
Provider eSolutions Companion Guide Series

270/271 Real Time Eligibility Inquiry

Companion Guide

For Clearinghouses and Providers Connecting
Directly or Indirectly to Aetna

**Refers to the X12N Implementation Guide
004010X092A1: 270-271 Health Care Eligibility
Benefit Inquiry and Response**

Companion Guide Version Number: 1.3

March 2008

Preface

The **Provider eSolutions Companion Guide Series** clarifies and specifies the data format and content being requested when data is transmitted electronically to Aetna. For HIPAA-mandated provider transactions, the Companion Guides are based on the X12N Implementation Guides adopted under HIPAA. The Companion Guides are not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

Provider eSolutions Companion Guide Series

This is the 270/271 Real-Time Eligibility Inquiry Companion Guide from the Provider eSolutions Companion Guide Series. It follows the WEDI/CAQH "best practices" template for describing a payer's implementation of a HIPAA-mandated transaction.

Provider eSolutions Companion Guide Series is designed to include all of the information needed by Aetna's trading partners¹ to process HIPAA transactions with Aetna. Much of that information, such as Aetna-specific business rules and limitations, applies to any covered entity wishing to process transactions with Aetna, whether connected directly or indirectly. Other information, such as communication protocol specifications and control segments / envelopes, applies only to directly-connected trading partners.

Providers and clearinghouses connected indirectly to Aetna through a third party clearinghouse should contact that party for their companion guide documentation.

Information	Directly-Connected Trading Partners	Indirectly-Connected Providers and Clearinghouses
Connectivity options, communication protocol specifications, interchange control envelope, implementation plans	Provider eSolutions Business Requirement Series - Master Guide	These entities should ask the clearinghouse with whom they are directly connected for that clearinghouse's documentation
For each provider transaction, functional group envelope, implementation plans	Provider eSolutions Business Requirement Series - [Transaction] General Instructions	These entities should ask the clearinghouse with whom they are directly connected for that clearinghouse's documentation
For each HIPAA-mandated provider transaction, clarification of Aetna's usage of the HIPAA implementation guide for that transaction	Provider eSolutions Companion Guide Series - [Transaction] Companion Guide	Provider eServices Companion Guide Series - [Transaction] Companion Guide In addition, these entities should ask the clearinghouse with whom they are directly connected for that clearinghouse's documentation
For each non-HIPAA provider transaction (e.g., roster, referral or precert ² inquiry, unsolicited claim status), either a listing of Aetna's usage of the transaction set or clarification of Aetna's usage of the named implementation guide for that transaction	Provider eSolutions Companion Guide Series - [Transaction] Companion Guide	These entities should ask the clearinghouse with whom they are directly connected for that clearinghouse's documentation

¹ The term "trading partner" is used exclusively in this document to express the meaning ascribed to it by the Health Insurance Portability and Accountability Act. Physicians are independent contractors. Use herein of the HIPAA-defined term "trading partner" does not imply an agency relationship with Aetna.

² The term "precert" here means the utilization review process to determine whether the requested service, procedure, prescription drug or medical device meets the company's clinical criteria for coverage. It does not mean precertification as defined by Texas law, as a reliable representation of payment of care or services to fully insured HMO and PPO members.

Overview of Aetna's 270/271 Real-Time Eligibility Inquiry

The Eligibility Inquiry transaction may be used for any Aetna product. Inquiries can be made on current eligibility and benefits, or on eligibility and benefits which were effective no more than 18 months prior to the current date. Future date processing is not available. However, financial and accumulator data outside the timeframe of a calendar year or lifetime may be displayed if applicable. The inquiry will be based on the patient's information and the submitted service type code(s). Unless other specific service type codes are submitted in the request, Aetna will return information on five commonly requested service types (Hospital Inpatient, Hospital Outpatient, Hospital Emergency, Diagnostic Medical, and Professional Office Visit).

Member Search Options

The following elements are needed to locate a patient in Aetna's files. There are two search options: an ID search when the member or subscriber's ID is known, and an alpha search when the ID is not known. In the chart below, mandatory items are identified with an *M*.

