
Provider eServices Companion Guide Series

**278 Medical Precertification 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

November 2006



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

Preface

The **Provider eServices 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 Precertification 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 **Provider eServices 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 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	Provider eServices Companion Guide 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 eServices Companion Guide 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 eServices 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 eServices 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 278 Precertification 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 Precertification Request / Response Companion Guide (this document) applies only to initial requests for precertification of admissions and medical services. Aetna also has the following 278 Health Care Services Review - Request and Response Companion Guides:

- 278 Medical Referral 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. Claims payment is subject to eligibility for coverage on date of service, subsequent review of medical information, and plan benefits, limitations and exclusions, such as pre-existing conditions. Payment of benefits is also subject to co-payments, deductibles, coinsurance and lifetime maximums if applicable.

Medical Precertification Requests

There are various medical precertification scenarios. Each has unique requirements that result in different 278 loop structures.

All medical precertification requests require the following:

- Requesting Provider ID#
- Contact Telephone Number
- Patient ID #
- Diagnosis Code
- Attending Provider ID #



The following data may also be required:

<ul style="list-style-type: none"> Contact Name 	Required if provider wishes Aetna to contact a specific person in the provider's office regarding this precertification request
<ul style="list-style-type: none"> Patient Date of Birth 	Required if the patient is non-HMO, to identify the patient
<ul style="list-style-type: none"> Dependent First Name 	Required if there are multiple dependents for this subscriber with the same date of birth (e.g., twins), to identify the patient

Additional requirements vary depending on the request.

Scenario 1: Precertification requests for **Inpatient Services (Admission Requests) without Procedures (Health Services)** must always include the following:

- Facility ID #
- Admitting Provider ID#
- Admission Date
- Length of Stay
- Service Type (Bed Type)

Example of Basic Loop Structure for Inpatient Request for Subscriber without Procedures:

HL20 (Aetna)
 HL21 (Requesting Provider): Provider ID, Contact Name, Contact Telephone Number
 HL22 (Subscriber): Member ID, Member Date of Birth, Diagnosis Code
 HL19 (Facility): Facility ID
 HLSS for Facility: Bed Type (Service Type), Admission Date, and Length of Stay
 HL19 (Attending): Attending ID
 HLSS for Attending: Minimal Service Loop**
 HL19 (Admitting): Admitting ID
 HLSS for Admitting: Minimal Service Loop

Example of Basic Loop Structure for Inpatient Request for Dependent without Procedures:

HL20 (Aetna)
 HL21 (Requesting Provider): Provider ID, Contact Name, Contact Telephone Number
 HL22 (Subscriber): Member ID
 HL23 (Dependent): Member Date of Birth, Diagnosis Code
 HL19 (Facility): Facility ID
 HLSS for Facility: Bed Type (Service Type), Admission Date, and Length of Stay
 HL19 (Attending): Attending ID
 HLSS for Attending: Minimal Service Loop
 HL19 (Admitting): Admitting ID
 HLSS for Admitting: Minimal Service Loop

The above looping structures apply to all Inpatient Services (Admission Requests) without Procedures (Health Services) when the Place of Service = 21 (Inpatient Hospital), 31 (Skilled Nursing Facility), or 34 (Hospice).

** A Minimal Service Loop for a precertification request must include the data elements which are required by the HIPAA IG. These include the Request Category Code (UM01), Certification Type Code (UM02), and Release of Information Code (UM09).

Scenario 2: Precertification requests for **Outpatient Procedures (Health Services)** must always include the following:

- Procedure Code
- Procedure Date

In addition, unless the place of service is a doctor's office, **one** of the following must be sent:

• Facility ID #	Required for an Outpatient Facility other than Office
• Vendor Provider ID#	Required for services to be rendered at home

Finally, depending on the procedure(s) requested, the following data may also be required:

• Procedure Units	Required if units is not equal to one
• Service Type for DME request	Required if request includes DME
• Health Services Delivery Pattern	Required if request includes a pattern of health services (e.g., twice a week for four weeks)
• Ambulance Transport data	Required if request includes ambulance services
• Home Health Care data	Required if request includes home health care services

Example of Basic Loop Structure for a Health Services Request for a Subscriber with multiple Procedures when POS=11 (Office):

- HL20 (Aetna)
- HL21 (Requesting Provider): Provider ID, Contact Name, Contact Telephone Number
- HL22 (Subscriber): Member ID, Member Date of Birth, Diagnosis Code
- HL19 (Attending): Attending ID
- HLSS for Attending: Procedure Code 1, Procedure Date, and Procedure Units
- HLSS for Attending: Procedure Code 2, Procedure Date, and Procedure Units

Example of Basic Loop Structure for a Health Services Request for a Subscriber with multiple Procedures when POS=12 (Home), 41 (Ambulance Land), or 42 (Ambulance Water):

- HL20 (Aetna)
- HL21 (Requesting Provider): Provider ID, Contact Name, Contact Telephone Number
- HL22 (Subscriber): Member ID, Member Date of Birth, Diagnosis Code
- HL19 (Attending): Attending ID
- HLSS for Attending: Procedure Code 1, Procedure Date, and Procedure Units
- HLSS for Attending: Procedure Code 2, Procedure Date, and Procedure Units
- HL19 (Vendor): Vendor ID
- HLSS for Vendor: Minimal Service Loop

Example of Basic Loop Structure for a Health Services Request for a Subscriber with multiple Procedures when POS=22 (Outpatient Hospital) or 24 (Ambulatory Surgical Center):

- HL20 (Aetna)
- HL21 (Requesting Provider): Provider ID, Contact Name, Contact Telephone Number
- HL22 (Subscriber): Member ID, Member Date of Birth, Diagnosis Code
- HL19 (Attending): Attending ID
- HLSS for Attending: Procedure Code 1, Procedure Date, and Procedure Units
- HLSS for Attending: Procedure Code 2, Procedure Date, and Procedure Units
- HL19 (Facility): Facility ID
- HLSS for Facility: Minimal Service Loop

Scenario 3: Precertification requests for **Inpatient Services (Admission Requests) with Procedures (Health Services)** must always include the following:

- Facility ID #
- Admitting Provider ID#
- Admission Date
- Length of Stay
- Service Type (Bed Type)
- Procedure Code and Date

The following data may also be required:

• Procedure Units	Required if units is not equal to one
-------------------	---------------------------------------

Example of Basic Loop Structure for Inpatient Request for a Subscriber with Multiple Procedures:

- HL20 (Aetna)
- HL21 (Requesting Provider): Provider ID, Contact Name, Contact Telephone Number
- HL22 (Subscriber): Member ID, Member Date of Birth, Diagnosis Code
- HL19 (Facility): Facility ID
- HLSS for Facility: Bed Type (Service Type), Admission Date, and Length of Stay
- HL19 (Attending): Attending ID
- HLSS for Attending: Procedure Code 1, Procedure Date, and Procedure Units
- HLSS for Attending: Procedure Code 2, Procedure Date, and Procedure Units
- HL19 (Admitting): Admitting ID
- HLSS for Admitting: Minimal Service Loop

Example of Basic Loop Structure for Inpatient Request for a Dependent with Multiple Procedures:

- HL20 (Aetna)
- HL21 (Requesting Provider): Provider ID, Contact Name, Contact Telephone Number
- HL22 (Subscriber): Member ID
- HL23 (Dependent): Member Date of Birth, Diagnosis Code
- HL19 (Facility): Facility ID
- HLSS for Facility: Bed Type (Service Type), Admission Date, and Length of Stay
- HL19 (Attending): Attending ID
- HLSS for Attending: Procedure Code 1, Procedure Date, and Procedure Units
- HLSS for Attending: Procedure Code 2, Procedure Date, and Procedure Units
- HL19 (Admitting): Admitting ID
- HLSS for Admitting: Minimal Service Loop

The above looping structures apply to all Inpatient Services (Admission Requests) with Procedures (Health Services) when the Place of Service = 21 (Inpatient Hospital), 31 (Skilled Nursing Facility), or 34 (Hospice).

