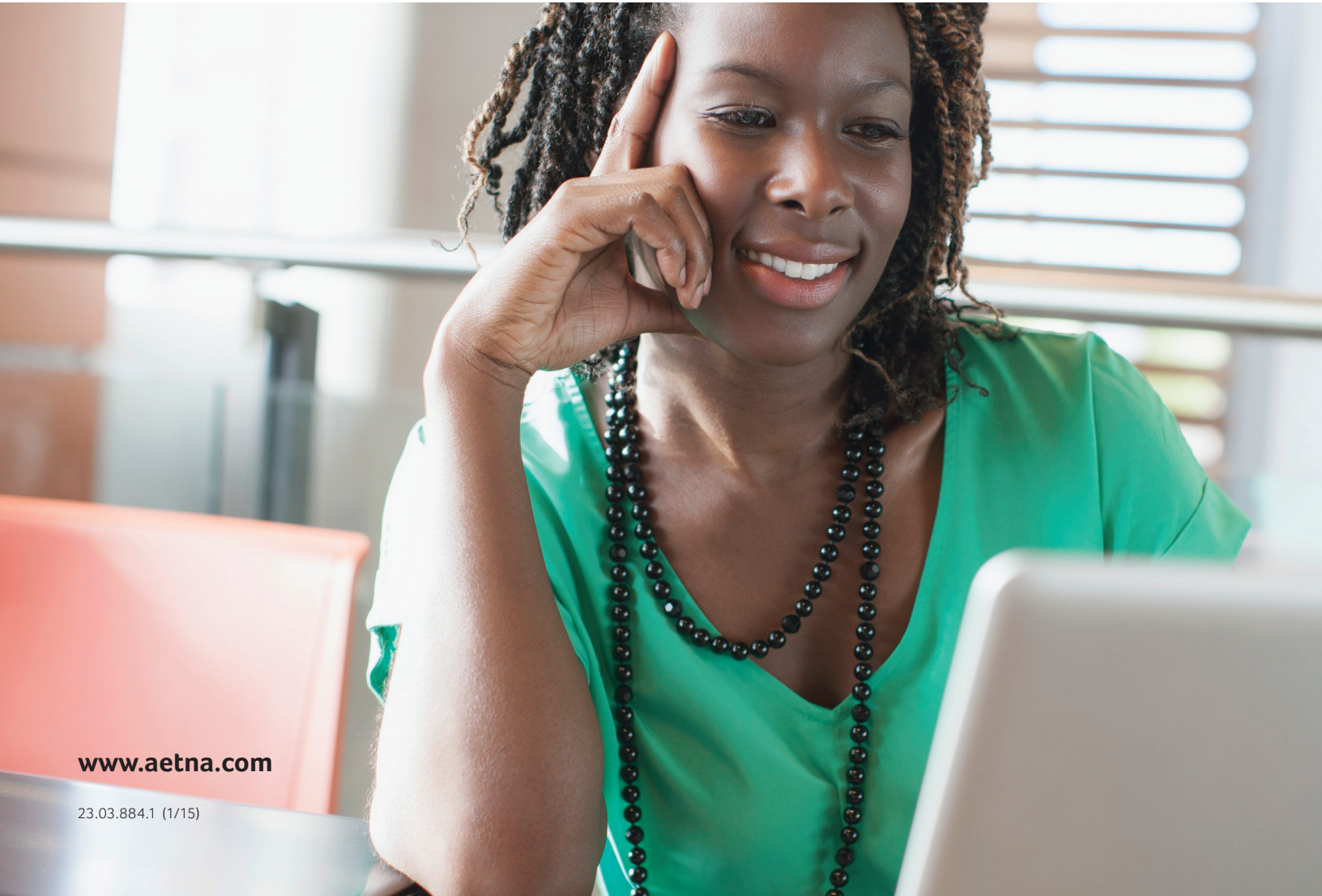


Quality health plans & benefits
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Reference guide

How to use Aetna's electronic referrals





What you need to know about electronic referrals

You can request an electronic referral in real time for any plan that requires a referral. If you're part of an independent practice association (IPA), you should follow current referral procedures for members in health maintenance organization (HMO) plans.

If a plan requires a referral, one should be issued from the primary care physician (PCP) for all specialist visits, including visits in a hospital clinic.