Data elements	HMO Member - ID is known	Non-HMO Member - ID is known	Alpha Search - ID is not known	Family Search
Patient Name (first & last)			M	
Patient Date of Birth		M	M	
Subscriber W-ID/SSN/Employee ID		M		M (or)
Subscriber Name (first & last)			M	
HMO Member ID	M			M (if not W-ID / SSN / Employee ID)

When doing an alpha search inquiry on a patient who is a twin, the complete *Last Name, First Name and Date of Birth* should be used. The search process has been enhanced to look at the whole submitted first name and to verify it against what is in Aetna's database.

Response Outcomes

When it locates an eligible member, Aetna will return a response with the following information, as applicable:

- Payer Information – Name and ID
- Requesting Provider Name and Number with associated information
- Subscriber/Patient Information
 - Patient's Member ID
 - Group #
 - Plan Sponsor Name
 - Plan Number/Plan Name or Dental Plan Code
 - Address
 - Date of Birth
 - Gender
 - Facility Name and Address (Claim Office)
 - Plan Begin Date
- Service Date Range – the date range of service requested
- Eligibility Benefit Service Type Code or American Dental Association Code
- Active Coverage
- Coverage Level
- Insurance Type
- Detailed Financials, as applicable
 - Copay
 - Deductible
 - Coinsurance
 - Exclusions
 - Limitations
 - Amount remaining (Please Note: Providers affiliated with an IPA should verify this information with the IPA for patients with Aetna HMO, QPOS and US Access)

Additionally, Family Inquiries will return a listing of covered family members' demographic information. Eligibility information is listed only under the subscriber. It is not repeated for each family member.

Aetna's Usage of the 004010X092A1: 270-271 Health Care Eligibility Benefit Inquiry and Response

This section describes Aetna's usage of loops, segments, data elements and code values when the information in the **004010X092A1: 270-271 Health Care Eligibility Benefit Inquiry and Response Implementation Guide** requires clarification. The tables contain a row for each item where Aetna has something additional to convey. The intention is to convey information that is within the framework of the *ASC X12N Implementation Guides* adopted for use under HIPAA. The *Companion Guide* is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the *Implementation Guide*. The *Companion Guide* may, for example:

- Indicate a desired number of repeats of loops, or segments
- Specify a sub-set of the IG's internal code listings
- Clarify the use of loops, segments, composite and simple data elements
- Provide other information tied directly to a loop, segment, composite or simple data element pertinent to electronic transactions with Aetna, such as whether or not data that can be required at the payer's discretion is in fact required by Aetna to process the transaction, or whether Aetna has implemented or plans to implement specific edits

LEGEND:

SHADED rows represent "segments" in the X12N implementation guide.

NON-SHADED rows represent "data elements" in the X12N implementation guide.

"Loop - specific" comments should be indicated in the first segment of the loop.

Notes and comments are placed at the deepest level of detail. For example, a note about a code value is placed on a row specifically for that code value, not in a general note about the segment.

Transaction	See Details Beginning on Page...
270 Eligibility, Coverage or Benefit Inquiry	9
271 Eligibility, Coverage or Benefit Information	16

