



# Precertification and Referral

Everything you'd like to know. And then some.

# Table of Contents

<b>Precertification</b>	4
<b>Referrals</b>	7
<b>APPENDIX 1</b>	
<b>Precertification status messages</b>	10
<b>APPENDIX 2</b>	
<b>Taxonomy code list</b>	29
<b>APPENDIX 3</b>	
<b>Referral status messages</b>	37

# It's easy to request authorization requests electronically.

Precertification. Referral. They're both authorization requests, but they're different.

Request precertification for things like inpatient hospital stays and for certain procedures and services. See the resources [on our website](#). View the lists or input your procedure code(s) into the tool to see if we require precertification.

Request referral for consultation services and treatment with specialists.

You can submit requests electronically. Just use [our provider portal](#) on Availity®. Or find a vendor from [our list](#) — vendor fees may apply. Submitting your requests electronically saves you time and money. See how much money you can save at [AetnaEDISavingsCalculator.com](#).

# Precertification

## Learn more about precertification at [AetnaElectronicPrecert.com](https://www.aetna.com/precertification)

### Precertification transactions we offer:

- **Precertification** — Submit a precertification request for services that require Utilization Management (UM) review.
- **Notification of Medical Request** — Send us notification of admission or non-admission services.
- **Precertification inquiry** — Send an inquiry to look up a previously submitted request.

Here's some information, so you can breeze right through precertifications.

### What procedures require precertification?

[Visit our website](#) to see our precertification list. Or use our precertification code search tool at the bottom of the page.

#### **This tool:**

- Allows you to enter up to five valid CPT or HCPCS codes
- Tells you whether precertification is required, based on the code entered
- Gives you information about the precertification process for services by external vendors

### What information is needed to submit an electronic precertification request?

Having this information ready will help you complete your request.

#### **Provider identifiers:**

The National Provider Identifier (NPI) numbers of the requesting and servicing providers — get more information on how we use NPIs [on our website](#)

- Contact name and phone number
- Member ID number and date of birth
- Valid diagnosis code (R69 and other non-specific codes will be rejected)
- Place of service
- Admit and/or service date
- Procedure code(s) for non-admissions

# Precertification

## What else can I do?

- Complete a Precertification Inquiry transaction to get a real-time status of your request, including expected turnaround time.

### When you use Availity, you can do a lot more:

- Add clinical information when it's in a "Pending" or "Approved" status
- **Update your request:**
  - Change an admitting or attending provider, or the facility or vendor
  - Add diagnosis codes (up to five)
  - Include a note in the comments field (up to 264 characters)
  - Change admission details, such as changing the admit date or adding a discharge date (cannot be a future date)
  - Update, add or cancel procedure codes (up to five)
  - Change the service date of a procedure code
  - Add additional visits
  - Add an end date (optional)

You can cancel your request if the requested service isn't needed. Just complete a Precertification Inquiry transaction and click on the "Void" button.

## What kind of response can I expect from my request?

- **Certified in total:** We've approved all requested services.
- **Modified:** We've approved your request but modified it. For example, we may have approved only a portion of the requested length of stay.
- **Rejected:** We won't return a certification ID, but we'll return a tracking number if you need to contact us. We'll also tell you why we rejected your request, including the information submitted in error. Check out our [list of Precertification Status Messages](#) in Appendix 1.
- **Pended:** We may pend your request if we need more information. Use the Precertification Inquiry transaction to check its status.\*

*\*If you're using Availity, you can also get the status of your pended event from the Availity Auth/Referral dashboard. We send updates every hour.*

## How may I obtain precertification on certain drugs?

Use Availity to access Novologix®, our portal for Drug Prior Authorization requests. Novologix is an easy-to-use digital platform, providing real-time, evidence-based decision support for multi-drug regimens to get patients started on therapy faster. Novologix streamlines the medical pharmacy prior authorization process and gives you expedited approvals for requests that align with National Comprehensive Cancer Network® (NCCN®) guidelines.





# Clinical questionnaire

The clinical questionnaire is a dynamic tool we developed to help collect clinical information. It's located on Availity. When you request precertification on Availity for certain procedures, we may pend your request for clinical information. At times, we'll ask you to complete a clinical questionnaire by clicking the "Take me to clinical questionnaire" button. Complete the questionnaire, and we'll give you decision right away. You may even receive an immediate approval.

Completing the questionnaire online saves you time because we're asking for the information upfront. If you receive our immediate approval, you won't need to fax or upload clinical information.

# Referrals

You can request an electronic referral for any plan that requires it. If a plan requires a referral, it must be issued from the primary care physician (PCP) for all specialist visits, including those services performed in a facility. A referral isn't a substitute for a service that requires precertification. Visit [our website](#) to see if a service requires precertification.

You can find our electronic Referral Add and Inquiry transactions on our provider portal on Availity. Or find another vendor [on our list](#).

## Referral requirements

### To request a referral, you must be:

- A participating Aetna® provider designated as a PCP. In some states, Ob/Gyns may act as the PCP. The PCP making the referral must participate in the member's benefits plan.
- A participating Ob/Gyn may create a referral for certain services to specific specialties (health maintenance organization [HMO] products only).

Search for participating providers in our [online referral directory](#). Referrals may be issued to an individual specialist using their National Provider Identifier (NPI) or to a specialty using a taxonomy code. Get more information on how we use NPIs [on our website](#). Or you can refer to Appendix 2 for a [list of taxonomy codes](#).

