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# **Provider eSolutions Companion Guide Series**

**278 Medical Referral Request / Response**

**For Clearinghouses and Providers Connecting  
Directly or Indirectly to Aetna**

**Companion Guide**

**Refers to the X12N Implementation Guide  
004010X094A1: 278 Health Care Services  
Review – Request for Review and Response**

**Companion Guide Version Number: 1.0**

**September 2007**



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This document is intended for use by Aetna personnel and by clearinghouses and providers connecting either directly or indirectly to Aetna.

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## 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.



# Aetna Provider Transaction Companion Guide Series

This is the 278 Medical Referral Request / Response Companion Guide from the Provider eServices Companion Guide Series. It follows the WEDI/CAQH “best practices” template for describing a payer’s implementation of a HIPAA-mandated transaction.

The Aetna Provider eSolutions Companion Guide Series is designed to include all of the information needed by Aetna’s trading partners<sup>1</sup> 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 for communication protocol specifications, control segments / envelopes, etc.

Information	Directly-Connected Trading Partners	Indirectly-Connected Providers and Clearinghouses
Connectivity options, communication protocol specifications, interchange control envelope, implementation plans	<b>Provider eSolutions Companion Guide Series - Master Guide</b>	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	<b>Provider eSolutions Companion Guide Series - [Transaction] General Instructions</b>	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	<b>Provider eSolutions Companion Guide Series - [Transaction] Companion Guide</b>	<b>Provider eServices Companion Guide Series - [Transaction] Companion Guide</b> 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 <sup>2</sup> 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	<b>Provider eSolutions Companion Guide Series - [Transaction] Companion Guide</b>	These entities should ask the clearinghouse with whom they are directly connected for that clearinghouse’s documentation

<sup>1</sup> 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.

<sup>2</sup> 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 278 Medical Referral Request and Response

Please note that the 004010X094A1: 278 Health Care Services Review - Request for Review and Response Implementation Guide allows for three types of Request Category Code (UM01). Two of these types apply to precertifications only, and the third applies to referrals only:

• AR (Admission Review)	Applies to precertifications for inpatient services (Admission Requests)
• HS (Health Services Review)	Applies to precertifications for procedures
• SC (Specialty Care Review)	Applies to referrals to a specialist or specialty

The **278 Medical Referral Request / Response Companion Guide** (this document) applies only to referrals to medical specialists or specialties. Aetna also has the following 278 Health Care Services Review - Request and Response Companion Guides:

- 278 Medical Precertification Request / Response Companion Guide
- 278 Pharmacy Precertification Request / Response Companion Guide
- 278 Dental Referral or Precertification Request / Response Companion Guide
- 278 Medical Precertification Appeals and Extensions Companion Guide

In addition, Aetna supports the 004010X059: 278 Health Care Services Review - Inquiry and Response Implementation Guide, which is not mandated by HIPAA. Aetna has the following 278 Health Care Services Review - Inquiry and Response Companion Guides:

- 278 Precertification Inquiry Companion Guide
- 278 Referral Inquiry Companion Guide

### Disclaimer

A **certification action** indicating “**Certified in total**” is **not** a guarantee of payment. Payment is subject to eligibility on date of service, plan benefits limitations and exclusions, pre-existing condition limitations, and patient liability under the plan.

### Medical Referral Requests

Medical referrals are made either to a specialist or to a specialty. Medical referral requests must always include **one** of the following:

• Referred To Provider ID	Required if referral is to a specific provider – use 2010E: NM108 & NM109
• Referred To Provider Taxonomy Code	Required if referral is to a provider type – use 2010E: PRV



## Aetna's Usage of the 004010X094A1: 278 Health Care Services Review - Request for Review and Response for Medical Referrals

This section describes Aetna's usage of loops, segments, data elements and code values when the information in the **004010X094A1: 278 Health Care Services Review - Request for Review and Response Implementation Guide** requires clarification for medical referrals. 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...
278 Health Care Services Review - Request for Review	8
278 Health Care Services Review - Response to Request for Review	18

