



Provider Web Portal Instructions

This web-based portal is designed to aid the providers in managing their member base, reviewing claims, verifying eligibility and reviewing and submitting authorizations.

December 2015
Version 3

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General Information

Virginia Website

NOTE: You must have access to the [AetnaBetterHealth.com/Virginia-hmosnp](https://www.aetna.com/betterhealth/virginia-hmosnp)

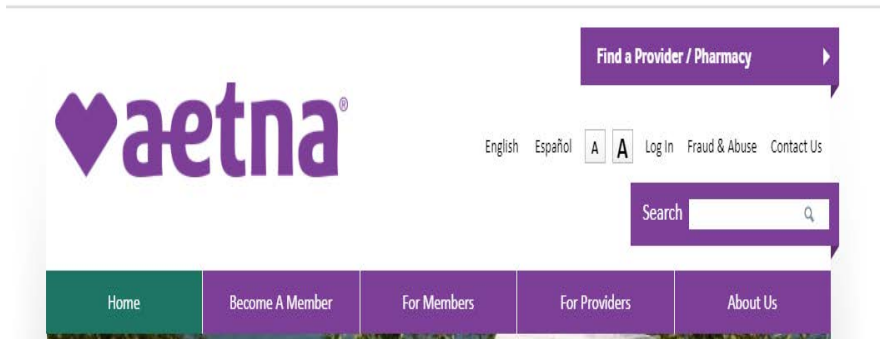
Virginia website

To access the Virginia website, follow the links shown above or click the link listed here:

[AetnaBetterHealth.com/Virginia-hmosnp](https://www.aetna.com/betterhealth/virginia-hmosnp)

Once you are on the page, you can access the Provider Portal by selecting:

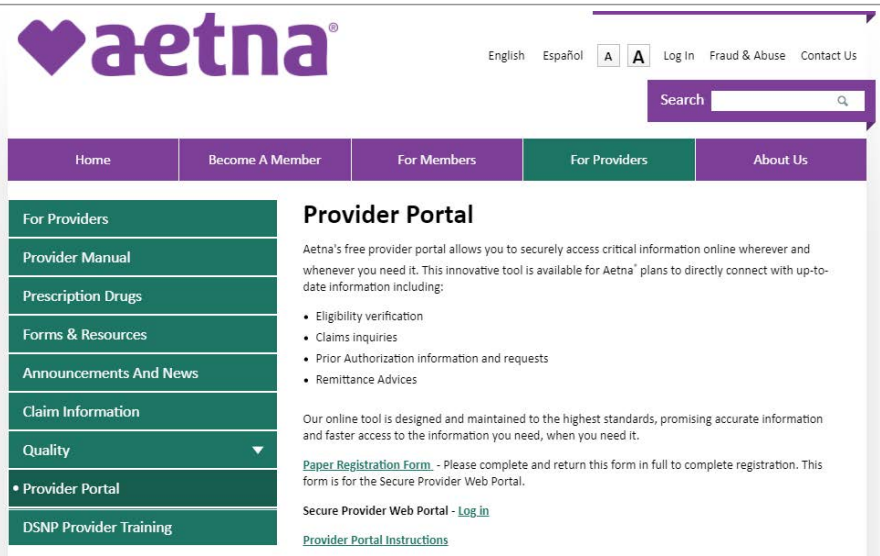
1. The For Providers tab



Provider Portal Access

Provider Portal Access

Click on "Provider Portal" on the left-hand panel.



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And then click on “Log In” to open the Sign In page.

A separate browser window will open.

Provider Portal

Aetna's free provider portal allows you to securely access critical information online wherever and whenever you need it. This innovative tool is available for Aetna® plans to directly connect with up-to-date information including:

- Eligibility verification
- Claims inquiries
- Prior Authorization information and requests
- Remittance Advices

Our online tool is designed and maintained to the highest standards, promising accurate information and faster access to the information you need, when you need it.

[Paper Registration Form](#) - Please complete and return this form in full to complete registration. This form is for the Secure Provider Web Portal.

Secure Provider Web Portal - [Log In](#)

[Provider Portal Instructions](#)

Sign In Page

Enter your User Name and Password in the appropriate fields.

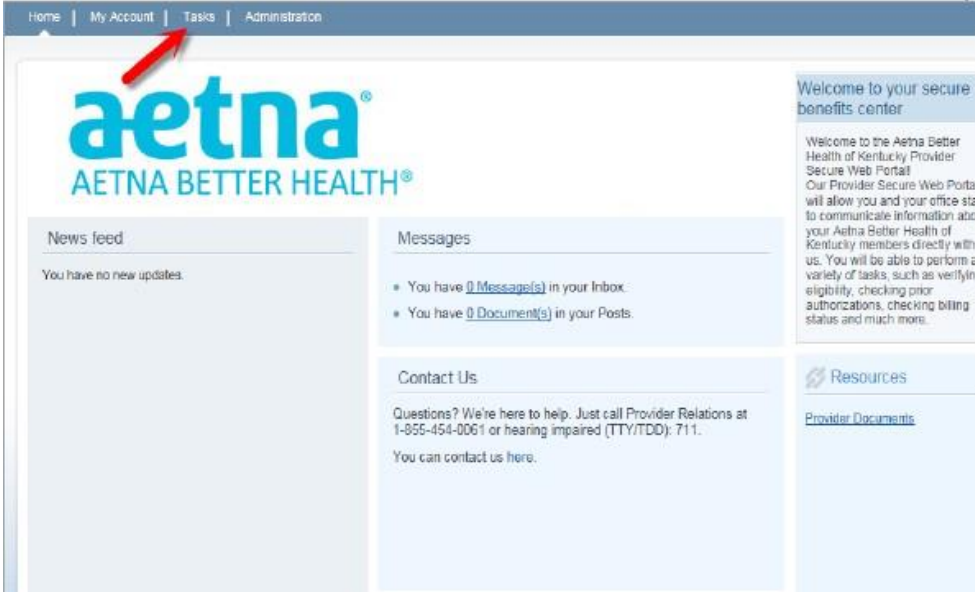
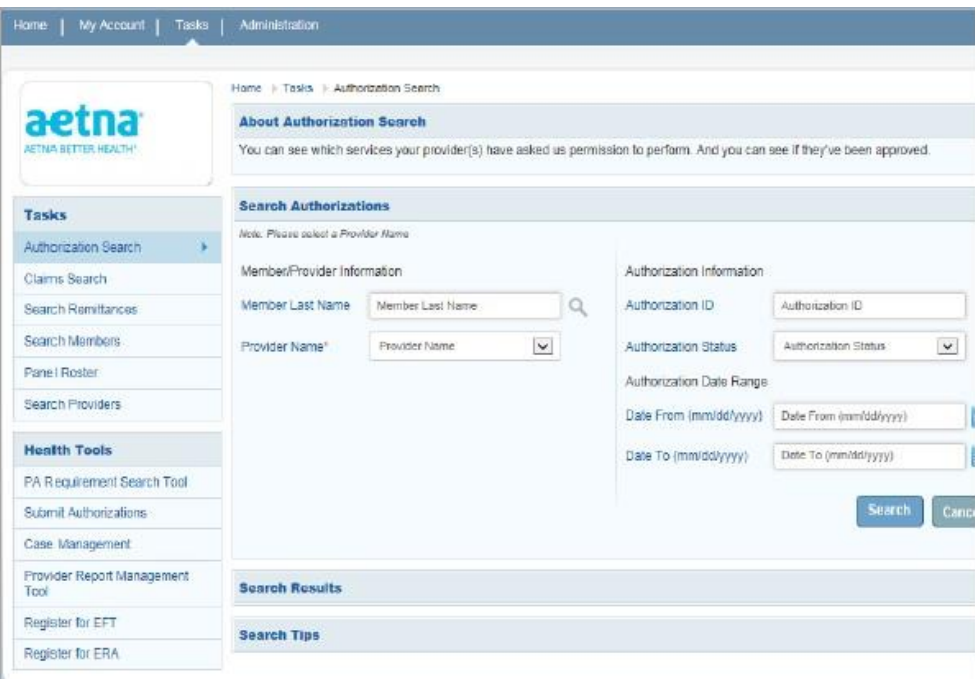
Click on the “Sign In” button to open the Portal Welcome Page.

The account information page can be accessed by clicking on “My Account” (1) or a specific account item can be accessed from the My Account list (3).

The Task page can be accessed by clicking on “Tasks” (2) or specific tasks can be accessed from the Tasks list (4).

Health tool items such as “PA Requirement Search Tool” can be accessed from the “Health Tools” list (5).
NOTE: Health Tools can also be accessed from

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<p>(2).Health Plan Contact info is listed here (6).</p> <p>Resources are listed here (7).</p>	
<p>Tasks Landing Page Click on “Tasks” tab.</p>	
<p>The default selection is “Authorization Search.”</p>	

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Member Eligibility

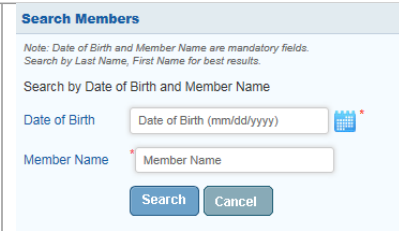
The *Search Members* feature enables the user to search for members across the entire Virginia member base, and view specific information about the member.

Access the Member Search Function

<p>Select "Search Members" from the left-hand panel under the Tasks heading.</p>		
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<p>Search Members Landing Page</p> <p>There are two methods for searching:</p> <ol style="list-style-type: none">1. Date of Birth & Last Name2. Member ID<ul style="list-style-type: none">• Up to 5 members may be included in each search.	
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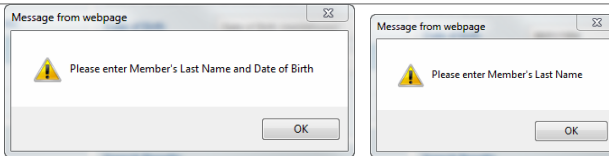
Search by Date of Birth and Last Name

<p>A date of birth and a last name must be entered.</p> <p>Then, click the Search button</p>		
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If either or both fields are left blank, error messages such as these will appear.



Partial last names are permitted.

Search Members
Note: Member Last Name is mandatory field
 Search by Date of Birth (and/or) Member Last Name

Date of Birth: 06/25/1987

Member Last Name: AAA

In this example, no member was found meeting the search criteria.

Search Members

Search Results(0)

Active Members (0)			InActive Members (0)			
Member ID	DOB	Member Name	Eligibility Effective Dates	Benefits	Provider Name	Provider Effective Date
No results found						

Search Tips

Notice that the Search Members window has collapsed and hides the search criteria used.

Click on the pointer to expand the window.

Search Members
Note: Date of Birth and Member Last Name are mandatory fields
 Search by Date of Birth and Last Name

Date of Birth: 06/25/1987

Member Last Name: AAA

Note: Maximum of the member ID can be added
 Search by Member ID
 Member ID: [Add Another](#)

Search Results(0)

Active Members (0)			InActive Members (0)			
Member ID	DOB	Member Name	Eligibility Effective Dates	Benefits	Provider Name	Provider Effective Date
No results found						

Search Tips

To search again, you must return to the previous screen by selecting either:

1. Member Eligibility from the path.
2. Search Members from the left-hand panel.



Here is an example of a successful search.

