

# **Aetna Better Health<sup>®</sup> of Kentucky**

## **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

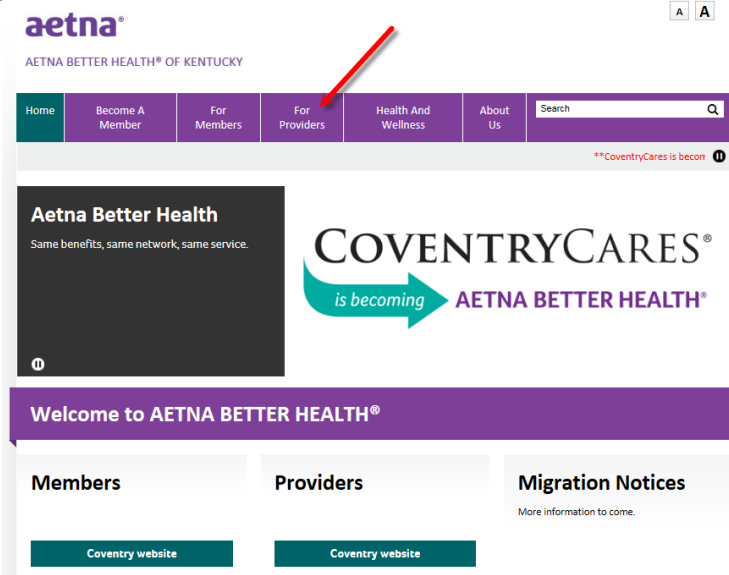
### Kentucky Website

**NOTE:** You must have access to the <http://www.aetnabetterhealth.com/kentucky>

#### Kentucky website

To access the Kentucky website, follow the links shown above or click the link listed here:  
<http://www.aetnabetterhealth.com/Kentucky>

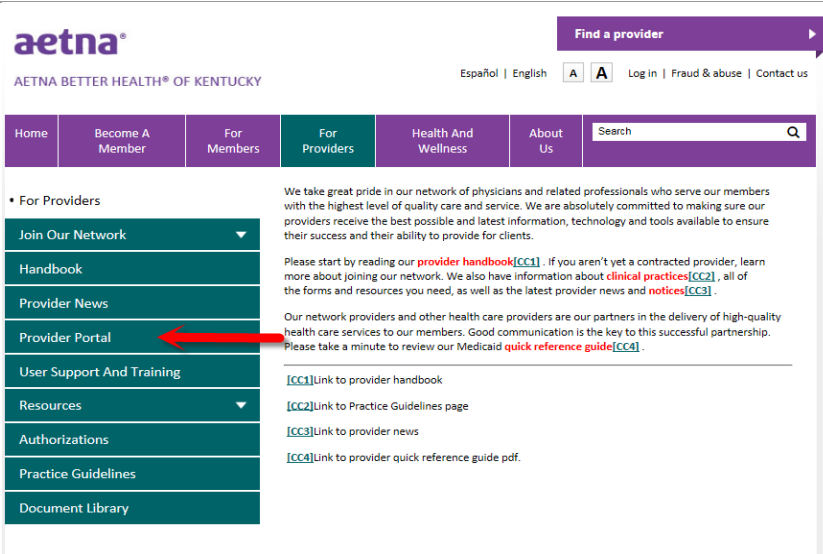
Once you are on the page, you can access the Provider Portal by selecting:  
1. The For Providers tab



### Provider Portal Access

#### Provider Portal Access

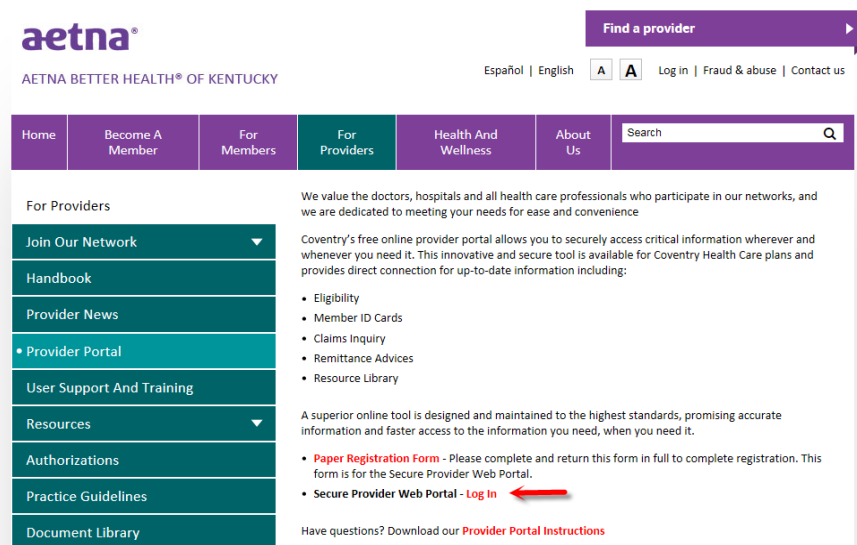
Click on "Provider Portal" on the left-hand panel.



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

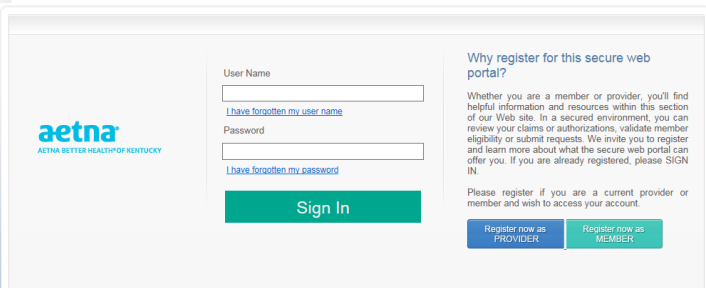
A separate browser window will open.