Medical Precertification Responses

For each request, Aetna will return the following data in the response:

- Requesting Provider Name and ID#
- Patient Name and ID# with Diagnosis Code(s)
- Service Provider Name, ID# and Telephone Number (for each Service Provider)
- Admission Date (Inpatient Request Only)
- Bed Type with Date Range and Review Outcome (Inpatient Request Only)
- Service Type with Date Range and Review Outcome (When Procedures Requested)
- Procedure Code/Date/Units with Date Range and Review Outcome (When Procedures Requested)
- Any segments and/or data required in the response if submitted on the request.

Example of Basic Loop Structure for Inpatient Response (POS = 21, 31 or 34) without Procedures for a Subscriber:

HL20 (Aetna)
HL21 (Requesting Provider): Provider Name and ID#
HL22 (Subscriber): Member ID, Name, Date of Birth and Diagnosis Code(s)
HL19 (Facility): Facility Name, ID# and Telephone Number
HLSS for Facility: Admission Date, Bed Type (Service Type), Date Range, UM Decision and Cert ID#
HL19 (Attending): Attending Name, ID# and Telephone Number
HLSS for Attending: Minimal Service Loop***
HL19 (Admitting): Admitting Name, ID# and Telephone Number
HLSS for Admitting: Minimal Service Loop

Example of Basic Loop Structure for Health Services Response for a Subscriber with multiple Procedures when POS=11 (Office):

HL20 (Aetna)
HL21 (Requesting Provider): Provider Name and ID#
HL22 (Subscriber): Member ID, Name, Date of Birth and Diagnosis Code(s)
HL19 (Attending): Attending Name, ID# and Telephone Number
HLSS for Attending: Procedure Code 1, Date Range, # of Units, UM Decision and Cert ID#
HLSS for Attending: Procedure Code 2, Date Range, # of Units, UM Decision and Cert ID#

Example of Basic Loop Structure for Health Services Response for a Subscriber with multiple Procedures when POS=12 (Home), 41 (Ambulance Land), or 42 (Ambulance Water):

HL20 (Aetna)
HL21 (Requesting Provider): Provider Name and ID#
HL22 (Subscriber): Member ID, Name, Date of Birth and Diagnosis Code(s)
HL19 (Attending): Attending Name, ID# and Telephone Number
HLSS for Attending: Procedure Code 1, Date Range, # of Units, UM Decision and Cert ID#
HLSS for Attending: Procedure Code 2, Date Range, # of Units, UM Decision and Cert ID#
HL19 (Vendor): Vendor ID
HLSS for Vendor: Minimal Service Loop

*** A Minimal Service Loop for a precertification response will include the data elements which are required by the HIPAA IG. These include the Request Category Code (UM01), Certification Type Code (UM02), and either the Service Request Validation segment (AAA) for invalid requests or the Health Care Services Review segment (HCR) for valid requests.

Example of Basic Loop Structure for Health Services Response for a Dependent with multiple Procedures when POS=22 (Outpatient Facility) or 24 (Ambulatory Surgical Center):

- HL20 (Aetna)
- HL21 (Requesting Provider): Provider Name and ID#
- HL22 (Subscriber): Member ID
- HL23 (Dependent): Dependent Name, Date of Birth and Diagnosis Code(s)
- HL19 (Attending): Attending Name, ID# and Telephone Number
- HLSS for Attending: Procedure Code 1, Date Range, # of Units, UM Decision and Cert ID#
- HLSS for Attending: Procedure Code 2, Date Range, # of Units, UM Decision and Cert ID#
- HL19 (Facility): Facility ID
- HLSS for Facility: Minimal Service Loop

Example of Basic Loop Structure for Inpatient Response (POS = 21, 31 or 34) with Multiple Procedures for a Subscriber:

- HL20 (Aetna)
- HL21 (Requesting Provider): Provider Name and ID#
- HL22 (Subscriber): Member ID, Name, Date of Birth and Diagnosis Code(s)
- HL19 (Facility): Facility Name, ID# and Telephone Number
- HLSS for Facility: Admission Date, Bed Type (Service Type), Date Range, UM Decision and Cert ID#
- HL19 (Attending): Attending Name, ID# and Telephone Number
- HLSS for Attending: Procedure Code 1, Date Range, # of Units, UM Decision and Cert ID#
- HLSS for Attending: Procedure Code 2, Date Range, # of Units, UM Decision and Cert ID#
- HL19 (Admitting): Admitting Name, ID# and Telephone Number
- HLSS for Admitting: Minimal Service Loop

Example of Basic Loop Structure for Inpatient Response (POS = 21, 31 or 34) with Multiple Procedures for a Dependent:

- HL20 (Aetna)
- HL21 (Requesting Provider): Provider Name and ID#
- HL22 (Subscriber): Member ID
- HL23 (Dependent): Dependent Name, Date of Birth and Diagnosis Code(s)
- HL19 (Facility): Facility Name, ID# and Telephone Number
- HLSS for Facility: Admission Date, Bed Type (Service Type), Date Range, UM Decision and Cert ID#
- HL19 (Attending): Attending Name, ID# and Telephone Number
- HLSS for Attending: Procedure Code 1, Date Range, # of Units, UM Decision and Cert ID#
- HLSS for Attending: Procedure Code 2, Date Range, # of Units, UM Decision and Cert ID#
- HL19 (Admitting): Admitting Name, ID# and Telephone Number
- HLSS for Admitting: Minimal Service Loop

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

This section describes Aetna's usage of loops, segments, data elements and code values when the information in **004010X094A1: 278 Health Care Services Review - Request for Review and Response Implementation Guide** requires clarification for medical precertifications. 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 Precertification Request for Review	13
278 Precertification Response to Request for Review	35

Change Control Log
9-22-03 – In the Response section, copied HCR row from the Admission Request Loop to the Health Services Request Loop and the Minimal Service Loop
10-20-03 – Added the note that the REF Segment is not used in the 2010CA and 2010DA loops in the Request, and only the EJ code value is useable in the response.
10-27-03 – In 2010CA NM109, Changed the Minimum Value from 1 to 2 Added DTP02 and DTP03 to the Admission Date Segment in 2000F Added a “Not Used” note to the HSD03-HSD08 Data Elements in the Service Request Section
11-12-03 – Removed an edit in all HIX-02 data elements that said “If Alpha Numeric, then only initial character may be Alpha and must = V or E”
11-21-03 – Added a disclaimer to page 5.
2-18-04 – On page 5, added complete list of Aetna’s 278 Companion Guides. Added complete list of which looping structures must be used for each place of service (POS) value. Corrected the minimum length of a diagnosis code (was 5, corrected to 3)
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
7-12-04 – Corrected 2010A: NM109 reference
7-30-04 - Eliminated HLSS AAA03 value = 62 (Date of Service Not Within Allowable Inquiry Period) and AAA04 (Resubmission Not Allowed). Added AAA03 at Service and Minimal Levels. Implemented on 8/13/04
7-30-04 - Added HLSS AAA value = T5 (not returned by Aetna).
7-30-04 - Eliminated HCR03 value = 62 (Level of Care Not Appropriate). Implemented on 12/11/04
7-30-04 - Eliminated HLSS MSG Segments. Implemented on 12/11/04
3-1-05: Eliminated 2010DA AAA03=64 (Invalid/Missing Patient ID) Will be returning at 2010CA level.-Implemented on 3/11/05
10-13-05: Updated all NM108/NM109 and REF segments for the HL21 and HL19 loops in the Request to accommodate if: NM108=XX (National Provider ID) is populated then the associated REF segment must also be populated with REF01= ZH (Carrier Assigned Reference Number). Estimated Date of Implementation 11/11/05
9-18-06: Updated all HL21 and HL19 NM109 segments in Request to indicate minimum/maximum lengths based on NM108 value and deleted use of the corresponding REF segments. 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



