



## **ADMINISTRATIVE POLICY STATEMENT**

### **Georgia Medicaid**

<b>Policy Name &amp; Number</b>	<b>Date Effective</b>
Electronic Data Interchange and Transactions-GA MCD-AD-0084	02/01/2026
<b>Policy Type</b>	
<b>ADMINISTRATIVE</b>	

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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

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

## G. Review/Revision History

DATES		ACTION
Date Issued	04/05/2018	New policy. Approved at Committee.
Date Revised	02/19/2020 01/19/2022 10/12/2022 04/24/2024 09/10/2025	Annual update completed. No changes Annual review. No changes No changes Annual review. Updated references. Approved at Committee. Periodic review. Title changed from Trading Partners for greater clarification of the policy content. Updated B, D.III. and references. Approved at Committee.
Date Effective	02/01/2026	
Date Archived		

## 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](http://www.cms.gov)
3. *Medicare Fee-for-Service Companion Guides*. Centers for Medicare & Medicaid Services; 2025. Accessed August 20, 2025. [www.cms.gov](http://www.cms.gov)

GA-MED-P-4499700

Issue Date 04/05/2018

Approved DCH 11/17/2025

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