

aetna[®]

CofinitySM

NPO PAAC 10-13-15

DOING
BUSINESS WITH
AETNA
&
COFINITY

☐ **What's New**

- New Service Model
- Recontracting
- [www. Aetna.com](http://www.Aetna.com) Features
- Submit Demographic Changes

☐ **Aetna -Getting Information**

- Provider Service Center
- Self-Service Tools
- Education and Webinars
- Additional information






☐ **Cofinity- Stay Connected**

- Website Features

☐ **Questions**

We're improving our service model for you

We're enhancing our provider service model to give you better service. Use the options noted below instead of calling your local network contact. These resources are easy to use *and* can save you time. It's very important to us that you get what you need when you contact us. Locate the network logo on the member's ID before using the chart below.

ID card logo/network			 	Aetna Signature Administrators' PPO By 
Provider website(s)	www.aetna.com	www.cofinity.net	www.directprovider.com www.coventryhealthcare.com www.firsthealth.com	Refer to the back of your member ID card
What you can find on our website(s)	<ul style="list-style-type: none"> Join the network Precertification and clinical policy bulletins Payment policies Dispute and appeals process Education <p>Access Navinet, our secure provider website, at www.aetna.com. You can:</p> <ul style="list-style-type: none"> Check claims status, eligibility and benefits Submit referrals 	<ul style="list-style-type: none"> Join the network Submit claims Reconsideration process Pricing rules Newsletters and reporting 	<p>At www.coventryhealthcare.com and www.firsthealth.com you can find:</p> <ul style="list-style-type: none"> Join the network Claims information Reconsiderations process Pricing rules Newsletters and reporting <p>At www.directprovider.com you can:</p> <ul style="list-style-type: none"> Check eligibility and benefits Submit referrals Claims information 	<ul style="list-style-type: none"> Benefits Claims status
Provider service phone number	<p>1-888-MDAETNA (1-888-632-3862)</p> <p>Aetna Medicare Advantage 1-800-624-0756</p>	1-800-831-1166	<p>Coventry: Refer to back of member ID card</p> <p>First Health: 1-800-937-6824</p>	Refer to the back of your member ID card

RECONTRACTING



-Separate agreements.

-Separate networks.

Aetna Medicare Advantage

Employer Based Plan.

- PPO Product.
- Physician Services Based on Medicare Reimbursement.
- Follows Aetna coding and guidelines.

AETNA BEHAVIORAL HEALTH

- Separate agreement
- Separate network
- Adding a new behavioral health provider.

www.aetna.com

Aetna Behavioral Health Customer Service
888.632.3862

The Aetna logo is displayed in orange lowercase letters on a blue background. The logo consists of the word "aetna" followed by a small registered trademark symbol (®). The background of the slide features a geometric design with orange and blue triangles on the left side.

aetna®

CREDENTIALING A PROVIDER






- ✓ If provider is not participating, complete an Application Request Form at www.aetna.com. Indicate the provider's CAQH ID number on the form and ensure Aetna/Cofinity has access to CAQH, so we can pull the credentials and begin the credentialing process. If provider is not registered, CAQH will fax you information in approximately 10-14 days.
- ✓ The credentialing process takes approximately 90 days from receipt of the provider's credentials.

Tools available without secure login:

- **Credentialing / Applications**
- **ICD-10 FAQ's**
- **Sign up for OfficeLink Newsletter –**
 - Find Previous Mid-America Newsletters
- **Update Provider Demographic Data**
- **Get Precert List and do PreCert Code Lookup**
- **Clinical Policy Bulletins**
- **Appeal / Dispute Guidelines**
- **Provider Education & Office Manuals**
- **Provider Directory**

AETNA'S HEALTH CARE PROFESSIONALS WEBSITE

www.aetna.com

Individuals & Families	Employers & Organizations	Health Care Professionals	Producers	About Us	News & Analysis
<h2>Working with Aetna</h2> <ul style="list-style-type: none">Join the NetworkPrecertificationClinical Policy BulletinsUtilization ManagementICD-10, 5010 & NPI InformationDispute & Appeal Process	<h2>Electronic Solutions</h2> <ul style="list-style-type: none">Claims, Payment & Reimbursement	<h2>Products & Programs</h2> <ul style="list-style-type: none">Patient Care Programs & Quality AssurancePharmacy Services	<h2>Resources</h2> <ul style="list-style-type: none">Newsletters & NewsHealth Care Professional FormsEducation & ManualsInsurance Regulations by State	<h2>Quick Links</h2> <ul style="list-style-type: none"> Secure Provider Website AetnaDental.comAetnaEducation.comCheck Precertification ListUpdate Provider Demographic DataOnline Provider DirectorySearch Drug Formularies	
			 Menu	Log In / Register Contact	<input type="text" value="Search"/> 

SUBMIT DEMOGRAPHIC CHANGES

Aetna: Via below form at Aetna.com or via NaviNet by Security Officer

aetna®

Close X Print

DocFind

Request Changes to Provider Data

Use this to update information for any doctors, hospitals or facilities currently listed on DocFind®, Aetna's on-line provider directory

* Required

Update your office/facility information

* Tell us who you are (this section is required):

Name:

Your position:

Email address:

Phone Number:

Best way to reach you (phone/email):

Phone

Email

* Provider Information (all items below are required)

Provider, Group or facility name (if applicable):

Provider/Group Address that this change applies to:

Street:

City:

State:

Select a State ▾

Zip:

Phone:

Add additional locations

GETTING INFORMATION

aetna[®]

PROVIDER SERVICE CENTER

1-888-632-3862

Key benefits to the provider:

- Call operations
- Claims operations
- Self-service solutions
- Complaints and appeals
- Credentialing
- Provider data services



AETNA'S WEBSITE FOR HEALTH CARE PROFESSIONALS

www.aetna.com

The screenshot displays the Aetna website interface for Health Care Professionals. The top navigation bar includes the Aetna logo, links for 'Contact' and 'News & Analysis', a search bar, and a main navigation menu with options: 'Individuals & Families', 'Employers & Organizations', 'Health Care Professionals' (highlighted with a red box), 'Producers', and 'About Us'. A 'Log In/Register' link is also present in the top right corner, also highlighted with a red box.

The main content area is divided into three columns:

- Working with Us:** Includes links for 'Join the Network', 'Claims, Payment & Reimbursement', 'Precertification', 'Clinical Policy Bulletins', 'Utilization Management', 'ICD-10, 5010 & NPI Information', and 'Dispute & Appeal Process'.
- Products & Programs for Health Care Professionals:** Includes links for 'Patient Care Programs & Quality Assurance', 'Pharmacy Services', and 'Medicare'.
- Resources for Health Care Professionals:** Includes links for 'Newsletters & News', 'Forms', 'Education & Manuals', and 'Insurance Regulations by State'.

A 'Helpful Links' sidebar on the right contains the following links:

- Secure Provider Website** (highlighted with a red box)
- AetnaDental.com
- AetnaEducation.com
- Check Precertification List
- Update Provider Demographic Data
- Online Provider Directory
- Online Medicare Directory
- Search Drug Formularies

A vertical 'Feedback' button is located on the far right edge of the sidebar.

At the bottom of the page, a white banner features the text 'Popular resources at your fingertips' in green, followed by 'We make it easy for you to work with us' in black.

AETNA'S SECURE PROVIDER WEBSITE



Contact: 1-888-482-8057

Sign In

Username:

Password:

Sign In

[Forgot your password?](#)
[Forgot your username?](#)

Getting Started with NaviNet

[Trouble Logging In?](#)
[Sign Up](#)
[What Plans Participate?](#)

What's New

Did You Know?

Feedback

You have questions? NaviNet is the answer.

- Is Mr. Smith still **eligible** for insurance?
- Has Mrs. Jones' **referral** been submitted?
- How do I submit an **authorization** for Mr. Garcia?

Are You Sharing Login Credentials?

HIPAA guidelines prohibit users from sharing login information. If you are sharing login credentials, please contact your NaviNet [Security Officer](#) to be added as a user. Find out the name of your Security Officer by going to **My Account** and clicking **My Security**. There is no additional charge for adding users.



Update or Provide Your Email Address

Please take a moment to make sure we have your correct email address so we can provide you with timely, useful, and important updates. You can do this by going to **My Account** and clicking **About Me**.



Follow us on Twitter



Like us on Facebook



Connect with us on LinkedIn


SELF-SERVICE TOOLS AND TRANSACTIONS

- Account management tools
- Claim status inquiry
- Claim submission
- Eligibility and benefits
- EFT and ERA enrollment
- Online EOBs
- Payment Estimator
- Precertification
- Referrals
- Access Payment & Pricing Policies
- Submit Claim Reconsiderations
- Submit Claim Projects (over 10 claims same issue)



AETNA PLAN CENTRAL

CHECK IMPORTANT ANNOUNCEMENTS

 [Home](#) | [Help](#) | [Contact Support](#) | [Feedback](#)

Welcome, [Kiley](#) ▾

Workflows ▾

My Health Plans ▾

Patient Clinical Documents

My Health Plans

Aetna Health Plan

NPI Resources ▾

Support Center ▾

Eligibility ▾

Payment Estimator

Claims ▾

Claim EOB Tool - New EOBs available ▾

Account Management Tools ▾

Referrals ▾

Precertifications ▾

DocFind® Referral Directory

Code Inquiries ▾

NaviNet Data Maintenance ▾

Communications ▾

Education ▾

Email Options ▾

Clinical ▾

Important Announcements

Subject	Date
REMINDER: Access to Aetna electronic care considerations functionality discontinued	09/30/2015
ICD-10 has arrived!	09/30/2015
Access to Precert Information Request Forms	09/28/2015
Issue with Claim History Reports	09/23/2015

>More

Working electronically can have you seeing GREEN!

