Aetna Better Health®

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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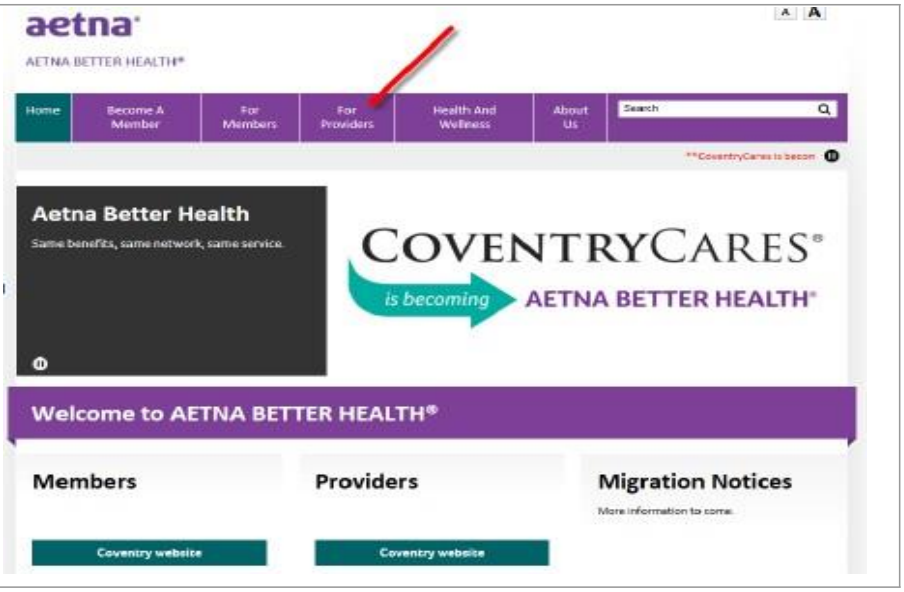
Aetna Better Health® of Virginia
Provider Web Portal Instructions

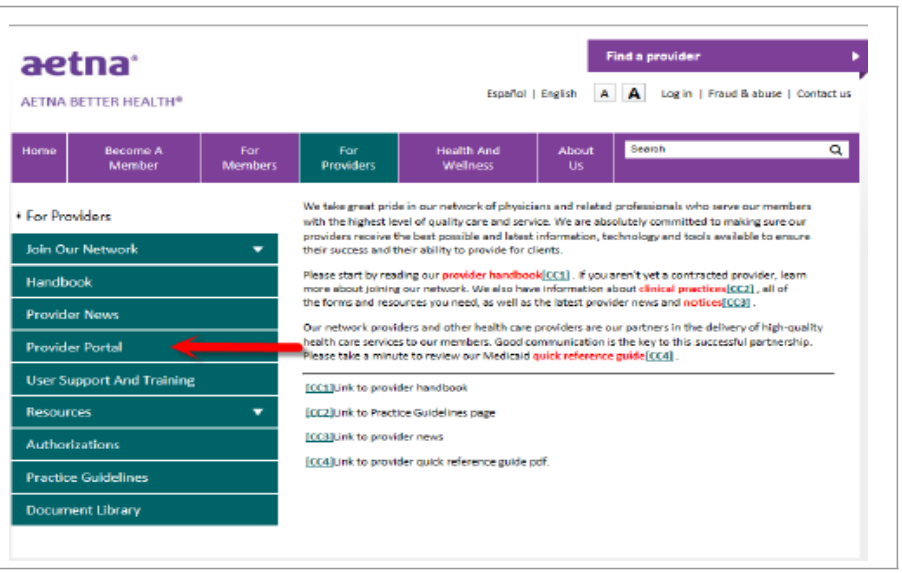
General Information

Virginia Website

NOTE: You must have access to the http://www.aetnabetterhealth.com/virginia

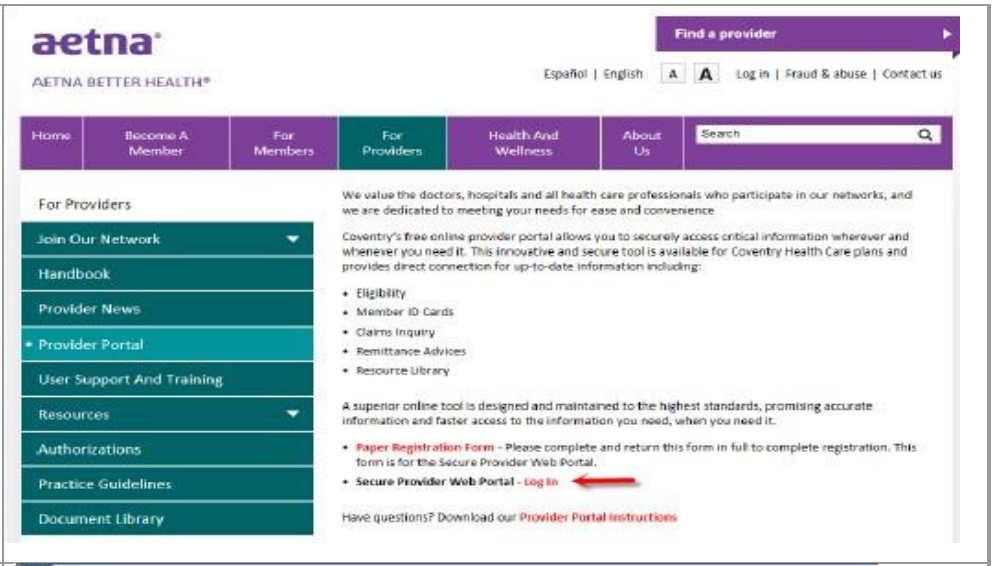
Virginia website To access the Virginia website, follow the links shown above or click the link listed here: http://www.aetnabetterhealth.com/virginia Once you are on the page, you can access the Provider Portal by selecting: 1. The For Providers tab	

Provider Portal Access

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

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

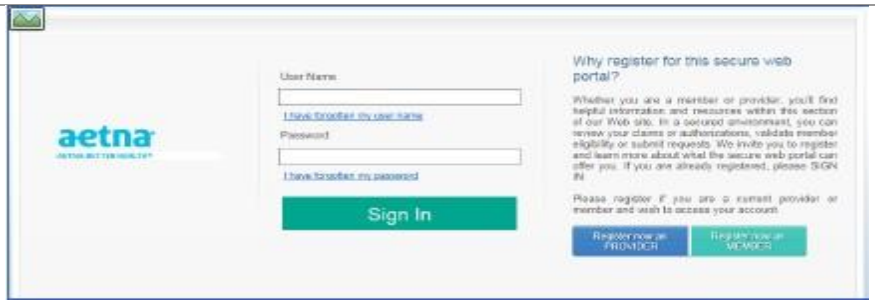
A separate browser window will open.



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.

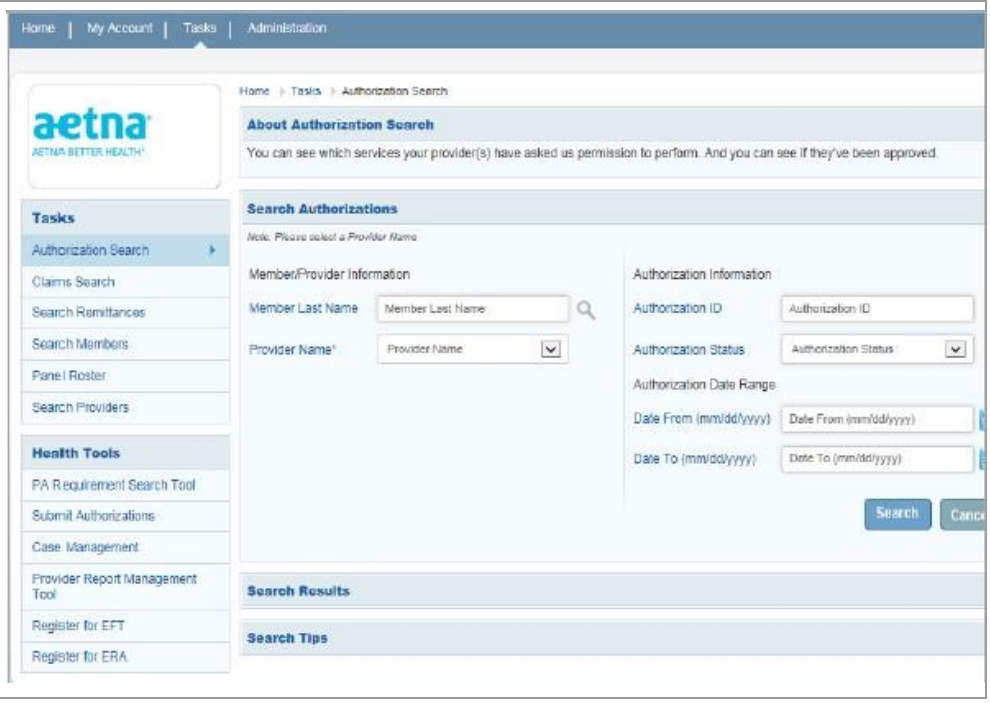


Portal Welcome Page

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

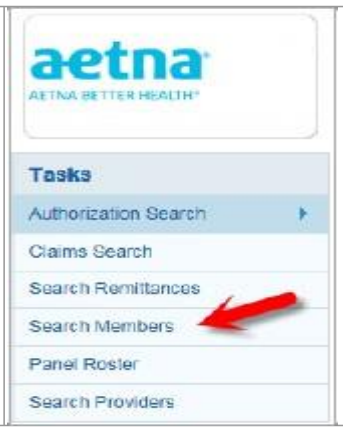
(2). Health Plan Contact info is listed here (6). Resources are listed here (7).	
Tasks Landing Page Click on “Tasks” tab.	
The default selection is “Authorization Search.”	

