

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

Table of Contents

Section	Page
General Information.....	- 1 -
Virginia Website.....	- 1 -
Provider Portal Access	- 1 -
Member Eligibility.....	- 4 -
Access the Member Search Function.....	- 4 -
Search by Date of Birth and Last Name	- 4 -
Search by Member ID - Single	- 6 -
Search by Member ID - Multiple.....	- 7 -
Search Providers	- 10 -
Access the Provider Search Function	- 10 -
Search by Provider Information or Location	- 10 -
Search by Provider ID.....	- 11 -
PA Requirements Search Tool.....	- 14 -
Access the Search Tool.....	- 14 -
Search for Prior Authorization Requirement	- 14 -
Submit an Authorization Request	- 16 -
Access Cite Auto Auth.....	- 16 -
Submit an Authorization Request	- 17 -
Search Authorizations.....	- 26 -
Access the Authorization Search Function	- 26 -
Search by Member Name.....	- 26 -
Search by Authorization ID	- 27 -
Search Claims	- 29 -
Access the Claims Search Function	- 29 -
Search by Member Name.....	- 29 -
Search Remittances.....	- 30 -
Access the Remittance Search Function	- 30 -
Search by Member ID	- 31 -
Search by Claim ID.....	- 32 -
Search by Date Range	- 32 -

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>

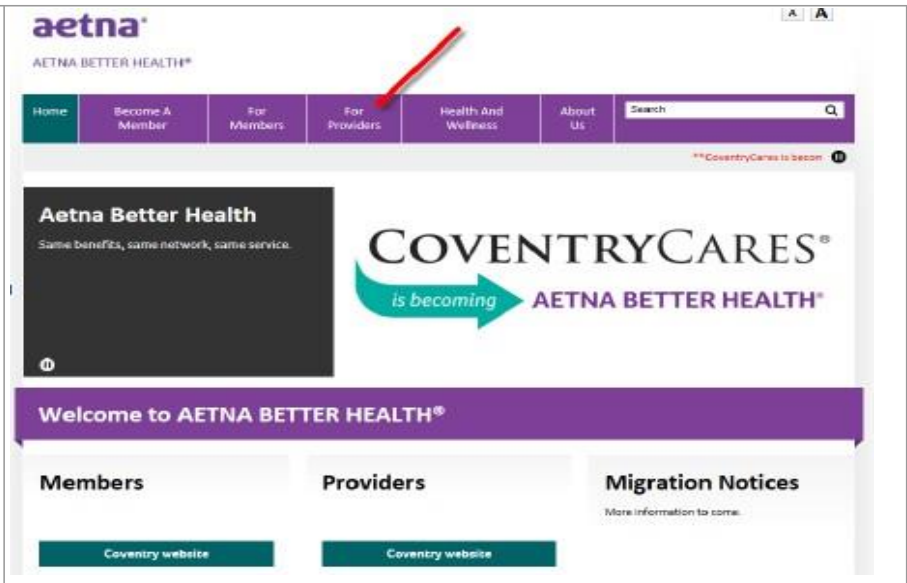
Virginia website

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:

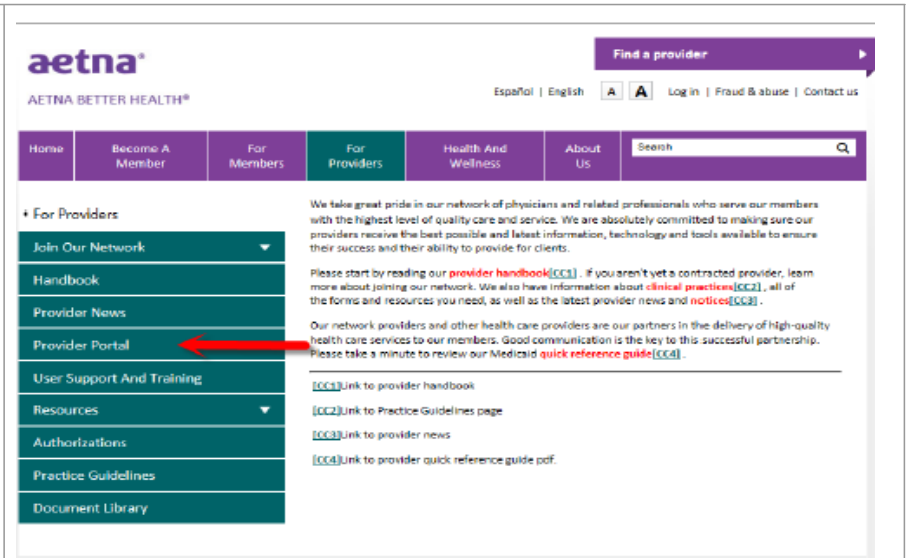
1. The For Providers tab



Provider Portal Access

Provider Portal Access

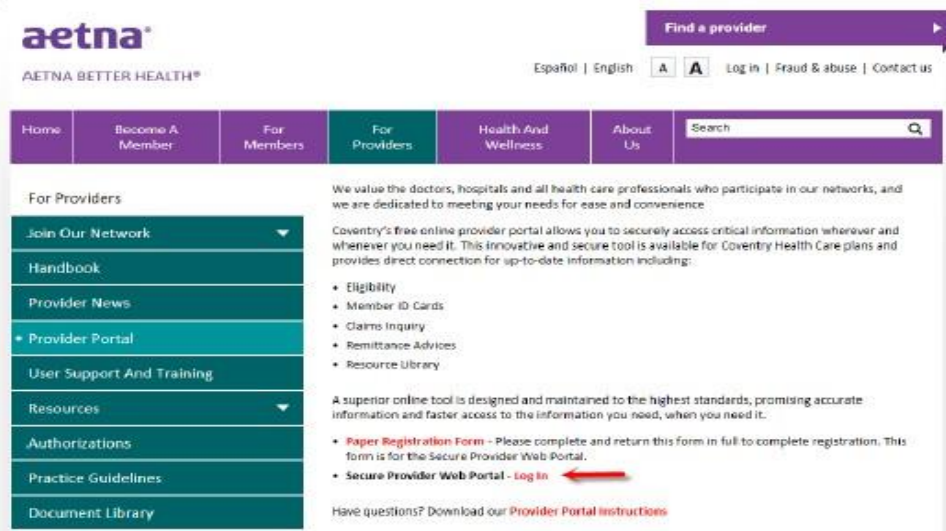
Click on “Provider Portal” on the left-hand panel.



