

# Guide to PC-Based Transactions

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## Aetna Claim Status

Subscriber v1.2  
Dependent v1.2

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# Overview

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## About the Transaction

This transaction allows you to inquire about the status of a subscriber's or dependent's healthcare claim submitted to Aetna.

*Disclaimer:* The Provider understands that receipt or use of this claim information does not guarantee payment of any health care claim by Aetna and such information is subject to change, even retroactively, at any time.

Aetna may also include any additional disclaimer or provider information in the response.

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**Note:** If you are using Emdeon MAX shell versions prior to 2.3 or Server versions prior to 4.11, you must run this transaction using dialup.

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### Period Date Restrictions

The **Period Begin** and **Period End** dates can be up to 90 days apart.

### National Provider Identifiers

In order for you to use a National Provider Identifier (NPI) as the requesting provider ID, the following conditions must exist:

- The payer must be ready to accept NPI. Consult our payer lists at [www.emdeon.com/PayerLists/payerlists.php](http://www.emdeon.com/PayerLists/payerlists.php) for this payer's NPI-readiness status.
- The provider must have fulfilled all of the payer's NPI registration requirements.

Consult the payer to determine whether you should submit the service provider's NPI at this time.

### Special Considerations

You must enter either the *Payer Claim ID*, the *Claim Charge Amt*, or the **Period Begin** and **Period End** dates in each transaction.

## Customer Support

Emdeon Customer Support

800.333.0263

[customer.service@emdeon.com](mailto:customer.service@emdeon.com)

# Requests

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## Patient Data

The following patient data is used to locate the patient's claim records:

### Subscriber transaction:

- Subscriber ID
- Subscriber's last, first, and middle names.
- Subscriber's gender

### Dependent transaction:

- Subscriber ID
- Subscriber last, first, and middle names.
- Patient's last, first, and middle names
- Patient's date of birth
- Patient's gender

See "Input Prompts" on page 2 for specific input requirements.

## Input Prompts

Prompts are listed in alphabetical order.

### Account #

**Requirement:** *Optional; not sent to the payer.*

The account number you have assigned to this account, for your internal use only.

### Amount

**Requirement:** *Optional; not sent to the payer.*

The amount of the claim, for your internal use only.

### Claim Charge Amt

**Requirement:** *Optional. However, you must enter either the **Payer Claim ID**, the **Claim Charge Amt**, or the **Period Begin** and **Period End** dates in each transaction.*

The total charge amount of the claim, used to narrow the response to specific claims. Use \$\$\$.\$¢ format (include the decimal). For whole dollar amounts, enter the whole dollar number (omit the decimal and cents).

### Dep DOB

**Used in:** *Dependent transactions only.*

**Requirement:** *Required.*

The dependent's date of birth, in MMDDCCYY format.

**Dep First Name**

**Used in:** *Dependent transactions only.*

**Requirement:** *Optional / Required when dependent has a first name.*

The dependent's first name.

**Dep Last Name**

**Used in:** *Dependent transactions only.*

**Requirement:** *Required.*

The dependent's last name.

**Dep Middle Name**

**Used in:** *Dependent transactions only.*

**Requirement:** *Optional / Required when dependent has a middle name.*

The dependent's middle name.

**Gender**

**Requirement:** *Required.*

The patient's gender. Choose a value from the drop-down list.

**Payer Claim ID**

**Requirement:** *Optional. However, you must enter either the **Payer Claim ID**, the **Claim Charge Amt**, or the **Period Begin** and **Period End** dates in each transaction.*

The payer's claim control number for the claim; used to narrow the response to a specific claim.

**Period Begin**

**Requirement:** *Optional for all searches; however, if you enter a **Period Begin** date, you must enter a **Period End** date. Also, you must enter either the **Payer Claim ID**, the **Claim Charge Amt**, or the **Period Begin** and **Period End** dates in each transaction.*

The beginning date of the claim service period, in MMDDYY or MMDDCCYY format.

**Period End**

**Requirement:** *Optional for all searches; however, if you enter a **Period Begin** date, you must enter a **Period End** date. Also, you must enter either the **Payer Claim ID**, the **Claim Charge Amt**, or the **Period Begin** and **Period End** dates in each transaction.*

The ending date of the claim service period, in MMDDYY or MMDDCCYY format.

**Req First or Requestor First**

**Requirement:** *Optional / Required if the information requestor is a person.*

The information requestor's first name.

**Req Last or Requestor Last****Requirement:** *Required.*

The information requestor's last name, if a person, or organization name.

**Req Middle or Requestor Middle****Requirement:** *Optional / Required if the information requestor is a person and has a middle name.*

The information requestor's middle name.

**Requestor ID****Requirement:** *Required.*

The provider ID of the requesting provider.

*In order for you to use the National Provider Identifier (NPI), the payer must be ready to accept NPI. Additionally, the payer's NPI registration requirements must be fulfilled.*

**Subscriber Bday****Used in:** *Subscriber transactions only***Requirement:** *Required.*

The subscriber's date of birth, in MMDDCCYY format.

**Subscriber FName****Used in:** *Subscriber transactions only***Requirement:** *Optional / Required when subscriber is a person and has a first name.*

The subscriber's first name.

**Subscriber ID****Requirement:** *Required.*

The subscriber's Aetna ID.

**Subscriber LName or Sub Last Name****Requirement:** *Required.*

The subscriber's last name. If the subscriber is an employer, the organization's name.

**Subscriber MName****Used in:** *Subscriber transactions only***Requirement:** *Optional / Required when subscriber is a person and has a middle name.*

The subscriber's middle name.