Change Control Log
October 8, 2003: On page 5, replaced "Aetna HMO Provider ID (PVN), which is no greater than 5 characters or" with "Aetna HMO Provider ID (PVN), which is no greater than 7 characters or"
July 7, 2004: Corrections to 270 <ul style="list-style-type: none"> • 2100C NM108 & NM109 (Subscriber Primary Identifier) had been incorrectly marked as not used • 2000C and 2000D TRN (Trace) segments had been incorrectly marked as not used. Although Aetna will not use the information in the TRN segments, it will store it to return in the response
July 7, 2004: Added RTE Version 4 changes to 271: <ul style="list-style-type: none"> • 2110C & 2110D EB05 (Plan Coverage Description) is now being used • 2120C & 2120D NM101 (Related Entity Identifier) code value updated; '73' is now being used • 2110C & 2110D EB03 (Service Type) code list updated; '20', '57', '75', '79' are now being used
January 12, 2005: Changed date of service description based on changes from August release
June 2005: Added details to support Family Search option
June 2005: Corrected BHT03 reference; added payer ID value of 953402799 to 2100A:NM109
July, 2005: Corrected typographical error in EQ03 on Page 14
October 2005; Changes in support of acceptance of NPI along with Carrier Assigned Reference Number
September 2006; Added 2006 Enhancements and NPI Changes (these changes are effective November 11, 2006): <ul style="list-style-type: none"> • 2100B:NM108 Instructions to submit Carrier assigned identifier in REF have been removed • 2100B:REF No Longer Used- will be ignored if submitted • DTP01 Qualifier '307' is now used • 2110C:EB06 Qualifier '33' is now used • 2120C & 2120D :NM108 Qualifier 'XX' is now used
06/20/2007 - deleted provider verbiage on page 4.
03/18/2008 - Page 18 - deleted reject reason code, coverage code 78 from Loop ID 2100C, AAA03. Value is now used by Aetna

Aetna's Use of the 270 Eligibility, Coverage or Benefit Inquiry

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
Aetna's Use of the 270 Eligibility, Coverage or Benefit Inquiry						
13		Section 1.3.3 in HIPAA IG	Batch and Real-Time Definitions			For real-time, the HIPAA IG restricts the number of patient requests (2000C or 2000C/2000D loops) to 1 per 270 transaction.
39	Header	BHT02	Transaction Set Purpose Code	01; 36		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
39	Header	BHT03	Reference Identification			Data element situational in HIPAA IG but required if the transaction is processed in real-time. Since Aetna's 270/271 is always processed in real-time, the data element is required by Aetna. Instructions to clearinghouses on how to populate this data element are described in the Master Guide document. Indirectly-connected clearinghouses or providers should discuss this info with the clearinghouse with which they are connecting to Aetna.
40	Header	BHT06	Transaction Type Code			Data element(s) situational in HIPAA IG but will not be used by Aetna
41	2000A	HL	Information Source Level			Only one 2000A loop should be generated per 270 transaction
44	2100A	NM101	Entity Identifier Code	36; GP; P5		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
Aetna's Use of the 270 Eligibility, Coverage or Benefit Inquiry						
45	2100A	NM102	Entity Type Qualifier	1		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
45	2100A	NM103	Information Source Last or Organization Name			<i>AETNA is the correct organizational name</i>
45	2100A	NM104; NM105; NM107	Information Source First Name; Information Source Middle Name; Information Source Name Suffix			Data element(s) situational in HIPAA IG but will not be used by Aetna
46	2100A	NM108	Identification Code Qualifier	XV		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
46	2100A	NM109	Identification Code			<i>953402799 is the correct identification code</i>
47	2000B	HL	Information Receiver Level			For real-time, only one 2000B loop should be generated per 270 transaction. See HIPAA IG pages 13-14 for batch limitations.
50	2100B	NM101	Entity Identifier Code	2B; 36; GP; P5; PR		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
Aetna's Use of the 270 Eligibility, Coverage or Benefit Inquiry						
51	2100B	NM103; NM104; NM105; NM107	Information Source Last or Organization Name; Information Source First Name; Information Source Middle Name; Information Source Name Suffix			Data element(s) situational in HIPAA IG but will not be used by Aetna
52	2100B	NM108	Identification Code Qualifier	24; 34; PI; PP; XV		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
54	2100B	REF	Reference Identification Qualifier			Segment is situational in HIPAA IG but will not be used by Aetna
57	2100B	N3	Information Receiver Address			Segment is situational in HIPAA IG but will not be used by Aetna
58	2100B	N4	Information Receiver City/State/ZIP Code			Segment is situational in HIPAA IG but will not be used by Aetna
60	2100B	PER	Information Receiver Contact Information			Segment is situational in HIPAA IG but will not be used by Aetna
64	2100B	PRV	Information Receiver Provider Information			Segment is situational in HIPAA IG but will not be used by Aetna