## 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.

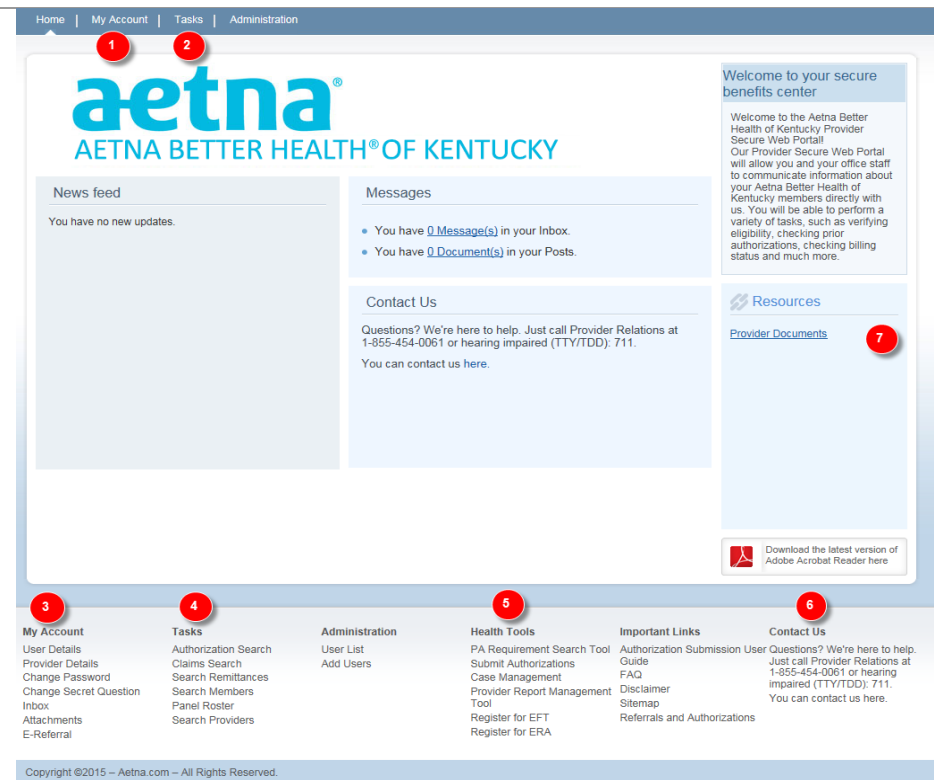


## Portal Welcome Page

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 the “Tasks” page



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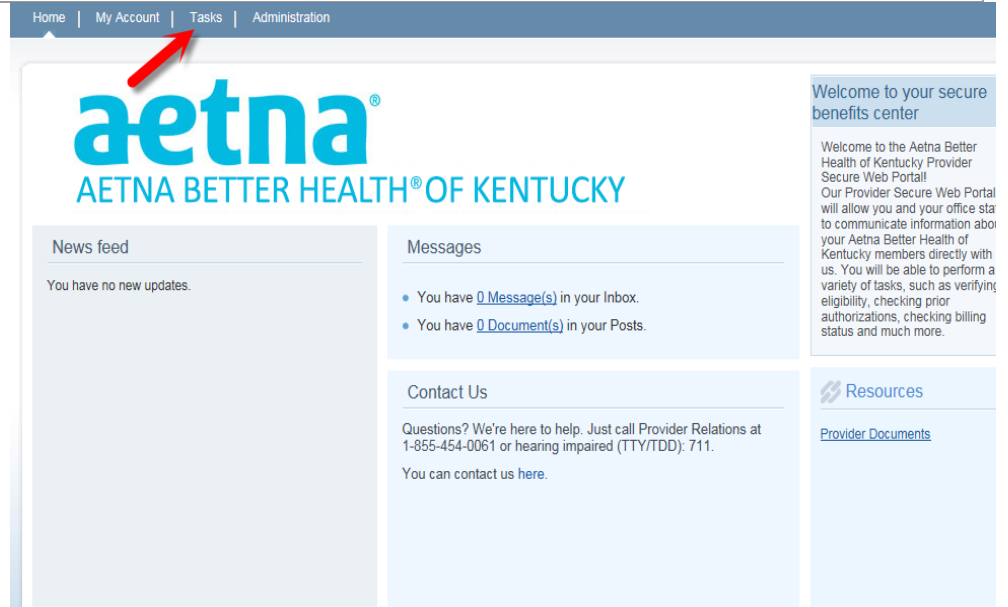
(2).

Health Plan Contact  
info is listed here (6).

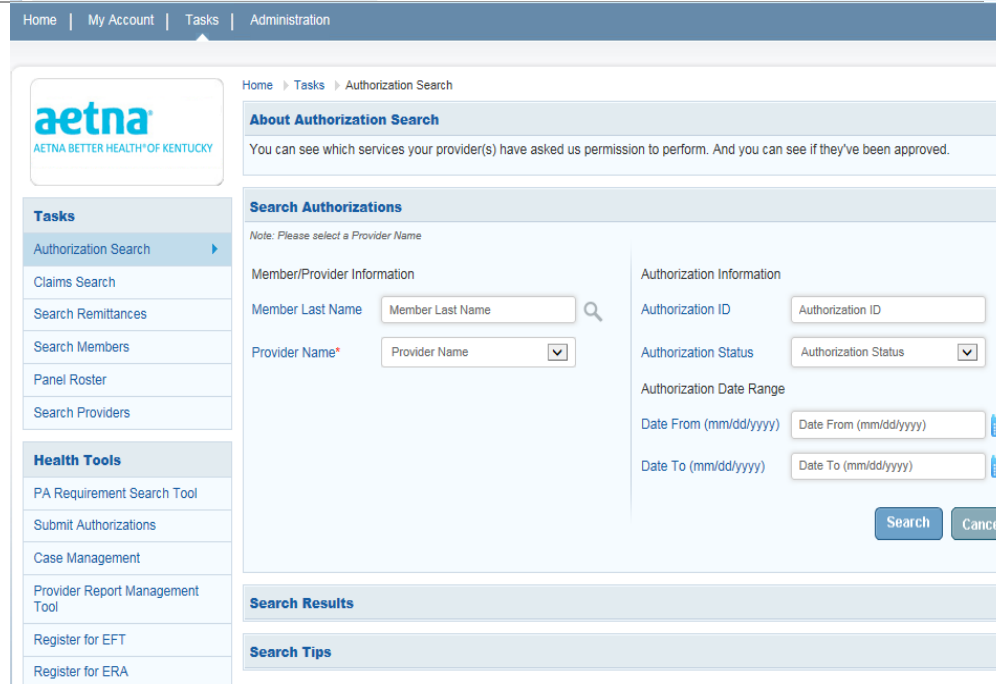
Resources are listed  
here (7).

## Tasks Landing Page

Click on “Tasks” tab.



The default selection is  
“Authorization Search.”



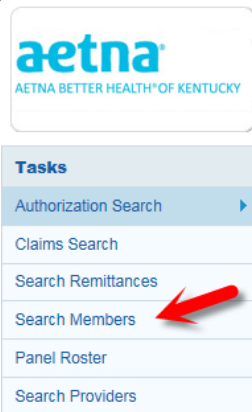
# Aetna Better Health<sup>®</sup> of Kentucky Provider Web Portal Instructions

## Member Eligibility

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

### Access the Member Search Function

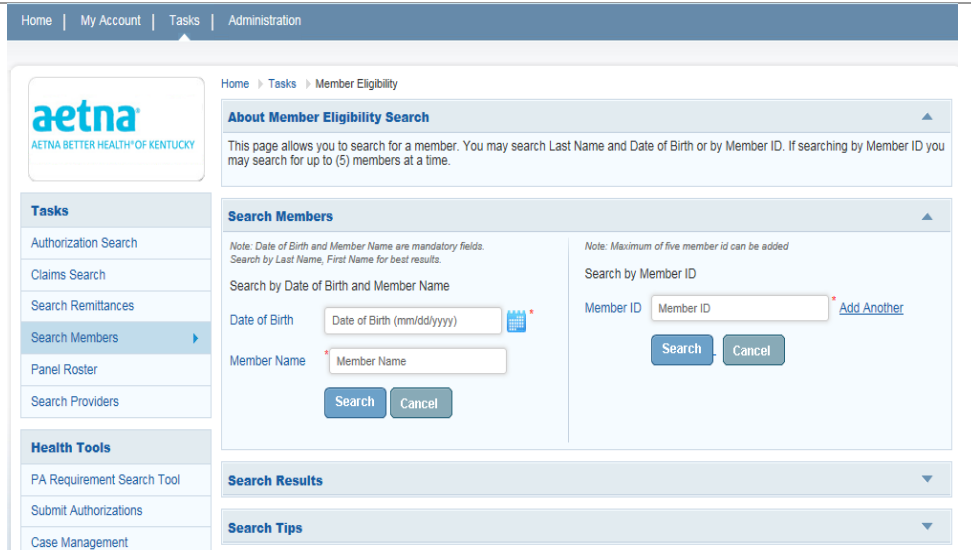
Select “Search Members” from the left-hand panel under the Tasks heading.



### Search Members Landing Page

There are two methods for searching:

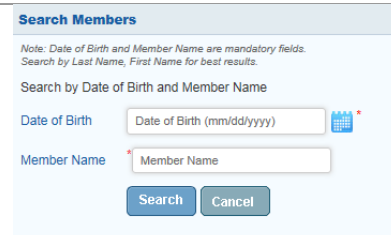
1. Date of Birth & Last Name
2. Member ID
  - Up to 5 members may be included in each search.



### Search by Date of Birth and Last Name

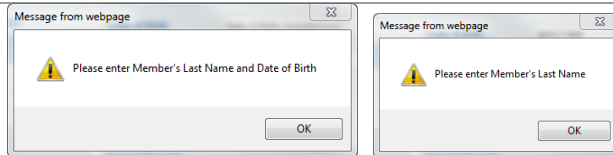
A date of birth and a last name must be entered.

Then, click the Search button



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If either or both fields are left blank, error messages such as these will appear.



Partial last names are permitted.

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

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


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



Search

Cancel

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

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  

Member Last Name

Note: Maximum of five 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.

The screenshot shows the Aetna Member Eligibility Search page. At the top, there is a navigation bar with links: Home, Tasks, Member Eligibility, and Member Eligibility Results. Below this is a header section with the Aetna logo and the text 'AETNA BETTER HEALTH™ OF KENTUCKY'. A red arrow labeled '1' points to the 'About Member Eligibility Search' link in the top navigation bar. Below the header is a main content area with a sub-header 'Search Members' and a description: 'This page lists members matching your input criteria. Select the Member ID to display the details of the member. You can Print or Download the claim list using the icon links on the page.' Below this is a section titled 'Search Results(0)' which contains a table with two columns: 'Active Members (0)' and 'Inactive Members (0)'. The table has headers for Member ID, DOB, Member Name, Eligibility Effective Dates, Benefits, Provider Name, and Provider Effective Date. A red arrow labeled '2' points to the 'Search Members' link in the left sidebar. Below the sidebar is a 'Panel Roster' section.

Home > Tasks > Member Eligibility > Member Eligibility Results

**About Member Eligibility Search**

This page lists members matching your input criteria. Select the Member ID to display the details of the member. You can Print or Download the claim list using the icon links on the page.