U.S. health care providers and facilities could save more than \$7.2 billion each year by doing business electronically according to the 2014 CAQH U.S. Healthcare Efficiency Index®.

Let Aetna help you

>More

It's finally here—you can now use ICD-10 codes

The October 1, 2015 compliance date is here. All claim transactions for dates of service on or after October 1, 2015 must include ICD-10 coding. So be sure to use the new ICD-10 code set. Otherwise, you might find yourself worrying about issues caused by using ICD-9 coding, like rejected claims, resubmitted claims or delayed claims payments.

Free NaviNet Basics webinar

Have an hour? Then join us for a free, interactive session. During "NaviNet Basics," we'll show you how to:

- Navigate our secure provider website
- Identify the role of the Security Officer
- Complete real-time transactions
- Access our suite of account management tools

Resources

- > [Accountable Care Solutions](#)
- > [Aetna Benefits Products](#)
- > [Aetna News and Analysis](#)
- > [Aetna User Guides](#)
- > [Claim Adjustment Reason Codes](#)
- > [Clinical Policy Bulletins](#)
- > [COB Claims Resources](#)
- > [Office Manual for Health Care Professionals](#)
- > [Participating Pharmacy Look Up](#)
- > [Pharmacy Clinical Policy Bulletins](#)
- > [Physician Advisory Board](#)
- > [Precert Code Search Tool](#)
- > [Precertification List](#)
- > [Preferred Drug List](#)
- > [Provider Application Request](#)
- > [Provider EDI Savings Calculator](#)
- > [Utilization Review Policies](#)

<https://navinet.navimedix.com/insurers/aetna?start>

CONTACT US

To select choose: Support Center
Doing Business with Us
Scroll down to bottom to select

"Contact"

Is this inquiry regarding:

Note: Please click on the checkbox ☐ associated with your inquiry.

Please submit only one inquiry per member.

1. A member claim?



Please include the following information:

Member Name, Date of Service, Total Amount Billed, Claim Number or ICN,
Error/Rejection Message

2. A Claim Explanation of Benefit (EOB)?



Note: For technical problems with accessing a Claim Explanation of Benefit, please complete Question 10.

3. Member eligibility or benefits?



4. A member referral?



5. A member precertification?




Tools

> **Contact**

> Find a Doctor or Hospital


ELIGIBILITY


Go To Admin Messages | Go To Action Items Log Off

Plan Central Office Central NaviNet Central Action Items My Account Help

Aetna

- NPI Resources >
- Support Center >
- Eligibility > **Eligibility and Benefits Inquiry**
- Payment Estimator Managed Choice/Elect Choice Rosters - Sign Up
- Claims > HMO Rosters/Capitation Reports - Sign Up
- Claim EOB Tool > HMO Rosters/Capitation Reports - View Report
- Account Management Tools >
- ERA
- Referrals >
- Precertifications >
- DocFind® Referral Directory
- Code Inquiries >
- Update Provider Profiles
- Communications >
- Education
- Email Options >
- AetnaDental.com
- Clinical >



Subject	Date
Behavioral health providers: you can now send electronic precertification requests!	11/18/2013
Member ID Cards - Product Type	10/23/2013
Eligibility and Benefits Enhancement!	09/16/2013
Eligibility & Benefits: Non-Standard Member ID Search	09/16/2013

>More

Resources

- > [Aetna Benefits Products](#)
- > [Aetna User Guides](#)
- > [Aetna via NaviNet Clinical Resource Center](#)
- > [Claim Adjustment Reason Codes](#)
- > [Clinical Policy Bulletins](#)
- > [EDI Savings Calculator](#)
- > [Electronic COB Claims Submission Resources](#)
- > [ePocrates Prescription Drug Formulary](#)
- > [Participating Pharmacy Look Up](#)
- > [Pharmacy Clinical Policy Bulletins](#)
- > [Physician Advisory Board](#)
- > [Precert Code Search Tool](#)
- > [Precertification List](#)
- > [Preferred Drug List](#)
- > [Provider Application Request](#)
- > [Utilization Review Policies](#)

Access to Electronic Member ID Card Now Available!

NaviNet users now have the ability to access member ID cards electronically. Users must be enabled by their NaviNet security officer to access member ID cards.

- To access the el....

>More

Working with public health insurance exchanges

We offer Qualified Health Plans (QHP), including plans sold on the individual public exchanges/marketplaces, in AZ, FL, IL, OK, PA, TX, VA and Washington, D.C. Availability varies by state, so check the [map](#) for your area. We also offer small group plans on the Small Business Health Options Program in MD and Washington, D.C.

[Learn more](#)

Begin your Fraud, Waste and Abuse training now

The Centers for Medicare & Medicaid Services (CMS) requires providers and administrative staff to complete Fraud, Waste and Abuse (FWA) training annually. CMS offers a web-based training module that satisfies the FWA training requirement. [Click here](#) for instructions to access CMS' FWA course. Some Medicare Advantage organizations also offer training that satisfies this requirement.

ELIGIBILITY DETAILS



Eligibility Details

Choose a new transaction for

Choose One

Go

[Help for this screen](#)

This box shows Product & COB Details

- Plan Requires PreCert
- PCP Selection Not Required
- Referral or precert required for service 73 - Diagnostic Medical.
- Referral or precert required for service 98 - Professional (Physician) Visit - Office.
- No COB on file

Benefit Information

[Co Insurance](#)
[Co payment](#)
[Deductible](#)
[Limitations](#)
[Out of Pocket \(Stop Loss\)](#)

Useful Links

[Procedures that require precertification](#)
[Aetna Benefits Product Booklet](#)
[Policy Information](#)

Member Information

Member Name:

Member ID:

Member Date Of Birth:

Relation to Subscriber:

Please Note: A dependent with a unique member ID (8 characters) will be noted here as 'Self' rather than as a dependent.

Plan Name: HSA Aetna Choice POS II

Plan ID: 0015001

Plan Effective Date: 01/01/2010

Product: POINT OF SERVICE (POS)

EDI Trace Number:

Current PCP: --

Phone Number: --

PCP Effective Date: --

Address:

Member Gender: FEMALE

Eligibility Status: ACTIVE COVERAGE

Effective Date of Coverage: 10/01/1999

Gateway Provider: --

Gateway Provider #: --

Address: --



Click here to view & Print ID Card

Exit

WHAT'S NEW?

ACCESSING ONLINE MEMBER ID CARDS



Member ID Card Image

Date Printed:
Date Mailed:

04-02-2013
01-01-2013

The image shows a sample Aetna Member ID Card. The card is white with the Aetna logo at the top left. Below the logo, it says "NAP" and "MultiPlan". The card contains the following information:

Member ID: W0 [redacted]
Name: [redacted]
Health Plan: (00040) 3140000054
Medical Group: 001500-056-03004
Dental Group: 001500-030-03004
PCP: NO ELECTION REQUIRED
RX BIN: 610502

Below the main information, there are two sections for "Election/Selection". The first section is for "Medical" and the second is for "Dental". Both sections have a "PCP" field and a "NO ELECTION REQUIRED" status.

At the bottom of the card, there is a section for "Aetna Website" with the URL "www.aetna.com". Below this, there is a paragraph of text explaining the card's purpose and how to use it. At the very bottom, there is a section for "Submit Claims" with the following information:

TX: 803 951105
EL: PASO
TX: 753996-1105
AETNA ONE PREMIER
1-800-558-0860

Please note: PCP changes will not display on ID cards for up to two business days.

WHAT'S NEW?

Coordination of Benefits (COB) Resources

Use our **COB form** to print and share with your patients. This will help you collect and send COB data to us. The COB form is available on our COB page www.aetna.com/provider/ecob



Coordination of Benefits

Name of facility/provider
Patient name

1. Do you or another family member have other health coverage that may cover this claim?
If no, please provide the information within section one, sign and date. If yes, please complete all fields, sign and date.

Name of Aetna subscriber		
Date of birth	Aetna member ID	Patient relationship to subscriber
Name of employer group	Effective date of coverage	

1a. Type of other coverage

<input type="checkbox"/> Other Aetna Health Plan	<input type="checkbox"/> Other insurance	<input type="checkbox"/> Student Health	<input type="checkbox"/> Medicaid
--------------------------------------------------	------------------------------------------	-----------------------------------------	-----------------------------------

WHAT'S NEW


COB Smart™, a CAQH® Solution

To help you navigate COB for your patients, we participate in COB Smart™, a CAQH® Solution. That means, when you submit an electronic eligibility request, we'll tell you whether your patient has additional insurance coverage and which plan is primary, making it even easier for you to “get it right the first time.”

http://www.caqh.org/cob_smart.php

ESTIMATE REQUEST SCREEN

- Type of estimate
- Billing provider
- Place of service
- Diagnosis code(s)
- Procedure code(s)



Estimate Request

[Help for this screen](#)

Member Name:

Member ID:

Date of Birth:

Relationship:

Please Note: HMO Member dependents have unique member IDs and will be noted as 'Self' within the 'Relationship' field.

Gender: Female

Plan Name:

Servicing Provider:

Date of Estimate:

Type of Estimate: ☒ Professional (For All Service Locations) [Tell me more...](#)

☐ Outpatient Facility

☐ Inpatient Facility (For Hospital Use Only)

Billing Provider: Choose one

Service Facility (ID/NPI): Search

(Required if different from Billing Provider)

Place of Service: 11 - Office

Patient Account # (optional):

Step 1 of 2: Enter Diagnosis Code(s)

Select a Diagnosis Code from the Frequently Used list, enter a code in the text field, OR search for a code:

Diagnosis Number	Frequently Used Codes Tell me more...	Code	Search for Codes Tell me more...	Description	View Description
1:	Choose one	<input type="text"/>	Search		
2:	Choose one	<input type="text"/>	Search		
3:	Choose one	<input type="text"/>	Search		
4:	Choose one	<input type="text"/>	Search		

Add Diagnosis

You may enter up to 8 diagnosis codes for this estimate.

