

Guide to PC-Based Transactions

Aetna Eligibility/Benefits

Subscriber v2.2
Dependent v2.2

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Overview

About the Transaction

This transaction allows you to verify a subscriber's or dependent's eligibility status and benefits for Aetna for a single date of service.

Disclaimer: Receipt of this information does not guarantee payment under state law. Should Provider wish to obtain verification that payment will be made, or if member information returned differs from Provider's patient records, call Aetna Member Services.

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

Date of Service Restrictions

- Up to 18 months in the past.
- Future dates not allowed.

National Provider Identifiers

In order for you to use a National Provider Identifier (NPI) as the 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 for this payer's NPI-readiness status.

The inquiring provider must have fulfilled all of the payer's NPI registration requirements.

Customer Support

Emdeon Customer Support

800.333.0263

customer.service@emdeon.com

Requests

Search Types

Subscriber Eligibility

ID/DOB

- The **provider ID** of the inquiring provider.
- The Aetna **subscriber ID**.
- The subscriber's **date of birth** (*optional*).
- The **service type** or **procedure code**.
- The **date of service**.

SSN/DOB

- The **provider ID** of the inquiring provider.
- The subscriber's **Social Security number**.
- The subscriber's **date of birth**.
- The **service type** or **procedure code**.
- The **date of service**.

Employee ID/DOB

- The **provider ID** of the inquiring provider.
- The subscriber's **employee ID**.
- The subscriber's **date of birth**.
- The **service type** or **procedure code**.
- The **date of service**.

Name/DOB

- The **provider ID** of the inquiring provider.
- The subscriber's **last name**.
- The subscriber's **first name**.
- The subscriber's **date of birth**.
- The **service type** or **procedure code**.
- The **date of service**.

Dependent Eligibility

SSN/DOB

- The **provider ID** of the inquiring provider.
- The *subscriber's* **Social Security number**.
- The *dependent's* **date of birth**.

- The **relationship** of the dependent to the subscriber.
- The **service type** or **procedure code**.
- The **date of service**.

Employee ID/DOB

- The **provider ID** of the inquiring provider.
- The *subscriber's* **employee ID**.
- The *dependent's* **date of birth**.
- The **relationship** of the dependent to the subscriber.
- The **service type** or **procedure code**.
- The **date of service**.

Name/DOB

- The **provider ID** of the inquiring provider.
- The *subscriber's* **last name**.
- The *subscriber's* **first name**.
- The *dependent's* **last name**.
- The *dependent's* **first name**.
- The *dependent's* **date of birth**.
- The **relationship** of the dependent to the subscriber.
- The **service type** or **procedure code**.
- The **date of service**.

Cascade Sequence

Subscriber

1. ID/DOB
2. SSN/DOB
3. Employee ID/DOB
4. Name/DOB

Dependent

1. SSN/DOB
2. Employee ID/DOB
3. Name/DOB

What is Cascading?

Cascading refers to the capability of the software to execute multiple searches automatically when a single search does not find the patient's record, or receives an error with a **Retry** status.

To enable cascading in a transaction, you must enter data for more than one search type. In this case, the software will continue to cascade until one of the following occurs:

- The patient's record is found, or a valid non-error response is received (**Closed** status)
- All available search types have been exhausted
- An error is received with an **Error** status

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 applicable to this inquiry, for your internal use only.

Date of Birth

Used in: *Subscriber transactions only*

Requirement: *Optional for subscriber ID searches. Required for SSN/DOB, Employee ID/DOB, and Name/DOB searches.*

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

Date of Service

Requirement: *Required*

The date of service, in MMDDYY or MMDDCCYY format.

Note: The date of service must be within the past 18 months and cannot be in the future.

Dep Birth Date

Used in: *Dependent transactions only*

Requirement: *Required for SSN/DOB, Employee ID/DOB, and Name/DOB searches.*

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

Dep First Name

Used in: *Dependent transactions only*

Requirement: *Required for Name/DOB searches*

The dependent's first name

Dep Last Name

Used in: *Dependent transactions only*

Requirement: *Required for Name/DOB searches*

The dependent's last name.