**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						

**Tasks**

- Authorization Search
- Claims Search
- Search Remittances
- Search Members**
- Panel Roster

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)**

<b>Active Members (1)</b>			<b>InActive Members (0)</b>			
Member ID	DOB	Member Name	Eligibility Effective Dates	Benefits	Provider Name	Provider Effective Date
COPYRIGHTED BY THE UNIVERSITY OF MICHIGAN LIBRARY	12/29/1942	DAVIS, DEONTE T	01/01/2014 - 12/31/2078	74018 - Copay	T J HEALTH PARTNERS LLC	01/01/2014

Show 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 1

Member ID	9876420000	Member Name	DONELT, ANGELIQUE K
DOB	01/11/2011	Gender	F
Age	3	Address	6200 FRANK STREET / OMAHA, NE 68118
Work Phone	557-085-0004	Home Phone	

Eligibility Information 2

Benefit	Member ID	Rate Code	Plan ID	Effective Date	Term Date
Aetna Better Health Of Nebraska	9876420000		CHCEP0003	07/01/2012	09/30/2012
Aetna Better Health Of Nebraska	9876420000		CHCEP0003	10/01/2012	02/28/2014
Aetna Better Health Of Nebraska	9876420000		CHCEP0003	03/01/2014	12/31/2078

HEDIS Information 3

Intervention Code	Intervention Measure	Intervention Steps
No Data Found		

Primary Care Physician (PCP) Details 4

PCP Name	Provider Type	Coverage Type	Network	Effective Date	Term Date
Spethman, John S	PCP	Medical	Aetna Better Health Of Nebraska	07/01/2012	09/30/2012
Spethman, John S	PCP	Medical	Aetna Better Health Of Nebraska	10/01/2012	02/28/2014
Spethman, 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
<a href="#">A98414068</a>	12/29/1942	DAVIS, DEONTE T	01/01/2014 - 12/31/2078	74018 - Copay	T J HEALTH PARTNERS LLC	01/01/2014

Show 1 - 1 of 1 results

Annotations: 1 (Active Members tab), 2 (InActive Members tab), 3 (hyperlinked Member ID), A (Eligibility Effective Dates), B (Benefits), C (Provider Name)

## 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

Red arrow points to the "Add Another" hyperlink.

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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

**Search**

**Cancel**

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
<a href="#">000012345</a>	12/28/1942	DAVIS, DEONTE T	01/01/2014 - 12/31/2078	74018 - Copay	T J HEALTH PARTNERS LLC	01/01/2014
<a href="#">000023456</a>	10/07/2003	BROWN, BRICIA CL	06/01/2014 - 12/31/2078	74020 / 74021 - No Copay	FAITH FAMILY PRACTICE PLLC	06/01/2014
<a href="#">000034567</a>	08/01/1967	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	1007210006	Name	BROWN, BRICIA CL
Birth date	10/07/2002	Gender	F
Age	13	Address	60407 SARNO CIRCLE ASHLAND, KY 41101
Work Phone		Home Phone	203-675-3470

Eligibility Information

Benefit	Member ID	Rate Code	Plan ID	Effective Date (MM/DD/YYYY)	Term Date (MM/DD/YYYY)	COB
74020 / 74021 - No Copay	1007210006	ZC103010	GM2BP00045	06/01/2014	12/31/2078	
MEDICARE PLAN B	A30302005	MED_B	BP00003	06/01/2014	12/31/2016	
74020 / 74021 - No Copay	1007210006	ZC103010	GM2BP00045	05/01/2014	05/31/2014	
74020 / 74021 - No Copay	1007210006	ZC103010	GM2BP00045	03/01/2014	04/30/2014	
74020 / 74021 - No Copay	1007210006	ZC103010	GM2BP00045	01/01/2014	02/28/2014	
74006 / 74010 / 74012 - No Copay	1007210006	ZC103010	GM2BP00045	06/01/2013	12/31/2013	
74006 / 74010 / 74012 - No Copay	1007210006	ZC103119	GM2BP00045	03/01/2013	05/31/2013	
74006 / 74010 / 74012 - No Copay	1007210006	ZC103119	GM2BP00045	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)
Corroto, Steven A.	PCP	Medical	74020 / 74021 - No Copay	06/01/2014	12/31/2078
Corroto, Steven A.	PCP	Medical	74020 / 74021 - No Copay	05/01/2014	05/31/2014
Corroto, 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

# Aetna Better Health<sup>®</sup> of Kentucky Provider Web Portal Instructions

## Search Providers

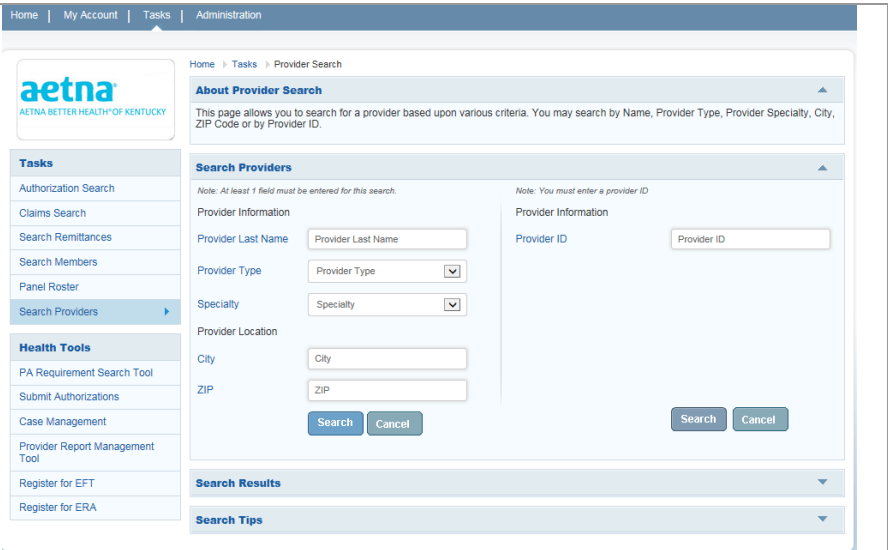
The *Search Providers* feature enables the user to search for providers by provider information such as name, specialty, type, location or provider ID.

### 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



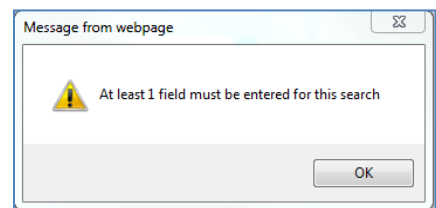
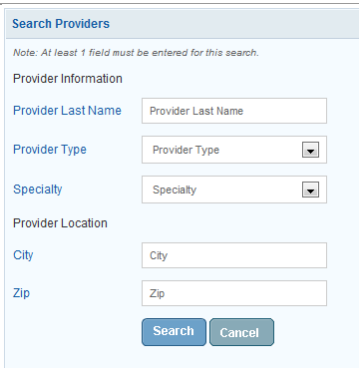
### Search by Provider Information or Location

#### 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.



# Aetna Better Health<sup>®</sup> of Kentucky Provider Web Portal Instructions

## 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.

Search Results (20)						
Provider ID	NPI	Provider Name	Provider Type	Specialty	Address	Phone
100201KYIP	15402583083	BROWN STREET ALTERNATIVE CENTER	GROUP OF PROVIDERS	Public Health and General Preventive Medicine	400 BROWN ST,Vine Grove,KY,40175	
78986KYIP	17980767515	BROWN PURYEAR, LATO NYA	PHYSICIAN	Pulmonary Disease	4900 Houston Rd,Florence,KY,410424824	859-213-6200
333357KYIP	16889121352	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	502-446-6300
303595KYIP		BROWN MD,ERIC C	SERVICE LOCATION		131 HOSPITAL DR,Salem,KY,420	270-866-7206
168967KYIP	16896725		PHYSICIAN	Ambulance		
Showing 1 - 20 of 248 results						
					1 2 3 4 5 Next	

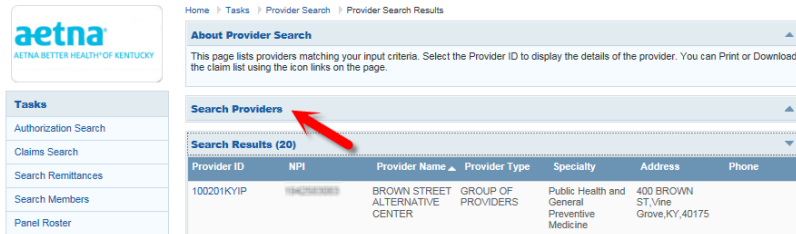
# Aetna Better Health® of Kentucky Provider Web Portal Instructions