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

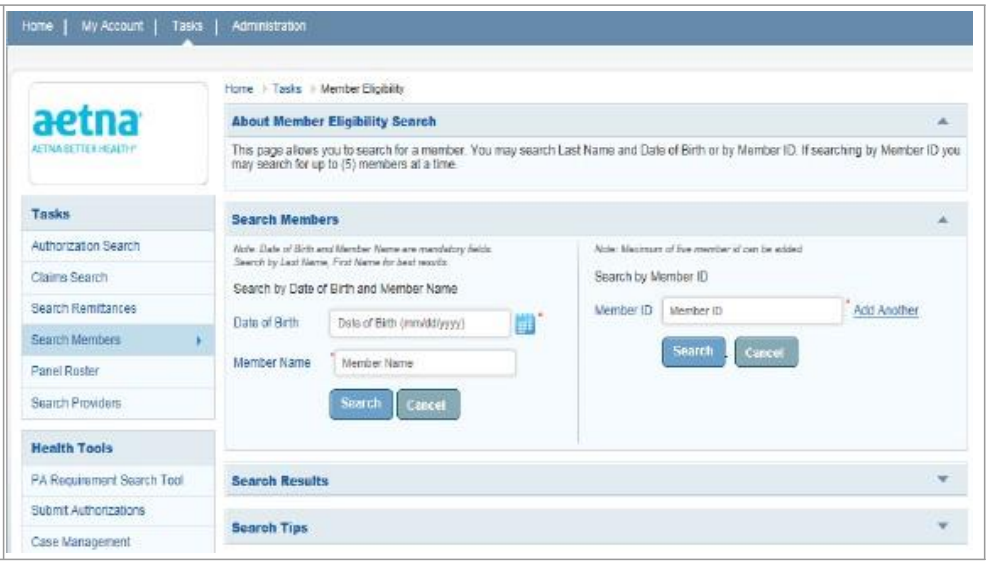
Select "Search Members" from the left-hand panel under the Tasks heading.



Search Members Landing Page

There are two methods for searching:

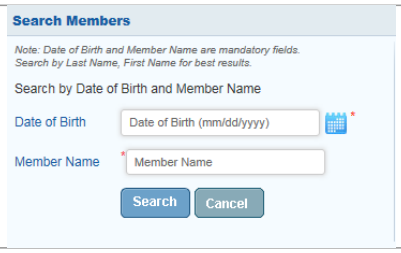
1. Date of Birth & Last Name
2. Member ID
   - Up to 5 members may be included in each search.



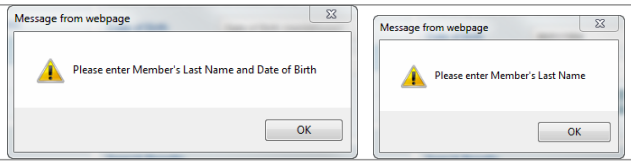
Search by Date of Birth and Last Name

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

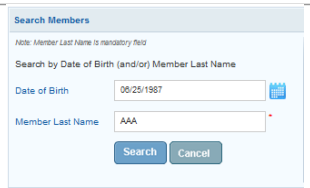
Then, click the Search button



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

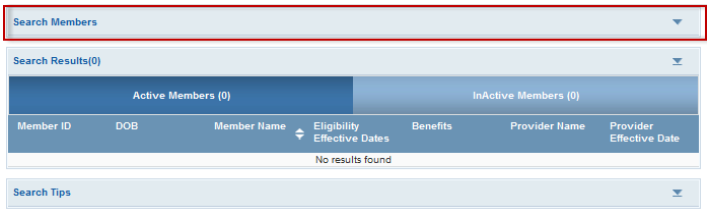


Partial last names are permitted.

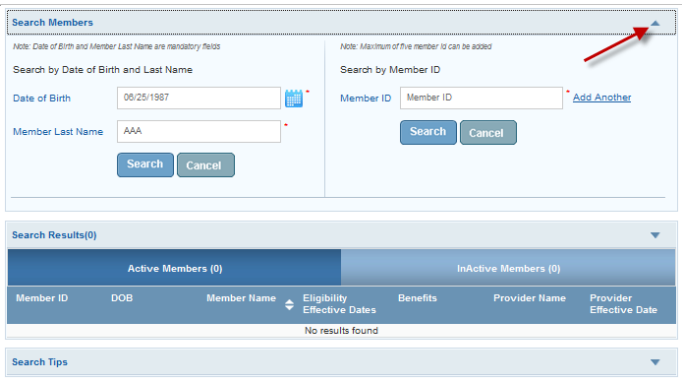


In this example, no member was found meeting the search criteria.

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



Click on the pointer to expand the window.



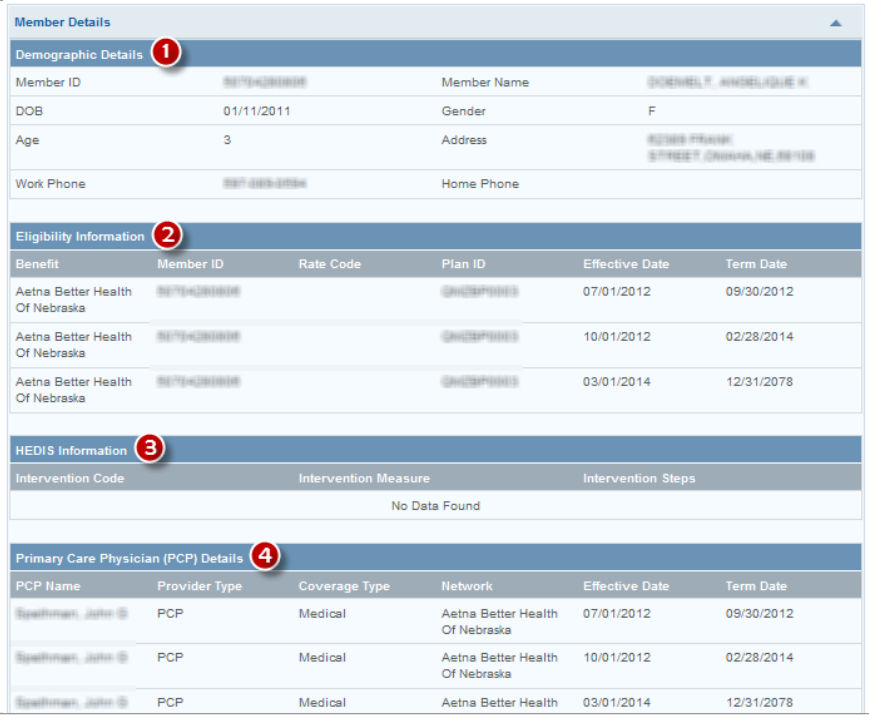
To search again, you must return to the previous screen by selecting either:

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

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	[redacted]	Member Name	[redacted]
DOB	01/11/2011	Gender	F
Age	3	Address	[redacted]
Work Phone	[redacted]	Home Phone	

Eligibility Information (2)

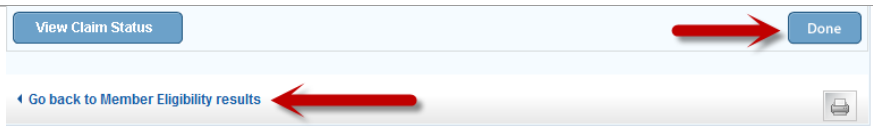
Benefit	Member ID	Rate Code	Plan ID	Effective Date	Term Date
Aetna Better Health Of Nebraska	[redacted]		[redacted]	07/01/2012	09/30/2012
Aetna Better Health Of Nebraska	[redacted]		[redacted]	10/01/2012	02/28/2014
Aetna Better Health Of Nebraska	[redacted]		[redacted]	03/01/2014	12/31/2078

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
[redacted]	PCP	Medical	Aetna Better Health Of Nebraska	07/01/2012	09/30/2012
[redacted]	PCP	Medical	Aetna Better Health Of Nebraska	10/01/2012	02/28/2014
[redacted]	PCP	Medical	Aetna Better Health	03/01/2014	12/31/2078

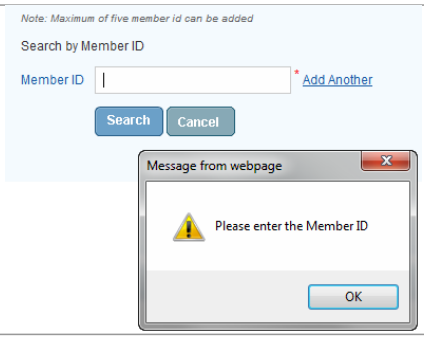
At the bottom of the page, click 1) Done: to begin another search. 2) Go Back to Member Eligibility: to return to the previous screen.	

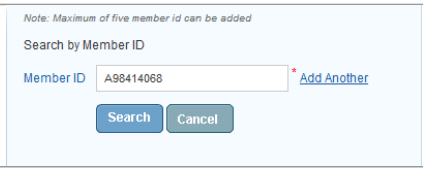
View Claim Status

Done

Go back to Member Eligibility results

Search by Member ID - Single

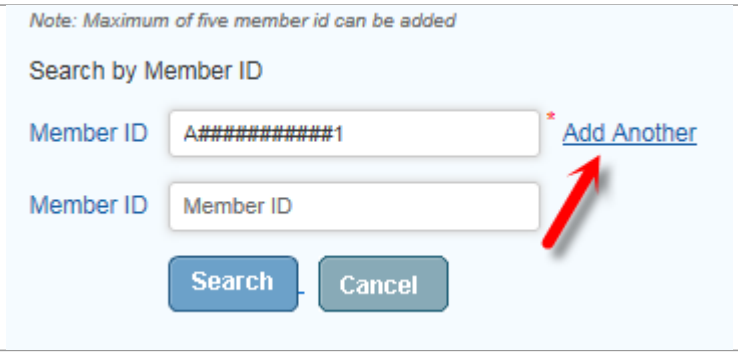
A member ID must be entered or an error will be received.	