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
Aetna's Use of the 270 Eligibility, Coverage or Benefit Inquiry						
66	2000C	HL	Subscriber Level			For real-time, only one patient request (2000C or 2000C/2000D loop) should be generated per 270 transaction. See HIPAA IG pages 13-14 for batch limitations.
73	2100C	NM108	Identification Code Qualifier	ZZ		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
75	2100C	REF01	Reference Identification Qualifier	18; 1L; 1W; 49; CT; EA; F6; GH; HJ; IG; N6; NQ		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
77	2100C	N3	Subscriber Address			Segment is situational in HIPAA IG but will not be used by Aetna
78	2100C	N4	Subscriber City/State/ZIP Code			Segment is situational in HIPAA IG but will not be used by Aetna
80	2100C	PRV	Provider Information			Segment is situational in HIPAA IG but will not be used by Aetna
88	2100C	DTP01	Date Time Qualifier	102; 435		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
89	2110C	EQ	Subscriber Eligibility or Benefit Inquiry Information			Aetna will respond to up to ten 2110C requests for specific service types or procedures per 270 transaction
90	2110C	EQ01	Service Type Code	14, 23, 24, 25, 26, 27, 28, 36, 38, 39, 41		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
Aetna's Use of the 270 Eligibility, Coverage or Benefit Inquiry						
95	2110C	EQ02-1	Product or Service ID Qualifier	CJ; HC; ID; IV; N4; ZZ		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
96	2110C	EQ02-3; EQ02-4; EQ02-5; EQ02-6	Procedure Modifier (four times)			Data element(s) situational in HIPAA IG but will not be used by Aetna
97	2110C	EQ03	Benefit Coverage Level Code	CHD, DEP, ECH, EMP, ESP, IND, SPC, SPO		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
97	2110C	EQ04	Insurance Type Code			Data element(s) situational in HIPAA IG but will not be used by Aetna
99	2110C	AMT	Subscriber Spend Down Amount			Segment is situational in HIPAA IG but will not be used by Aetna
101	2110C	III	Subscriber Eligibility or Benefit Additional Inquiry Information			Segment is situational in HIPAA IG but will not be used by Aetna
104	2110C	REF	Subscriber Additional Information			Segment is situational in HIPAA IG but will not be used by Aetna
106	2110C	DTP01	Date Time Qualifier	435		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
108	2000D	HL	Dependent Level			For real-time, only one patient request (2000C or 2000C/2000D loop) should be generated per 270 transaction. See HIPAA IG pages 13-14 for batch limitations.

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
Aetna's Use of the 270 Eligibility, Coverage or Benefit Inquiry						
116	2100D	REF01	Reference Identification Qualifier	18; 1L; A6; CT; EA; F6; GH; HJ; IF; IG; N6; SY;		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
118	2100D	N3	Dependent Address			Segment is situational in HIPAA IG but will not be used by Aetna
119	2100D	N4	Dependent City/State/Zip Code			Segment is situational in HIPAA IG but will not be used by Aetna
121	2100D	PRV	Provider Information			Segment is situational in HIPAA IG but will not be used by Aetna
130	2100D	DTP01	Date Time Qualifier	102; 435		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
131	2110D	EQ	Dependent Eligibility or Benefit Inquiry Information			Aetna will respond to up to ten 2110D requests for specific service types or procedures per 270 transaction
132	2110D	EQ01	Service Type Code	14, 23, 24, 25, 26, 27, 28, 36, 38, 39, 41		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
137	2110D	EQ02-1	Product or Service ID Qualifier	CJ; HC; ID; IV; N4; ZZ		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
138	2110D	EQ02-3; EQ02-4; EQ02-5; EQ02-6	Procedure Modifier (four times)			Data element(s) situational in HIPAA IG but will not be used by Aetna
139	2110D	EQ03; EQ04	Benefit Coverage Level Code; Insurance Type Code			Data element(s) situational in HIPAA IG but will not be used by Aetna