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	1042583003	BROWN STREET ALTERNATIVE CENTER	GROUP OF PROVIDERS	Public Health and General Preventive Medicine	400 BROWN ST,Vine Grove,KY,40175	
78986KYIP	0790767015	BROWN PURYEAR ,LATO NYA	PHYSICIAN	Pulmonary Disease	4900 Houston Rd,Florence,KY,410424824	858-213-5388
333357KYIP	18388131352	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	502-445-5388
303595KYIP		BROWN MD,ERIC C	SERVICE LOCATION		131 HOSPITAL DR,Salem,KY,420	270-585-7254

# Aetna Better Health<sup>®</sup> of Kentucky Provider Web Portal Instructions



## 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					
<b>General Information</b>					
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	1720842781		
Provider Type	GROUP OF PROVIDERS		DOB		
Provider ID	148108KYIP	Phone			
Federal Tax ID	378148894	Home Phone			
Specialty	Ambulatory Surgical Center (ASC)		Language		
Degree			Fax		
Email					
<b>Specialties &amp; Certifications</b>					
Specialty	Specialty Type	Certification Status	Certification Date		
Ambulatory Surgical Center (ASC)	PRIMARY		11/01/2011		
<b>Provider Network Affiliations</b>					
Network	Program ID	Contracted	Affiliation Type		
No Data Found					
<b>Affiliated Providers</b>					
Provider Name	Provider ID	Affiliation Type	Effective Date	Expiration Date	
JOHNSON CITY EYE SURGERY CENTER	148108KYIP	DIRECT	11/01/2011	12/31/2078	
<b>Provider Affiliations</b>					
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
					
<a href="#">Go back to Provider Search Results</a> 					



# Aetna Better Health<sup>®</sup> of Kentucky 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.

Home | My Account | Tasks | Administration

Home > Tasks > Authorization Search

**About Authorization Search**  
You can see which services your provider(s) have asked us permission to perform. And you can see if they've been approved.

**Search Authorizations**  
Note: Please select a Provider Name

**Member/Provider Information**  
Member Last Name:   
Provider Name\*:

**Authorization Information**  
Authorization ID:   
Authorization Status:

**Authorization Date Range**  
Date From (mm/dd/yyyy):   
Date To (mm/dd/yyyy):

**Search Results**  
**Search Tips**

**My Account**  
User Details  
Provider Details  
Change Password  
Change Secret Question  
Inbox  
Attachments  
E-Referral

**Tasks**  
Authorization Search  
Claims Search  
Search Remittances  
Search Members  
Panel Roster  
Search Providers

**Administration**  
User List  
Add Users

**Health Tools**  
PA Requirement Search Tool  
Submit Authorizations  
Case Management  
Provider Report Management Tool  
Register for EFT  
Register for ERA

**Important Links**  
Authorization Submission User Questions? We're here to help. Just call Provider Relations at 1-855-454-0061 or hearing impaired (TTY/TDD): 711. You can contact us here.

**Contact Us**

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

Wed, Dec 30, 2015

**Aetna Better Health of Kentucky**  
Participating Provider Prior Authorization Requirement Search Tool

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, Doc 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.

- 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.
- The five character codes included in the Aetna Medicaid PA Requirement Search Tool are obtained from Current Procedural 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 Kentucky Provider Relations at 1-855-454-0061.
- ALL inpatient and observation confinements require PA and usually ALL services provided by non-participating providers require PA.
- 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.
- 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 1-855-300-3528.
- Search results are not a guarantee of claim payment.
- Hearing aids are covered for members < 21 with \$1600 benefit limit per 36 months; no coverage for members over 21 years of age.
- Hospice services require prior authorization. Note: Hospice Providers should only bill with the Revenue Codes listed below: 651 - routine home care/routine services; 652 - Continuous Home Care - in periods of acute crisis (hourly); 653-Respite Care -limited time not to exceed five consecutive days; 656- General Inpatient/acute medical crisis patient may be hospitalized.
- DME, Medical Supplies, Enteral feeds, Prosthetics & Orthotics greater than \$500 purchased require prior authorization. All DME rentals require prior authorization.
- Dental Anesthesia (in an outpatient facility) requires prior authorization.
- Transplant services (including evaluation) require prior authorization.
- Metabolic Foods require prior authorization.
- All homecare services, including home infusion (Insulin/Therapy).
- For pharmacy prior authorizations, please contact 877-215-4100.
- Chiro-Visits 1-12 do not require prior authorization; visits 13-26 require prior authorization.

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 above.

### Search for Prior Authorization Requirement

# Aetna Better Health<sup>®</sup> of Kentucky Provider Web Portal Instructions

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.

**aetna**  
Wed, Aug 13, 2014  
Aetna Better Health of Kentucky  
Participating Provider Prior Authorization Requirement Search Tool

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 (S001.02) requires 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.

■ 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 Kentucky Provider Relations at 1-800-XXX-XXXX.  
■ All requested confessions require PA and except for routine delivery (DRG 765.775.795).  
■ 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-XXX-XXXX.  
■ Search results are not a guarantee of claim payment.

Enter CPT or HCPCS Code(s): E0251 A4335 A4367 G0333  
OR Select CPT Group:   
Include ☐ CPT or HCPCS codes where PA is required?  
Select Plan: Medicaid (2)  
NOTE: When selecting 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 above.  
Search Clear Export

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

Enter CPT or HCPCS Code(s): E0251 A4335 A4367 G0333  
OR Select CPT Group:   
Include ☐ CPT or HCPCS codes where PA is required?  
Select Plan: Medicaid  
NOTE: When selecting 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 above.  
Search Clear Export

CPT Code	CPT Description	CPT Group	PA Required?	Exception Detail	Svc Partner Detail
E0251	HOSP BED FX 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 to see details.

CPT Code	CPT Description	CPT Group	PA Required?	Exception Detail	Svc Partner Detail
E0251	HOSP BED FX 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		

Carved Out, unless Inpatient, Outpatient Hospital, Ambulatory Surgical Ctr, or SN location. For further assistance regarding this service, please call 1-877-235-3092.

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.

Enter CPT or HCPCS Code(s): E0251 A4335 A4367 G0333  
OR Select CPT Group:   
Include ☐ CPT or HCPCS codes where PA is required?  
Select Plan: Medicaid  
NOTE: When selecting 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 above.  
Search Clear Export

CPT Code	CPT Description	CPT Group	PA Required?	Exception Detail	Svc Partner Detail
E0251	HOSP BED FX 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		

# Aetna Better Health® of Kentucky Provider Web Portal Instructions

## Submit an Authorization Request

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

### Access Cite Auto Auth

#### Submit Authorization Requests

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

The screenshot shows the Aetna Better Health of Kentucky Provider Web Portal. The top navigation bar includes links for Home, My Account, Tasks, and Administration. The left-hand panel contains a 'Tasks' section with links for Authorization Search, Claims Search, Search Remittances, Search Members, Panel Roster, and Search Providers. Below this is a 'Health Tools' section with links for PA Requirement Search Tool, Submit Authorizations (highlighted with a red arrow), Case Management, Provider Report Management Tool, Register for EFT, and Register for ERA. The main content area displays the 'About Authorization Search' page, which includes a search form for Member/Provider Information and Authorization Information, and a 'Search Results' section.

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

Select the “Auth Request” button.

The screenshot shows the 'Auth Queue' section of the Aetna Better Health of Kentucky Provider Web Portal. The top navigation bar includes links for Home, My Account, Tasks, and Administration. The left-hand panel contains a 'Tasks' section with links for Authorization Search, Claims Search, Search Remittances, Search Members, Panel Roster, and Search Providers. Below this is a 'Health Tools' section with links for PA Requirement Search Tool, Submit Authorizations, Case Management, Provider Report Management Tool, Register for EFT, and Register for ERA. The main content area displays the 'Auth Queue' section, which includes a 'Submission History' table with columns for Filter By, And, and Submission Status. The 'Auth Request' button is highlighted with a red arrow.

# Aetna Better Health<sup>®</sup> of Kentucky Provider Web Portal Instructions

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.

Auth Queue Auth Request

Authorization Request - Request Form

### Authorization Request

1 . Who is the provider requesting pre-authorization?

\* Provider:  Name:   
Address:

2 . What is the Request Type?

\* Request Type:

3 . Who is the patient requiring the pre-authorization?