### Here are some other things we'd like you to know:

- Referrals aren't required for direct-access services, such as routine eye care and ob/gyn services. Refer to our [Office Manual for Health Care Professionals](#) for a list of direct-access specialties.
- If you're part of an independent practice association (IPA), follow current referral procedures for members HMO plans.

# Referrals

## Required data

Requesting Provider NPI

Member ID and date of birth

Referred to Provider NPI or  
taxonomy code for the specialist

Diagnosis code (optional)

Procedure code (optional)

Referrals for Managed Choice® plan and Elect Choice® plan members are valid for one year from the original issue date. HMO referrals are valid for 90 days from the date entered. The first visit must be used within 90 days. After the initial visit, any remaining authorized visits will expire one year from the original issue date. The referral is available for use until it expires as described above or all visits are used — whichever comes first. 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.

## 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.

- 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. If there are additional referrals, they won't be displayed on a general inquiry.

If you have the certification ID, you should inquire electronically by performing a search for that specific number. Inquiries for a specific referral will get information on that referral only.

See Appendix 3 for a [list of Referral Status Messages](#).

## Health plan and accountable care organization (ACO) referrals

There are two types of referrals that you may need to make for your patients:

- Health plan referrals, which are the ones required by our health plans.
- ACO referrals, which require that patients get a referral from their primary care physician (PCP) before seeing a specialist.

If we require a referral to a specialist, it's important to refer your patients to specialists and providers within their ACO. Even if we don't require a formal referral for your patient to see a specialist, refer your patients to specialists/providers within their ACO. Talk to your ACO patients about referral options. This way, they'll understand the impact of seeing specialists/providers outside their ACO.





## Need help?

If you need help or have questions about precertification or referrals, [send us an email](#).

## Get trained

We offer live webinars on how to do business with us using our provider portal on Availity. Ask your questions and get answers on the spot. Visit [AetnaWebinars.com](https://www.aetna.com/webinars) for a list of webinars, a schedule and to register.

# Appendix 1

## Precertification status messages

Status or action message	Possible reasons for error	Action
<b>Authorization/Access Restrictions</b> (AAA = 41)	<p>Inquiry transaction:</p> <p>We are unable to find the National Provider Identifier (NPI) submitted for the requesting provider in any of the member's existing precertification events. Therefore, the requesting provider does not have privilege to inquire on the member's information.</p> <p>Update Add transaction:</p> <p>The provider making the EDI update must be affiliated to the original requesting entity that created the event.</p>	<p>Please call the appropriate number below and select the option for precertification:</p> <p><b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and preferred provider organization (PPO)-based benefits plans.</p> <p><b>1-800-624-0756 (TTY: 711)</b> for calls related to health maintenance organization (HMO)-based benefits plans.</p>
<b>Authorization Number Not Found</b> (AAA = AA)	<p>The Certification Number submitted is not valid or found in the database.</p>	<p>Verify the Certification Number and submitted member ID and resubmit the request. If entered correctly, please call the appropriate number below and select the option for precertification:</p> <p><b>1-888-MD AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.</p> <p><b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.</p> <p>OR</p> <p>Enter the request without the Certification Number.</p>

# Appendix 1

## Precertification status messages

Status or action message	Possible reasons for error	Action
<b>Cancelled</b> (HCR01 = C)	Add/Update transaction only.  The event has been successfully cancelled.	For any questions on medical review decisions, please call the appropriate number below and select the option for precertification:  <b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.  <b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.
<b>Cancelled</b>  <b>No Prior Approval</b> (HCR01/03 = C/ON) + message	Inquiry transaction only:  This error will always be accompanied with the following message: THE EVENT ASSOCIATED WITH THIS REFERENCE NUMBER HAS BEEN VOIDED OR IS INCOMPLETE  The event has been successfully cancelled.	For any questions on medical review decisions, please call the appropriate number below and select the option for precertification:  <b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.  <b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.
<b>Certification Information Does Not Match Patient</b> (AAA = CI)	The Certification Number submitted does not correspond with the member ID submitted with the request.	Enter the correct Certification Number. Enter the request without the Certification Number. Please call the appropriate number below and select the option for precertification:  <b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.  <b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.

# Appendix 1

## Precertification status messages

Status or action message	Possible reasons for error	Action
<b>Certified in Total</b> (HCR01 = A1)	Not applicable	No further action required.
<b>Certified-Partial</b> (HCR01 = A2)	Not applicable	Please review decision for each service to determine what has been certified in total, pending or not certified.
<b>Contact Payer</b> (HCR01 = CT)	<p>The procedure code entered may be considered experimental, cosmetic or investigational.</p> <p>An EDI update request cannot be completed for a specific member.</p> <p>This error will sometimes be accompanied with the following messages: THE REQUESTED SERVICE DOES NOT REQUIRE PRECERTIFICATION BUT MAY NOT BE ELIGIBLE FOR COVERAGE UNDER THE MEMBERS PLAN PLEASE REFER TO ONLINE CLINICAL POLICY BULLETINS USING THE AETNA WEBSITE AND CONTACT PROVIDER SERVICES</p> <p>OR</p> <p>AETNA IS TEMPORARILY UNABLE TO PROCESS UPDATE REQUESTS FOR THIS MEMBER PLEASE CONTACT AETNA FOR ANY CHANGES TO THIS EVENT</p> <p>Inquiry transaction:</p> <p>Internal processing is requesting that the provider contact Patient Management.</p>	<p>Refer to <a href="https://www.aetna.com/healthcare-professionals/policies-guidelines/clinical_policy_bulletins.html">Aetna.com/healthcare-professionals/policies-guidelines/clinical_policy_bulletins.html</a> or contact the Provider Contact Center using the telephone numbers below.</p> <p>For any questions on medical review decisions, please call the appropriate number below and select the option for precertification:</p> <p><b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.</p> <p><b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.</p>