Change Control Log
11-12-03 - Removed an edit in all HI0x-02 data elements that stated * <i>If alpha numeric, then only initial character may be alpha and must = V or E.</i>
11-21-03 - Added a Disclaimer to Page 5.
02-09-04 - Changed all references to "Transaction Guide" to "Companion Guide."
02-18-04 - Added a section to page 5 that differentiated between the different versions of the 278. Changed 2010B: PRV and 2010B: PER to "Not Used." Change 2000C and 2000D HI0x-2 min/max to 3/5.
04-06-04 - Changed wording in front matter to clarify differences between Aetna's various 278 companion guides.
6-1-04 - Corrected description on page 4 of non-HIPAA provider transactions; added wording on page 5 about 278 inquiry guides; corrected BHT03 reference
10/13/2005: Updated Request's 2010B and 2010E NM108s and NM109s to support 10 byte National Provider Identifier [NPI], and 2010B and 2010E REFs (Supplemental Provider Identifier) to support 2-7 byte Carrier Assigned Reference Number when NPI submitted as Primary ID. Updated Response 2000F: deleted AAA01 variance from HIPAA IG effective 08/12/2005
9-18-06: Deleted use of all REF segments for the HL21 and HL19 loops. Deleted the 'XX' qualifier in NM108 for HL21 and HL19 on the response due to a production release scheduled for 11/11/06 to accept, process and return NPI
09/21/2007: Deleted the value of 21 (Inpatient Hospital) for use in UM04-1 (Facility Type Code) in the Request and added the same values that will be supported in the response. POS=21 will be supported until early/mid 2008 release at which time will be rejected with an AAA=33 (Input Error).



Aetna's Use of the 278 Medical Referral Request

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
52	Header	BHT03	Reference Identification			Instructions to clearinghouses on how to populate this data element are described in the <b>Aetna Provider Transaction Companion Guide Series Master Guide</b> document. Indirectly-connected clearinghouses or providers should discuss this info with the clearinghouse with which they are connecting to Aetna.
<b>Utilization Management Organization Loop</b>						
56	2010A	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
56	2010A	NM103; NM104; NM105; NM107	Utilization Management Organization Last Name; Utilization Management Organization First Name; Utilization Management Organization Middle Name; Utilization Management Organization Name Suffix			Data element(s) situational in HIPAA IG but will not be used by Aetna
57	2010A	NM108	Identification Code Qualifier	24; 34; 46; XV; XX		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
<b>Requester Loop</b>						
61	2010B	NM103; NM104; NM105; NM107	Requester Last Name; Requester First Name; Requester Middle Name; Requester Name Suffix			Data element(s) situational in HIPAA IG but will not be used by Aetna



Aetna's Use of the 278 Medical Referral Request

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
61	2010B	NM108	Identification Code Qualifier	24; 34		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
62	2010B	NM109	Requester Identifier		Min: 2 Max:10	Numeric
63	2010B	REF01	Reference Identification Qualifier			Segment is situational in HIPAA IG but will not be used by Aetna
63	2010B	REF02	Requester Supplemental Identifier			Segment is situational in HIPAA IG but will not be used by Aetna
65	2010B	N3	Requester Address			Segment is situational in HIPAA IG but will not be used by Aetna
65	2010B	N4	Requester City/State/Zip Code			Segment is situational in HIPAA IG but will not be used by Aetna
68	2010B	PER	Requester Contact Information			Segment is situational in HIPAA IG but will not be used by Aetna
71	2010B	PRV	Requester Provider Information			Segment is situational in HIPAA IG but will not be used by Aetna
<b>Subscriber Loop</b>						
75	2000C	DTP	Accident Date			Segment is situational in HIPAA IG but will not be used by Aetna
76	2000C	DTP	Last Menstrual Period Date			Segment is situational in HIPAA IG but will not be used by Aetna
77	2000C	DTP	Estimated Date of Birth			Segment is situational in HIPAA IG but will not be used by Aetna
78	2000C	DTP	Onset of Current Symptoms or Illness Date			Segment is situational in HIPAA IG but will not be used by Aetna