Aetna's Use of the 278 Precertification Response

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
51	Header	BHT03	Submitter Transaction Identifier			Instructions to clearinghouses on how to populate this data element are described in the Aetna Provider Transaction Companion Guide Series Master Guide document. Indirectly-connected clearinghouses or providers should discuss this info with the clearinghouse with which they are connecting to Aetna.
Utilization Management Organization Loop						
56	2010A	NM103	Utilization Management Organization (UMO) Last or Organization Name			<i>AETNA is the correct organizational name</i>
56	2010A	NM104; NM105; NM107	Utilization Management Organization (UMO) First Name; Utilization Management Organization (UMO) Middle Name; Utilization Management Organization (UMO) 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



Aetna's Use of the 278 Precertification Response

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
57	2010A	NM109	Utilization Management Organization (UMO) Identifier			953402799 is the correct identification code
Requester Loop						
61	2010B	NM103; NM104; NM105; NM107	Requester Last Name; Requester First Name; Requester First Name; Requester Name Suffix			Data element(s) situational in HIPAA IG but will not be used by Aetna
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: 7 Max: 7 or Min: 10 Max: 10	Numeric Min-Max: 7 is only required if NM108=46 Min-Max: 10 is only required if NM108=XX
63	2010B	REF	Requester Supplemental Identification			Segment is situational in the X12 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
69	2010B	PER	Requester Contact Information			Segment is required for precertification requests
69	2010B	PER02	Requester Contact Name			Data element is situational in the HIPAA IG but it is strongly recommended that a contact name be sent to expedite requests that have been pending for medical review
69	2010B	PER03	Communication Number Qualifier			Data element is required for precertification requests
69	2010B	PER03	Communication Number Qualifier	EM; FX		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 Precertification Response

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
69	2010B	PER04	Requester Contact Communication Number		Min: 10 Max: 10	Numeric Data element is required for precertification requests.
70	2010B	PER05	Communication Number Qualifier	EM; FX; TE		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
70	2010B	PER06	Requester Contact Communication Number		Min: 1 Max: 5	Numeric
70	2010B	PER07; PER08	Communication Number Qualifier; Requester Contact Communication Number			Data element(s) 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
Subscriber Loop						
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
80	2000C	HI	Subscriber Diagnosis			Segment is required for precertification requests if the subscriber is the patient
81	2000C	HI01-2; HI02-2; HI03-2; HI04-2; HI05-2	Diagnosis Code		Min: 3 Max: 5	Alpha numeric or numeric Decimal point is implied and does not need to be sent.
81	2000C	HI01-3; HI02-3; HI03-3; HI04-3; HI05-3	Date Time Period Format Qualifier			Data element(s) situational in HIPAA IG but will not be used by Aetna



Aetna's Use of the 278 Precertification Response

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
81	2000C	HI01-4; HI02-4; HI03-4; HI04-4; HI05-4	Diagnosis Date			Data element(s) situational in HIPAA IG but will not be used by Aetna
84	2000C	HI06; HI07; HI08; HI09; HI10; HI11; HI12	Diagnosis 6 thru Diagnosis 12			Data element(s) situational in HIPAA IG but will not be used by Aetna
39 in A1	2000C	PWK	Additional Patient Information			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; 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 or numeric
92	2010CA	REF	Subscriber Supplemental Identification			Segment is situational in HIPAA IG but will not be used by Aetna
95	2010CA	DMG	Subscriber Demographic Information			Segment is required for precertification requests if the subscriber is the patient and if Member ID# is not = [11 or 13 characters that start with a "PA"], or [8 characters with an alpha byte]
95	2010CA	DMG03	Subscriber Gender Code			Data element(s) situational in HIPAA IG but will not be used by Aetna



Aetna's Use of the 278 Precertification Request

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
Dependent Loop						
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	HI	Dependent Diagnosis			<i>Segment is required for precertification requests if the dependent is the patient.</i>
104	2000D	HI01-2; HI02-2; HI03-2; HI04-2; HI05-2	Diagnosis Code		Min: 3 Max: 5	<i>Alpha numeric or numeric Decimal point is implied and does not need to be sent.</i>
104	2000D	HI01-3; HI02-3; HI03-3; HI04-3; HI05-3	Date Time Period Format Qualifier			Data element(s) situational in HIPAA IG but will not be used by Aetna
104	2000D	HI01-4; HI02-4; HI03-4; HI04-4; HI05-4	Diagnosis Date			Data element(s) situational in HIPAA IG but will not be used by Aetna
107	2000D	HI06; HI07; HI08; HI09; HI10; HI11; HI12	Diagnosis 6 thru Diagnosis 12			Data element(s) situational in HIPAA IG but will not be used by Aetna
49 in A1	2000D	PWK	Additional Patient Information			Segment is situational in HIPAA IG but will not be used by Aetna



Aetna's Use of the 278 Precertification Request

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
113	2010DA	NM103	Dependent Last Name			Data element(s) situational in HIPAA IG but will not be used by Aetna
113	2010DA	NM104	Dependent First Name			<i>Data element(s) situational in HIPAA IG but required if there are multiple dependents for this subscriber with the same date of birth (e.g., twins)</i>
113	2010DA	NM105; NM107	Dependent Middle Name; Dependent Name Suffix			Data element(s) situational in HIPAA IG but will not be used by Aetna
114	2010DA	REF	Dependent Supplemental Identification			Segment is situational in HIPAA IG but will not be used by Aetna
116	2010DA	DMG	Dependent Demographic Information			<i>Segment is required for precertification requests if the dependent is the patient.</i>
117	2010DA	DMG03	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

Aetna's Use of the 278 Precertification Request

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
Service Provider Loop						
121	2000E	HL	Service Provider Level			<p><i>For inpatient events (when UM01 = AR is present), three Service Provider Loops (HL19) are required (for the Facility, Attending, and Admitting).</i></p> <p><i>For outpatient events (when UM01 = AR is not present) and POS = 11 (Office), then one HL19 loop is required (for the Attending).</i></p> <p><i>For outpatient events (when UM01 = AR is not present) and POS = 22 (Outpatient Facility) or POS = 24 (Ambulatory Surgical Center), then two HL19 loops are required (for the Attending and Facility).</i></p> <p><i>For outpatient events (when UM01 = AR is not present) and POS = 12 (Home) or POS = 41 (Ambulance - Land) or POS = 42 (Ambulance - Air or Water), then two HL19 loops are required (for the Attending and Vendor).</i></p>
123	2000E	MSG	Message Text			Segment is situational in HIPAA IG but will not be used by Aetna

Aetna's Use of the 278 Precertification Request

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
125	2010E	NM101	Entity Identifier Code	1T; FA; SJ		<p>1T is used for the Attending and Admitting Providers; FA is used for Facilities; SJ is used for Vendor identification.</p> <p>When 1T is used, PRV01 must be set to either AD (Admitting) or AT (Attending) for distinguishing between Attending and Admitting Provider roles</p>
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			Data element(s) required for precertification requests
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: 7 Max: 7 Or Min: 10 Max: 10	Numeric Min-Max: 7 is only required if NM108=46 Min-Max: 10 is only required if NM108=XX
127	2010E	REF	Service Provider Supplemental Information			Segment is situational in the X12 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

Aetna's Use of the 278 Precertification Request

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
135	2010E	PRV	Service Provider Information			<i>Segment is required for precertification requests when 2010E: NM101 = 1T (Physician, Clinic or Group Practice)</i>
135	2010E	PRV01	Provider Code	AD; AT		<i>Data element(s) required for precertification requests for distinguishing between Attending and Admitting Provider roles</i>
135	2010E	PRV01	Provider Code	AS; CO; CV; OP; OR; OT; PC; PE		<i>Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna</i>
136	2010E	PRV03	Provider Taxonomy Code			<i>Data element(s) required in HIPAA IG but will not be used by Aetna</i>
137	2000F	HL	Service Level			<i>Per the HIPAA IG, each Service Provider Loop (HL19) requires a Service Loop (HLSS). These services are categorized into three separate levels for precertification requests: a. Admission Request b. Service Request c. Minimal Service Loop Each of these HLSS loops has unique requirements, and is described separately below.</i>