# Appendix 1

## Precertification status messages

Status or action message	Possible reasons for error	Action
<b>Date of Birth follows Date of Service or Date of Admission</b> (AAA = 60)	The date of birth is later than the date of service or admission date.	Verify the date of service and/or the date of admission and resubmit the request.
<b>Date of Service Not within Allowable Inquiry Period</b> (AAA = 62)	The admission or date of service is greater than 30 days from the date of the transaction request.	Resubmit the request when the actual date of the admission or service is less than 30 days away.
<b>Duplicate Patient ID Number</b> (AAA = 68)	More than 50 members were identified.  Multiple patients/members found.  Multiple matches on family member.	Please call the appropriate number below and select the option for precertification:  <b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.  <b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.

# Appendix 1

## Precertification status messages

Status or action message	Possible reasons for error	Action
<b>Input Error</b> (AAA = 33)	<p>The data submitted was not valid when processed:</p> <ul style="list-style-type: none"><li>- Length of stay was &gt;99 days.</li><li>- Number of units was &gt;999.</li><li>- Invalid place of service code, or different from original submission.</li><li>- Invalid service/bed type, or different bed types using the same dates.</li><li>- Provider role was not valid for the service requested.</li><li>- Invalid procedure code was submitted for the selected place of service.</li><li>- Diagnosis code was invalid or missing.</li><li>- EDI update transaction not allowed due to the event is currently being utilized.</li><li>- Event no longer able to be updated due to core data has been modified.</li><li>- Discharge Date reported is in the future, or before the admission date.</li><li>- Procedure dates being requested must fall within the current Admission and Discharge dates.</li><li>- The admission date did not equal the same date as the initial bed day.</li><li>- Duplicate Reference Number submitted with initial request. (UM Delegation only)</li><li>- Event has been voided and cannot be updated.</li><li>- Duplicate, overlapping, or gaps in Bed Days exist with update request.</li></ul> <p>A message segment may also be included with these errors to report the actual error reason.</p>	<p>Please correct the data and resubmit the request.</p> <p>If you are unable to determine the reason for the error, please call the appropriate number below and select the option for precertification:</p> <p><b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.</p> <p><b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.</p>



# Appendix 1

## Precertification status messages

Status or action message	Possible reasons for error	Action
<b>Invalid/Missing Admission Date</b> <b>Please Correct and Resubmit</b> (AAA = AM)	Date is not in valid format.	Please correct the data and resubmit the request.
	Date is (+ or -) 180 days from transaction date.	If you are unable to determine the reason for the error, please call the appropriate number below and select the option for precertification:
	Admission date is missing for admission requests.	<p><b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.</p> <p><b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.</p>
<b>Invalid/Missing Date-of-Birth</b> (HCR01 = 58)	Date of Birth is missing or not in the correct format.	Correct the date format and resubmit the request.
<b>Invalid/Missing Date(s) of Service</b> (AAA = 57)	Date is not in valid format.	Correct date format and resubmit the request.
	Date is (+ or -) 180 days from transaction date.	If service date is greater than 180 days after transaction date or greater than 180 days before transaction date, please call the appropriate number below and select the option for precertification:
	Service start date is missing, or not included in update requests.	<p><b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.</p> <p><b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.</p>

# Appendix 1

## Precertification status messages

Status or action message	Possible reasons for error	Action
<b>Invalid/Missing Diagnosis Code(s)</b> (AAA = AF)	The diagnosis code submitted was not valid for submission at the time of the transaction request.	<p>Please correct the data and resubmit the request.</p> <p>In most instances, the response will display the error code.</p> <p>If you are unable to determine the reason for the error, please call the appropriate number below and select the option for precertification:</p> <p><b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.</p> <p><b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.</p>
<b>Invalid/Missing Discharge Date</b> (AAA = AN)	<p>Discharge Date is not valid.</p> <p>Discharge Date reported is in the future.</p>	<p>Please correct the data and resubmit the request.</p> <p>If you are unable to determine the reason for the error, please call the appropriate number below and select the option for precertification:</p> <p><b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.</p> <p><b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.</p>

# Appendix 1

## Precertification status messages

Status or action message	Possible reasons for error	Action
<b>Invalid/Missing Patient ID</b> (AAA = 64)	Invalid patient ID  Ensure you are not entering a letter “O” instead of a “zero” or a letter “l” instead of a number “1.”	Verify you are entering the correct member ID.  Please call the appropriate number below and select the option for precertification:  <b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.  <b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.
<b>Invalid/Missing Procedure Code</b> (AAA = AG)	The procedure code submitted was not valid for submission at the time of the transaction request.	Please correct the data and resubmit the transaction.  In most instances, the response will display the error code.  If you are unable to determine the reason for the error, please call the appropriate number below and select the option for precertification:  <b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.  <b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.