Notice that there is an "active" tab (1) and an "inactive" tab (2). Our member is on the

Search Results(1)

Active Members (1)			InActive Members (0)			
Member ID	DOB	Member Name	Eligibility Effective Dates	Benefits	Provider Name	Provider Effective Date
010112014	12/29/1942	DAVIS, DEONTE T	01/01/2014 - 12/31/2078	74018 - Copay	T J HEALTH PARTNERS LLC	01/01/2014

Showing 1 - 1 of 1 results

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active tab.

Our member's eligibility (A), Benefits (B) and Provider Assignment (C) are also shown.

To view additional member details, click on the hyperlinked member ID (3).

Member Details Screen

1. Member demographic info
2. Eligibility and Plan info
3. HEDIS information
4. PCP Details

Member Details

Demographic Details ▲

Member ID	507428000	Member Name	DOHELY, ANSELQUE K		
DOB	01/11/2011	Gender	F		
Age	3	Address	5205 FRANK STREET OMAHA, NE 68108		
Work Phone	557-089-0304	Home Phone			

Eligibility Information

Benefit	Member ID	Rate Code	Plan ID	Effective Date	Term Date
Aetna Better Health Of Nebraska	507428000		GNCSPP003	07/01/2012	09/30/2012
Aetna Better Health Of Nebraska	507428000		GNCSPP003	10/01/2012	02/28/2014
Aetna Better Health Of Nebraska	507428000		GNCSPP003	03/01/2014	12/31/2078

HEDIS Information

Intervention Code	Intervention Measure	Intervention Steps
No Data Found		

Primary Care Physician (PCP) Details

PCP Name	Provider Type	Coverage Type	Network	Effective Date	Term Date
Speelman, John S	PCP	Medical	Aetna Better Health Of Nebraska	07/01/2012	09/30/2012
Speelman, John S	PCP	Medical	Aetna Better Health Of Nebraska	10/01/2012	02/28/2014
Speelman, John S	PCP	Medical	Aetna Better Health	03/01/2014	12/31/2078

At the bottom of the page, click

- 1) Done: to begin another search.
- 2) Go Back to Member Eligibility: to return to the previous screen.

View Claim Status
Done

Go back to Member Eligibility results

Search by Member ID - Single

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A member ID must be entered or an error will be received.

Note: Maximum of five member id can be added

Search by Member ID

Member ID * [Add Another](#)

Message from webpage

Please enter the Member ID

Enter a valid ID – results are the same as the search by date of birth and last name.

Note: Maximum of five member id can be added

Search by Member ID

Member ID * [Add Another](#)

Search Results

Notice that there is an “active” tab (1) and an “inactive” tab (2). Our member is on the active tab.

Our member’s eligibility (A), Benefits (B) and Provider Assignment (C) are also shown.

To view additional member details, click on the hyperlinked member ID (3).

Search Results(1)

Active Members (1)			InActive Members (0)			
Member ID	DOB	Member Name	Eligibility Effective Dates	Benefits	Provider Name	Provider Effective Date
A98414068	12/29/1942	DAVIS, DEONTE T	01/01/2014 - 12/31/2078	74018 - Copay	T J HEALTH PARTNERS LLC	01/01/2014

Showing 1 - 1 of 1 results

Search by Member ID - Multiple

The advantage of the Search by Member ID

The advantage of the Search by Member ID over the search by name/DOB is that this feature allows the user to search for as many as five (5) members at the same time.

Click the “Add Another” hyperlink to add additional fields.

Note: Maximum of five member id can be added

Search by Member ID

Member ID * [Add Another](#)

Member ID

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Here, three (3) Member IDs have been entered.

Click the “Search” button to begin the search.

Note: Maximum of five member id can be added

Search by Member ID

Member ID * [Add Another](#)

Member ID

Member ID

Here are the search results.

All three (3) members are eligible and active as shown by the “Active” tab (1). Notice the number in parenthesis. The eligibility effective dates are also shown (2).

To view additional member details, click on the hyperlinked member ID (3).

Search Results(3)

Active Members (3)				InActive Members (0)		
Member ID	DOB	Member Name	Eligibility Effective Dates	Benefits	Provider Name	Provider Effective Date
0007802841	12/29/1942	DAVIS, DEONTE T	01/01/2014 - 12/31/2078	74018 - Copay	T J HEALTH PARTNERS LLC	01/01/2014
1007219800	10/07/2002	BROWN, BRICIA CL	06/01/2014 - 12/31/2078	74020 / 74021 - No Copay	FAITH FAMILY PRACTICE PLLC	06/01/2014
0000521713	01/07/1967	SMITH, ANNMARIE L	08/01/2014 - 12/31/2078	74018 - Copay		

Showing 1 - 3 of 3 results

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Member Details Screen

1. Member demographic info
2. Eligibility and Plan info
3. HEDIS information
4. PCP Details

Member Benefits

Overview ▲

Member ID	1087218896	Name	BROWN, BRICIA CL
Birth date	10/07/2002	Gender	F
Age	13	Address	8887 BANJO CIRCLE ASHLAND KY 41101
Work Phone		Home Phone	383-675-3470

Eligibility Information ▲

Benefit	Member ID	Rate Code	Plan ID	Effective Date (MM/DD/YYYY)	Term Date (MM/DD/YYYY)	COB
74020 / 74021 - No Copay	1087218896	ZC103010	GMZBP0045	06/01/2014	12/31/2078	
MEDICARE PLAN B	A35302005	MED_B	SP0005	06/01/2014	12/31/2016	
74020 / 74021 - No Copay	1087218896	ZC103010	GMZBP0045	05/01/2014	05/31/2014	
74020 / 74021 - No Copay	1087218896	ZC103010	GMZBP0045	03/01/2014	04/30/2014	
74020 / 74021 - No Copay	1087218896	ZC103010	GMZBP0045	01/01/2014	02/28/2014	
74006 / 74010 / 74012 - No Copay	1087218896	ZC103010	GMZBP0056	06/01/2013	12/31/2013	
74006 / 74010 / 74012 - No Copay	1087218896	ZC103119	GMZBP0056	03/01/2013	05/31/2013	
74006 / 74010 / 74012 - No Copay	1087218896	ZC103119	GMZBP0056	01/01/2013	02/28/2013	

HEDIS Information ▲

Intervention Code	Intervention Measure	Intervention Steps
No Data Found		

Primary Care Physician (PCP) Details ▲

PCP Name	Provider Type	Coverage Type	Network	Effective Date (MM/DD/YYYY)	Term Date (MM/DD/YYYY)
Corvillo, Steven A.	PCP	Medical	74020 / 74021 - No Copay	06/01/2014	12/31/2078
Corvillo, Steven A.	PCP	Medical	74020 / 74021 - No Copay	05/01/2014	05/31/2014
Corvillo, Steven A.	PCP	Medical	74020 / 74021 - No Copay	03/01/2014	04/30/2014

At the bottom of the page, click:

- 1) Done: to begin another search.
- 2) Go Back to Member Eligibility: to return to the previous screen.

Copay Information

Copay Amount	Copay Description
No Data Found	

View Claim Status
Done

◀ Go back to Member Eligibility results

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Search Providers

The *Search Providers* feature enables the user to search for providers by provider information such as name, specialty, type, location or provider ID.

Access the Provider Search Function

Search Providers Landing Page

There are two methods for searching for providers:

1. By Provider Information (Name, Type, Specialty, or Location)
2. By Provider ID

The screenshot shows the Aetna Provider Search landing page. The page has a navigation menu on the left with 'Search Providers' highlighted. The main content area has a search form with the following fields: Provider Last Name, Provider Type, Specialty, Provider Location (City, ZIP), and Provider ID. A 'Search' button is visible at the bottom of the form. The page also includes a 'Search Results' section and a 'Search Tips' section.

Search by Provider Information or Location

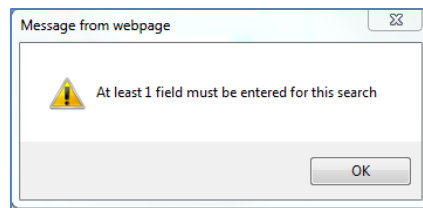
Searching by Provider Information

Search by any combination of Last Name, Provider Type, Specialty or Location.

Enter the search criteria and click the “Search” button. At least one criterion must be entered or an error message is displayed.

The “Cancel” button will clear the criteria fields for a fresh search.

The screenshot shows the Search Providers form. The form has the following fields: Provider Last Name, Provider Type, Specialty, Provider Location (City, Zip), and a Search button. A note above the form states: "Note: At least 1 field must be entered for this search."



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Searching by Provider Last Name

The Provider Last Name field can be used to search by a provider last name or a partial last name.

For example, a search on “Hans” would return a list of providers with last names of both Hansen and Hanson.

The Provider Last Name field can also be used to search for a facility or organization name.

For example, a search on “Banner” would return a list of providers that included the various locations for Banner Health.

Provider Last Name

Provider Last Name

Search by Provider ID

Searching by Provider ID

To search by Provider ID, enter the ID number and click the “Search” button. The field does not accept partial ID numbers.

Note: You must enter a provider ID

Provider Information

Provider ID

Sample Provider Search Results

If the search returns more results than will fit on a page, use the page numbers on the bottom right to navigate to additional results.

Provider ID	NPI	Provider Name	Provider Type	Specialty	Address	Phone
100201KYIP	1942923000	BROWN STREET ALTERNATIVE CENTER	GROUP OF PROVIDERS	Public Health and General Preventive Medicine	400 BROWN ST,Vine Grove,KY,40175	
78986KYIP	1796767015	BROWN PURYEAR ,LATO NYA	PHYSICIAN	Pulmonary Disease	4900 Houston Rd,Florence,KY,410424824	858-213-6200
333357KYIP	1888418182	BROWN NEWTON ,KILEY Y	PHYSICIAN	Certified Nurse Practitioner	1700 OLD BLUEGRASS AVE STE 200,Louisville,KY,402151174	
138899KYIP		BROWN MD,SETH A	SERVICE LOCATION		4910 CHAMBERLAIN LN,Louisville,KY,402411110	502-496-5300
303595KYIP		BROWN MD,ERIC C	SERVICE LOCATION		131 HOSPITAL DR,Salem,KY,420	270-866-7200
168907			PROVIDERS	Ambulance	Dr. Cynthia 4103194	

Showing 1 - 20 of 248 results

1 2 3 4 5 Next

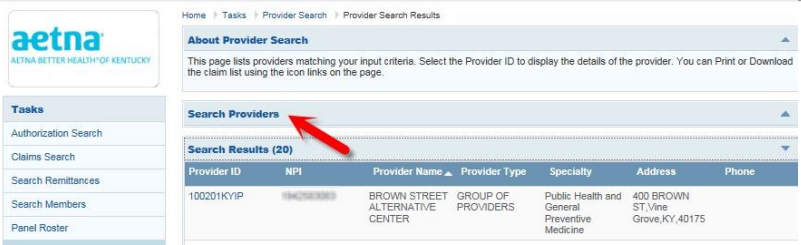
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To download the search results to a file (csv or xls format) use the download icon. Print the search results using the printer icon.