Aetna Better Health® Provider Web Portal Instructions

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

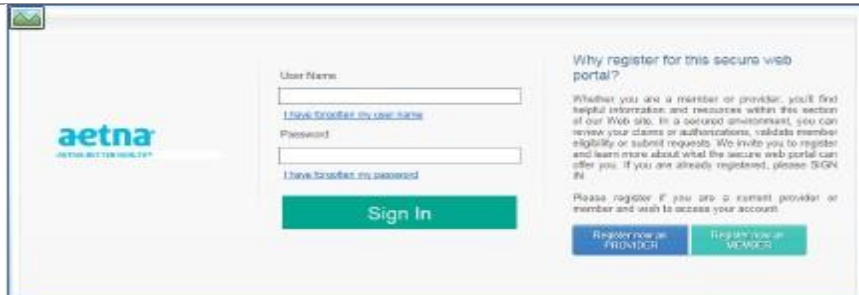
A separate browser window will open.



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.

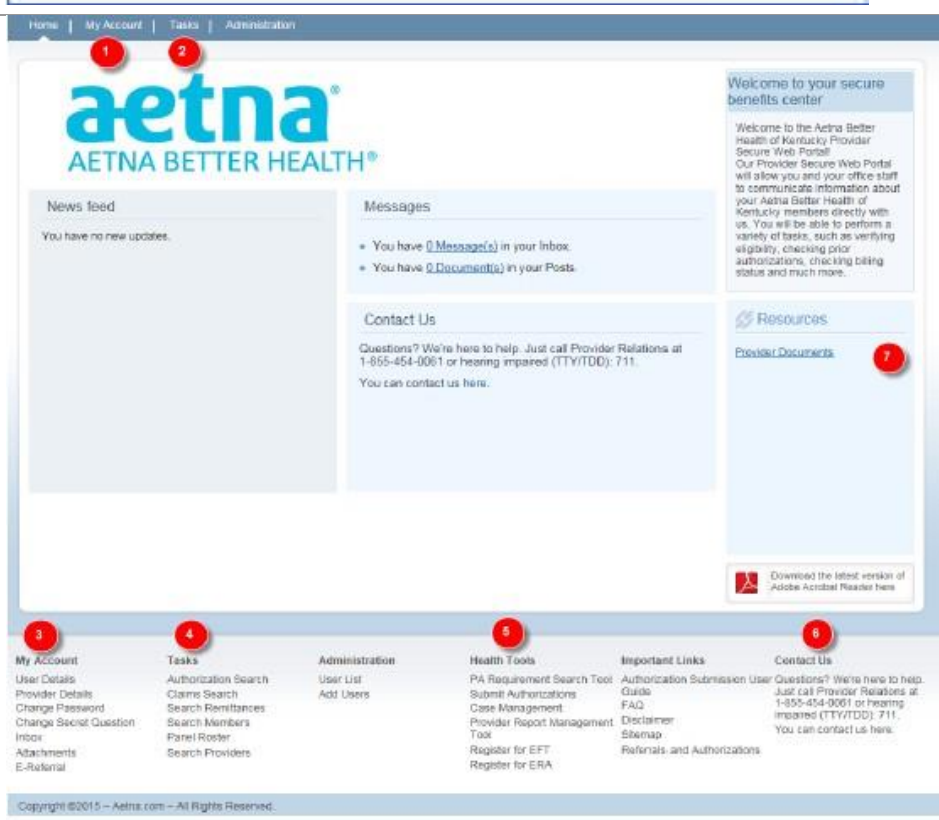


Portal Welcome Page

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



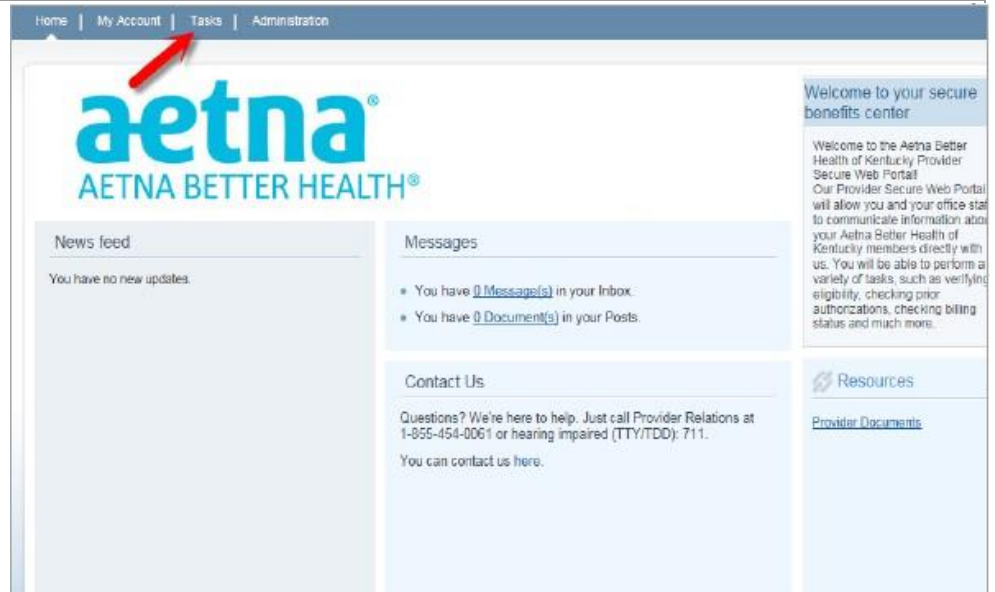
Aetna Better Health® Provider Web Portal Instructions

(2).

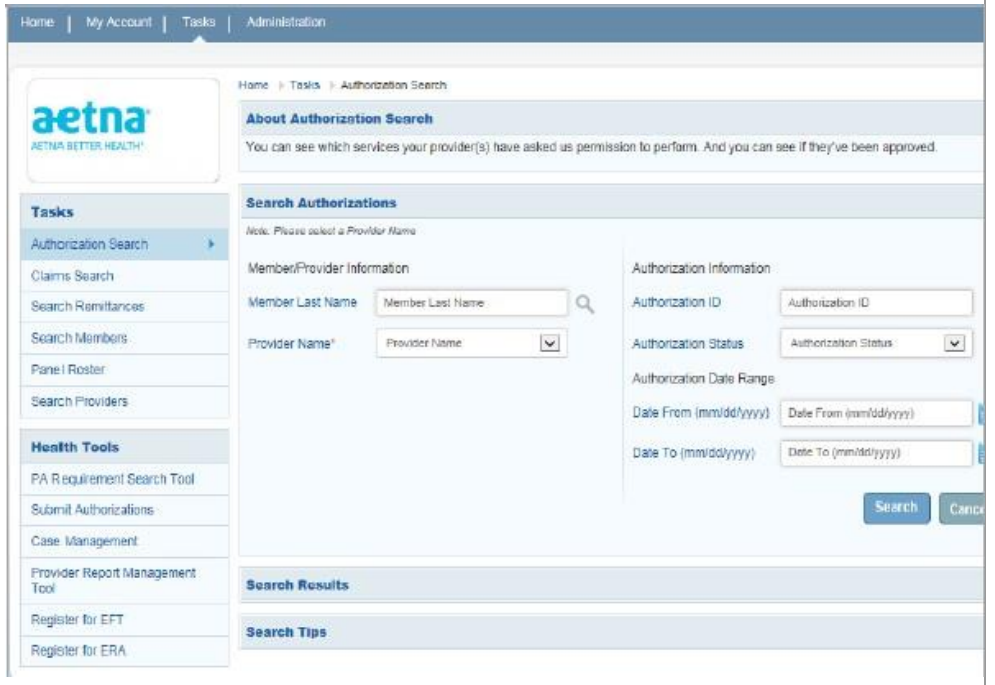
Health Plan Contact
info is listed here (6).