# Appendix 1

## Precertification status messages

Status or action message	Possible reasons for error	Action
<b>Invalid/Missing Provider Phone Number</b> (AAA = 46)	Requesting Provider or Information Source contact telephone number was missing/invalid.	<p>Please correct the data and resubmit the request.</p> <p>If you are unable to determine the reason for the error, please call the appropriate number below and select the option for precertification:</p> <p><b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.</p> <p><b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.</p>
<b>Invalid/Missing Provider Specialty</b> (AAA = 45)	<p>Used an NPI for that of an individual provider for a facility role.</p> <p>NPI reported for the service provider role was not verified during provider valuation process.</p>	<p>Please correct the data and resubmit the request.</p> <p>If you are unable to determine the reason for the error, please call the appropriate number below and select the option for precertification:</p> <p><b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.</p> <p><b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.</p>

# Appendix 1

## Precertification status messages

Status or action message	Possible reasons for error	Action
<b>Modified</b> (HCR01 = A6)	The length of stay that was originally requested was modified based on Aetna's internal processing guidelines.	<p>We changed the requested number of days for an inpatient admission.</p> <p>For any questions on medical decision outcomes, please call the appropriate number below and select the option for precertification:</p> <p><b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.</p> <p><b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.</p>
<b>No Action Required</b> (HCR01 = NA)	<p>The services requested do not require precertification.</p> <p>The error will be accompanied with the following message: NO PRECERT REQUIRED PLEASE REFER TO THE PROVIDER CODE SEARCH TOOL ON AETNA WEBSITE THE REQUESTED SERVICE MAY NOT BE ELIGIBLE FOR COVERAGE REFER TO ONLINE CLINICAL POLICY BULLETINS USING AETNA WEBSITE OR CONTACT PROVIDER SERVICES</p>	No action needed, but please review instructions returned in message.

# Appendix 1

## Precertification status messages

Status or action message	Possible reasons for error	Action
<b>No Certification Information Found</b> (AAA = NC)	<p>Inquiry transaction only:</p> <p>No patient event history was located for the member identified on the request.</p>	<p>Verify the member ID and resubmit the request.</p> <p>If entered correctly, please call the appropriate number below and select the option for precertification:</p> <p><b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.</p> <p><b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.</p>
<b>Not Certified</b>  <b>Certification Responsibility of External Review Organization</b> (HCR01/03 = A3/OJ)	<p>Member ID processed is associated with a delegated group.</p> <p>The services being requested for that specific member have been delegated for utilization management.</p> <p>Will often be accompanied with the phone number, or other contact data for the external Utilization Management Organization responsible for the member's care.</p>	<p>Call the delegated group (external review organization) associated with this member or call the telephone number returned in the message.</p>



# Appendix 1

## Precertification status messages

Status or action message	Possible reasons for error	Action
<b>Not Certified</b>	A similar current or upcoming event already exists.	Please correct the data and resubmit the request.
<b>Duplicate Request</b> (HCR01/03 = A3/OQ)	<p>During an EDI update the diagnosis, procedure code, or bed day had already been previously submitted for the same event.</p> <p>The following may also be returned in these rejection responses: POSSIBLE DUPLICATE REQUEST PLEASE SUBMIT A PRECERT INQUIRY USING THE PREVIOUS REVIEW AUTHORIZATION NUMBER RETURNED IN THIS RESPONSE TO VIEW THE CURRENT STATUS PLEASE CALL FOR ANY READMISSIONS THAT HAVE OCCURRED WITHIN 3 DAYS FROM A PREVIOUS INPATIENT STAY</p> <p>POSSIBLE DUPLICATE REQUEST PLEASE SUBMIT A PRECERT INQUIRY USING THE PREVIOUS REVIEW AUTHORIZATION NUMBER RETURNED IN THIS RESPONSE TO VIEW THE CURRENT STATUS DETAILS</p> <p>THE SERVICE TYPE REQUESTED TO BE ADDED TO THE EVENT ALREADY EXISTS TO VIEW THE COMPLETE DETAILS OF THE EXISTING EVENT PLEASE SUBMIT A PRECERT INQUIRY</p> <p>THE DIAGNOSIS CODE OR THE PROCEDURE CODE REQUESTED TO BE ADDED TO THE EVENT ALREADY EXISTS TO VIEW THE COMPLETE DETAILS OF THE EXISTING EVENT PLEASE SUBMIT A PRECERT INQUIRY</p>	<p>If you are unable to determine the reason for the error, please call the appropriate number below and select the option for precertification:</p> <p><b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.</p> <p><b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.</p>

# Appendix 1

## Precertification status messages

Status or action message	Possible reasons for error	Action
<b>Not Certified</b>  <b>Inconsistent with Patient's Gender</b> (HCR01/03 = A3/OZ)	Maternity services will only be processed for those assigned female at birth.	For any questions on medical decision outcomes, please call the appropriate number below and select the option for precertification:  <b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.  <b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.
<b>Not Certified</b>  <b>Level of Care Not Appropriate</b> (HCR01/03 = A3/OG)	The place of service entered on the request indicated an ambulatory setting.  The place of service, or bed type, was considered Medical, but the member has Behavioral Health benefits only.  Neither the Attending provider nor the services submitted were related to Behavioral Health.	Resubmit the request using an inpatient place of service value (21, 31, 34, 51, 55 or 56).  Please resubmit using Behavioral Health related data for the place of service or services.  Please resubmit using a Behavioral Health related Attending provider or Behavioral Health related services.  Or please call the appropriate number below and select the option for precertification:  <b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.  <b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.