Referrals aren't required for direct access services, such as routine eye care and ob/gyn services. Refer to the *Office Manual for Health Care Professionals* located within the "Health Care Professionals" pages on www.aetna.com for additional direct-access specialties in your area.

A referral isn't a substitute for a service that requires precertification. Visit www.aetnaelectronicprecert.com to check if a service requires precertification.

To request a referral, you must be:

- A participating Aetna provider designated as a PCP
 - Note: The PCP making the referral must participate in the member's benefits plan.
- A participating Ob/Gyn for certain services to specific specialties
 - Note: This applies to HMO products only.

Referrals may be issued to an individual specialist using his or her national provider identifier (NPI) or to a specialty using a taxonomy code. Use our DocFind® online provider directory to find a participating provider's NPI. DocFind is located in the menu section of www.aetna.com/provider. For more on authorizing a referral to a particular specialty using a taxonomy code, read on.

Availability of our referral transactions

Monday – Saturday 23 hours a day. Scheduled downtime is 1 hour between midnight and 5:30 a.m. ET.

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Sunday 8 hours. We schedule routine maintenance between midnight and 4 p.m. ET.
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You can find our electronic referral add and inquiry transactions on our free, secure provider website on NaviNet®. To register, go to <https://connect.navinet.net/enroll>, and you can log in at <https://connect.navinet.net>. Or you can find these transactions on other participating websites.

Find a list of participating websites at www.aetna.com/provider/vendor.

Sending referral add requests

We've included a list of required and optional information below. Enter all of the required information. Check with your vendor or clearinghouse for specific requirements.

Referral entry — data requirements

	Required (R) Optional (O) Situational (S)	Comments
Member ID	R	If the member ID card is not available, you may perform an eligibility transaction to obtain the member ID. Due to privacy concerns, we do not recommend using the member's Social Security number.
Requesting provider ID	R	
Member date of birth	S	If member ID is not 8-digit alpha or alphanumeric
Dependent status	R	
Patient first name	O	If twins, triplets
Service provider ID or taxonomy code	R	
Place of service	R	
Number of visits	R	
Diagnosis	O	A diagnosis code isn't required; however, it's helpful for the specialist.
Procedure code	O	If you don't give a procedure code, the referral will be authorized for a consultation only. This includes automatic studies.
Comments	O	

You don't have to enter a procedure code for electronic referral transactions. Referrals submitted without a procedure code will default to a consultation only. If you enter a procedure code, you should use either a CPT or HCPCS code. You may also input CPT code "99499" for "consult and treat." Consults include automatic studies.*

We authorize referrals immediately. Elect Choice® plan and Managed Choice® plan referrals are valid for one year from the date when the referral was entered.

*Automatic studies by specialty are services performed in a specialist office when patients are seen for visits and evaluations as a result of our direct-access programs or when authorized by a referral from their PCP.

How we handle referrals

HMO referrals are valid for 90 days from the date entered. The first visit must be used within the first 90 days. After the initial visit, any remaining authorized visits will expire one year from the original issue date. When we process the first billed service, an HMO referral is marked with one used visit. We then adjust the effective date to one year from the referral effective date.

The referral is available for use until it expires as described above or all visits are used — whichever comes first. Referrals for Managed Choice and Elect Choice plan members are valid for one year from the original issue date.

If you need to change any information on the existing referral, send a new referral request. You'll get a new authorization number and can give that to the member and/or the specialist.

In certain situations, you may see different information than what you entered. For example, you'll get a modified response when capitation arrangements apply. If the provider to whom you made the referral is not part of your capitation arrangement (for that specific specialty), then we will substitute a suitable provider. You'll see this:

“SPECIALTY CAPITATION ARRANGEMENTS MAY APPLY PLEASE CHECK TO SEE IF THE REFERRED TO PROVIDER IS PART OF THE CAP ARRANGEMENT FOR THIS REQUESTED SERVICE”

We won't authorize referrals for services where we require precertification. For a list of services that require precertification, visit www.aetnaelectronicprecert.com. These requests will get the response: “Not Certified – Requires Medical Review,” along with the message: “THE PROCEDURE CODE SUBMITTED REQUIRES UTILIZATION MANAGEMENT REVIEW. PLEASE SUBMIT THESE REQUESTS USING THE PRECERTIFICATION TRANSACTION.” In some instances, we'll return consult and treat (99499) as a modified response for the procedure code that was rejected.