Start a New Provider Search

Click on the "Search Providers" bar that displays above the search results to start a new search.



Viewing Provider Detail

To view additional details of a provider click on the Provider ID in the Search Results.

Search Results (20)						
Provider ID	NPI	Provider Name	Provider Type	Specialty	Address	Phone
100201KYIP	1642543083	BROWN STREET ALTERNATIVE CENTER	GROUP OF PROVIDERS	Public Health and General Preventive Medicine	400 BROWN ST,Vine Grove,KY,40175	
78986KYIP	6796767815	BROWN PURYEAR, LATO NYA	PHYSICIAN	Pulmonary Disease	4900 Houston Rd,Florence,KY,40424824	858-213-5280
333357KYIP	9888141352	BROWN NEWTON ,KILEY Y	PHYSICIAN	Certified Nurse Practitioner	1700 OLD BLUEGRASS AVE STE 200,Louisville,KY,402151174	
138899KYIP		BROWN MD,SETH A	SERVICE LOCATION		4910 CHAMBERLAIN LN,Louisville,KY,402411110	502-486-5330
303595KYIP		BROWN MD,ERIC C	SERVICE LOCATION		131 HOSPITAL DR,Salem,KY,420	270-866-7256

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Sample Provider Detail

The detail page shows a variety of information about the provider including their NPI number, address, phone and affiliations.

Click the "Done" button to start a new search.

Return to the search results using the "Go back to Provider Search Results" link.

Print the details using the printer icon.

Provider Details ▲

General Information

Provider Full Name	JOHNSON CITY EYE SURGERY CENTER		Gender
Provider Address 1	110 MED TECH PKWY STE 2	Provider Address 2	
City	Johnson City	State	TN
ZIP	37604-2256	NPI	1728842784
Provider Type	GROUP OF PROVIDERS		DOB
Provider ID	148108KYIP	Phone	
Federal Tax ID	379148994	Home Phone	
Specialty	Ambulatory Surgical Center (ASC)		Language
Degree		Fax	
Email			

Specialties & Certifications

Specialty	Specialty Type	Certification Status	Certification Date
Ambulatory Surgical Center (ASC)	PRIMARY		11/01/2011

Provider Network Affiliations

Network	Program ID	Contracted	Affiliation Type
No Data Found			

Affiliated Providers

Provider Name	Provider ID	Affiliation Type	Effective Date	Expiration Date
JOHNSON CITY EYE SURGERY CENTER	148108KYIP	DIRECT	11/01/2011	12/31/2078

Provider Affiliations

Affiliation Name	Provider Name	Provider ID	Affiliated Location	Effective Date	Expiration Date
JOHNSON CITY EYE SURGERY CENTER	JOHNSON CITY EYE SURGERY CENTER	148108KYIP	110 MED TECH PKWY STE 2, Johnson City, TN, 376042256	11/01/2011	12/31/2078

Done

[◀ Go back to Provider Search Results](#)

Aetna[®] Provider Web Portal Instructions

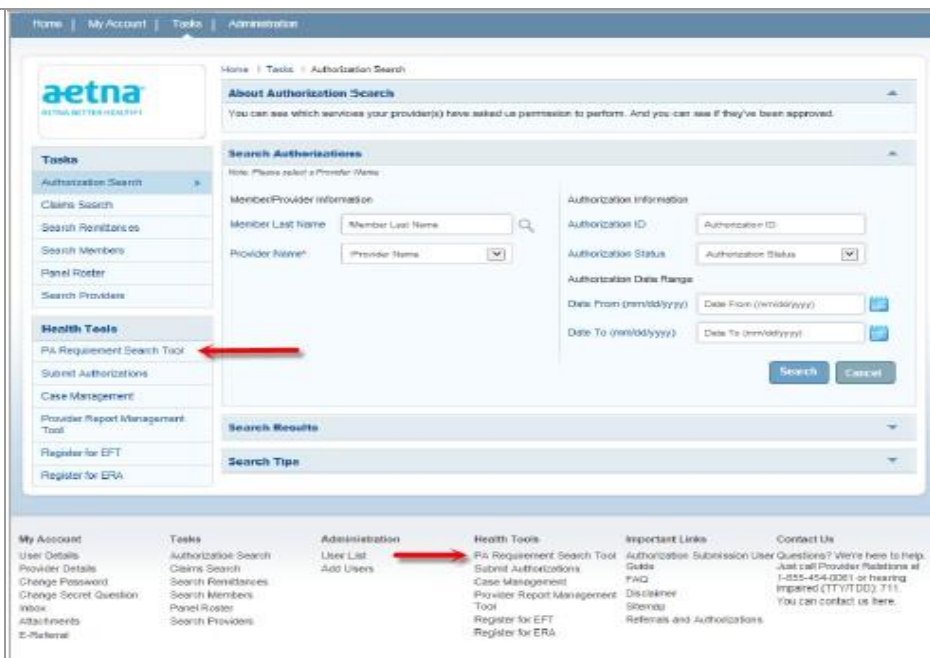
PA Requirements Search Tool

This feature enables the user to determine if prior authorization (PA) is required by entering up to six Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes.

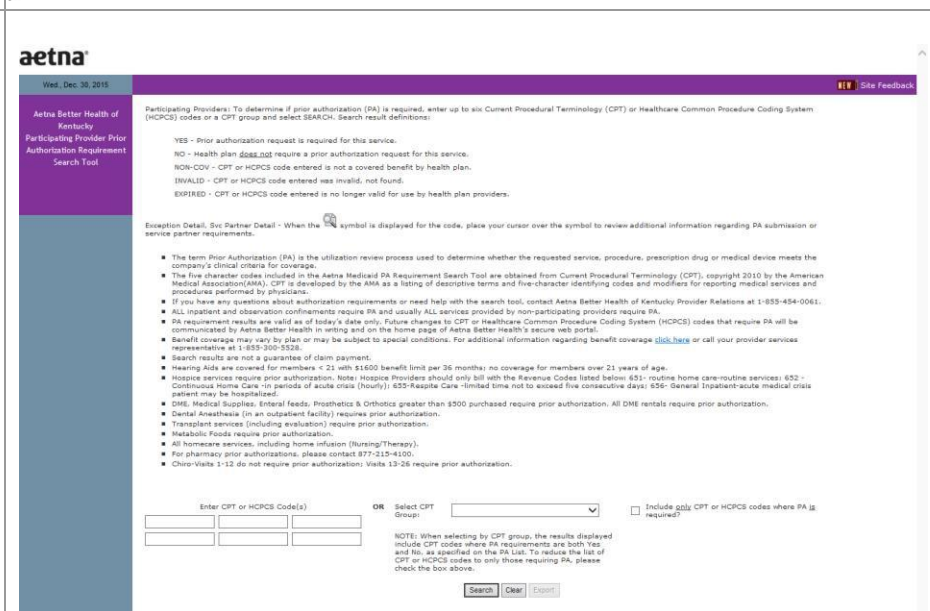
Access the Search Tool

Access the PA Requirement Search Tool

1. Select "PA Requirement Search Tool" from the left-hand panel under the Health Tools heading or
2. From the "PA Requirement Search Tool" link under the Health Tools heading at the bottom of the portal page.



A new web page will launch with the PA Requirements Search Tool.



Search for Prior Authorization Requirement

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To determine if a CPT or HCPCS requires prior authorization enter up to six codes in the search boxes (1), select the plan from the drop down (2) and click on the “Search” button.

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, please your cursor over the symbol to review additional information regarding PA submission or service partner requirements.

- The term prior authorization (PA) means the utilization review process determines whether the requested service, procedure, prescription drug or medical device meets the company's clinical criteria for coverage.
- The five character codes included in the Aetna Medicaid PA Requirement Search Tool are obtained from Current Procedure Terminology (CPT), copyright 2010 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.
- If you have any questions about authorization requirements or need help with the search tool, contact Aetna Better Health of Nebraska Provider Relations at 1-800-800-0000.
- All inpatient confinements require PA and except for routine delivery (DRG 763,775,795).
- Usually, all services provided by non-participating providers require PA except Professional Component of Facility based services, Urgent Care Services, and Emergency Ambulance Service.
- 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 the Health Plan in writing and on the home page of the Health Plan's secure web portal.
- Benefit coverage may vary by plan or may be subject to special conditions. For additional information regarding benefit coverage [click here](#) or call your provider services representative at 1-800-800-0000.
- Search results are not a guarantee of claim payment.

The results will appear in a table underneath the search criteria.

CPT Code	CPT Description	CPT Group	PA Required?	Exception Detail	Svc Partner Detail
E0251	HOSP BED FIX HT W/ANY TYPE SIDE RAIL W/O MATTRESS	HCPCS - DME	YES		
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	HCPCS - MED-SURG SUPPLIES	YES		
A4367	OSTOMY BELT EACH	HCPCS - MED-SURG SUPPLIES	NO		
G0333	PHARM DISPEN FEE INHAL RX; INITIAL 30-DAY SUPPLY	HCPCS - PROC/PROF SERVICES (TE)	YES		

The icon indicates either an exception to the PA Requirement when a given criteria is met, or that the service is carved out and handled by one of our service partners. Hover over the icon

Carved Out, unless Inpatient, Outpatient Hospital, Ambulatory Surgical Ctr, or ER location. For further assistance regarding this service, please call 1-877-255-3092.

Select the “Clear” button to clear the current search and begin a new search.

Select the “Export” button to export the search results to an xls file.

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Submit an Authorization Request

This feature enables the user to submit a request for prior authorization of services to the Aetna® Utilization Management department.

Access Site to Authorizations

Submit Authorization Requests

Select the “Submit Authorizations” link in the left-hand panel under the Health Tools heading.

The screenshot shows the 'Authorization Search' page in the Aetna Provider Web Portal. The left-hand navigation menu is visible, with 'Submit Authorizations' highlighted under the 'Health Tools' section. A red arrow points to this link. The main content area shows search filters for Member/Provider Information and Authorization Information, along with search and cancel buttons.

A new web page will launch with the Auto Authorization Queue.

Select the “Auth Request” button.

The screenshot shows the 'Auto Authorization Queue' page. The 'Auth Request' button is highlighted with a red arrow. The page shows submission history filters and a footer with copyright information.

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This will take you to the Authorization Request Form which consists of nine numbered sets of questions.

Fields marked with a red asterisk (*) are required fields.

Submit an Authorization Request

Enter the provider's name that is requesting the pre-authorization.
Example;
Lastname, Firstname
Example;
Mercy General Hospital

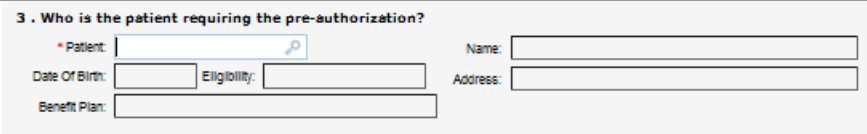
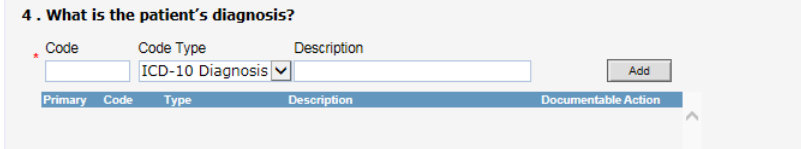
You can enter a partial name and then select the search icon for a list of names to choose from.