# Appendix 1

## Precertification status messages

Status or action message	Possible reasons for error	Action
<p><b>Not Certified</b></p> <p><b>No Prior Approval</b> (HCR01/03 = A3/ON)</p>	<p>Inquiry transaction only:</p> <p>The services were not certified.</p> <p>The error will always be accompanied with the following message: SEE CORRESPONDENCE FOR DETAILS</p>	<p>For any questions on medical decision outcomes, please call the appropriate number below and select the option for precertification:</p> <p><b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.</p> <p><b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.</p>
<p><b>Not Certified</b></p> <p><b>Plan/contractual guidelines not followed</b> (HCR01/03 = A3/14)</p>	<p>Utilization Management (UM) Delegated arrangement reported a UM decision for a service outside of the contract obligations.</p>	<p>Please correct the data and resubmit the request.</p>
<p><b>Not Certified</b></p> <p><b>Service Inconsistent with Diagnosis</b> (HCR01/03 = A3/OR)</p>	<p>Maternity events must include both maternity diagnosis and maternity procedure codes.</p> <p>The only diagnosis code reported was considered “unknown”.</p> <p>The error may be accompanied with the following message: PLEASE RESUBMIT YOUR TRANSACTION WITH A DIAGNOSIS CODE THAT CAN BE USED TO ASSIST WITH THE UTILIZATION MANAGEMENT REVIEW PROCESS</p>	<p>Correct data entry, or call the appropriate number below and select the option for precertification:</p> <p><b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.</p> <p><b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.</p>

# Appendix 1

## Precertification status messages

Status or action message	Possible reasons for error	Action
<b>Not Certified</b>  <b>Services Were Not Considered Due to Other Errors in the Request</b> (HCR01/03 = A3/25)	The request has been rejected due to other reasons within the same response.	<p>Please evaluate the entire response to identify the root cause for the rejection, correct the errors and resubmit the request.</p> <p>If no other rejection reason is visible then please call the appropriate number below and select the option for precertification:</p> <p><b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.</p> <p><b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.</p>
<b>Out of Network</b> (AAA = 35)	Changing a participating Service Provider to a non-participating Service Provider is not allowed.	<p>Please correct the data and resubmit the request.</p> <p>If you are unable to determine the reason for the error, please call the appropriate number below and select the option for precertification:</p> <p><b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.</p> <p><b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.</p>

# Appendix 1

## Precertification status messages

Status or action message	Possible reasons for error	Action
<b>Patient Birth Date Does Not Match That for the Patient in the Database</b> (AAA = 71)	An invalid birth date was submitted.	Verify the date of birth and resubmit the request.  Please call the appropriate number below and select the option for precertification:  <b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.  <b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.
<b>Patient Not Eligible</b> (AAA = 95)	Coverage was terminated prior to the event start date.  Event start date is prior to coverage effective date.  No active medical coverage was found.	Please call the appropriate number below and select the option for precertification:  <b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.  <b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.
<b>Patient Not Found</b> (AAA = 67)	We could not match any member using the submitted member ID.	Verify the member ID number and resubmit the request.  Please call the appropriate number below and select the option for precertification:  <b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.  <b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.

# Appendix 1

## Precertification status messages

Status or action message	Possible reasons for error	Action
<b>Pended</b>  <b>Requires Medical Review</b> (HCR01 = A4)	<p>All services requiring medical review will be pended.</p> <p>Pended responses will sometimes be accompanied with the following messages: AETNA NEEDS MORE INFO ABOUT THE SERVICES PROVIDED AND THE PATIENTS CLINICAL STATUS THE FACILITY UR DEPT SHOULD PROVIDE COMPLETE INFO ASAP BUT NOT LATER THAN 48 HOURS FROM THIS SUBMISSION WE WILL MAKE A DETERMINATION BASED ON THE AVAILABLE CLINICAL INFORMATION</p> <p>ADDITIONAL INFORMATION IS NEEDED FOR THIS REQUEST PLEASE USE THE FOLLOWING URL TO ACCESS THE REQUEST FORMS LIBRARY AND SUBMIT THE COMPLETED FORM AND DOCUMENTATION TO AETNA <a href="https://www.aetna.com/health-care-professionals/health-care-professional-forms.html">HTTPS://WWW.AETNA.COM/HEALTH-CARE-PROFESSIONALS/HEALTH-CARE-PROFESSIONAL-FORMS.HTML</a></p>	<p>The Aetna Patient Management area will review the request and contact the requester.</p> <p>If this is an urgent or emergent situation, enter the record electronically and please call the appropriate number below and select the option for precertification:</p> <p><b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.</p> <p><b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.</p>



# Appendix 1

## Precertification status messages

Status or action message	Possible reasons for error	Action
<b>Provider Not Found</b> (AAA = 43)	Provider Identifier submitted was not found during provider lookup process.	<p>Please correct the data and resubmit the request.</p> <p>Contact a network representative to have the NPI added to the Aetna provider database, or use the link below for sharing the NPI:</p> <p><a href="https://www.aetna.com/health-care-professionals/forms/npi-submissions.html">https://www.aetna.com/health-care-professionals/forms/npi-submissions.html</a></p> <p>If you are unable to determine the reason for the error, please call the appropriate number below and select the option for precertification:</p> <p><b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.</p> <p><b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.</p>
<b>Required Application Data Missing</b> (AAA = 15)	<p>The request could not be processed due to missing required data:</p> <ul style="list-style-type: none"><li>• Diagnosis code</li><li>• Procedure code (for non-admissions)</li><li>• Admission date</li><li>• Procedure date, or units</li><li>• Place of service</li><li>• Service type (bed type) (for admissions)</li><li>• Service Provider role</li><li>• Reference Number (for UM Delegation Processing only)</li></ul>	<p>Please correct the data and resubmit the request.</p> <p>If you are unable to determine the reason for the error, please call the appropriate number below and select the option for precertification:</p> <p><b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.</p> <p><b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.</p>