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
Aetna's Use of the 270 Eligibility, Coverage or Benefit Inquiry						
140	2110D	AMT	Subscriber Spend Down Amount			Segment is situational in HIPAA IG but will not be used by Aetna
140	2110D	III	Dependent Eligibility or Benefit Additional Inquiry Information			Segment is situational in HIPAA IG but will not be used by Aetna
143	2110D	REF	Dependent Additional Information			Segment is situational in HIPAA IG but will not be used by Aetna
145	2110D	DTP01	Date Time Qualifier	435;		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna

Aetna's Use of the 271 Eligibility, Coverage or Benefit Information

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
			Aetna's Use of the 271 Eligibility, Coverage or Benefit Information			
160	2000A	AAA	Request Validation			Segment is situational in HIPAA IG but will not be used by Aetna
163	2100A	NM101	Entity Identifier Code	2B; 36; GP; P5;		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
164	2100A	NM102	Entity Type Qualifier	1		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
164	2100A	NM103	Information Source Last or Organization Name			<i>Aetna to return value of "AETNA INC" (quotes will not be returned) – this will be changed to "AETNA" in a future release</i>
164	2100A	NM104; NM105; NM107	Information Source First Name; Information Source Middle Name; Information Source Name Suffix			Data element(s) situational in HIPAA IG but will not be used by Aetna
165	2100A	NM108	Identification Code Qualifier	24; 46; FI; NI; XV; XX		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
165	2100A	NM109	Identification Code			<i>Aetna to return value of "953402799" (quotes will not be returned)</i>
166	2100A	REF	Information Source Additional Information			Segment is situational in HIPAA IG but will not be used by Aetna
168	2100A	PER	Information Source Contact Information			Segment is situational in HIPAA IG but will not be used by Aetna

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
Aetna's Use of the 271 Eligibility, Coverage or Benefit Information						
173	2100A	AAA01	Valid Request Indicator	Y		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
173	2100A	AAA03	Reason Reject Code	04; 41; 79; 80; T4		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
174	2100A	AAA04	Follow-Up Action Code	C; N; R; S; W; X; Y		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
178	2100B	NM101	Entity Identifier Code	2B; 36; GP; P5; PR		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
179	2100B	NM108	Identification Code Qualifier	24; 34; PI; PP; XV		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
182	2100B	REF	Information Receiver Additional Information			Segment is situational in HIPAA IG but will not be used by Aetna
185	2100B	AAA01	Valid Request Indicator	Y		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
185	2100B	AAA03	Reject Reason Code	15; 41; 44; 45; 46; 47; 48; 50; 51; 79; 97; T4;		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
186	2100B	AAA04	Follow-Up Action Code	N; R; S; W; X; Y		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
Aetna's Use of the 271 Eligibility, Coverage or Benefit Information						
191	2000C	TRN01	Trace Type Code	1		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
192	2000C	TRN04	Trace Assigning Entity Additional Identifier			Data element(s) situational in HIPAA IG but will not be used by Aetna
194	2100C	NM106	Subscriber Name Prefix			Data element(s) situational in HIPAA IG but will not be used by Aetna
195	2100C	NM108	Identification Code Qualifier	ZZ		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
197	2100C	REF01	Reference Identification Qualifier	1L; 1W; 3H; 49; CT; EA; F6; GH; HJ; IF; IG; ML; N6; NQ; Q4;		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
199	2100C	REF03	Plan Sponsor Name			Data element(s) situational in HIPAA IG but will not be used by Aetna
202	2100C	N404 N405 N406	Country Code; Location Qualifier; Location Identification Code			Data element(s) situational in HIPAA IG but will not be used by Aetna
203	2100C	PER	Subscriber Contact Information			Segment is situational in HIPAA IG but will not be used by Aetna