Aetna's Use of the 278 Medical Referral Request

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
80	2000C	HI01-02; HI02-02; HI03-02	Diagnosis Code		Min: 3 Max: 5	Alpha numeric or numeric Do not send decimals. Aetna supports only the industry standard ICD-9 codes.
80	2000C	HI01-03; HI02-03; HI03-03; HI01-04; HI02-04; HI03-04	Date Time Period Format Qualifier; Date Time Period			Data element(s) situational in HIPAA IG but will not be used by Aetna
80	2000C	HI04; HI05; HI06; HI07; HI08; HI09; HI10; HI11; HI12;	Health Care Code Information			Data element(s) situational in HIPAA IG but will not be used by Aetna
39 in A1	2000C	PWK	Paperwork			Segment is situational in HIPAA IG but will not be used by Aetna
90	2010CA	NM103; NM104; NM105; NM107	Subscriber Last Name; Subscriber First Name; Subscriber Middle Name; Subscriber Name Suffix			Data element(s) situational in HIPAA IG but will not be used by Aetna
90	2010CA	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
91	2010CA	NM109	Subscriber Primary Identifier		Min: 2 Max: 13	Alpha numeric bytes (A - Z, upper case only and / or 0 - 9) or numeric
93	2010CA	REF	Subscriber Supplemental Identification			Segment is situational in HIPAA IG but will not be used by Aetna



Aetna's Use of the 278 Medical Referral Request

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
95	2010CA	DMG02	Subscriber Birth Date			Data element(s) required for referrals only if Member ID entered is <b>NOT</b> [8 bytes/with at least one alpha] or [entered using card swipe technology]
95	2010CA	DMG03	Subscriber Gender Code			Data element(s) is situational in HIPAA IG but will not be used by Aetna
<b>Dependent Loop</b>						
98	2000D	DTP	Accident Date			Segment is situational in HIPAA IG but will not be used by Aetna
99	2000D	DTP	Last Menstrual Period Date			Segment is situational in HIPAA IG but will not be used by Aetna
100	2000D	DTP	Estimated Date of Birth			Segment is situational in HIPAA IG but will not be used by Aetna
101	2000D	DTP	Onset of Current Symptoms or Illness Date			Segment is situational in HIPAA IG but will not be used by Aetna
103	2000D	HI01-02; HI02-02; HI03-02	Diagnosis Code		Min: 3 Max: 5	Alpha numeric or numeric Do not send decimals. Aetna supports only the industry standard ICD-9 codes.
103	2000D	HI01-03; HI02-03; HI03-03; HI01-04; HI02-04; HI03-04	Date Time Period Format Qualifier; Date Time Period			Data element(s) situational in HIPAA IG but will not be used by Aetna
103	2000D	HI04; HI05; HI06; HI07; HI08; HI09; HI10; HI11; HI12;	Health Care Code Information			Data element(s) situational in HIPAA IG but will not be used by Aetna



Aetna's Use of the 278 Medical Referral Request

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
49 in A1	2000D	PWK	Paperwork			Segment is situational in HIPAA IG but will not be used by Aetna
113	2010DA	NM103; NM105; NM107	Dependent Last Name; Dependent Middle Name; Dependent Name Suffix			Data element(s) situational in HIPAA IG but will not be used by Aetna
113	2010DA	NM104	Dependent First Name		Min: 1 Max: 16	Alpha bytes, upper case only If there are multiple members with the same Date of Birth (e.g., twins,) then member's first name is needed for member search. 5 char min recommended
114	2010DA	REF	Dependent Supplemental Identification			Segment is situational in HIPAA IG but will not be used by Aetna
117	2010DA	DMG02	Dependent Birth Date			Data element(s) required for referrals only if Member ID entered is <b>NOT</b> [8 bytes/with at least one alpha] or [entered using card swipe technology]
117	2010DA	DMG03	Dependent Gender Code			Data element(s) situational in HIPAA IG but will not be used by Aetna
118	2010DA	INS	Dependent Relationship			Segment is situational in HIPAA IG but will not be used by Aetna
<b>Service Provider Loop</b>						
121	2000E	HL	Service Provider Level			For real-time referrals, only one Service Provider Loop (HL19) is used per 278 transaction
123	2000E	MSG01	Free-form Message Text		Min: 1 Max: 76	Alpha numeric – leading spaces not allowed Aetna will use only the first 76 characters Not used in automated Referral or Claims matching / adjudication determinations.