Employee ID

Requirement: *Required for Employee ID/DOB searches*

The subscriber's Aetna employee ID.

First Name

Used in: Subscriber transactions only

Requirement: *Required for Name/DOB searches*

The subscriber's first name

Last Name

Used in: Subscriber transactions only

Requirement: *Required for Name/DOB searches*

The subscriber's last name.

Provider ID

Requirement: *Required.*

The provider ID of the inquiring 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.

Relationship

Used in: *Dependent transactions only*

Requirement: *Required for SSN/DOB, Employee ID/DOB, and Name/DOB searches.*

The code identifying the relationship of the dependent to the subscriber. Choose a value from the drop-down list.

SSN

Used in: Subscriber transactions only

Requirement: *Required for SSN/DOB searches*

The subscriber's Social Security number. Do not enter the dashes.

Sub First Name

Used in: *Dependent transactions only*

Requirement: *Required for Name/DOB searches*

The subscriber's first name

Sub Last Name

Used in: *Dependent transactions only*

Requirement: *Required for Name/DOB searches*

The subscriber's last name.

Sub SSN

Used in: *Dependent transactions only*

Requirement: *Required for SSN/DOB searches*

The *subscriber's* Social Security number. Do not enter the dashes.

Subscriber ID

Used in: *Subscriber transactions only*

Requirement: *Required for ID searches*

The subscriber's Aetna subscriber ID.

Svc/Proc Code

Requirement: *Required*

The type of service or procedure relating to your request. Choose a value from the drop-down list. ADA codes used by dental providers. For more information on service types, see “**Error! Reference source not found.**” on page **Error! Bookmark not defined.**

Responses

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.

Status

Closed

The patient is eligible or is on file. Read the response for clarification.

Retry

The patient is ineligible or is not on file, or you entered invalid information, or Emdeon did not receive a valid standard response. 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 subscriber's Aetna subscriber ID.

- The subscriber's Aetna employee ID.

Aetna Information

The Aetna Information section returns reference information for this particular transaction, such as:

- The transaction audit (**trace**) number.
- The requesting provider's ID or National Provider Identifier (NPI).
- The subscriber's Aetna subscriber identification number. This field will appear in this section on Dependent responses only. On Subscriber responses, this field will appear in the Response Information section.
- The subscriber's plan network identification number.
- The subscriber's group or policy number and a description of the policy.
- The subscriber's plan identification number and name.
- Demographic information for the subscriber, such as:
 - Last, first, middle name
 - Social Security number
 - Date of birth
 - Gender
- Demographic information for the dependent, such as:
 - Last, first, middle name
 - Relationship (appears only for dependent inquiries)
 - Social Security number
 - Date of birth
 - Gender
- The patient's address.
- Up to three descriptions and dates may appear.
- Reference information for this transaction. Up to three reference information portions may appear.
- The entity originating the reference information in the **Trace** field(s). Up to three entity portions may appear.
- A message reporting that multiple dependents were found. (When performing a dependent inquiry, it is possible that multiple records exist based on the search criteria you entered. For example, if you searched by employee ID/date of birth or Social Security number/date of birth, and the dependent is a twin, Aetna will encounter multiple records. In this case, you will receive a message stating that multiple dependents are on file based on the search criteria you entered. You will not receive Benefit, PCP, Gateway Provider, or Other Payer information.)

To receive eligibility information for the correct dependent, consult the Dependent sections of the response. These sections give you the information you need to conduct a name/date of birth search.)

Dependent

Dependent sections will occur only if multiple dependents are found based on the search criteria you entered. When performing a dependent inquiry, it is possible that multiple records exist based on the search criteria you entered. For example, if you searched by employee ID/date of birth or Social Security number/date of birth, and the dependent is a twin, Aetna will encounter multiple records. The response will not include Benefit, PCP, Gateway Provider, or Other Payer sections.

If multiple dependent records exist, one Dependent section will appear in your response for each of the dependents found on file (for up to ten dependents). This section gives you the information you need to conduct a name/date of birth search for the correct dependent.

