrative Policy Statement. Except as otherwise required by law, if there is a conflict between the Administrative Policy Statement and the plan contract, then the plan contract will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject
Claims Editing and Review

B. Background
All health care providers are expected to utilize the same standard coding sets and rules to codify services provided during encounters with patients. This codification is used to bill insurance carriers for reimbursement, known as a "claim." In the codification process, there are rules that must be followed to appropriately codify the encounter into a claim, which is then sent to the insurance carrier for reimbursement.

All claims submitted to TrueCare for reimbursement consideration are subject to claims editing. This ensures that appropriate coding sets are used, and rules are applied in billing by the provider. This also ensures that appropriate reimbursement is made to the provider for services rendered. This policy outlines the major source of edits and rules utilized by TrueCare.

C. Definitions
NA

D. Policy
I. To ensure appropriate and timely reimbursement for services rendered to enrollees, TrueCare utilizes automated claims editing to enforce appropriate coding and billing practices by providers when submitting claims.
   A. Appropriate coding and billing of claims allows for the accurate adjudication and reimbursement for services rendered to a TrueCare member.
   B. All claims submitted to TrueCare are subject to this editing.

II. TrueCare models edits and rules on the following:
   A. Industry standard coding rules, manuals, guidelines, directives, and relevant state and federal regulations for claims editing
   B. Resources used to source these coding and billing standards include, but are not limited to, the following list:
      1. X12 or ASC X12 - The Accredited Standards Committee (ASC) X12 - claim submission rules and edits applied to inbound electronic claims - www.x12.org
      2. WEDI SNIP or SNIP - Workgroups for Electronic Data Interchange Strategic National Implementation Process – claim submission rules and edits applied to inbound electronic claims related to HIPAA compliant file exchanges
      3. Current Procedural Terminology (CPT) Manual from AMA (American Medical Association)
      4. HCPCS - Healthcare Common procedure Coding System – Level II coding guidelines
      5. UB Editor - Manual from the American Hospital Association (AHA) Coding directives
      6. International Classification of Diseases, Tenth Edition Clinical Modifications (ICD-10-CM) manual
      7. Center for Medicare and Medicaid (CMS) rules and notifications

a. CMS Billing rules and instructions (www.cms.gov)
b. Medicare NCCI Instructions/ Manual
c. Medicaid NCCI Instructions/ Manual
d. National Coverage Determination (NCD) & Local Coverage Determination (LCD) Bulletins
e. National Physician Fee Schedule (NPFS) instructions

8. Food and Drug Administration (FDA) guidelines (www.fda.gov)
9. Center of Disease Control (CDC) guidelines (www.cdc.gov)
10. U.S. Preventive Services Task Force (www.uspreventiveservicestaskforce.org)
11. State Agencies (as appropriate for enrollee's coverage)
    a. Mississippi Division of Medicaid (medicaid.ms.gov)
12. State and nationally recognized Medical Associations and Specialty Experts including, but not limited to:
    a. American College of Radiology
    b. American Academy of Pediatrics
    c. American College of Obstetricians and Gynecologists
13. TrueCare
    a. Policies
    b. Provider Manuals
    c. Provider Notifications

III. TrueCare strives to keep our editing current with all changes as they occur. Edits may be added, modified, or removed based on changes, clarifications, and new directives received from these resources and any other resources that may become applicable.

IV. TrueCare sends providers the outcomes of the edits through the standard explanation of payment (EOP) process. Providers' EOPs indicate the incorrect use of industry standard Claim Adjustment Reason Code (CARC) and Remittance Advice Remark Codes (RARC) coding system. The provider can obtain additional detailed information via TrueCare's Provider Portal and review the Provider Manual on-line, as well.

V. Providers may file a dispute and provide additional information to support the provider's position for reconsideration of reimbursement.

E. Conditions of Coverage

NA

F. Related Policies/Rules

NA

G. Review/Revision History

	DATE	ACTION
Date Issued	03/12/2025	New policy. Approved at Committee.
Date Revised		

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.

Date Effective	07/01/2025	
Date Archived		

H. References

NA