Aetna's Use of the 278 Precertification Request

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
Service Loop for Admission Request						
137	2000F – Admission Request	HL	Service Level – Admission Request			<p><i>Admission Requests must be subordinate to the Service Provider Facility Loop (when 2010E: NM101 = FA).</i></p> <p><i>Only one Admission Request will be used per precertification request.</i></p> <p><i>All Admission Requests must include the Service Type Code (Bed Type), Admission Date, and Length of Stay.</i></p>
141	2000F – Admission Request	UM01	Request Category Code	AR		<i>AR is used for Admission Requests</i>
142	2000F – Admission Request	UM02	Certification Type Code	1; 2; 3; 4; R; S		<i>Appeals and Extensions are not covered in this document and are considered separate transactions. Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna for precertification requests</i>
142	2000F – Admission Request	UM03	Service Type Code (Bed Type)			<i>Data element(s) required for Admission Requests. The Bed Type is considered the level of care that is being rendered during an Inpatient confinement.</i>
142	2000F – Admission Request	UM03	Service Type Code (Bed Type)	1; 2; 45; 65; 69; 70; 74; A7; AB; AG; AI; AJ		<i>Code value(s) listed here are defined in the HIPAA IG for this data element, and are the only ones that will be used by Aetna for Admission Requests.</i>

Aetna's Use of the 278 Precertification Request

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
145	2000F – Admission Request	UM04	Health Care Service Location information			Data element(s) required for precertification requests, and must be sent in first occurrence of Service Loop, whether Admission Request or Service Request
145	2000F – Admission Request	UM04-1	Facility Code Type	21; 31; 34		Code value(s) listed here are defined in an external code list referenced by the HIPAA IG for this data element, and are the only ones that will be used by Aetna for Admission Requests:
146	2000F – Admission Request	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 for Admission Requests
146	2000F – Admission Request	UM05; UM06; UM07; UM08	Related Causes Information; Level of Service Code; Current Health Condition Code; Prognosis Code			Data element(s) situational in HIPAA IG but will not be used by Aetna for Admission Requests
148	2000F – Admission Request	UM09	Release of Information Code			Data element(s) required in HIPAA IG but will not be used by Aetna for Admission Requests
149	2000F – Admission Request	UM10	Delay Reason Code			Data element(s) situational in HIPAA IG but will not be used by Aetna for Admission Requests
150	2000F – Admission Request	REF	Previous Certification Information			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests
152	2000F – Admission Request	DTP	Service Date			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests

Aetna's Use of the 278 Precertification Request

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
154	2000F – Admission Request	DTP	Admission Date			<i>Segment is required for Admission Requests.</i>
154	2000F – Admission Request	DTP02	Date Time Period Format Qualifier	RD8		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna for Admission Requests
155	2000F – Admission Request	DTP03	Proposed or Actual Admission Date		<i>Min. 8 Max. 8</i>	<i>Admission Date must be an actual date and not a date range. Should not be (+ or -) 365 days from transaction date</i>
156	2000F – Admission Request	DTP	Discharge Date			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests
157	2000F – Admission Request	DTP	Surgery Date			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests
159	2000F – Admission Request	HI	Procedures			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests
176	2000F – Admission Request	HSD	Health Care Services Delivery			<i>Segment is required for Admission Requests</i>
176	2000F – Admission Request	HSD01	Quantity Qualifier	DY		<i>DY is used for Admission Requests to specify the Length of Stay</i>
176	2000F – Admission Request	HSD02	Service Quantity		<i>Min: 1 Max: 2</i>	<i>A positive, non-zero value must be sent.</i>

Aetna's Use of the 278 Precertification Request

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
176	2000F – Admission Request	HSD03; HSD04; HSD05; HSD06; HSD07; HSD08	Unit or Basis for Measurement Code; Sample Selection Modulus; Time Period Qualifier; Number of Periods; Ship/Delivery or Calendar Pattern Code; Ship/Delivery Pattern Time Code			Data element(s) situational in HIPAA IG but will not be used by Aetna for Admission Requests
180	2000F – Admission Request	CRC	Patient Condition Information			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests
189	2000F – Admission Request	CL1	Institutional Claim Code			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests
191	2000F – Admission Request	CR1	Ambulance Transport Information			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests
192	2000F – Admission Request	CR2	Spinal Manipulation Service Information			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests
200	2000F – Admission Request	CR5	Home Oxygen Therapy Program			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests
205	2000F – Admission Request	CR6	Home Health Care Information			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests
90 in A1	2000F – Admission Request	PWK	Additional Service Information			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests
211	2000F – Admission Request	MSG	Message Text			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests



Aetna's Use of the 278 Precertification Request

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
Service Loop for Service Request						
137	2000F – Service Request	HL	Service Level – Service Request			<p><i>Service Requests must be subordinate to the Service Provider Attending Provider Loop (when 2010E: NM101 = 1T and PRV01 = AT).</i></p> <p><i>Up to five Procedure Codes will be used per precertification request. The file structure might consist of a single Service Request Loop containing five Procedure Codes; five Service Request Loops, each containing a single Procedure Code; or any combination of Service Request Loops and Procedure Codes, of which Aetna will use only the first five Procedure Codes.</i></p>
141	2000F – Service Request	UM01	Request Category Code	HS		<i>HS is used for Service Requests</i>
142	2000F – Service Request	UM02	Certification Type Code	1; 2; 3; 4; R; S		<i>Appeals and Extensions are not covered in this document and are considered separate transactions. Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna for precertification requests</i>
142	2000F – Service Request	UM03	Service Type Code			<i>Data element(s) required for DME Service Requests only.</i>
142	2000F – Service Request	UM03	Service Type Code	12; 18		<i>Code value(s) listed here are defined in the HIPAA IG for this data element, and are the only ones that will be used by Aetna for Service Requests</i>



Aetna's Use of the 278 Precertification Request

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
145	2000F – Service Request	UM04	Health Care Service Location information			Data element(s) required for precertification requests, and must be sent in first occurrence of Service Loop, whether Admission Request or Service Request
146	2000F – Service Request	UM04-1	Health Care Service Location information	11; 12; 21; 22; 24; 31; 34; 41; 42		Code value(s) listed here are defined in an external code list referenced by the HIPAA IG for this data element, and are the only ones that will be used by Aetna for Service Requests:
146	2000F – Service Request	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 for Service Requests
146	2000F – Service Request	UM05; UM06; UM07; UM08	Related Causes Information; Level of Service Code; Current Health Condition Code; Prognosis Code			Data element(s) situational in HIPAA IG but will not be used by Aetna for Service Requests
148	2000F – Service Request	UM09	Release of Information Code			Data element(s) required in HIPAA IG but will not be used by Aetna for Admission Requests
149	2000F – Service Request	UM10	Delay Reason Code			Data element(s) situational in HIPAA IG but will not be used by Aetna for Service Requests
150	2000F – Service Request	REF	Previous Certification Information			Segment is situational in HIPAA IG but will not be used by Aetna for Service Requests
152	2000F – Service Request	DTP	Service Date			Segment is situational in HIPAA IG but will not be used by Aetna for Service Requests
154	2000F – Service Request	DTP	Admission Date			Segment is situational in HIPAA IG but will not be used by Aetna for Service Requests

