

Aetna Better Health[®] of Florida

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.

August 2020

Version 4

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Aetna Better Health® of Florida Provider Web Portal Instructions

General Information

Florida Website

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

Florida website

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

www.aetnabetterhealth.com/florida

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

1. The For Providers tab

The screenshot shows the Aetna Better Health of Florida website. At the top, there is a navigation bar with links for Home, Become A Member, For Members, For Providers (highlighted with a red arrow), Health & Wellness, and About Us. Below the navigation bar, there is a 'Find our provider tools' button and a video player. The main content area features three columns: 'Members', 'Providers', and 'Live Healthy', each with a corresponding 'Information' button.

Provider Portal Access

Provider Portal Access

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

The screenshot shows the 'For Providers' section of the Aetna Better Health of Florida website. The 'For Providers' tab is selected, and the 'Provider Portal' option is highlighted in the left-hand panel with a red arrow. The main content area shows three options: 'Continuity of Care', 'Welcome providers', and 'Provider Relations Representatives'.

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Provider Web Portal Instructions

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

A separate browser window will open.

Aetna Better Health® of Florida

Search

[Home](#) | [Become A Member](#) | [For Members](#) | [For Providers](#) | [Health & Wellness](#) | [About Us](#)

- For Providers
- Join Our Network
- Provider Manual
- Notifications And Newsletters
- Authorizations
- Document Library
- Pharmacy
- Practice Guidelines
- Provider Education
- **Provider Portal**
- Resources
- HEDIS

Provider Portal

Our enhanced, secure and user-friendly web portal is now available. This HIPAA-compliant portal is available 24 hours a day. And it supports the functions and access to information that you need to take care of your patients. Popular features include:

- *Single sign-on* – One login and password allows you to move smoothly through various systems.
- *Mobile interface* – Enjoy the additional convenience of access through your mobile device.
- *Personalized content and services* – After log-in, you will find a landing page customized for you.
- *Real-time data access* – View updates as soon as they are posted.
- *Better tracking* – Know immediately the status of each claim submission and medical PA request.
- *eReferrals* – Go paperless. Refer patients to registered specialists electronically and communicate securely with the provider.
- *Auto-Auths* – Depending on the auth type and service location, it is possible to receive an auto-approval on your request.
- *Detailed summaries* – Find easy access to details about denied PA requests or claims.
- *Enhanced information* – Analyze, track and improve services and processes.
- *Access to Member Care* – You can connect to your patients and their care teams. You can access:
 - A real-time listing of your patients
 - Information on your practice
 - Email capability with care managers

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

Sign up today. It's easy.

Provider groups must first register a principal user known as the "Provider Representative." Once registered, the "Provider Representative" can add authorized users within each entity or practice.

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.

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User Name (Medicaid)

[I have forgotten my user name](#)

Password

[I have forgotten my password](#)

Sign In

Why register for this secure web portal?

Whether you are a member or provider, you'll find helpful information and resources within this section of our Web site. In a secured environment, you can review your claims or authorizations, validate member eligibility or submit requests. We invite you to register and learn more about what the secure web portal can offer you. If you are already registered, please Sign In.

Please register if you are a current provider or member and wish to access your account.

Register now as
PROVIDER

Register now as
MEMBER

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Provider Web Portal Instructions

Portal Welcome Page

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

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

Health tool items such as “PA Requirement Search Tool” can be accessed from the “Health Tools” list (5). NOTE: Health Tools can also be accessed from the “Tasks” page (2).

Health Plan Contact info is listed here (6).

Resources are listed here (7).



Aetna Better Health® Provider Web Portal Instructions

Tasks Landing Page Click on “Tasks” tab.

Home | My Account | **Tasks** |

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News feed
Welcome to the Aetna Better Health of Florida secure provider portal. Please stay tuned to this section for up to date Health News.

Messages

- You have [1 Message\(s\)](#) in your Inbox.
- You have [0 Document\(s\)](#) in your Posts.

Contact Us
 Questions? We're here to help. Just call Provider Services at 1-800-441-5501 for Medicaid, 1-844-528-5815 for Florida Health Kids, 1-844-645-7371 for Comprehensive Long Term Care or hearing impaired (TTY/TDD): 711 or email them at FLMedicaidProviderRelations@Aetna.com for Provider Relations Department.
 You can [contact us](#).

The default selection is “Authorization Search.”

Home | My Account | Tasks |

Home ▶ Tasks ▶ Authorization Search

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

Health Tools
 PA Requirement Search Tool
 Submit Authorizations
 Case Management
 Provider Deliverable Manager(with Provider Report Management Tool)
 Register for EFT

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

Search Authorizations
 Note: Please select a Provider Name

Member/Provider Information
 Member Last Name
 Provider Name*

Authorization Information
 Authorization ID
 Authorization Status
 Authorization Date Range
 Date From (mm/dd/yyyy)
 Date To (mm/dd/yyyy)

Search Results

Search Tips

Aetna Better Health® Provider Web Portal Instructions

Member Eligibility

The *Search Members* feature enables the user to search for members across the entire Florida 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.



Tasks

- Authorization Search ▶
- Claims Search
- Search Remittances
- Search Members** ←
- Search Panel Roster
- Search Providers

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.

Home ▶ Tasks ▶ Member Eligibility

About Member Eligibility Search

This page allows you to search for a member. You may search Last Name and Date of Birth or by Member ID. If searching by Member ID, you may search for up to (5) members at a time.

Search Members

Note: Date of Birth and Member Name are mandatory fields. Search by Last Name, First Name for best results.

Search by Date of Birth and Member Name

Date of Birth  *

Member Name

Note: Maximum of five member id can be added

Search by Member ID

Member ID [Add Another](#)

Search Results

Search Tips

Aetna Better Health® Provider Web Portal Instructions

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.

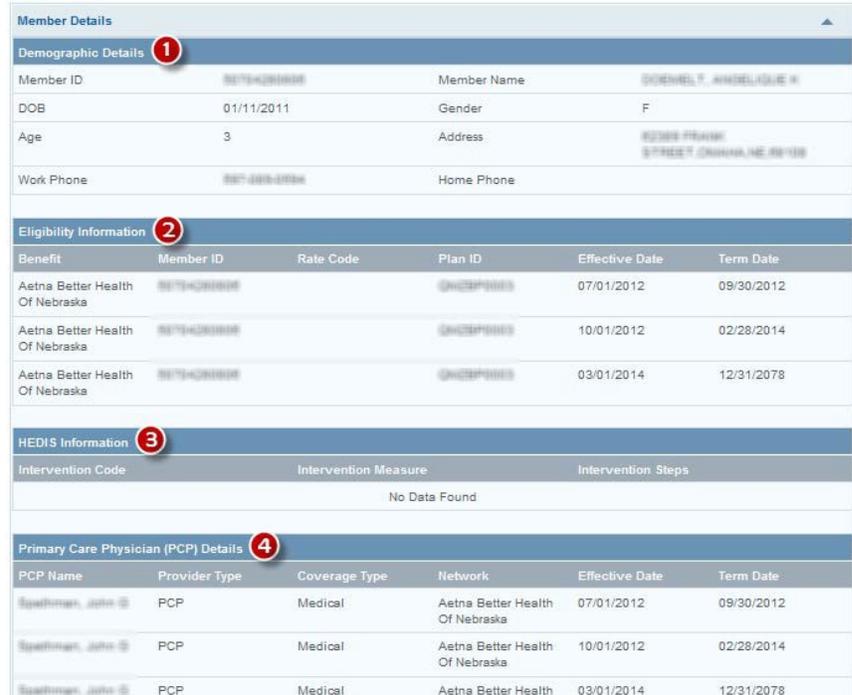
Notice that there is an “active” tab (1) and an “inactive” tab (2). Our member is on the active tab. Our member’s eligibility (A), Benefits (B) and Provider Assignment (C) are also shown.

