



Aetna Provider eSolutionsSM

Eligibility Benefit Inquiry and Response

5010 Transaction Upgrade Regulatory Update August 2010

The 5010 Transaction Upgrade

The U.S. Department of Health and Human Services (HHS) published a final rule January 16, 2009 adopting X12 Version 5010 for HIPAA electronic health care transactions. Exclusive use of version 5010 by HIPAA Covered Entities is required by **January 1, 2012**. (Visit the [HHS website](#) for details.)

If you electronically submit or receive provider transactions (claim, claim status inquiry, eligibility, referral, precertification or electronic remittance advice), you may notice some differences in the information you need to input, as well as information you receive in the transaction response. These changes may occur at different times between August 2010 and December 2011, depending on whether the required changes are performed by Aetna or the vendors or clearinghouses involved in processing your transactions.

Aetna will provide information about the changes we are making at [Aetna.com](#). Information specific to [Aetna's secure provider website](#) via NaviNet[®] and [Aetna EDI ConnectSM](#) will be made available on those websites as well. Your vendor or clearinghouse should also offer you specific information on changes that may affect you.

Aetna will have its suite of upgraded transactions available for testing by **directly connected vendors and clearinghouses** as early as **January 1, 2011**. If you submit your transactions using vendor software through a clearinghouse or a vendor website, we recommend you review their information sources or contact them to discuss their 5010 timeline. You may also wish to ask your vendor or clearinghouse about specific changes you'll experience based on changes they will be implementing.

Highlights

This document will cover:

- National Provider Identifier (NPI) Enforcement
- 5010 Eligibility Benefit Inquiry and Response Transaction
 - Input Changes
 - Response Changes
- Benefit Related Changes
- 5010 Readiness

While we have outlined the changes we are aware of in the Real-Time Eligibility Benefit and Inquiry Response transaction based on the 5010 transaction upgrade, there may be differences in how your vendor presents these changes. Please contact your vendor for information on changes you may experience.

NPI Enforcement

Federal regulations require you to identify yourself using your NPI in HIPAA-standard electronic transactions. Aetna will reject any HIPAA version 5010 transaction that does not include an NPI as your primary identifier. For more information, [refer to FAQs](#).

NPI exemption for noncovered entities

If you are not a health care provider as defined under HIPAA and the regulations do not apply to you, your transactions will be processed with other identifiers if we have been advised of your exempt status. To notify us of your noncovered entity status, submit the [NPI Exemption Notification Form](#).

5010 Real-Time Eligibility and Response Transaction Changes

Input Changes

- Search Related Changes:
 - Consistent patient definition
 - Patients with unique Aetna identification numbers (an identifier that is different from that of the family member considered the “subscriber” to our plan) should be included in the transaction as if they are the “subscriber”. Information about the family member considered the “subscriber” to our plan is no longer required when we have issued each family member a unique ID number.
- Consistent handling of special characters (commas, apostrophes, etc.)
- Additional standard member search options

Response Changes

- Removal of many text messages that were previously sent in the response.
- Consistent error responses on member search when multiple members are identified based on input criteria.
- Information will be grouped by financial detail rather than service, which will reduce redundant information.
- Information regarding multiple active or inactive Aetna plans in which the member is enrolled will be returned in the response. This information will include plans that relate to the service type sent on the inquiry, i.e., if a medical service type is submitted, medical plans will be returned unless no other plans are found.
- Benefit Related Changes:
 - Support of enhanced **Service Type Groupings** that allow the provider to inquire on groups of services:
 - 30** - Health Benefit Plan Coverage
 - 35** - Dental Care response
 - 47**- Hospital
 - Additional service type codes:
Refer to our list of “Real-Time Eligibility Benefit Inquiry Response Service Codes” for details.

Changes That Will Become Effective Prior to January 2011

Certain changes that we are making in preparation for version 5010 will also apply to our current (version 4010) Eligibility Benefit Inquiry and Response transactions as of August 14th, 2010. Your access to these 4010 changes depends on your vendor/practice management interface capabilities.

Search Related Changes in support of consistent patient definition

- When a patient has a unique member ID (such as our 8 character alpha-numeric HMO IDs), they are considered a subscriber in the transaction
- Consistent handling of special characters such as commas (,) and apostrophes (‘)
- Additional standard member search options as defined by the HIPAA implementation guide
- Consistent error responses on member search when multiple members are identified based on input criteria
- Removal of many text messages that were previously sent in the response to align with the 5010 prohibition regarding the use of text to send information that can be sent in a codified manner

5010 Readiness

- If you use a Web-based solution, refer to the appropriate website(s) for information about 5010 transaction changes.
- If you submit electronic transactions using computer software, contact your computer system vendor support area for assistance.
- We recommend you obtain any necessary software upgrades well in advance to help ensure successful transition before the January 1, 2012 compliance date.
- Check with your vendor or software supplier about their 5010 readiness and testing plan.