Aetna's Use of the 278 Medical Referral Request

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
124	2010E	NM1	Service Provider Name			<i>For real-time referrals, only one Service Provider Name Loop is used per Service Provider Loop</i>
125	2010E	NM103; NM104; NM105; NM107	Service Provider Last Name; Service Provider First Name; Service Provider Middle Name; Service Provider Name Suffix			Data element(s) situational in HIPAA IG but will not be used by Aetna
126	2010E	NM108; NM109	Identification Code Qualifier; Service Provider Identifier			<i>Per the HIPAA IG, data element(s) required for <b>Refer to Specialist</b> option; if not sent, the Provider Taxonomy Code (PRV03) must be sent (<b>Refer to Specialty</b> option)</i>
126	2010E	NM108	Identification Code Qualifier	24; 34		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
126	2010E	NM109	Service Provider Identifier		Min: 2 Max: 10	numeric
127	2010E	REF01	Reference Identification Qualifier			Segment is situational in HIPAA IG but will not be used by Aetna
127	2010E	REF02	Requester Supplemental Identifier			Segment is situational in HIPAA IG but will not be used by Aetna
129	2010E	N3	Service Provider Address			Segment is situational in HIPAA IG but will not be used by Aetna
130	2010E	N4	Service Provider City/State/Zip Code			Segment is situational in HIPAA IG but will not be used by Aetna
132	2010E	PER	Service Provider Contact Information			Segment is situational in HIPAA IG but will not be used by Aetna
135	2010E	PRV	Service Provider Information			<i>Per the HIPAA IG, segment is required for <b>Refer to Specialty</b> option; if not sent, the Service Provider Identifier (NM108 &amp; NM109) must be sent (<b>Refer to Specialist</b> option)</i>



Aetna's Use of the 278 Medical Referral Request

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
136	2010E	PRV03	Provider Taxonomy Code		Min 10 Max 10	Alphanumeric Aetna uses a subset (36 values) of the allowed Provider Taxonomy values. Instructions to clearinghouses on which values are supported are described in the "Specialty Family Table" in the <b>Aetna Provider eSolutions Companion Guide Series Referral Request Response Guide - General Instructions</b> document. Indirectly-connected clearinghouses or providers should discuss this info with the clearinghouse with which they are connecting to Aetna.
<b>Service Loop</b>						
137	2000F	HL	Service Level			For real-time referrals, only one Service Loop is used per Service Provider Loop
141	2000F	UM01	Health Care Services Information	SC		SC is used for referrals
141	2000F	UM02	Certification Type Code	1; 2; 3; 4; R; S		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
142	2000F	UM03	Service Type Code			Data element(s) situational in HIPAA IG but will not be used by Aetna
146	2000F	UM04-1	Facility Type Code	11; 22; 24		Only the code values listed here should be used for referrals
142	2000F	UM04-2	Facility Code Qualifier	A		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 278 Medical Referral Request

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
146	2000F	UM05; UM06; UM07; UM08; UM10	Related Causes Information; Level of Service Code; Current Health Condition Code; Prognosis Code; Delay Reason Code			Data element(s) situational in HIPAA IG but will not be used by Aetna
150	2000F	REF	Previous Certification Information			Segment is situational in HIPAA IG but will not be used by Aetna
152	2000F	DTP	Service Date			Segment is situational in HIPAA IG but will not be used by Aetna
154	2000F	DTP	Admission Date			Segment is situational in HIPAA IG but will not be used by Aetna
156	2000F	DTP	Discharge Date			Segment is situational in HIPAA IG but will not be used by Aetna
157	2000F	DTP	Surgery Date			Segment is situational in HIPAA IG but will not be used by Aetna
159	2000F	HI01-01; HI02-01; HI03-01; HI04-01; HI05-01	Code List Qualifier Code	BQ; JP; NDC; ZZ		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
160	2000F	HI01-02; HI02-02; HI03-02; HI04-02; HI05-02	Procedure Code			<i>Alpha numeric (A - Z upper case only and / or 0 - 9) or numeric Aetna supports industry standard CPT4 and HCPCS codes If data element(s) not sent, referral will be authorized for consult only with automatic studies</i>