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
Aetna's Use of the 271 Eligibility, Coverage or Benefit Information						
207	2100C	AAA01	Valid Request Indicator	Y		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
208	2100C	AAA03	Reject Reason Code	15; 42; 43; 45; 47; 48; 49; 51; 52; 57; 58; 60; 61; 62; 63; 64; 65; 66; 67; 68; 71; 72; 73; 74		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
209	2100C	AAA04	Follow-Up Action Code	N; R; S; W; X; Y;		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
214	2100C	INS09; INS10; INS17	Student Status Code; Handicap Indicator; Birth Sequence number			Data element(s) situational in HIPAA IG but will not be used by Aetna
216	2100C	DTP01	Date Time Qualifier	102; 152; 291; 318; 340; 341; 342; 343; 356; 357; 382; 435; 442; 458; 539; 540; 636; 771		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
219	2110C	EB01	Eligibility or Benefit Information	2; 4; 5; 7; 8; H; K; M; MC; N; O; P; Q; S; T; X; Y		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
Aetna's Use of the 271 Eligibility, Coverage or Benefit Information						
221	2110C	EB03	Service Type Code	1; 7; 9; 11; 14; 15; 16; 18; 19; 21; 22; 32; 33; 42; 43; 46; 49; 54; 55; 56; 58; 63; 64; 67; 71; 72; 77; 85; 87; 93; 95; 96; A0; A3; A4; A5; A9; AA; AG; AI; AJ; AK; AQ; AR; BA; BB; BC; BD; BE; BF; BG; BH; BI; BJ; BK; BL; BM; BN; BO; BP; BQ; BR; BS		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
Aetna's Use of the 271 Eligibility, Coverage or Benefit Information						
226	2110C	EB04	Insurance Type Code	12; 13; 14; 15; 16; 41; 42; 43; 47; AP; C1; CO; CP; D; DB; FF; GP; HN; HS; IP; LC; LD; LI; LT; MA; MB; MH; MI; MP; PE; PL; PP; QM; RP; SP; TF; WC; WU		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
228	2110C	EB06	Time Period Qualifier	6; 13; 21; 28; 31; 35		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
229	2110C	EB09	Quantity Qualifier	CA; CE; DB; LA; LE; QA		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
230	2110C	EB13	Composite Medical Procedure Identifier			Data element(s) situational in HIPAA IG but will not be used by Aetna
234	2110C	HSD01	Quantity Qualifier	HS; MN		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
234	2110C	HSD03	Unit or Basis for Measurement Code	VS		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
Aetna's Use of the 271 Eligibility, Coverage or Benefit Information						
235	2110C	HSD06; HSD07; HSD08	Time Period Qualifier; Period Count; Delivery Frequency Code; Delivery Pattern Time Code			Data element(s) situational in HIPAA IG but will not be used by Aetna
238	2110C	REF	Subscriber Additional Identification			Segment is situational in HIPAA IG but will not be used by Aetna
240	2110C	DTP01	Date Time Qualifier	198; 318; 348; 349; 356; 435; 472; 636;		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
242	2110C	AAA	Subscriber Request Validation			Segment is situational in HIPAA IG but will not be used by Aetna
246	2115C	III	Subscriber Eligibility or Benefit Additional Information			Segment is situational in HIPAA IG but will not be used by Aetna
250	2120C	NM101	Entity Identifier Code	1P; 2B; IL; LR; P4; P5; TTP; VN; X3		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
252	2120C	NM108	Identification Code Qualifier	24; 34; 46; FI; MI; NI; PP; XV; ZZ		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
258	2120C	PER02; PER07; PER08	Benefit Related Entity Contact Name; Communication Number Qualifier; Communication Number			Data element(s) situational in HIPAA IG but will not be used by Aetna

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
Aetna's Use of the 271 Eligibility, Coverage or Benefit Information						
258	2120C	PER03	Communication Number Qualifier	ED; EM; FX; WP		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
261	2120C	PRV	Subscriber Benefit Related Provider Information			Segment is situational in HIPAA IG but will not be used by Aetna
269	2000D	TRN01	Trace Type Code	1		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
270	2000D	TRN04	Reference Identification			Data element(s) situational in HIPAA IG but will not be used by Aetna
272	2100D	NM106	Name Prefix			Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
273	2100D	NM108	Identification Code Qualifier	ZZ		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
275	2100D	REF01	Reference Identification Qualifier	1L; 1W; 49; 6P; EA; F6; GH; HJ; IF; IG; M7; N6; NQ; Q4		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
279	2100D	N404 N405 N406	Country Code; Location Qualifier; Location Identifier			Data element(s) situational in HIPAA IG but will not be used by Aetna
280	2100D	PER	Dependent Contact Information			Segment is situational in HIPAA IG but will not be used by Aetna
284	2100D	AAA	Dependent Request Validation			Segment is situational in HIPAA IG but will not be used by Aetna