Resources are listed
here (7).

Tasks Landing Page Click
on “Tasks” tab.



The default selection is
“Authorization Search.”



Aetna Better Health® Provider Web Portal Instructions

Member Eligibility

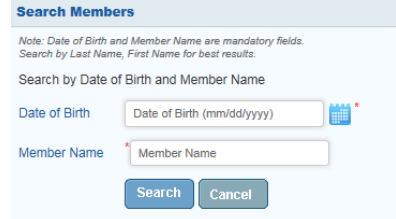
The *Search Members* feature enables the user to search for members across the entire Virginia member base, and view specific information about the member.

Access the Member Search Function

<p>Select “Search Members” from the left-hand panel under the Tasks heading.</p>	
--	---

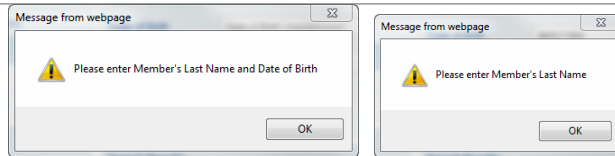
<p>Search Members Landing Page</p> <p>There are two methods for searching:</p> <ol style="list-style-type: none">1. Date of Birth & Last Name2. Member ID<ul style="list-style-type: none">• Up to 5 members may be included in each search.	
--	--

Search by Date of Birth and Last Name

<p>A date of birth and a last name must be entered.</p> <p>Then, click the Search button</p>	
--	---

Aetna Better Health® Provider Web Portal Instructions

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.

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 Romances
- 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)						
Active Members (1)				InActive Members (0)		
Member ID	DOB	Member Name	Eligibility Effective Dates	Benefits	Provider Name	Provider Effective Date
[Link]	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

Aetna Better Health® Provider Web Portal Instructions

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	50704280006	Member Name	JOHNEL T. ANSELQUE II		
DOB	01/11/2011	Gender	F		
Age	3	Address	8205 FRANK STREET OMAHA, NE 68108		
Work Phone	557-089-0704	Home Phone			

Eligibility Information 2

Benefit	Member ID	Rate Code	Plan ID	Effective Date	Term Date
Aetna Better Health Of Nebraska	50704280006		QNCSP0003	07/01/2012	09/30/2012
Aetna Better Health Of Nebraska	50704280006		QNCSP0003	10/01/2012	02/28/2014
Aetna Better Health Of Nebraska	50704280006		QNCSP0003	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
Speelman, John G	PCP	Medical	Aetna Better Health Of Nebraska	07/01/2012	09/30/2012
Speelman, John G	PCP	Medical	Aetna Better Health Of Nebraska	10/01/2012	02/28/2014
Speelman, John G	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

Aetna Better Health®

Provider Web Portal Instructions

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

Note: Maximum of five member id can be added

Search by Member ID

Member ID [* Add Another](#)

Message from webpage

Please enter the Member ID

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

Note: Maximum of five member id can be added

Search by Member ID

Member ID [* Add Another](#)

Search Results

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

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

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

Search Results(1)

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

Showing 1 - 1 of 1 results

Search by Member ID - Multiple

The advantage of the Search by Member ID

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

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

Note: Maximum of five member id can be added

Search by Member ID

Member ID [* Add Another](#)

Member ID

Aetna Better Health[®] Provider Web Portal Instructions

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) 1				InActive Members (0) 2		
Member ID	DOB	Member Name	Eligibility Effective Dates	Benefits	Provider Name	Provider Effective Date
0007802641	12/29/1942	DAVIS, DEONTE T	01/01/2014 - 12/31/2078	74018 - Copay	T J HEALTH PARTNERS LLC	01/01/2014
0007219800	10/07/1980	BROWN, BRICIA CL	06/01/2014 - 12/31/2078	74020 / 74021 - No Copay	FAITH FAMILY PRACTICE PLLC	06/01/2014
0000524713	01/07/1967	SMITH, ANNMARIE L	08/01/2014 - 12/31/2078	74018 - Copay		

Showing 1 - 3 of 3 results 3

Aetna Better Health®

Provider Web Portal Instructions

Member Details Screen

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

Member Benefits

Overview ▲

Member ID	1087218096	Name	BROWN, BRICIA CL
Birth date	10/07/2002	Gender	F
Age	13	Address	8087 BARKO CIRCLE, ASHLAND, KY, 41101
Work Phone		Home Phone	360-675-3470

Eligibility Information

Benefit	Member ID	Rate Code	Plan ID	Effective Date (MM/DD/YYYY)	Term Date (MM/DD/YYYY)	COB
74020 / 74021 - No Copay	1087218096	ZC103010	GM2BP0045	06/01/2014	12/31/2078	
MEDICARE PLAN B	A35350005	MED_B	SP0005	06/01/2014	12/31/2016	
74020 / 74021 - No Copay	1087218096	ZC103010	GM2BP0045	05/01/2014	05/31/2014	
74020 / 74021 - No Copay	1087218096	ZC103010	GM2BP0045	03/01/2014	04/30/2014	
74020 / 74021 - No Copay	1087218096	ZC103010	GM2BP0045	01/01/2014	02/28/2014	
74006 / 74010 / 74012 - No Copay	1087218096	ZC103010	GM2BP0056	06/01/2013	12/31/2013	
74006 / 74010 / 74012 - No Copay	1087218096	ZC103119	GM2BP0056	03/01/2013	05/31/2013	
74006 / 74010 / 74012 - No Copay	1087218096	ZC103119	GM2BP0056	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)
Connolly, Steven A.	PCP	Medical	74020 / 74021 - No Copay	06/01/2014	12/31/2078
Connolly, Steven A.	PCP	Medical	74020 / 74021 - No Copay	05/01/2014	05/31/2014
Connolly, 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®

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[®] 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: 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