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

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).	

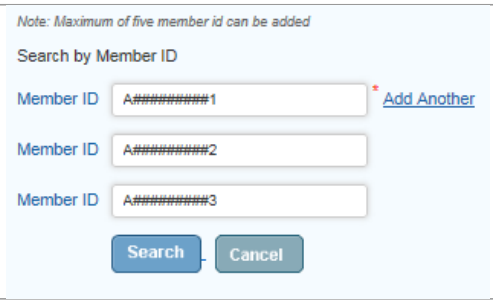
Search by Member ID - Multiple

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.	

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

Click the “Search” button to begin the search.



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).

Member Details Screen

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

Member Benefits

Overview (1)

Member ID	[illegible]	Name	[illegible]
Birth date	10/07/2002	Gender	F
Age	13	Address	[illegible]
Work Phone		Home Phone	[illegible]

Eligibility Information (2)

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

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 (MM/DD/YYYY)	Term Date (MM/DD/YYYY)
[illegible]	PCP	Medical	74020 / 74021 - No Copay	06/01/2014	12/31/2078
[illegible]	PCP	Medical	74020 / 74021 - No Copay	05/01/2014	05/31/2014
[illegible]	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

Search Providers

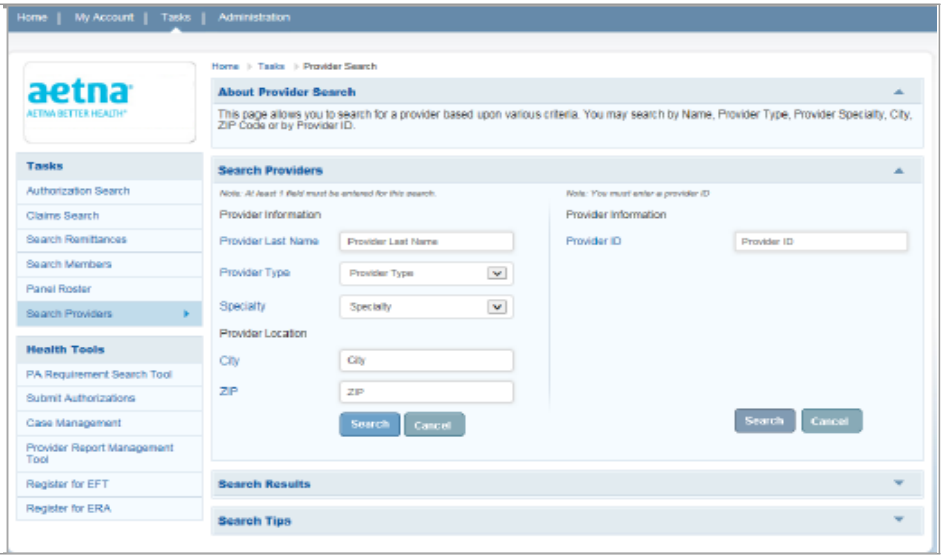
The *Search Providers* feature enables the user to search for providers by provider information such as name, specialty, type, location or provider ID.

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



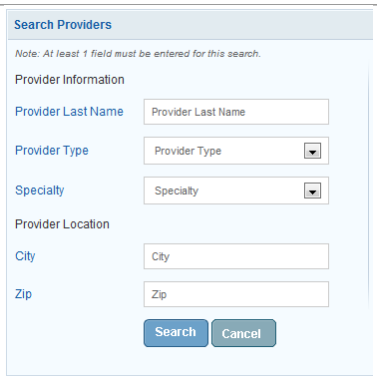
Search by Provider Information or Location

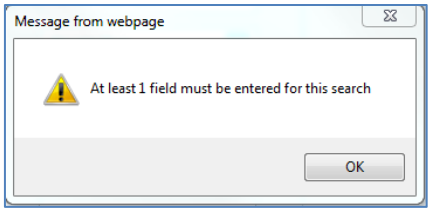
Searching by Provider Information

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.





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 Hans Provider Last Name Banner

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 CZ0000000006119 Search Cancel

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 / BROWN STREET ALTERNATIVE CENTER / GROUP OF PROVIDERS / Public Health and General Preventive Medicine / 400 BROWN ST,Vine Grove,KY,40175 78986KYIP / BROWN PURYEAR ,LATONYA / PHYSICIAN / Pulmonary Disease / 4900 Houston Rd,Florence,KY,410424824 333357KYIP / 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 303595KYIP / BROWN MD,ERIC C / SERVICE LOCATION / 131 HOSPITAL DR,Salem,KY,420 Ambulance Showing 1 - 20 of 248 results 1 2 3 4 5 Next

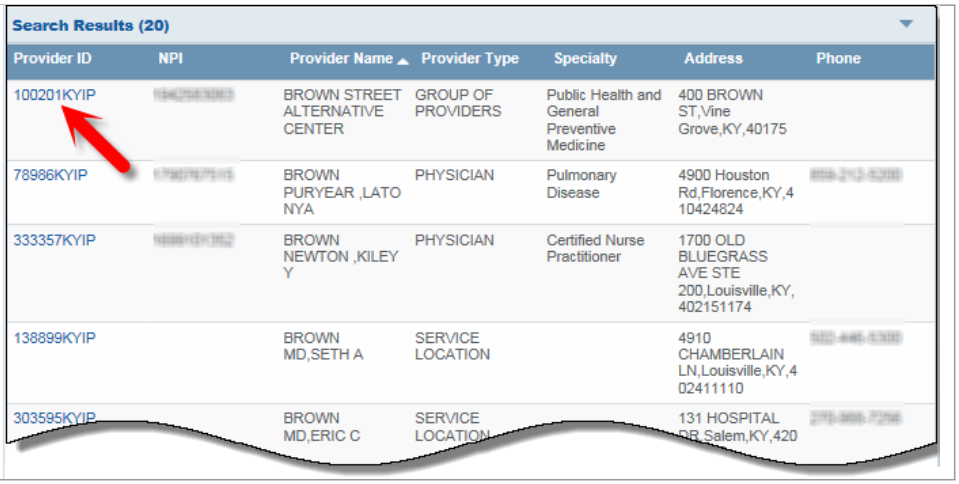
To download the search results to a file (csv or xls format) use the download icon.
Print the search results using the printer icon.

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.



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	[illegible]
Provider Type	GROUP OF PROVIDERS	DOB	
Provider ID	[illegible]	Phone	
Federal Tax ID	[illegible]	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

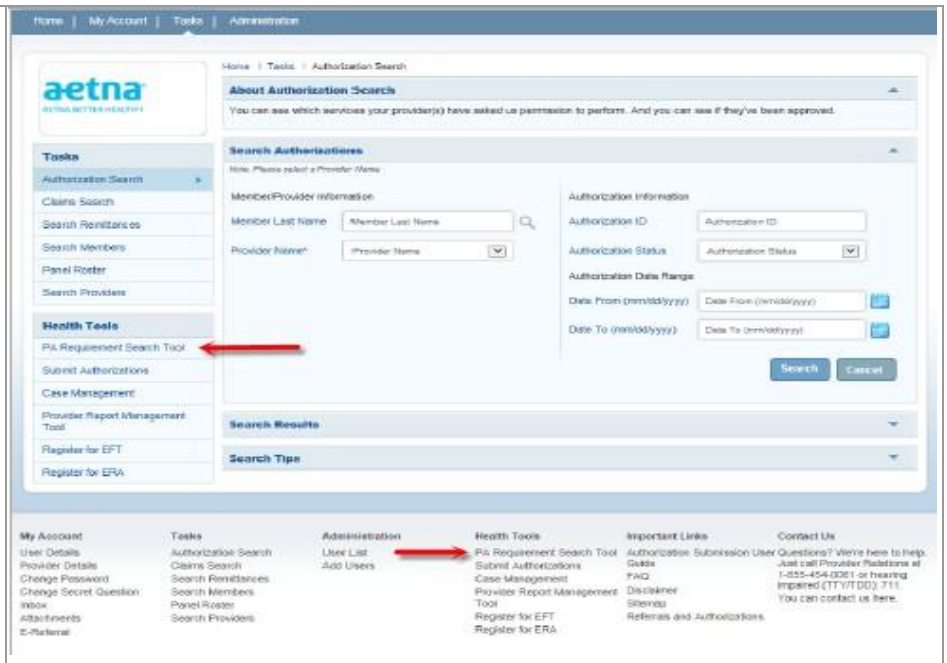
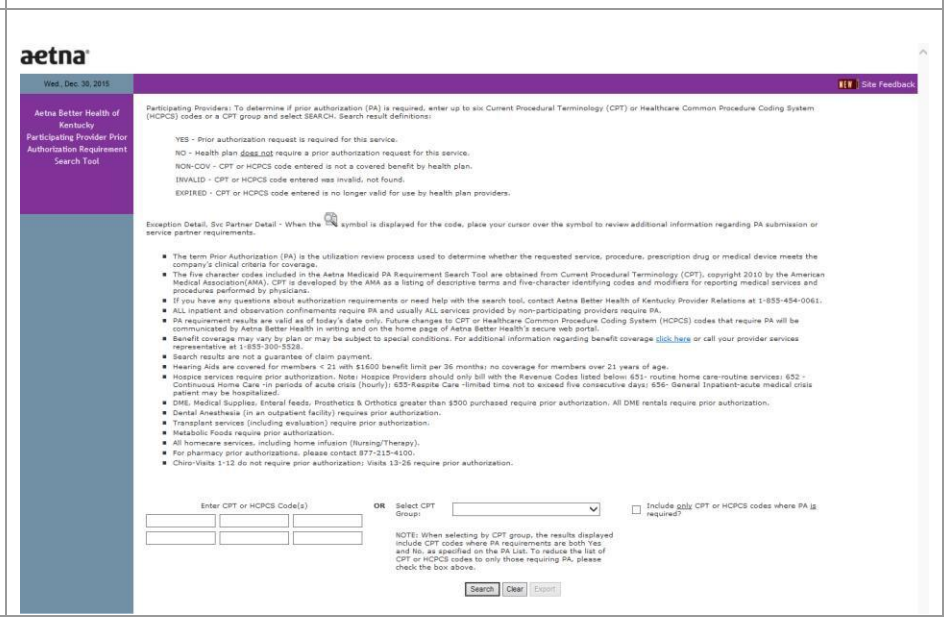
Done