For a list of possible error messages, please see below.

Inquiring about submitted referral requests

You can inquire about a specific referral by using the previous review authorization number or by searching for a member/provider combination. We've included a list of required and optional information you can include to search for a previously submitted referral request.

Referral inquiry — data requirements

	Required (R) Optional (O) Situational (S)	Comments
Requesting provider ID	R	
Member ID	R	
Dependent status	R	
Member date of birth	S	If member ID is not 8-digit alpha or alphanumeric
Patient first name	O	If twins, triplets
Previous review authorization number	O	

Regardless of the plan type, when you inquire about a previously authorized referral, we'll tell you the number of authorized and remaining visits. Inquiries for a provider/member combination will return the five most recent referrals that match the criteria. Inquiries for a specific referral will get information on that referral only. If additional referrals exist, they won't be displayed on a general inquiry. Providers should contact Aetna's Provider Service Centers to get details on the additional referrals. If you have the certification ID, you should inquire electronically by performing a search for that specific number.

Referrals using taxonomy codes

Any participating provider can use the referral authorized to a taxonomy code for a particular specialty. Please note: Patients with certain benefits plans must see providers who belong to special networks. While it's the patient's responsibility to find a participating provider in their network, we'd like to make you aware of this requirement as well.

The taxonomy codes listed on the following pages are HIPAA compliant. Referring physicians have the option to refer electronically using either the specialist's NPI or the taxonomy code for the specialty. Specialties are grouped by specialty family. All specialties in the family are assigned the same taxonomy code. For example, a referral can be authorized to Dr. Jones (cardiologist) using his NPI or using the taxonomy code for cardiology, 207RC0000X. You must refer members to participating providers.

Specialty family	Aetna specialties	Taxonomy code
ALLERGY and IMMUNOLOGY	Allergy	207K00000X
	Allergy (pediatric)	
	Immunology	
	Immunology (pediatric)	
ANESTHESIOLOGY	Anesthesia (pain management)	207L00000X
CARDIOLOGY	Cardiac electrophysiology	207RC0000X
	Cardiology	
	Cardiology (invasive)	
	Cardiology (pediatric)	
CARDIOVASCULAR and CARDIOTHORACIC	Cardiothoracic surgery	2086S0129X
	Cardiovascular surgery	
	Peripheral vascular disease	
	Thoracic surgery	
	Vascular surgery	
CHIROPRACTIC	Chiropractic	111N00000X
	Manipulative therapy	
DERMATOLOGY	Dermatology	207N00000X
	Dermatology (pediatric)	
	Dermatopathology	
ENDOCRINOLOGY	Diabetology (pediatric)	207RE0101X
	Endocrinology	
	Endocrinology (pediatric)	
	Metabolism and diabetes	
	Nutritional medicine	
	Nutritional medicine (bariatrician)	
	Nutritionist	
	Registered dietitian	
	Reproductive endocrinology	

Specialty family	Aetna specialities	Taxonomy code
GASTROENTEROLOGY	Colon and rectal surgery Gastroenterology Gastroenterology (pediatric) Hepatology Proctology	207RG0100X
GENERAL PRACTICE	Adolescent medicine Developmental medicine Family practice General medicine Gerontology Internal medicine Nurse practitioner (adult) Nurse practitioner (family practice) Nurse practitioner (geriatric) Nurse practitioner (pediatric) Pediatrics	208D00000X
GENETICS	Medical genetics	207SG0201X
HEMATOLOGY and ONCOLOGY	Gynecologic oncology Hematology Hematology (pediatric) Oncology Oncology (pediatric)	207RH0003X
INFECTIOUS DISEASE	AIDS AIDS (pediatric) Epidemiology Infectious disease Infectious disease (pediatric)	207RI0200X
INFUSION THERAPY	Infusion therapy	261QI0500X
NEONATOLOGY	Neonatology	2080N0001X
NEPHROLOGY	Hemodialysis Hypertensive disease Nephrology Nephrology (pediatric)	207RN0300X