Sample Provider Search Results

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

Provider ID	NPI	Provider Name	Provider Type	Specialty	Address	Phone
100201KYIP	1942563003	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	606-213-6226
33357KYIP	1688141352	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	502-446-5300
303595KYIP		BROWN MD,ERIC C	SERVICE LOCATION		131 HOSPITAL RD,Salem,KY,420	270-486-7298
1689072			PROVIDERS	Ambulance	Dr.Cynthia 41031948	

Showing 1 - 20 of 248 results

1 2 3 4 5 Next

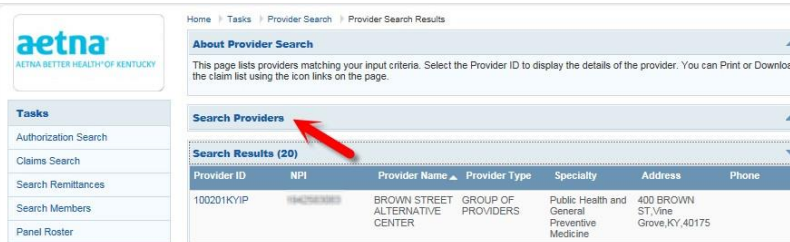
Aetna Better Health® Provider Web Portal Instructions

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	1642543083	BROWN STREET ALTERNATIVE CENTER	GROUP OF PROVIDERS	Public Health and General Preventive Medicine	400 BROWN ST,Vine Grove,KY,40175	
78986KYIP	6796767515	BROWN PURYEAR, LATO NYA	PHYSICIAN	Pulmonary Disease	4900 Houston Rd,Florence,KY,410424824	800-213-5390
333357KYIP	16881111352	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	502-485-5330
303595KYIP		BROWN MD,ERIC C	SERVICE LOCATION		131 HOSPITAL DR,Salem,KY,420	270-986-7256

Aetna Better Health®

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 ▲

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	1481081278		
Provider Type	GROUP OF PROVIDERS				
Provider ID	148108KYIP	DOB			
Federal Tax ID	378148994	Phone			
Specialty	Ambulatory Surgical Center (ASC)		Language		
Degree			Fax		
Email					

Specialties & Certifications

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

Provider Network Affiliations

Network	Program ID	Contracted	Affiliation Type
No Data Found			

Affiliated Providers

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

Provider Affiliations

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

Done

[Go back to Provider Search Results](#)

Aetna Better Health®

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.

The screenshot shows the Aetna Better Health Provider Web Portal. The left-hand panel has a 'Health Tools' section with a red arrow pointing to 'PA Requirement Search Tool'. The main content area shows the search tool interface with fields for Member/Provider Information, Authorization Information, and Search Results.

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

The screenshot shows the Aetna Better Health of Kentucky Participating Provider Prior Authorization Requirement Search Tool. The page displays instructions for participating providers, including a list of services requiring prior authorization and a search form for CPT or HCPCS codes.

Search for Prior Authorization Requirement

Aetna Better Health[®]

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.

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 (B00102) 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 1-800-800-0000.
- All inpatient confinements require PA and except for routine delivery (D90 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 1-800-800-0000.
- Search results are not a guarantee of claim payment.

Enter CPT or HCPCS Code(s): E0251 A4335 A4367 G0333

OR Select CPT Group:

Select Plan: Medicaid

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.

☐ Include only CPT or HCPCS codes where PA is required?

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:

Select Plan: Medicaid

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.

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 MATRESS	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/PROP 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.

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:

Select Plan: Medicaid

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.

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 MATRESS	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/PROP SERVICES (TE	YES		

over 6 and higher, resolution 1280x800. © 2001-

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

Aetna Better Health® 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 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.

The screenshot shows the Aetna Better Health Provider Web Portal. The left-hand panel has a 'Health Tools' section with a list of links: 'IPA 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 is titled 'About Authorization Search' and includes a 'Search Authorizations' section with fields for 'Member Last Name', 'Provider Name', 'Authorization ID', 'Authorization Status', and 'Authorization Date Range' (with 'Date From' and 'Date To' sub-fields). There are 'Search' and 'Cancel' buttons at the bottom right of the search area.

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

Select the “Auth Request” button.

The screenshot shows the 'Authorization Queue' section of the Aetna Better Health Provider Web Portal. At the top, there is a 'User: Narong2 Logout' link. Below it, there are two buttons: 'Auth Queue' and 'Auth Request' (highlighted with a red arrow). The 'Auth Request' button is the one to be selected. Below the buttons, there is a 'Submission History' section with filters for 'Filter By: Not Filtered', 'And: Not Filtered', and 'Submission Status: Draft'. At the bottom, there is a copyright notice: 'MCGM Copyright © 2015 MCG Health, LLC All Rights Reserved. CPT Copyright © 2014 American Medical Association. All rights reserved.'

Aetna Better Health®

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.

Submit an Authorization Request

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

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

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

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

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

Aetna Better Health®

Provider Web Portal Instructions

<p>stays other than IP Surgery.</p> <ul style="list-style-type: none">• Inpatient Behavioral Health – Use for IP BH stays. <p>This is a required field.</p>											
<p>Enter the member’s name or health plan ID. Example; Lastname, Firstname</p> <p>You can enter a partial name and then select the search icon for a list of names to choose from.</p> <p>Once you select a name the additional fields will auto-populate.</p>	<div><p>3 . Who is the patient requiring the pre-authorization?</p><div><div><div>* Patient:</div><div><input type="text"/></div><div></div></div><div><div>Date Of Birth:</div><div><input type="text"/></div><div>Eligibility:</div><div><input type="text"/></div></div><div><div>Benefit Plan:</div><div><input type="text"/></div></div></div><div><div>Name:</div><div><input type="text"/></div></div><div><div>Address:</div><div><input type="text"/></div></div></div>										
<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>	<div><p>4 . What is the patient’s diagnosis?</p><div><div><div>* Code</div><div>Code Type</div><div>Description</div></div><div><div><input type="text"/></div><div>ICD-10 Diagnosis</div><div></div><div><input type="text"/></div></div><div><div>Add</div></div></div><table><thead><tr><th>Primary</th><th>Code</th><th>Type</th><th>Description</th><th>Documentable Action</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td><td></td></tr></tbody></table></div>	Primary	Code	Type	Description	Documentable Action					
Primary	Code	Type	Description	Documentable Action							

Aetna Better Health® 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
	<input type="text"/>	CPT/HCPCS	<input type="text"/>	<input type="button" value="Add"/>