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



Member Details Screen

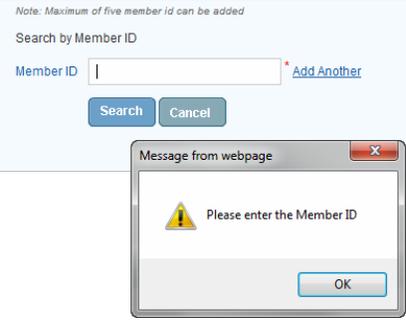
1. Member demographic info
2. Eligibility and Plan info
3. HEDIS information
4. PCP Details



Aetna Better Health® Provider Web Portal Instructions

<p>At the bottom of the page, click</p> <ol style="list-style-type: none"> 1) Done: to begin another search. 2) Go Back to Member Eligibility: to return to the previous screen. 	
--	--

Search by Member ID - Single

<p>A member ID must be entered or an error will be received.</p>	
--	--

<p>Enter a valid ID – results are the same as the search by date of birth and last name.</p>	
--	---

<p>Search Results Notice that there is an “active” tab (1) and an “inactive” tab (2). Our member is on the active tab.</p> <p>Our member’s eligibility (A), Benefits (B) and Provider Assignment (C) are also shown.</p> <p>To view additional member details, click on the hyperlinked member ID (3)</p>	 <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="2" style="text-align: left;">Active Members (1)</th> <th colspan="4" style="text-align: left;">Inactive Members (0)</th> </tr> <tr> <th>Member ID</th> <th>DOB</th> <th>Member Name</th> <th>Eligibility Effective Dates</th> <th>Benefits</th> <th>Provider Name</th> <th>Provider Effective Date</th> </tr> </thead> <tbody> <tr> <td>A98414068</td> <td>12/29/1942</td> <td>DAVIS, DEONTE T</td> <td>01/01/2014 - 12/31/2078</td> <td>74018 - Copay</td> <td>T J HEALTH PARTNERS LLC</td> <td>01/01/2014</td> </tr> </tbody> </table>	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
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Aetna Better Health® Provider Web Portal Instructions

Search by Member ID - Multiple

The advantage of the Search by Member ID

<p>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.</p> <p>Click the “Add Another” hyperlink to add additional fields.</p>	<p><i>Note: Maximum of five member id can be added</i></p> <p>Search by Member ID</p> <p>Member ID <input type="text" value="A#####1"/> * Add Another</p> <p>Member ID <input type="text" value="Member ID"/></p> <p style="text-align: right;"></p> <p style="text-align: center;"><input type="button" value="Search"/> <input type="button" value="Cancel"/></p>																																			
<p>Here, three (3) Member IDs have been entered.</p> <p>Click the “Search” button to begin the search.</p>	<p><i>Note: Maximum of five member id can be added</i></p> <p>Search by Member ID</p> <p>Member ID <input type="text" value="A#####1"/> * Add Another</p> <p>Member ID <input type="text" value="A#####2"/></p> <p>Member ID <input type="text" value="A#####3"/></p> <p style="text-align: center;"><input type="button" value="Search"/> <input type="button" value="Cancel"/></p>																																			
<p>Here are the search results.</p> <p>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).</p> <p>To view additional member details, click on the hyperlinked member ID (3).</p>	<p>Search Results(3)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: left;">Active Members (3) 1</th> <th colspan="3" style="text-align: left;">InActive Members (0) 2</th> </tr> <tr> <th>Member ID</th> <th>DOB</th> <th>Member Name</th> <th>Eligibility Effective Dates</th> <th>Benefits</th> <th>Provider Name</th> <th>Provider Effective Date</th> </tr> </thead> <tbody> <tr> <td>0007812345</td> <td>12/28/1942</td> <td>DAVIS, DEONTE T</td> <td>01/01/2014 - 12/31/2078</td> <td>74018 - Copay</td> <td>T J HEALTH PARTNERS LLC</td> <td>01/01/2014</td> </tr> <tr> <td>1234567890</td> <td>10/07/2002</td> <td>BROWN, BRICIA CL</td> <td>06/01/2014 - 12/31/2078</td> <td>74020 / 74021 - No Copay</td> <td>FAITH FAMILY PRACTICE PLLC</td> <td>06/01/2014</td> </tr> <tr> <td>000021715</td> <td>10/07/1967</td> <td>SMITH, ANNMARIE L</td> <td>08/01/2014 - 12/31/2078</td> <td>74018 - Copay</td> <td></td> <td></td> </tr> </tbody> </table> <p>Showing 1 - 3 of 3 results 3</p>	Active Members (3) 1				InActive Members (0) 2			Member ID	DOB	Member Name	Eligibility Effective Dates	Benefits	Provider Name	Provider Effective Date	0007812345	12/28/1942	DAVIS, DEONTE T	01/01/2014 - 12/31/2078	74018 - Copay	T J HEALTH PARTNERS LLC	01/01/2014	1234567890	10/07/2002	BROWN, BRICIA CL	06/01/2014 - 12/31/2078	74020 / 74021 - No Copay	FAITH FAMILY PRACTICE PLLC	06/01/2014	000021715	10/07/1967	SMITH, ANNMARIE L	08/01/2014 - 12/31/2078	74018 - Copay		
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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 1

Member ID	1287218896	Name	BROWN, BRICIA CL
Birth date	10/07/2002	Gender	F
Age	13	Address	8887 BAINO CIRCLE, ASHLAND, KY, 41101
Work Phone		Home Phone	283-675-3470

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	1287218896	ZC103010	GMZSP0045	06/01/2014	12/31/2078	
MEDICARE PLAN B	A3030205	MED_B	SP0003	06/01/2014	12/31/2016	
74020 / 74021 - No Copay	1287218896	ZC103010	GMZSP0045	05/01/2014	05/31/2014	
74020 / 74021 - No Copay	1287218896	ZC103010	GMZSP0045	03/01/2014	04/30/2014	
74020 / 74021 - No Copay	1287218896	ZC103010	GMZSP0045	01/01/2014	02/28/2014	
74006 / 74010 / 74012 - No Copay	1287218896	ZC103010	GMZSP0006	06/01/2013	12/31/2013	
74006 / 74010 / 74012 - No Copay	1287218896	ZC103119	GMZSP0006	03/01/2013	05/31/2013	
74006 / 74010 / 74012 - No Copay	1287218896	ZC103119	GMZSP0006	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)
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
➔
Print

Aetna Better Health® Provider Web Portal Instructions

Search Providers

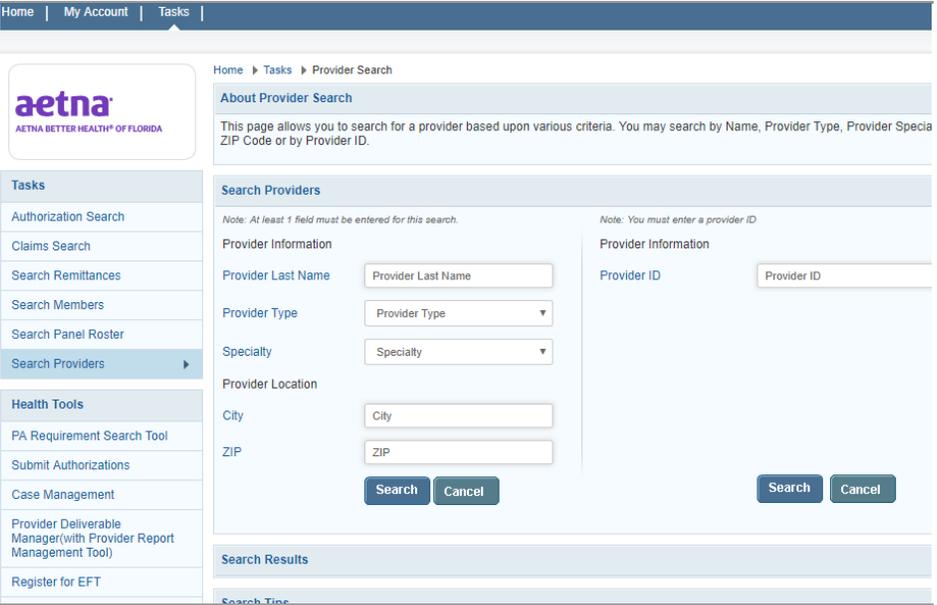
The *Search Providers* feature enables the user to search for providers by provider information such as name, specialty, type, location or provider ID.

