

Quick Guide to Eligibility Transaction Service Type Codes

This document lists Service Type Codes (STCs) that you can submit with an eligibility transaction. It is presented in STC order and includes the details that will be returned in the Real-Time Eligibility response, based on the STC submitted.

Service Type Code	Description	Response Returned
1	Medical Care	See Service Type Code 30
2	Surgical	Surgery, Inpatient, Outpatient, Office or SPU.; also includes Routine Surgeries performed in the office by specialists or PCPs
3	Consultation	Consultations
4	Diagnostic X-ray	X-rays, Office or Outpatient, including Bone Mass Measurement and Mammograms
5	Diagnostic Lab	Outpatient or Office Lab. Also includes Colorectal, Prostate and Pap Smear Screenings
6	Radiation Therapy	Radiation Therapy, Facility Outpatient or SPU as well as Specialist Office Visit
7	Anesthesia	See Service Type Code 30
8	Surgical Assistance	Assistant Surgeon - Inpatient
9	Other Medical	Walk-in clinic visits and eVisits when included in the plan. If not included, will return active coverage only.
10	Blood Charges	Blood Charges, Inpatient or Outpatient
11	Used Durable Medical Equipment	See Service Type Code 30
12	Durable Medical Equipment Purchase	Durable Medical Equipment
13	Ambulatory Service Center Facility	Outpatient, SPU or Ambulatory Surgical Facility
14	Renal Supplies in the Home	See Service Type Code 30
15	Alternate Method Dialysis	See Service Type Code 30
16	Chronic Renal Disease (CRD) Equipment	See Service Type Code 30
17	Preadmission Testing	Preadmission Testing, Outpatient, Office or SPU
18	Durable Medical Equipment Rental	Durable Medical Equipment
19	Pneumonia Vaccine	See Service Type Code 30
20	Second Surgical Opinion	Second Surgical Opinion
21	Third Surgical Opinion	See Service Type Code 30
22	Social Work	See Service Type Code 30
23	Diagnostic Dental	Diagnostic Dental
24	Periodontics	Periodontics
25	Restorative	Restorative
26	Endodontics	Endodontics
27	Maxillofacial Prosthetics	Prosthetics
28	Adjunctive Dental Services	Palliative Treatment
30	Health Benefit Plan Coverage	Includes STCs 1, 33, 35, 47, 86, 88, 98, AL, MH, UC (1, 35, 47, 88 only return active coverage response) - only covered STCs will be returned
32	Plan Waiting Period	See Service Type Code 30
33	Chiropractic	Chiropractic Office Visits and Manipulations
34	Chiropractic Office Visits	Chiropractic Office Visits and Manipulations

35	Dental Care	Service Types 23, 24, 25, 26, 27, 28, 37, 38, 39, 40, 41 as of August 2010. Only covered STCs will be returned.
36	Dental Crowns	Crowns
37	Dental Accident	Active Coverage Response
38	Orthodontics	Orthodontics
39	Prosthodontics	Prosthodontics
40	Oral Surgery	Oral Surgery
41	Routine (Preventive) Dental	Prophylaxis
42	Home Health Care	Home Health Visits and Infusion Therapy
43	Home Health Prescriptions	See Service Type Code 30
44	Home Health Visits	Home Health Visits and Infusion Therapy
45	Hospice	Hospice, Inpatient and Outpatient
46	Respite Care	See Service Type Code 30
47	Hospital	48, 49, 50, 51, 52, 53 as of August 2010. Only covered STCs will be returned.
48	Hospital - Inpatient	Inpatient Hospital
49	Hospital - Room and Board	See Service Type Code 30
50	Hospital - Outpatient	Outpatient Hospital including Outpatient Surgery
51	Hospital - Emergency Accident	Emergency Room, including Accident
52	Hospital - Emergency Medical	Emergency Room, including Urgent Care
53	Hospital - Ambulatory Surgical	Outpatient Hospital, specifically Ambulatory Surgery
54	Long Term Care	See Service Type Code 30
55	Major Medical	See Service Type Code 30
56	Medically Related Transportation	See Service Type Code 30
57	Air Transportation	Air Ambulance
58	Ambulance	See Service Type Code 30
59	Licensed Ambulance	Ground Ambulance
60	General Benefits	Hospital Emergency, Hospital Diagnostic X-ray/Lab, Physician Office, including PCP and Specialist Office Visit and Consultations. Benefits returned for the same services as 50, 73, 98 - returned using STC60
61	In-vitro Fertilization	Invitro Fertilization and Artificial Insemination
62	MRI/CAT Scan	Complex Imaging
63	Donor Procedures	See Service Type Code 30
64	Acupuncture	See Service Type Code 30
65	Newborn Care	Well Baby Care including Inpatient Newborn Care
66	Pathology	Diagnostic Pathology
67	Smoking Cessation	See Service Type Code 30
68	Well Baby Care	Well Baby Care
69	Maternity	Maternity Care including Normal Vaginal Delivery, Caesarean and Maternity Room and Board
70	Transplants	See Service Type Code 30
71	Audiology Exam	See Service Type Code 30
72	Inhalation Therapy	See Service Type Code 30
73	Diagnostic Medical	Diagnostic Medical including X-ray, Lab and Mammograms
74	Private Duty Nursing	Private Duty Nursing
75	Prosthetic Device	Prosthetics
76	Dialysis	Renal Dialysis
77	Otological Exam	See Service Type Code 30
78	Chemotherapy	Chemo Therapy and Chemo Injectable Medications

