ADMINISTRATIVE POLICY STATEMENT
Wisconsin Marketplace

Policy Name & Number	Date Effective
Electronic Data Interchange and Transactions-WI MP-AD-1462	12/01/2025-09/30/2026
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
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 (eg, 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

E. Conditions of Coverage
NA

F. Related Policies/Rules
NA

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G. Review/Revision History

	DATE	ACTION
Date Issued	09/25/2024	New policy. Approved at Committee.
Date Revised	09/10/2025	Annual review. Title changed from Trading Partners for greater clarification of the policy content. Updated B, D.III. and references. Approved at Committee.
Date Effective	12/01/2025	
Date Archived	09/30/2026	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. 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 August 20, 2025. www.cms.gov
3. *Medicare Fee-for-Service Companion Guides.* Centers for Medicare & Medicaid Services; 2025. Accessed August 20, 2025. www.cms.gov

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