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



The screenshot displays the Aetna Better Health Provider Search interface. The page title is "Search Providers Landing Page". The navigation menu on the left includes "Tasks" (Authorization Search, Claims Search, Search Remittances, Search Members, Search Panel Roster, Search Providers) and "Health Tools" (PA Requirement Search Tool, Submit Authorizations, Case Management, Provider Deliverable Manager, Register for EFT). The main content area shows the "Search Providers" form with the following fields: Provider Last Name, Provider Type, Specialty, City, ZIP, and Provider ID. The form includes "Search" and "Cancel" buttons. The "About Provider Search" section states: "This page allows you to search for a provider based upon various criteria. You may search by Name, Provider Type, Provider Specialty, ZIP Code or by Provider ID." The "Search Providers" section includes a note: "Note: At least 1 field must be entered for this search." and another note: "Note: You must enter a provider ID".

Aetna Better Health[®] Provider Web Portal Instructions

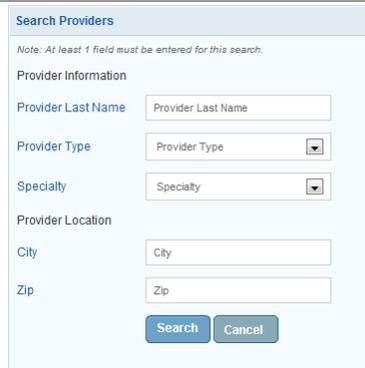
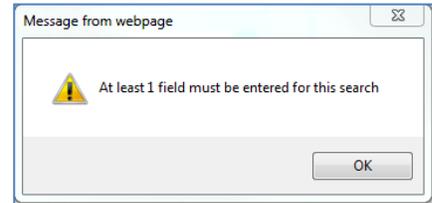
Search by Provider Information or Location

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.

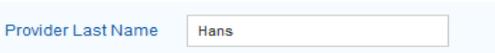
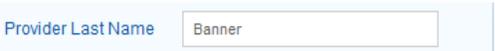
Searching by Provider Last Name

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.

Aetna Better Health® Provider Web Portal Instructions

Search by Provider ID

Searching by Provider ID

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

Note: You must enter a provider ID

Provider Information

Provider ID

Sample Provider Search Results

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

Search Results (20)

Provider ID	NPI	Provider Name	Provider Type	Specialty	Address	Phone
100201KYIP	1942563000	BROWN STREET ALTERNATIVE CENTER	GROUP OF PROVIDERS	Public Health and General Preventive Medicine	400 BROWN ST,Vine Grove,KY,40175	
78986KYIP	1798797915	BROWN PURYEAR ,LATO NYA	PHYSICIAN	Pulmonary Disease	4900 Houston Rd,Florence,KY,410424824	858-213-5288
333357KYIP	1688181002	BROWN NEWTON ,KILEY Y	PHYSICIAN	Certified Nurse Practitioner	1700 OLD BLUEGRASS AVE STE 200,Louisville,KY,402151174	
138896KYIP		BROWN MD,SETH A	SERVICE LOCATION		4919 CHAMBERLAIN LN,Louisville,KY,402411110	502-446-5300
303595KYIP		BROWN MD,ERIC C	SERVICE LOCATION		131 HOSPITAL DR,Salem,KY,420	270-866-7256

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.

Showing 1 - 20 of 248 results

1 2 3 4 5 Next

Start a New Provider Search

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

Home > Tasks > Provider Search

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Tasks

- Authorization Search
- Claims Search
- Search Remittances

About Provider Search

This page allows you to search for a provider based upon various criteria. You may search by Name, Provider Type, Provider Specialty, City, ZIP Code or by Provider ID.

Search Providers ←

Search Results

Search Tips

Aetna Better Health®

Provider Web Portal Instructions

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	1584283838	BROWN STREET ALTERNATIVE CENTER	GROUP OF PROVIDERS	Public Health and General Preventive Medicine	400 BROWN ST, Vine Grove, KY, 40175	
78986KYIP	1798179795	BROWN PURYEAR, LATO NYA	PHYSICIAN	Pulmonary Disease	4900 Houston Rd, Florence, KY, 410424824	858-243-6298
333357KYIP	1888111352	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 DR, Salem, KY, 420	270-888-7296

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	1720042704		
Provider Type	GROUP OF PROVIDERS		DOB		
Provider ID	148108KYIP	Phone			
Federal Tax ID	375460994	Home Phone			
Specialty	Ambulatory Surgical Center (ASC)		Language		
Degree			Fax		
Email					
Specialties & Certifications					
Specialty	Specialty Type	Certification Status	Certification Date		
Ambulatory Surgical Center (ASC)	PRIMARY		11/01/2011		
Provider Network Affiliations					
Network	Program ID	Contracted	Affiliation Type		
No Data Found					
Affiliated Providers					
Provider Name	Provider ID	Affiliation Type	Effective Date	Expiration Date	
JOHNSON CITY EYE SURGERY CENTER	148108KYIP	DIRECT	11/01/2011	12/31/2078	
Provider Affiliations					
Affiliation Name	Provider Name	Provider ID	Affiliated Location	Effective Date	Expiration Date
JOHNSON CITY EYE SURGERY CENTER	JOHNSON CITY EYE SURGERY CENTER	148108KYIP	110 MED TECH PKWY STE 2, Johnson City, TN, 376042256	11/01/2011	12/31/2078
				Done	
Go back to Provider Search Results					

Aetna 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

Search for Prior Authorization Requirement

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 displays the Aetna Better Health Provider Web Portal interface. On the left, a navigation menu is visible with the following sections: **Tasks** (Authorization Search, Claims Search, Search Remittances, Search Members, Search Panel Roster, Search Providers), **Health Tools** (PA Requirement Search Tool, Submit Authorizations, Case Management, Provider Deliverable Manager, Register for EFT, Register for ERA, Business Intelligence Reports), **My Account** (User Details, Provider Details, Change Password, Change Secret Question, Inbox, Attachments, E-Referral), **Tasks** (Authorization Search, Claims Search, Search Remittances, Search Members, Panel Roster, Search Providers), **Health Tools** (PA Requirement Search Tool, Submit Authorizations, Case Management, Provider Deliverable Manager, Register for EFT, Register for ERA), **Important Links** (Authorization Submission User Guide, FAQ, Disclaimer, Sitemap, Referrals and Authorizations), and **Contact Us** (Questions? We're here to help. Just call Provider Services at 1-800-441-5501 for Medicaid, 1-844-528-5815 for Florida Health Kids, 1-844-645-7371 for Comprehensive Long Term Care or hearing impaired (TTY/TDD): 711 or email them at).