Go back to Provider Search Results

PA Requirements Search Tool

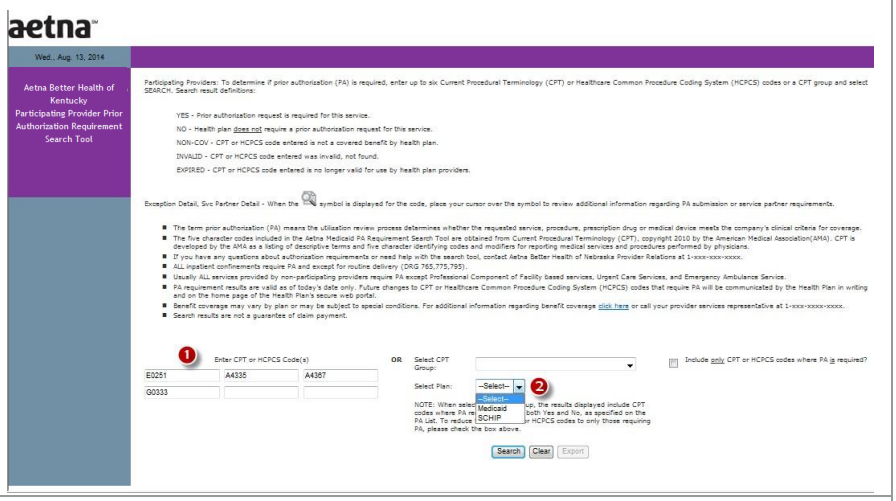
This feature enables the user to determine if prior authorization (PA) is required by entering up to six Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes.

Access the Search Tool

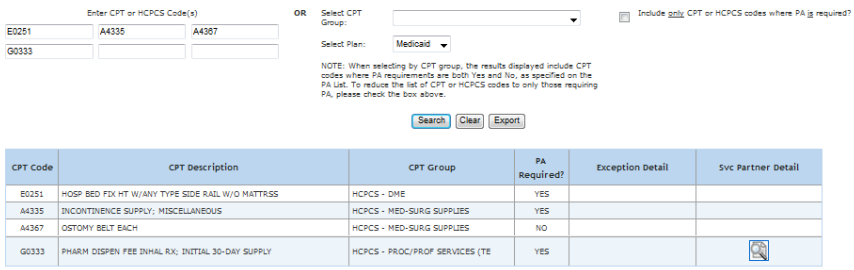
Access the PA Requirement Search Tool 1. Select "PA Requirement Search Tool" from the left-hand panel under the Health Tools heading or 2. From the "PA Requirement Search Tool" link under the Health Tools heading at the bottom of the portal page.	
A new web page will launch with the PA Requirements Search Tool.	

Search for Prior Authorization Requirement

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.



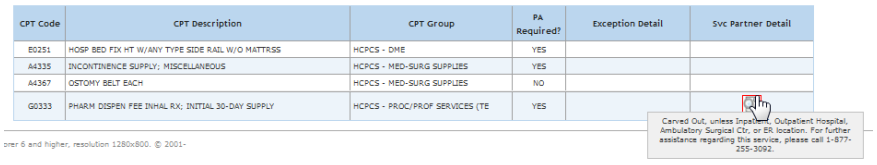
The results will appear in a table underneath the search criteria.



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 MATTRSS	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.

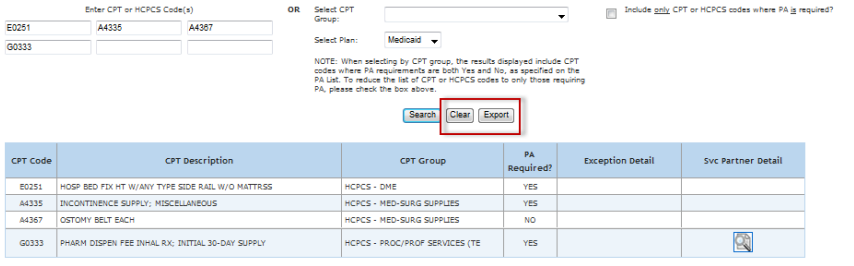
Hover over the icon to see details.



CPT Code	CPT Description	CPT Group	PA Required?	Exception Detail	Svc Partner Detail
E0251	HOSP BED FIX HT W/ANY TYPE SIDE RAIL W/O MATTRSS	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		

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.

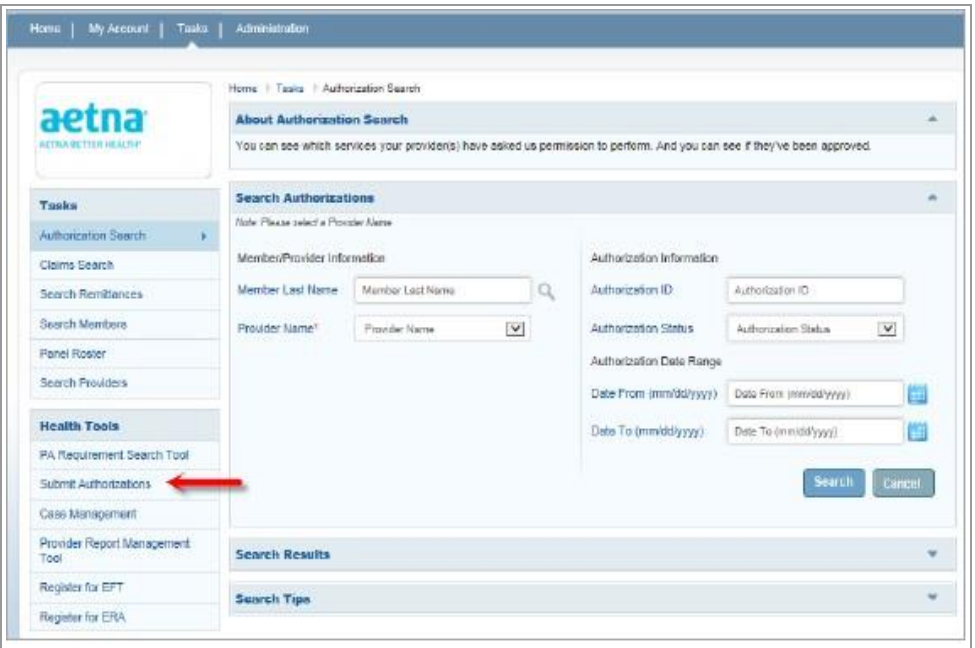


CPT Code	CPT Description	CPT Group	PA Required?	Exception Detail	Svc Partner Detail
E0251	HOSP BED FIX HT W/ANY TYPE SIDE RAIL W/O MATTRSS	HCPCS - DME	YES		
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	HCPCS - MED-SURG SUPPLIES	YES		
A4367	OSTOMY BELT EACH	HCPCS - MED-SURG SUPPLIES	NO		
G0333	PHARM DISPEN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

Submit an Authorization Request

This feature enables the user to submit a request for prior authorization of services to the Aetna Better Health® of Virginia 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.	
A new web page will launch with the Auto Authorization Queue. Select the "Auth Request" button.	

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: Procedure Pre-authorization 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 ICD-10 Diagnosis Add Primary Code Type Description Documentable Action