Aetna's Use of the 278 Precertification Request

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
156	2000F – Service Request	DTP	Discharge Date			Segment is situational in HIPAA IG but will not be used by Aetna for Service Requests
157	2000F – Service Request	DTP	Surgery Date			Segment is situational in HIPAA IG but will not be used by Aetna for Service Requests
159	2000F – Service Request	HI	Procedures			<p><i>Segment is required for Service Requests.</i></p> <p><i>Up to five Procedure Codes will be used per precertification request. See explanation at HL segment for 2000F Service Request.</i></p>
159	2000F – Service Request	HI01-1; HI02-1; HI03-1; HI04-1; HI05-1	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 for Service Requests
159	2000F – Service Request	HI01-2; HI02-2; HI03-2; HI04-2; HI05-2	Procedure Code		Min: 5 Max: 5	Alpha numeric or numeric
126	2000F – Service Request	HI01-3/4; HI02-3/4; HI03-3/4; HI04-3/4; HI05-3/4	Date Time Period Format Qualifier; Procedure Date			Data element(s) required for Service Requests for each Procedure Code
160	2000F – Service Request	HI01-3; HI02-3; HI03-3; HI04-3; HI05-3	Date Time Period Format Qualifier	RD8		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna for Service Requests
160	2000F – Service Request	HI01-4; HI02-4; HI03-4; HI04-4; HI05-4	Procedure Date		Min: 8 Max: 8	<p><i>For Service Requests, Procedure Date must be an actual date and not a date range.</i></p> <p><i>Should not be (+ or -) 365 days from transaction date.</i></p>

Aetna's Use of the 278 Precertification Request

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
160	2000F – Service Request	HI01-6; HI02-6; HI03-6; HI04-6; HI05-6	Procedure Quantity		Min: 1 Max: 3	<i>If sent, a positive, non-zero value must be sent. Either HI0x-6 or HSD02 (but not both) may be used to carry the quantity of services being requested. When necessary, HSD01 (with HSD02) should be used to specify a delivery pattern of health care services. If both HI0x-6 and HSD02 are sent, HSD02 will be used; if neither are sent, a default of 1 time will be assumed.</i>
160	2000F – Service Request	HI01-7; HI02-7; HI03-7; HI04-7; HI05-7	Version Identifier			Data element(s) situational in HIPAA IG but will not be used by Aetna for Service Requests
165	2000F – Service Request	HI06; HI07; HI08; HI09; HI10; HI11; HI12	Procedure Code 6 thru Procedure Code 12			Data element(s) situational in HIPAA IG but will not be used by Aetna for Service Requests
175	2000F – Service Request	HSD	Health Care Services Delivery			<i>Used only if there is a need to request a specific delivery pattern for the procedures. See explanation at HI01-6, above. Suggested for use if Home Health Care Services are being requested The HSD will apply to all procedures in the 2000F loop in which it appears. If it does not apply to all procedures in the event, then the procedures should be sent in separate 2000F loops.</i>
176	2000F – Service Request	HSD01	Quantity Qualifier	FL		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna for Service Requests



Aetna's Use of the 278 Precertification Request

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
176	2000F – Service Request	HSD02	Service Quantity		Min: 1 Max: 3	If sent, a positive, non-zero value must be sent.
176	2000F – Service Request	HSD03; HSD04; HSD05; HSD06; HSD07; HSD08	Unit or Basis for Measurement Code; Sample Selection Modulus; Time Period Qualifier; Number of Periods; Ship/Delivery or Calendar Pattern Code; Ship/Delivery Pattern Time Code			Data element(s) situational in HIPAA IG but will not be used by Aetna for Service Requests
180	2000F – Service Request	CRC	Patient Condition Information			Segment is situational in HIPAA IG but will not be used by Aetna for Service Requests
189	2000F – Service Request	CL1	Institutional Claim Code			Segment is situational in HIPAA IG but will not be used by Aetna for Service Requests
191	2000F – Service Request	CR1	Ambulance Transport Information			Segment is required for Service Requests only if needed to identify ambulance transport requests.
191	2000F – Service Request	CR101; CR102	Unit or Basis for Measurement Code; Patient Weight			Data element(s) situational in HIPAA IG but will not be used by Aetna for Service Requests
192	2000F – Service Request	CR103	Ambulance Transport Code	R; T		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna for Service Requests
192	2000F – Service Request	CR104	Ambulance Reason Code			Data element(s) required in HIPAA IG but will not be used by Aetna for Service Requests



Aetna's Use of the 278 Precertification Request

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
192	2000F – Service Request	CR105; CR106; CR107; CR108; CR109; CR110	Unit or Basis for Measurement Code; Transport Distance; Ambulance Trip Origin Address; Ambulance Trip Destination Address; Round Trip Purpose Description; Stretcher Purpose Description			Data element(s) situational* in HIPAA IG but will not be used by Aetna. <i>*Per HIPAA IG, either CR105 and CR106, or CR107 and CR108 must be used if CR1 segment is present.</i>
192	2000F – Service Request	CR2	Spinal Manipulation Service Information			Segment is situational in HIPAA IG but will not be used by Aetna for Service Requests
200	2000F – Service Request	CR5	Home Oxygen Therapy Program			Segment is situational in HIPAA IG but will not be used by Aetna for Service Requests
205	2000F – Service Request	CR6	Home Health Care Information			Segment is situational* in HIPAA IG but will not be used by Aetna for Service Requests <i>*Per HIPAA IG, CR601, CR602, CR606, CR607 and CR608 must be used if CR6 segment is present.</i>
211	2000F – Service Request	MSG	Message Text			Segment is situational in HIPAA IG but will not be used by Aetna for Service Requests
90 in A1	2000F – Service Request	PWK	Additional Service Information			Segment is situational in HIPAA IG but will not be used by Aetna for Service Requests

Aetna's Use of the 278 Precertification Request

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
Service Loop – Minimal Service Loop						
137	2000F – Minimal Service Loop	HL	Service Level – Minimal Service Loop			<p>The HIPAA IG requires that each Service Provider Loop be followed by a Service Loop. For precertifications it may be necessary to send one or more Service Provider Loops for which no Services apply. Therefore, a Minimal Service Loop (which includes only the data elements which are required by the HIPAA IG) must be used. These include the Request Category Code (UM01), Certification Type Code (UM02), and Release of Information Code (UM09). Aetna recommends that these minimal service loops are subordinate for the following service providers for the following business scenarios:</p> <ul style="list-style-type: none"> - HL19/PRV01=AT when there are no Procedure Codes for an Inpatient Request. - HL19/PRV01=AD for all Inpatient Requests. - HL19/NM101=FA for all Health Services requests (non-inpatient). - HL19/NM101=SJ for all Health Services requests (non-inpatient).
141	2000F – Minimal Service Loop	UM01	Request Category Code	SC		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna for the Minimal Service Loop



Aetna's Use of the 278 Precertification Request

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
142	2000F – Minimal Service Loop	UM02	Certification Type Code	1; 2; 3; 4; R; S		<i>Appeals and Extensions are not covered in this document and are considered separate transactions. Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna for precertification requests</i>
142	2000F – Minimal Service Loop	UM03; UM04; UM05; UM06; UM07; UM08	Service Type Code; Health Care Service Location Information; Related Causes Information; Level of Service Code; Current Health Condition Code; Prognosis Code			Data element(s) situational in HIPAA IG but will not be used by Aetna in the Minimal Service Loop
148	2000F – Minimal Service Loop	UM09	Release of Information Code			Data element(s) required in HIPAA IG but will not be used by Aetna in the Minimal Service Loop
145	2000F – Minimal Service Loop	UM10	Delay Reason Code			Data element(s) situational in HIPAA IG but will not be used by Aetna in the Minimal Service Loop
150	2000F – Minimal Service Loop	REF	Previous Certification Information			Segment is situational in HIPAA IG but will not be used by Aetna in the Minimal Service Loop
152	2000F – Minimal Service Loop	DTP	Service Date			Segment is situational in HIPAA IG but will not be used by Aetna in the Minimal Service Loop
154	2000F – Minimal Service Loop	DTP	Admission Date			Segment is situational in HIPAA IG but will not be used by Aetna in the Minimal Service Loop
156	2000F – Minimal Service Loop	DTP	Discharge Date			Segment is situational in HIPAA IG but will not be used by Aetna in the Minimal Service Loop



