Aetna Better Health® of Kansas 9401 Indian Creek Parkway, Suite 1300 Overland Park, KS 66210



Aetna Better Health® of Kansas

Provider Prior Authorization (PA) Tool – Search up to Six (6) Codes Simultaneously

Aetna recognizes the importance of creating efficient and effective processes for our providers. We employ multiple strategies to minimize provider administrative burden and enhance provider experience. Our provider portal includes requirements for prior authorization (PA), how to request a copy of medical necessity criteria, and access to the **Provider PA Tool**. The **Provider PA Tool** enables providers to verify that a service is a covered benefit and to determine whether it requires PA.

Our Provider Secure Web Portal is a web-based platform that communicates member health care information directly to providers in real-time. Providers can perform many functions within this web-based platform, including accessing the **Provider PA Tool**. Providers can access the <u>Provider PA Tool here</u>. The following screen shot (Exhibit 1) shows the Provider PA Tool front page, and the screen shot (Exhibit 2) that follows shows the results received when using the Provider PA Tool.

Exhibit 1:

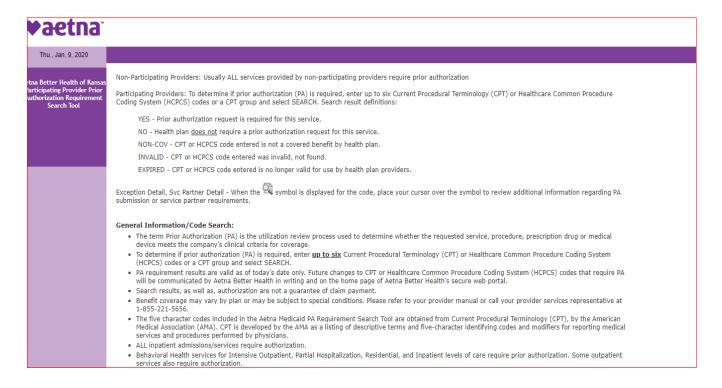
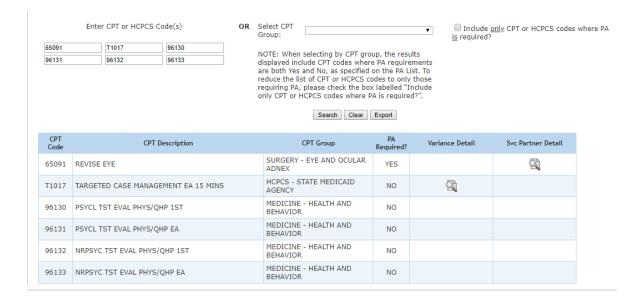


Exhibit 2:



- Variance Detail provides code specific limitations
- Svc Partner Detail provides prior authorization contact information for service partner vendors, such as Skygen

AetnaBetterHealth.com/Kansas

Through the **Provider PA Tool**, providers may search for provider authorizations by member, provider, authorization data, or submission/service dates. We display only authorizations associated with the user's account provider ID. The **Provider PA Tool** enables access to the most up-to-date information on current prior authorization requirements. The **Provider PA Tool** also enables providers to:

- Search Prior Authorization requirements either by individual code or up to six (6) Current Procedural Terminology/Healthcare Common Procedures Coding System (CPT/HCPCS) codes simultaneously.
- Review prior authorization requirements by specific procedures or service groups.
- Receive immediate information as to whether the code(s) are valid, expired, a covered benefit, have prior authorization requirements, and any noted prior authorization exception information.
- Export CPT/HCPS code results and information to Excel.
- Providers can submit an authorization request on-line. There are three (3) types of authorization available:
 - Medical Inpatient services including surgical and non-surgical, rehabilitation and hospice
 - Outpatient
 - Durable Medical Equipment Rental

Questions

If you have general questions about this communication, please contact Aetna Better Health of Kansas Provider Experience Department:

By Phone: **1-855-221-5656**

By Email: providerexperienceks@aetna.com