Submit an Authorization Request

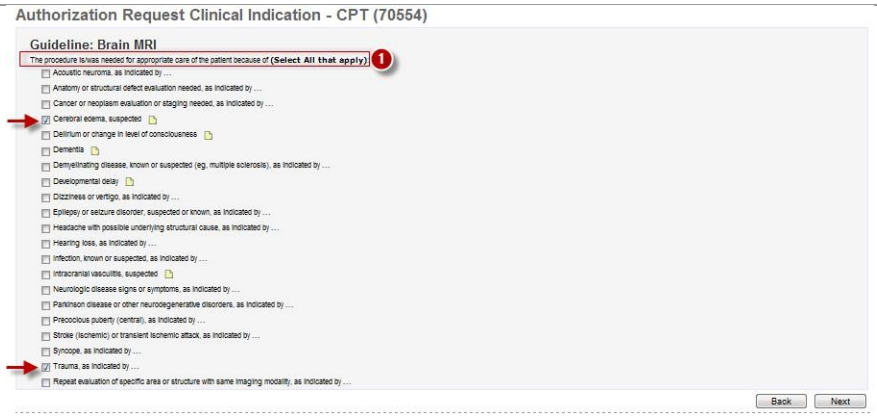
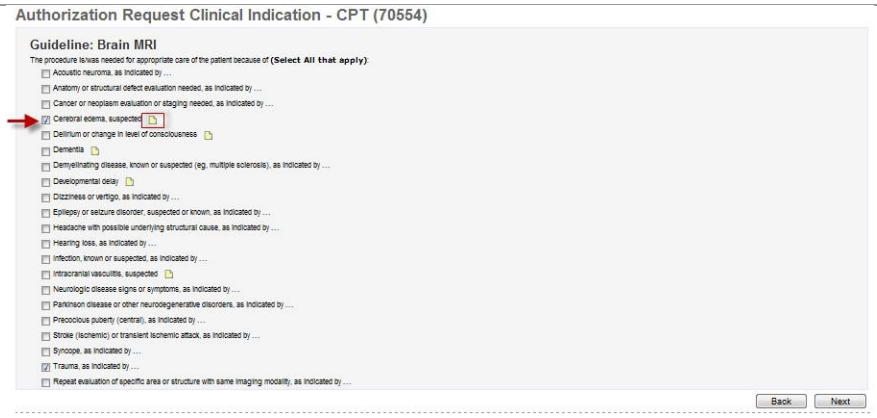
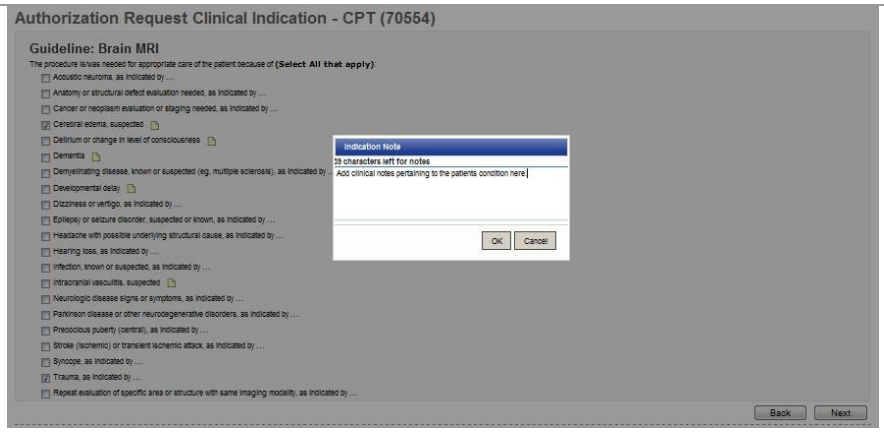
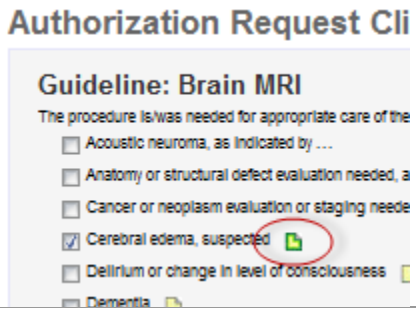
Enter the provider's name that is requesting the pre-authorization. Example; Lastname, Firstname Example; Mercy General Hospital You can enter a partial name and then select the search icon for a list of names to choose from. Once you select a provider the name and address fields will auto-populate.	1 . Who is the provider requesting pre-authorization? * Provider: Name: Address:
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	2 . What is the Request Type? * Request Type: Outpatient Procedure

stays other than IP Surgery. • Inpatient Behavioral Health – Use for IP BH stays. This is a required field.	
Enter the member's name or health plan ID. Example; Lastname, Firstname You can enter a partial name and then select the search icon for a list of names to choose from. Once you select a name the additional fields will auto-populate.	**3 . Who is the patient requiring the pre-authorization?** * Patient: Name: Date Of Birth: Eligibility: Address: Benefit Plan:
Enter the patient's primary diagnosis first then add any secondary diagnoses. 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. The "Code Type" drop down defaults to ICD-10 and this is the only option used at this time. This is a required field.	**4 . What is the patient's diagnosis?** * Code Code Type Description ICD-10 Diagnosis Add Primary Code Type Description Documentable Action

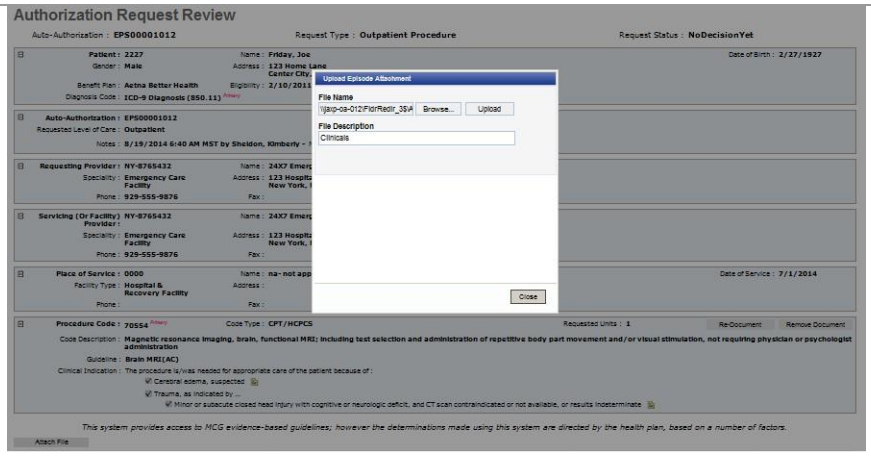
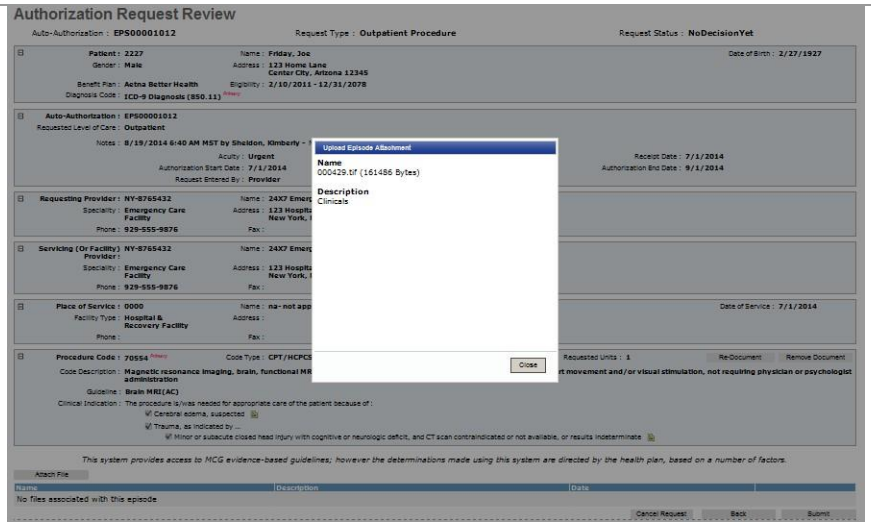
Enter the patient's primary procedure and then any secondary procedures. Enter the procedure code (CPT/HCPCS) in the code field and when you click enter it will either populate the description field or give you a pop-up window with a list to select from. Once you have a description loaded click on the "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 Description CPT/HCPCS 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:

Select the Requested Length of Stay for inpatient requests. Check the Mark as Urgent box for urgent requests	
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. 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 name the additional fields will auto-populate.	7 . Who is the Servicing (or Facility) provider for the service? * Provider: Name: Address:
Enter any additional details or clinicals applicable to the request that will help with the decision. Enter up to 2500 characters.	8 . Are there any other details? 2500 Characters Left for Notes Note History Note By Date
Enter the additional information for the request. Select the Acuity from the drop down menu. The options are: • Elective • Urgent • Emergency Enter the requested	9 . Please provide the following additional information *Acuity: *Authorization Start Date: M/d/yyyy *Authorization End Date: M/d/yyyy *Request Entered By: * Required Fields Cancel Next

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: Elective *Authorization Start Date: 2/5/2016 m/d/yyyy *Authorization End Date: 3/5/2016 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: 1 Back Next MCG™ Copyright © 2014 MCG Health, LLC All Rights Reserved. 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 : 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) Auto-Authorization : EPS00001012 Requested Level of Care : Outpatient Notes : 8/19/2014 6:40 AM MST by Sheldon, Kimberly - Notes Acuity : Urgent Receipt Date : 7/1/2014 Authorization Start Date : 7/1/2014 Authorization End Date : 9/1/2014 Request Entered By : Provider 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 Code Type : CPT/HCPCS Requested Units : 1 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 : 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 1 (Results 1 - 2 of 2) Guideline Code Product Title A-0539 AC Brain Functional MRI Select A-0047 AC Brain MRI Select 1 (Results 1 - 2 of 2) Back No Guideline Applies

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 ( ).	
Some indications will allow notes. Click on the note icon to open the Indication Note pop-up window.	
Enter up to 100 characters of clinical information pertaining to that indication and click the "OK" button. The note icon appears with a green outline when an Indication Note has been entered.	 

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.	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 imagi Authorization Request Clinical Indication - CPT (70554) Guideline: Brain MRI The procedure is/was 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 subacute 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	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 : 2/10/2011 - 12/31/2078 Diagnosis Code : ICD-9 Diagnosis (850.11) Auto-Authorization : EPS00001012 Requested Level of Care : Outpatient Notes : 8/19/2014 6:40 AM MST by Sheldon, Kimberly - Notes Acuity : Urgent Receipt Date : 7/1/2014 Authorization Start Date : 7/1/2014 Authorization End Date : 9/1/2014 Request Entered By : Provider 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 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(AC) Clinical Indication : The procedure is/was needed for appropriate care of the patient because of : Cerebral 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 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-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 : 2/10/2011 - 12/31/2078 Diagnosis Code : ICD-9 Diagnosis (850.11) Auto-Authorization : EPS00001012 Requested Level of Care : Outpatient Notes : 8/19/2014 6:40 AM MST by Sheldon, Kimberly - Notes Acuity : Urgent Receipt Date : 7/1/2014 Authorization Start Date : 7/1/2014 Authorization End Date : 9/1/2014 Request Entered By : Provider 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 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(AC) Clinical Indication : The procedure is/was needed for appropriate care of the patient because of : Cerebral 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 Name Description Date No files associated with this episode Cancel Request Back Submit

