



REIMBURSEMENT POLICY STATEMENT

TrueCare

Policy Name & Number	Date Effective
Custom Fee Schedule-TrueCare-PY-1688	10/01/2025
Policy Type	
REIMBURSEMENT	

Reimbursement Policies are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design, and other factors are considered in developing Reimbursement Policies.

In addition to this policy, reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreements, and applicable referral, authorization, notification, and utilization management 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 federal or state coverage mandate, Evidence of Coverage or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan policies and procedures.

This policy does not ensure an authorization or reimbursement 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 herein. Except as otherwise required by law, if there is a conflict between the Reimbursement Policy Statement and the plan contract, then the plan contract will be the controlling document used to make the determination. We may use reasonable discretion in interpreting and applying this policy to services provided in a particular case and we may modify this Policy at any time.

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
Custom Fee Schedule

B. Background

TrueCare will reimburse providers at rates according to reimbursement guidelines outlined in the TrueCare contract with the Mississippi Division of Medicaid (MSDOM) and the Mississippi Administrative Code. This policy is exclusively for TrueCare to address reimbursement scenarios, specifically for codes listed as 'SYSMAN' for pricing indicator on the state fee schedule.

C. Definitions

- System Manual Pricing (SYSMAN) – Fee schedule does not have a specific price indicated on state fee schedule.

D. Policy

- I. TrueCare will utilize a reimbursement hierarchy to guide the reimbursement process effectively.
 - A. Primary Step: TrueCare will adhere to the MSDOM fee schedules and other reimbursement guidelines as outlined in the contract with the MSDOM and the Mississippi Administrative Code, along with other relevant MSDOM statutes and published requirements.
 - B. Secondary Step: In the absence of identified fees on the MSDOM Fee Schedule, TrueCare will implement the TrueCare Custom Fee Schedule to ensure appropriate reimbursement rates.
- II. In instances where rates are not specified on the MSDOM fee schedule, or for procedures designated as SYSMAN, TrueCare Custom Fee Schedule will be utilized. TrueCare will implement the following reimbursement methodologies:
 - A. Annual Rate Review: Rates will undergo a comprehensive review at least annually to align with industry standards and market benchmarks. Competitive rates will be developed by TrueCare based on market benchmarks.
 - B. Manual Pricing Process: In cases where manual pricing is required, a systematic process will be followed. Claims will be subject to a review process to ensure accuracy and compliance with established guidelines. Rates will be compiled into a TrueCare Custom Fee Schedule, which will be utilized for manual or automated pricing of claims. In order to establish a custom fee schedule, the following systematic process will be implemented:
 1. Utilize internal median fee schedule rates across various markets to determine the rate for the custom fee schedule. This median rate will be derived from an analysis of rates across the designated markets.
 2. Where available, a third-party data source may be utilized as an alternative means to derive median rates, thereby providing an additional layer of validation for the established rates.
 3. In the event that both internal median rates and third-party data sources are unavailable, single case agreement median rates shall be employed as a last resort to ensure the establishment of a custom fee schedule.

This approach is designed to ensure compliance and mitigate potential risks associated with fee schedule determinations.

- C. Conditions of Coverage: The existence of a rate on the TrueCare Custom Fee Schedule does not guarantee payment. Claims will be processed in alignment with contractual and regulatory guidelines, adhering to TrueCare's established benefits.

E. Conditions of Coverage

The existence of a rate on the TrueCare Custom Fee Schedule does not ensure payment. Claims will be processed in accordance with contractual and regulatory guidelines, aligning with TrueCare's established benefits.

F. Related Policies/Rules

NA

G. Review/Revision History

DATE		ACTION
Date Issued	06/19/2025	New policy. Approved at Committee.
Date Revised		
Date Effective	10/01/2025	
Date Archived		

H. References

1. Fee Schedules and Rates. Mississippi Division of Medicaid. 2025. Accessed June 19, 2025. www.medicaid.ms.gov

DOM Approval Number: DOM081225.03A