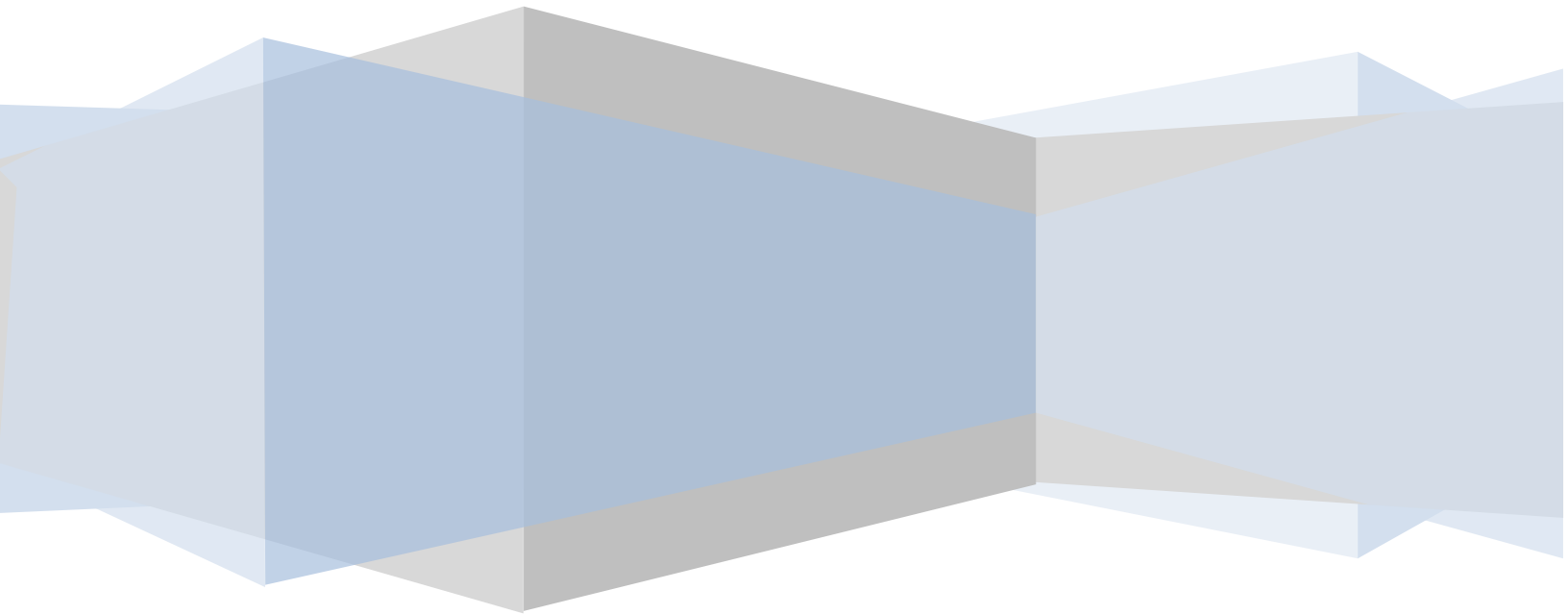




5010 EDI Companion Guide

Version: 1.4

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COMMON INFORMATION FOR ALL TRANSACTIONS

VERSIONS SUPPORTED

X112 Assigned ID	Trans Set ID	Version	Guide Name
220A1	ASCX12 834 Enrollment	005010	P Errata for Benefit Enrollment and Maintenance
221A1	ASCX12 835 Remittance	005010	P Errata for Health Care Claim Payment/Advice
222A1	ASCX12 837 INSTITUTIONAL – HEALTH CARE CLAIM/ENCOUNTER	005010	P Errata for Health Care Claim: Professional
223A2	ASCX12 837 INSTITUTIONAL – HEALTH CARE CLAIM/ENCOUNTER	005010	P Second Type 1 Errata for Health Care Claim: Institutional
224A2	ASCX12 837 INSTITUTIONAL – HEALTH CARE CLAIM/ENCOUNTER	005010	P Second Type 1 Errata for Health Care Claim: Dental