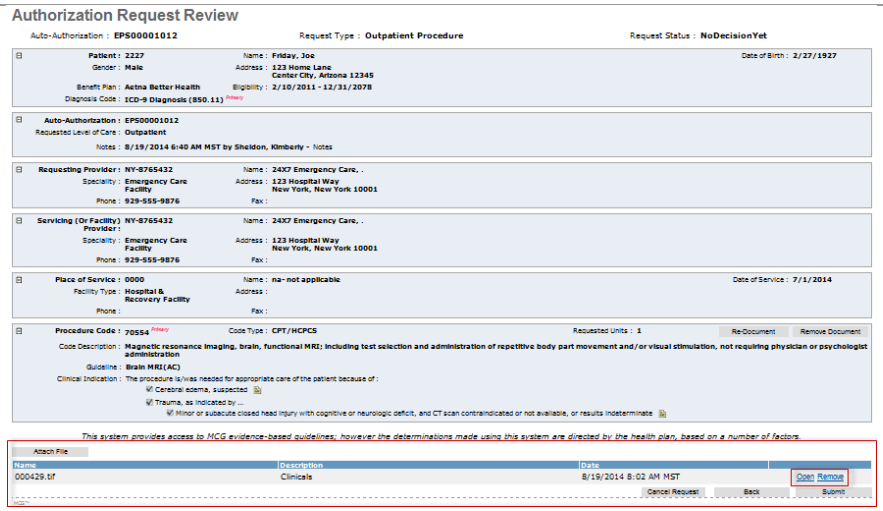
Select the "Browse" button in the Upload Episode Attachment pop- up window. Browse to the location of the document you wish to upload and select the file. The file types that can be attached are: .doc, .docx, .xls, .xlsx, .ppt, .pdf, .jpg, .gif, .bmp, .tiff, .tif, .jpeg. Give the file a description in 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.	

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.

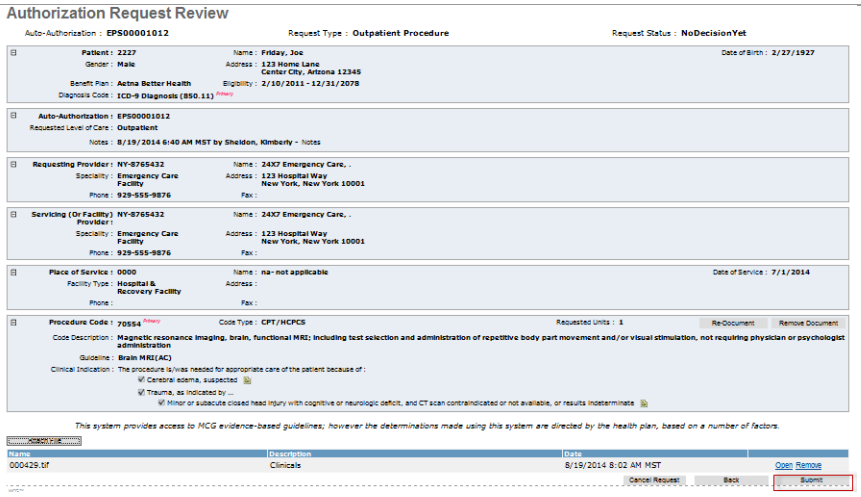
Select the "Open" link to view the document.

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



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.



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.

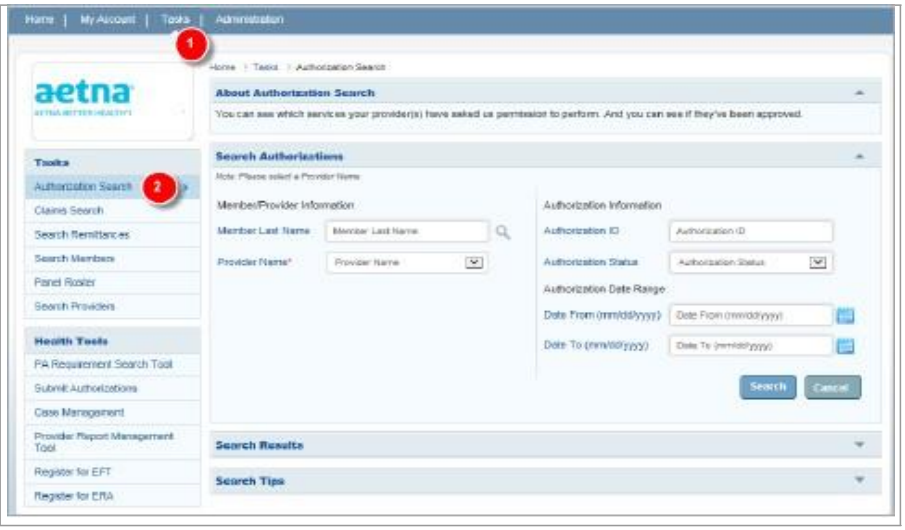
Search Authorizations

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.

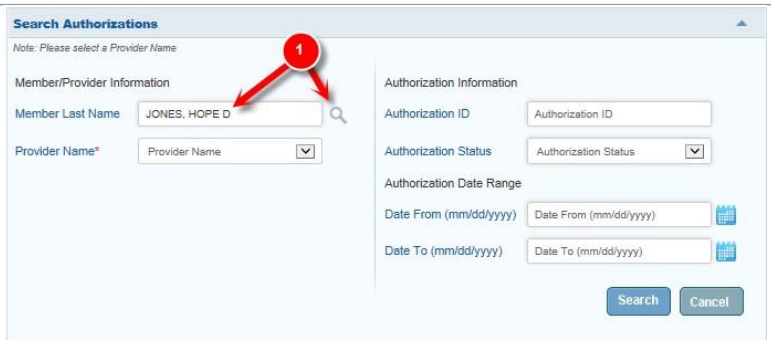


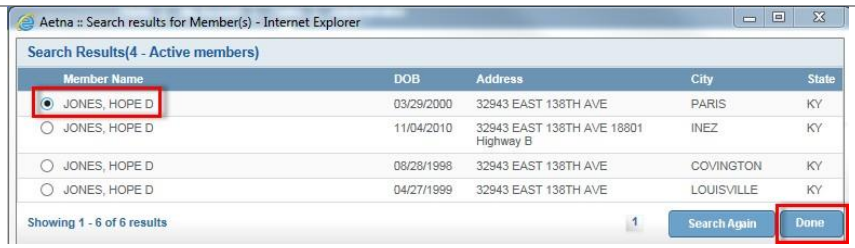
Search by Member Name

Search by Member Name

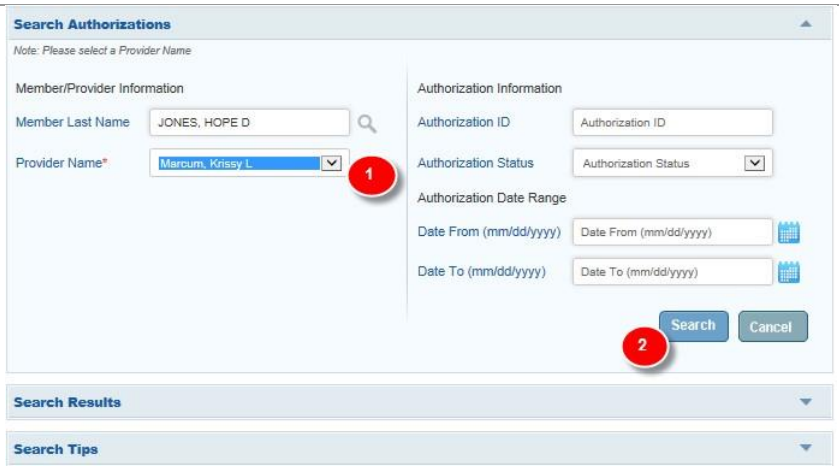
Enter the member's last name and click on the icon (1).

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





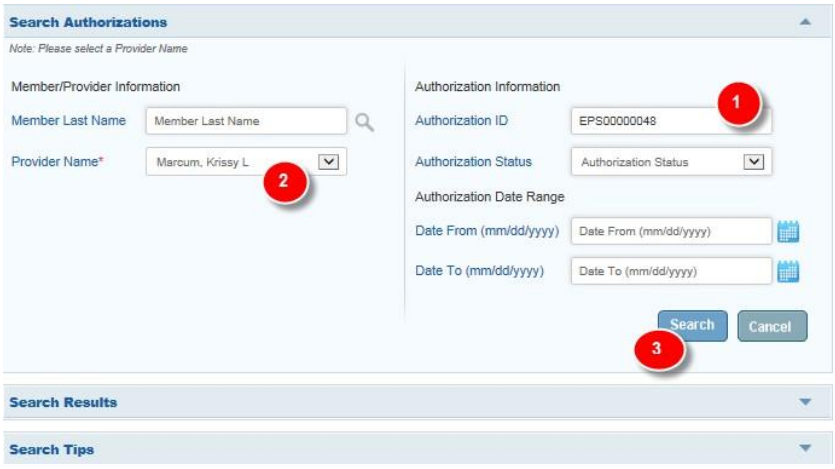
Once you have your member identified, select the provider's name from the drop down menu (1) and click on the "Search" button (2).