Step 2 of 2: Enter Procedure(s)

Select a Procedure Code from the Frequently Used list, enter a code in the text field, OR search for a code:

Procedure 1	Frequently Used Codes Tell me more...	Code	Search for Codes Tell me more...	Description	View
Procedure Code:	Choose one	<input type="text"/>	Search		
Modifier 1 (optional):	<input type="text"/>	<input type="text"/>	Search	Add Modifier	
Diagnosis Pointer: Tell me more...	<input type="text"/>				
Quantity:	<input type="text"/> unit(s)				
Billed Charge:	<input type="text"/> Enter your per unit or total minute charge for this procedure.				

Add Procedure 2

You may enter up to 6 service lines for this estimate.

Submit Exit



Estimate Details

Choose a new transaction for

Choose One



Go

[Print](#)

[Help for this screen](#)

Member Name:

Member ID:

Date of Birth:

Relationship: Self

Please Note: HMO Member dependents have unique member IDs and will be noted as 'Self' within the 'Relationship' field.

Gender: Female

Patient Account #: unspecified

Estimate ID: SJPAY9Q5F00

Plan Name: Aexcel Plus Choice POS II

Billing Provider:

Servicing Provider:

Service Facility:

Place of Service: 11 - Office

Type of Estimate: Professional

Date of Estimate: 02/23/2012

Estimate Summary:

					Estimated Patient Responsibility				Total Patient Responsibility	Estimated Aetna Payment
	Procedure Code	Provider Charges	Contractual Adjustment Tell me more...	Other Aetna Adjustments Tell me more...	Copayment	Deductible	Coinsurance	Other Patient Responsibility Tell me more...		
Procedure 1	70030	\$500.00	\$1937.18	\$0.00	\$0.00	\$62.82	\$0.00	\$0.00	\$62.82	\$0.00
Procedure 2	65205	\$2000.00	\$472.78	\$0.00	\$0.00	\$27.22	\$0.00	\$0.00	\$27.22	\$0.00
Total:		\$2500.00	\$2409.96	\$0.00	\$0.00	\$90.04	\$0.00	\$0.00	\$90.04	\$0.00

Procedure 1: 70030: RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY


Procedure 2: 65205: REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL

Print

New Estimate

Exit


REFERRALS


Go To Admin Messages | Go To Action Items | Log Off

[Plan Central](#)
[Office Central](#)
[NaviNet Central](#)
[Action Items](#)
[My Account](#)
[Help](#)

Aetna

- NPI Resources >
- Support Center >
- Eligibility >
- Payment Estimator >
- Claims >
- Claim EOB Tool - New EOBs Available >
- Account Management Tools >
- ERA >
- Referrals >
- Precertifications >
- DocFind® Referral Directory >
- Code Inquiries >
- Update Provider Profiles >
- Communications >
- Education >
- Email Options >
- AetnaDental.com >
- Clinical >



Important Announcements

Subject	Date
Coordination of Benefits (COB) form now available online!	01/08/2014
You can now send electronic precertification requests!	11/18/2013
Referral Submission	10/23/2013
Referral Inquiry	09/16/2013
Taxonomy	
Automatic Studies by Specialty	

Resources

- [Aetna Benefits Products](#)
- [Aetna User Guides](#)
- [Claim Adjustment Reason Codes](#)
- [Clinical Policy Bulletins](#)
- [COB Claims Resources](#)
- [EDI Savings Calculator](#)
- [ePocrates Prescription Drug Formulary](#)
- [NaviNet Clinical Resource Center](#)
- [Participating Pharmacy Look Up](#)
- [Pharmacy Clinical Policy Bulletins](#)
- [Physician Advisory Board](#)
- [Precert Code Search Tool](#)
- [Precertification List](#)
- [Preferred Drug List](#)
- [Provider Application Request](#)
- [Utilization Review Policies](#)

Access to Electronic Member ID Card Now Available!

NaviNet users now have the ability to access member ID cards electronically. Users must be enabled by their NaviNet security officer to access member ID cards.

- To access the el....

What's the secret to getting patient payments fast?

Aetna and Citi® have launched Money²_{SM} for Health. It's an innovative solution that can help you get patient payments fast. It's easy to use and works with your current workflows.

You can improve cash flow, save money and improve patient satisfaction. Patients can pay from most accounts, get alerts when payments are due, and review and compare payments to their claims.

Learn more

- Visit us [online](#) to read more
- E-mail money2forhealth@aetna.com
- Call us at 1-855-803-5919

Begin your Fraud, Waste and Abuse training now

The Centers for Medicare & Medicaid Services (CMS) requires providers and administrative staff to complete Fraud, Waste and Abuse (FWA) training annually. CMS offers a web-based training module that satisfies the FWA training requirement. [Click here](#) for instructions to access CMS' FWA course. Some Medicare Advantage organizations also offer training that satisfies this requirement.

Your organization must submit a 2013 FWA Attestation. Once your organization completes the required training, an authorized representative from your organization must submit our 2013 FWA Attestation. The attestation is located on our [education website](#). It's a confirmation that your staff meets CMS FWA training requirements.

REFERRAL FORM

Step 1. Please enter ONE of the following 'Referred To' options:

Option 1 - Enter Referred To Provider ID/NPI

Referred To Provider ID/NPI:

Provider Search

[RecFind](#)

Provider Details:

☐

Add to Frequently Referred To Providers List

Option 2 - Select Frequently Referred To Provider

Frequently Referred To Providers:

Option 3 - Select a Specialty Code

Specialty Code:

Step 2. Please enter requested service information:

Place of Service:

Number of Visits:

Comments to Service Provider:

Optional Step 3. Select a Diagnosis Code from the Frequently Used list, enter a code in the text field, OR search for a code:

	Frequently Used Codes	Code		Description
1	<input type="text" value="Choose One"/>	<input type="text"/>	<input type="button" value="Search"/>	
2	<input type="text" value="Choose One"/>	<input type="text"/>	<input type="button" value="Search"/>	
3	<input type="text" value="Choose One"/>	<input type="text"/>	<input type="button" value="Search"/>	

Optional Step 4. Select a Procedure Code from the Frequently Used list, enter a code in the text field, OR search for a code:

	Frequently Used Codes	Code		Description
1	<input type="text" value="Choose One"/>	<input type="text"/>	<input type="button" value="Search"/>	
2	<input type="text" value="Choose One"/>	<input type="text"/>	<input type="button" value="Search"/>	
3	<input type="text" value="Choose One"/>	<input type="text"/>	<input type="button" value="Search"/>	

Add Another Procedure

Optional Step 5. Referral Form Validation:

Click View Details to validate member, provider, and code values prior to submission.

View Details



[Aetna](#) | [Referral Inquiry](#) > [Requesting Provider Search](#) > Referral Search



If you do not see the correct Requesting Provider NPI in the dropdown menu, go to [NPI Resources > NPI Assistance Center](#).

Member ID:

Member DOB:

Member Last Name:

Member First Name:

--

Member Is: Choose One

Choose One

▼ Review Identification Number:


--

Exit

Clear

Review ID #	Member ID	Member Name	Place of Service	Effective Dates	Referred From Provider	Referred To Provider or Specialty
Please use search options above.						

PRECERTIFICATION


Plan Central Office Central NaviNet Central Action Items My Account Help

Go To Admin Messages Go To Action Items Log Off

Aetna

NPI Resources

Support Center

Eligibility

Payment Estimator

Claims

Claim EOB Tool

Account Management Tools

Referrals

Precertifications

DocFind® Referral Directory

Code Inquiries


Update Provider Profiles

Communications

Education

Email Options

Clinical



Important Announcements

Subject	Date
Behavioral health providers: you can now send electronic precertification requests!	11/18/2013
Member ID Cards - Product T...	10/23/2013
ment!	09/16/2013
ard Member ID Search	09/16/2013

>More

Access to Electronic Member ID Card Now Available!

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- To access the el....

>More

Working with public health insurance exchanges

We offer Qualified Health Plans (QHP), including plans sold on the individual public exchanges/marketplaces, in AZ, FL, IL, OK, PA, TX, VA and Washington, D.C. Availability varies by state, so check the [map](#) for your area. We also offer small group plans on the Small Business Health Options Program in MD and Washington, D.C.

Learn more

- See the [Exchanges page](#) on our [website](#).
- Visit [DocFind®](#) to learn about QHP members and find network providers. Select "Qualified Health Plans (QHPs) – including public exchange/marketplace plans" from the blue bars on the left.

Begin your Fraud, Waste and Abuse training now

The Centers for Medicare & Medicaid Services (CMS) requires providers and administrative staff to complete Fraud, Waste and Abuse (FWA) training annually. CMS offers a web-based training module that satisfies the FWA training requirement. [Click here](#) for instructions to access CMS' FWA course. Some Medicare Advantage organizations also offer training that satisfies this requirement.

Your organization must submit a 2013 FWA Attestation. Once your organization completes the required training, an authorized representative from your organization must submit our 2013 FWA Attestation. The attestation is located on our [education website](#). It's a confirmation that your staff meets CMS FWA training requirements.

Resources

- > [Aetna Benefits Products](#)
- > [Aetna User Guides](#)
- > [Aetna via NaviNet Clinical Resource Center](#)
- > [Claim Adjustment Reason Codes](#)
- > [Clinical Policy Bulletins](#)
- > [EDI Savings Calculator](#)
- > [Electronic COB Claims Submission Resources](#)
- > [ePocrates Prescription Drug Formulary](#)
- > [Participating Pharmacy Look Up](#)
- > [Pharmacy Clinical Policy Bulletins](#)
- > [Physician Advisory Board](#)
- > [Precert Code Search Tool](#)
- > [Precertification List](#)
- > [Preferred Drug List](#)
- > [Provider Application Request](#)
- > [Utilization Review Policies](#)

PRECERTIFICATION

[Menu](#)[Log In / Register](#)[Contact](#)

Precertification information

Precertification applies to all benefits plans that include a precertification requirement. Participating providers are required to pursue precertification for procedures and services on the lists below.