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


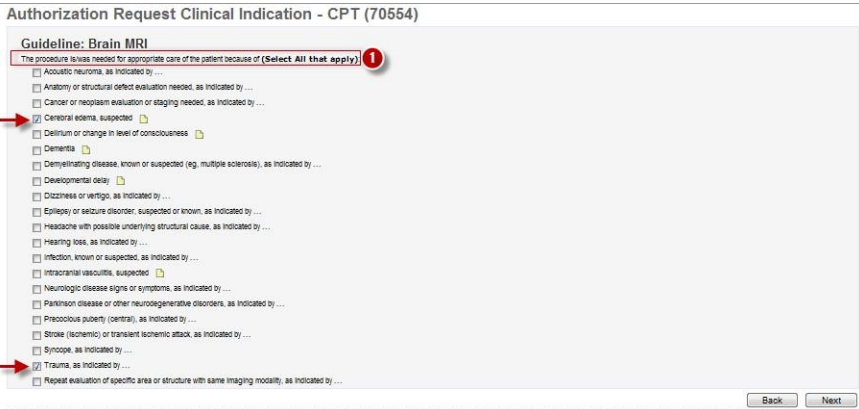
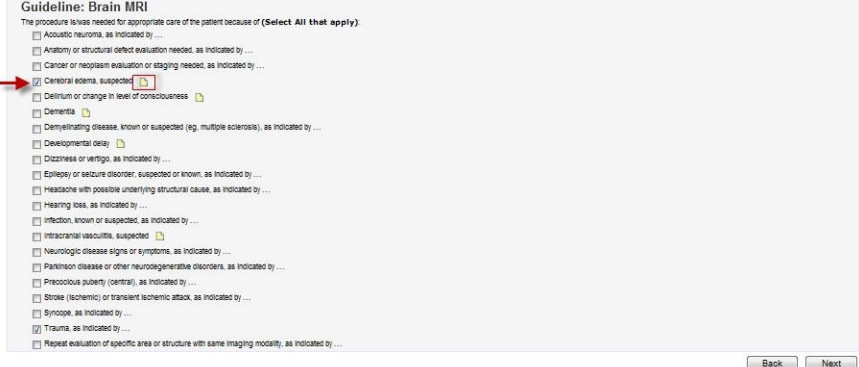
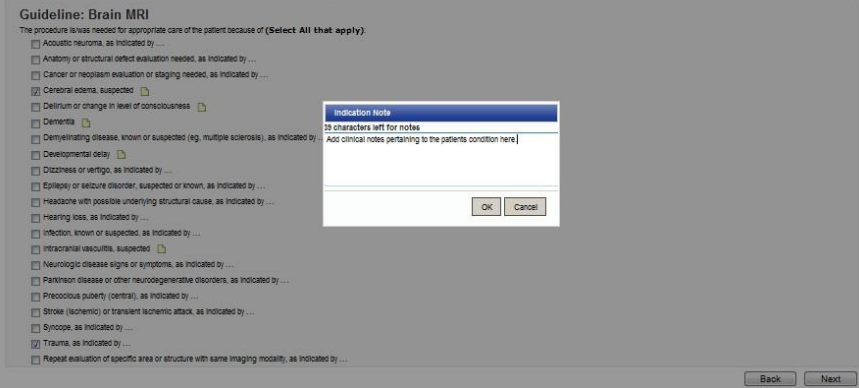
6 . At which facility does the service need to be performed?

* Facility:	<input type="text"/>	Name:	<input type="text"/>
* Date of Service:	<input type="text"/>	Address:	<input type="text"/>
Requested Level of Care:	<input type="text" value="Inpatient"/>		
Requested Length of Stay:	<input type="text"/>		
Mark as Urgent:	<input type="checkbox"/>		

Aetna Better Health® 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>	<div><div>7 . Who is the Servicing (or Facility) provider for the service?</div><div><div>* Provider: <input type="text"/></div><div><div>Name: <input type="text"/></div><div>Address: <input type="text"/></div></div></div></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><div>8 . Are there any other details?</div><div><div><div></div></div><div>2500 Characters Left for Notes</div><div>Note History</div><div><div>Note</div><div>By</div><div>Date</div></div></div></div>
<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">ElectiveUrgentEmergency <p>Enter the requested</p>	<div><div>9 . Please provide the following additional information</div><div><div>*Acuity: <div></div></div><div><div>*Authorization Start Date: <input type="text"/></div><div>M/d/yyyy</div></div><div><div>*Authorization End Date: <input type="text"/></div><div>M/d/yyyy</div></div><div><div>*Request Entered By: <div></div></div></div><div>* Required Fields</div><div><div>Cancel</div><div>Next</div></div></div></div>

Aetna Better Health® Provider Web Portal Instructions

<p>This takes you to the Authorization Request Clinical Indication page.</p> <p>Review the primary instructions (1) then select all of the indication check boxes that correspond to the member's condition ().</p>	
<p>Some indications will allow notes.</p> <p>Click on the note icon to open the Indication Note pop-up window.</p>	
<p>Enter up to 100 characters of clinical information pertaining to that indication and click the "OK" button.</p> <p>The note icon appears with a green outline when an Indication Note has been entered.</p>	 <p>Authorization Request Cli</p>

Aetna Better Health®

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.

☐ 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

Authorization Request Clinical Indication - CPT (70554)

Guideline: Brain MRI
 The procedure is/has 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
 Diagnosis Code: ICD-9 Diagnosis (850.11) [View](#)

Auto-Authorization: EPS00001012
 Requested Level of Care: Outpatient
 Notes: 8/19/2014 4:40 AM MST by Sheldon, Kimberly - Notes
 Acuity: Urgent
 Authorization Start Date: 7/1/2014
 Request Entered By: Provider
 Request Date: 7/1/2014
 Authorization End Date: 9/1/2014

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

Servicing (Or Facility) 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:

Procedure Code: 70554 [View](#) 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/has needed for appropriate care of the patient because of:
☒ Carotid aneurysm, 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 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](#)

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
 Diagnosis Code: ICD-9 Diagnosis (850.11) [View](#)

Auto-Authorization: EPS00001012
 Requested Level of Care: Outpatient
 Notes: 8/19/2014 4:40 AM MST by Sheldon, Kimberly - Notes
 Acuity: Urgent
 Authorization Start Date: 7/1/2014
 Request Entered By: Provider
 Request Date: 7/1/2014
 Authorization End Date: 9/1/2014

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

Servicing (Or Facility) 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:

Procedure Code: 70554 [View](#) 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/has needed for appropriate care of the patient because of:
☒ Carotid aneurysm, 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 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](#)

Name	Description	Date
No files associated with this episode		

[Cancel Request](#) [Back](#) [Submit](#)

Aetna Better Health®

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.