# Appendix 1

## Precertification status messages

Status or action message	Possible reasons for error	Action
<b>Subscriber Found, Patient Not Found</b> (AAA = 77)	The subscriber was found, but the patient could not be found during the member search.	Verify the member ID number and resubmit the request. Please call the appropriate number below and select the option for precertification:  <b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.  <b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.
<b>Unable to Respond at Current Time</b> (AAA = 42)	Internal system processing errors.	Attempt the transaction later. Contact your vendor or clearinghouse to ask when the system may be available.  If urgent, please call the appropriate number below and select the option for precertification:  <b>1-888-MD-AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.  <b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.

# Appendix 2

## Taxonomy code list

Specialty family and Aetna specialties	Taxonomy code	Specialty family and Aetna specialties	Taxonomy code
<b>ALLERGY and IMMUNOLOGY</b>	207K00000X	<b>CARDIOVASCULAR and CARDIOTHORACIC</b>	2086S0129X
Allergy		Cardiothoracic surgery	
Allergy (pediatric)		Cardiovascular surgery	
Immunology		Peripheral vascular disease	
Immunology (pediatric)		Thoracic surgery	
		Vascular surgery	
<b>ANESTHESIOLOGY</b>	207L00000X	<b>CHIROPRACTIC</b>	111N00000X
Anesthesia (pain management)		Chiropractic	
		Manipulative therapy	
<b>CARDIOLOGY</b>	207RC0000X	<b>DERMATOLOGY</b>	207N00000X
Cardiac electrophysiology		Dermatology	
Cardiology		Dermatology (pediatric)	
Cardiology (invasive)		Dermatopathology	
Cardiology (pediatric)			

# Appendix 2

## Taxonomy code list

Specialty family and Aetna specialties	Taxonomy code	Specialty family and Aetna specialties	Taxonomy code
<b>ENDOCRINOLOGY</b>	207RE0101X	<b>GENERAL PRACTICE</b>	208D00000X
Diabetology (pediatric)		Adolescent medicine	
Endocrinology		Developmental medicine	
Endocrinology (pediatric)		Family practice	
Metabolism and diabetes		General medicine	
Nutritional medicine		Gerontology	
Nutritional medicine (bariatrician)		Internal medicine	
Nutritionist		Nurse practitioner (adult)	
Registered dietitian		Nurse practitioner (family practice)	
Reproductive endocrinology		Nurse practitioner (geriatric)	
		Nurse practitioner (pediatric)	
		Pediatrics	
<b>GASTROENTEROLOGY</b>	207RG0100X	<b>GENETICS</b>	207SG0201X
Colon and rectal surgery		Medical genetics	
Gastroenterology			
Gastroenterology (pediatric)			
Hepatology			
Proctology			

# Appendix 2

## Taxonomy code list

Specialty family and Aetna specialties	Taxonomy code	Specialty family and Aetna specialties	Taxonomy code
<b>HEMATOLOGY and ONCOLOGY</b>	207RH0003X	<b>NEONATOLOGY</b>	2080N0001X
Gynecologic oncology		Neonatology	
Hematology			
Hematology (pediatric)		<b>NEPHROLOGY</b>	207RN0300X
Oncology		Hemodialysis	
Oncology (pediatric)		Hypertensive disease	
		Nephrology	
		Nephrology (pediatric)	
<b>INFECTIOUS DISEASE</b>	207RI0200X		
AIDS		<b>NEUROLOGY</b>	2084N0400X
AIDS (pediatric)		Neurology	
Epidemiology		Neurology (pediatric)	
Infectious disease		Neuro-ophthalmology	
Infectious disease (pediatric)		Neurophysiology	
<b>INFUSION THERAPY</b>	261QI0500X		
Infusion therapy			

# Appendix 2

## Taxonomy code list

Specialty family and Aetna specialties	Taxonomy code	Specialty family and Aetna specialties	Taxonomy code
<b>NEUROLOGICAL SURGERY</b>	207T00000X	<b>OBSTETRICS and GYNECOLOGY</b>	207V00000X
Neurosurgery		Adolescent gynecology	
Neurosurgery (pediatric)		Gynecology	
Neurosurgery (spine)		Gynecologic oncology	
		Infertility	
<b>NUCLEAR RADIOLOGY</b>	2085N0904X	Nurse midwifery	
Nuclear medicine		Ob/Gyn	
Nuclear medicine (pediatric)		Obstetrics	
		Perinatology	
		Reproductive endocrinology	
		Urogynecology	
		Voluntary interruption of pregnancy	

# Appendix 2

## Taxonomy code list

Specialty family and Aetna specialties	Taxonomy code
<b>OPHTHALMOLOGY</b>	207W00000X
Anterior segment (glaucoma)	
Corneal specialist	
Ophthalmology	
Ophthalmology (pediatric)	
Optometrist	
<b>ORAL and MAXILLOFACIAL SURGERY</b>	1223S0112X
Oral medicine	
Oral surgery	
Oral surgery (pediatric)	

Specialty family and Aetna specialties	Taxonomy code
<b>ORTHOPEDECS</b>	207X00000X
Hand surgery	
Orthopedics	
Orthopedics (foot and ankle)	
Orthopedics (joint replacement)	
Orthopedics (oncology)	
Orthopedics (pediatric)	
Orthopedics (spine)	
Sports medicine	
Sports medicine (non-orthopedic)	
Surgery	