Please note that the Aetna Student Health Precertification List is currently under revision. For assistance and information, contact Aetna Student Health Customer Service at 877-480-4161.

 [2014 Participating Provider Precertification List](#) - Effective date: March 3, 2014

 [Behavioral Health Precertification List](#)

We also have provided radiology precertification information, as well as a form for non-participating providers to request precertification or preauthorization.

 [Radiology Precertification \(state, product, vendor list\)](#)

 [Precertification Request Form for Non-Participating Providers](#)



Find a form >

Find forms for claims, payment, billing, Medicare, pharmacy and more.



Clinical Policy Bulletins >

View medical, dental or pharmacy clinical policy bulletins.

Find a doctor or hospital >

Use our online referral directory to find a doctor or hospital.

 Feedback

28

PRECERTIFICATION CODE SEARCH TOOL



Menu

Log In / Register

Contact

Search



Search by CPT code

Use our search tool to see if precertification is required. Enter one or more 5-digit CPT codes. This tool also helps to determine if a special program applies.

Submit

PRECERTIFICATION

[Aetna](#) | [Precertification Submission](#) > [Requesting Provider Search](#) > Member Search



Member Search

For help and tips on using this screen, click 'Help/Tips' directly above in the Workflow Tracker.

If you do not see the correct Requesting Provider NPI in the dropdown menu, go to [NPI Resources](#) > [NPI Assistance Center](#)

Requesting Provider:

Member ID:

Member DOB:

Member Last Name:

Member First Name:

Member Is:

Search

Clear

Member ID	Member Name	Gender	DOB	Product Type	Relationship	Enrollment Status	End Date
-----------	-------------	--------	-----	--------------	--------------	-------------------	----------

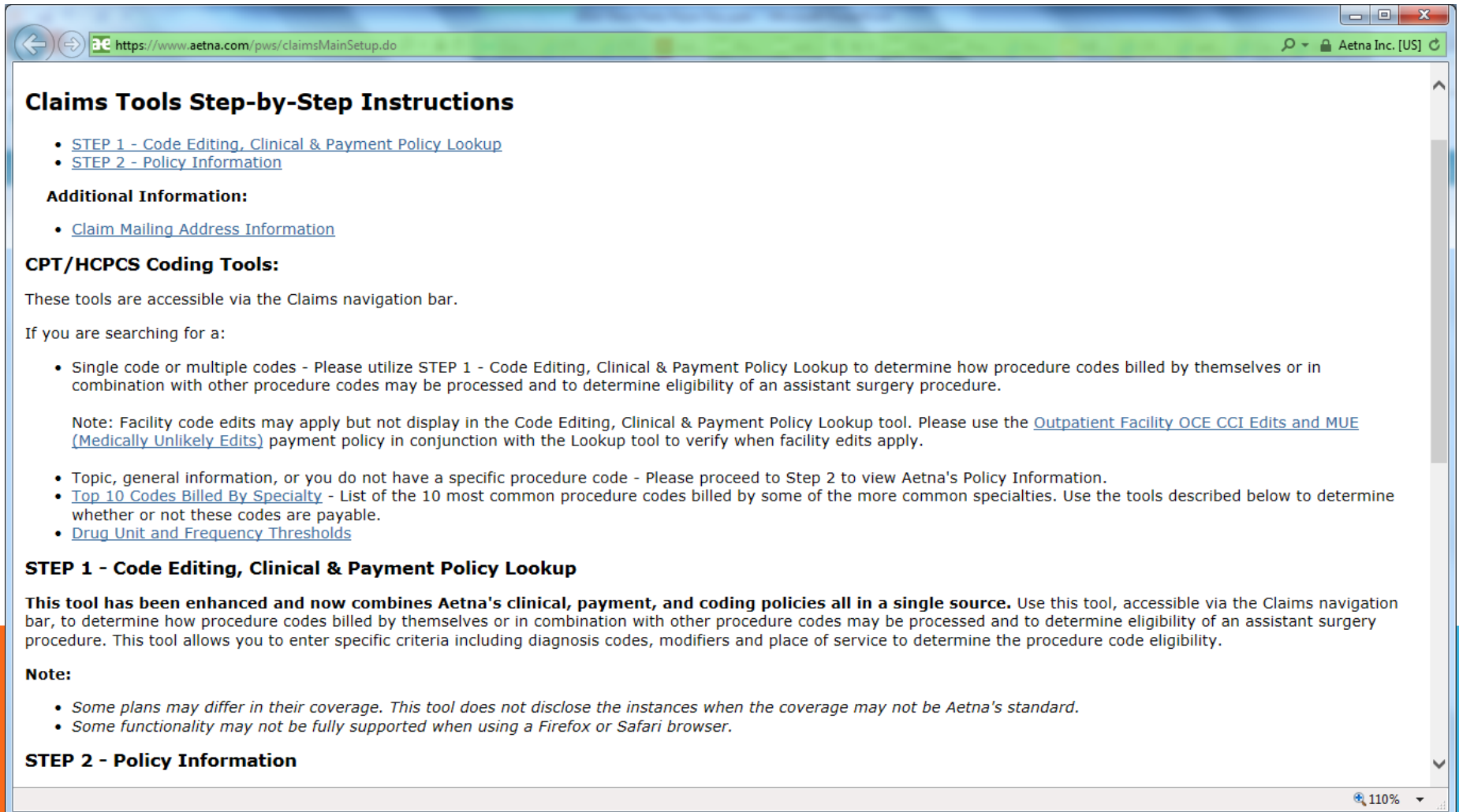
Please use search options above.

PRECERTIFICATION FORM

Step 1. Please enter Requester Information:					
Clinical Contact: <input style="width: 150px;" type="text"/>		Phone Number: <input style="width: 100px;" type="text"/>		Ext: <input style="width: 50px;" type="text"/>	
Step 2. Please specify an Attending Provider using ONE of the following options:					
Option 1 - Enter a Provider ID/NPI			Option 2 - Select a Preferred Provider		
Provider ID/NPI: <input style="width: 100px;" type="text"/>		Search DocFind		Preferred Providers: <input style="border: 1px solid #ccc;" type="text"/>	
Provider Details: <input type="checkbox"/> Add to Preferred Providers List					
Step 3. Please enter service information:					
Place of Service: <input style="width: 100px;" type="text" value="Choose One"/>		Level of Service: <input style="width: 100px;" type="text" value="Choose One"/>			
Comments to Service Provider: <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>					
Step 4. Select a Diagnosis Code from the Frequently Used list, enter a code in the text field, OR search for a code:					
	Frequently Used Codes	Code		Description	
1	<input style="width: 50px;" type="text" value="Choose One"/>	<input style="width: 50px;" type="text"/>	Search		
2	<input style="width: 50px;" type="text" value="Choose One"/>	<input style="width: 50px;" type="text"/>	Search		
3	<input style="width: 50px;" type="text" value="Choose One"/>	<input style="width: 50px;" type="text"/>	Search		
Add Another Diagnosis					
Step 5. Select a Procedure Code from the Frequently Used list, enter a code in the text field, OR search for a code:					
	Frequently Used Codes	Code	Description	Qty	Date
1	<input style="width: 50px;" type="text" value="Choose One"/>	<input style="width: 50px;" type="text"/>	Search	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>
2	<input style="width: 50px;" type="text" value="Choose One"/>	<input style="width: 50px;" type="text"/>	Search	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>
3	<input style="width: 50px;" type="text" value="Choose One"/>	<input style="width: 50px;" type="text"/>	Search	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>
Add Another Procedure					
Validate Form Data					

ACCESS CLAIM PAYMENT & CODING POLICIES

SELECT SUPPORT CENTER / CLAIMS



The screenshot shows a web browser window with the URL <https://www.aetna.com/pws/claimsMainSetup.do>. The page title is "Claims Tools Step-by-Step Instructions". It contains a list of links for "STEP 1 - Code Editing, Clinical & Payment Policy Lookup" and "STEP 2 - Policy Information". Under "Additional Information:", there is a link for "Claim Mailing Address Information". The "CPT/HCPCS Coding Tools:" section explains that these tools are accessible via the Claims navigation bar and provides instructions for searching for a code. It includes a note about facility code edits and a list of links for "Top 10 Codes Billed By Specialty", "Drug Unit and Frequency Thresholds", and "Outpatient Facility OCE CCI Edits and MUE (Medically Unlikely Edits)". The "STEP 1 - Code Editing, Clinical & Payment Policy Lookup" section states that the tool has been enhanced to combine Aetna's clinical, payment, and coding policies in a single source. It includes a note about plan coverage differences and browser support. The "STEP 2 - Policy Information" section is partially visible at the bottom.

Claims Tools Step-by-Step Instructions

- [STEP 1 - Code Editing, Clinical & Payment Policy Lookup](#)
- [STEP 2 - Policy Information](#)

Additional Information:

- [Claim Mailing Address Information](#)

CPT/HCPCS Coding Tools:

These tools are accessible via the Claims navigation bar.

If you are searching for a:

- Single code or multiple codes - Please utilize STEP 1 - Code Editing, Clinical & Payment Policy Lookup to determine how procedure codes billed by themselves or in combination with other procedure codes may be processed and to determine eligibility of an assistant surgery procedure.