Aetna's Use of the 278 Medical Referral Request

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
160	2000F	HI01-03; HI01-04; HI01-07; HI02-03; HI02-04; HI02-07; HI03-03; HI03-04; HI03-07; HI04-03; HI04-04; HI04-07; HI05-03; HI05-04; HI05-07	Date Time Period Format Qualifier; Date Time Period; Version Identifier			Data element(s) situational in HIPAA IG but will not be used by Aetna
160	2000F	HI01-06; HI02-06; HI03-06; HI04-06; HI05-06	Procedure Quantity		Min: 1 Max: 2	Aetna will use Procedure Quantity (HI0x-6) only when Procedure Code (HI0x-2) is populated with CPT4 Eval & Mgmt values 99200 -99500. If sent, a positive, non-zero value must be sent. If not sent, a quantity of 1 is assumed. If HSD02 (Quantity) is also populated, then Aetna will use whichever quantity is larger.
165	2000F	HI06; HI07; HI09; HI10; HI11; HI12	Health Care Code Information			Data element(s) situational in HIPAA IG but will not be used by Aetna
175	2000F	HSD	Health Care Services Delivery			If no HSD02 quantity is sent, Aetna will assume a quantity of 1.
176	2000F	HSD01	Quantity Qualifier	DY; FL; HS; MN		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 278 Medical Referral Request

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
176	2000F	HSD02	Service Unit Count		Min: 1 Max: 2	Numeric If sent, a positive, non-zero value must be sent. If not sent, a quantity of 1 is assumed.
176	2000F	HSD03; HSD04; HSD05; HSD06; HSD07; HSD08	Unit or Basis for Measurement Code; Sample Selection Modulus; Time Period Qualifier; Number of Periods; Ship/Deliver or Calendar Pattern Code; Ship/Delivery Pattern Code			Data element(s) situational in HIPAA IG but will not be used by Aetna
180	2000F	CRC	Patient Condition Information			Segment is situational in HIPAA IG but will not be used by Aetna
189	2000F	CL1	Institutional Claim Code			Segment is situational in HIPAA IG but will not be used by Aetna
191	2000F	CR1	Ambulance Transport Information			Segment is situational in HIPAA IG but will not be used by Aetna
192	2000F	CR2	Spinal Manipulation Service Information			Segment is situational in HIPAA IG but will not be used by Aetna
200	2000F	CR5	Home Oxygen Therapy Information			Segment is situational in HIPAA IG but will not be used by Aetna
205	2000F	CR6	Home Health Care Information			Segment is situational in HIPAA IG but will not be used by Aetna
A91	2000F	PWK	Paperwork			Segment is situational in HIPAA IG but will not be used by Aetna
A91	2000F	PWK	Paperwork			Segment is situational in HIPAA IG but will not be used by Aetna
211	2000F	MSG	Message Text			Segment is situational in HIPAA IG but will not be used by Aetna



Aetna's Use of the 278 Medical Referral Response

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
220	Header	BHT06	Transaction Type Code			Data element(s) situational in HIPAA IG but will not be used by Aetna
<b>Utilization Management Organization Level Loop</b>						
223	2000A	AAA	Request Validation			Segment is situational in HIPAA IG but will not be used by Aetna
226	2010A	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
226	2010A	NM104; NM105; NM107	Utilization Management Organization First Name; Utilization Management Organization Middle Name; Utilization Management Organization Name Suffix			Data element(s) situational in HIPAA IG but will not be used by Aetna
226	2010A	NM108	Identification Code Qualifier	24; 34; 46; XV; XX		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
228	2010A	PER	Utilization Management Organization Contact Information			Segment is situational in HIPAA IG but will not be used by Aetna
231	2010A	AAA01	Valid Response Indicator	Y		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
232	2010A	AAA03	Reject Reason 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
232	2010A	AAA04	Follow-Up Action Code	Y		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 278 Medical Referral Response

