

Electronic claim status transactions streamline your administrative tasks



Checking the status of your claims doesn't have to take forever. We offer a variety of electronic options, allowing you to handle this key administrative task quickly and easily.

Our three unique claim status transactions give you the level of claims information you need to follow the progress of your claims.

The electronic claim status transactions are available for *both* electronic and paper claims submissions, and include:

- Claim Status Inquiry for single member inquiries.
- Claim Status Report for provider-specific inquiries.

- Financial Status Request, available as a follow-up to both transactions to provide additional financial details.

Note that no information or limited information may be available for claims not processed and paid by Aetna (for example, claims paid by delegated entities such as IPAs and behavioral health companies and Strategic Resource Company claims). For full status on these claims, contact the entity processing the claim. If the claim was submitted to Aetna, status will be available to indicate if the claim was rejected by Aetna or forwarded to the processing entity.

Getting started is easy

Contact your software vendor/clearinghouse and verify it can submit claim status transactions to Aetna. If it can, you're on your way.

If not, visit www.aetna.com/provider to determine the solution that is right for you. To view the various electronic connectivity options, select:

- "Medical"
- "Service Solutions"
- "Electronic Connectivity"
- "Clearinghouse Options"

Or, you can simply log in to our secure provider website via NaviNet® and complete the claim status transactions online. From "Aetna Plan Central," select "Claims" and either "Claim Status Inquiry" or "Claim Status Report." That's all there is to it!

Aetna hours of availability

- Monday – Saturday: available 24 hours a day
- Sunday: 12 p.m.– 4 a.m. ET (Vendor availability may vary.)

CLAIM STATUS INQUIRY WILL RETURN A PROMPT ELECTRONIC RESPONSE WITH THE FOLLOWING ELEMENTS:

Claim Level	Line Level
Status Message	Procedure Code
Claim Number	Procedure Code Modifier
Claim Charge Amount	Units of Service
Statement From and Through Date (Dates of Service)	Charged Amount
Claim Payment Amount	Amount Paid to the Provider at the Line Level
Claim Adjudication Date	Status Codes at the Line Level
Payment Method Code	Line Date(s) of Service
Check Issue/Electronic Funds Transfer (EFT) Effective Date	Institutional Revenue Code
Check Number/EFT Trace Number	
Institutional Bill Type	

Claim Status Report[†]

- Returns claim-level status of all claims for a given provider and service date(s).
- Returns claim-level data as noted in chart on previous page.
- Requires minimal data entry for each provider.
- Offers a single response including multiple member claims.
- Returns real-time request with batch-type response when completed, no more than 12 hours from the time the request is submitted.
- Allows you to sort returned information in a variety of ways to quickly locate claims, including:

Claim category:	Other data fields:
In process	Patient Name
Finalized	Member ID
Rejected	Claim ID
Denied	

Financial Status Request[†]

The Financial Status Request (FSR) transaction, which is available following an initial Claim Status Inquiry or Claim Status Report transaction response:

- Is available for claims that have completed the adjudication process.

- Can be initiated by any physician/specialist who has submitted electronic or paper claims to us.
- Provides additional financial details regarding adjudication of claims (such as copayment, coinsurance and negotiated fee adjustment information).
- Returns up to 15 service lines.

Do you still have questions? Need more information?

Visit www.aetna.com and send us an e-mail by selecting the "Contact Us" link.

THE FINANCIAL STATUS REQUEST TRANSACTION WILL RETURN THE FOLLOWING ELEMENTS:

General Information	Claim Level Information	Line Level Information
Payee Provider Name and Identifier	Claim Submitted Amount	Submitted Units of Service (if different)
Rendering Provider Name and Identifier	Claim Provider Payment Amount	Line Item Charged Amount
Patient Name and Identifier	Claim Patient Responsibility	Line Item Provider Payment Amount
Subscriber Name and Identifier	Claim Status Code	Institutional Revenue Code
Payer Claim Identifier	Claim Filing Indicator Code	Units of Service
Payment Method Code	Facility Code Value	Line Item Adjustment Amount
Check/EFT Date	Claim Adjustment Group and Adjustment Reason Codes	Line Item Adjustment Group and Adjustment Reason Codes
Check/EFT Identifier	Claim Adjustment Amount	Claim Received Date
Patient Control Number	Claim Precertification Identifier	
Payer Contact Information	Claim Prompt Payment Discount or Interest Payment Amount	

[†]Transaction availability varies by vendor.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies (Aetna).