Note: Facility code edits may apply but not display in the Code Editing, Clinical & Payment Policy Lookup tool. Please use the [Outpatient Facility OCE CCI Edits and MUE \(Medically Unlikely Edits\)](#) payment policy in conjunction with the Lookup tool to verify when facility edits apply.

- Topic, general information, or you do not have a specific procedure code - Please proceed to Step 2 to view Aetna's Policy Information.
- [Top 10 Codes Billed By Specialty](#) - List of the 10 most common procedure codes billed by some of the more common specialties. Use the tools described below to determine whether or not these codes are payable.
- [Drug Unit and Frequency Thresholds](#)

STEP 1 - Code Editing, Clinical & Payment Policy Lookup

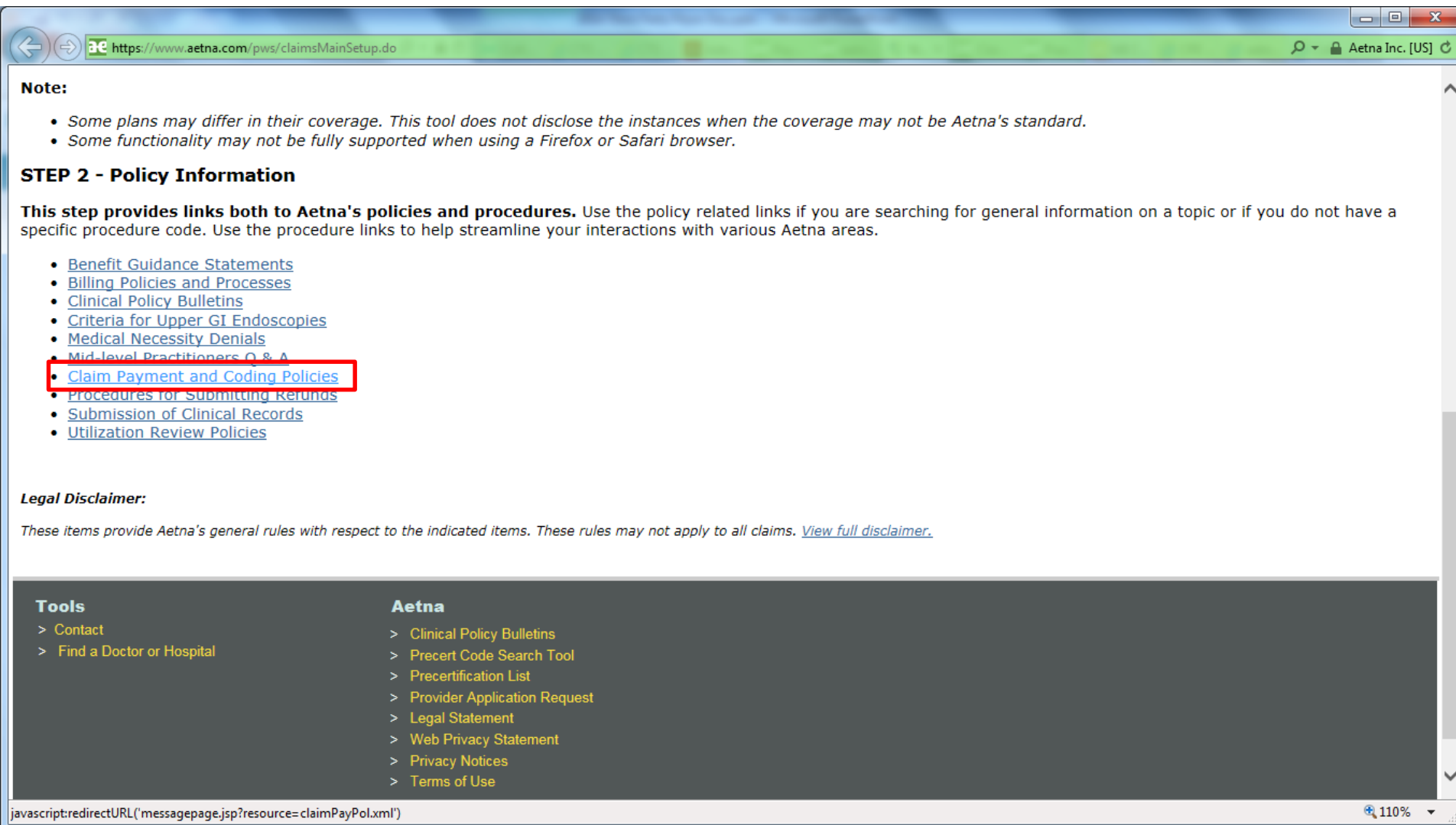
This tool has been enhanced and now combines Aetna's clinical, payment, and coding policies all in a single source. Use this tool, accessible via the Claims navigation bar, to determine how procedure codes billed by themselves or in combination with other procedure codes may be processed and to determine eligibility of an assistant surgery procedure. This tool allows you to enter specific criteria including diagnosis codes, modifiers and place of service to determine the procedure code eligibility.

Note:

- *Some plans may differ in their coverage. This tool does not disclose the instances when the coverage may not be Aetna's standard.*
- *Some functionality may not be fully supported when using a Firefox or Safari browser.*

STEP 2 - Policy Information

ACCESS WRITTEN PRICING POLICIES



Note:

- Some plans may differ in their coverage. This tool does not disclose the instances when the coverage may not be Aetna's standard.
- Some functionality may not be fully supported when using a Firefox or Safari browser.

STEP 2 - Policy Information

This step provides links both to Aetna's policies and procedures. Use the policy related links if you are searching for general information on a topic or if you do not have a specific procedure code. Use the procedure links to help streamline your interactions with various Aetna areas.

- [Benefit Guidance Statements](#)
- [Billing Policies and Processes](#)
- [Clinical Policy Bulletins](#)
- [Criteria for Upper GI Endoscopies](#)
- [Medical Necessity Denials](#)
- [Mid-level Practitioners Q & A](#)
- [Claim Payment and Coding Policies](#)
- [Procedures for Submitting Refunds](#)
- [Submission of Clinical Records](#)
- [Utilization Review Policies](#)

Legal Disclaimer:

These items provide Aetna's general rules with respect to the indicated items. These rules may not apply to all claims. [View full disclaimer.](#)

Tools	Aetna
<ul style="list-style-type: none">> Contact> Find a Doctor or Hospital	<ul style="list-style-type: none">> Clinical Policy Bulletins> Precert Code Search Tool> Precertification List> Provider Application Request> Legal Statement> Web Privacy Statement> Privacy Notices> Terms of Use

javascript:redirectURL('messagepage.jsp?resource=claimPayPol.xml')

ALPHABETICAL LIST



<https://www.aetna.com/pws/messagepage.jsp?resource=claimPayPol.xml> Aetna Inc. [US]

aetna®

Quick search

Payment and Coding Policies

[A](#) | [B](#) | [C](#) | [D](#) | [E](#) | [F](#) | [G](#) | [H](#) | [I](#) | [J](#) | [K](#) | [L](#) | [M](#) | [N](#) | [O](#) | [P](#) | [Q](#) | [R](#) | [S](#) | [T](#) | [U](#) | [V](#) | [W](#) | [X](#) | [Y](#) | [Z](#)

A

- [Add-On \(No-Cut\) Procedure Codes](#)
- [After Hours and Weekend Care](#)
- [Allergen Immunotherapy](#)
- [Ambulance](#)
- [Anesthesia](#)
- [Appendectomy - CPT 44955](#)
- [Application of Code Editing Logic on Same Date of Service When Place of Service Differs](#)
- [Application of Manufacturer's Rebate/Discount](#)
- [Applied Behavioral Analysis \(ABA\)](#)
- [Assistant Surgeon - Reimbursement Rate and Multiple Surgical Procedures](#)
- [Assistant Surgeon \(When Qualified Resident Surgeon Not Available\) -- Modifier 82](#)
- [Assistant Surgeon List -- Eligible and Non-Eligible](#)
- [Automated Data Generation/Analysis](#)

[Back to Top](#)

B

- [Base Units -- Anesthesia](#)
- [Behavioral Health Specialty Modifiers](#)
- [Biohazard Waste Material Disposal](#)
- [Blood Transfusion](#)

[Back to Top](#)

C

- [Care Plan Oversight](#)
- [Category B Codes](#)
- [Chemotherapy Administration](#)
- [Cine-radiography/Video-radiography - CPT 76120 or 76125](#)

We are currently combining multiple payment policies under broader topics. Each topic will have a new payment policy name and will include sections for related definitions, Q&As and applicable codes.

For example, there are many anesthesia-related payment policies that give guidelines for calculating units, handling modifiers and applying other criteria. Going forward, these 15 policies will be combined into a single, holistic "Anesthesia Payment Policy".

Note that guidelines within the current payment policies will not change, unless outdated.

Resources and Important Notes

- Visit the [Aetna OfficeLink Updates™](#) web page for recently communicated policy changes that may impact your practice or facility.
- We regularly adjust our clinical, payment and coding policy positions as part of our ongoing policy review processes. Information presented in our policies is current as of the accessed date, and provided on an "AS IS" basis. Refer to the [Terms of Use](#) for additional information.

CLICK TO REVIEW AND PRINT



The screenshot shows a web browser window with the address bar displaying <https://www.aetna.com/pws/messagepage.jsp?resource=claimPayPol.xml#T>. The page content is a list of medical services, each preceded by a blue underlined link. A vertical scrollbar is visible on the right side of the content area.