Once you select a provider the name and address fields will auto-populate.

Select a request type from the dropdown. The options are:

- Outpatient Procedure
- Inpatient Surgical – Use for pre-authorization of IP Surgery.
- Inpatient Medical – Use for all IP

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Provider Web Portal Instructions

<p>stays other than IP Surgery.</p> <ul style="list-style-type: none"> Inpatient Behavioral Health – Use for IP BH stays. <p>This is a required field.</p>	
<p>Enter the member’s name or health plan ID. Example; Lastname, Firstname</p> <p>You can enter a partial name and then select the search icon for a list of names to choose from.</p> <p>Once you select a name the additional fields will auto-populate.</p>	
<p>Enter the patient’s primary diagnosis first then add any secondary diagnoses.</p> <p>Enter the ICD-10 code in the code field and when you click enter it will either populate the description field or give you a pop-up window with a list to select from. Once you have a description loaded click on the “add” button to add the diagnosis code to the list below.</p> <p>The “Code Type” drop down defaults to ICD-10 and this is the only option used at this time.</p> <p>This is a required field.</p>	

Aetna[®] Provider Web Portal Instructions

Enter the patient's primary procedure and then any secondary procedures.

Enter the procedure code (CPT/HCPCS) in the code field and when you click enter it will either populate the description field or give you a pop-up window with a list to select from. Once you have a description loaded click on the "add" button to add the procedure code to the list below.

This is a required field for outpatient and inpatient surgical requests but not for inpatient medical or inpatient behavioral health requests.

5 . What procedure(s) are requested in this Authorization?

Code: Code Type: CPT/HCPCS Description: Add

Primary	Code	Type	Description	Documentable Action

If there is a separate facility involved in the service or procedure enter the name of the facility here. If the facility is unknown use Unknown Provider. If there is no facility involved then enter N/A (not applicable) as this is a required field.

Enter the Date of Service being requested. If not requesting a specific day then enter the date you are submitting the request. This is a required field.

Select the Requested Level of Care from the drop down menu. The options are:

- Inpatient
- Outpatient

6 . At which facility does the service need to be performed?

Facility: Name:




Date of Service: m/d/yyyy Address:

Requested Level of Care: Inpatient

Requested Length of Stay:

Mark as Urgent:

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Provider Web Portal Instructions

<p>Select the Requested Length of Stay for inpatient requests. Check the Mark as Urgent box for urgent requests.</p>							
<p>Enter the name of the servicing provider. This could be the same as the requesting provider listed in step 1 or it could be the same as the facility listed in step 6.</p> <p>Example; Lastname, Firstname Example; Mercy General Hospital</p> <p>You can enter a partial name and then select the search icon for a list of names to choose from.</p> <p>Once you select a name the additional fields will auto-populate.</p>	<p>7 . Who is the Servicing (or Facility) provider for the service?</p> <p>* Provider: <input type="text"/> </p> <p>Name: <input type="text"/></p> <p>Address: <input type="text"/></p>						
<p>Enter any additional details or clinical applicable to the request that will help with the decision. Enter up to 2500 characters.</p>	<p>8 . Are there any other details?</p> <div style="border: 1px solid #ccc; height: 30px; width: 100%;"></div> <p>2500 Characters Left for Notes</p> <p>Note History</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Note</th> <th style="width: 15%;">By</th> <th style="width: 15%;">Date</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Note	By	Date			
Note	By	Date					
<p>Enter the additional information for the request. Select the Acuity from the drop down menu. The options are:</p> <ul style="list-style-type: none"> • Elective • Urgent • Emergency <p>Enter the requested</p>	<p>9 . Please provide the following additional information</p> <p>*Acuity: <input type="text"/> </p> <p>*Authorization Start Date: <input type="text"/> M/d/yyyy</p> <p>*Authorization End Date: <input type="text"/> M/d/yyyy</p> <p>*Request Entered By: <input type="text"/> </p> <p>* Required Fields</p> <p style="text-align: right;"><input type="button" value="Cancel"/> <input type="button" value="Next"/></p>						

Aetna[®] Provider Web Portal Instructions

timeframe for the authorization by entering a start date and end date for the authorization.

Select “Provider” from the “Request Entered By” drop down menu.

These are all required

Review the information you have entered for accuracy and then click the “Next” button.

9 . Please provide the following additional information

*Acuity:

*Authorization Start Date: m/d/yyyy

*Authorization End Date: m/d/yyyy

* Required Fields

Number of Units Requested

If the request includes CPT/HCPCS codes you will need to enter the number of units requested for each CPT/HCPCS code.

Enter the number of units requested and click on the

Authorization Code Detail

Detail for: CPT/HCPCS 70554

Code Attributes

Requested Units:

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Document Clinical Indications

This takes you to the Authorization Request Review.

Select the “Document” button for each procedure code to access interactive Milliman clinical guidelines and document the member’s clinical indications.

Authorization Request Review

Auto-Authorization : **EPS00001012** Request Type : **Outpatient Procedure** Request Status : **NoDecisionYet**

Patient : 2227 Name : Friday, Joe Date of Birth : 2/27/1927
Gender : Male Address : 123 Home Lane
Center City, Arizona 12345
Benefit Plan : Aetna Better Health Eligibility : 2/10/2015 - 12/31/2078
Diagnosis Code : ICD-9 Diagnosis (850.11) *Primary*

Auto-Authorization : **EPS00001012** Requested Level of Care : **Outpatient**
Notes : 8/19/2014 6:40 AM MST by Sheldon, Kimberly - Notes
Acuity : Urgent
Authorization Start Date : 7/1/2014
Request Entered By : Provider
Request Date : 7/1/2014
Authorization End Date : 9/1/2014

Requesting Provider : NY-8765432 Name : 24X7 Emergency Care, .
Specialty : Emergency Care Facility Address : 123 Hospital Way
New York, New York 10001
Phone : 929-555-9876 Fax :

Servicing (Or Facility) NY-8765432 Name : 24X7 Emergency Care, .
Specialty : Emergency Care Facility Address : 123 Hospital Way
New York, New York 10001
Phone : 929-555-9876 Fax :

Place of Service : 0000 Name : na-not applicable Date of Service : 7/1/2014
Facility Type : Hospital & Recovery Facility Address :
Facility Phone : Fax :

Procedure Code : 70554 *Primary* Code Type : CPT/HCPCS Requested Units : 1

Code Description : Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration
Guideline : No Guideline Documented
Clinical Indication :

Attach File

Name	Description	Date
No files associated with this episode		


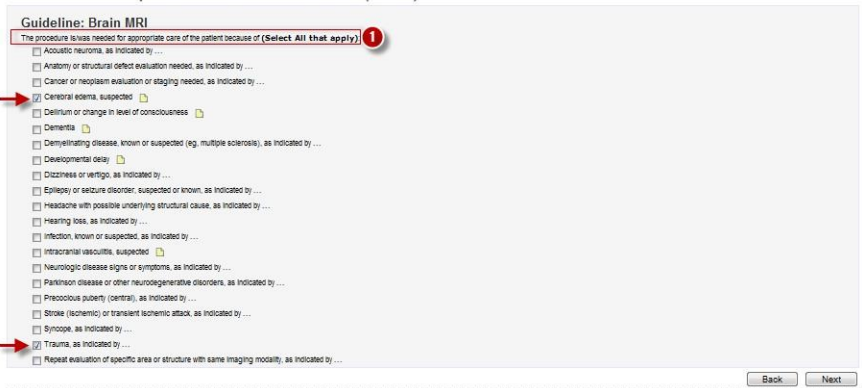
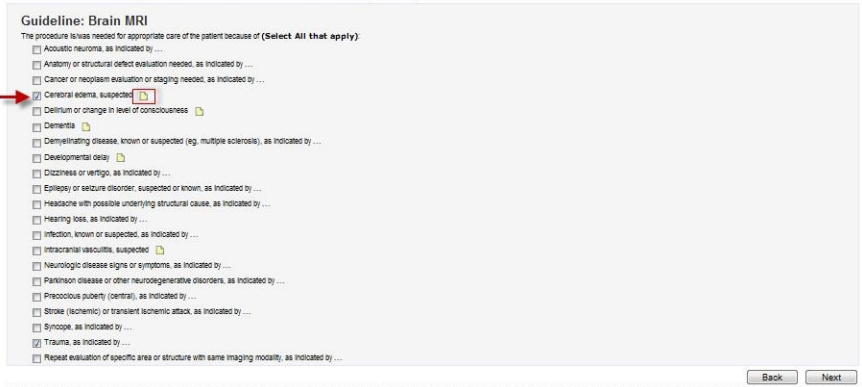
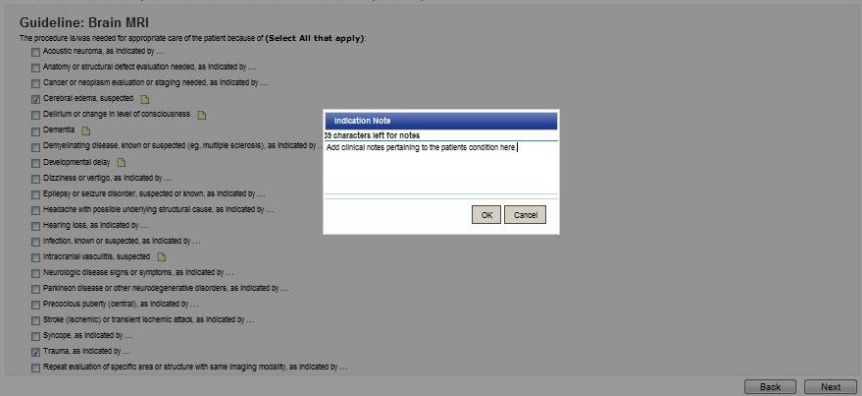

Select the appropriate guideline code by clicking on the “Select” link in the right-hand column.