Aetna's Use of the 278 Precertification Request

Page #	Loop ID	Reference	Name	Codes	Length	Comments/Notes
157	2000F - Minimal Service Loop	DTP	Surgery Date			Segment is situational in HIPAA IG but will not be used by Aetna in the Minimal Service Loop
159	2000F - Minimal Service Loop	HI	Procedures			Segment is situational in HIPAA IG but will not be used by Aetna in the Minimal Service Loop
175	2000F - Minimal Service Loop	HSD	Health Care Services Delivery			Segment is situational in HIPAA IG but will not be used by Aetna in the Minimal Service Loop
180	2000F - Minimal Service Loop	CRC	Patient Condition Information			Segment is situational in HIPAA IG but will not be used by Aetna in the Minimal Service Loop
189	2000F - Minimal Service Loop	CL1	Institutional Claim Code			Segment is situational in HIPAA IG but will not be used by Aetna in the Minimal Service Loop
189	2000F - Minimal Service Loop	CR1	Ambulance Transport Information			Segment is situational in HIPAA IG but will not be used by Aetna in the Minimal Service Loop
192	2000F - Minimal Service Loop	CR2	Spinal Manipulation Service Information			Segment is situational in HIPAA IG but will not be used by Aetna in the Minimal Service Loop
200	2000F - Minimal Service Loop	CR5	Home Oxygen Therapy Program			Segment is situational in HIPAA IG but will not be used by Aetna in the Minimal Service Loop
205	2000F - Minimal Service Loop	CR6	Home Health Care Information			Segment is situational in HIPAA IG but will not be used by Aetna in the Minimal Service Loop
90 in A1	2000F - Minimal Service Loop	PWK	Additional Service Information			Segment is situational in HIPAA IG but will not be used by Aetna in the Minimal Service Loop
211	2000F - Minimal Service Loop	MSG	Message Text			Segment is situational in HIPAA IG but will not be used by Aetna in the Minimal Service Loop

Aetna's Use of the 278 Precertification Response

Page	Loop ID	Reference	Segment Name	Codes	Length	Comments
220	Header	BHT06	Transaction Type Code			Data Element(s) Situational in HIPAA Guide but Not Used by Aetna
Utilization Management Organization Level Loop						
223	2000A	AAA	Request Validation			Segment is situational in HIPAA IG but will not be used by Aetna
226	2000A	NM103	Utilization Management Organization Last or Organization Name			<i>Aetna to return value of "AETNA" (quotes will not be returned)</i>
226	2000A	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	2000A	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
227	2000A	NM109	Utilization Management Organization Identifier			<i>Aetna to return value of "953402799" (quotes will not be returned)</i>
228	2010A	PER	Utilization Management Organization (UMO) Contact Information			Segment is situational in HIPAA IG but will not be used by Aetna



Aetna's Use of the 278 Precertification Response

Page	Loop ID	Reference	Segment Name	Codes	Length	Comments
231	2010A	AAA01	Yes/No Condition or Response Code	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
Requester Name Loop						
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	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
239	2010B	REF	Requester Supplemental Identification			Segment is situational in HIPAA IG but will not be used by Aetna
241	2010B	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
242	2010B	AAA03	Reject Reason Code	44; 45; 47; 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



Aetna's Use of the 278 Precertification Response

Page	Loop ID	Reference	Segment Name	Codes	Length	Comments
239	2010B	PRV	Requester Provider Information			Segment is situational in HIPAA IG but will not be used by Aetna
Subscriber Level Loop						
247	2000C	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
248	2000C	AAA03	Reject Reason Code	56		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
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
253 103 in A1	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
254 104 in A1	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
255 105 in A1	2000C	HI03-01; HI04-01; HI05-01	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



Aetna's Use of the 278 Precertification Response

Page	Loop ID	Reference	Segment Name	Codes	Length	Comments
254	2000C	HI01-03; HI02-03; HI03-03; HI04-03; HI05-03	Data Time Period Format Qualifier			Data element(s) situational in HIPAA IG but will not be used by Aetna
254	2000C	HI01-04; HI02-04; HI03-04; HI03-04; HI05-04	Diagnosis Date			Data element(s) situational in HIPAA IG but will not be used by Aetna
257	2000C	HI06; HI07; HI08; HI09; HI10; HI11; HI12	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 of A1	2000C	PWK	Paperwork			Segment is situational in HIPAA IG but will not be used by Aetna
Subscriber Name Loop						
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. If the requester valued this segment with the Patient Account Number (REF01 = "EJ") on the request, Aetna will return the same value in this segment on the response.
267	2010CA	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



Aetna's Use of the 278 Precertification Response

Page	Loop ID	Reference	Segment Name	Codes	Length	Comments
268	2010CA	AAA03	Reject Reason Code	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		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
Additional Patient Information Contact Name Loop						
129 of A1	2010CB	NM1	Additional Patient Information Contact Name			Segment is situational in HIPAA IG but will not be used by Aetna
133 of A1	2010CB	N3	Additional Patient Information Contact Address			Segment is situational in HIPAA IG but will not be used by Aetna
134 of A1	2010CB	N4	Additional Patient Information Contact City/State/ZIP Code			Segment is situational in HIPAA IG but will not be used by Aetna
136 of A1	2010CB	PER	Additional Patient Information Contact Information			Segment is situational in HIPAA IG but will not be used by Aetna
Dependent Level Loop						
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	AAA03	Reject Reason Code	56		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 Precertification Response

Page	Loop ID	Reference	Segment Name	Codes	Length	Comments
274	2000D	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
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 Symptoms or Illness Date			Segment is situational in HIPAA IG but will not be used by Aetna
279 143 in A1	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
280 144 in A1	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
281 145 in A1	2000D	HI03-01; HI04-01; HI05-01	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; HI02-03; HI03-03; HI04-03; HI05-03	Data Time Period Format Qualifier			Data element(s) situational in HIPAA IG but will not be used by Aetna



Aetna's Use of the 278 Precertification Response

Page	Loop ID	Reference	Segment Name	Codes	Length	Comments
280	2000D	HI01-04; HI02-04; HI03-04; HI03-04; HI05-04	Diagnosis Date			Data element(s) situational in HIPAA IG but will not be used by Aetna
283	2000D	HI06; HI07; HI08; HI09; HI10; HI11; HI12	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 of A1	2000D	PWK	Paperwork			Segment is situational in HIPAA IG but will not be used by Aetna
Dependent Name Loop						
289	2010DA	NM107; NM108; NM109	Dependent Name Suffix; Identification Code Qualifier; Dependent Primary Identifier			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. If the requester valued this segment with the Patient Account Number (REF01 = "EJ") on the request, Aetna will return the same value in this segment on the response.
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



Aetna's Use of the 278 Precertification Response

Page	Loop ID	Reference	Segment Name	Codes	Length	Comments
294	2010DA	AAA03	Reject Reason Code	64; 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		Code value(s) listed here are defined in HIPAA IG for this data element, 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
Additional Patient Information Contact Name Loop						
172 of A1	2010DB	NM1	Additional Patient Information Contact Name			Segment is situational in HIPAA IG but will not be used by Aetna
176 of A1	2010DB	N3	Additional Patient Information Contact Address			Segment is situational in HIPAA IG but will not be used by Aetna
177 of 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 of A1	2010DB	PER	Additional Patient Information Contact Information			Segment is situational in HIPAA IG but will not be used by Aetna