\* Patient:  Name:   
Date Of Birth:  Eligibility:  Address:   
Benefit Plan:

4 . What is the patient's diagnosis?

Code	Code Type	Description
<input type="text"/>	ICD-10 Diagnosis	<input type="text"/>

Add

Primary Code Type Description Documentable Action

## 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.

This is a required field.

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


1 . Who is the provider requesting pre-authorization?

\* Provider:  Name:   
Address:

2 . What is the Request Type?

\* Request Type:

# Aetna Better Health® of Kentucky Provider Web Portal Instructions

<p>stays other than IP Surgery.</p> <ul style="list-style-type: none"><li>Inpatient Behavioral Health – Use for IP BH stays.</li></ul> <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>This is a required field.</p>	<p><b>3 . Who is the patient requiring the pre-authorization?</b></p> <p>* Patient: <input type="text"/> </p> <p>Date Of Birth: <input type="text"/> Eligibility: <input type="text"/> Name: <input type="text"/></p> <p>Benefit Plan: <input type="text"/> Address: <input type="text"/></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>	<p><b>4 . What is the patient's diagnosis?</b></p> <p>* Code      Code Type      Description</p> <p><input type="text"/>      ICD-10 Diagnosis ▾      <input type="text"/></p> <p><input type="button" value="Add"/></p> <table><tr><th>Primary</th><th>Code</th><th>Type</th><th>Description</th><th>Documentable Action</th></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>	Primary	Code	Type	Description	Documentable Action					
Primary	Code	Type	Description	Documentable Action							

## Aetna Better Health<sup>®</sup> of Kentucky 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?

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:   
Requested Length of Stay:   
Mark as Urgent: ☐

## Aetna Better Health<sup>®</sup> of Kentucky Provider Web Portal Instructions

<p>Select the Requested Length of Stay for inpatient requests.</p> <p>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>This is a required field.</p>	<div style="border: 1px solid #ccc; padding: 5px;"> <p><b>7 . Who is the Servicing (or Facility) provider for the service?</b></p> <p>* Provider: <input style="width: 150px;" type="text"/> </p> <p style="text-align: right;">Name: <input style="width: 150px;" type="text"/></p> <p style="text-align: right;">Address: <input style="width: 150px;" type="text"/></p> </div>						
<p>Enter any additional details or clinicals applicable to the request that will help with the decision.</p> <p>Enter up to 2500 characters.</p>	<div style="border: 1px solid #ccc; padding: 5px;"> <p><b>8 . Are there any other details?</b></p> <div style="border: 1px solid #ccc; height: 30px; margin-bottom: 5px;"></div> <p style="font-size: 0.8em;">2500 Characters Left for Notes</p> <p><b>Note History</b></p> <table style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr style="background-color: #f2f2f2;"> <th style="width: 60%;">Note</th> <th style="width: 20%;">By</th> <th style="width: 20%;">Date</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> </div>	Note	By	Date			
Note	By	Date					
<p>Enter the additional information for the request.</p> <p>Select the Acuity from the drop down menu. The options are:</p> <ul style="list-style-type: none"> <li>Elective</li> <li>Urgent</li> <li>Emergency</li> </ul> <p>Enter the requested</p>	<div style="border: 1px solid #ccc; padding: 5px;"> <p><b>9 . Please provide the following additional information</b></p> <p>*Acuity: <input style="width: 50px;" type="text"/> ▼</p> <p>*Authorization Start Date: <input style="width: 100px;" type="text"/> M/d/yyyy</p> <p>*Authorization End Date: <input style="width: 100px;" type="text"/> M/d/yyyy</p> <p>*Request Entered By: <input style="width: 50px;" type="text"/> ▼</p> <p style="font-size: 0.8em; color: red;">* Required Fields</p> <div style="text-align: right; margin-top: 10px;"> <input type="button" value="Cancel"/> <input type="button" value="Next"/> </div> </div>						

# Aetna Better Health® of Kentucky 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 fields.

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

Cancel

Next

## 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 “Next” button.

## Authorization Code Detail

☐ Detail for: CPT/HCPCS 70554

### Code Attributes

Requested Units:

Back

Next

HCPCS  
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CPT Copyright © 2013 American Medical Association. All rights reserved.

## 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 : EP500001012 Request Type : Outpatient Procedure Request Status : NoDecisionYet

<input type="checkbox"/> Patient : 2227 Gender : Male Benefit Plan : Aetna Better Health Diagnosis Code : ICD-9 Diagnosis (850.11) <i>New</i>	Name : Friday, Joe Address : 123 Home Lane Center City, Arizona 12345 Birth Date : 2/10/2015 - 12/31/2078	Date of Birth : 2/27/1927
<input type="checkbox"/> Auto-Authorization : EP500001012 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		
<input type="checkbox"/> 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 : Phone : 929-555-9876	
<input type="checkbox"/> Serving (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 : Phone : 929-555-9876	
<input type="checkbox"/> Place of Service : 0000 Facility Type : Hospital & Recovery Facility : Phone : Address : Fax :	Name : na-not applicable Address : Fax : Date of Service : 7/1/2014	
<input type="checkbox"/> Procedure Code : 70554 <i>New</i> 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 Cancel Request Back Submit		

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	<a href="#">Select</a>
A-0047	AC	Brain MRI	<a href="#">Select</a>

1 (results 1 - 2 of 2)  
Back No Guideline Applies



# Aetna Better Health® of Kentucky Provider Web Portal Instructions








This takes you to the Authorization Request Clinical Indication page.

Review the primary instructions (1) then select all of the indication check boxes that correspond to the member's condition (  ).

## Authorization Request Clinical Indication - CPT (70554)

### Guideline: Brain MRI

The procedure is/was needed for appropriate care of the patient because of (Select All that apply):

- ☐ Acoustic neuroma, as indicated by ...
- ☐ Anatomy or structural defect evaluation needed, as indicated by ...
- ☐ Cancer or neoplasm evaluation or staging needed, as indicated by ...
-  ☒ Cerebral edema, suspected 
- ☐ Delirium or change in level of consciousness 
- ☐ Dementia 
- ☐ Demyelinating disease, known or suspected (eg, multiple sclerosis), as indicated by ...
- ☐ Developmental delay 
- ☐ Dizziness or vertigo, as indicated by ...
- ☐ Epilepsy or seizure disorder, suspected or known, as indicated by ...
- ☐ Headache with possible underlying structural cause, as indicated by ...
- ☐ Hearing loss, as indicated by ...
- ☐ Infection, known or suspected, as indicated by ...
- ☐ Intracranial vasculitis, suspected 
- ☐ Neurologic disease signs or symptoms, as indicated by ...
- ☐ Parkinson disease or other neurodegenerative disorders, as indicated by ...
- ☐ Precocious puberty (central), as indicated by ...
- ☐ Stroke (ischemic) or transient ischemic attack, as indicated by ...
- ☐ Syncope, as indicated by ...
-  ☒ Trauma, as indicated by ...
- ☐ Repeat evaluation of specific area or structure with same imaging modality, as indicated by ...

Back Next







Some indications will allow notes.

Click on the note icon to open the Indication Note pop-up window.

## Authorization Request Clinical Indication - CPT (70554)

### Guideline: Brain MRI

The procedure is/was needed for appropriate care of the patient because of (Select All that apply):

- ☐ Acoustic neuroma, as indicated by ...
- ☐ Anatomy or structural defect evaluation needed, as indicated by ...
- ☐ Cancer or neoplasm evaluation or staging needed, as indicated by ...
-  ☒ Cerebral edema, suspected 
- ☐ Delirium or change in level of consciousness 
- ☐ Dementia 
- ☐ Demyelinating disease, known or suspected (eg, multiple sclerosis), as indicated by ...
- ☐ Developmental delay 
- ☐ Dizziness or vertigo, as indicated by ...
- ☐ Epilepsy or seizure disorder, suspected or known, as indicated by ...
- ☐ Headache with possible underlying structural cause, as indicated by ...
- ☐ Hearing loss, as indicated by ...
- ☐ Infection, known or suspected, as indicated by ...
- ☐ Intracranial vasculitis, suspected 
- ☐ Neurologic disease signs or symptoms, as indicated by ...
- ☐ Parkinson disease or other neurodegenerative disorders, as indicated by ...
- ☐ Precocious puberty (central), as indicated by ...
- ☐ Stroke (ischemic) or transient ischemic attack, as indicated by ...
- ☐ Syncope, as indicated by ...
- ☐ Trauma, as indicated by ...
- ☐ Repeat evaluation of specific area or structure with same imaging modality, as indicated by ...