79	Allergy Testing	Allergy Testing
80	Immunizations	Immunizations including adult and child immunizations and flu vaccinations
81	Routine Physical	Routine Physical Exams including Well-Woman exams and Hearing Exams
82	Family Planning	Family Planning, which includes Voluntary Sterilization (Tubal Ligation and Vasectomy)
83	Infertility	Infertility treatments including Artificial Insemination
84	Abortion	Abortion including elective abortions
85	AIDS	See Service Type Code 30
86	Emergency Services	Emergency Services including Urgent Care
87	Cancer	See Service Type Code 30
88	Pharmacy	Active Coverage Response
89	Free Standing Prescription Drug	Active Coverage Response
90	Mail Order Prescription Drug	Active Coverage Response
91	Brand Name Prescription Drug	Active Coverage Response
92	Generic Prescription Drug	Active Coverage Response
93	Podiatry	Consultations
94	Podiatry - Office Visits	Consultations
95	Podiatry - Nursing Home Visits	See Service Type Code 30
96	Professional (Physician)	See Service Type Code 30
97	Anesthesiologist	Anesthesia, including Inpatient and Office
98	Professional (Physician) Visit - Office	Office Visits including PCPs and Specialists
99	Professional (Physician) Visit - Inpatient	Inpatient Physician Visits
A0	Professional (Physician) Visit - Outpatient	Outpatient Physician Visits
A1	Professional (Physician) Visit - Nursing Home	Nursing Home Physician Visits
A2	Professional (Physician) Visit - Skilled Nursing Facility	Skilled Nursing Facility Physician Visits
A3	Professional (Physician) Visit - Home	See Service Type Code 30
A4	Psychiatric	Outpatient Psychiatric Services
A5	Psychiatric - Room and Board	See Service Type Code 30
A6	Psychotherapy	Outpatient Psychotherapy Services including Drug and Alcohol Treatments
A7	Psychiatric - Inpatient	Inpatient Psychiatric Services including Drug and Alcohol Treatments
A8	Psychiatric - Outpatient	Outpatient Psychiatric Services
A9	Rehabilitation	See Service Type Code 30
AA	Rehabilitation - Room and Board	See Service Type Code 30
AB	Rehabilitation - Inpatient	Inpatient Physical Rehabilitation Services
AC	Rehabilitation - Outpatient	Outpatient Physical Rehabilitation Services
AD	Occupational Therapy	Occupational Therapy by MD, DO or Non-Physician
AE	Physical Medicine	Physical Medicine Services by MD, DO or Non-Physician
AF	Speech Therapy	Speech Therapy by Physician or Therapist
AG	Skilled Nursing Care	Skilled Nursing Facility
AH	Skilled Nursing Care - Room and Board	Skilled Nursing Facility
AI	Substance Abuse	Substance Abuse Treatment including Drug and Alcohol Abuse
AJ	Alcoholism	See Service Type Code 30
AK	Drug Addiction	See Service Type Code 30
AL	Vision (Optometry)	Routine Vision, including Eye Exam, Lenses and Frames

