

Understanding electronic claims status transactions

Our claims status transactions allow you to check on the status of submitted claims. Three transactions are available, so you can select the level of detail for your particular needs.

- **Claim Status Inquiry** for single member inquiries
- **Claim Status Report** for provider specific inquiries
- **Financial Status Request** provides additional financial details as a follow-up to the claim status inquiry and claim status report transactions

Steps to take before submitting a Claim Status Inquiry

Be sure to check the reporting offered by your vendor to confirm that we accepted your claims. A Claim Status Inquiry transaction can be performed only on claims posted in our system. To streamline the data input process, submit an eligibility transaction before making a Claim Status Inquiry. Once you submit an eligibility transaction, many vendors' systems will automatically pre-fill all necessary fields for a Claim Status Inquiry submission except claim number, which is an optional field when performing a Claims Status Inquiry.

Where to turn for help

Need more help with real-time claim status transactions? Use the "Contact Us" link available on www.aetna.com. Or, call your vendor's customer service help line.

Required information for submitting a Claim Status Inquiry

To prepare for a successful Claim Status Inquiry submission, have the following information available:

- Patient's member ID number, name, date of birth and gender. While gender is not required, it is recommended as it will aid in the patient validation process. (The subscriber last name is also needed when the patient is a dependent.)

Note: Patients with unique Aetna identification numbers [an identifier that is different from that of the family member considered the subscriber to our plan] should be included in the transaction as if they are the subscriber. Information about the family member considered the subscriber to our plan is no longer required when we have issued each family member a unique ID number.

- Billing provider ID — either National Provider Identifier (NPI), billing provider Tax Identification Number or Aetna provider PIN/PVN.
- Servicing provider National Provider Identifier (NPI). Please use the same servicing/rendering NPI that was submitted on the claim you're inquiring about.
- Billing and servicing provider's name.
- Service date range for claims you're inquiring about. To narrow your search, enter the Aetna claim number to search for a specific claim.

Common Claim Status Inquiry transaction error messages and how to resolve them

There are various factors that may affect whether your Claim Status Inquiry transaction is completed successfully. Below are some error messages you may receive if your inquiry could not be completed, and actions to take in response.

Error message	Explanation and resolution
“Member was not found.” or “Insured or subscriber not found.”	<p>We are unable to locate the member.</p> <ul style="list-style-type: none"> • Verify the member information by performing an eligibility check. • Confirm that the patient has been correctly identified as the subscriber or dependent in the transaction. • Review the member’s information on the ID card, if available. • Resubmit the transaction with the correct information.
“Error in submitted request data. Entity not found. Provider.”	<p>We are unable to locate the provider.</p> <ul style="list-style-type: none"> • Review the provider’s NPI, billing TIN or PIN for input errors. If errors are found, submit a new inquiry with the correct provider NPI, TIN or PIN. • If you still receive this error message, the provider information supplied may be different from what is found in our provider database. Contact your local provider relations representative to verify.
“Response not possible — system status. Business application currently not available. Insurer.”	<p>The Claim Status Inquiry transaction requires information from an Aetna application that is currently unavailable.</p> <ul style="list-style-type: none"> • Retry, and if the problem persists, contact your vendor customer service help line.
If you receive multiple status responses for a single claim	<p>You may receive multiple status responses for a single claim because:</p> <ul style="list-style-type: none"> • The claim was split into multiple segments for claims processing (for example, two different benefits years). • The claim was reprocessed (for example, additional information was received). <p>The consolidated responses should reflect the activity on the claim.</p>
“Claim not found in payer’s payment system.”	<p>The claim ID submitted does not match any claims in our payment system.</p> <ul style="list-style-type: none"> • Review, correct the claim ID and resubmit the request.

Common Financial Status Request transaction error messages and how to resolve them

The Financial Status Request transaction is available following an initial Claim Status Inquiry transaction or Claim Status Report transaction response. The Financial Status Request transaction:

- Is available for claims that have completed the payment process and are finalized.
- Provides additional financial details about adjudication of claims (for example, copayment or coinsurance amounts or negotiated fee adjustments).

There are various factors that may affect whether your Financial Status Request transaction is completed successfully. Here are some error messages you may receive if your inquiry could not be completed, and actions to take in response.

Error message	Explanation and resolution
“Transaction too large for real-time viewing.”	<p>The claim details are too large to be returned in the transaction response.</p> <ul style="list-style-type: none"> • Refer to your electronic remittance advice or Explanation of Benefits for additional financial information about this claim.
“Claim cannot be returned due to a system problem in the payer’s system.”	<p>The Financial Status Request transaction requires information from an Aetna application that is currently unavailable.</p> <ul style="list-style-type: none"> • Retry, and if the problem persists, contact your vendor customer service help line.

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