

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetnaSM

A quick reference guide for health care professionals **Aetna at a Glance**

www.aetna.com



A guide for doing business with Aetna

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Getting started with Aetna

Our single source for administrative and clinical learning opportunities can be found at **www.aetnaeducation.com**. Visit us and discover:

- Self-paced office administration courses. These courses provide practical information about Aetna-related administration and will help your office achieve greater efficiency.
- Downloadable and printable reference tools.
- Live and recorded webinar events. We offer several free, live, monthly webinars to learn how doing business with us is easier than ever. Webinar details can be found on the Calendar of Events.
- Continuing medical education (CME) courses.

Communications

Sign up to receive electronic communications from Aetna, including *Aetna OfficeLink Updates™*, our provider newsletter. It is published quarterly — March 1, June 1, September 1 and December 1. This newsletter can include changes to policies that may have an impact on your practice or facility.

For physician offices, visit:

<https://aetna.providerpreference.com>.

For facilities, visit:

<https://aetna.providerpreference.com/facilities.php>.

Note: *Aetna OfficeLink Updates* is only available by e-mail or through the Health Care Professionals section of **www.aetna.com**, unless you have a specific need (for example, your office does not have Internet access). In these instances, you will have the option to receive a printed version upon request.



Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefits coverage include Aetna Health Inc., Aetna Health of California Inc., Aetna Life Insurance Company, Aetna Health Insurance Company of New York, Aetna Health Insurance Company, Aetna Health Administrators, LLC, Cofinity, and Strategic Resource Company. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC (Aetna).

Secure website

You can reduce the amount of time you spend on administrative tasks by using Aetna's secure provider website. You'll have access to the information you need — when you need it — 24 hours a day, 7 days a week.

To access our website, go to www.aetna.com and select "Health Care Professionals," then "Medical Professionals Log In."

For successful registration, you will need:

- Tax identification number
- Physician name, group name or hospital name
- E-mail address
- Primary office location

When interacting with Aetna online, you'll be using NaviNet[®], a free, multipayer, web-based system for administrative transactions. The system will allow you to streamline and improve the efficiency of communication with Aetna by reducing the number of phone calls and paper/fax-based processes.

Secure website — security officer

Upon registration, it will be necessary to designate a NaviNet security officer for your office. The security officer will act as the primary contact with NaviNet and will also monitor and assist the NaviNet users in your office. To learn more about the security officer role, visit www.navinet.net.

If some of the tools in NaviNet can't be seen, please contact your security officer for access. There are some transactions that must be enabled by the security officer.

Secure website — need help?

For registration questions or log-in/password assistance, call **1-888-482-8057**, Monday - Friday 8 a.m. – 11 p.m. ET and Saturday 8 a.m. – 3 p.m. ET, closed Sunday.

NaviNet offers several helpful online support tools:

- On-screen help to walk you through each step of a transaction
- Step-by-step transactional and Aetna user guides
- Online training demonstrations

Secure website — Aetna

Aetna Announcements

This area on the Aetna Plan Central home page is used to communicate time-sensitive information that may affect how you do business with Aetna.

Resources

For your convenience, a list of the most commonly used tools and resources is available for quick access upon logging in to our secure site.

- Aetna via NaviNet Clinical Resource Center, including information on Care Considerations (clinical alerts that identify potential wellness opportunities) and Personal Health Records (a comprehensive view of a patient's health care treatment and health history)
- EDI Savings Calculator
- Precertification Code Search Tool
- Aetna's Clinical Policy Bulletins (CPBs) are detailed and technical documents that explain how we make coverage decisions for members under our health benefits plans

Aetna Support Center

Clinical Resources

- **Aetna Health ConnectionsSM — Disease Management Programs**, which provide educational materials and, in some cases, individualized case management for members with chronic health conditions. The programs focus on health education and behavior modification for modifiable risks.
- **Women's Health Programs and Policies** provide detailed information about Aetna's gynecologic and obstetric programs and policies. This includes information on our maternity program, infertility program, Obstetric Ultrasound Enhancement Program and Non-Stress Test Enhancement Program.