# Appendix 2

## Taxonomy code list

Specialty family and Aetna specialties	Taxonomy code
<b>OTOLARYNGOLOGY</b>	207Y00000X
Audiology	
Neuro-otology	
Otolaryngology	
Otolaryngology (allergy)	
Otolaryngology (head and neck)	
Otolaryngology (pediatric)	
Speech therapy	
<b>PATHOLOGY</b>	207ZP0105X
Lab work	
Pathology	
Pathology (pediatric)	
<b>PEDIATRICS</b>	208000000X
Adolescent medicine	
Nurse practitioner (pediatric)	
Pediatrics	

Specialty family and Aetna specialties	Taxonomy code
<b>PHYSICAL MEDICINE and REHABILITATION</b>	208100000X
Hand rehabilitation	
Occupational medicine	
Occupational therapy	
Physical medicine	
Physical medicine and rehab (pediatric)	
Physical therapy	
Rehab medicine	
<b>PHYSICAL THERAPY</b>	225100000X
Acupuncture	
Manipulative medicine	
Manipulative therapy	
Massage therapy	
Occupational therapy	
Physical therapy	



# Appendix 2

## Taxonomy code list

Specialty family and Aetna specialties	Taxonomy code	Specialty family and Aetna specialties	Taxonomy code
<b>PLASTIC SURGERY</b>	208200000X	<b>RADIOLOGY</b>	261QR0200X
Craniofacial surgery		Magnetic resonance imaging	
Craniofacial surgery (pediatric)		Nuclear medicine	
Oculoplastic surgery		Neuroradiology	
Plastic surgery		Radiation oncology	
Plastic surgery (pediatric)		Radiation oncology (pediatric)	
		Radiation therapy	
<b>PODIATRIST</b>	213E00000X	Radiology	
Podiatry		Radiology (pediatric)	
		<b>RHEUMATOLOGY</b>	207RR0500X
<b>PULMONARY DISEASE</b>	207RP1001X	Rheumatology	
Hyperbaric medicine		Rheumatology (pediatric)	
Pulmonary disease			
Pulmonary disease (pediatric)		<b>SLEEP DISORDER</b>	261QS1200X
Respiratory therapy		Sleep disorder diagnostic	

# Appendix 2

## Taxonomy code list

Specialty family and Aetna specialties	Taxonomy code	Specialty family and Aetna specialties	Taxonomy code
<b>SURGERY</b>	208600000X	<b>UROLOGY</b>	208800000X
Breast surgery		Lithotripsy	
Colon and rectal surgery		Urology	
General surgery		Urology (male infertility)	
Oncologic surgery		Urology (pediatric)	
Pediatric surgery			
Proctology surgery			
Transplant surgery			
Thoracic surgery			
Vascular surgery			
<b>URGENT CARE</b>	261QU0200X		
Urgent care			

# Appendix 3

## Referral status messages

### Real-time referral status messages

Below 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
<b>Authorization/Access Restrictions</b> (AAA = 41)	Referring provider's group ID is not designated as primary.	Resubmit with corrected information.
	Referring provider not authorized to submit referrals (not a PCP or Gyn).	Check list of allowed procedures for Gyn referrals.
	Referring Gyn provider not authorized to refer for this procedure.	Resubmit using a "Referred To" provider who is designated for Aexcel®.
	Service ("Referred To") provider/specialty is not authorized for Gyn referral.	Please call the appropriate number below:  <b>1-888-MD AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.
	Service ("Referred To") provider is not a designated Aexcel provider for the specialty requested.	<b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.
	Requesting Provider is not associated to any of the member's event history.	
<b>Authorization Number Not Found</b> (AAA = AA)	Inquiry transaction only.	Correct certification ID (referral number) and resubmit.
	Invalid certification ID (referral number).	Submit a general inquiry.
	Inquired-upon referral number is invalid.	
<b>Certification Information Does Not Match Patient</b> (AAA = CI)	Inquiry only: the referral number submitted is not valid for the member included in the request.	Correct certification ID (referral number) and resubmit or submit a general inquiry.

# Appendix 3

## Referral status messages

Error message	Possible reasons for error	Resolution / Action
<b>Certified in Total</b> (HCR01 = A1)	Transaction accepted.	
<b>Contact Payer</b> (HCR01 = CT)	The member has behavioral health benefits only.  Will always be accompanied with this message: BEHAVIORAL HEALTH BENEFITS ONLY CONTACT 800 424 4047	Please call the appropriate number as directed in the message.
<b>Duplicate Patient ID Number</b> (AAA = 68)	Multiple members found, and unique selection search could not be made.	Please call the appropriate number below:  <b>1-888-MD AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.  <b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.
<b>Input Error</b> (AAA = 33)	Invalid Place of Service code. Invalid Taxonomy code.	Correct diagnosis and resubmit. Please use ICD10 code.
<b>Invalid Diagnosis Code</b> (AAA = AF)	Invalid diagnosis code.	Correct diagnosis and resubmit.
<b>Invalid/Missing Date of Birth</b> (AAA = 58)	Date is not in valid format OR date is invalid. Date of birth is missing.	Correct date or date format.