Aetna's Use of the 278 Precertification Response

Page	Loop ID	Reference	Segment Name	Codes	Length	Comments
Service Provider Level Loop						
300	2000E	HL	Service Provider Level			<p><i>For inpatient events (when UM01 = AR is present), three Service Provider Loops (HL19) are returned (for the Facility, Attending and Admitting).</i></p> <p><i>For outpatient events (when UM01 = AR is not present) and POS = 11 (Office), then one HL19 loop is returned (for the Attending).</i></p> <p><i>For outpatient events (when UM01 = AR is not present) and POS = 22 (Outpatient Facility) or POS = 24 (Ambulatory Surgical Center), then two HL19 loops are returned (for the Attending and Facility).</i></p> <p><i>For outpatient events (when UM01 = AR is not present) and POS = 12 (Home) or POS = 41 (Ambulance - Land) or POS = 42 (Ambulance - Air or Water), then two HL19 loops are returned (for the Attending and Vendor).</i></p>
302	2000E	MSG	Message Text			Segment is situational in HIPAA IG but will not be used by Aetna
304	2010E	NM101	Entity Identifier Code	SJ		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 Precertification Response

Page	Loop ID	Reference	Segment Name	Codes	Length	Comments
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
312	2010E	PER02; PER07; PER08	Service Provider Contact Name; Communication Number Qualifier; Service Provider Contact Communication Number			Data element(s) situational in HIPAA IG but will not be used by Aetna
314	2010E	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
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		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
316	2010E	PRV	Service Provider Information			<i>Aetna will always return when 2010E: NM101 = 1T (Physician, Clinic or Group Practice) to distinguish between Attending and Admitting Providers</i>

Aetna's Use of the 278 Precertification Response

Page	Loop ID	Reference	Segment Name	Codes	Length	Comments
315	2010E	PRV01	Provider Code	AS; CO; CV; OP; OR; OT; PC; PE		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
317	2010E	PRV03	Reference Identification			<i>Per the HIPAA IG, this data element is required when the PRV segment is used. Aetna will return a value of "208D0000X" (quotes will not be returned).</i>
318	2000F	HL	Service Level			<i>Per the HIPAA IG, each Service Provider Loop (HL19) requires a Service Loop (HLSS). These services are categorized into three separate levels for precertification requests: a. Admission Request b. Service Request c. Minimal Service Loop Each of these HLSS loops has unique requirements, and is described separately below.</i>
Service Loop for Admission Request						
318	2000F – Admission Request	HL	Service Level			<i>Admission Requests will be subordinate to the Service Provider Facility Loop (when 2010E: NM101 = FA).</i>
323	2000F – Admission Request	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
324	2000F – Admission Request	AAA03	Reject Reason Code	52; 60; 61; T5		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 Precertification Response

Page	Loop ID	Reference	Segment Name	Codes	Length	Comments
325	2000F – Admission Request	UM01	Request Category Code	AR		<i>AR is used for Admission Requests</i>
326	2000F – Admission Request	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	2000F – Admission Request	UM03	Service Type Code	1; 2; 45; 65; 69; 70; 74; A7; AB; AG; AI; AJ		<i>Code values listed here are defined in the HIPAA IG for this data element, and are the only ones that will be used by Aetna for Admission Requests</i>
329	2000F – Admission Request	UM04	Health Care Service Location information			<i>Data element(s) always used for Admission Requests</i>
330	2000F – Admission Request	UM04-01	Facility Code Type	21; 31; 34		<i>Code values listed here are defined in an external code list referenced by the HIPAA IG for this data element, and are the only ones that will be used by Aetna for Admission Requests</i>
330	2000F – Admission Request	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 for Admission Requests
330	2000F – Admission Request	UM06	Level of Service Code			Data element(s) situational in HIPAA IG but will not be used by Aetna for Admission Requests



Aetna's Use of the 278 Precertification Response

Page	Loop ID	Reference	Segment Name	Codes	Length	Comments
332	2000F – Admission Request	HCR03	Reject Reason Code	35; 36; 37; 53; 69; 82; 86; 87; 88; 89; 90; 96; 98		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna for Admission Requests
334	2000F – Admission Request	REF	Previous Certification Information			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests
335	2000F – Admission Request	DTP	Service Date			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests
339	2000F – Admission Request	DTP	Discharge Date			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests
341	2000F – Admission Request	DTP	Surgery Date			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests
343	2000F – Admission Request	DTP	Certification Issue Date			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests
344	2000F – Admission Request	DTP	Certification Expiration Date			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests
346	2000F – Admission Request	HI	Procedures			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests



Aetna's Use of the 278 Precertification Response

Page	Loop ID	Reference	Segment Name	Codes	Length	Comments
362	2000F – Admission Request	HSD	Health Care Services Delivery			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests
367	2000F – Admission Request	CL1	Institutional Claim Code			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests
369	2000F – Admission Request	CR1	Ambulance Transport Information			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests
371	2000F – Admission Request	CR2	Spinal Manipulation Services Information			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests
376	2000F – Admission Request	CR5	Home Oxygen Therapy Information			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests
380	2000F – Admission Request	CR6	Home Health Care Information			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests
115 in A1	2000F – Admission Request	PWK	Additional Service Information			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests
Additional Service Information Contact Name Loop						
213 of A1	2010F – Admission Request	NM1	Additional Service Information Contact Name			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests



Aetna's Use of the 278 Precertification Response

Page	Loop ID	Reference	Segment Name	Codes	Length	Comments
217 of A1	2010F – Admission Request	N3	Additional Service Information Contact Address			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests
218 of A1	2010F – Admission Request	N4	Additional Service Information Contact City/State/ZIP Code			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests
220 of A1	2010F – Admission Request	PER	Additional Service Information Contact Information			Segment is situational in HIPAA IG but will not be used by Aetna for Admission Requests
Service Loop for Service Request						
318	2000F – Service Request	HL	Service Level – Service Request			<p><i>Service Requests will be subordinate to the Service Provider Attending Provider Loop (when 2010E: NM101 = 1T and PRV01 = AT).</i></p> <p><i>Up to five Service Request HLSS Loops will be returned per precertification request.</i></p>
323	2000F – Service Request	AAA01	Yes/No Condition or Response Code	Y		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
324	2000F – Service Request	AAA03	Reject Reason Code	52; 60; 61; T5		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
325	2000F – Service Request	UM01	Request Category Code	HS		<i>HS is used for Service Requests</i>
326	2000F – Service Request	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 for Service Requests

Aetna's Use of the 278 Precertification Response

Page	Loop ID	Reference	Segment Name	Codes	Length	Comments
326	2000F - Service Request	UM03	Service Type Code			Data element(s) used for DME Service Requests only.
326	2000F - Service Request	UM03	Service Type Code	12; 18		Code values listed here are defined in the HIPAA IG for this data element, and are the only ones that will be used by Aetna for Service Requests
330	2000F - Service Request	UM04-01	Facility Code Type	11; 12; 21; 22; 24; 31; 34; 41; 42		Code values listed here are defined in an external code list referenced by the HIPAA IG for this data element, and are the only ones that will be used by Aetna for Service Requests
330	2000F - Service Request	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 for Service Requests
330	2000F - Service Request	UM06	Level of Service Code			Data element(s) situational in HIPAA IG but will not be used by Aetna for Service Requests
332	2000F - Service Request	HCR03	Reject Reason Code	35; 36; 37; 53; 69; 82; 86; 87; 88; 89; 90; 96; 98		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna for Admission Requests
334	2000F - Service Request	REF	Previous Certification Information			Segment is situational in HIPAA IG but will not be used by Aetna for Service Requests
335	2000F - Service Request	DTP	Service Date			Segment is situational in HIPAA IG but will not be used by Aetna for Service Requests