Includes:

- Demographic information for the dependent, such as:
 - Last, first, middle name
 - Relationship
 - Date of birth
 - Social Security number

Benefit

The Benefit section can appear up to 30 times. Includes:

- A date time period and its description. Up to three descriptions and dates may appear.
- The type of benefit being described within this section.
- An organizational entity, a physical location, property, or an individual.
- An identification code for the benefit related entity and its description.
- The name of the entity related to this benefit.
- A contact name for the benefit-related entity.
- The benefit-related entity's telephone number and extension number.
- The benefit-related entity's address.
- A code indicating the level of coverage for the benefit and description of the level of coverage.
- A code indicating the service to which the benefit applies and a description of the service to which the benefit applies.
- A code indicating the type of insurance provided and a description of the type of insurance provided.
- The period for which the benefit applies.
- The monetary amount associated with the benefit.
- The percentage associated with the benefit.
- Whether the benefit is considered to be In Plan Network.
- A free-form text message relating to the benefit reported in this section.
- The units associated with the benefit, if applicable.

- The frequency associated with the benefit, if applicable.
- The periods associated with the benefit.
- Additional reference identification associated with the benefit.
- A description of the reference ID.

PCP

The PCP (Primary Care Provider) section occurs once. Includes:

- A date time period and its description. Up to three descriptions and dates may appear.
- The primary care provider's provider ID number or National Provider Identifier (NPI).
- The primary care provider's name.
- A contact name for the primary care provider.
- The primary care provider's telephone number and extension number.
- The primary care provider's address.
- A code indicating the level of coverage for the benefit and description of the level of coverage.
- A code indicating the type of service and a description of the service.
- A code indicating the type of insurance provided and a description of the type of insurance provided.
- A description of the benefit.
- The period for which the benefit applies.
- The monetary amount associated with the benefit.
- The percentage associated with the benefit.
- Whether the benefit is considered to be In Plan Network.

Gateway Provider

The Gateway Provider section occurs once. Includes:

- A date time period and its description. Up to three descriptions and dates may appear.
- The gateway provider's provider ID number National Provider Identifier (NPI).
- The gateway provider's name.
- A contact name for the gateway provider.
- The gateway provider's telephone number and extension number.
- The gateway provider's address.
- A code indicating the level of coverage for the benefit and description of the level of coverage.
- A code indicating the type of service and a description of the service.
- A code indicating the type of insurance provided and a description of the type of insurance provided.

- A description of the benefit.
- The period for which the benefit applies.
- The monetary amount associated with the benefit.
- The percentage associated with the benefit.
- Whether the benefit is considered to be In Plan Network.

Contracted Service Provider

The Contracted Service Provider section occurs once. Includes:

- A date time period and its description. Up to three descriptions and dates may appear.
- The contracted service provider's provider ID number or National Provider Identifier (NPI).
- The contracted service provider's name.
- A contact name for the contracted service provider.
- The contracted service provider's telephone number and extension number.
- The contracted service provider's address.
- A code indicating the level of coverage for the benefit and description of the level of coverage.
- A code indicating the type of service and a description of the service.
- A code indicating the type of insurance provided and a description of the type of insurance provided.
- A description of the benefit.
- The period for which the benefit applies.
- The monetary amount associated with the benefit.
- The percentage associated with the benefit.
- Whether the benefit is considered to be In Plan Network.

Other Payer

The Other Payer section can occur up to five times. Includes:

- A date time period and its description. Up to three descriptions and dates may appear.
- The other payer's ID number.
- The other payer's name.
- A contact name for the other payer.
- The other payer's telephone number and extension number.
- The other payer's address.
- A code indicating the level of coverage for the benefit and description of the level of coverage.
- A code indicating the type of service and a description of the service.

- A code indicating the type of insurance provided and a description of the type of insurance provided.
- A description of the benefit.
- The period for which the benefit applies.
- The monetary amount associated with the benefit.
- The percentage associated with the benefit.
- Whether the benefit is considered to be In Plan Network.
- A free-form text message relating to the benefit reported in this section.

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.

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

Values

Service Types

The payer can return any of the service types listed below.

If any of the service type codes submitted are not found on the patient's file, Aetna will return *all* benefits for the patient as if a 30 were submitted.

