



ADMINISTRATIVE POLICY STATEMENT

Marketplace

Policy Name & Number	Date Effective
Electronic Data Interchange and Transactions-MP-AD-1254	10/01/2026
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statements contain supplemental information regarding standard benefit administration and coverage details. Administrative Policy Statements do not guarantee an authorization or payment of services. The Member's plan contract (e.g., Evidence of Coverage, Member Handbook) contains specific terms and conditions, including limitations, exclusions, benefit maximums, eligibility, and other relevant conditions of coverage. Except as otherwise required by law, if there is a conflict between the Administrative Policy Statement and the plan contract and/or provider agreement, then the plan contract and/or provider agreement will be the controlling document. Reasonable discretion may be used in interpreting and applying this Policy Statement to services provided in a particular case, and the policy may be modified at any time. Policy Statements may be superseded by federal and state laws and regulations, as applicable. In the case of a discrepancy between the Policy Statement's effective date and any applicable legal or regulatory requirement, the law or regulation will govern.

Coverage for mental health and substance use disorder (MH/SUD) benefits are provided at the same level as coverage for medical and surgical (M/S) benefits, as required by the Mental Health Parity and Addiction Equity Act (MHPAEA). MH/SUD benefits are not subject to limits or requirements that are more restrictive than those that apply to M/S benefits.

This policy applies to the following Marketplace(s):

☒ Georgia	☒ Indiana	☒ Ohio	☒ West Virginia
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A. Subject

Electronic Data Interchange and Transactions

B. Background

This policy applies to providers who want to directly connect with CareSource for electronic filing of EDI based transactions. CareSource only enables specific clearinghouses/trading partners with the accessibility to conduct X12 standard transaction to ensure operational efficiency.

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 CareSource without the use of a clearinghouse/trading partner.
- **Electronic Data Interchange (EDI)** – The computer-to-computer exchange of business data.

D. Policy

- I. CareSource only allows direct connections for EDI transactions with contracted trading partners/clearinghouses, states and the Centers for Medicare and Medicaid Services (CMS).
- II. CareSource will not contract or approve direct connections with providers (e.g., hospitals, labs, offices, practitioners).

III. Trading Partners Transactions

A. Real time transactions

1. 270 – eligibility and benefits inquiry
2. 271 – response to eligibility and benefits inquiry
3. 276 – claim status inquiry
4. 277 – response to claim status inquiry

B. Batch transactions

1. 837 – claims
 - a. 837I – institutional claims
 - b. 837P – professional claims
 - c. 837D – dental claims
2. 278 – prior authorization
3. 834 – enrollment
4. 820 – payment order/remittance advice
5. 835 – healthcare claim payment advice
6. 999 – implementation acknowledgement
7. 277CA – healthcare claim acknowledgement

E. State-Specific Information

NA

F. Conditions of Coverage
NA

G. Related Policies/Rules
NA

H. Review/Revision History

DATE		ACTION
Date Issued	10/12/2022	New policy
Date Revised	04/24/2024	Annual review. Updated references. Approved at Committee.
	09/10/2025	Periodic review. Title changed from Trading Partners for greater clarification of the policy content. Updated B, D.III. and references. Approved at Committee.
	07/15/2026	Periodic review. Added D.III.B.3.-7. and updated references. Approved at Committee.
Date Effective	10/01/2026	
Date Archived		

I. References

1. Definitions, 45 C.F.R. § 160.103 (2025).
2. Medicare HIPAA Eligibility Transaction System (HETS) Trading Partner Agreement (TPA). Centers for Medicare & Medicaid Services. Accessed June 16, 2026. www.cms.gov
3. *Medicare Fee-for-Service Companion Guides*. Centers for Medicare & Medicaid Services; 2026. Accessed June 16, 2026. www.cms.gov