Authorization Guideline Search - CPT (70554)

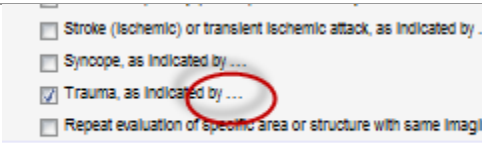
Results for "70554"
70554 Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration

Guideline Code	Product	Title	
A-0539	AC	Brain Functional MRI	<input type="button" value="Select"/>
A-0047	AC	Brain MRI	<input type="button" value="Select"/>

Aetna[®] Provider Web Portal Instructions

<p>This takes you to the Authorization Request Clinical Indication page.</p> <p>Review the primary instructions (1) then select all of the indication check boxes that correspond to the member's condition ().</p>	
<p>Some indications will allow notes.</p> <p>Click on the note icon to open the Indication Note pop-up window.</p>	
<p>Enter up to 100 characters of clinical information pertaining to that indication and click the "OK" button.</p> <p>The note icon appears with a green outline when an Indication Note has been entered.</p>	 <p style="text-align: center;">Authorization Request Cli</p> <p style="text-align: center;">Guideline: Brain MRI</p> <p style="text-align: center;">The procedure is/was needed for appropriate care of the</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acoustic neuroma, as indicated by ... <input type="checkbox"/> Anatomy or structural defect evaluation needed, a <input type="checkbox"/> Cancer or neoplasm evaluation or staging neede <input checked="" type="checkbox"/> Cerebral edema, suspected  <input type="checkbox"/> Delirium or change in level of consciousness <input type="checkbox"/> Dementia

Aetna[®] Provider Web Portal Instructions

<p>Indications that are followed by “...” indicate additional questions will be asked once you select the “Next” button to continue.</p> <p>Review the primary instructions then select all of the indication check boxes that correspond to the member’s condition and click the “Next” button.</p>	 <p style="text-align: center;">Authorization Request Clinical Indication - CPT (70554)</p> <p>Guideline: Brain MRI The procedure is/has needed for appropriate care of the patient because of:</p> <p>Trauma, as indicated by (Select All that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Carotid or vertebral artery dissection, suspected <input type="checkbox"/> <input checked="" type="checkbox"/> Minor or subacute closed head injury with cognitive or neurologic deficit, and CT scan contraindicated or not available, or results indeterminate <input type="checkbox"/> <input type="checkbox"/> Moderate or severe acute closed head injury, and CT scan contraindicated or not available, or results indeterminate <input type="checkbox"/> <input type="checkbox"/> Nonaccidental head trauma, suspected, in child younger than 2 years <input type="checkbox"/> <input type="checkbox"/> Subacute or chronic closed head injury with cognitive or neurologic deficit <input type="checkbox"/> <p style="text-align: right;"><input type="button" value="Back"/> <input type="button" value="Next"/></p>																		
<p>This takes you back to the Authorization Request Review and you will now see the clinical indications noted in the Procedure Code box.</p> <p>Click the “Re-document” button to make any changes to the clinical indications.</p> <p>Select the “Remove Document” button to remove all previously entered clinical indications for a</p>	<p style="text-align: center;">Authorization Request Review</p> <p>Auto-Authorization : EPS00001012 Request Type : Outpatient Procedure Request Status : NoDecisionYet</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> Patient: 2227 Gender: Male Benefit Plan: Aetna Better Health Diagnosis Code: ICD-9 Diagnosis (850.11) Heavy </td> <td style="width: 33%;"> Name: Friday, Joe Address: 123 Home Lane Center City, Arizona 12345 Birth Date: 2/10/2011 - 12/31/2078 </td> <td style="width: 33%;"> Date of Birth: 2/27/1927 </td> </tr> </table> <p>Auto-Authorization: EPS00001012 Requested Level of Care: Outpatient Notes: 8/19/2014 6:40 AM MST by Sheldon, Kimberly - Notes Acuity: Urgent Authorization Start Date: 7/1/2014 Request Entered By: Provider Revised Date: 7/1/2014 Authorization End Date: 9/1/2014</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> Requesting Provider: NY-8765432 Specialty: Emergency Care Facility Phone: 929-555-9876 </td> <td style="width: 33%;"> Name: 24X7 Emergency Care... Address: 123 Hospital Way New York, New York 10001 Fax: </td> <td style="width: 33%;"></td> </tr> <tr> <td style="width: 33%;"> Servicing (Or Facility) Provider: NY-8765432 Specialty: Emergency Care Facility Phone: 929-555-9876 </td> <td style="width: 33%;"> Name: 24X7 Emergency Care... Address: 123 Hospital Way New York, New York 10001 Fax: </td> <td style="width: 33%;"></td> </tr> <tr> <td style="width: 33%;"> Place of Service: 0000 Facility Type: Hospital & Recovery Facility Phone: </td> <td style="width: 33%;"> Name: na-not applicable Address: Fax: </td> <td style="width: 33%;"> Date of Service: 7/1/2014 </td> </tr> </table> <p>Procedure Code: 70554 Heavy Code Type: CPT/HCPCS Requested Units: 1 <input type="button" value="Re-Document"/> <input type="button" value="Remove Document"/></p> <p>Code Description: Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration</p> <p>Guideline: Brain MRI (AC)</p> <p>Clinical Indication: The procedure is/has needed for appropriate care of the patient because of:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Cerebral aneurysm, suspected <input type="checkbox"/> <input checked="" type="checkbox"/> Trauma, as indicated by ... <input type="checkbox"/> <input type="checkbox"/> Minor or subacute closed head injury with cognitive or neurologic deficit, and CT scan contraindicated or not available, or results indeterminate <input type="checkbox"/> <p style="font-size: small;">This system provides access to ICG evidence-based guidelines; however the determinations made using this system are directed by the health plan, based on a number of factors.</p> <p><input type="button" value="Attach File"/></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Name</th> <th style="width: 30%;">Description</th> <th style="width: 10%;">Date</th> </tr> </thead> <tbody> <tr> <td colspan="3">No files associated with this episode</td> </tr> </tbody> </table> <p style="text-align: right;"><input type="button" value="Cancel Request"/> <input type="button" value="Back"/> <input type="button" value="Submit"/></p>	Patient: 2227 Gender: Male Benefit Plan: Aetna Better Health Diagnosis Code: ICD-9 Diagnosis (850.11) Heavy	Name: Friday, Joe Address: 123 Home Lane Center City, Arizona 12345 Birth Date: 2/10/2011 - 12/31/2078	Date of Birth: 2/27/1927	Requesting Provider: NY-8765432 Specialty: Emergency Care Facility Phone: 929-555-9876	Name: 24X7 Emergency Care... Address: 123 Hospital Way New York, New York 10001 Fax:		Servicing (Or Facility) Provider: NY-8765432 Specialty: Emergency Care Facility Phone: 929-555-9876	Name: 24X7 Emergency Care... Address: 123 Hospital Way New York, New York 10001 Fax:		Place of Service: 0000 Facility Type: Hospital & Recovery Facility Phone:	Name: na-not applicable Address: Fax:	Date of Service: 7/1/2014	Name	Description	Date	No files associated with this episode		
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Name	Description	Date																	
No files associated with this episode																			
<p>Attach a file</p> <p>Prior to submitting the authorization request you are able to attach any clinical documentation applicable to the member.</p> <p>Select the “Attach File” button.</p>	<p style="text-align: center;">Authorization Request Review</p> <p>Auto-Authorization : EPS00001012 Request Type : Outpatient Procedure Request Status : NoDecisionYet</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> Patient: 2227 Gender: Male Benefit Plan: Aetna Better Health Diagnosis Code: ICD-9 Diagnosis (850.11) Heavy </td> <td style="width: 33%;"> Name: Friday, Joe Address: 123 Home Lane Center City, Arizona 12345 Birth Date: 2/10/2011 - 12/31/2078 </td> <td style="width: 33%;"> Date of Birth: 2/27/1927 </td> </tr> </table> <p>Auto-Authorization: EPS00001012 Requested Level of Care: Outpatient Notes: 8/19/2014 6:40 AM MST by Sheldon, Kimberly - Notes Acuity: Urgent Authorization Start Date: 7/1/2014 Request Entered By: Provider Revised Date: 7/1/2014 Authorization End Date: 9/1/2014</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> Requesting Provider: NY-8765432 Specialty: Emergency Care Facility Phone: 929-555-9876 </td> <td style="width: 33%;"> Name: 24X7 Emergency Care... Address: 123 Hospital Way New York, New York 10001 Fax: </td> <td style="width: 33%;"></td> </tr> <tr> <td style="width: 33%;"> Servicing (Or Facility) Provider: NY-8765432 Specialty: Emergency Care Facility Phone: 929-555-9876 </td> <td style="width: 33%;"> Name: 24X7 Emergency Care... Address: 123 Hospital Way New York, New York 10001 Fax: </td> <td style="width: 33%;"></td> </tr> <tr> <td style="width: 33%;"> Place of Service: 0000 Facility Type: Hospital & Recovery Facility Phone: </td> <td style="width: 33%;"> Name: na-not applicable Address: Fax: </td> <td style="width: 33%;"> Date of Service: 7/1/2014 </td> </tr> </table> <p>Procedure Code: 70554 Heavy Code Type: CPT/HCPCS Requested Units: 1 <input type="button" value="Re-Document"/> <input type="button" value="Remove Document"/></p> <p>Code Description: Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration</p> <p>Guideline: Brain MRI (AC)</p> <p>Clinical Indication: The procedure is/has needed for appropriate care of the patient because of:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Cerebral aneurysm, suspected <input type="checkbox"/> <input checked="" type="checkbox"/> Trauma, as indicated by ... <input type="checkbox"/> <input type="checkbox"/> Minor or subacute closed head injury with cognitive or neurologic deficit, and CT scan contraindicated or not available, or results indeterminate <input type="checkbox"/> <p style="font-size: small;">This system provides access to ICG evidence-based guidelines; however the determinations made using this system are directed by the health plan, based on a number of factors.</p> <p><input type="button" value="Attach File"/></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Name</th> <th style="width: 30%;">Description</th> <th style="width: 10%;">Date</th> </tr> </thead> <tbody> <tr> <td colspan="3">No files associated with this episode</td> </tr> </tbody> </table> <p style="text-align: right;"><input type="button" value="Cancel Request"/> <input type="button" value="Back"/> <input type="button" value="Submit"/></p>	Patient: 2227 Gender: Male Benefit Plan: Aetna Better Health Diagnosis Code: ICD-9 Diagnosis (850.11) Heavy	Name: Friday, Joe Address: 123 Home Lane Center City, Arizona 12345 Birth Date: 2/10/2011 - 12/31/2078	Date of Birth: 2/27/1927	Requesting Provider: NY-8765432 Specialty: Emergency Care Facility Phone: 929-555-9876	Name: 24X7 Emergency Care... Address: 123 Hospital Way New York, New York 10001 Fax:		Servicing (Or Facility) Provider: NY-8765432 Specialty: Emergency Care Facility Phone: 929-555-9876	Name: 24X7 Emergency Care... Address: 123 Hospital Way New York, New York 10001 Fax:		Place of Service: 0000 Facility Type: Hospital & Recovery Facility Phone:	Name: na-not applicable Address: Fax:	Date of Service: 7/1/2014	Name	Description	Date	No files associated with this episode		
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No files associated with this episode																			

Aetna[®] Provider Web Portal Instructions

Select the “Browse” button in the Upload Episode Attachment pop-up window.

Browse to the location of the document you wish to upload and select the file. The file types that can be attached are:

.doc, .docx, .xls, .xlsx, .ppt, .pdf, .jpg, .gif, .bmp, .tiff, .tif, .jpeg.

Give the file a description in the File Description field.

Select the “Upload” button to upload the file.