CONTACT INFORMATION

<u>ASCX12 837 I/P/D HEALTHCARE CLAIM</u>	<u>Sent to Molina</u>	EDI-Claims@molinahealthcare.com
<u>ASCX12 837 I/P/D HEALTHCARE ENCOUNTER</u>	<u>Sent to Molina</u>	EDI.Encounters@molinahealthcare.com
<u>ASCX12 835 REMITTANCE</u>	<u>Sent by Molina</u>	EDI.Eraeft@molinahealthcare.com
<u>ASCX12 834 ENROLLMENT</u>	<u>Sent by Molina</u>	EnrollmentProductionSupport@Molinahealthcare.com

MOLINA HEALTHCARE COMPANION GUIDE FOR 5010 HIPAA TRANSACTIONS

ASCX12 837 I/P/D – HEALTHCARE CLAIM/ENCOUNTER

CONTROL SEGMENTS/ENVELOPES REQUIREMENTS

Loop	Segment	Data Element	Comments
	ISA – Interchange Control Header	ISA01 - Authorization Information Qualifier	“00”
		ISA02 – Authorization Information	Space Fill
		ISA03 – Security Information Qualifier	“00”
		ISA04 – Security Information	Space Fill
		ISA05 – Interchange ID Qualifier	“ZZ”
		ISA06 – Interchange Sender ID	The Sender ID is assigned by Molina for direct submitters. Please contact Molina if you have not obtained your Submitter Trading Partner ID. All others - contact your Clearing House for this information.
		ISA07 – Interchange ID Qualifier	“ZZ”
		ISA08 – Interchange Receiver ID	Molina Healthcare of California ID is: MHC330342719 Molina Healthcare of Florida ID is: MHFL261055137 Molina Healthcare of Michigan ID is: MHM383341599 Molina Healthcare of Missouri ID is: MHMO431743902 Molina Healthcare of Nevada ID is: MHNV203567602 Molina Healthcare of New Mexico ID is: MHNM850408506 Molina Healthcare of Ohio ID is: MHO200750134 Molina Healthcare of Texas ID is: MTX201494502 Molina Healthcare of Utah ID is: HT001363-001 Molina Healthcare of Washington ID is: MHW91128479 Molina Healthcare of Wisconsin ID is: MHWI200813104
		ISA11 Interchange Control Standards Identifier Repetition Separator	Use ‘^’
		ISA12 - Interchange Control Version Number	“00501”
		ISA13 – Interchange Control Number	This Number must be unique and identical to the Interchange Control Number in IEA02. Right justify, left

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Loop	Segment	Data Element	Comments
			pad with zeros to nine (9) bytes. Each submitter must start with a value of their choice and increment by at least one (1) each time a file is sent.
		ISA14 – Acknowledgment Requested	Recommended value - "0" Molina does not support the transmission of TA1, regardless of the value submitted.
	GS Functional Group Header	GS02 - Application Sender's Code	The Sender ID is assigned by Molina for direct submitters. Please contact Molina if you have not obtained your Submitter Trading Partner ID. All others - contact your Clearing House for this information.
		GS03 - Application Receiver's Code	Molina Healthcare of California ID is: MHC330342719 Molina Healthcare of Florida ID is: MHFL261055137 Molina Healthcare of Michigan ID is: MHM383341599 Molina Healthcare of Missouri ID is: MHMO431743902 Molina Healthcare of Nevada ID is: MHNV203567602 Molina Healthcare of New Mexico ID is: MHNM850408506 Molina Healthcare of Ohio ID is: MHO200750134 Molina Healthcare of Texas ID is: MTX201494502 Molina Healthcare of Utah ID is: HT001363-001 Molina Healthcare of Washington ID is: MHW91128479 Molina Healthcare of Wisconsin ID is: MHWI200813104
	BHT – (Header) Beginning of Hierarchical Transaction	BHT06 – Transaction Type Code	The following values are processed by Molina: Use "RP" – for Encounters . Use "CH" - for FFS claims