Back Next

Enter up to 100 characters of clinical information pertaining to that indication and click the "OK" button.

## Authorization Request Clinical Indication - CPT (70554)

### Guideline: Brain MRI

The procedure is/was needed for appropriate care of the patient because of (Select All that apply):

- ☐ Acoustic neuroma, as indicated by ...
- ☐ Anatomy or structural defect evaluation needed, as indicated by ...
- ☐ Cancer or neoplasm evaluation or staging needed, as indicated by ...
- ☒ Cerebral edema, suspected 
- ☐ Delirium or change in level of consciousness 
- ☐ Dementia 
- ☐ Demyelinating disease, known or suspected (eg, multiple sclerosis), as indicated by ...
- ☐ Developmental delay 
- ☐ Dizziness or vertigo, as indicated by ...
- ☐ Epilepsy or seizure disorder, suspected or known, as indicated by ...
- ☐ Headache with possible underlying structural cause, as indicated by ...
- ☐ Hearing loss, as indicated by ...
- ☐ Infection, known or suspected, as indicated by ...
- ☐ Intracranial vasculitis, suspected 
- ☐ Neurologic disease signs or symptoms, as indicated by ...
- ☐ Parkinson disease or other neurodegenerative disorders, as indicated by ...
- ☐ Precocious puberty (central), as indicated by ...
- ☐ Stroke (ischemic) or transient ischemic attack, as indicated by ...
- ☐ Syncope, as indicated by ...
- ☒ Trauma, as indicated by ...
- ☐ Repeat evaluation of specific area or structure with same imaging modality, as indicated by ...

Indication Note

39 characters left for notes

Add clinical notes pertaining to the patient's condition here

OK Cancel




Back Next

The note icon appears with a green outline when an Indication Note has been entered.

## Authorization Request Clinical Indication - CPT (70554)

### Guideline: Brain MRI

The procedure is/was needed for appropriate care of the patient because of (Select All that apply):

- ☐ Acoustic neuroma, as indicated by ...
- ☐ Anatomy or structural defect evaluation needed, as indicated by ...
- ☐ Cancer or neoplasm evaluation or staging needed, as indicated by ...
- ☒ Cerebral edema, suspected 
- ☐ Delirium or change in level of consciousness 
- ☐ Dementia 

# Aetna Better Health® of Kentucky Provider Web Portal Instructions

Indications that are followed by “...” indicate additional questions will be asked once you select the “Next” button to continue.

Review the primary instructions then select all of the indication check boxes that correspond to the member’s condition and click the “Next” button.

## Authorization Request Clinical Indication - CPT (70554)

Guideline: Brain MRI

The procedure is/has been needed for appropriate care of the patient because of:

Trauma, as indicated by (Select All that apply)

- ☐ Carotid or vertebral artery dissection, suspected
- ☒ Minor or subscale closed head injury with cognitive or neurologic deficit, and CT scan contraindicated or not available, or results indeterminate
- ☐ Moderate or severe acute closed head injury, and CT scan contraindicated or not available, or results indeterminate
- ☐ Nonaccidental head trauma, suspected, in child younger than 2 years
- ☐ Subacute or chronic closed head injury with cognitive or neurologic deficit

Back Next

This takes you back to the Authorization Request Review and you will now see the clinical indications noted in the Procedure Code box.

Click the “Re-document” button to make any changes to the clinical indications.

Select the “Remove Document” button to remove all previously entered clinical indications for a procedure code.

## Authorization Request Review

Auto-Authentication : 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 : 2/10/2011 - 12/31/2078  
Diagnosis Code : ICD-9 Diagnosis (850.11) **Primary**

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

Place of Service : 0000 Name : na-not applicable Date of Service : 7/1/2014  
Facility Type : Hospital & Recovery Facility Address :  
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  
Guideline : Brain MRI (AC) **Re-Document Remove Document**

Clinical Indication : The procedure is/has been needed for appropriate care of the patient because of:  
☒ Cerebral aneurysm, suspected  
☒ Trauma, as indicated by  
☐ Minor or subscale closed head injury with cognitive or neurologic deficit, and CT scan contraindicated or not available, or results indeterminate

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

File Name	Description	Date
No files associated with this episode		

Cancel Request Back Submit

## Attach a file

Prior to submitting the authorization request you are able to attach any clinical documentation applicable to the member.

Select the “Attach File” button.

## Authorization Request Review

Auto-Authentication : 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 : 2/10/2011 - 12/31/2078  
Diagnosis Code : ICD-9 Diagnosis (850.11) **Primary**

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

Place of Service : 0000 Name : na-not applicable Date of Service : 7/1/2014  
Facility Type : Hospital & Recovery Facility Address :  
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  
Guideline : Brain MRI (AC) **Re-Document Remove Document**

Clinical Indication : The procedure is/has been needed for appropriate care of the patient because of:  
☒ Cerebral aneurysm, suspected  
☒ Trauma, as indicated by  
☐ Minor or subscale closed head injury with cognitive or neurologic deficit, and CT scan contraindicated or not available, or results indeterminate

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**

File Name	Description	Date
No files associated with this episode		

Cancel Request Back Submit

# Aetna Better Health® of Kentucky 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.

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

The screenshot displays the 'Authorization Request Review' form. At the top, it shows 'Auto-Authentication: EPS00001012', 'Request Type: Outpatient Procedure', and 'Request Status: NoDecisionYet'. The form includes fields for Patient (2227, Friday, Joe), Address (123 Home Lane, Center City, Kentucky 40202), and Date of Birth (2/27/1927). A pop-up window titled 'Upload Episode Attachment' is open, showing a 'File Name' field with 'Upload-012FileRadi\_264', a 'Browse...' button, an 'Upload' button, and a 'File Description' field with 'Clinicals'. The form also lists 'Requesting Provider' (NY-8765432, Emergency Care Facility) and 'Servicing (Or Facility) Provider' (NY-8765432, Emergency Care Facility). The 'Procedure Code' is 70554, and the 'Code Type' is CPT/HCPCS. The 'Code Description' is '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'. The 'Clinical Indication' is 'The procedure is/has needed for appropriate care of the patient because of: M Carotid aneurysm, suspected'. The 'Date of Service' is 7/1/2014. At the bottom, there is a 'Cancel Request' button and a 'Submit' button.

This screenshot shows the same 'Authorization Request Review' form, but the 'Upload Episode Attachment' pop-up window now displays the file name 'Upload-012FileRadi\_264', the description 'Clinicals', and the size '000429.0f (161486 Bytes)'. The 'File Description' field in the pop-up is now populated with 'Clinicals'. The rest of the form remains the same, including the patient information, provider details, and procedure code. The 'Date of Service' is still 7/1/2014. The 'Cancel Request' and 'Submit' buttons are visible at the bottom.

# Aetna Better Health® of Kentucky 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

<input type="checkbox"/> Patient : 2327 Gender : Male Benefit Plan : Aetna Better Health Diagnosis Code : ICD-9 Diagnosis (850.11) <b>new</b>	Name : Friday, Joe Address : 123 Home Lane Center City, Arizona 12345 Eligibility : 2/10/2011 - 12/31/2078 Date of Birth : 2/27/1927
<input type="checkbox"/> Auto-Authorization : EPS00001012 Requested Level of Care : Outpatient Notes : 8/19/2014 6:40 AM MST by Sheldon, Kimberly - Notes	
<input type="checkbox"/> 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 :
<input type="checkbox"/> 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 :
<input type="checkbox"/> Place of Service : 0000 Facility Type : Hospital & Recovery Facility Phone :	Name : na- not applicable Address : Fax : Date of Service : 7/1/2014
<input type="checkbox"/> Procedure Code : 70554 <b>new</b> Code Type : CPT/HCPCS 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: If Trauma, as indicated by: If 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	Date	
000429.tif	Clinicals	8/19/2014 8:02 AM MST	<a href="#">Open</a> <a href="#">Remove</a>

[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

<input type="checkbox"/> Patient : 2327 Gender : Male Benefit Plan : Aetna Better Health Diagnosis Code : ICD-9 Diagnosis (850.11) <b>new</b>	Name : Friday, Joe Address : 123 Home Lane Center City, Arizona 12345 Eligibility : 2/10/2011 - 12/31/2078 Date of Birth : 2/27/1927
<input type="checkbox"/> Auto-Authorization : EPS00001012 Requested Level of Care : Outpatient Notes : 8/19/2014 6:40 AM MST by Sheldon, Kimberly - Notes	
<input type="checkbox"/> 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 :
<input type="checkbox"/> 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 :
<input type="checkbox"/> Place of Service : 0000 Facility Type : Hospital & Recovery Facility Phone :	Name : na- not applicable Address : Fax : Date of Service : 7/1/2014
<input type="checkbox"/> Procedure Code : 70554 <b>new</b> Code Type : CPT/HCPCS 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: If Trauma, as indicated by: If 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	Date	
000429.tif	Clinicals	8/19/2014 8:02 AM MST	<a href="#">Open</a> <a href="#">Remove</a>

