REIMBURSEMENT POLICY STATEMENT
TrueCare

Policy Name & Number	Date Effective
Interest Payments-TrueCare-PY-1420	07/01/2025
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 Administrative 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.

Table of Contents

A. Subject

Interest Payments

B. Background

Reimbursement policies are designed to assist providers when submitting claims to TrueCare and are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS/ICD-10 code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

C. Definitions

- **Adjusted Claim** – The result of a request by the provider or TrueCare to change historical data or reimbursement of an original claim.
- **Clean Claim** – As defined by Miss. Code Ann. § 83-9-5 and 42 C.F.R. § 447.45(b), a Clean Claim refers to a claim received by an insurer for adjudication that requires no further information, adjustment, or alteration by the Provider of the services or the insured in order to be processed and paid by the Contractor.
- **Original Claim** – The initial complete claim for 1 or more benefits on an application form.
- **Prompt Payment** – Prompt payment is defined by Mississippi's Medicaid Prompt Payment rules and contract.

D. Policy

I. TrueCare strictly adheres to all regulatory guidelines relating to interest and follows the guidelines outlined in Prompt Payment regulations.

II. In alignment with the Mississippi Administrative Code and Medicaid Provider Agreement, TrueCare does not pay interest on Mississippi Medicaid claims.

E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Please refer to the individual fee schedule for appropriate codes.

F. Related Policies/Rules

NA

G. Review/Revision History

	DATE	ACTION
Date Issued	03/12/2025	New Policy
Date Revised		
Date Effective	07/01/2025	
Date Archived		

H. References

1. Timely Claims Payment – Definitions, 42 C.F.R. § 447.45(b) (2024).
2. Timely Claims Payment – Timely Processing of Claims, 42 C.F.R. § 447.45(d) (2024).
3. Timely Filing, 23-200 MISS. CODE R. § 1.6. Accessed March 4, 2025. www.medicaid.ms.gov

Approved by DOM DOM041425.13a

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