



# ADMINISTRATIVE POLICY STATEMENT

## TrueCare

Policy Name & Number	Date Effective
Electronic Data Interchange and Transactions- TrueCare-AD-1319	07/01/2025
Policy Type	
<b>ADMINISTRATIVE</b>	

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

**Electronic Data Interchange and Transactions**

B. Background

TrueCare accepts electronic claims submissions to increase the efficiency of claims processing. TrueCare has specific requirements regarding electronic claims submission. This policy applies to providers who want to directly connect with TrueCare for electronic filing along with trading partners and clearinghouses not already contracted with TrueCare and the electronic claims submission process.

C. Definitions

- **Clearinghouses/Trading Partners** – Companies that function as intermediaries who forward claims information from healthcare providers to insurance payers.
- **Direct Connections** – Direct electronic claims submissions to TrueCare without the use of a clearinghouse/trading partner.
- **Electronic Data Interchange (EDI)** – The computer-to-computer exchange of business data.

D. Policy

- I. TrueCare only allows direct connections for EDI transactions with contracted trading partners/clearinghouses, states and Centers for Medicare and Medicaid Services (CMS).
- II. TrueCare will not contract or approve direct connections with providers (eg, hospitals, labs, offices, practitioners).
- III. New direct connection requests will not be granted unless fully documented and approved by TrueCare’s Information Technology and Operations Executive Leadership.

E. Conditions of Coverage

NA

F. Related Policies/Rules

NA

G. Review/Revision History

	<b>DATE</b>	<b>ACTION</b>
<b>Date Issued</b>	04/09/2025	New policy. Approved at Committee.
<b>Date Revised</b>		
<b>Date Effective</b>	07/01/2025	
<b>Date Archived</b>		

H. References

NA

DOM approved - DOM052726.04A