MOLINA HEALTHCARE COMPANION GUIDE FOR 5010 HIPAA TRANSACTIONS

ASCX12 837 PROFESSIONAL/DENTAL – HEALTHCARE CLAIM/ENCOUNTER

SENDER/RECEIVER INFORMATION

Loop	Segment	Data Element	Comments
1000A	NM1 – Submitter Name	NM109 – Submitter Identifier	Trading Partner ID assigned by Molina
1000B	NM1 – Receiver Name	NM103 – Receiver Name	Organization Name per state: Molina Healthcare of California Molina Healthcare of Florida Molina Healthcare of Michigan Molina Healthcare of Missouri Molina Healthcare of Nevada Molina Healthcare of New Mexico Molina Healthcare of Ohio Molina Healthcare of Texas Molina Healthcare of Utah Molina Healthcare of Washington Molina Healthcare of Wisconsin
1000B	NM1 – Receiver Name	NM109 – Receiver Primary Identifier	Molina Healthcare of California ID is: MHC330342719 Molina Healthcare of Florida ID is: MHFL261055137 Molina Healthcare of Michigan ID is: MHM383341599 Molina Healthcare of Missouri ID is: MHMO431743902 Molina Healthcare of Nevada ID is: MHNV203567602 Molina Healthcare of New Mexico ID is: MHNM850408506 Molina Healthcare of Ohio ID is: MHO200750134 Molina Healthcare of Texas ID is: MTX201494502 Molina Healthcare of Utah ID is: HT001363-001 Molina Healthcare of Washington ID is: MHW91128479 Molina Healthcare of Wisconsin ID is: MHWI200813104

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SPECIAL INFORMATION FOR ENCOUNTERS ONLY

Loop	Segment	Data Element	Comments
2320	AMT - CoordinationOfBenefitsCOBPayerPaidAmount	AMT01__AmountQualifierCode	Use "D"
		AMT02__PayerPaidAmount	Submit the Amount Paid for the Claim
2330B	DTP - ClaimAdjudicationDate	DTP01__DateTimeQualifier	Use "573"
		DTP02__DateTimePeriodFormatQualifier	Use "D8"
		DTP03__AdjudicationOrPaymentDate	Submit the Payment or Adjudication date in CCYYMMDD format

SPECIAL INFORMATION FOR SPINAL MANIPULATION CLAIMS (FLORIDA ONLY)

Loop	Segment	Data Element	Comments
2300	CR2_SpinalManipulationServiceInformation	CR208__PatientConditionCode	Used for adjudication

SPECIAL INFORMATION FOR ENCOUNTERS ONLY

Loop	Segment	Data Element	Comments
2430	SVD_LineAdjudicationInformation	SVD02__ServiceLinePaidAmount	Submit the Paid Amount for the service line of the Claim. Zero "0" is an acceptable value for this element.
2430	DTP_LineCheckorRemittanceDate	DTP01__DateTimeQualifier	Use "573"
2430	DTP_LineCheckorRemittanceDate	DTP02__DateTimePeriodFormatQualifier	Use "D8"
2430	DTP_LineCheckorRemittanceDate	DTP03__AdjudicationOrPaymentDate	Submit the Adjudication or Payment Date in CCYYMMDD format. This segment should be submitted when the adjudication date is available at the line level.