# Appendix 3

## Referral status messages

Error message	Possible reasons for error	Resolution / Action
<b>Invalid/Missing Patient ID</b> (AAA = 64)	Invalid patient ID.  Confirm zero vs. alpha O, 1 vs. alpha I.	Confirm patient ID and resubmit.
<b>Invalid/Missing Provider Identification</b> (AAA = 43)	The referring or service provider ID (NPI) submitted was missing, non-numeric or could not be located during the provider search process.	Verify provider identifier.  If unable to resolve, please call the appropriate number below:  <b>1-888-MD AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.  <b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.
<b>Invalid Procedure Code</b> (AAA = AG)	Invalid procedure code.	Correct and resubmit.  Use CPT or HCPCS codes.
<b>Modified</b> (HCR01 = A6)	Service provider changed to a provider that is included within the capitated arrangement.	Redirect patient to capitated site.
<b>No Action Required</b>  <b>Certification Not Required for This Service</b> (HCR01/03 = NA/OH)	Referral not required for this member's product/plan.  Will be accompanied with the message: MEMBER'S PLAN DOES NOT REQUIRE REFERRAL	Please call the appropriate number below if plan discrepancy is identified:  <b>1-888-MD AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.  <b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.

# Appendix 3

## Referral status messages

Error message	Possible reasons for error	Resolution / Action
<b>No Certification Information Found</b> (AAA = NC)	<p>Inquiry only.</p> <p>The Certification ID submitted with the transaction could not be found.</p> <p>Will sometimes have a message segment: MEMBERS PLAN DOES NOT REQUIRE REFERRAL</p>	<p>Correct Certification ID (referral number) and resubmit.</p> <p>Submit a general inquiry.</p>
<b>Not Certified</b>  <b>Authorization/Access Restrictions</b> (HCR01/03 = A3/OC)	<p>The procedures requested cannot be certified for the specialty provider identified in the same request.</p> <p>Will be accompanied with this message: PROCEDURES MUST HAVE SAME SPECIALTY</p>	<p>Please call the appropriate number below if plan discrepancy is identified:</p> <p><b>1-888-MD AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.</p> <p><b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.</p>
<b>Not Certified</b>  <b>Certification Responsibility of External Review Organization</b> (HCR01/03 = A3/OJ)	<p>Member is managed by a different entity responsible for Utilization Review.</p> <p>Will be accompanied with this message of whom to contact for processing.</p>	<p>Contact the entity that was displayed in the message segment. Or call the appropriate number below:</p> <p><b>1-888-MD AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.</p> <p><b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.</p>

# Appendix 3

## Referral status messages

Error message	Possible reasons for error	Resolution / Action
<p><b>Not Certified</b></p> <p><b>Requires Medical Review</b> (HCR01/03 = A3/OV)</p>	<p>The services requested must be initiated using the precertification transaction and not the referral transaction.</p> <p>Will be accompanied with the message: PRECERT REGISTRATION REQUIRED. INITIATE PRECERT ADD REQUEST OR CONTACT PATIENT MANAGEMENT</p>	<p>Initiate a precertification transaction, or please call the appropriate number below and select the option for precertification:</p> <p><b>1-888-MD AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.</p> <p><b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.</p>
<p><b>Out of Network</b> (AAA = 35)</p>	<p>Service provider is nonparticipating.</p> <p>Referring provider is nonparticipating.</p>	<p>Resubmit with corrected information.</p> <p>Please call the appropriate number below:</p> <p><b>1-888-MD AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.</p> <p><b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.</p>
<p><b>Patient Not Eligible</b> (AAA = 95)</p>	<p>Member coverage terminated or not yet active.</p>	<p>Verify member ID is correct.</p> <p>Please call the appropriate number below to verify coverage:</p> <p><b>1-888-MD AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.</p> <p><b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.</p>

# Appendix 3

## Referral status messages

Error message	Possible reasons for error	Resolution / Action
<b>Patient Not Found</b> (AAA = 67)	No member found for member number submitted.	Verify member ID, correct and resubmit.  If member ID is correct, please call the appropriate number below:  <b>1-888-MD AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.  <b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.
<b>Provider Is Not a Primary Care Physician</b> (AAA = 49)	The referring provider ID submitted is not a primary care physician.	Verify provider identifier.  Please call the appropriate number below:  <b>1-888-MD AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.  <b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.
<b>Required Application Data Missing</b> (AAA = 15)	Service ("Referred To") provider NPI or a specialty's taxonomy missing.	Review and complete entry of required information.  Providers must supply Aetna with their NPI before using their NPI in Aetna's electronic transactions. Providers may supply their NPI to Aetna using the "Update Profiles" section of the Aetna provider website.



# Appendix 3

## Referral status messages

Error message	Possible reasons for error	Resolution / Action
<b>Subscriber Found, Patient Not Found</b> (AAA = 77)	<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 #.</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, please call the appropriate number below:</p> <p><b>1-888-MD AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.</p> <p><b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.</p>
<b>Unable to Respond at This Time</b> (AAA = 42)	<p>System unavailable — scheduled maintenance being performed.</p> <p>Unplanned communication outage.</p> <p>Internal system processing errors.</p>	<p>Attempt transaction at another 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, please call the appropriate number below:</p> <p><b>1-888-MD AETNA (1-888-632-3862) (TTY: 711)</b> for calls related to indemnity and PPO-based benefits plans.</p> <p><b>1-800-624-0756 (TTY: 711)</b> for calls related to HMO-based benefits plans.</p>



The NCCN is a not-for-profit alliance made up of 31 leading cancer centers devoted to patient care, research and education.

**Availity® is a registered trademark of Availity, LLC.**

**Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).**