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
Aetna's Use of the 271 Eligibility, Coverage or Benefit Information						
291	2100D	INS09; INS10; INS17	Student Status Code; Handicap Indicator; Birth Sequence Number			Data element(s) situational in HIPAA IG but will not be used by Aetna
293	2100D	DTP01	Date Time Qualifier	102; 152; 291; 318; 340; 341; 342; 347; 382; 434; 435; 442; 458; 539; 540; 636		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
296	2110D	EB01	Eligibility or Benefit Information	2; 3; 4; 5; 7; 8; H; J; M; MC; N; O; P; Q; S; T; X; Y		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
Aetna's Use of the 271 Eligibility, Coverage or Benefit Information						
298	2110D	EB03	Service Type Code	1; 7; 9; 11; 14; 15; 16; 18; 19; 21; 22; 32; 33; 42; 43; 46; 49; 54; 55; 56; 58; 63; 64; 67; 71; 72; 77; 85; 87; 93; 95; 96; A0; A3; A4; A5; A9; AA; AG; AI; AJ; AK; AQ; AR; BA; BB; BC; BD; BE; BF; BG; BH; BI; BJ; BK; BL; BM; BN; BO; BP; BQ; BR; BS		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
Aetna's Use of the 271 Eligibility, Coverage or Benefit Information						
303	2110D	EB04	Insurance Type Code	12; 13; 14; 15; 16; 41; 42; 43; 47; AP; C1; CO; CP; D; DB; FF; GP; HNHS; IP; LC; LD; LI; LT; MA; MB; MH; MI; MP; PE; PL; PP; QM; RP; SP; TF; WC; WU		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
305	2110D	EB06	Time Period Qualifier	6; 13; 21; 28; 31; 35		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
306	2110D	EB09	Quantity Qualifier	CA; CE; DB; LA; LE; QA		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
307	2110D	EB13	Composite Medical Procedure Identifier			Data element(s) situational in HIPAA IG but will not be used by Aetna
310	2110D	HSD01	Quantity Qualifier	HS; MN		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
Aetna's Use of the 271 Eligibility, Coverage or Benefit Information						
310	2110D	HSD03	Unit or Basis for Measurement Code	VS		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
311	2110D	HSD06; HSD07; HSD08	Time Period Qualifier; Period Count; Delivery Frequency Code; Delivery Pattern Time Code			Data element(s) situational in HIPAA IG but will not be used by Aetna
314	2110D	REF	Dependent Additional Information			Segment is situational in HIPAA IG but will not be used by Aetna
316	2110D	DTP01	Date Time Qualifier	198;318; 348; 349; 356; 435; 472; 636; 771		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
318	2110D	AAA	Dependent Request Validation			Segment is situational in HIPAA IG but will not be used by Aetna
322	2115D	III	Dependent Eligibility or Dependent Additional Information			Segment is situational in HIPAA IG but will not be used by Aetna
326	2120D	NM101	Entity Identifier Code	1P; 2B; IL; LR; P4; P5; VN; X3		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
Aetna's Use of the 271 Eligibility, Coverage or Benefit Information						
328	2120D	NM107	Benefit Related Entity Name Suffix			Data element(s) situational in HIPAA IG but will not be used by Aetna
328	2120D	NM108	Identification Code Qualifier	24; 34; 46; FI; MI; NI; PP; XV; ZZ		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
344	2120D	PER03; PER05; PER06; PER07; PER08	Benefit Related Entity Communication Number; Communication Number Qualifier; Benefit Related Entity Communication Number			Data element(s) situational in HIPAA IG but will not be used by Aetna
337	2120D	PRV	Dependent Benefit Related Provider Information			Segment is situational in HIPAA IG but will not be used by Aetna