Specialty family	Aetna specialties	Taxonomy code
NEUROLOGY	Neurology Neurology (pediatric) Neuro-ophthalmology Neurophysiology	2084N0400X
NEUROLOGICAL SURGERY	Neurosurgery Neurosurgery (pediatric) Neurosurgery (spine)	207T00000X
NUCLEAR RADIOLOGY	Nuclear medicine Nuclear medicine (pediatric)	2085N0904X
OBSTETRICS and GYNECOLOGY	Adolescent gynecology Gynecology Gynecologic oncology Infertility Nurse midwifery Ob/gyn Obstetrics Perinatology Reproductive endocrinology Urogynecology Voluntary interruption of pregnancy	207V00000X
OPHTHAMOLOGY	Anterior segment (glaucoma) Corneal specialist Ophthalmology Ophthalmology (pediatric) Optometrist	207W00000X
ORAL and MAXILLOFACIAL SURGERY	Oral medicine Oral surgery Oral surgery (pediatric)	1223S0112X
ORTHOPEDICS	Hand surgery Orthopedics Orthopedics (foot and ankle) Orthopedics (joint replacement) Orthopedics (oncology) Orthopedics (pediatric) Orthopedics (spine) Sports medicine Sports medicine (non-orthopedic) Surgery	207X00000X

Specialty family	Aetna specialities	Taxonomy code
OTOLARYNGOLOGY	Audiology Neuro-otology Otolaryngology Otolaryngology (allergy) Otolaryngology (head and neck) Otolaryngology (pediatric) Speech therapy	207Y00000X
PATHOLOGY	Lab work Pathology Pathology (pediatric)	207ZP0105X
PEDIATRICS	Adolescent medicine Nurse practitioner (pediatric) Pediatrics	208000000X
PHYSICAL MEDICINE and REHABILITATION	Hand rehabilitation Occupational medicine Occupational therapy Physical medicine Physical medicine and rehab (pediatric) Physical therapy Rehab medicine	208100000X
PHYSICAL THERAPY	Acupuncture Manipulative medicine Manipulative therapy Massage therapy Occupational therapy Physical therapy	225100000X
PLASTIC SURGERY	Craniofacial surgery Craniofacial surgery (pediatric) Oculoplastic surgery Plastic surgery Plastic surgery (pediatric)	208200000X
PODIATRIST	Podiatry	213E00000X
PULMONARY DISEASE	Hyperbaric medicine Pulmonary disease Pulmonary disease (pediatric) Respiratory therapy	207RP1001X

Specialty family	Aetna specialties	Taxonomy code
RADIOLOGY	Magnetic resonance imaging Nuclear medicine Neuroradiology Radiation oncology Radiation oncology (pediatric) Radiation therapy Radiology Radiology (pediatric)	261QR0200X
RHEUMATOLOGY	Rheumatology Rheumatology (pediatric)	207RR0500X
SLEEP DISORDER	Sleep disorder diagnostic	261QS1200X
SURGERY	Breast surgery Colon and rectal surgery General surgery Oncologic surgery Pediatric surgery Proctology surgery Transplant surgery Thoracic surgery Vascular surgery	208600000X
URGENT CARE	Urgent care	261QU0200X
UROLOGY	Lithotripsy Urology Urology (male infertility) Urology (pediatric)	208800000X

Referral status messages

Here is a list of potential status messages that may appear when a real-time referral add or inquiry is successful.

