



Under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, all healthcare claims submitted electronically must adhere to the ANSI X12 standard for electronic transactions. Molina Healthcare continues to work with our trading partners to ensure all institutional (non-ambulance) claims adhere to Version 5010 of that standard.

All institutional (non ambulance) claims submitted electronically will require that the fields be populated in the following segments:

- Entity Identifier Code (2310A loop at the claim level, Segment NM1 and Data Element NM101)
- Entity Type Qualifier (2310A loop at the claim level, Segment NM1 and Data Element NM102)
- Attending Provider Last Name (2310A loop at the claim level, Segment NM1 and Data Element NM103)
- Attending Provider First Name (2310A loop at the claim level, Segment NM1 and Data Element NM104)
- Identification Code (Attending NPI) (2310A loop at the claim level, Segment NM1 and Data Element NM109)

Remember, all claims submitted electronically will be rejected if they do not meet the billing requirements outlined above. If your claim(s) is rejected, you will need to resubmit the claim(s) with the required data.

Please contact your Provider Services Representative at 1-866-449-6849 if you have any questions about this policy.