Authorization Request Review
Auto-Authorization: EP500001012 Request Type: Outpatient Procedure Request Status: NoDecisionYet

Patient: 2227 Name: Friday, Joe Date of Birth: 2/27/1927
 Gender: Male Address: 123 Home Lane Center City
 Benefit Plan: Aetna Better Health Eligibility: 2/10/2011
 Diagnosis Code: ICD-9 Diagnosis (850.11)

Auto-Authorization: EP500001012 Requested Level of Care: Outpatient
 Notes: 8/19/2014 6:40 AM MST by Sheldon, Kimberly

Requesting Provider: NY-8765432 Name: 24X7 Emerg
 Specialty: Emergency Care Address: 123 Hospitals
 Facility Phone: 929-555-9876 New York, NY
 Fax:

Servicing (Or Facility) NY-8765432 Name: 24X7 Emerg
 Provider: Specialty: Emergency Care Address: 123 Hospitals
 Facility Phone: 929-555-9876 New York, NY
 Fax:

Place of Service: 0000 Name: na-not app
 Facility Type: Hospital & Address: Recovery Facility
 Phone: Fax:

Procedure Code: 70554 Code Type: CPT/HCPCS Requested Units: 1
 Code Description: Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration
 Guideline: Brain MRI(AC)
 Clinical Indication: The procedure is/has needed for appropriate care of the patient because of:
 ☐ Central edema, suspected ☐
 ☐ Trauma, as indicated by ...
 ☐ Minor or subacute closed head injury with cognitive or neurologic deficit, and CT scan contraindicated or not available, or results indeterminate ☐

This system provides access to MCG evidence-based guidelines; however the determinations made using this system are directed by the health plan, based on a number of factors.

Attach File

Upload Episode Attachment

Name: 12345678901234567890
Browse... Upload

File Description: Clinicals

Close

Click on the “Close” button to close the Upload Episode Attachment pop-up window.

Authorization Request Review
Auto-Authorization: EP500001012 Request Type: Outpatient Procedure Request Status: NoDecisionYet

Patient: 2227 Name: Friday, Joe Date of Birth: 2/27/1927
 Gender: Male Address: 123 Home Lane Center City, Arizona 12345
 Benefit Plan: Aetna Better Health Eligibility: 2/10/2011 - 12/31/2078
 Diagnosis Code: ICD-9 Diagnosis (850.11)

Auto-Authorization: EP500001012 Requested Level of Care: Outpatient
 Notes: 8/19/2014 6:40 AM MST by Sheldon, Kimberly
 Acuity: Urgent
 Authorization Start Date: 7/1/2014
 Request Entered By: Provider

Requesting Provider: NY-8765432 Name: 24X7 Emerg
 Specialty: Emergency Care Address: 123 Hospitals
 Facility Phone: 929-555-9876 New York, NY
 Fax:

Servicing (Or Facility) NY-8765432 Name: 24X7 Emerg
 Provider: Specialty: Emergency Care Address: 123 Hospitals
 Facility Phone: 929-555-9876 New York, NY
 Fax:

Place of Service: 0000 Name: na-not app
 Facility Type: Hospital & Address: Recovery Facility
 Phone: Fax:

Procedure Code: 70554 Code Type: CPT/HCPCS Requested Units: 1
 Code Description: Magnetic resonance imaging, brain, functional MR administration
 Guideline: Brain MRI(AC)
 Clinical Indication: The procedure is/has needed for appropriate care of the patient because of:
 ☐ Central edema, suspected ☐
 ☐ Trauma, as indicated by ...
 ☐ Minor or subacute closed head injury with cognitive or neurologic deficit, and CT scan contraindicated or not available, or results indeterminate ☐

This system provides access to MCG evidence-based guidelines; however the determinations made using this system are directed by the health plan, based on a number of factors.

Attach File

Description	Close
No Files associated with this episode	

Cancel Request Back Submit

Aetna[®] Provider Web Portal Instructions

This takes you back to the Authorization Request Review window.

You can now see that there is a file attached to be submitted with the request.

Select the "Open" link to view the document.

Select the "Remove" link to remove the attached file.

Authorization Request Review

Auto-Authorization : **EPS00001012** Request Type : **Outpatient Procedure** Request Status : **NoDecisionYet**

Patient : 2227 Gender : Male Benefit Plan : Aetna Better Health Diagnosis Code : ICD-9 Diagnosis (850.11) new	Name : Friday, Joe Address : 123 Home Lane Center City, Arizona 12345 Eligibility : 2/10/2011 - 12/31/2078	Date of Birth : 2/27/1927
Auto-Authorization : EPS00001012 Requested Level of Care : Outpatient Notes : 8/19/2014 6:00 AM MST by Sheldon, Kimberly - Notes		
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Servicing (Or Facility) Provider : NY-8765432 Specialty : Emergency Care Facility Phone : 929-555-9876	Name : 24X7 Emergency Care... Address : 123 Hospital Way New York, New York 10001 Fax :	
Place of Service : 0000 Facility Type : Hospital & Recovery Facility Phone :	Name : na-not applicable Address : Fax :	Date of Service : 7/1/2014
Procedure Code : 70554 new Code Type : CPT/HCPCS Requested Units : 1 Re-Document Remove Document Code Description : Magnetic resonance imaging, brain, functional MRI: including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration Guideline : Brain MRI(MAC) Clinical Indication : The procedure is/has needed for appropriate care of the patient because of: <input type="checkbox"/> Cerebral aneurysm, suspected <input type="checkbox"/> <input type="checkbox"/> Trauma, as indicated by: <input type="checkbox"/> Minor or moderate closed head injury with cognitive or neurologic deficit, and CT scan contraindicated or not available, or results indeterminate <input type="checkbox"/>		

This system provides access to NCG evidence-based guidelines; however the determinations made using this system are directed by the health plan, based on a number of factors.

Attach File	Description	Date	Open Remove
000429.tif	Clinicals	8/19/2014 8:02 AM MST	Open Remove

Cancel Request Back Submit

Submit the Request and View Request Status

Once you have completed the request, selected a guideline, noted clinical indications, and uploaded any clinical documentation, review the request for accuracy and then click the "Submit" button to submit the request.

Authorization Request Review

Auto-Authorization : **EPS00001012** Request Type : **Outpatient Procedure** Request Status : **NoDecisionYet**

Patient : 2227 Gender : Male Benefit Plan : Aetna Better Health Diagnosis Code : ICD-9 Diagnosis (850.11) new	Name : Friday, Joe Address : 123 Home Lane Center City, Arizona 12345 Eligibility : 2/10/2011 - 12/31/2078	Date of Birth : 2/27/1927
Auto-Authorization : EPS00001012 Requested Level of Care : Outpatient Notes : 8/19/2014 6:00 AM MST by Sheldon, Kimberly - Notes		
Requesting Provider : NY-8765432 Specialty : Emergency Care Facility Phone : 929-555-9876	Name : 24X7 Emergency Care... Address : 123 Hospital Way New York, New York 10001 Fax :	
Servicing (Or Facility) Provider : NY-8765432 Specialty : Emergency Care Facility Phone : 929-555-9876	Name : 24X7 Emergency Care... Address : 123 Hospital Way New York, New York 10001 Fax :	
Place of Service : 0000 Facility Type : Hospital & Recovery Facility Phone :	Name : na-not applicable Address : Fax :	Date of Service : 7/1/2014
Procedure Code : 70554 new Code Type : CPT/HCPCS Requested Units : 1 Re-Document Remove Document Code Description : Magnetic resonance imaging, brain, functional MRI: including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration Guideline : Brain MRI(MAC) Clinical Indication : The procedure is/has needed for appropriate care of the patient because of: <input type="checkbox"/> Cerebral aneurysm, suspected <input type="checkbox"/> <input type="checkbox"/> Trauma, as indicated by: <input type="checkbox"/> Minor or moderate closed head injury with cognitive or neurologic deficit, and CT scan contraindicated or not available, or results indeterminate <input type="checkbox"/>		

This system provides access to NCG evidence-based guidelines; however the determinations made using this system are directed by the health plan, based on a number of factors.

Attach File	Description	Date	Open Remove
000429.tif	Clinicals	8/19/2014 8:02 AM MST	Open Remove

Cancel Request Back Submit

This brings you to the Auto Authorization Response page.

Here you will see your Authorization ID (1)

Make sure to write down the authorization ID as this will make it easier to search for the authorization request later.

Auto Authorization Response

Auto-Authorization : **EPS00000051** Request Type : **Outpatient Procedure** Request Status : **Pended**

Patient : 0019157371- CV830372905506 Gender : Female Benefit Plan : 74020 / 74021 - No Copy Diagnosis Code : ICD-9 Diagnosis (314.00) new	Name : JONES, HOPE Address : 32043 EAST 128TH AVE PARIS, Kentucky 40361 Eligibility : 8/1/2014 - 12/31/2078	Date of Birth : 3/20/2000
Auto-Authorization : EPS00000051 Requested Level of Care : Outpatient Approved Level of Care : Acuity : Elective Authorization End Date : 12/31/2015 Authorization Start Date : 12/30/2015 Request Entered By : Health Plan Staff		
Requesting Provider : 73828KYIP Specialty : General Practice Phone : 6068868546	Name : BIG SANDY HEALTH CARE IN... Address : 1700 KY ROUTE 321 STE 3 Prestonsburg, Kentucky 410390997 Fax :	
Servicing (Or Facility) Provider : 80518KYIP Specialty : Nurse Midwife Phone : 6068868546	Name : Marcum, Krispy Address : 23 Willow Dr Auxier, Kentucky 416029259 Fax : 6068868548	
Place of Service : 80518KYIP Facility Type : Hospital & Recovery Facility Phone : 6068868546	Name : Marcum Address : 23 Willow Dr Auxier, Kentucky 416029259 Fax : 6068868548	Date of Service : 12/30/2015
Procedure Code : 23044 new Code Type : CPT/HCPCS Requested Units : 1 Status : Pended Code Description : Arthroscopy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body Guideline : No Documentation Required Clinical Indication :		

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Provider Web Portal Instructions

Search Authorizations

This feature enables the user to search existing authorizations and submitted authorization requests. The two most common ways to search are by member name or by authorization ID.

Access the Authorization Search Function


Access Authorization Search Fields

1. The authorization search is the default when clicking on the “Task” link on the web portal menu (1).
2. Or select the “Search Authorizations” link in the left-hand panel under the Tasks heading (2) to access.

The screenshot shows the Aetna Provider Web Portal interface. At the top, there is a navigation bar with 'Home', 'My Account', 'Tasks', and 'Administration'. Below this, the 'Tasks' menu is expanded, showing 'Search Authorizations' highlighted with a red circle and the number '2'. In the main content area, the 'Search Authorizations' section is visible, with a red circle and the number '1' pointing to the 'Tasks' link in the navigation bar. The search fields include 'Member Last Name' (with a search icon), 'Provider Name' (with a dropdown arrow), 'Authorization ID', 'Authorization Status' (with a dropdown arrow), and 'Authorization Date Range' (with 'Date From' and 'Date To' fields and calendar icons). There are 'Search' and 'Cancel' buttons at the bottom right.

Search by Member Name

Search by Member Name

Enter the member’s last name and click on the  icon (1).

