

Aetna Better Health® of Kansas
9401 Indian Creek Parkway, Suite 1300
Overland Park, KS 66210



Aetna Better Health® of Kansas

Provider Prior Authorization (PA) Tool – Search up to Six (6) Codes Simultaneously

Aetna recognizes the importance of creating efficient and effective processes for our providers. We employ multiple strategies to minimize provider administrative burden and enhance provider experience. Our provider portal includes requirements for prior authorization (PA), how to request a copy of medical necessity criteria, and access to the **Provider PA Tool**. The **Provider PA Tool** enables providers to verify that a service is a covered benefit and to determine whether it requires PA.

Our Provider Secure Web Portal is a web-based platform that communicates member health care information directly to providers in real-time. Providers can perform many functions within this web-based platform, including accessing the **Provider PA Tool**. Providers can access the [Provider PA Tool here](#). The following screen shot (Exhibit 1) shows the Provider PA Tool front page, and the screen shot (Exhibit 2) that follows shows the results received when using the Provider PA Tool.

Exhibit 1:

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Aetna Better Health of Kansas Participating Provider Prior Authorization Requirement Search Tool

Non-Participating Providers: Usually ALL services provided by non-participating providers require prior authorization

Participating Providers: To determine if prior authorization (PA) is required, enter up to six Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes or a CPT group and select SEARCH. Search result definitions:

- YES - Prior authorization request is required for this service.
- NO - Health plan does not require a prior authorization request for this service.
- NON-COV - CPT or HCPCS code entered is not a covered benefit by health plan.
- INVALID - CPT or HCPCS code entered was invalid, not found.
- EXPIRED - CPT or HCPCS code entered is no longer valid for use by health plan providers.

Exception Detail, Svc Partner Detail - When the symbol is displayed for the code, place your cursor over the symbol to review additional information regarding PA submission or service partner requirements.

General Information/Code Search:

- The term Prior Authorization (PA) is the utilization review process used to determine whether the requested service, procedure, prescription drug or medical device meets the company's clinical criteria for coverage.
- To determine if prior authorization (PA) is required, enter **up to six** Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes or a CPT group and select SEARCH.
- PA requirement results are valid as of today's date only. Future changes to CPT or Healthcare Common Procedure Coding System (HCPCS) codes that require PA will be communicated by Aetna Better Health in writing and on the home page of Aetna Better Health's secure web portal.
- Search results, as well as, authorization are not a guarantee of claim payment.
- Benefit coverage may vary by plan or may be subject to special conditions. Please refer to your provider manual or call your provider services representative at 1-855-221-5656.
- The five character codes included in the Aetna Medicaid PA Requirement Search Tool are obtained from Current Procedural Terminology (CPT), by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five-character identifying codes and modifiers for reporting medical services and procedures performed by physicians.
- ALL inpatient admissions/services require authorization.
- Behavioral Health services for Intensive Outpatient, Partial Hospitalization, Residential, and Inpatient levels of care require prior authorization. Some outpatient services also require authorization.

Exhibit 2:

Enter CPT or HCPCS Code(s)

OR Select CPT Group:

Include only CPT or HCPCS codes where PA is required?

NOTE: When selecting by CPT group, the results displayed include CPT codes where PA requirements are both Yes and No, as specified on the PA List. To reduce the list of CPT or HCPCS codes to only those requiring PA, please check the box labelled "Include only CPT or HCPCS codes where PA is required?".

CPT Code	CPT Description	CPT Group	PA Required?	Variance Detail	Svc Partner Detail
65091	REVISE EYE	SURGERY - EYE AND OCULAR ADNEX	YES		
T1017	TARGETED CASE MANAGEMENT EA 15 MINS	HCPCS - STATE MEDICAID AGENCY	NO		
96130	PSYCL TST EVAL PHYS/QHP 1ST	MEDICINE - HEALTH AND BEHAVIOR	NO		
96131	PSYCL TST EVAL PHYS/QHP EA	MEDICINE - HEALTH AND BEHAVIOR	NO		
96132	NRPSYC TST EVAL PHYS/QHP 1ST	MEDICINE - HEALTH AND BEHAVIOR	NO		
96133	NRPSYC TST EVAL PHYS/QHP EA	MEDICINE - HEALTH AND BEHAVIOR	NO		

- Variance Detail – provides code specific limitations
- Svc Partner Detail – provides prior authorization contact information for service partner vendors, such as Skygen

Through the **Provider PA Tool**, providers may search for provider authorizations by member, provider, authorization data, or submission/service dates. We display only authorizations associated with the user's account provider ID. The **Provider PA Tool** enables access to the most up-to-date information on current prior authorization requirements. The **Provider PA Tool** also enables providers to:

- Search Prior Authorization requirements either by **individual code or up to six (6)** Current Procedural Terminology/Healthcare Common Procedures Coding System (CPT/HCPCS) codes simultaneously.
- Review prior authorization requirements by specific procedures or service groups.
- Receive immediate information as to whether the code(s) are valid, expired, a covered benefit, have prior authorization requirements, and any noted prior authorization exception information.
- Export CPT/HCPS code results and information to Excel.
- Providers can submit an authorization request on-line. There are three (3) types of authorization available:
 - Medical Inpatient services including surgical and non-surgical, rehabilitation and hospice
 - Outpatient
 - Durable Medical Equipment – Rental

Questions

If you have general questions about this communication, please contact Aetna Better Health of Kansas Provider Experience Department:

By Phone: **1-855-221-5656**

By Email: **providerexperienceks@aetna.com**