Aetna's Use of the 278 Precertification Response

Page	Loop ID	Reference	Segment Name	Codes	Length	Comments
337	2000F - Service Request	DTP	Admission Date			Segment is situational in HIPAA IG but will not be used by Aetna for Service Requests
339	2000F - Service Request	DTP	Discharge Date			Segment is situational in HIPAA IG but will not be used by Aetna for Service Requests
341	2000F - Service Request	DTP	Surgery Date			Segment is situational in HIPAA IG but will not be used by Aetna for Service Requests
343	2000F - Service Request	DTP	Certification Issue Date			Segment is situational in HIPAA IG but will not be used by Aetna for Service Requests
344	2000F - Service Request	DTP	Certification Expiration Date			Segment is situational in HIPAA IG but will not be used by Aetna for Service Requests
345	2000F - Service Request	DTP	Certification Effective Date			Segment is situational in HIPAA IG but will not be used by Aetna for Service Requests
346	2000F - Service Request	HI	Health Care Code Information			Each submitted procedure will be returned in its own Service Loop (HLSS)
346	2000F - Service Request	HI01-02	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 for Service Requests



Aetna's Use of the 278 Precertification Response

Page	Loop ID	Reference	Segment Name	Codes	Length	Comments
346	2000F - Service Request	HI02; HI03; 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 for Service Requests
362	2000F - Service Request	HSD01	Quantity Qualifier	FL		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna for Service Requests
367	2000F - Service Request	CL1	Institutional Claim Code			Segment is situational in HIPAA IG but will not be used by Aetna for Service Requests
370	2000F - Service Request	CR103	Ambulance Transport Code	R; T		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna for Service Requests
371	2000F - Service Request	CR2	Spinal Manipulation Services Information			Segment is situational in HIPAA IG but will not be used by Aetna for Service Requests
376	2000F - Service Request	CR5	Home Oxygen Therapy Information			Segment is situational in HIPAA IG but will not be used by Aetna for Service Requests
115 in A1	2000F - Service Request	PWK	Additional Service Information			Segment is situational in HIPAA IG but will not be used by Aetna for Service Requests



Aetna's Use of the 278 Precertification Response

Page	Loop ID	Reference	Segment Name	Codes	Length	Comments
Additional Service Information Contact Name Loop						
213 of A1	2010F - Service Request	NM1	Additional Service Information Contact Name			Segment is situational in HIPAA IG but will not be used by Aetna for Service Requests
217 of A1	2010F - Service Request	N3	Additional Service Information Contact Address			Segment is situational in HIPAA IG but will not be used by Aetna for Service Requests
218 of A1	2000F - Service Request	N4	Additional Service Information Contact City/State/ZIP Code			Segment is situational in HIPAA IG but will not be used by Aetna for Service Requests
220 of A1	2000F - Service Request	PER	Additional Service Information Contact Information			Segment is situational in HIPAA IG but will not be used by Aetna for Service Requests

Aetna's Use of the 278 Precertification Response

Page	Loop ID	Reference	Segment Name	Codes	Length	Comments
Service Loop – Minimal Service Loop						
318	2000F – Minimal Service Loop	HL	Service Level – Minimal Service Loop			<p>The HIPAA IG requires that each Service Provider Loop be followed by a Service Loop. For precertification requests it may be necessary to send one or more Service Provider Loops for which no Services apply. Therefore, a Minimal Service Loop (which includes only the data elements which are required by the HIPAA IG) must be used.</p> <p>Aetna will create minimal service loops subordinate to the following service providers for the following business scenarios:</p> <ul style="list-style-type: none"> - HL19/PRV01=AT when there are no Procedure Codes for an inpatient request. - HL19/PRV01=AD for all inpatient requests. - HL19/NM101=FA for all Health Services requests (non-inpatient). - HL19/NM101=SJ for all Health Services requests (non-inpatient).
323	2000F – Minimal Service Loop	AAA01	Yes/No Condition Response Code	Y		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna
324	2000F – Service Request	AAA03	Reject Reason Code	52; 60; 61; T5		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 Precertification Response

Page	Loop ID	Reference	Segment Name	Codes	Length	Comments
325	2000F - Minimal Service Loop	UM01	Request Category Code	SC		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna for Minimal Service Loops
326	2000F - Minimal Service Loop	UM02	Certification Type Code	1; 2; 3; 4; S		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna for Minimal Service Loops
330	2000F - Minimal Service Loop	UM03; UM04; UM06	Service Type Code; Health Care Service Location; Level of Service Code			Data element(s) situational in HIPAA IG but will not be used by Aetna for Minimal Service Loops
332	2000F - Minimal Service Loop	HCR03	Reject Reason Code	35; 36; 37; 53; 69; 82; 86; 87; 88; 89; 90; 96; 98		Code value(s) listed here are defined in HIPAA IG for this data element, but will not be used by Aetna for Admission Requests
334	2000F - Minimal Service Loop	REF	Previous Certification Information			Segment is situational in HIPAA IG but will not be used by Aetna for Minimal Service Loops
335	2000F - Minimal Service Loop	DTP	Service Date			Segment is situational in HIPAA IG but will not be used by Aetna for Minimal Service Loops
337	2000F - Minimal Service Loop	DTP	Admission Date			Segment is situational in HIPAA IG but will not be used by Aetna for Minimal Service Loops
339	2000F - Minimal Service Loop	DTP	Discharge Date			Segment is situational in HIPAA IG but will not be used by Aetna for Minimal Service Loops



Aetna's Use of the 278 Precertification Response

Page	Loop ID	Reference	Segment Name	Codes	Length	Comments
341	2000F - Minimal Service Loop	DTP	Surgery Date			Segment is situational in HIPAA IG but will not be used by Aetna for Minimal Service Loops
343	2000F - Minimal Service Loop	DTP	Certification Issue Date			Segment is situational in HIPAA IG but will not be used by Aetna for Minimal Service Loops
344	2000F - Minimal Service Loop	DTP	Certification Expiration Date			Segment is situational in HIPAA IG but will not be used by Aetna for Minimal Service Loops
345	2000F - Minimal Service Loop	DTP	Certification Effective Date			Segment is situational in HIPAA IG but will not be used by Aetna for Minimal Service Loops
346	2000F - Minimal Service Loop	HI	Procedures			Segment is situational in HIPAA IG but will not be used by Aetna for Minimal Service Loops
362	2000F - Minimal Service Loop	HSD	Health Care Services Delivery			Segment is situational in HIPAA IG but will not be used by Aetna for Minimal Service Loops
367	2000F - Minimal Service Loop	CL1	Institutional Claim Code			Segment is situational in HIPAA IG but will not be used by Aetna for Minimal Service Loops
369	2000F - Minimal Service Loop	CR1	Ambulance Transport Information			Segment is situational in HIPAA IG but will not be used by Aetna for Minimal Service Loops
371	2000F - Minimal Service Loop	CR2	Spinal Manipulation Services Information			Segment is situational in HIPAA IG but will not be used by Aetna for Minimal Service Loops



Aetna's Use of the 278 Precertification Response

Page	Loop ID	Reference	Segment Name	Codes	Length	Comments
376	2000F - Minimal Service Loop	CR5	Home Oxygen Therapy Information			Segment is situational in HIPAA IG but will not be used by Aetna for Minimal Service Loops
380	2000F - Minimal Service Loop	CR6	Home Health Care Information			Segment is situational in HIPAA IG but will not be used by Aetna for Minimal Service Loops
115 in A1	2000F - Minimal Service Loop	PWK	Additional Service Information			Segment is situational in HIPAA IG but will not be used by Aetna for Minimal Service Loops
Additional Service Information Contact Name Loop						
213 of A1	2010F - Minimal Service Loop	NM1	Additional Service Information Contact Name			Segment is situational in HIPAA IG but will not be used by Aetna for Minimal Service Loops
217 of A1	2000F - Minimal Service Loop	N3	Additional Service Information Contact Address			Segment is situational in HIPAA IG but will not be used by Aetna for Minimal Service Loops
218 of A1	2000F - Minimal Service Loop	N4	Additional Service Information Contact City/State/ZIP Code			Segment is situational in HIPAA IG but will not be used by Aetna for Minimal Service Loops
220 of A1	2000F - Minimal Service Loop	PER	Additional Service Information Contact Information			Segment is situational in HIPAA IG but will not be used by Aetna for Minimal Service Loops