[Pap Smears Billed by Attending Physicians](#)
[Patient Safety Event](#)
[Photographs and Videotaping](#)
[Physical Medicine and Osteopathic or Chiropractic Manipulative Treatments for Osteopathic and Chiropractic Services and Physical, Occupational and Massage Physical, Occupational and Speech Therapy](#)
[Physical Status Modifiers -- Anesthesia](#)
[Professional Component \(When Billed With or Without Modifier 26\)](#)
[Professional Fees for Multiple Surgical Procedures, Including Bilateral Procedures and Multiple Sites](#)
[Professional Fees for "Never Events"](#)
[Prolonged Evaluation & Management \(E&M\) Services -- Modifier 21](#)
[Prolonged Physician Service](#)
[Prosthetic and Device Fees](#)
[Provision/Dispensing Fees](#)

[Back to Top](#)

Q

[Back to Top](#)

R

[Radiation Therapy](#)
[Radiology - Multiple component/duplicate component billing](#)
[Readmissions](#)
[Reduced Services -- Modifier 52](#)
[Reference \(Outside\) Laboratory -- Modifier 90](#)
[Repeat Clinical Diagnostic Laboratory Test - Modifier 91](#)

[Back to Top](#)

S


[Significant, Separately Identifiable Evaluation & Management \(E&M\) Services -- Modifier 25](#)

javascript:redirectURL('/contentMgt/pws/policies/PDF/P002.pdf')

130%

ACCESS EOB'S

RECOMMEND SEARCHING BY PATIENT

 [Home](#) | [Help](#) | [Contact Support](#) [Feedback](#)

Welcome, **Kiley** ▾

Workflows ▾ [Action Items](#)

Claim Explanation of Benefits - Access EOB List

Please select a TIN and click the Submit button to view the associated EOB list.

Note: HMO EOBs can only be viewed at the TIN-level. If you are not authorized for TIN-level access, HMO EOB links will display in grey text and will not be accessible.
Security Officers can enable the "View EOBs - All TINs/Locations" entitlement to allow a user to access HMO EOBs for the TIN(s) in the office.

* required information

[Access EOB List](#) [Search by Claim](#) [Search by Patient](#) [Search by Payment](#) [Search by Provider](#) [Tool Help ?](#)

[Download EFT Enrollment Form Now!](#)

Provider Information:

* TIN:

Select One ▾

[View SSN/TIN](#)

You are about to unmask a potential SSN value. Your action will be logged.

Payment Type:

☒ All ☐ Checks ☐ Electronic Funds Transfers (EFT)

Note: Search results for claims with payments of \$0 will only return if Payment Type "All" is selected.

[Cancel](#) [Reset](#) [Submit](#)

Protected Health Information (PHI) that the plan makes available to participating providers is subject to the provisions of the federal HIPAA Privacy and Security

SUBMIT CLAIMS FOR RECONSIDERATION ONLINE

GO TO CLAIM EOB TOOL / EOB SEARCH

POPULATES CLAIM DATA

SUBMIT COMMENTS

GENERATES TRACKING NUMBER

RESOLUTION / CONTACT BY AETNA REP DIRECTLY TO YOU

CANNOT SUBMIT NOTES

APPROX. 2-4 WEEK TURNAROUND



[Home](#) | [Help](#) | [Contact Support](#)

[Feedback](#)

Welcome, Kiley ▾

Workflows ▾

Action Items

To submit a request to have a claim reconsidered, click on the Reconsider Claim link corresponding to that claim.

- † **Note:** 1) HMO EOBs can only be viewed at the TIN-level. If you are not authorized for TIN-level access, HMO EOB links will display in grey text and will not be accessible. *Security Officers can enable the "View EOBs - All TINs/Locations" entitlement to allow a user to access HMO EOBs for the TIN(s) in the office.*
2) EOB search dates must be within 2 years of current date.

Access EOB List

Search by Claim

Search by Patient

Search by Payment

Search by Provider

Tool Help ?

Download Results


DOS From Date: 09/02/2014
DOS To Date: 10/02/2014
Claim Type: MED
Payment Type: All

Patient Name: david stroven
DOB: 09/27/2014

'Action	Date of Service	Claim ID	Patient Name	Product	Servicing Provider Name	Claim Status	Total Submitted	Total Provider Payment	Payment Issue Date	Check Number	EFT Trace Number	EFT Settlement Date
View EOB View Claim Details Reconsider Claim	09/30/2014 - 10/01/2014	EJY0JJ3QL00		POS		Completed	\$485.00	\$0.00	11/05/2014	N/A		11/12/2014
View EOB View Claim Details Reconsider Claim	09/28/2014 - 09/29/2014	EJPBJJ4HP00		POS		Completed	\$714.00	\$462.67	11/19/2014	N/A		11/25/2014
View EOB View Claim Details Reconsider Claim	10/02/2014 - 10/02/2014	EK35JHQ2F00		POS		Completed	\$643.00	\$318.50	11/19/2014	N/A		11/25/2014

SUBMIT PROJECT REQUESTS (OVER 10 CLAIMS SAME ISSUE)

- Select Account Management Tools / Multiple Claim Reconsiderations
- Specialized Rep. to identify root cause and correct
- Can submit with just 2 examples, or list all claims


[Home](#) | [Help](#) | [Contact Support](#)

Feedback

Welcome, [Kiley](#)

Workflows

Action Items

*E-mail Address:

Servicing State:

MI

*Contact Person:

Reconsideration Request Details:

*Reason for the Request:

Please provide the specific details of the reason for your request, for example, the specific information regarding an incorrect contract rate.

*Beginning Date of Service:

/ / (mm/dd/yyyy)

Ending Date of Service (If known):

/ / (mm/dd/yyyy)

Estimated Amount Due:

\$.00

Estimated Number of Aetna Claims:

HMO and/or SRC Claim Count:

Indemnity and/or PPO Claim Count:

In the appropriate space provided below, please enter all of the Aetna Claim ID's to be included with this request. For example, copy and paste the Aetna ClaimID's from the corresponding Claim History Report - for HMO/SRC and /or Indemnity/PPO claims.

Enter 14 character Aetna Claim ID Numbers:

(e.g. HMO and/or SRC Claim ID Numbers)

PROJECTS: APPROX. 45 DAY TURN AROUND

WILL PROVIDE REPORT IF REQUESTED

AND NEW FINANCIAL DETAILS

NaviNet

[Home](#) | [Help](#) | [Contact Support](#)

[Feedback](#)

Welcome, Kiley

Workflows

* Aetna Claim ID:

- OR -

* Member ID:

* Patient Name:

* Date of Service:

 / / to / / (mm/dd/yyyy)

* Aetna Claim ID:

- OR -

* Member ID:

* Patient Name:

* Date of Service:

 / / to / / (mm/dd/yyyy)

More Examples: 0 (Select up to an additional 8 examples)

Other Comments:

Other Provider Comments:

Cancel

Reset

Continue

AETNA DISPUTE AND APPEALS PROCESS

- Aetna Dispute/Appeals process is summarized on aetna.com
http://www.aetna.com/healthcare-professionals/policies-guidelines/dispute_process.html
- **Claim Reconsideration (or Level 1 appeal)**
 - Within 180 days from initial claim decision
 - 1-800-624-0756 for HMO-based benefits plans
 - 1-888-632-3862 for indemnity and PPO-based benefits plans
 - You must file a Level II appeal within 60 days of the reconsideration

AETNA DISPUTE AND APPEALS PROCESS (CONT')

Utilization review issues or claim issues based on medical necessity or cosmetic or experimental/investigational coverage criteria

Dispute Level

Practitioner/Provider Submission Timeframe

Aetna Response Timeframe

Contact Information

Level 1 Appeal

Within **180 calendar days** of an initial claim decision or utilization review decision

Within **30 business days** of receiving the request If additional information is needed, within **30 business days** of receiving the additional requested information

Call 1-888-632-3862 for indemnity and PPO-based benefits plans and 1-800-624-0756 for HMO-based benefits plans. Or, **write** Aetna Provider Resolution Team P.O. Box 14020 Lexington, KY 40512

Level 2 Appeal (available only to practitioners)

Within **60 calendar days** of the Level 1 appeal decision

Within **30 business days** of receiving the request If additional information is needed, within **30 business days** of receiving the additional requested information

Call 1-888-632-3862 for indemnity and PPO-based benefits plans and 1-800-624-0756 for HMO-based benefits plans. Or, **write** A etna Provider Resolution Team P.O. Box 14020 Lexington, KY 40512

AETNA'S PROVIDER WEBINARS

Webinar title	Webinar description	Time
Account Management Tools	This webinar is ideal for billing staff and billing companies. We cover everything related to patient accounts, including claims submission, claims reports, online Explanations of Benefits (EOBs), single and multiple claims reconsiderations, and our Payment Estimator tool.	30 minutes
Precertification	This webinar is key for anyone managing the precertification process for their practice or facility. We review the Precertification Code Search Tool, and show inpatient and outpatient precertification and behavioral health precertification. We'll also highlight the Precertification Inquiry and Precertification Status Update tools.	30 minutes
NaviNet Basics	This webinar is great for anyone getting started with our secure provider website. We cover registration, the role of the security officer, and review all of the tools and transactions.	60 minutes
Aetna Voice Advantage®	This webinar is helpful for office staff who prefer to call us. You'll learn how to quickly and easily navigate our automated phone system to check eligibility, claims status and precertification requirements.	30 minutes
Doing Business with Aetna	This is a "soup-to-nuts" webinar about working with us. We cover how to contact us, identify our products and discuss all of the tools and transactions available on our secure provider website.	60 minutes
Claim EOB and EFT	This webinar is perfect for those practices that have just transitioned to full paper suppression of their EOBs or are considering it. We'll give you a step-by-step review of the electronic EOB tool. Then, we'll share all of the benefits of using this tool, along with electronic funds transfer (EFT).	30 minutes

Visit: www.aetnaeducation.com



Provider
Education

Search our education content:

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[Reference Tools](#)

[Webinar Calendar](#)

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Access the Medicare Attestation resources



ICD-10 testing results available

Upcoming Live Webinars

Jun 04: Account Management Tools
Jun 09: Precertification
Jun 10: NaviNet Basics
Jun 17: Aetna Voice Advantage
Jun 18: Doing Business with Aetna

New Releases

2015 Medicare Compliance Attestation
Provider EDI Savings Calculator
Resources for Medicare patients
FDR Compliance Newsletter
Advanced Illness & Compassionate Care

[Want paperless communications?](#)

[Frequently Asked Questions](#)

[Log In](#) [Register](#)

ADDITIONAL INFORMATION.....

aetna[®]

RADIOLOGY PRE-AUTHORIZATION

Med Solutions (DBA eviCore Healthcare or MSI) is responsible for the preauthorization of high-tech outpatient diagnostic imaging procedures for Aetna members.