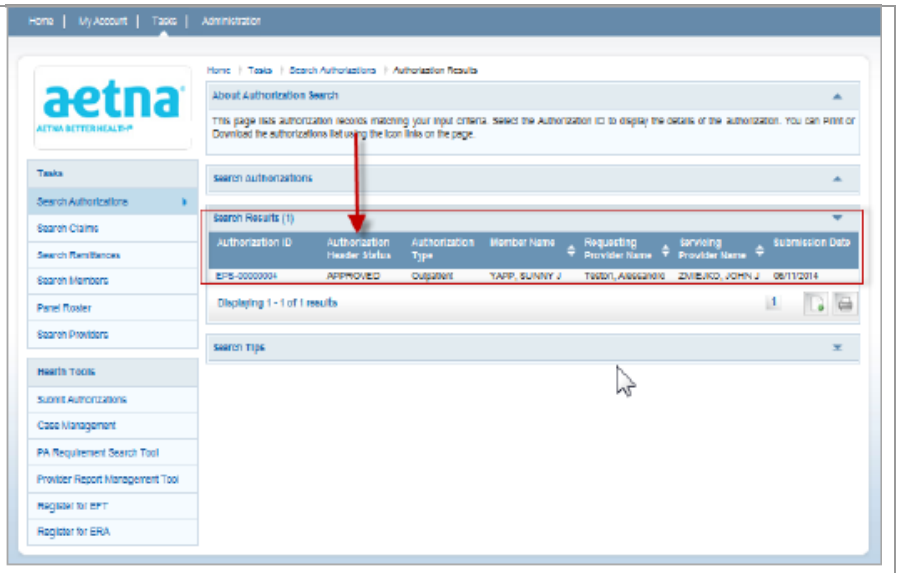
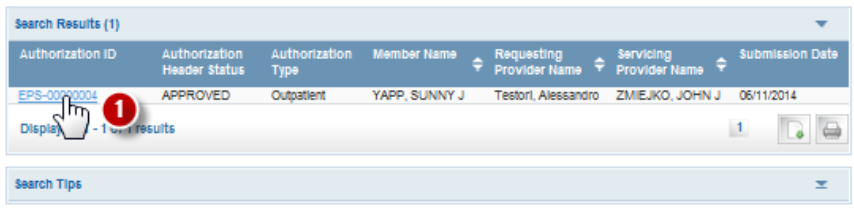
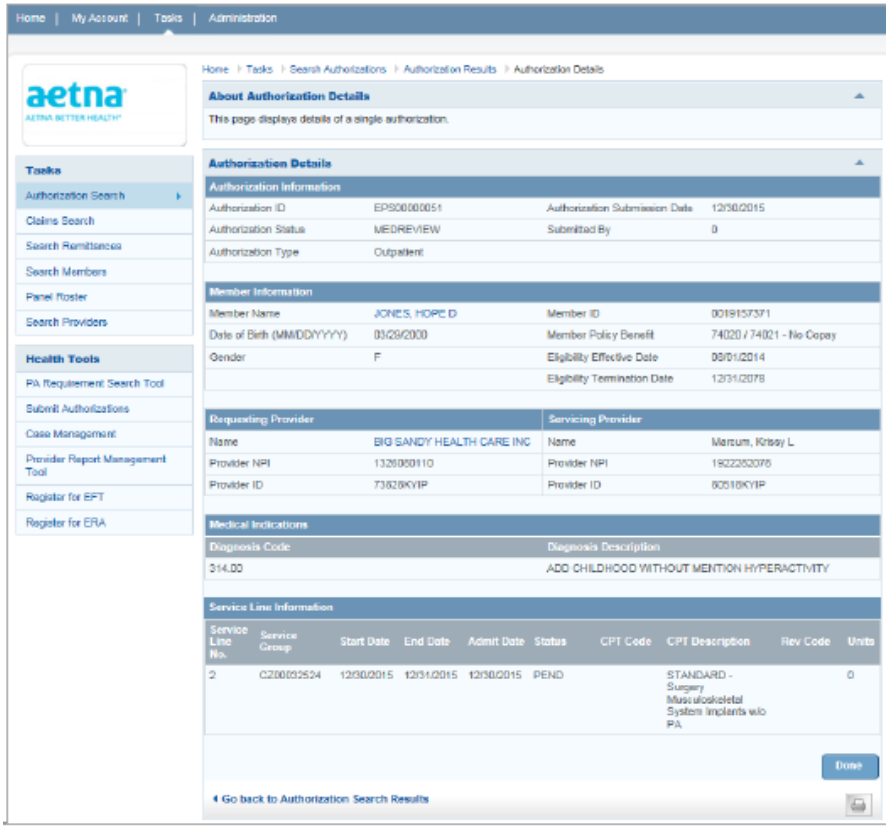


Search by Authorization ID

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).

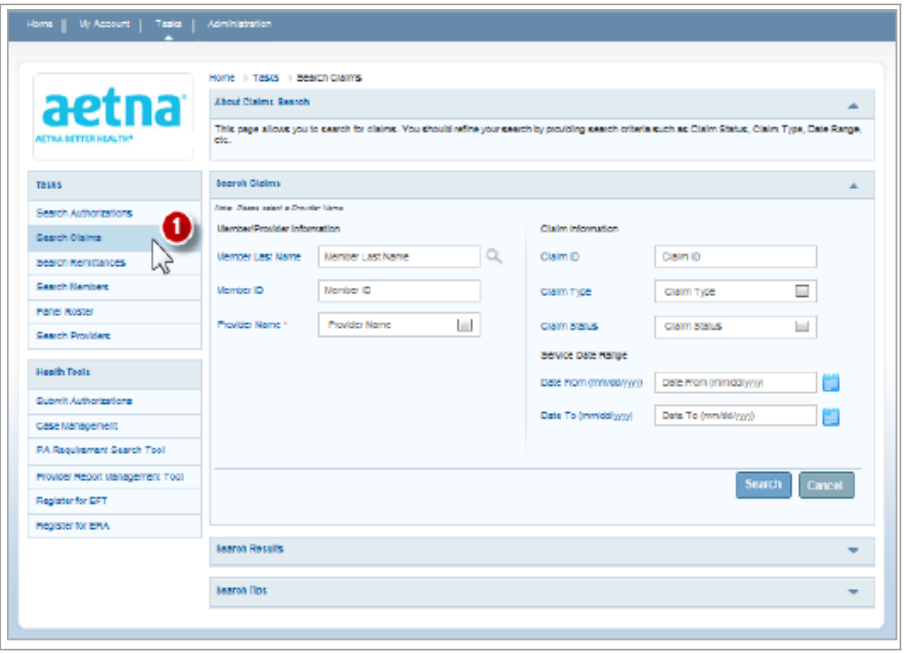


Reading the Search Results The search results give you a one line summary of the authorization. This is great when you only need to see the status of the authorization to determine if it has been approved.	
Authorization Details To see all of the authorization details click on the Authorization ID link (1) to be taken to the authorization details.	 

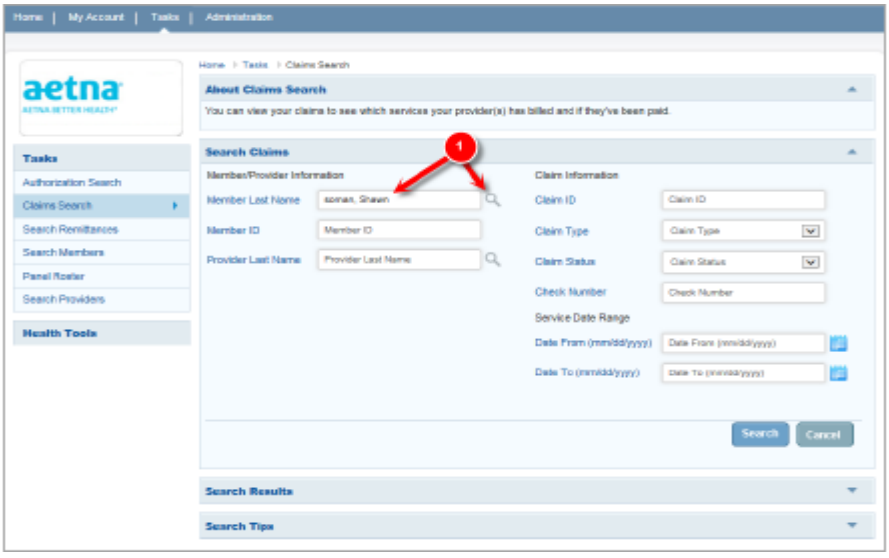
Search Claims

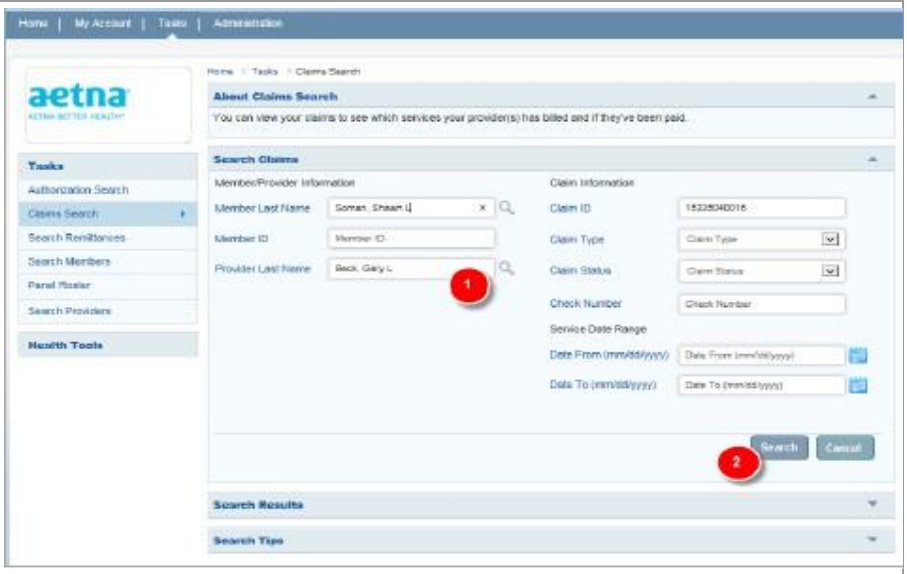
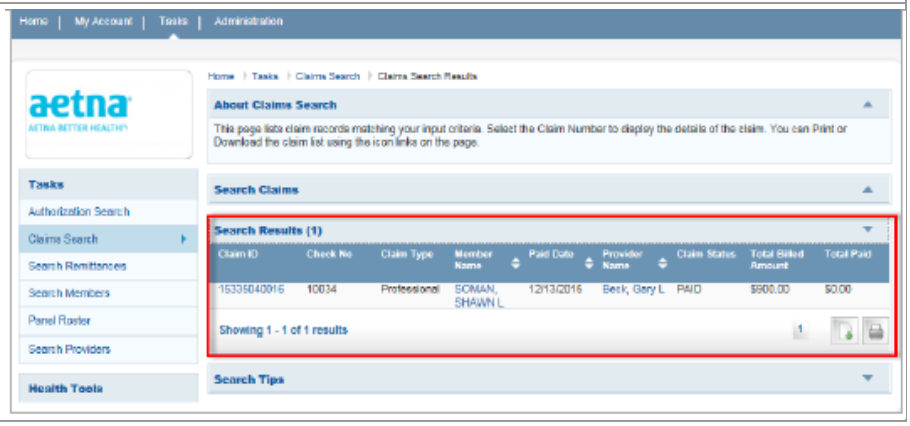
This feature enables the user to search existing claims. The most common reason would be to check on the status of a claim for a particular member.