MOLINA HEALTHCARE COMPANION GUIDE FOR 5010 HIPAA TRANSACTIONS

ASCX12 837 INSTITUTIONAL – HEALTHCARE CLAIM/ENCOUNTER

SENDER/RECEIVER INFORMATION

Loop	Segment	Data Element	Comments
1000A	NM1 – Submitter Name	NM109 – Submitter Identifier	Trading Partner ID assigned by Molina
1000B	NM1 – Receiver Name	NM103 – Receiver Name	Organization Name per state: Molina Healthcare of California Molina Healthcare of Florida Molina Healthcare of Michigan Molina Healthcare of Missouri Molina Healthcare of Nevada Molina Healthcare of New Mexico Molina Healthcare of Ohio Molina Healthcare of Texas Molina Healthcare of Utah Molina Healthcare of Washington Molina Healthcare of Wisconsin
1000B	NM1 – Receiver Name	NM109 – Receiver Primary Identifier	Molina Healthcare of California ID is: MHC330342719 Molina Healthcare of Florida ID is: MHFL261055137 Molina Healthcare of Michigan ID is: MHM383341599 Molina Healthcare of Missouri ID is: MHMO431743902 Molina Healthcare of Nevada ID is: MHNV203567602 Molina Healthcare of New Mexico ID is: MHNM850408506 Molina Healthcare of Ohio ID is: MHO200750134 Molina Healthcare of Texas ID is: MTX201494502 Molina Healthcare of Utah ID is: HT001363-001 Molina Healthcare of Washington ID is: MHW91128479 Molina Healthcare of Wisconsin ID is: MHWI200813104

MOLINA HEALTHCARE COMPANION GUIDE FOR 5010 HIPAA TRANSACTIONS

SPECIAL INFORMATION FOR ENCOUNTERS ONLY

Loop	Segment	Data Element	Comments
2320	AMT_PayerPriorPayment	AMT01__AmountQualifierCode	Use "C4"
		AMT02__OtherPayerPatientPaidAmount	Submit the Amount Paid for the Claim
2330B	DTP - ClaimAdjudicationDate	DTP01__DateTimeQualifier	Use "573"
		DTP02__DateTimePeriodFormatQualifier	Use "D8"
		DTP03__AdjudicationOrPaymentDate	Submit the Payment or Adjudication date in CCYYMMDD format

SPECIAL INFORMATION FOR ENCOUNTERS ONLY

Loop	Segment	Data Element	Comments
2430	SVD_LineAdjudicationInformation	SVD02_ServiceLinePaidAmount	Submit the Paid Amount for the service line of the Claim. Zero "0" is an acceptable value for this element.
2430	DTP_LineCheckorRemittanceDate	DTP01__DateTimeQualifier	Use "573"
2430	DTP_LineCheckorRemittanceDate	DTP02__DateTimePeriodFormatQualifier	Use "D8"
2430	DTP_LineCheckorRemittanceDate	DTP03__AdjudicationOrPaymentDate	Submit the Adjudication or Payment Date in CCYYMMDD format. This segment should be submitted when the adjudication date is available at the line level.

RESTRICTIONS/LIMITATIONS

- **File Size:** *A maximum of 15MB per file can only be accepted by Molina.*
- **Character Set:** *Molina cannot accept a quote (") within the file either surrounding a word or phrase or single quote in the file.*
- **Acknowledgement:** *Molina Healthcare does not support the transmission of a TA1, regardless of the value submitted.*
- **Attachment:** *Molina Healthcare does not support attachments at this time.*
- **Functional Group Header and Trailer:** *Only "1" GS Functional Group Header and GE Functional Group Trailer can be accepted per file.*