Error message	Possible reasons for error	Resolution/action
Authorization/Access Restrictions	<p>Referring provider's group ID is not designated as primary.</p> <p>Referring provider not authorized to submit referrals (not a PCP or Ob/Gyn).</p> <p>Referring Ob/Gyn provider not authorized to refer for this procedure.</p> <p>Service ("referred to") provider/specialty is not authorized for Ob/Gyn referral.</p> <p>Service ("referred to") provider is not a designated Aexcel® network provider for the specialty requested.</p>	<p>Resubmit with corrected information. Check list of allowed procedures for Ob/Gyn referrals.</p> <p>Resubmit using a "referred to" provider who is designated for Aexcel.</p> <p>Call the appropriate number below:</p> <ul style="list-style-type: none"> • 1-888-MD AETNA (1-888-632-3862) for calls related to indemnity and preferred provider organization (PPO) plans • 1-800-624-0756 for calls related to HMO plans
Certified in Total	Transaction was accepted and approved.	
Contact Payer	<p>The member has behavioral health benefits only.</p> <p>Will be accompanied by this message: "BEHAVIORAL HEALTH BENEFITS ONLY CONTACT 800 424 4047"</p>	Call the appropriate number as directed in the message.
Duplicate Patient ID Number	Multiple members found, and unique selection search could not be made.	<p>Resubmit with patient's first name.</p> <p>Call the appropriate number below:</p> <ul style="list-style-type: none"> • 1-888-MD AETNA (1-888-632-3862) for calls related to indemnity and PPO-based benefits plans • 1-800-624-0756 for calls related to HMO plans
Input Errors for the Service Provider	Invalid service ("referred to") specialty's taxonomy value.	<p>Correct and resubmit.</p> <p>Call the appropriate number below:</p> <ul style="list-style-type: none"> • 1-888-MD AETNA (1-888-632-3862) for calls related to indemnity and PPO plans • 1-800-624-0756 for calls related to HMO plans
Insufficient Data Received To Identify the Service Provider Required Application Data Missing	Service ("referred to") provider NPI or specialty's taxonomy value missing.	<p>Review and complete entry of required information.</p> <p>Providers must supply Aetna with their NPI before using their NPI in Aetna's electronic transactions. Providers may supply their NPI to us on our website.</p>
Invalid Place of Service Code	Invalid place of service.	Correct and resubmit.

Error message	Possible reasons for error	Resolution/action
Invalid/Missing Date of Birth	Date is not in valid format or date is invalid.	Correct date or date format.
Invalid/Missing Patient ID	Invalid patient ID.	Confirm zero vs. alpha O, 1 vs. alpha I. Confirm patient ID and resubmit.
Invalid/Missing Diagnosis Code(s)	Invalid diagnosis code. Submission of ICD10 code before valid for use.	Correct diagnosis and resubmit.
Invalid/Missing Procedure Code(s)	Invalid procedure code. Submission of ICD10 code before valid for use.	Correct procedure and resubmit.
Invalid/Missing Provider Identification	The referring or service provider ID submitted was missing, non-numeric or could not be located during the provider search process. The referring provider identifier submitted was not an NPI.	Verify provider identifier. If unable to resolve, call the appropriate number below: <ul style="list-style-type: none"> • 1-888-MD AETNA (1-888-632-3862) for calls related to indemnity and PPO plans • 1-800-624-0756 for calls related to HMO plans
Modified	Transaction was accepted, but some of the data was modified in the request for the response. The requested referred-to provider does not align with the specialty capitation arrangement that should be utilized by the referring provider. A provider that does align for that specific specialty will be returned in the response. In cases where a substitution could not be processed and capitation may exist, the following message will be returned: "SPECIALTY CAPITATION ARRANGEMENTS MAY APPLY. PLEASE CHECK TO SEE IF THE REFERRED TO PROVIDER IS PART OF THE CAP ARRANGEMENT FOR THIS REQUESTED SERVICE" In some instances, a "consult and treat" (99499) will be returned as a "modified" response for a procedure code that was rejected.	Review the response carefully. In some cases, the requested referred-to provider or procedure code was substituted with different values on the response.

