



Information on National Provider Identifier in Aetna Electronic Remittance Advices

Aetna Provider eSolutionsSM

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Aetna does not create ERAs for claims submitted without an NPI unless an override or default NPI has been designated.

Providers billing with multiple NPIs can choose to:

- receive separate payments/ERAs for each billing NPI submitted on claims
- designate an override NPI value to be returned on all ERAs regardless of billing NPI submitted on the claim
- designate a default NPI to be returned on ERAs for claims submitted without a billing NPI such as:
 - paper claims
 - older claimsAetna is reprocessing

Aetna does not send Electronic Remittance Advices (ERAs) to providers subject to the National Provider Identifier (NPI) regulations when:

- a billing provider's NPI is not sent on the claim **and**
- we have not been notified of a specific "override NPI" to use on ERAs **and**
- the payee does not have a "default NPI" recorded in our provider records

An online Explanation of Benefits (EOB) will be available, but an ERA will not be sent if:

- we adjudicate or reprocess a claim sent without a billing provider NPI **and**
- we do not have an NPI on file

If you do not receive some ERAs, please be sure to:

- include the billing provider's NPI in all your claims (including any paper claims) **and** designate:
 - an override NPI to be returned on all your ERAs **or**
 - a default NPI to be used when an NPI is not on the claim

Designating a specific NPI

When a provider chooses to supply Aetna with an NPI value to override the value submitted on the claim, this ensures that:

- no ERAs are diverted to online EOB because of missing NPI information **and**
- the smallest number of payments are sent

When a provider chooses to supply us with a default NPI value, this ensures that:

- no ERAs are diverted to online EOB because of missing NPI information
- Aetna will use NPI values when available from submitted claims

Failure to supply us with an override or default NPI value means remittance advices for claims without NPIs are only available via online EOB.

How to notify Aetna of an override or default NPI value

Use the 'Contact Us' link at the bottom of any page on Aetna.com to notify us of override or default NPI additions or changes.

How Aetna payments and ERAs are grouped

HIPAA requires a separate ERA be created for each ERA NPI payee. Each ERA is associated with a separate payment. The more payee NPIs used, the more payments (and ERAs) will be created.

However, NPI is not the only thing that determines the number of payments you will receive. Other situations resulting in multiple payments include:

- separate payments on behalf of self-insured plan sponsors
- some states require payments from separate bank accounts for plans they regulate
- most Aetna claim payments are grouped by payee and sent on a weekly basis, but payments from Medicare Advantage and most HMO plans are currently sent daily, separated by rendering provider or facility

Valuing NPIs and TIN in Aetna ERAs

Unless an override or default NPI value is used, Aetna will value the ERA with NPI values from the claim:

- Payee ID Source
 - pay-to NPI if sent
 - billing provider NPI if pay-to NPI was not sent

- Group ID Source
 - billing provider NPI if pay-to NPI was sent
 - professional and dental claims - rendering provider NPI if pay-to provider NPI was not sent
 - institutional claims - service facility NPI if pay-to provider NPI was not sent

- Rendering Provider ID Source
 - professional and dental claims - rendering provider NPI
 - institutional claims - service facility NPI

The TIN and provider business group (PBG) will always be sent to identify the taxpayer ID that will be used for IRS reporting and the provider business area handling remittances for the claim.

How providers can determine which NPIs are included in their ERAs

The payee and rendering provider NPIs are displayed on the Aetna ERA Inquiry page. This page is available to registered users of [Aetna's secure provider website](#) who have signed up for ERA/EFT.