The screenshot shows the 'Authorization Request Review' form. The 'Upload Episode Attachment' pop-up window is open, displaying fields for 'File Name' (with a file icon and 'Browse...' button) and 'File Description' (with a text input field). The background form shows patient information (Patient: 2227, Name: Friday, Joe, Date of Birth: 2/27/1927), auto-authorization details (EPS00001012, Requested Level of Care: Outpatient), and provider information (Requesting Provider: NY-0765432, Name: 24X7 Emergency Care Facility). The procedure code is 70554 (Magnetic resonance imaging, brain, functional MRI).

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

The screenshot shows the 'Authorization Request Review' form with the 'Upload Episode Attachment' pop-up window closed. The form displays the same patient and provider information as the previous screenshot. The procedure code is 70554 (Magnetic resonance imaging, brain, functional MRI). At the bottom, there is a 'Close' button and a 'Submit' button.

Aetna Better Health®

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

1 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
Diagnosis Code : ICD-9 Diagnosis (850.11) [View](#)

2 Auto-Authorization : EPS00001012
Requested Level of Care : Outpatient
Notes : 8/19/2014 6:40 AM MST by Sheldon, Kimberly - Notes

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

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

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

6 Procedure Code : 70554 [View](#) 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
Guideline : Brain MRI(A4)
Clinical Indication : The procedure is/are needed for appropriate care of the patient because of:
Vf Cerebral aneurysm, suspected [View](#)
Vf Trauma, as indicated by [View](#)
Vf Minor or moderate closed head injury with cognitive or neurologic deficit, and CT scan contraindicated or not available, or results indeterminate [View](#)

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.

ATTACHMENTS: 000429.tif [Open](#) [Remove](#)
8/19/2014 8:02 AM MST
[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

1 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
Diagnosis Code : ICD-9 Diagnosis (850.11) [View](#)

2 Auto-Authorization : EPS00001012
Requested Level of Care : Outpatient
Notes : 8/19/2014 6:40 AM MST by Sheldon, Kimberly - Notes

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

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

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

6 Procedure Code : 70554 [View](#) 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
Guideline : Brain MRI(A4)
Clinical Indication : The procedure is/are needed for appropriate care of the patient because of:
Vf Cerebral aneurysm, suspected [View](#)
Vf Trauma, as indicated by [View](#)
Vf Minor or moderate closed head injury with cognitive or neurologic deficit, and CT scan contraindicated or not available, or results indeterminate [View](#)

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.

ATTACHMENTS: 000429.tif [Open](#) [Remove](#)
8/19/2014 8:02 AM MST
[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 [View](#) Request Type : Outpatient Procedure [View](#) Request Status : Pending

1 Patient : 0019157371- Name : JONES, HOPE Date of Birth : 3/20/2000
CV830372905506
Gender : Female Address : 32043 EAST 128TH AVE
PARIS, Kentucky 40361
Benefit Plan : 74020 / 74021 - No Copy Eligibility : 8/1/2014 - 12/31/2078
Diagnosis Code : ICD-9 Diagnosis (314.00) [View](#)

2 Auto-Authorization : EPS00000051
Requested Level of Care : Outpatient
Approved Level of Care : Acuity : Elective
Authorization End Date : 12/31/2015
Authorization Start Date : 12/30/2015
Request Entered By : Health Plan Staff

3 Requesting Provider : 73828KYIP Name : BIG SANDY HEALTH CARE IN...
Specialty : General Practice Address : 1700 KY ROUTE 321 STE 3
Prestonsburg, Kentucky 416339097
Phone : 606868546 Fax :

4 Servicing (Or Facility) Provider : 80518KYIP Name : Marcum, Krisoy
Specialty : Nurse Midwife Address : 23 Willow Dr
Auxier, Kentucky 416029259
Phone : 606868546 Fax : 606868548

5 Place of Service : 80518KYIP Name : Marcum Date of Service : 12/30/2015
Facility Type : Hospital & Recovery Facility Address : 23 Willow Dr
Auxier, Kentucky 416029259
Phone : 606868546 Fax : 606868548

6 Procedure Code : 23044 [View](#) Code Type : CPT/HCPCS Requested Units : 1 Status : Pending
Code Description : Arthroscopy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body
Guideline : No Documentation Required
Clinical Indication :

Aetna Better Health[®]

Provider Web Portal Instructions

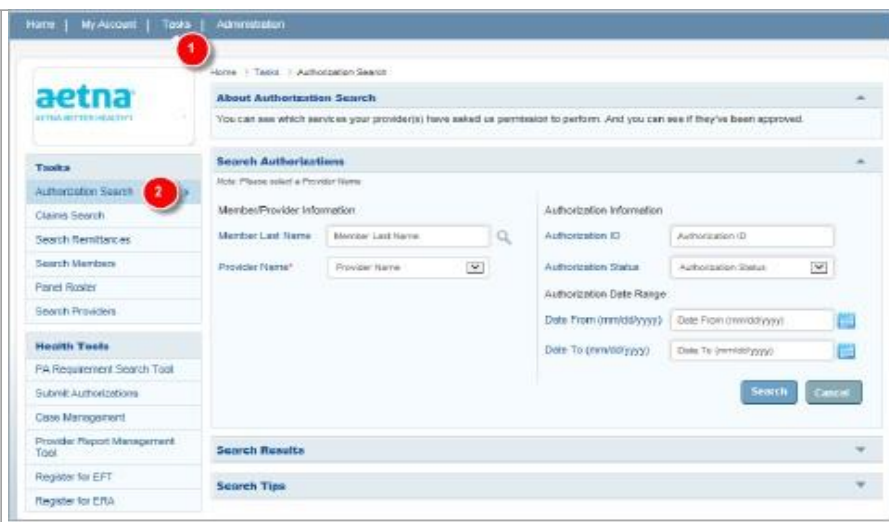
Search Authorizations

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.