Preauthorization is required for CT scans, Nuclear cardiology, MRI/MRA, PET scans, Sleep Studies and select cardiac imaging services.

Preauthorization can be completed by calling MSI at (888) 693-3211 or online at www.MedSolutionsOnline.com or FAX (888) 693-3210.

The Aetna logo is displayed in orange lowercase letters on a blue background.

AETNA EFT/ERA

- Paper-free. The EFT/ERA enrollment is now standard for Aetna
- Complete EFT/ERA forms
<https://navinet.navimedix.com>

Sign Up for EFT Notification Emails on NaviNet under Email Options

aetna[®]

AETNA OFFICELINK NEWSLETTER

- Quarterly updates.
- Signup on Navinet under Communications / Newsletters or www.aetna.com.
- National Precertification List.
- Clinical Payment, coding and policy changes.
- Changes to preferred drug list.
- Learning opportunities and more.

LABORATORY

Quest Diagnostics® is our national preferred laboratory. It provides tests and services to all Aetna members.

Find a convenient location, schedule an appointment and get testing reminders by visiting Quest Diagnostics or calling **1-888-277-8772**.

Your market may also have contracted with local laboratory providers such as:

Michigan

- Joint Venture Hospital Laboratories **www.jvhl.org**

AETNA STUDENT HEALTH (ASH)

- NaviNet support eligibility & benefits, claims status inquiry, precertification and referral transactions for members covered under Aetna Student Health plans.

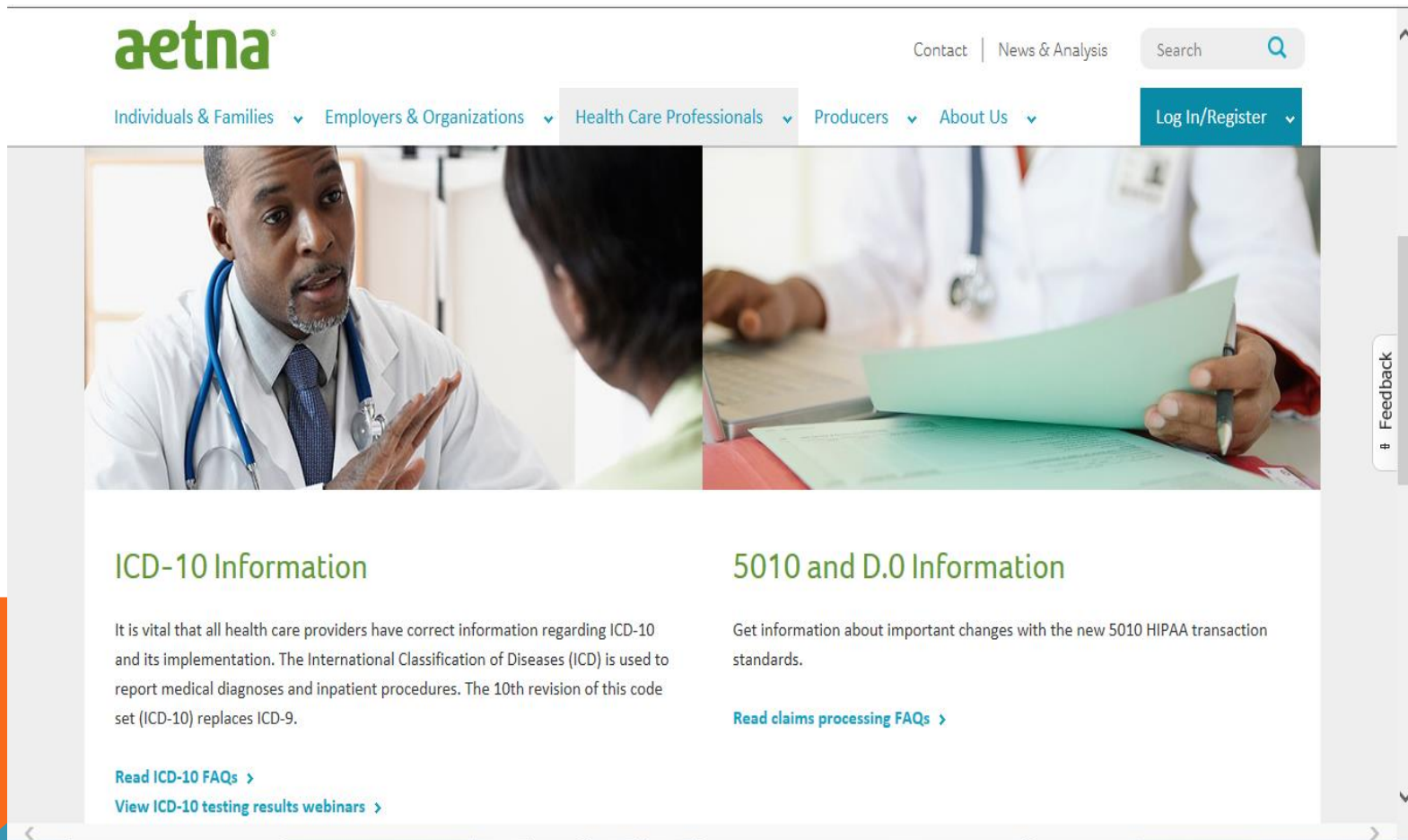
AETNA SIGNATURE ADMINISTRATORS (ASA)

- Providers should direct all ASA claim questions to the appropriate payer on the members card.
- ASA determines benefits and eligibility.



NEED ICD-10 INFO?

AETNA.COM HAS ICD-10 FAQ'S LIST FULL OF GREAT INFORMATION



The screenshot displays the Aetna website's header and main content area. The header includes the Aetna logo, navigation links for 'Contact', 'News & Analysis', and a search bar. Below the header is a secondary navigation bar with links for 'Individuals & Families', 'Employers & Organizations', 'Health Care Professionals' (which is highlighted), 'Producers', and 'About Us'. A 'Log In/Register' button is also present. The main content area features two columns. The left column is titled 'ICD-10 Information' and contains text about the importance of correct ICD-10 information for health care providers, along with links to 'Read ICD-10 FAQs' and 'View ICD-10 testing results webinars'. The right column is titled '5010 and D.0 Information' and contains text about important changes with the new 5010 HIPAA transaction standards, with a link to 'Read claims processing FAQs'. A 'Feedback' button is visible on the right side of the page.

aetna®

Contact | News & Analysis Search

Individuals & Families ▾ Employers & Organizations ▾ **Health Care Professionals ▾** Producers ▾ About Us ▾ Log In/Register ▾

ICD-10 Information

It is vital that all health care providers have correct information regarding ICD-10 and its implementation. The International Classification of Diseases (ICD) is used to report medical diagnoses and inpatient procedures. The 10th revision of this code set (ICD-10) replaces ICD-9.

[Read ICD-10 FAQs >](#)
[View ICD-10 testing results webinars >](#)

5010 and D.0 Information

Get information about important changes with the new 5010 HIPAA transaction standards.

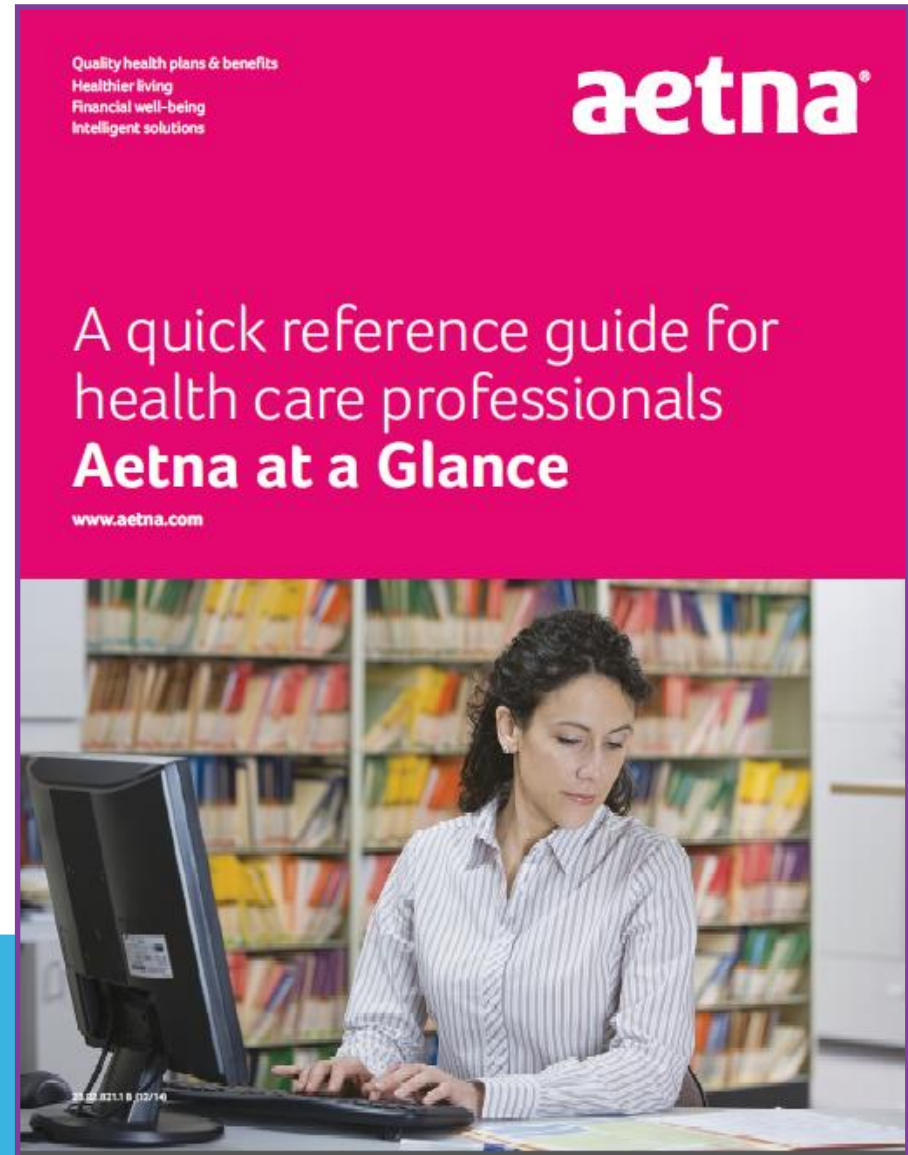
[Read claims processing FAQs >](#)