MOLINA HEALTHCARE COMPANION GUIDE FOR 5010 HIPAA TRANSACTIONS

ASCX12 835 REMITTANCE

CONTROL SEGMENTS/ENVELOPES REQUIREMENTS

Loop	Segment	Data Element	Comments
	ISA – Interchange Control Header	ISA01 - Authorization Information Qualifier	“00”
		ISA02 – Authorization Information	Space Fill
		ISA03 – Security Information Qualifier	“00”
		ISA04 – Security Information	Space Fill
		ISA05 – Interchange ID Qualifier	“ZZ”
		ISA06 – Interchange Sender ID	<p>Molina Healthcare of California ID is: MHC330342719</p> <p>Molina Healthcare of Florida ID is: MHFL261055137</p> <p>Molina Healthcare of Michigan ID is: MHM383341599</p> <p>Molina Healthcare of Missouri ID is: MHMO431743902</p> <p>Molina Healthcare of New Mexico ID is: MNM850408506</p> <p>Molina Healthcare of Ohio ID is: MHO200750134</p> <p>Molina Healthcare of Texas ID is: MHT201494502</p> <p>Molina Healthcare of Utah ID is: HT001363-001</p> <p>Molina Healthcare of Washington ID is: MHW91128479</p> <p>Molina Healthcare of Wisconsin ID is: MHWI200813104</p>
		ISA07 – Interchange ID Qualifier	“ZZ”
		ISA08 – Interchange Receiver ID	<p>The Sender ID is assigned by Molina for direct submitters. Please contact Molina if you have not obtained your Submitter Trading Partner ID.</p> <p>All others - contact your Clearing House for this information.</p>
		ISA11 Repetition Separator	Use ‘^’
		ISA12 - Interchange Control Version Number	“00501”
		ISA13 – Interchange Control Number	This Unique Number must be identical to the Interchange Control Number in IEA02. Right justify, left pad with zeros to nine (9) bytes.

MOLINA HEALTHCARE COMPANION GUIDE FOR 5010 HIPAA TRANSACTIONS

Loop	Segment	Data Element	Comments
			Each submitter must start with a value of their choice and increment by at least one (1) each time a file is sent.
		ISA14 – Acknowledgment Requested	Recommended value - "0" Molina does not support the transmission of TA1, regardless of the value submitted.
		ISA16- Repetition Separator	Use ':'
	GS Functional Group Header	GS02 - Application Sender's Code	<p>Molina Healthcare of California ID is: MHC330342719</p> <p>Molina Healthcare of Florida ID is: MHFL261055137</p> <p>Molina Healthcare of Michigan ID is: MHM383341599</p> <p>Molina Healthcare of Missouri ID is: MHMO431743902</p> <p>Molina Healthcare of New Mexico ID is: MNM850408506</p> <p>Molina Healthcare of Ohio ID is: MHO200750134</p> <p>Molina Healthcare of Texas ID is: MHT201494502</p> <p>Molina Healthcare of Utah ID is: HT001363-001</p> <p>Molina Healthcare of Washington ID is: MHW91128479</p> <p>Molina Healthcare of Wisconsin ID is: MHWI200813104</p>
		GS03 - Application Receiver's Code	<p>The Sender ID is assigned by Molina for direct submitters. Please contact Molina if you have not obtained your Submitter Trading Partner ID.</p> <p>All others - contact your Clearing House for this information.</p>

MOLINA HEALTHCARE COMPANION GUIDE FOR 5010 HIPAA TRANSACTIONS

ASCX12 834 ENROLLMENT

CONTROL SEGMENTS/ENVELOPES REQUIREMENTS - 834

Loop	Segment	Data Element	Comments
	ISA – Interchange Control Header	ISA01 - Authorization Information Qualifier	“00”
		ISA02 – Authorization Information	Space Fill
		ISA03 – Security Information Qualifier	“00”
		ISA04 – Security Information	Space Fill
		ISA05 – Interchange ID Qualifier	“ZZ”
		ISA06 – Interchange Sender ID	Molina Healthcare of California ID is: MHCA330342719 Molina Healthcare of Florida ID is: 260155137 Molina Healthcare of Michigan ID is: MHMI383341599 Molina Healthcare of Missouri ID is: 431743902 Molina Healthcare of New Mexico ID is: MHNM850408506 Molina Healthcare of Ohio ID is: MHOH200750134 Molina Healthcare of Texas ID is: MHTX201494502 Molina Healthcare of Utah ID is: MHUT33061799 Molina Healthcare of Washington ID is: MHWA911284790 Molina Healthcare of Wisconsin ID is: MHWI200813104
		ISA07 – Interchange ID Qualifier	“ZZ”
		ISA08 – Interchange Receiver ID	The Sender ID is assigned by Molina for direct submitters. Please contact Molina if you have not obtained your Submitter Trading Partner ID. All others - contact your Clearing House for this information.
		ISA11 Repetition Separator	Use ‘>’
		ISA12 - Interchange Control Version Number	“00501”
		ISA13 – Interchange Control Number	This Unique Number must be identical to the Interchange Control