The main content area shows the 'Search Authorizations' page. It includes a breadcrumb trail: Home > Tasks > Authorization Search. Below this is an 'About Authorization Search' section with the text: 'You can see which services your provider(s) have asked us permission to perform. And you can see if they've been approved.' The 'Search Authorizations' section has a note: 'Note: Please select a Provider Name'. It contains two main sections: 'Member/Provider information' with fields for 'Member Last Name' and 'Provider Name*', and 'Authorization Information' with fields for '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. Below the search area are sections for 'Search Results' and 'Search Tips'.

Aetna Better Health[®] Provider Web Portal Instructions

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

Wed, Aug 21, 2019

Aetna Better Health of Florida 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, CPT group and select SEARCH. Search result definitions:

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

Exception Detail: Six 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 parts requirements.

General Information/Code Search:

- The term Prior Authorization (PA) is the utilization review process used to determine whether the requested service, procedure, prescription drug or medical device meets the company's criteria for coverage.
- The five character codes included in the Aetna Medicaid PA Requirement Search Tool are obtained from Current Procedural Terminology (CPT), by the American Medical Association (AMA), 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.
- 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 for Better Health of Florida at 1-888-645-7371, TTY 711; for Comprehensive, 1-800-441-5501 for Medicaid and 1-844-928-5813 for Florida Healthy Kids.
- PA requirement results are valid as of today's date only. Future changes to CPT or Healthcare Common Procedure Coding System (HCPCS) codes that require PA will be communicated by Aetna Better Health of Florida in writing and on the home page of Aetna Better Health of Florida's secure web portal.

For Aetna Better Health of Florida - Comprehensive

- If you have any questions about authorization requirements or need help with the search tool, please contact Aetna Better Health of Florida - Comprehensive Provider Relations at 1-844-7371, TTY 711.
- Emergency and Urgent Care services do not require PA.
- Search results are not a guarantee of claim payment.

For Aetna Better Health of Florida for Medicaid and Florida Healthy Kids

- If you have any questions about authorization requirements or need help with the search tool, contact Aetna Better Health of Florida Provider Relations at 1-800-441-5501 for Medicaid and 844-528-5813 for Florida Healthy Kids.
- For Dental benefits and prior authorization, please contact the member's Dental vendor.
- All inpatient and observation hospital confinements require PA.
- All place of service 22 (outpatient hospital services) require prior authorization except for select x-rays and ultrasounds. When viewing CPT codes below, see Variance Detail for exceptions.
- Usually ALL services provided by non-participating providers require PA except Professional Component (i.e., RADIOLOGY, PATHOLOGY, ANESTHESIOLOGY, and LABORATORY) of Facility (Hospital) based services, Urgent Care Services, and Emergency Ambulance Service.
- Home health, infusion, and enteral feeding services require prior authorization.
- All wound care requires prior authorization.
- The following DME, Medical Supplies, Prosthetics & Orthotics require authorization:
 - Any item listed on the fee schedule greater than \$550 allowable
 - Any item not on the DME fee schedule
 - All DME rentals
 - DME items listed as requiring authorization.
- Transplant services (including evaluation) require prior authorization.
- Hospice services require prior authorization.
- All laboratory services related to genetic testing, regardless of place of service, require prior authorization.
- Search results, as well as authorization, are not a guarantee of claim payment.
- The following ancillary providers perform Utilization Management services on behalf of Aetna Better Health of Florida. Please contact these providers for prior authorization and benefit information:
 - Behavioral Health - Beacon Health Options (formerly known as PsychCare) 1-888-610-0797; www.beaconhealthoptions.com
 - Chemotherapy Medications and Radiations for Adults - Evite® Connect 1-888-482-8037 (select option 2, for Evite); www.eviteconnect.com
 - Hearing Evaluations/hearing aids - hearx 1-800-731-3277; www.hearx.com
 - High Tech Imaging and International Drug Management - eviCore (formerly MedSolutions) 1-888-692-3211 and fax is 888-692-3210; www.evicore.com

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

Enter CPT or HCPCS Code(s)

OR Select CPT Group:

Select Plan:

Include only CPT or HCPCS codes where PA is required?

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

Aetna Better Health® Provider Web Portal Instructions

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

Enter CPT or HCPCS Code(s) OR Select CPT Group: Include only CPT or HCPCS codes where PA is required?

E0251 A4335 A4367
 G0333

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 FIX HT W/ANY TYPE SIDE RAIL W/O MATTRESS	HCPCS - DME	YES		
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	HCPCS - MED-SURG SUPPLIES	YES		
A4367	OSTOMY BELT EACH	HCPCS - MED-SURG SUPPLIES	NO		
G0333	PHARM DISPEN FEE INHAL RX; INITIAL 30-DAY SUPPLY	HCPCS - PROC/PROF SERVICES (TE)	YES		

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

Hover over the icon 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 MATTRESS	HCPCS - DME	YES		
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	HCPCS - MED-SURG SUPPLIES	YES		
A4367	OSTOMY BELT EACH	HCPCS - MED-SURG SUPPLIES	NO		
G0333	PHARM DISPEN FEE INHAL RX; INITIAL 30-DAY SUPPLY	HCPCS - PROC/PROF SERVICES (TE)	YES		

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

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

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

Enter CPT or HCPCS Code(s) OR Select CPT Group: Include only CPT or HCPCS codes where PA is required?

E0251 A4335 A4367
 G0333

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 FIX HT W/ANY TYPE SIDE RAIL W/O MATTRESS	HCPCS - DME	YES		
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	HCPCS - MED-SURG SUPPLIES	YES		
A4367	OSTOMY BELT EACH	HCPCS - MED-SURG SUPPLIES	NO		
G0333	PHARM DISPEN FEE INHAL RX; INITIAL 30-DAY SUPPLY	HCPCS - PROC/PROF SERVICES (TE)	YES		

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 Florida 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 interface. On the left-hand side, there is a navigation menu with two main sections: 'Tasks' and 'Health Tools'. Under 'Health Tools', the 'Submit Authorizations' link is highlighted with a red arrow. The main content area displays the 'Authorization Search' page, which includes search filters for Member/Provider Information and Authorization Information, and a 'Search' button. At the bottom of the page, there is a footer with various links and contact information.

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

Select the “Auth Request” button.

The screenshot shows the 'Auto Authorization Queue' page. At the top, there is a user profile section with the name 'User: Narong2' and a 'Logout' link. Below this, there are two buttons: 'Auth Queue' and 'Auth Request'. The 'Auth Request' button is highlighted with a red arrow. The main content area displays the 'Auto Authorization Queue' section, which includes a 'Submission History' table with filters for 'Filter By', 'And', and 'Submission Status'. The footer contains copyright information for MCG Health, LLC and the American Medical Association.

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.

This is a required field.

Aetna Better Health®

Provider Web Portal Instructions

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 stays other than IP Surgery.
- Inpatient Behavioral Health – Use for IP BH stays.

This is a required field.

2 . What is the Request Type?

* Request Type:

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.

This is a required field.

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

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

Aetna Better Health®

Provider Web Portal Instructions

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

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

Primary	Code	Type	Description	Documentable Action

Aetna Better Health® Provider Web Portal Instructions

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

Select the Requested Length of Stay for inpatient requests.

Check the Mark as Urgent box for urgent requests.