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).	

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.	

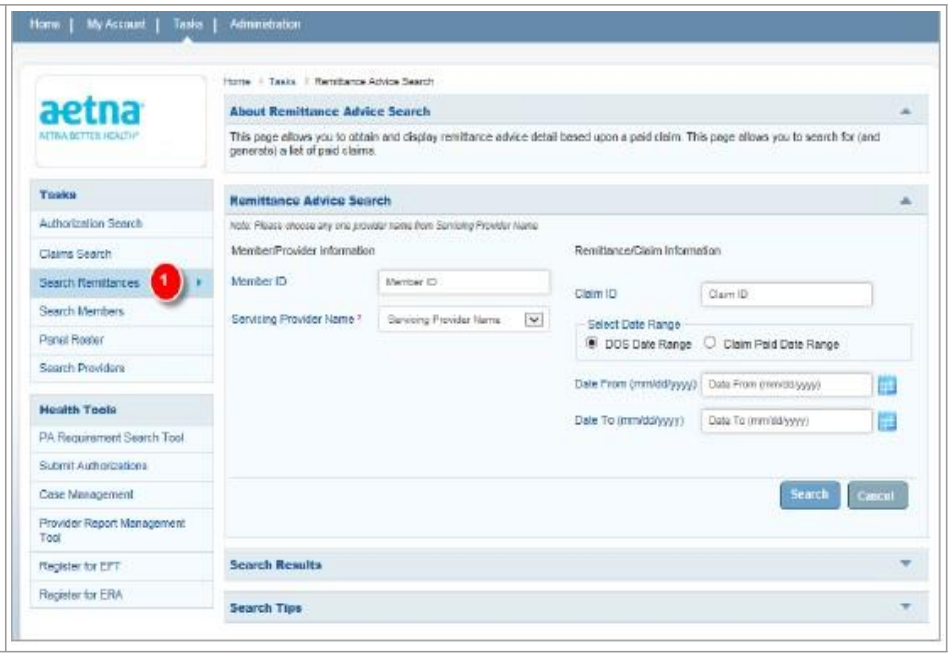
Search Remittances

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

Access the Remittance Search Function

Access Remittance Search Fields

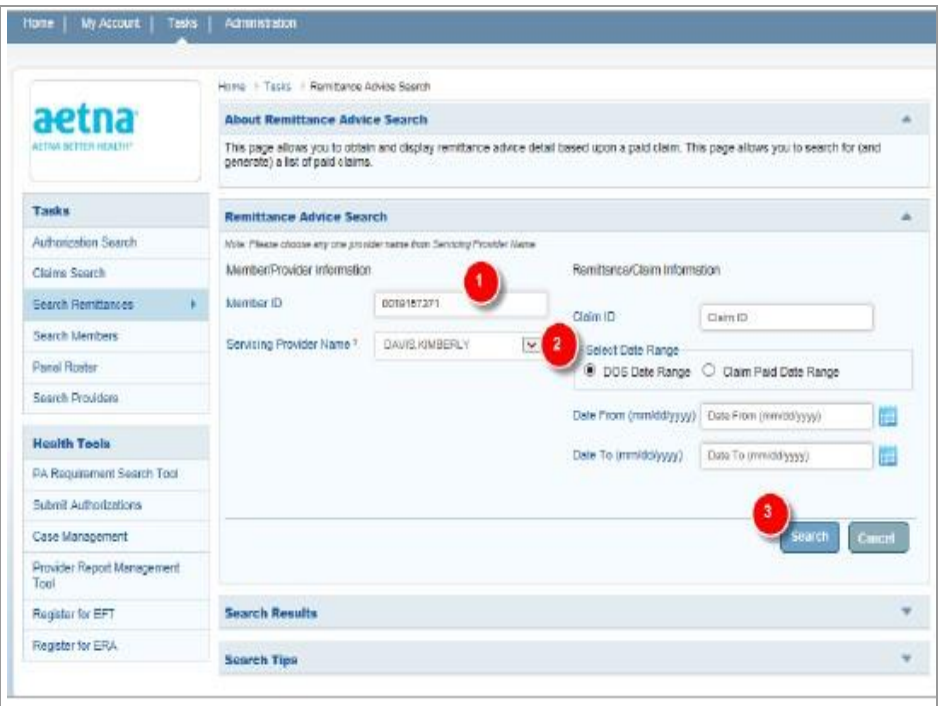
The remittance search can be accessed by clicking on the "Search Remittances" link in the left-hand panel under the Tasks heading (1).



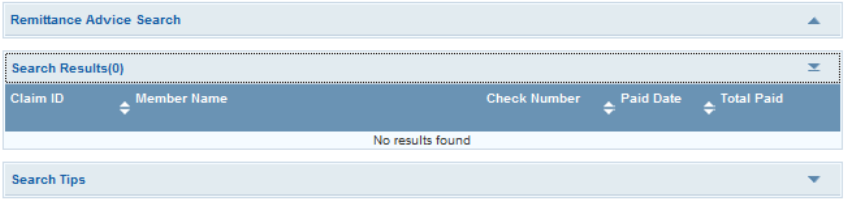
Search by Member ID

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).

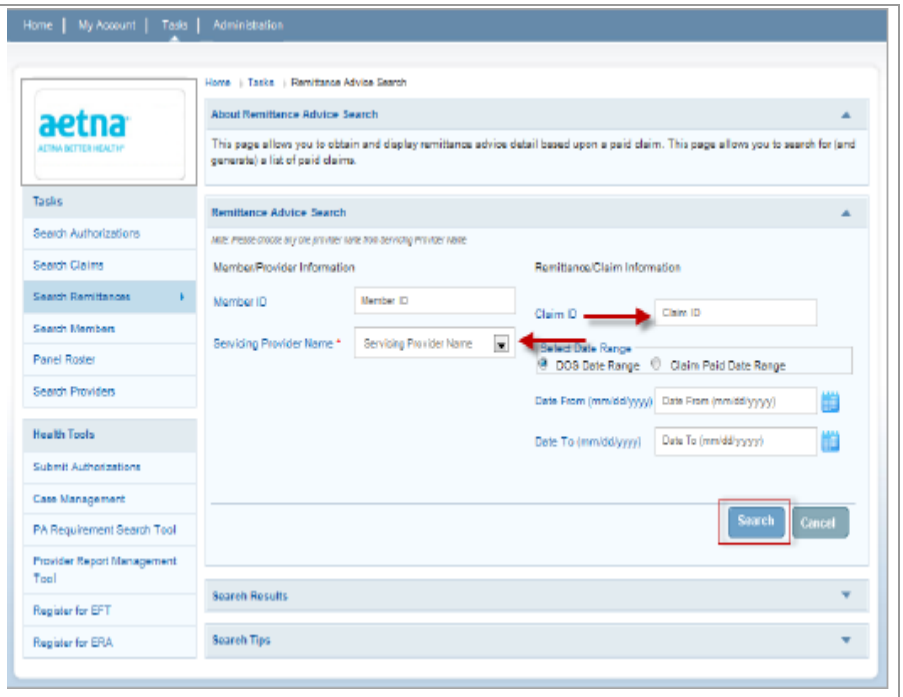
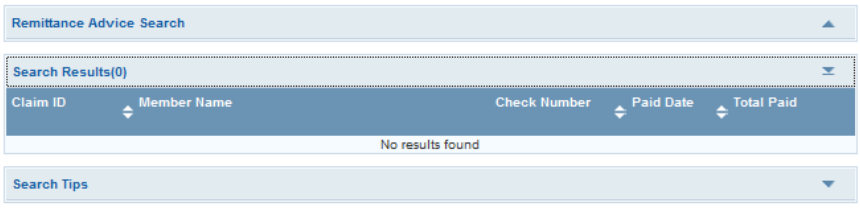


The results show the Claim ID, Member Name, Check Number, Paid Date, and Total Paid.
Click on the Claim ID to display the details of the

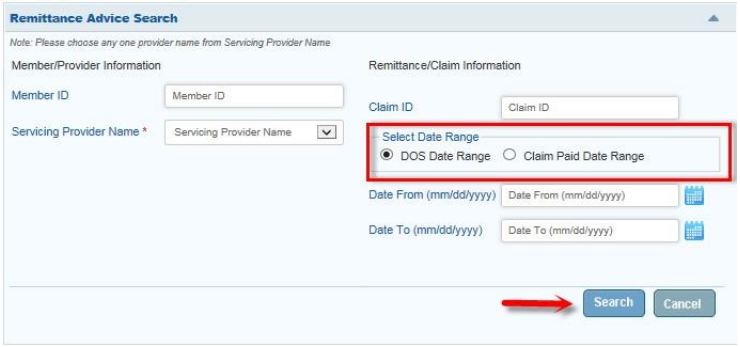


Remittance Advise.	

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.	

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