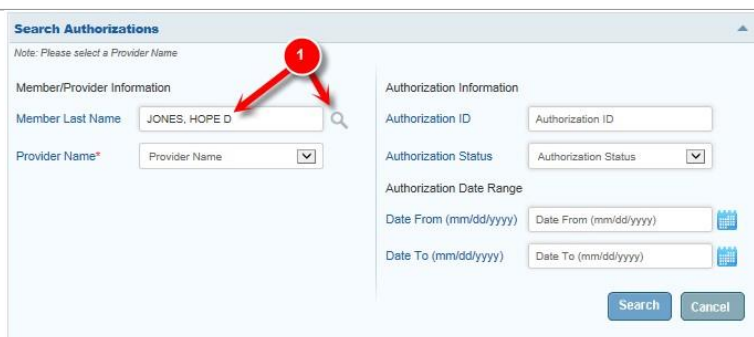


Search by Member Name

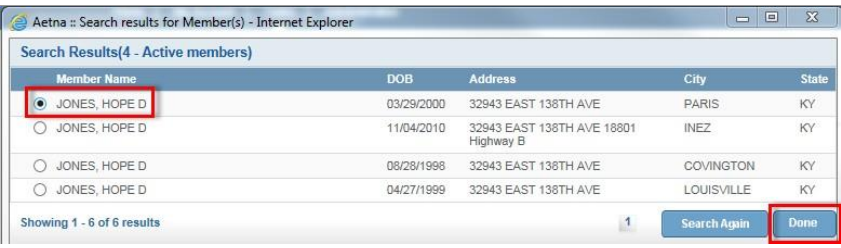
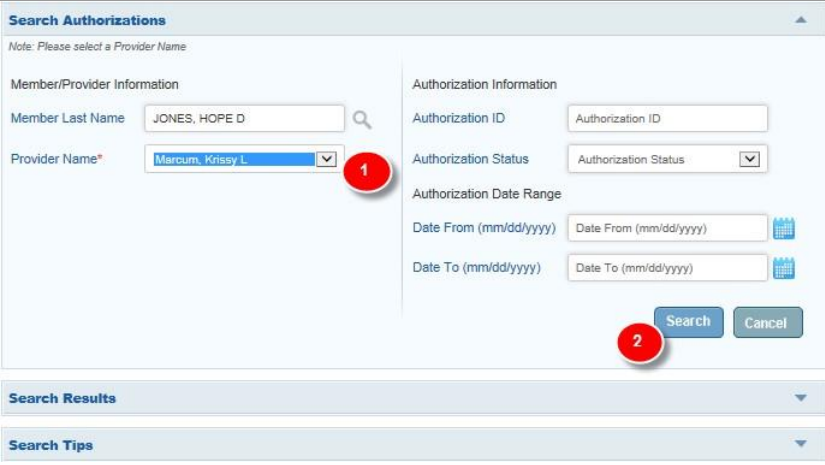
Search by Member Name

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

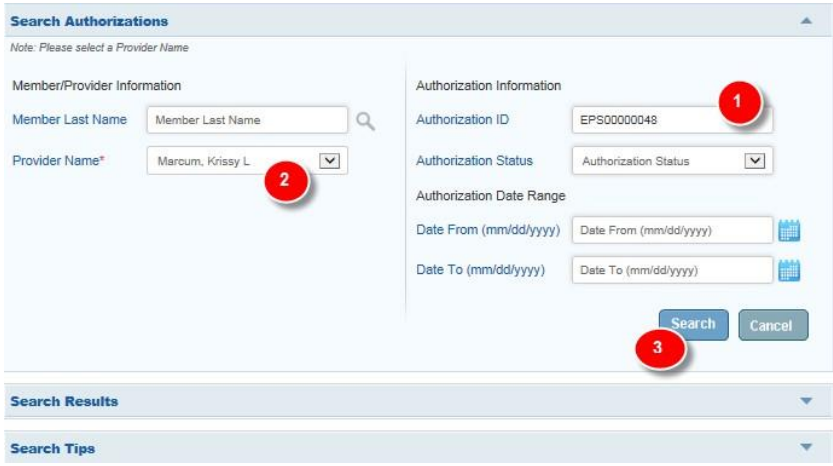
Select the appropriate member from the pop-up window and click on the “Done” button.



Aetna Better Health® 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>	
<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>	
---	--

Aetna Better Health® 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 by 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	05/11/2014

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
EPS-00000004	APPROVED	Outpatient	YAPP, SUNNY J	Testori, Alessandro	ZMIEJKO, JOHN J	05/11/2014

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)	03/28/2000	Member Policy Benefit	74020 / 74021 - No Copay
Gender	F	Eligibility Effective Date	09/01/2014
		Eligibility Termination Date	12/31/2018

Requesting Provider

Name	BIG SANDY HEALTH CARE INC	Servicing Provider	Martum, Kelsey L
Provider NPI	1326000110	Provider NPI	1922252076
Provider ID	73628KYIP	Provider ID	60518KYIP

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	C200052524	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® Provider Web Portal Instructions

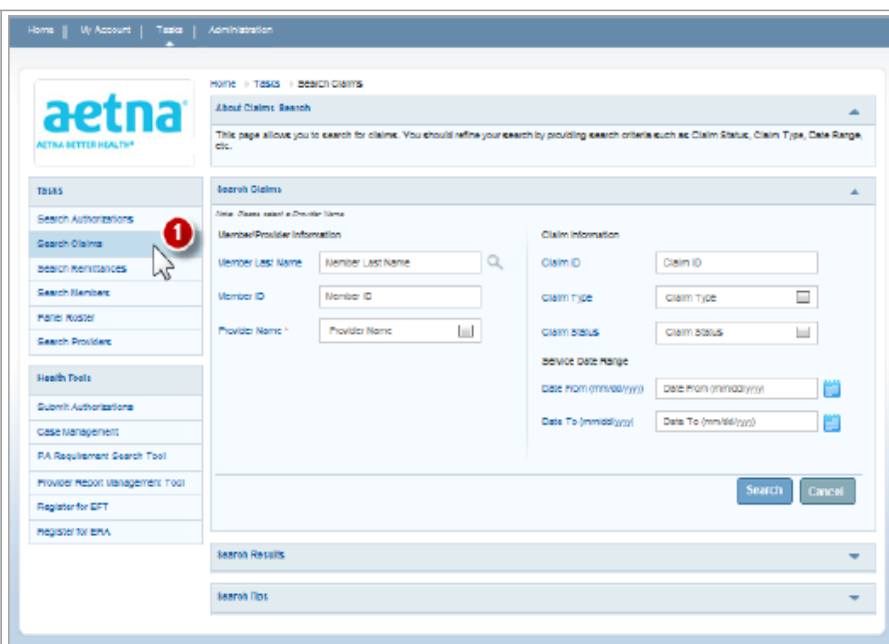
Search Claims

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).



Home | My Account | Tasks | Administration

aetna
AETNA BETTER HEALTH®

Home > Tasks > Search Claims

About Claims Search

This page allows you to search for claims. You should refine your search by providing search criteria such as Claim Status, Claim Type, Date Range, etc.