Feedback

AETNA AT A GLANCE

Key tools:

- Website registration and navigation
- Transaction tips
- Contact information
- Regional information





STAY CONNECTED

USING COFINITY'S WEBSITE

Cofinity's website has many features:

- Make claims inquiries
- See repriced amounts
- Get payer information
- Access specialty billing rules
- Find in-network providers
- Access GH / WC / Auto Participating Payer Lists Updated Quarterly



COFINITY WEBSITE



Cofinity is a powerful new resource in the health services landscape providing access to health related product and services options. Our provider networks, medical cost management and other health care solutions complement and enhance the existing capabilities of health plans, insurance companies and third party administrators (TPAs).

At Cofinity we value:

- Collaboration
- Customization
- Simplicity
- Personalized service
- Our 2.5 million members

Are you looking for a provider?

Search N

Claims Lookup

Claim and Member Inquiry

Provider Lookup

Find a Provider

E-mail

Secure E-mail

Claims Reports

Claims Activity Report

Data Verification

Provider Data Verification

User Access Verification

View Cofinity's updated website at:

www.cofinity.net

for member & claim inquiry, claim activity reports, access payer information, update provider demographic information and other tools.

[Home](#)
[Your Products](#)

Your Products

PPO Rental Networks

Additional Products:

Credentialing Services

Dental Network

Health and Medical
Management Solutions

Out of Network Claims
Services

Transplant Program

Welcome : **Krista** [\[My Profile\]](#)

Last Used : 4/16/2009 2:51 PM

PPO Rental Networks

[Download Your Files](#) 

Forms

These forms may be useful as you work with the Cofinity Network team.

All Networks

[Electronic Data Interchange \(EDI\) Sign-up Form](#)

[Problem Resolution Form](#)

[Form W-9](#)

Workers' Compensation Network

[Reconsideration Sheet](#)

Auto Network

[Reconsideration Sheet](#)

PPO Rental Networks Functions

- > [Tools](#)
- > [Manuals](#)
- > [Forms](#)
- > [Functions](#)

News & Updates

There are no updates at this time.

For more information, please contact [Cofinity Customer Service](#) at 1-800-831-1166.

MEMBER CLAIM INQUIRY



Claims & Member Inquiry - Provider

Please Select Network Type:

☒ Group Health ☐ Workers' Compensation ☐ Auto Injury (PIP) **Member Inquiry** **Claims Report**

Provider Claims Inquiry

[Special Information Regarding Allstate](#)

[Quick Tips](#)

To search for claims, you must enter:

- A Tax ID (TIN) and SSN or Alternate ID number
or
- Last name, first initial and date of birth
or
- Claim number or Account number

All other fields are optional fields that can be provided to narrow your search results.

Multiple Claims: ☐

(*) Required Field

Select Search

TIN *	Insured SSN/ Alt ID	First Initial	Last Name	(mm/dd/yyyy) Date of Birth	(mm/dd/yyyy) Date of Service
<input type="text" value="--Select--"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Submit					

Close Window

CLAIMS ACTIVITY REPORT



Claims Activity Report

[My Reports](#)

[Claims Inquiry](#)

Please complete steps 1 - 6 below: (*) Required Field

1. Include claims from these network types (Check all that apply): *

- ☐ Group Health
- ☐ Workers' Compensation
- ☐ Auto Injury (PIP)

2. Include claims submitted on the following forms : *

- ☐ CMS 1500 (Professional)
- ☐ CMS 1450 (UB 04 Facility)

2a. Facility bill type :

- ☐ Inpatient
- ☐ Outpatient

3. Include dates based on : *

- ☒ Date of service
- ☐ Date repriced by the Cofinity network


4. Include the following date range (Max. 92 days) *

Start: (MM/DD/YYYY) End: (MM/DD/YYYY)

5. Include the following Tax Identification Numbers (Max 10 TINs) : *

Multiple TINs(10) must be separated by commas:

PROVIDER SEARCH FUNCTION

[Logout](#)

[Home](#)[Your Products](#)

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News & Updates

There are no updates at this time.

Basic Search **Advanced Search**

[Read Terms :](#)

☐ I agree to Cofinity's terms of use (required):

* = Required Field

***Choose a location**

☒ Zip ☐ City ☐ County ☐ State

Zip Code

***Choose a provider type**

☒ Doctor/Clinics/Facilities ☐ Hospital ☐ All Providers

Optional

Doctor (Last Name) or Facility Name


Affiliated Hospital Name

[Search](#) [Clear](#) [My Directories](#)

[Quick Tips](#)

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COFINITY BILLING RULES



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PPO Rental Networks

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Dental Network

Health and Medical Management Solutions


Out of Network Claims Services

Transplant Program

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PPO Rental Networks

Download Your Files 

Tools

Specialty Billing Rules for the Cofinity Network

Specialty billing rules and policies are the contracted Cofinity billing policies that affect participating network health care professionals. Please review the rules that affect your medical specialties and check back periodically for updated information.

[Allergy](#)

[Ambulance/Medical Transportation](#)

[Ambulatory Surgery](#)

[Anesthesiology](#)

[Cardiovascular/Thoracic/Vascular Surgery](#)

[Cardiology](#)

[Chiropractic](#)

[Critical Care](#)

[Dermatology](#)

[Dialysis Center](#)

[Durable Medical Equipment](#)

[Emergency Medicine](#)

[Endocrinology](#)

[Family and General Practice](#)

[Gastroenterology](#)

[General Surgery](#)

[Hearing Aid Center](#)

[Hematology](#)

[Home Health](#)

[Hospice](#)

PPO Rental Networks Functions

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News & Updates

There are no updates at this time.

GET CURRENT PRODUCT PAYER LISTS

UPDATED QUARTERLY

The screenshot displays the Cofinity network portal interface. At the top, there is a navigation bar with 'Home' and 'Your Products' tabs. A 'Find by Customer' search bar is located on the right. Below the navigation bar, a welcome message for 'Kiley' is shown, along with a 'Last Used' timestamp of '8/27/2015 2:55 PM'. The main content area is titled 'PPO Rental Networks' and includes a 'Tools' section with a message: 'These tools may be helpful as you work with the Cofinity Network team.' Below this, there are four categories of tools: 'All Networks', 'Group Health Network', 'Auto Network', and 'Workers' Compensation Network'. Each category contains a list of links. Red boxes highlight specific links: 'Payer List - By group' and 'Payer List - By payer' under 'Group Health Network', 'Cofinity Auto Payer List' under 'Auto Network', and 'Payer Information List' under 'Workers' Compensation Network'. On the right side, there are two sidebars: 'PPO Rental Network Secure Options' with links to 'Tools', 'Manuals', 'Forms', 'Functions', and 'News', and 'News & Updates' which states 'There are no updates at this time.' At the bottom, a footer message reads: 'For more information, please contact Cofinity Customer Service at 1-800-831-1166.' A blue bar at the bottom right contains the number '60' inside a white circle.

Home Your Products Find by Customer Provider

Welcome: **Kiley** [My Profile] Last Used : 8/27/2015 2:55 PM

PPO Rental Networks

Tools

These tools may be helpful as you work with the Cofinity Network team.

All Networks

- Provider Service Model
- Advisor Newsletter - December 2013
- Advisor Newsletter - October 2011
- Advisor Newsletter - April 2011
- Advisor Newsletter - October 2010
- Specialty Billing Rules - All other markets
- Advisor Newsletter - October 2009
- Advisor Newsletter - March 2009
- Advisor Newsletter - May 2010
- Specialty Billing Rules - Colorado
- Claim Inquiry Guidelines

Group Health Network

- Network ID Card Standards
- Payer List - By group**
- Payer List - By payer**
- Network Orientation
- Welcome Kit

Auto Network

- Cofinity Auto Payer List**
- Coventry Cofinity Auto Payors List
- Network Orientation

Workers' Compensation Network

- Payer Information List**
- Coventry Workers' Compensation Payor List

PPO Rental Network Secure Options:

- > [Tools](#)
- > [Manuals](#)
- > [Forms](#)
- > [Functions](#)
- > [News](#)

News & Updates

There are no updates at this time.

For more information, please contact Cofinity Customer Service at 1-800-831-1166.

CONTACT INFORMATION

www.aetna.com

Aetna Credentialing

1-800-353-1232

Aetna Provider Service

1-888-632-3862

<https://navinet.navimedix.com>

Navinet Customer Service

1-888.482.8057

www.cofinity.net

Cofinity Customer Service

1-800-831-1166

THANK YOU!