Error message	Possible reasons for error	Resolution/action
<p>No Action Required Certification Not Required for This Service</p>	<p>Referral not required for this member's product/plan.</p> <p>Will be accompanied by this message: "MEMBERS PLAN DOES NOT REQUIRE REFERRAL"</p>	<p>Call the appropriate number below if plan discrepancy is identified:</p> <ul style="list-style-type: none"> • 1-888-MD AETNA (1-888-632-3862) for calls related to indemnity and PPO-based benefits plans • 1-800-624-0756 for calls related to HMO-based benefits plans
<p>No Prior Approval</p>	<p>Invalid certification ID (referral number). Inquired-upon referral number is invalid.</p> <p>Will sometimes be accompanied by this message: "MEMBERS PLAN DOES NOT REQUIRE REFERRAL"</p>	<p>Correct certification ID (referral number) and resubmit.</p> <p>Submit a general inquiry.</p>
<p>Not Certified Authorization/Access Restrictions</p>	<p>The procedures requested cannot be certified for the specialty provider identified in the same request.</p> <p>Will be accompanied by this message: "PROCEDURES MUST HAVE SAME SPECIALTY"</p>	<p>Call the appropriate number below if plan discrepancy is identified:</p> <ul style="list-style-type: none"> • 1-888-MD AETNA (1-888-632-3862) for calls related to indemnity and PPO plans • 1-800-624-0756 for calls related to HMO plans
<p>Not Certified Requires Medical Review</p>	<p>The services requested must be initiated using the precertification transaction and not the referral transaction.</p> <p>Will be accompanied by this message: "THE PROCEDURE CODE SUBMITTED REQUIRES UTILIZATION MANAGEMENT REVIEW PLEASE SUBMIT THESE REQUESTS USING THE PRECERTIFICATION TRANSACTION"</p>	<p>Initiate a precertification transaction, or call the appropriate number below and select the option for precertification:</p> <ul style="list-style-type: none"> • 1-888-MD AETNA (1-888-632-3862) for calls related to indemnity and PPO plans • 1-800-624-0756 for calls related to HMO plans
<p>Not Certified Services were not considered due to other errors in the request.</p>	<p>There were other errors returned in the response.</p>	<p>Review the entire transaction response to find the root cause of why the request was rejected.</p>

Error message	Possible reasons for error	Resolution/action
Out of Network	<p>Service provider is nonparticipating.</p> <p>Referring provider is nonparticipating.</p> <p>Referring or service provider is not contracted in member's product.</p>	<p>Resubmit with corrected information.</p> <p>Potential work-around for issues with service (referred-to) providers that enumerated with the same NPI is to submit a specialty referral (taxonomy code) instead of using an NPI.</p> <p>Call the appropriate number below:</p> <ul style="list-style-type: none"> • 1-888-MD AETNA (1-888-632-3862) for calls related to indemnity and PPO plans • 1-800-624-0756 for calls related to HMO plans
Patient Not Eligible	<p>Member coverage terminated or not yet active.</p> <p>No active medical products were found.</p>	<p>Verify member ID is correct.</p> <p>Call the appropriate number below to verify coverage:</p> <ul style="list-style-type: none"> • 1-888-MD AETNA (1-888-632-3862) for calls related to indemnity and PPO plans • 1-800-624-0756 for calls related to HMO plans
Patient Not Found	<p>No member found for member number submitted.</p>	<p>Verify member ID, correct and resubmit. If member ID is correct, call the appropriate number below:</p> <ul style="list-style-type: none"> • 1-888-MD AETNA (1-888-632-3862) for calls related to indemnity and PPO plans • 1-800-624-0756 for calls related to HMO plans
Provider Is Not a Primary Care Physician	<p>The referring provider ID submitted is not a primary care physician.</p>	<p>Verify provider identifier.</p> <p>Call the appropriate number below:</p> <ul style="list-style-type: none"> • 1-888-MD AETNA (1-888-632-3862) for calls related to indemnity and PPO plans • 1-800-624-0756 for calls related to HMO plans
Subscriber Found, Patient Not Found	<p>The subscriber ID was found, but no dependent matched the submitted patient date of birth.</p> <p>Patient could be subscriber, not dependent.</p>	<p>Verify member ID number.</p> <p>Confirm relationship to subscriber and patient date of birth.</p> <p>Correct and resubmit.</p> <p>If member ID, relationship and date of birth are correct, call the appropriate number below:</p> <ul style="list-style-type: none"> • 1-888-MD AETNA (1-888-632-3862) for calls related to indemnity and PPO plans • 1-800-624-0756 for calls related to HMO plans

Error message	Possible reasons for error	Resolution/action
Unable To Respond at This Time	<p>System unavailable — scheduled maintenance being performed.</p> <p>Unplanned communication outage.</p> <p>Internal system processing errors.</p>	<p>Attempt transaction at a later time.</p> <p>For outages greater than 30 minutes, contact the vendor help desk for estimated time of availability.</p> <p>When resubmission not allowed, call the appropriate number below:</p> <ul style="list-style-type: none"> • 1-888-MD AETNA (1-888-632-3862) for calls related to indemnity and PPO plans • 1-800-624-0756 for calls related to HMO plans