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

* Facility:  Name:

* Date of Service:  m/d/yyyy Address:

Requested Level of Care: 

Requested Length of Stay:

Mark as Urgent:

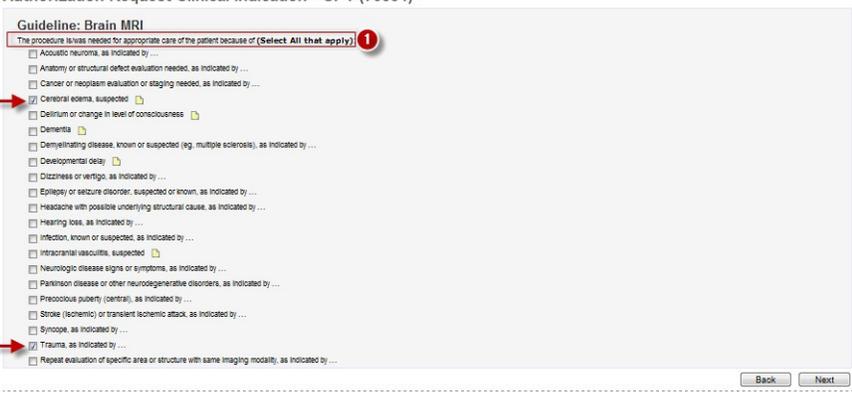
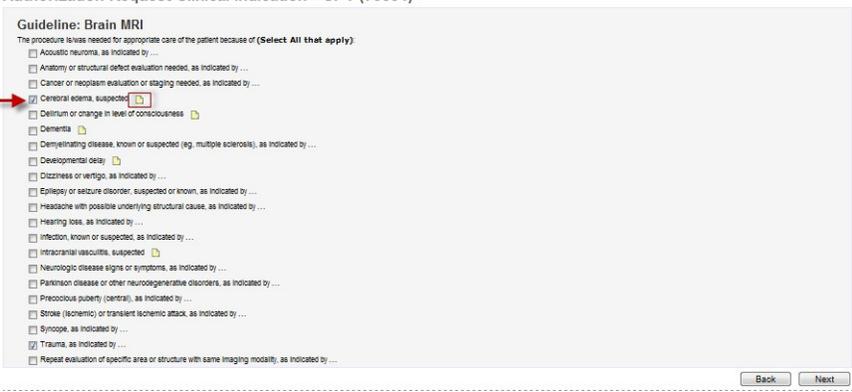
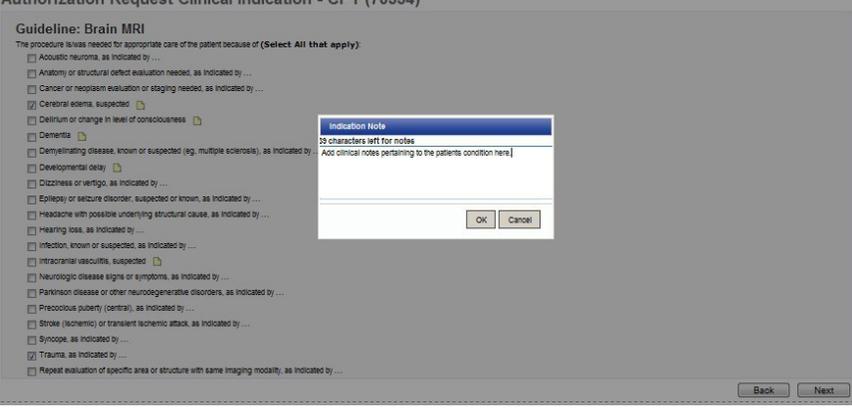
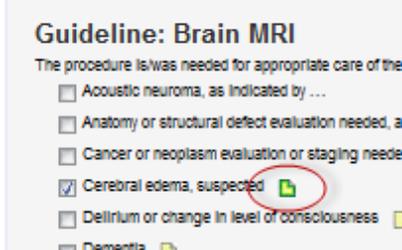
Aetna Better Health[®] Provider Web Portal Instructions

<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. Example; Lastname, Firstname Example; Mercy General Hospital</p> <p>You can enter a partial name and then select the search icon for a list of names to choose from.</p> <p>Once you select a name the additional fields will auto-populate.</p> <p>This is a required field.</p>	<p>The screenshot shows a form titled "7 . Who is the Servicing (or Facility) provider for the service?". It contains a "Provider:" field with a search icon, a "Name:" field, and an "Address:" field.</p>
<p>Enter any additional details or clinicals applicable to the request that will help with the decision. Enter up to 2500 characters.</p>	<p>The screenshot shows a form titled "8 . Are there any other details?". It features a large text area for notes, a character count "2500 Characters Left for Notes", and a "Note History" table with columns for "Note", "By", and "Date".</p>
<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"> • Elective • Urgent • Emergency <p>Enter the requested timeframe for the authorization by entering a start date and end date for the authorization.</p> <p>Select "Provider" from the "Request Entered By" drop down menu.</p> <p>These are all required fields.</p>	<p>The screenshot shows a form titled "9 . Please provide the following additional information". It includes dropdown menus for "Acuity" and "Request Entered By", and date fields for "Authorization Start Date" and "Authorization End Date" with "M/d/yyyy" format indicators. A "Required Fields" legend and "Cancel" and "Next" buttons are also visible.</p>

Aetna Better Health® Provider Web Portal Instructions

<p>Review the information you have entered for accuracy and then click the “Next” button.</p>	<div style="border: 1px solid #ccc; padding: 10px;"> <p>9 . Please provide the following additional information</p> <p>*Acuity: Elective</p> <p>*Authorization Start Date: 2/5/2016 m/d/yyyy</p> <p>*Authorization End Date: 3/5/2016 m/d/yyyy</p> <p>* Required Fields</p> <p style="text-align: right;"> <input type="button" value="Cancel"/> <input style="border: 2px solid red;" type="button" value="Next"/> </p> </div>												
<p>Number of Units Requested</p> <p>If the request includes CPT/HCPCS codes you will need to enter the number of units requested for each CPT/HCPCS code.</p> <p>Enter the number of units requested and click on the “Next” button.</p>	<div style="border: 1px solid #ccc; padding: 10px;"> <p>Authorization Code Detail</p> <p><input type="checkbox"/> Detail for: CPT/HCPCS 70554</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>Code Attributes</p> <p>Requested Units: 1</p> </div> <p style="text-align: right;"> <input type="button" value="Back"/> <input type="button" value="Next"/> </p> <p style="font-size: 8px; margin-top: 10px;"> MCG™ Copyright © 2014 MCG Health, LLC All Rights Reserved. CPT Copyright © 2013 American Medical Association. All rights reserved. </p> </div>												
<p>Document Clinical Indications</p> <p>This takes you to the Authorization Request Review.</p> <p>Select the “Document” button for each procedure code to access interactive Milliman clinical guidelines and document the member’s clinical indications.</p>	<div style="border: 1px solid #ccc; padding: 10px;"> <p>Authorization Request Review</p> <p>Auto-Authorization : EP500001012 Request Type : Outpatient Procedure Request Status : NoDecisionYet</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p><input type="checkbox"/> Patient: 2227 Name: Friday, Joe Date of Birth: 2/27/1927</p> <p>Gender: Male Address: 123 Home Lane Center City, Arizona 12345</p> <p>Benefit Plan : Aetna Better Health Eligibility : 2/10/2014 - 12/31/2078</p> <p>Diagnosis Code : ICD-9 Diagnosis (850.11) ***</p> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p><input type="checkbox"/> Auto-Authorization : EP500001012</p> <p>Requested Level of Care : Outpatient</p> <p>Notes : 8/19/2014 6:40 AM MST by Sheldon, Kimberly - Notes</p> <p>Acuity : Urgent Receipt Date : 7/1/2014</p> <p>Authorization Start Date : 7/1/2014 Authorization End Date : 9/1/2014</p> <p>Request Entered By : Provider</p> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p><input type="checkbox"/> Requesting Provider: NY-8765432 Name: 24X7 Emergency Care, .</p> <p>Societalty : Emergency Care Address: 123 Hospital Way Facility New York, New York 10001</p> <p>Phone : 929-555-9876 Fax:</p> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p><input type="checkbox"/> Servicing (Or Facility) Provider: NY-8765432 Name: 24X7 Emergency Care, .</p> <p>Societalty : Emergency Care Address: 123 Hospital Way Facility New York, New York 10001</p> <p>Phone : 929-555-9876 Fax:</p> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p><input type="checkbox"/> Place of Service: 0000 Name: na-not applicable Date of Service: 7/1/2014</p> <p>Facility Type: Hospital & Recovery Address:</p> <p>Facility Fax:</p> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p><input type="checkbox"/> Procedure Code : 70554 *** Code Type: CPT/HCPCS Requested Units : 1</p> <p>Code Description : Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration</p> <p>Guideline : No Guideline Documented</p> <p>Clinical Indication :</p> <p style="text-align: right;"> <input style="border: 2px solid red;" type="button" value="Document"/> <input type="button" value="Remove Document"/> </p> </div> <p>Attach File</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8px;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 40%;">Description</th> <th style="width: 30%;">Date</th> </tr> </thead> <tbody> <tr> <td colspan="3">No files associated with this episode</td> </tr> </tbody> </table> <p style="text-align: right; font-size: 8px;"> <input type="button" value="Cancel Request"/> <input type="button" value="Back"/> <input type="button" value="Support"/> </p> </div>	Name	Description	Date	No files associated with this episode								
Name	Description	Date											
No files associated with this episode													
<p>Select the appropriate guideline code by clicking on the “Select” link in the right-hand column.</p>	<div style="border: 1px solid #ccc; padding: 10px;"> <p>Authorization Guideline Search - CPT (70554)</p> <p>Results for "70554"</p> <p>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</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8px;"> <thead> <tr> <th style="width: 30%;">Guideline Code</th> <th style="width: 30%;">Product</th> <th style="width: 30%;">Title</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>A-0539</td> <td>AC</td> <td>Brain Functional MRI</td> <td style="text-align: center;">Select</td> </tr> <tr> <td>A-0047</td> <td>AC</td> <td>Brain MRI</td> <td style="text-align: center;">Select</td> </tr> </tbody> </table> <p style="text-align: right; font-size: 8px;"> <input type="button" value="Back"/> <input type="button" value="No Guideline Applies"/> </p> </div>	Guideline Code	Product	Title		A-0539	AC	Brain Functional MRI	Select	A-0047	AC	Brain MRI	Select
Guideline Code	Product	Title											
A-0539	AC	Brain Functional MRI	Select										
A-0047	AC	Brain MRI	Select										