AM	Frames	Vision- Frames
AN	Routine Exam	Routine Vision, including Eye Exam, Lenses and Frames
AO	Lenses	Vision- Lenses
AQ	Non-Medically Necessary Physical	See Service Type Code 30
AR	Experimental Drug Therapy	See Service Type Code 30
B1	Burn Care	See Service Type Code 30
B2	Brand Name Prescription Drug - Formulary	Active Coverage Response
B3	Brand Name Prescription Drug - Non-Formulary	Active Coverage Response
BA	Independent Medical Evaluation	See Service Type Code 30
BB	Partial Hospitalization (Psychiatric)	See Service Type Code 30
BC	Day Care (Psychiatric)	See Service Type Code 30
BD	Cognitive Therapy	See Service Type Code 30
BE	Massage Therapy	See Service Type Code 30
BF	Pulmonary Rehabilitation	See Service Type Code 30
BG	Cardiac Rehabilitation	Cardiac Rehab Outpatient Facility
BH	Pediatric	Well Child Care
BI	Nursery	See Service Type Code 30
BJ	Skin	See Service Type Code 30
BK	Orthopedic	See Service Type Code 30
BL	Cardiac	See Service Type Code 30
BM	Lymphatic	See Service Type Code 30
BN	Gastrointestinal	See Service Type Code 30
BP	Endocrine	See Service Type Code 30
BQ	Neurology	See Service Type Code 30
BR	Eye	See Service Type Code 30
BS	Invasive Procedures	See Service Type Code 30
BT	Gynecological	Well Woman Exam including Pap Smear
BU	Obstetrical	Maternity Care including Normal Vaginal Delivery, Caesarean and Maternity Room and Board
BV	Obstetrical/Gynecological	Maternity Care including Normal Vaginal Delivery, Caesarean and Maternity Room and Board as well as Well Woman Exam including Pap Smear
BW	Mail Order Prescription Drug: Brand Name	Active Coverage Response
BX	Mail Order Prescription Drug: Generic	Active Coverage Response
BY	Physician Visit - Office: Sick	Physician Office Visit PCP or Specialist
BZ	Physician Visit - Office: Well	Well Adult or Child Care
C1	Coronary Care	See Service Type Code 30
CA	Private Duty Nursing - Inpatient	Private Duty Nursing
CB	Private Duty Nursing - Home	Private Duty Nursing
CC	Surgical Benefits - Professional (Physician)	Surgery, Inpatient, Outpatient and Office; also includes Routine Surgeries performed in the office by Specialists or PCPs
CD	Surgical Benefits - Facility	Surgery, Inpatient, Outpatient, Office and SPU; also includes Routine Surgeries performed in the office by Specialists or PCPs
CE	Mental Health Provider - Inpatient	Detail
CF	Mental Health Provider - Outpatient	Outpatient Psychiatric Services
CG	Mental Health Facility - Inpatient	Inpatient Psychiatric Services
CH	Mental Health Facility - Outpatient	Outpatient Psychiatric Services
CI	Substance Abuse Facility - Inpatient	Substance Abuse, Inpatient - including Drug and Alcohol

CJ	Substance Abuse Facility - Outpatient	Substance Abuse, Outpatient - including Drug and Alcohol
CK	Screening X-ray	Screening X-ray including Routine X-rays and Mammograms
CL	Screening Laboratory	Screening Laboratory Services
CM	Mammogram, High Risk Patient	Mammograms
CN	Mammogram, Low Risk Patient	Mammograms
CO	Flu Vaccination	Flu Vaccinations
CP	Eyewear and Eyewear Accessories	Routine Vision, including Eye Exam, Lenses and Frames
CQ	Case Management	See Service Type Code 30
DG	Dermatology	Office Visit and Office Surgery
DM	Durable Medical Equipment	Durable Medical Equipment
DS	Diabetic Supplies	Diabetic Supplies
GF	Generic Prescription Drug - Formulary	Active Coverage Response
GN	Generic Prescription Drug - Non-Formulary	Active Coverage Response
GY	Allergy	Allergy Testing, Allergy Serum and Allergy Injections
IC	Intensive Care	Intensive Care Room and Board
MH	Mental Health	Facility Inpatient and Outpatient Mental Health
NI	Neonatal Intensive Care	Neonatal Intensive Care
ON	Oncology	Oncology Office Visit and Chemo Services including Chemo Injectable Medication
PT	Physical Therapy	Physical Therapy
PU	Pulmonary	Consultation
RN	Renal	Renal Dialysis
RT	Residential Psychiatric Treatment	Residential Psychiatric Treatment
TC	Transitional Care	See Service Type Code 30
TN	Transitional Nursery Care	See Service Type Code 30
UC	Urgent Care	Urgent Care Services

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