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
<b>Requester Name Loop</b>						
236	2010B	NM101	Entity Identifier Code	FA		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
237	2010A	NM108	Identification Code Qualifier	24; 34		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
238	2010B	NM109	Requester Identifier		Min: 2 Max: 10	Numeric
239	2010B	REF	Requester Supplemental Information			Segment is situational in HIPAA IG but will not be used by Aetna
241	2010B	AAA01	Valid Response Indicator	Y		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
242	2010B	AAA03	Reject Reason Code	44; 45; 46; 47; 50; 79; 97		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
242	2010B	AAA04	Follow-Up Action Code	N; R		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
243	2010B	PRV	Requester Provider Information			Segment is situational in HIPAA IG but will not be used by Aetna
<b>Subscriber Level Loop</b>						
247	2000C	AAA01	Valid Response Indicator	Y		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
248	2000C	AAA04	Follow-Up Action Code	N		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
249	2000C	DTP	Accident Date			Segment is situational in HIPAA IG but will not be used by Aetna
250	2000C	DTP	Last Menstrual Period Date			Segment is situational in HIPAA IG but will not be used by Aetna



Aetna's Use of the 278 Medical Referral Response

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
251	2000C	DTP	Estimated Date of Birth			Segment is situational in HIPAA IG but will not be used by Aetna
252	2000C	DTP	Onset of Current Symptoms or Illness Date			Segment is situational in HIPAA IG but will not be used by Aetna
253	2000C	HI01-01	Diagnosis Type Code	BJ; BK; LOI		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
254	2000C	HI02-01	Diagnosis Type Code	BJ; LOI		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
255	2000C	HI03-01	Diagnosis Type Code	LOI		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
254	2000C	HI01-02	Industry Code		Min: 3 Max: 5	Alpha numeric or numeric
254	2000C	HI01-03; HI01-04; HI02-03; HI02-04; HI03-03; HI03-04	Date Time Period Format Qualifier; Date Time Period			Data element(s) situational in HIPAA IG but will not be used by Aetna
256	2000C	HI04; HI05; HI06; HI07; HI08; HI09; HI10; HI11; HI12	Diagnosis 4; Diagnosis 5; Diagnosis 6; Diagnosis 7; Diagnosis 8; Diagnosis 9; Diagnosis 10; Diagnosis 11; Diagnosis 12;			Data element(s) situational in HIPAA IG but will not be used by Aetna
115 in A1	2000C	PWK	Paperwork			Segment is situational in HIPAA IG but will not be used by Aetna
<b>Subscriber Name Loop</b>						
263	2010CA	NM103	Subscriber Last Name			If name is preceded by "NOT REQD" (not required), this means a name was submitted in the request but could not be verified



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Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
263	2010CA	NM104	Subscriber First Name			<i>If name is preceded by "NOT REQD" (not required), this means a name was submitted in the request but could not be verified</i>
263	2010CA	NM103	Subscriber Middle Name			Data element(s) situational in HIPAA IG but will not be used by Aetna
263	2010CA	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
266	2010CA	REF01	Reference Identification Qualifier	1L; 1W; 6P; A6; F6; HJ; IG; N6; NQ; SY		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
267	2010CA	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
268	2010CA	AAA03	Reject Reason Code	15; 65; 66; 71; 72; 73; 74; 75; 76; 78; 79		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
268	2010CA	AAA04	Follow-Up Action Code	N; R		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
270	2010CA	DMG03	Subscriber Gender Code			Data element(s) situational in HIPAA IG but will not be used by Aetna
<b>Additional Patient Information Contact Name Loop</b>						
129 in A1	2010CB	NM1	Additional Patient Information Contact Name			Segment is situational in HIPAA IG but will not be used by Aetna
133 in A1	2010CB	N3	Additional Patient Information Contact Address			Segment is situational in HIPAA IG but will not be used by Aetna
134 in A1	2010CB	N4	Additional Patient Information Contact City/State/Zip Code			Segment is situational in HIPAA IG but will not be used by Aetna