[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 **4** Request Type : Outpatient Procedure **2** Request Status : **Pended**

<input type="checkbox"/> Patient : 0019157371- CV830372965506 Gender : Female Benefit Plan : 74020 / 74021 - No Copy Diagnosis Code : ICD-9 Diagnosis (314.00) <b>new</b>	Name : JONES, HOPE Address : 32943 EAST 138TH AVE PARIS, Kentucky 40361 Eligibility : 8/1/2014 - 12/31/2078 Date of Birth : 3/20/2000
<input type="checkbox"/> Auto-Authorization : EPS000000051 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	
<input type="checkbox"/> Requesting Provider : 73828KYIP Specialty : General Practice Phone : 606868546	Name : BIG SANDY HEALTH CARE IN... Address : 1709 KY ROUTE 231 STE 3 Prestonsburg, Kentucky 416330907 Fax :
<input type="checkbox"/> Servicing (Or Facility) Provider : 80518KYIP Specialty : Nurse Midwife Phone : 606868546	Name : Marcum, Krissy Address : 23 Willow Dr Auxier, Kentucky 416029259 Fax : 606868548
<input type="checkbox"/> Place of Service : 80518KYIP Facility Type : Hospital & Recovery Facility Phone : 606868546	Name : Marcum Address : 23 Willow Dr Auxier, Kentucky 416029259 Fax : 606868548 Date of Service : 12/30/2015
<input type="checkbox"/> Procedure Code : 23044 <b>new</b> Code Type : CPT/HCPCS Code Description : Arthroscopy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body Guideline : No Documentation Required Clinical Indication :	

# Aetna Better Health<sup>®</sup> of Kentucky 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 Better Health of Kentucky Provider Web Portal. The top navigation bar includes links for Home, My Account, Tasks, and Administration. The 'Tasks' link is highlighted with a red circle and the number 1. On the left-hand panel, under the 'Tasks' heading, the 'Authorization Search' link is highlighted with a red circle and the number 2. The main content area displays the 'Search Authorizations' page, which includes a search form with fields for Member Last Name, Provider Name, Authorization ID, Authorization Status, and Authorization Date Range. The 'Search' button is located at the bottom right of the form.

### Search by Member Name

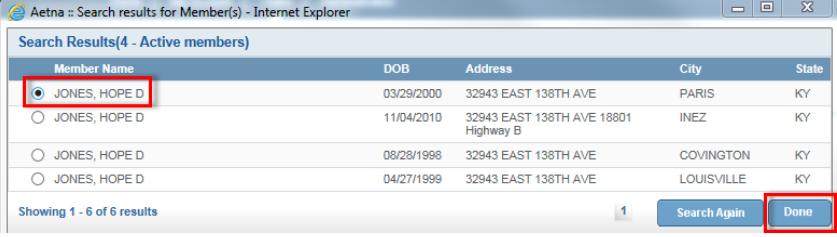
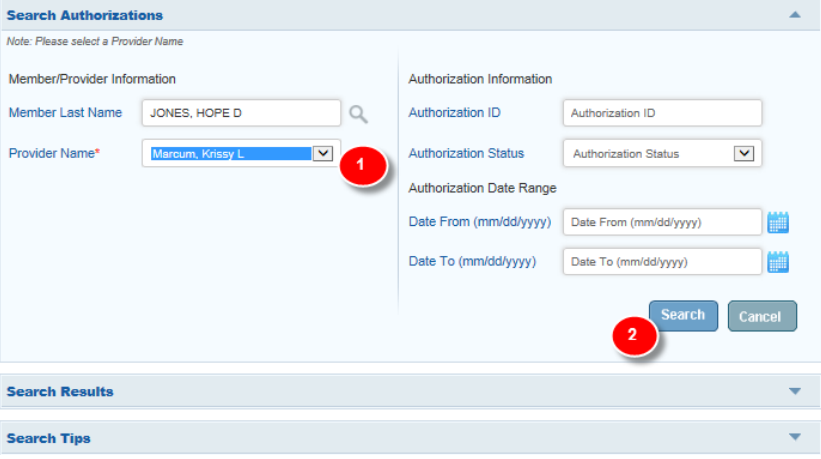
#### Search by Member Name

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

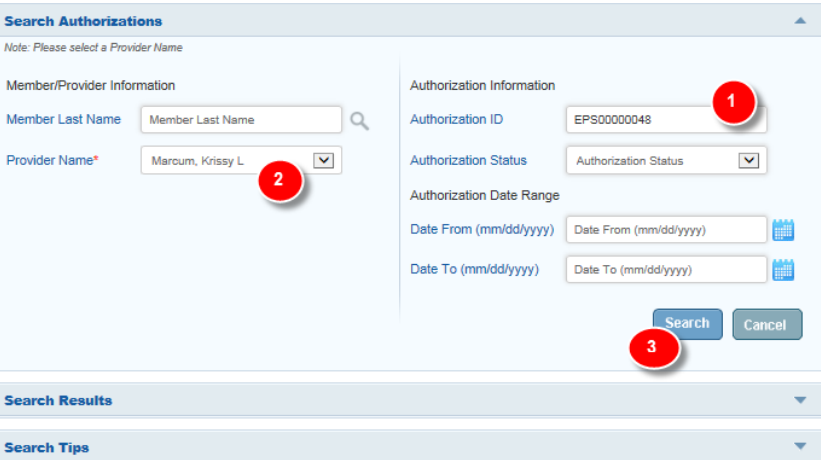
Select the appropriate member from the pop-up window and click on the “Done” button.

The screenshot shows the 'Search Authorizations' page. A red arrow with the number 1 points to the magnifying glass icon next to the 'Member Last Name' input field, which contains the text 'JONES, HOPE D'. The 'Provider Name' field is a dropdown menu. The 'Authorization ID', 'Authorization Status', and 'Authorization Date Range' fields are also visible. The 'Search' button is at the bottom right.

# Aetna Better Health<sup>®</sup> of Kentucky Provider Web Portal Instructions

	
<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>	

## Search by Authorization ID

<p>Search by Authorization ID</p> <p>Enter the authorization ID (1). Select the providers name from the drop down menu (2). Click on the "Search" button (3).</p>	
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# Aetna Better Health® of Kentucky Provider Web Portal Instructions

## 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.

Home | My Account | Tasks | Administration

Home > Tasks > Search Authorizations > Authorization Results

**About Authorization Search**

This page lists authorization records matching your input criteria. Select the Authorization ID to display the details of the authorization. You can Print or Download the authorizations list using the icon links on the page.

**Search Authorizations**

**Search Results (1)**

Authorization ID	Authorization Header Status	Authorization Type	Member Name	Requesting Provider Name	Servicing Provider Name	Submission Date
EPS-00000004	APPROVED	Outpatient	YAPP, SUNNY J	Testori, Alessandro	ZMIEJKO, JOHN J	06/11/2014

Displaying 1 - 1 of 1 results

**Search Tips**

## Authorization Details

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

**Search Results (1)**

Authorization ID	Authorization Header Status	Authorization Type	Member Name	Requesting Provider Name	Servicing Provider Name	Submission Date
<a href="#">EPS-00000004</a> (1)	APPROVED	Outpatient	YAPP, SUNNY J	Testori, Alessandro	ZMIEJKO, JOHN J	06/11/2014

Displaying 1 - 1 of 1 results

**Search Tips**

Home | My Account | Tasks | Administration

Home > Tasks > Search Authorizations > Authorization Results > Authorization Details

**About Authorization Details**

This page displays details of a single authorization.