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>	 

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.

Authorization Request Clinical Indication - CPT (70654)

Guideline: Brain MRI
The procedure is/vis needed for appropriate care of the patient because of:

Trauma, as indicated by (Select All that apply)

- Control or worsening injury 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 procedure code.

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: 2/10/2013 - 12/31/2028
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
Requested Entered By: Provider

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:

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:

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

Procedure Code: 70654 Code Type: CPT/HCPCS Requested Units: 1
Code Description: Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration
Guideline: Brain MRI(AC)
Clinical Indication: The procedure is/vis needed for appropriate care of the patient because of:
- [x] Control or worsening injury suspected
- [x] 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

[Re-Document](#) [Remove Document](#)

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
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Phone: 929-555-9876 Fax:

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:

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

Procedure Code: 70654 Code Type: CPT/HCPCS Requested Units: 1
Code Description: Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration
Guideline: Brain MRI(AC)
Clinical Indication: The procedure is/vis needed for appropriate care of the patient because of:
- [x] Control or worsening injury suspected
- [x] 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

[Re-Document](#) [Remove Document](#)

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](#)

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' interface. At the top, it displays 'Auto-Authorization: EPS00001012', 'Request Type: Outpatient Procedure', and 'Request Status: NoDecisionYet'. The main content area contains patient information (Patient: 2227, Name: Friday, Joe, Date of Birth: 2/27/1927), auto-authorization details (Requested Level of Care: Outpatient), and provider information (Requesting Provider: NY-8765432, Name: 24X7 Emergency Care Facility, Address: 123 Hospital New York, NY, Phone: 929-555-9876). A 'Place of Service' section shows '0000' (Hospital & Recovery Facility). The procedure code is '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). A pop-up window titled 'Upload Episode Attachment' is open, showing a 'File Name' field with the value 'img-09-012FileRedr_36A', a 'Browse...' button, an 'Upload' button, and a 'File Description' field with the value 'Clinical'. A 'Close' button is at the bottom of the pop-up.

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

This screenshot shows the same 'Authorization Request Review' page, but the pop-up window is closed. The patient and provider information remains the same. The procedure code '70554' is highlighted. Below the procedure details, there is a table for attached files. The table has columns for 'Name', 'Description', and 'Date'. The first row shows 'No files associated with this episode'. At the bottom of the page, there are buttons for 'Attach File', 'Cancel Request', 'Back', and 'Submit'.

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**

Patient : 2227 Gender : Male Benefit Plan : Aetna Better Health Diagnosis Code : ICD-9 Diagnosis (850.11) <small>Primary</small>	Name : Friday, Joe Address : 123 Home Lane Center City, Arizona 12345 Eligibility : 2/10/2011 - 12/31/2078	Date of Birth : 2/27/1927
Auto-Authorization : EPS00001012 Requested Level of Care : Outpatient Notes : 8/19/2014 6:40 AM MST by Sheldon, Kimberly - Notes		
Requesting Provider : NY-8765432 Specialty : Emergency Care Facility Phone : 929-555-9876	Name : 24X7 Emergency Care... Address : 123 Hospital Way New York, New York 10001 Fax :	
Servicing (Or Facility) Provider : NY-8765432 Specialty : Emergency Care Facility Phone : 929-555-9876	Name : 24X7 Emergency Care... Address : 123 Hospital Way New York, New York 10001 Fax :	
Place of Service : 0000 Facility Type : Hospital & Recovery Facility Phone :	Name : na-not applicable Address : Fax :	Date of Service : 7/1/2014
Procedure Code : 70554 <small>Primary</small> 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: <ul style="list-style-type: none"> <input type="checkbox"/> Central edema, suspected [i] <input type="checkbox"/> Trauma, as indicated by ... <input type="checkbox"/> Minor or subacute closed head injury with cognitive or neurologic deficit, and CT scan contraindicated or not available, or results indeterminate [i] 		

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

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

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

Submit the Request and View Request Status

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

Authorization Request Review

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

Patient : 2227 Gender : Male Benefit Plan : Aetna Better Health Diagnosis Code : ICD-9 Diagnosis (850.11) <small>Primary</small>	Name : Friday, Joe Address : 123 Home Lane Center City, Arizona 12345 Eligibility : 2/10/2011 - 12/31/2078	Date of Birth : 2/27/1927
Auto-Authorization : EPS00001012 Requested Level of Care : Outpatient Notes : 8/19/2014 6:40 AM MST by Sheldon, Kimberly - Notes		
Requesting Provider : NY-8765432 Specialty : Emergency Care Facility Phone : 929-555-9876	Name : 24X7 Emergency Care... Address : 123 Hospital Way New York, New York 10001 Fax :	
Servicing (Or Facility) Provider : NY-8765432 Specialty : Emergency Care Facility Phone : 929-555-9876	Name : 24X7 Emergency Care... Address : 123 Hospital Way New York, New York 10001 Fax :	
Place of Service : 0000 Facility Type : Hospital & Recovery Facility Phone :	Name : na-not applicable Address : Fax :	Date of Service : 7/1/2014
Procedure Code : 70554 <small>Primary</small> 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: <ul style="list-style-type: none"> <input type="checkbox"/> Central edema, suspected [i] <input type="checkbox"/> Trauma, as indicated by ... <input type="checkbox"/> Minor or subacute closed head injury with cognitive or neurologic deficit, and CT scan contraindicated or not available, or results indeterminate [i] 		

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

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

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

This brings you to the Auto Authorization Response page.