MOLINA HEALTHCARE COMPANION GUIDE FOR 5010 HIPAA TRANSACTIONS

Loop	Segment	Data Element	Comments
			Number in IEA02. Right justify, left pad with zeros to nine (9) bytes. Each submitter must start with a Value of their choice and increment by at least one (1) each time a file is sent.
		ISA14 – Acknowledgment Requested	Recommended value - "0" Molina does not support the transmission of TA1, regardless of the value submitted.
		ISA16 Repetition Separator	Use '^'
	GS Functional Group Header	GS02 - Application Sender's Code	Molina Healthcare of California ID is: MHCA330342719 Molina Healthcare of Florida ID is: 260155137 Molina Healthcare of Michigan ID is: MHMI383341599 Molina Healthcare of Missouri ID is: 431743902 Molina Healthcare of New Mexico ID is: MHNM850408506 Molina Healthcare of Ohio ID is: MHOH200750134 Molina Healthcare of Texas ID is: MHTX201494502 Molina Healthcare of Utah ID is: MHUT33061799 Molina Healthcare of Washington ID is: MHWA911284790 Molina Healthcare of Wisconsin ID is: MHWI200813104
		GS03 - Application Receiver's Code	The Sender ID is assigned by Molina for direct submitters. Please contact Molina if you have not obtained your Submitter Trading Partner ID. All others - contact your Clearing House for this information.
		BGN 06 – Beginning Segment	Blank space is sent. We have blanked out this value to comply with the 5010 HIPAA compliance.
2310	NM1	08 – Identification Code Qualifier	The provider name is passed in NM103, NM104, NM105. If the provider name is not available, then the NPI is sent in NM108 and NM109.

MOLINA HEALTHCARE COMPANION GUIDE FOR 5010 HIPAA TRANSACTIONS

Loop	Segment	Data Element	Comments
			We have modified this to adhere to the 5010 HIPAA compliance.
	INS	08 (Employment Status code)	Pass the value "AC" We have modified this to adhere to the 5010 HIPAA compliance.
1000B	N1	04	"000000000" We have modified this to adhere to the 5010 HIPAA compliance.
1000C	N1	04	"000000000" We have modified this to adhere to the 5010 HIPAA compliance.
2000	DTP		The member level dates are not sent. The healthcoverage dates are passed in the loop 2300_DTP. We have modified this to adhere to the 5010 HIPAA compliance.
2100C	N3,N4		2100C address fields will be populated only if they are different from 2100A address fields. We have modified this to adhere to the 5010 HIPAA compliance.
2100A	N3,N4		2100C address fields will be populated only if they are different from 2100A address fields. We have modified this to adhere to the 5010 HIPAA compliance.
2300	DTP		The member level dates are not

MOLINA HEALTHCARE COMPANION GUIDE FOR 5010 HIPAA TRANSACTIONS

Loop	Segment	Data Element	Comments
			<p>sent.</p> <p>The healtcoverage dates are passed in the loop 2300_DTP.</p> <p>We have modified this to adhere to the 5010 HIPAA compliance.</p>
All	N4	03 (Postal Code)	<p>The zipcode will be either 5 or 9. It is handled in the SP to display valid zip codes.</p> <p>We have modified this to adhere to the 5010 HIPAA compliance.</p>

RESTRICTIONS/LIMITATIONS

- **File Size:** *NA.*
- **Character Set:** *Molina supports the Basic Character Set/Extended Character set in the file.*
- **Acknowledgement:** *NA*
- **Attachment:** *Molina Healthcare does not support attachments at this time.*
- **Functional Group Header and Trailer:** *Only "1" GS Functional Group Header and GE Functional Group Trailer can be accepted per file.*