**Svc Prov First**

**Requirement:** *Optional / Required if the service provider is a person.*

The service provider's first name.

**Svc Prov ID**

**Requirement:** *Required.*

The provider ID of the servicing provider.

*It is recommended that you match the ID (whether payer-assigned or NPI) that was used on the claim. If that ID does not produce a match, and the service provider is using NPI, try submitting the service provider's NPI.*

**Svc Prov Last**

**Requirement:** *Required.*

The service provider's last name, if a person, or organization name.

**Svc Prov Middle**

**Requirement:** *Optional / Required if the service provider is a person and has a middle name.*

The service provider's middle name.

# Responses

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## About Your Responses

All of the items described in the following response explanation may not appear in every response. Payers typically return only the information that is applicable to your query.

If the payer does not return a particular piece or section of information in a specific response, the headings for that information will not print. Items will shift position to fill the vacancy.

Your username appears in the upper left corner of the response. See your product **User's Guide** for information about creating usernames.

### Additional Reference Documents

More information about your response can be found in the following documents:

- **PC-Standard-Claim-Status-Response-Dictionary.pdf** - gives a more detailed description of data fields returned in the standard Emdeon response.
- **Dictionary-of-Transaction-Error-Messages.pdf** – a complete dictionary of error messages.
- **Common Response Abbreviations.pdf** – common abbreviations used in the standard Emdeon response, along with their full description.

These documents are available on your installation CD, and on the Web at:

[http://www.emdeon.com/support/document\\_library.php](http://www.emdeon.com/support/document_library.php)

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**Note:** The above documents are in Portable Document Format (.pdf). You must have the Adobe® Acrobat® Reader to view this document. If you do not have the Reader, you can download it for free at [www.adobe.com](http://www.adobe.com).

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## Status

### Closed

Emdeon received a valid response from the payer.

### Retry

The request could not be processed, usually because invalid data was entered. Read the message in the response for clarification.

### Error

A communications-related error or error of greater severity occurred. Read the message in the response for clarification.

## Input and Response Information

The input area shows the data you sent in the request. For some of the input fields, the response area displays what the payer actually has on file. This arrangement enables you to verify what you entered against what is on file.

Depending on your software product and report settings, response information fields can appear in one of two locations:

- They can appear in a column to the right of the input fields.
- They can appear beneath the input fields, with the heading (**On File**).

An asterisk to the left of an input field indicates that the mirrored response data did not match your input data.

The following response fields are displayed:

- The requesting provider's ID.
- The patient's subscriber ID.
- The patient's date of birth.
- The patient's gender.

## Aetna Claim Status

The Aetna Claim Status section can appear once and can include:

- The transaction (Xtn) ID; used to trace a transaction from point to point.
- The date the payer generated the transaction, in MM/DD/CCYY format.
- The payer's primary ID followed by the payer's name and contact telephone number.
- The information requestor's primary ID.
- The name or organization name of the requestor.
- The service provider's primary ID.
- The name or organization name of the service provider.
- The subscriber's primary ID.
- The subscriber's name.
- The subscriber's date of birth, in MM/DD/CCYY format.
- The subscriber's gender.
- The patient's primary ID.
- The patient's name.
- The patient's date of birth, in MM/DD/CCYY format.
- The patient's gender.

## Claim Record

The Claim Record section contains details about a claim; can include:

- The payer's claim control number.
- The beginning date of the claim statement period, in MM/DD/CCYY format.
- The ending date of the claim statement period, in MM/DD/CCYY format.
- An entity associated with the claim record.
- A code and description categorizing the claim category.
- A code and description explaining the status of the claim.
- The total amount of the claim charge.
- The amount of the claim payment.
- The claim adjudication or payment date, in MM/DD/CCYY format.
- A code and description explaining the payment method.
- The check issue or electronic funds transfer (EFT) effective date of the claim payment, in MM/DD/CCYY format.
- The check or EFT trace number of the claim payment.
- A second entity associated with the claim record.
- A code and description categorizing the second claim category.

*The following fields reflect line item detail for the claim. If there are two line items reported for the same claim, you will see an additional **Claim Record** segment heading followed by the line item detail. The claim information, described above, will not repeat.*

- A code indicating the type or source of the product or service ID that follows.
- The product or service ID for the line item.
- Up to four modifiers for the preceding line item product or service.
- The line item charge amount submitted for the preceding product or service.
- The payment amount for the preceding line item product or service.
- The NUBC revenue code.
- The number of units originally submitted.
- The effective date of the status information, in MM/DD/CCYY format.
- An entity associated with the line item.
- A code and description categorizing the line item status information that follows.
- A code and description explaining the status of the line item.
- A second entity associated with the line item.
- Another code and description categorizing the line item status information that follows.
- Another code and description explaining the status of the line item.
- A third entity associated with the line item.

- Another code and description categorizing the line item status information that follows.
- Another code and description explaining the status of the line item.
- The line item charge amount.
- The line item payment amount.
- The line item control number.
- The beginning date, in MM/DD/CCYY format, or date range of the line item product or service.

## Error Messages

Transaction-related error messages begin with CL, HT, RH, or another alphabetic prefix, followed by a number and a line or so of text. Messages are self-explanatory.

For a comprehensive description of all error messages, see the document **Dictionary of Transaction Error Messages**.

This document is available on your installation CD, and on the Web at:

[http://www.emdeon.com/support/document\\_library.php](http://www.emdeon.com/support/document_library.php)