**Authorization Details**

**Authorization Information**

Authorization ID	EPS000000051	Authorization Submission Date	12/30/2015
Authorization Status	MEDREVIEW	Submitted By	0
Authorization Type	Outpatient		

**Member Information**

Member Name	JONES, HOPE D	Member ID	0019157371
Date of Birth (MM/DD/YYYY)	03/29/2000	Member Policy Benefit	74020 / 74021 - No Copay
Gender	F	Eligibility Effective Date	08/01/2014
		Eligibility Termination Date	12/31/2078

**Requesting Provider**

Name	BIG SANDY HEALTH CARE INC	Name	Marcum, Krissy L
Provider NPI	1326080110	Provider NPI	1922282078
Provider ID	73828KYIP	Provider ID	80518KYIP

**Medical Indications**

Diagnosis Code	Diagnosis Description
314.00	ADD CHILDHOOD WITHOUT MENTION HYPERACTIVITY

**Service Line Information**

Service Line No.	Service Group	Start Date	End Date	Admit Date	Status	CPT Code	CPT Description	Rev Code	Units
2	C200032524	12/30/2015	12/31/2015	12/30/2015	PEND		STANDARD - Surgery Musculoskeletal System Implants w/o PA		0

**Go back to Authorization Search Results**

# Aetna Better Health<sup>®</sup> of Kentucky 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).

The screenshot shows the Aetna Better Health of Kentucky Provider Web Portal. The left-hand panel has a 'Tasks' heading with a list of links: 'Search Authorizations', 'Search Claims', 'Search Remittances', 'Search Members', 'Panel Roster', and 'Search Providers'. A red circle with the number 1 is placed over the 'Search Claims' link. The main content area is titled 'Search Claims' and contains a form for searching claims. The form has sections for 'Member/Provider Information' (with fields for Member Last Name, Member ID, and Provider Name) and 'Claim Information' (with fields for Claim ID, Claim Type, Claim Status, and Service Date Range). There are 'Search' and 'Cancel' buttons at the bottom right of the form.

### Search by Member Name

#### Search by Member Name

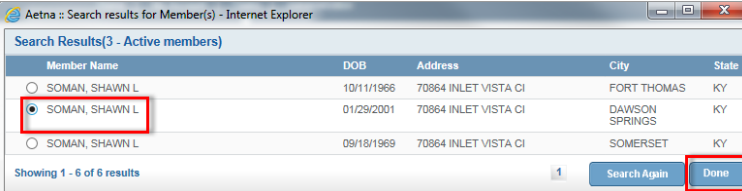
Enter the member's last name and click on the icon (1).

The screenshot shows the Aetna Better Health of Kentucky Provider Web Portal. The left-hand panel has a 'Tasks' heading with a list of links: 'Authorization Search', 'Claims Search', 'Search Remittances', 'Search Members', 'Panel Roster', and 'Search Providers'. The 'Claims Search' link is highlighted. The main content area is titled 'Search Claims' and contains a form for searching claims. The form has sections for 'Member/Provider Information' (with fields for Member Last Name, Member ID, and Provider Last Name) and 'Claim Information' (with fields for Claim ID, Claim Type, Claim Status, Check Number, and Service Date Range). A red circle with the number 1 is placed over the search icon (magnifying glass) next to the Member Last Name field. There are 'Search' and 'Cancel' buttons at the bottom right of the form.

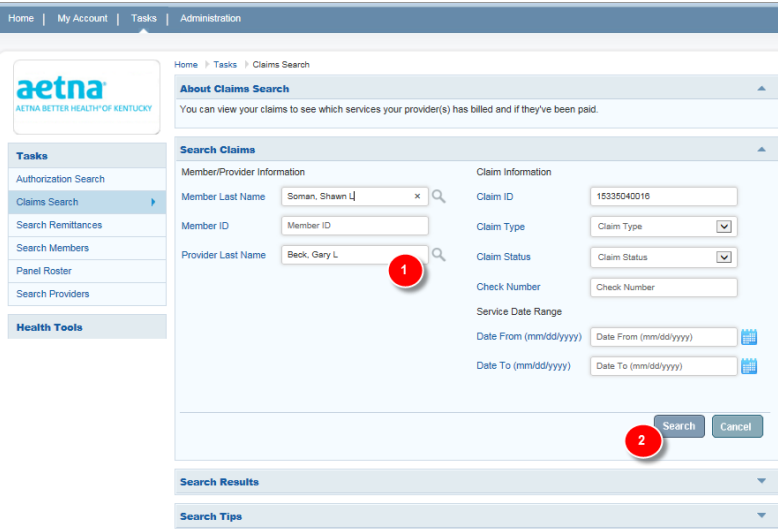


# Aetna Better Health<sup>®</sup> of Kentucky Provider Web Portal Instructions

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



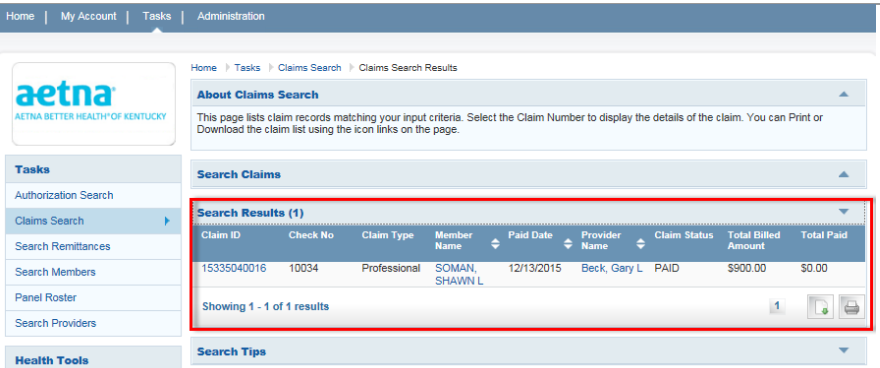
Once you have your member identified, select the provider’s name from the drop down menu (1) and click on the “Search” button (2).



## Reading the Search Results

The search results give you a one line summary of the claim information.

Here you can find helpful information such as the claim status, amount paid and the paid date.



## Search Remittances

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

### Access the Remittance Search Function

# Aetna Better Health<sup>®</sup> of Kentucky 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).

Home | My Account | Tasks | Administration

Home > Tasks > Remittance Advice Search

**About Remittance Advice Search**

This page allows you to obtain and display remittance advice detail based upon a paid claim. This page allows you to search for (and generate) a list of paid claims.

**Remittance Advice Search**

Note: Please choose any one provider name from Servicing Provider Name

Member/Provider Information

Member ID:

Servicing Provider Name:

Remittance/Claim Information

Claim ID:

Select Date Range

☒ DOS Date Range ☐ Claim Paid Date Range

Date From (mm/dd/yyyy):  Date To (mm/dd/yyyy):

Date From (mm/dd/yyyy):  Date To (mm/dd/yyyy):

**Search Results**

**Search Tips**

## 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).

Home | My Account | Tasks | Administration

Home > Tasks > Remittance Advice Search

**About Remittance Advice Search**

This page allows you to obtain and display remittance advice detail based upon a paid claim. This page allows you to search for (and generate) a list of paid claims.

**Remittance Advice Search**

Note: Please choose any one provider name from Servicing Provider Name

Member/Provider Information

Member ID:

Servicing Provider Name:

Remittance/Claim Information

Claim ID:

Select Date Range

☒ DOS Date Range ☐ Claim Paid Date Range

Date From (mm/dd/yyyy):  Date To (mm/dd/yyyy):

Date From (mm/dd/yyyy):  Date To (mm/dd/yyyy):

**Search Results**

**Search Tips**

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 Advice Search**

**Search Results(0)**

Claim ID	Member Name	Check Number	Paid Date	Total Paid
No results found				

**Search Tips**

# Aetna Better Health® of Kentucky 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.

Home | My Account | Tasks | Administration

Home > Tasks > Remittance Advice Search

**About Remittance Advice Search**

This page allows you to obtain and display remittance advice detail based upon a paid claim. This page allows you to search for (and generate) a list of paid claims.

**Remittance Advice Search**

Note: Please choose any one provider name from Servicing Provider Name

Member/Provider Information

Member ID:

Servicing Provider Name:

Remittance/Claim Information

Claim ID:

Select Date Range: ☒ DOS Date Range ☐ Claim Paid Date Range

Date From (mm/dd/yyyy):  Date From (mm/dd/yyyy):

Date To (mm/dd/yyyy):  Date To (mm/dd/yyyy):

**Search** **Cancel**

Search Results

Search Tips

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

## 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.

**Remittance Advice Search**

Note: Please choose any one provider name from Servicing Provider Name

Member/Provider Information

Member ID:

Servicing Provider Name:

Remittance/Claim Information

Claim ID:

Select Date Range: ☒ DOS Date Range ☐ Claim Paid Date Range

Date From (mm/dd/yyyy):  Date From (mm/dd/yyyy):

Date To (mm/dd/yyyy):  Date To (mm/dd/yyyy):

**Search** **Cancel**

**Aetna Better Health<sup>®</sup> of Kentucky**  
**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 ▼