Following is a complete list of service types supported by Aetna:

Abbreviation	Description	Code
Abortion	Abortion	84
Adjunctive Dntl Svcs	Adjunctive Dental Services	28
Air Transportation	Air Transportation	57
Allergy Testing	Allergy Testing	79
Anesthesiologist	Anesthesiologist	97
ASC Facility	Ambulatory Service Center Facility	13
Blood Charges	Blood Charges	10
Brand Name Rx Drg	Brand Name Prescription Drug	91
CH	Chemotherapy	78
Chiropractic Office Visits	Chiropractic Office Visits	34
Consultation	Consultation	3
Dial	Dialysis	76
DME Purchase	Durable Medical Equipment Purchase	12
Dntl Accident	Dental Accident	37
Dntl Care	Dental Care	35
Dntl Crowns	Dental Crowns	36
Dx Dntl	Diagnostic Dental	23
Dx Lab	Diagnostic Lab	5
Dx Medical	Diagnostic Medical	73
Dx X-Ray	Diagnostic X-Ray	4
Emergency Svcs	Emergency Services	86
Endocrine	Endocrine	BP
Endodontics	Endodontics	26
FP	Family Planning	82

Abbreviation	Description	Code
Frames	Frames	AM
Free Standing Rx Drg	Free Standing Prescription Drug	89
General Benefits	General Benefits	60
Generic Rx Drg	Generic Prescription Drug	92
Health Bene Plan Cvg	Health Benefit Plan Coverage	30
HH Visits	Home Health Visits	44
Hosp	Hospital	47
Hosp – Ambulatory Surg	Hospital – Ambulatory Surgical	53
Hosp – Emergency Accident	Hospital – Emergency Accident	51
Hosp – Emergency Medical	Hospital – Emergency Medical	52
Hosp – IP	Hospital – Inpatient	48
Hosp – OP	Hospital – Outpatient	50
Hspc	Hospice	45
Immunizations	Immunizations	80
Infertility	Infertility	83
IVF	In-vitro Fertilization	61
Lenses	Lenses	AO
Licensed Ambulance	Licensed Ambulance	59
Mail Order Rx Drg	Mail Order Prescription Drug	90
Maternity	Maternity	69
MFP	Maxillofacial Prosthetics	27
MRI/CAT Scan	MRI/CAT Scan	62
Newborn Care	Newborn Care	65
Oral Surg	Oral Surgery	40
Orthodontics	Orthodontics	38
Other Medcl	Other Medical	9
Pa	Pathology	66
PC – IP	Psychiatric – Inpatient	A7
PC – OP	Psychiatric – Outpatient	A8
PC – Room/Board	Psychiatric – Room and Board	A5
Periodontics	Periodontics	24
Pharm	Pharmacy	88
Podiatry-Off Visits	Podiatry – Office Visits	94
Pre-Admin Testing	Pre-Admission Testing	17
Private Duty Nursing	Private Duty Nursing	74
Prof (PHY) Visit – SNF	Professional (Physician) Visit – Skilled Nursing Facility	A2

Abbreviation	Description	Code
Professional (PHY) Visit – IP	Professional (Physician) Visit – Inpatient	99
Professional (PHY) Visit – Nursing Home	Professional (Physician) Visit – Nursing Home	A1
Professional (PHY) Visit – Office	Professional (Physician) Visit – Office	98
Prosthetic Device	Prosthetic Device	75
Prosthodontics	Prosthodontics	39
Psychotherapy	Psychotherapy	A6
Radiation Thrpy	Radiation Therapy	6
Restorative	Restorative	25
Routine (Preventive) Dntl	Routine (Preventive) Dental	41
Routine Exam	Routine Exam	AN
Routine Physical	Routine Physical	81
Second Surg Opinion	Second Surgical Opinion	20
Skilled Nursing Care – Room and Board	Skilled Nursing Care – Room and Board	AH
Spch Thrpy	Speech Therapy	AF
Surg	Surgical	2
Surg Asstnce	Surgical Assistance	8
Transplants	Transplants	70
Vision (Optometry)	Vision (Optometry)	AL
Well Baby Care	Well Baby Care	68