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Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
136 in A1	2010CB	PER	Additional Patient Information Contact Information			Segment is situational in HIPAA IG but will not be used by Aetna
<b>Dependent Level Loop</b>						
273	2000D	AAA01	Valid Response Indicator	Y		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
274	2000D	AAA04	Follow-Up Response Code	N		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
275	2000D	DTP	Accident Date			Segment is situational in HIPAA IG but will not be used by Aetna
276	2000D	DTP	Last Menstrual Period Date			Segment is situational in HIPAA IG but will not be used by Aetna
277	2000D	DTP	Estimated Date of Birth			Segment is situational in HIPAA IG but will not be used by Aetna
278	2000D	DTP	Onset of Current Illness or Symptoms Date			Segment is situational in HIPAA IG but will not be used by Aetna
279	2000D	HI01-01	Diagnosis Type Code	BJ; BK; LOI		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
280	2000D	HI02-01	Diagnosis Type Code	BJ; LOI		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
281	2000D	HI03-01	Diagnosis Type Code	LOI		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
280	2000D	HI01-03; HI01-04; HI02-03; HI02-04; HI03-03; HI03-04	Date Time Period Format Qualifier; Diagnosis Date			Data element(s) situational in HIPAA IG but will not be used by Aetna



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Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
282	2000D	HI04; HI05; HI06; HI07; HI08; HI09; HI10; HI11; HI12	Diagnosis 4; Diagnosis 5; Diagnosis 6; Diagnosis 7; Diagnosis 8; Diagnosis 9; Diagnosis 10; Diagnosis 11; Diagnosis 12;			Data element(s) situational in HIPAA IG but will not be used by Aetna
155 in A1	2000D	PWK	Paperwork			Segment is situational in HIPAA IG but will not be used by Aetna
Dependent Name Loop						
289	2010DA	NM103	Dependent Last Name			<i>If name is preceded by "NOT REQD" (not required), this means a name was submitted in the request but could not be verified</i>
289	2010DA	NM104	Dependent First Name			<i>If name is preceded by "NOT REQD" (not required), this means a name was submitted in the request but could not be verified</i>
289	2010DA	NM103	Dependent Middle Name			Data element(s) situational in HIPAA IG but will not be used by Aetna
291	2010DA	REF01	Reference Identification Qualifier	A6; SY		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
293	2010DA	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
294	2010DA	AAA03	Reject Reason Code	15; 33; 65; 66; 71		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
294	2010DA	AAA04	Follow-Up Action Code	N; R		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna



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Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
296	2010DA	DMG03	Dependent Gender Code			Data element(s) situational in HIPAA IG but will not be used by Aetna
297	2010DA	INS	Dependent Relationship			Segment is situational in HIPAA IG but will not be used by Aetna
<b>Additional Patient Information Contact Name Loop</b>						
172 in A1	2010DB	NM1	Additional Patient Information Contact Name			Segment is situational in HIPAA IG but will not be used by Aetna
176 in A1	2010DB	N3	Additional Patient Information Contact Address			Segment is situational in HIPAA IG but will not be used by Aetna
177 in A1	2010DB	N4	Additional Patient Information Contact City/State/Zip Code			Segment is situational in HIPAA IG but will not be used by Aetna
179 in A1	2010DB	PER	Additional Patient Information Contact Information			Segment is situational in HIPAA IG but will not be used by Aetna
<b>Service Provider Level Loop</b>						
301	2010E	NM101	Entity Identifier Code	IT; FA		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
305	2010E	NM108	Identification Code Qualifier	24; 34		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
306	2010E	REF	Service Provider Supplemental Information			Segment is situational in HIPAA IG but will not be used by Aetna
308	2010E	N3	Service Provider Address			Segment is situational in HIPAA IG but will not be used by Aetna
309	2010E	N4	Service Provider City/State/ZIP Code			Segment is situational in HIPAA IG but will not be used by Aetna
311	2010E	PER	Service Provider Contact Information			Segment is situational in HIPAA IG but will not be used by Aetna
314	2010E	AAA01	Valid Response Indicator	Y		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna



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Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
315	2010E	AAA03	Reject Reason Code	44; 45; 46; 47; 49; 52; 79; 97		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
315	2010E	AAA04	Follow-Up Action Code	N; R		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
316	2010E	PRV01	Provider Code	AD; AS; AT; CO; CV; OP; OR; PC		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
<b>Service Level Loop</b>						
324	2000F	AAA03	Reject Reason Code	52; 57; 60; 61; 62; T5		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
324	2000F	AAA04	Follow-Up Action Code	N; R		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
325	2000F	UM01	Request Category Code	SC		<i>SC is used for referrals</i>
326	2000F	UM02	Certification Type Code	1; 2; 3; 4; R; S		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
326; 330	2000F	UM03; UM06	Service Type Code; Level of Service Code			Data element(s) situational in HIPAA IG but will not be used by Aetna
330	2000F	UM04-1	Facility Type Code	11; 22; 24		<i>Only codes listed here will be returned.</i>
330	2000F	UM04-02	Facility Code Qualifier	A		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna



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Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
331	2000F	HCR01	Certification Action Code	A4; CT		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
332	2000F	HCR03	Reject Reason Code	35; 36; 37; 53; 69; 70; 82; 83; 86; 87; 88; 89; 90; 91; 92; 96; 98		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
333	2000F	HCR04	Second Surgical Opinion Indicator			Data element(s) situational in HIPAA IG but will not be used by Aetna
334	2000F	REF	Previous Certification Identification			Segment is situational in HIPAA IG but will not be used by Aetna
335	2000F	DTP	Service Date			Segment is situational in HIPAA IG but will not be used by Aetna
337	2000F	DTP	Admission Date			Segment is situational in HIPAA IG but will not be used by Aetna
339	2000F	DTP	Discharge Date			Segment is situational in HIPAA IG but will not be used by Aetna
341	2000F	DTP	Surgery Date			Segment is situational in HIPAA IG but will not be used by Aetna
343	2000F	DTP	Certification Effective Date			Segment is situational in HIPAA IG but will not be used by Aetna
346	2000F	HI01-01; HI02-01; HI03-01; HI04-01; HI05-01	Valid Response Indicator	ABR; BQ; JP; LOI; NDC; ZZ		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna

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Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
347	2000F	HI01-03; HI01-04; HI01-06; HI01-07; HI02-03; HI02-04; HI02-06; HI02-07 HI03-03; HI03-04; HI03-06; HI03-07; HI04-03; HI04-04; HI04-06; HI04-07; HI05-03; HI05-04; HI05-06; HI05-07	Date Time Period Format Qualifier; Procedure Date; Procedure Quantity; Version, Release, or Industry Identifier			Data element(s) situational in HIPAA IG but will not be used by Aetna
352	2000F	HI06; HI07; HI08; HI09; HI10; HI11; HI12;	Diagnosis 4; Diagnosis 5; Diagnosis 6; Diagnosis 7; Diagnosis 8; Diagnosis 9; Diagnosis 10; Diagnosis 11; Diagnosis 12;			Data element(s) situational in HIPAA IG but will not be used by Aetna
363	2000F	HSD01	Quantity Qualifier	DY; FL; HS; MN		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
363	2000F	HSD03; HSD04; HSD05; HSD06; HSD07; HSD08	Unit or Basis for Measurement Code; Sample Selection Modulus; Time Period Qualifier; Period Count; Ship, Delivery or Calendar Pattern Code; Delivery Pattern Time Code			Data element(s) situational in HIPAA IG but will not be used by Aetna
367	2000F	CL1	Institutional Claim Code			Segment is situational in HIPAA IG but will not be used by Aetna
369	2000F	CR1	Ambulance Transport Information			Segment is situational in HIPAA IG but will not be used by Aetna



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Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
341	2000F	CR2	Spinal Manipulation Service Information			Segment is situational in HIPAA IG but will not be used by Aetna
376	2000F	CR5	Home Oxygen Therapy Information			Segment is situational in HIPAA IG but will not be used by Aetna
380	2000F	CR6	Home Health Care Information			Segment is situational in HIPAA IG but will not be used by Aetna
A208	2000F	PWK	Paperwork			Segment is situational in HIPAA IG but will not be used by Aetna