Search Claims

Note: Please select a Provider Name

Member/Provider Information

Member Last Name:

Member ID:

Provider Name:

Claim Information

Claim ID:

Claim Type:

Claim Status:

Service Date Range

Date From (mm/dd/yyyy):

Date To (mm/dd/yyyy):

Search Cancel

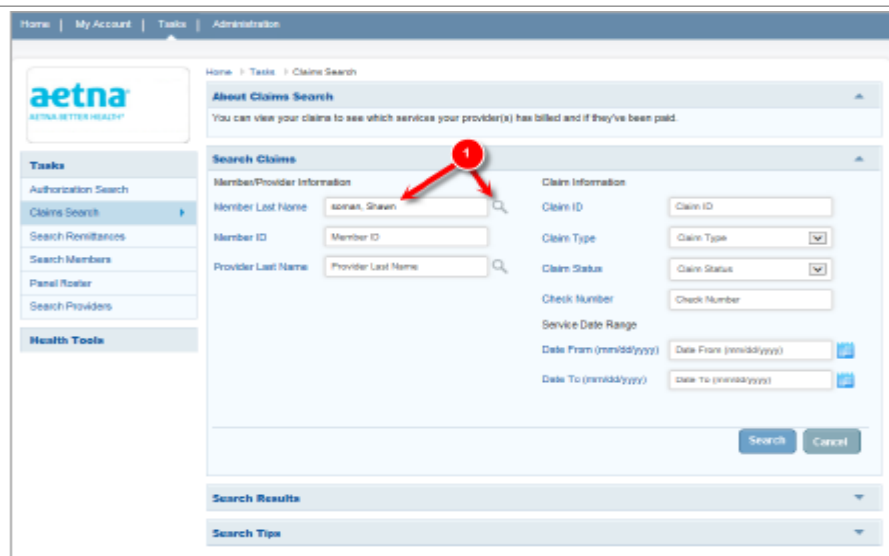
Search Results

Search Tips

Search by Member Name

Search by Member Name

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



Home | My Account | Tasks | Administration

aetna
AETNA BETTER HEALTH®


Home > Tasks > Claims Search

About Claims Search

You can view your claims to see which services your provider(s) has billed and if they've been paid.

Search Claims

Member/Provider Information

Member Last Name: 

Member ID:

Provider Last Name:

Claim Information

Claim ID:

Claim Type:

Claim Status:

Check Number:

Service Date Range

Date From (mm/dd/yyyy):


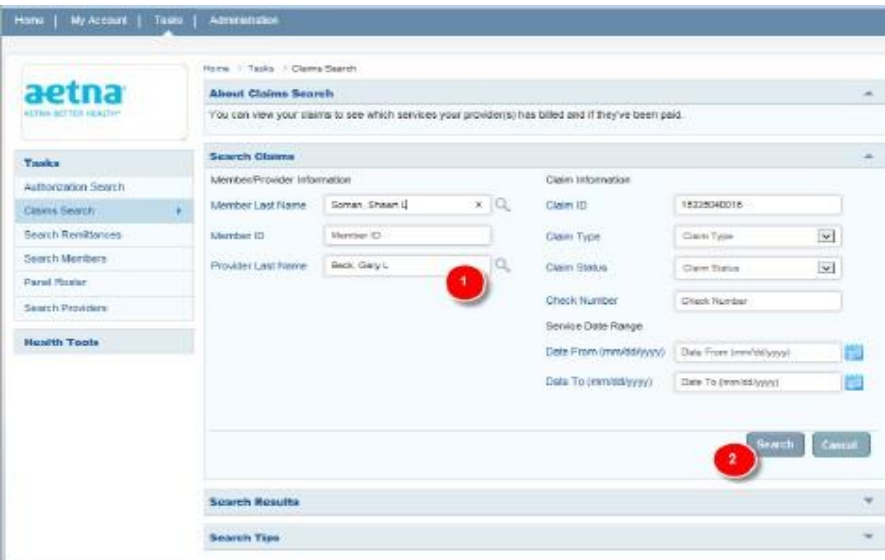
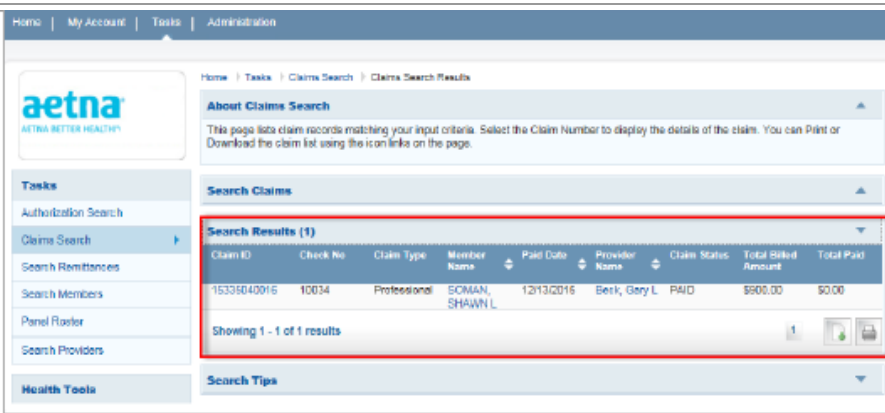
Date To (mm/dd/yyyy):

Search Cancel

Search Results

Search Tips

Aetna Better Health® Provider Web Portal Instructions

<p>Select the appropriate member from the pop-up window and click on the “Done” button.</p>																			
<p>Once you have your member identified, select the provider’s name from the drop down menu (1) and click on the “Search” button (2).</p>																			
<p>Reading the Search Results</p> <p>The search results give you a one line summary of the claim information.</p> <p>Here you can find helpful information such as the claim status, amount paid and the paid date.</p>	 <table><tr><th>Claim ID</th><th>Check No</th><th>Claim Type</th><th>Member Name</th><th>Paid Date</th><th>Provider Name</th><th>Claim Status</th><th>Total Billed Amount</th><th>Total Paid</th></tr><tr><td>15335040916</td><td>10034</td><td>Professional</td><td>SOMAN, SHAWN L.</td><td>12/13/2016</td><td>Berk, Gary L.</td><td>PAID</td><td>\$600.00</td><td>\$2000</td></tr></table>	Claim ID	Check No	Claim Type	Member Name	Paid Date	Provider Name	Claim Status	Total Billed Amount	Total Paid	15335040916	10034	Professional	SOMAN, SHAWN L.	12/13/2016	Berk, Gary L.	PAID	\$600.00	\$2000
Claim ID	Check No	Claim Type	Member Name	Paid Date	Provider Name	Claim Status	Total Billed Amount	Total Paid											
15335040916	10034	Professional	SOMAN, SHAWN L.	12/13/2016	Berk, Gary L.	PAID	\$600.00	\$2000											

Search Remittances

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

Access the Remittance Search Function

Aetna Better Health® Provider Web Portal Instructions

Access Remittance Search Fields

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

Search by Member ID

Search by Member ID

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

The results show the Claim ID, Member Name, Check Number, Paid Date, and Total Paid.

Click on the Claim ID to display the details 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® Provider Web Portal Instructions

Remittance Advise.

Search by Claim ID

Search by Claim ID

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

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

Search by Date Range

Search by Date Range

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

Aetna Better Health[®]
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 ▼