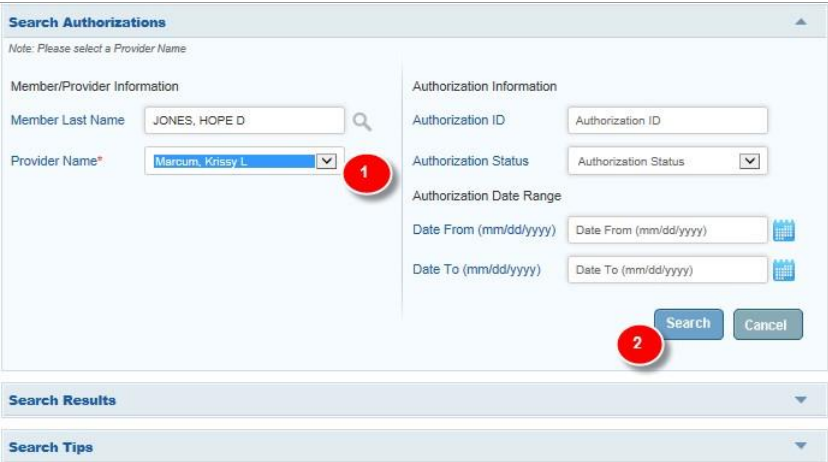
Select the appropriate member from the pop-up window and click on the “Done” button.

The screenshot shows the 'Search Authorizations' page with the 'Member Last Name' field populated with 'JONES, HOPE D'. A red circle with the number '1' points to the search icon next to the field. The 'Provider Name' field is a dropdown menu. The 'Authorization ID', 'Authorization Status', and 'Authorization Date Range' fields are also visible. There are 'Search' and 'Cancel' buttons at the bottom right.

Aetna[®] Provider Web Portal Instructions



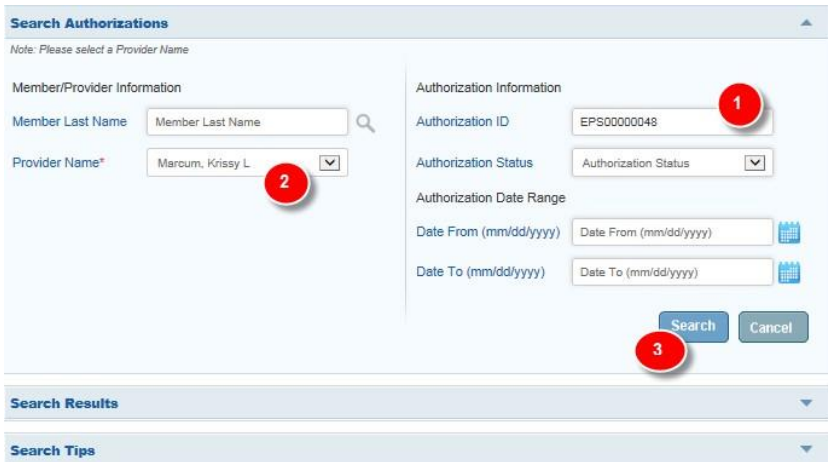
Once you have your member identified, select the provider's name from the drop down menu (1) and click on the "Search" button (2).



Search by Authorization ID

Search by Authorization ID

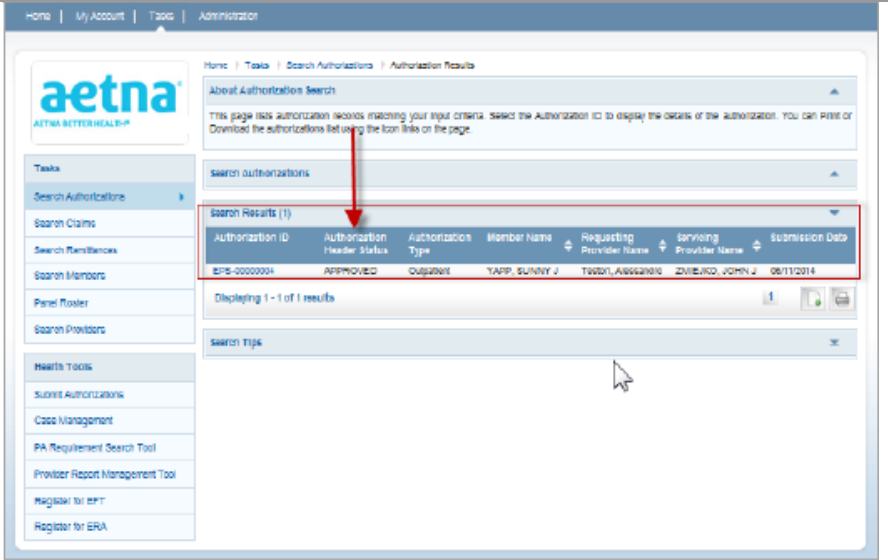
Enter the authorization ID (1). Select the providers name from the drop down menu (2). Click on the "Search" button (3).



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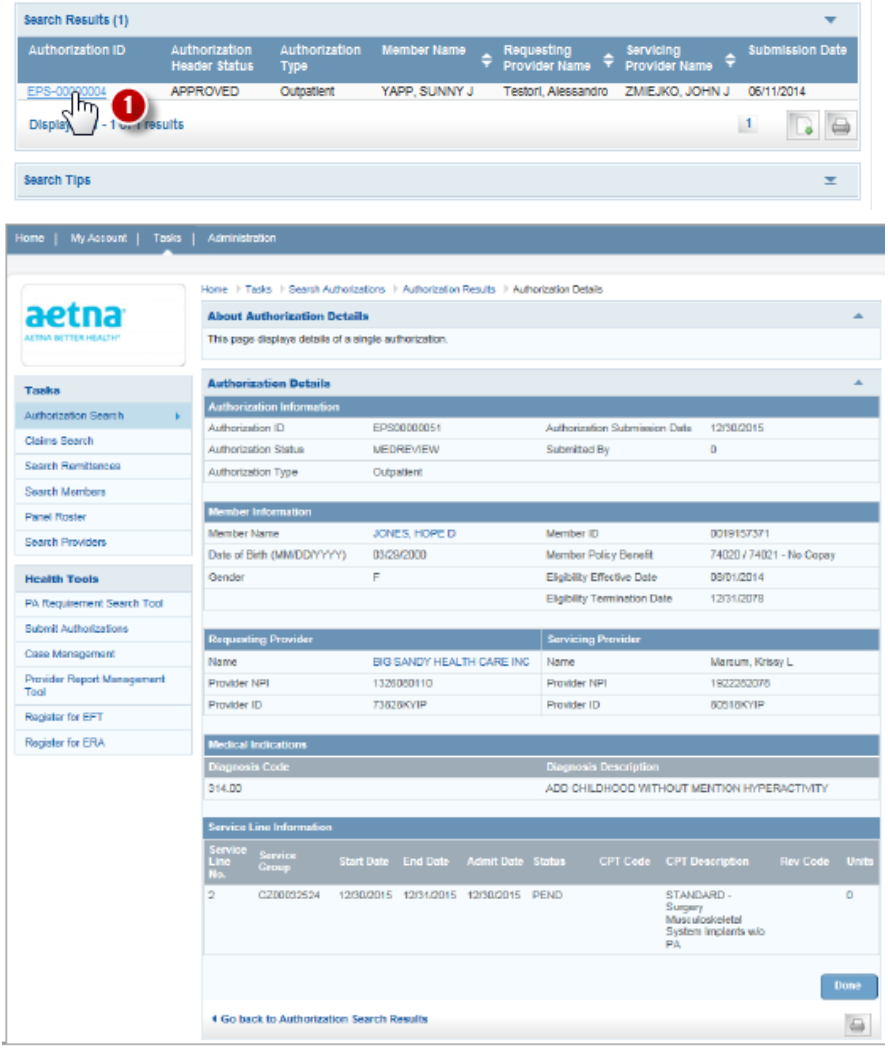
Reading the Search Results

The search results give you a one line summary of the authorization. This is great when you only need to see the status of the authorization to determine if it has been approved.



Authorization Details

To see all of the authorization details click on the Authorization ID link (1) to be taken to the authorization details.



Aetna[®] Provider Web Portal Instructions

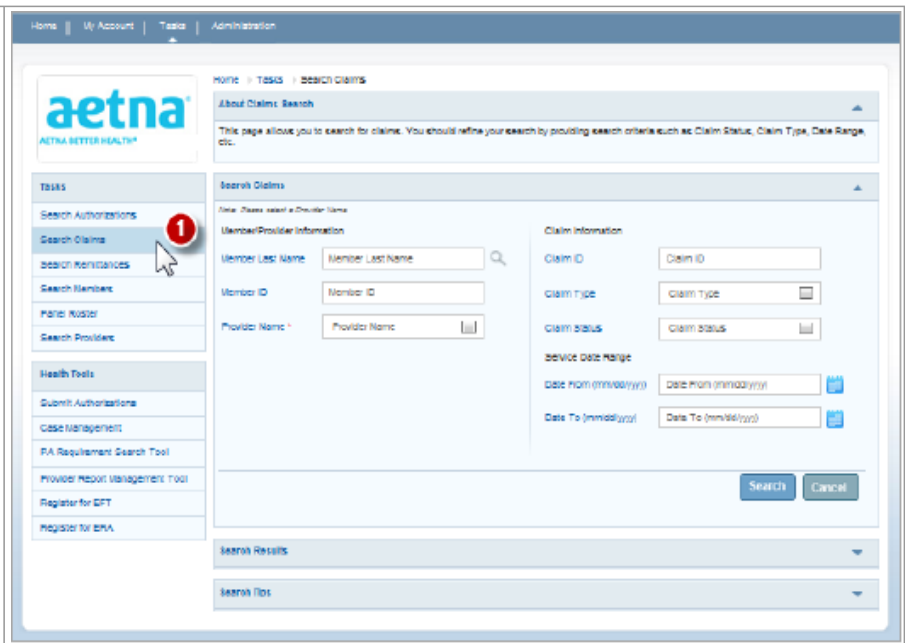
Search Claims

This feature enables the user to search existing claims. The most common reason would be to check on the status of a claim for a particular member.

Access the Claims Search Function

Access Claim Search Fields

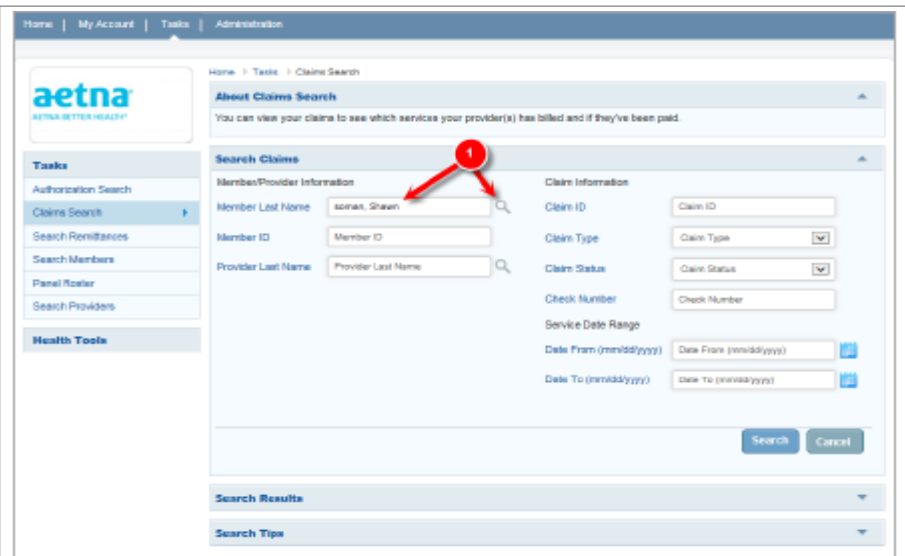
The claims search can be accessed by clicking on the “Search Authorizations” link in the left-hand panel under the “Tasks” heading (1).