Here you will see your Authorization ID (1)

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

Auto Authorization Response

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

Patient : 0019157371- CV830372905906 Gender : Female Benefit Plan : 74020 / 74021 - No Copy Diagnosis Code : ICD-9 Diagnosis (314.00) <small>Primary</small>	Name : JONES, HOPE Address : 32043 EAST 138TH AVE PARIS, Kentucky 40301 Eligibility : 8/1/2014 - 12/31/2078	Date of Birth : 2/27/2000
Auto-Authorization : EPS00000051 Requested Level of Care : Outpatient Approved Level of Care : Outpatient Authy : Elective Authorization End Date : 12/31/2015 Authorization Start Date : 12/30/2015 Request Entered By : Health Plan Staff		
Requesting Provider : 73828KYIP Specialty : General Practice Phone : 6068868546	Name : BIC RANDY HEALTH CARE IN... Address : 1709 KY ROUTE 221 STE 2 Prestonsburg, Kentucky 416339097 Fax :	
Servicing (Or Facility) Provider : 80518KYIP Specialty : Nurse Midwife Phone : 6068868546	Name : Marcum, Kristy Address : 23 Willow Dr Auster, Kentucky 416029259 Fax : 6068868546	
Place of Service : 80518KYIP Facility Type : Hospital & Recovery Facility Phone : 6068868546	Name : Marcum Address : 23 Willow Dr Auster, Kentucky 416029259 Fax : 6068868546	Date of Service : 12/30/2015
Procedure Code : 23044 <small>Primary</small> Code Type : CPT/HCPCS Requested Units : 1 Status : Pended		
Code Description : Arthroscopy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body Guideline : No Documentation Required Clinical Indication :		

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.

Home | My Account | **Tasks**

Home | Tasks | Authorization Search

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

Search Authorizations
Note: Please select a Provider Name

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

Authorization Information
Authorization ID:
Authorization Status:
Authorization Date Range
Date From (mm/dd/yyyy):
Date To (mm/dd/yyyy):

Search Results
Search Tips

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.

Search Authorizations
Note: Please select a Provider Name

Member/Provider Information
Member Last Name: (1)
Provider Name*:

Authorization Information
Authorization ID:
Authorization Status:
Authorization Date Range
Date From (mm/dd/yyyy):
Date To (mm/dd/yyyy):

Aetna - Search results for Member(s) - Internet Explorer

Search Results(4 - Active members)

Member Name	DOB	Address	City	State
<input checked="" type="radio"/> JONES, HOPE D	03/29/2000	32943 EAST 138TH AVE	PARIS	KY
<input type="radio"/> JONES, HOPE D	11/04/2010	32943 EAST 138TH AVE 18801 Highway B	INEZ	KY
<input type="radio"/> JONES, HOPE D	08/28/1998	32943 EAST 138TH AVE	COVINGTON	KY
<input type="radio"/> JONES, HOPE D	04/27/1999	32943 EAST 138TH AVE	LOUISVILLE	KY

Showing 1 - 6 of 6 results

Aetna Better Health® Provider Web Portal Instructions

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

The screenshot shows the 'Search Authorizations' form. Under 'Member/Provider Information', the 'Member Last Name' field contains 'JONES, HOPE D'. The 'Provider Name*' dropdown menu is open, showing 'Marcum, Krissy L.' selected, with a red circle '1' next to it. In the 'Authorization Information' section, the 'Authorization ID' field is empty. The 'Authorization Status' dropdown is set to 'Authorization Status'. The 'Date From' and 'Date To' fields are empty. At the bottom right, the 'Search' button is highlighted with a red circle '2', and the 'Cancel' button is next to it. Below the form are sections for 'Search Results' and 'Search Tips'.

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).

The screenshot shows the 'Search Authorizations' form. Under 'Member/Provider Information', the 'Member Last Name' field is empty. The 'Provider Name*' dropdown menu is open, showing 'Marcum, Krissy L.' selected, with a red circle '2' next to it. In the 'Authorization Information' section, the 'Authorization ID' field contains 'EPS00000048', with a red circle '1' next to it. The 'Authorization Status' dropdown is set to 'Authorization Status'. The 'Date From' and 'Date To' fields are empty. At the bottom right, the 'Search' button is highlighted with a red circle '3', and the 'Cancel' button is next to it. Below the form are sections for 'Search Results' and 'Search Tips'.

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 list using the icons 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-0000004	APPROVED	Outpatient	YAPP, SUNNY J	Testori, Alessandro	ZIMEJKO, JOHN J	06/11/2014

Displaying 1 - 1 of 1 results

Search Tips

Authorization Details

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

Search Results (1)

Authorization ID	Authorization Header Status	Authorization Type	Member Name	Requesting Provider Name	Servicing Provider Name	Submission Date
EPS-0000004	APPROVED	Outpatient	YAPP, SUNNY J	Testori, Alessandro	ZIMEJKO, JOHN J	06/11/2014

Displaying 1 - 1 of 1 results

Search Tips

Home | My Account | Tasks | Administration

Home | Tasks | Search Authorizations | Authorization Results | Authorization Details

About Authorization Details

This page displays details of a single authorization.

Authorization Details

Authorization Information

Authorization ID	EPS0600051	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 (MMDDYYYY)	03/29/2000	Member Policy Benefit	74020 / 74021 - No-Copy
Gender	F	Eligibility Effective Date	03/01/2014
		Eligibility Termination Date	12/31/2078

Requesting Provider

Name	BIG SANDY HEALTH CARE INC	Servicing Provider Name	Mercum, Kirby L
Provider NPI	132000110	Provider NPI	1822252076
Provider ID	73029KYIP	Provider ID	00510KYIP

Medical Indications

Diagnosis Code	Diagnosis Description
D14.00	ADD CHILDHOOD WITHOUT MENTION HYPERACTIVITY

Service Line Information

Service Line No.	Service Group	Start Date	End Date	Admit Date	Status	CPI Code	CPI Description	Rev Code	Units
2	020000254	12/08/2015	12/31/2015	12/08/2015	PEND		STANDARD - Surgery Musculoskeletal System Incentive w/o PA		0

Done

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).

The screenshot shows the Aetna Provider Web Portal interface. On the left, there is a navigation menu under the heading 'Tasks'. The 'Search Claims' link is highlighted with a red circle and a red arrow pointing to it. The main content area is titled 'About Claims Search' and contains several search fields: 'Member Last Name', 'Member ID', and 'Provider Name'. There are also filters for 'Claim ID', 'Claim Type', 'Claim Status', and 'Service Date Range'. The 'Search' and 'Cancel' buttons are visible at the bottom right of the search area.