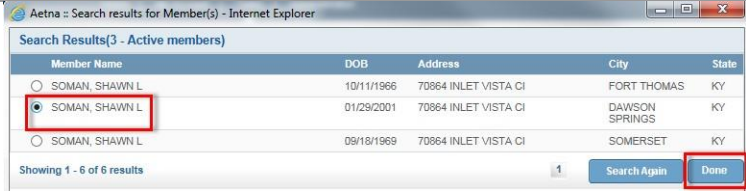
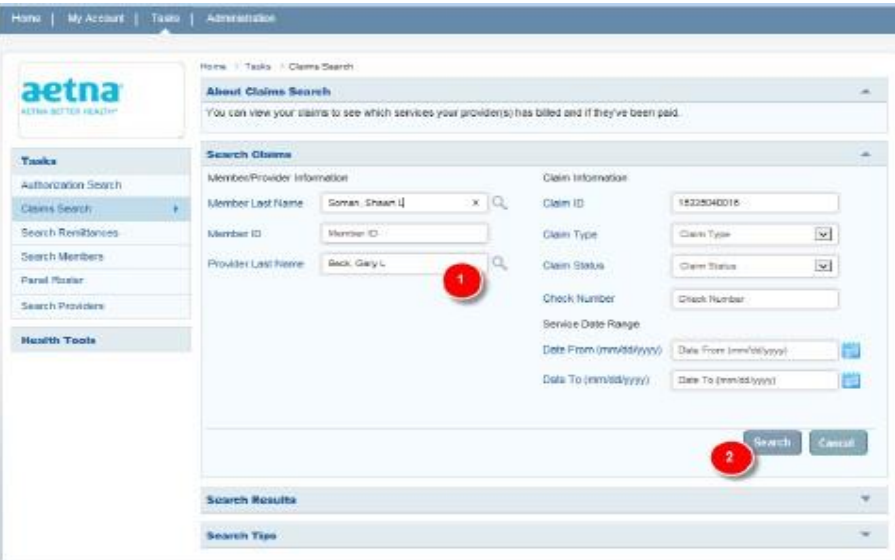
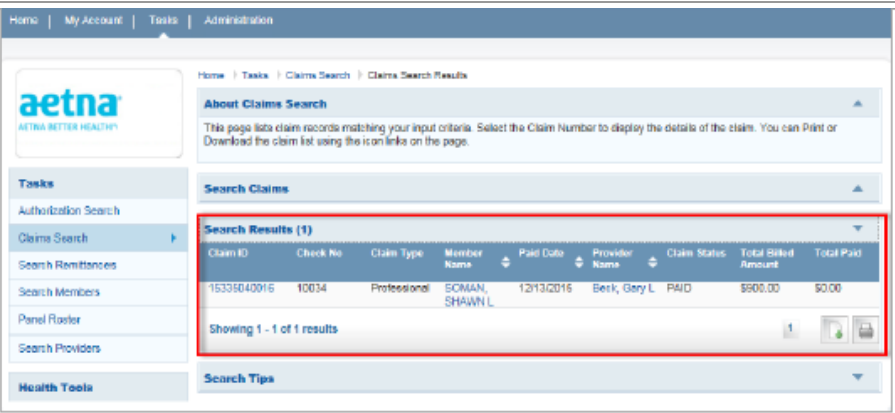
Search by Member Name

Search by Member Name

Enter the member’s last name and click on the icon (1).



Aetna[®] Provider Web Portal Instructions

<p>Select the appropriate member from the pop-up window and click on the “Done” button.</p>																			
<p>Once you have your member identified, select the provider’s name from the drop down menu (1) and click on the “Search” button (2).</p>																			
<p>Reading the Search Results</p> <p>The search results give you a one line summary of the claim information.</p> <p>Here you can find helpful information such as the claim status, amount paid and the paid date.</p>	 <table border="1" data-bbox="800 1287 1482 1423"> <thead> <tr> <th>Claim ID</th> <th>Check No</th> <th>Claim Type</th> <th>Member Name</th> <th>Paid Date</th> <th>Provider Name</th> <th>Claim Status</th> <th>Total Billed Amount</th> <th>Total Paid</th> </tr> </thead> <tbody> <tr> <td>15336040916</td> <td>10034</td> <td>Professional</td> <td>SOMAN, SHAWN L</td> <td>12/13/2016</td> <td>Berk, Gary L</td> <td>PAID</td> <td>\$600.00</td> <td>\$0.00</td> </tr> </tbody> </table>	Claim ID	Check No	Claim Type	Member Name	Paid Date	Provider Name	Claim Status	Total Billed Amount	Total Paid	15336040916	10034	Professional	SOMAN, SHAWN L	12/13/2016	Berk, Gary L	PAID	\$600.00	\$0.00
Claim ID	Check No	Claim Type	Member Name	Paid Date	Provider Name	Claim Status	Total Billed Amount	Total Paid											
15336040916	10034	Professional	SOMAN, SHAWN L	12/13/2016	Berk, Gary L	PAID	\$600.00	\$0.00											

Search Remittances

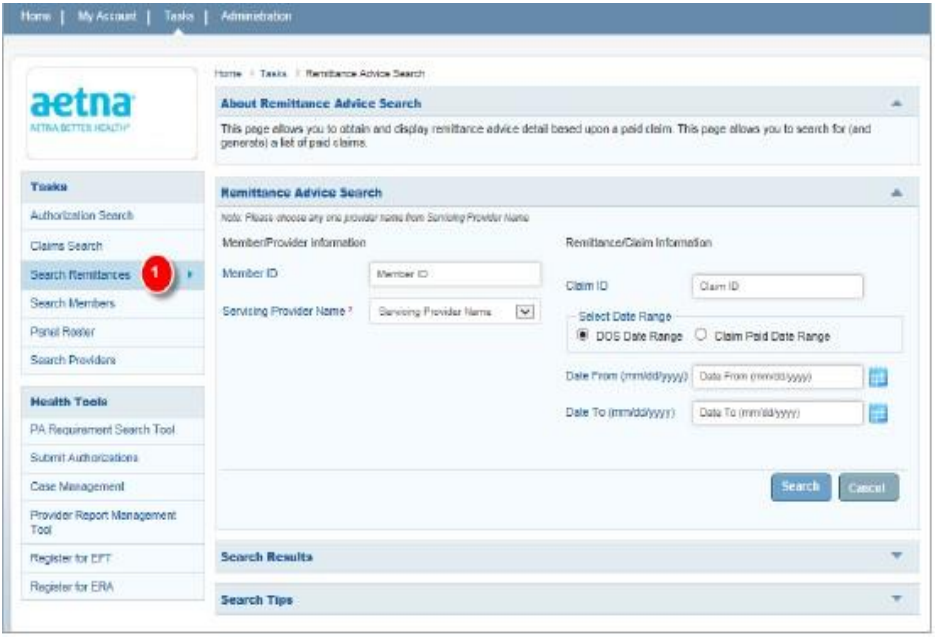
This feature enables the user to search existing Remittance Advise Notices.

Access the Remittance Search Function

Aetna[®] Provider Web Portal Instructions

Access Remittance Search Fields

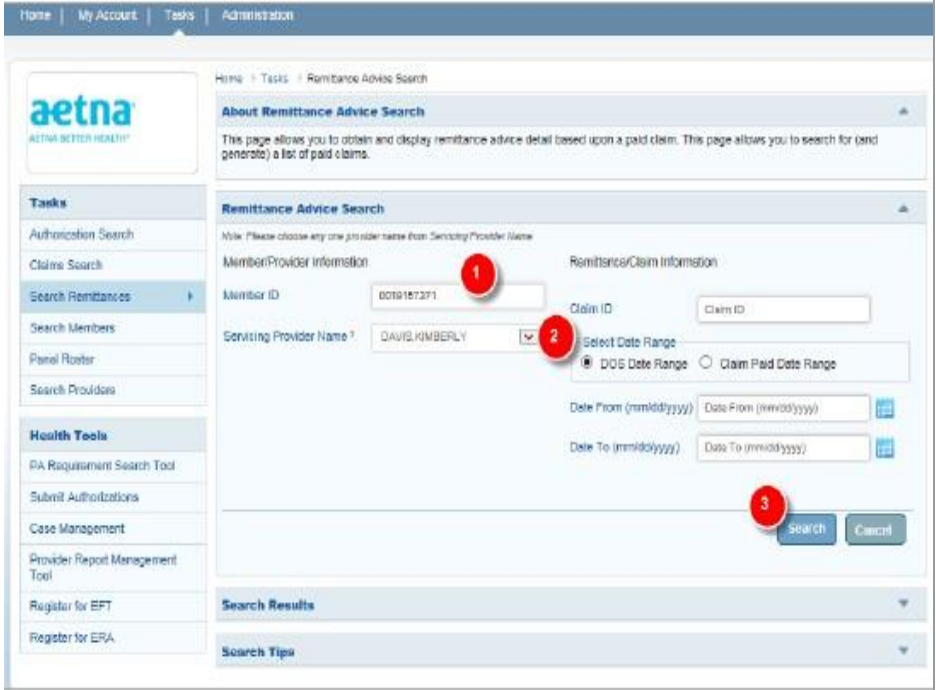
The remittance search can be accessed by clicking on the “Search Remittances” link in the left-hand panel under the Tasks heading (1).



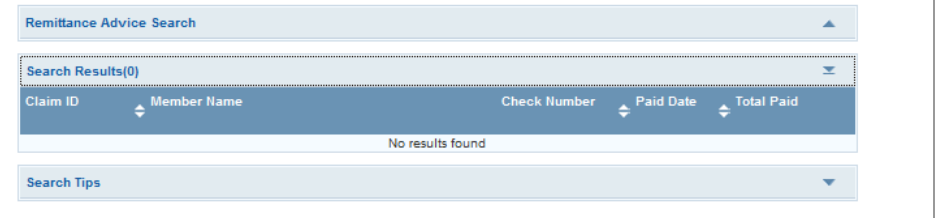
Search by Member ID

Search by Member ID

Enter the member ID (1) and select the Servicing Provider’s name from the drop down (2). Then click on the “Search” button (3).



The results show the Claim ID, Member Name, Check Number, Paid Date, and Total Paid. Click on the Claim ID to display the details



Aetna[®] Provider Web Portal Instructions

Remittance Advise.

Search by Claim ID

Search by Claim ID

Enter the claim ID and select the Servicing Provider's name from the drop down. Then click on the "Search" button.

The results show the Claim ID, Member Name, Check Number, Paid Date, and Total Paid. Click on the Claim ID to display the details of the Remittance Advise.

Search by Date Range

Search by Date Range

You can search by either a date of service range or a claim paid date range. Select the radio button for the search option you would like then enter the To and From date range. Click on the "Search" button.

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Provider Web Portal Instructions

The results show the Claim ID, Member Name, Check Number, Paid Date, and Total Paid.
Click on the Claim ID to display the details of the Remittance Advise.

Remittance Advice Search				
Search Results(0)				
Claim ID	Member Name	Check Number	Paid Date	Total Paid
No results found				
Search Tips				