Search by Member Name

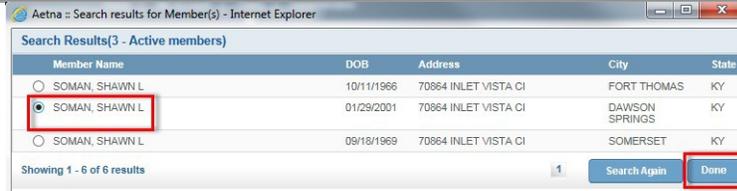
Search by Member Name

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

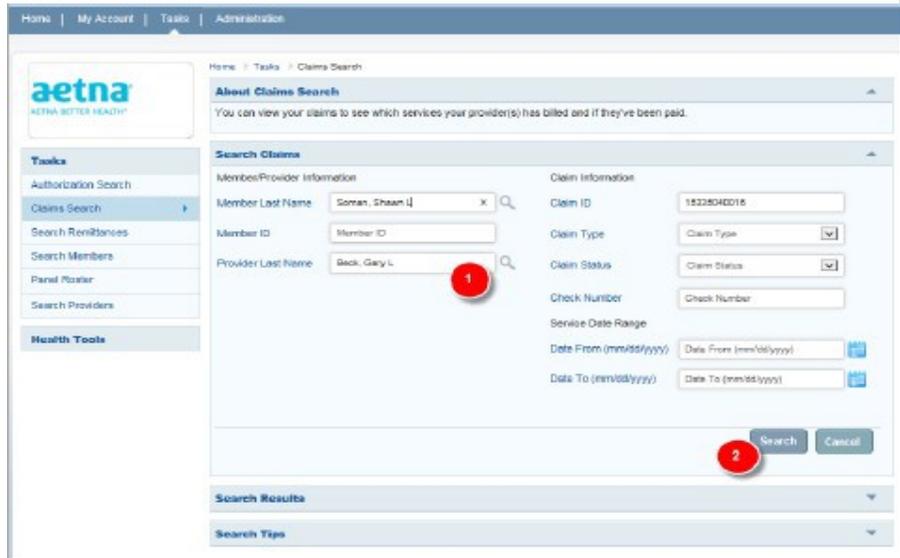
The screenshot shows the Aetna Provider Web Portal interface. The 'Member Last Name' field is populated with the text 'soren, shawn'. A red circle and a red arrow point to the search icon (magnifying glass) next to the field. The 'Search' and 'Cancel' buttons are visible at the bottom right of the search area.

Aetna Better Health® Provider Web Portal Instructions

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



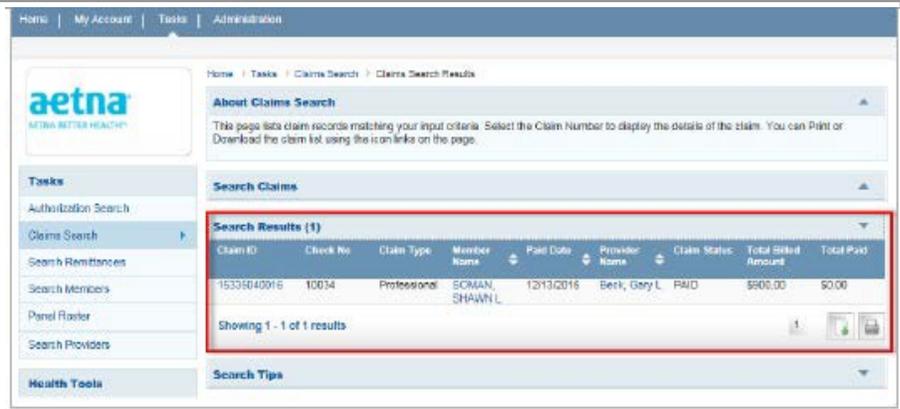
Once you have your member identified, select the provider’s name from the drop down menu (1) and click on the “Search” button (2).



Reading the Search Results

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

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



Aetna Better Health® Provider Web Portal Instructions

Search Remittances

This feature enables the user to search existing Remittance Advice 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).

Home | My Account | Tasks | Administration

Home > Tasks > Remittance Advice Search

About Remittance Advice Search

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

Remittance Advice Search

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

Member/Provider Information

Member ID:

Servicing Provider Name:

Remittance/Claim Information

Claim ID:

Select Date Range

DOS Date Range Claim Paid Date Range

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

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

Search Results

Search Tips

Search by Member ID

Search by Member ID

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

Home | My Account | Tasks | Administration

Home > Tasks > Remittance Advice Search

About Remittance Advice Search

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

Remittance Advice Search

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

Member/Provider Information

Member ID:

Servicing Provider Name:

Remittance/Claim Information

Claim ID:

Select Date Range

DOS Date Range Claim Paid Date Range

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

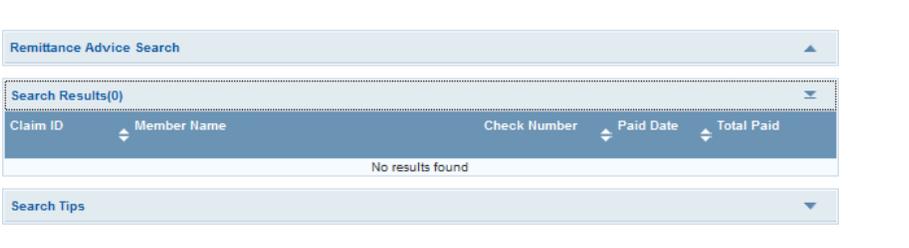
Date To (mm/dd/yyyy): Date To (mm/dd/yyyy):

Search Results

Search Tips

Aetna Better Health® Provider Web Portal Instructions

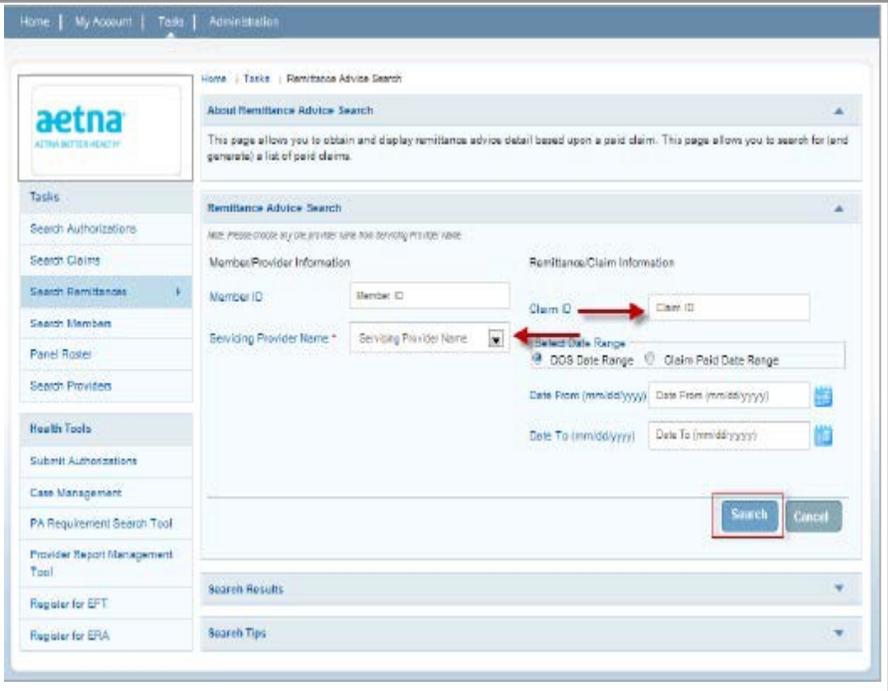
The results show the Claim ID, Member Name, Check Number, Paid Date, and Total Paid. Click on the Claim ID to display the details of the Remittance Advise.



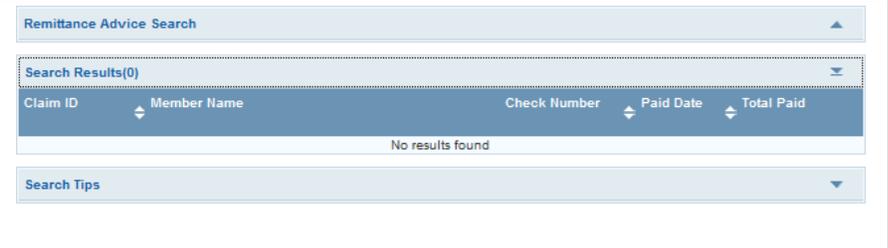
Search by Claim ID

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.



Aetna Better Health® Provider Web Portal Instructions

Search by Date Range

Search by Date Range

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

Remittance Advice Search

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

Member/Provider Information

Member ID

Servicing Provider Name *

Remittance/Claim Information

Claim ID

Select Date Range

DOS Date Range Claim Paid Date Range

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

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

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](#)