Doing Business with Aetna

- **Aetna Benefits Products** — an easy-to-use guide that provides basic Aetna benefits product information, including PCP selection and referral requirements.
- **Health Care Professional Toolkit** — your guide to working with Aetna. This reference tool acts as our provider manual, including local information that pertains to your practice. Our Member Rights and Responsibilities are also included in the Toolkit.

Forms Library

- ERA/EFT enrollment form
- Lab selection forms
- Member health information forms/charting aids

Pharmacy

- Formulary information
- Pharmacy Clinical Policy Bulletins
- Aetna Specialty Pharmacy[®]
- e-prescribing

Secure website — tools and transactions

Eligibility

Use the Eligibility and Benefits inquiry to obtain member-specific plan details. Transaction response fields include (field may vary according to plan details):

- Copay, deductible and coinsurance
- Exclusions and limitations
- Visits used and visits remaining
- Lifetime maximum
- Referral and precertification requirements

Tips when completing the Eligibility and Benefits inquiry:

- You may search using the patient's last name, first name and date of birth if you don't have the member ID number.
- Use the Benefit Type drop-down box to narrow down to a specific benefit (for example, Code "30" is for general benefits, Code "47" is for hospital benefits, and Code "98" is for professional physicians and other services).

Access your Managed Choice®/Elect Choice® member roster and your HMO capitation and member rosters under the Eligibility link.

Payment Estimator

The Payment Estimator enables you to request an estimate of your patient's financial responsibility on or prior to a date of service.

- Learn Aetna's estimated payment amount.
- Get reliable estimates of the patient's copayments, coinsurance and deductibles.
- Access printable information to help you initiate financial discussions with your patients prior to or at the time of care.
- Reduce, and potentially eliminate, after-the-fact financial surprises for you and your patients.

Claims

Aetna offers a wide variety of tools to help you manage your patient accounts.

- Claim Submission (including Aetna secondary claims)
- Claim Status Inquiry (checking the status of one single patient)
- Claim Status Report (checking the status of all your patients within a date range)
- Fee Schedule (most directly contracted physicians (MD/DO) can access their negotiated rates for CPT and HCPCS codes)
- Claims and Payment Policy Tools
 - **Clinical Policy Code Look-Up** — to determine if a code being billed has limited or no coverage
 - **Code Editing Tool** — to determine how coding combinations may be processed
 - **Policy Information** — to find policy-related links if you are searching for general information on a topic or if you do not have a specific procedure code

Claim EOB Tool

This tool allows providers and office staff to access claim Explanation of Benefits (EOBs) statements online within 24 hours of claims processing. You may also use this tool for claims reconsiderations. There are multiple ways to search for an EOB using this tool:

- Access a daily list of EOBs
- Search by a claim
- Search by an individual patient
- Search by a payment (includes EFT trace number, check number or dollar amount)
- Search by an individual provider

Be sure to have your security officer enable the transaction "View EOBs — All TINs/Locations" so that you can view all of your EOBs.

Account Management Tools

For additional reporting capabilities and submitting claims reconsiderations, you can use the suite of Account Management Tools:

- Claim History Report (which allows you to identify specific codes)
- Multiple Claim Reconsideration
- Claim Reconsideration

Referrals

If a plan requires a referral, one should be issued from the primary care physician for all specialist visits, including visits in a hospital clinic.

- Referrals may be issued for consultation and treatment by using CPT 99499.
- Referrals are valid for one year, and the first visit must be used within 90 days.
- A diagnosis code is not required; however, it is very helpful for the specialist.
- Direct access: Referrals are not required for routine eye care and ob/gyn services. Refer to the Health Care Professional Toolkit for additional direct-access specialties in your area.
- A referral is not a substitute for a service that requires precertification.
- Referrals may be issued to an individual specialist using his/her NPI or to a specialty by using the taxonomy code.
- DocFind®, our online referral directory can be used to find a participating provider.
- Automatic Studies by specialty — services performed in a specialist office when patients are seen for visits and evaluations as a result of our direct-access programs or when authorized by a referral from their primary care physician.

Precertification

Use our online tools to help you determine if precertification is required for a particular procedure, and submit precertification requests for those services.

- Precertification Code Search Tool — allows you to enter up to five CPT codes at a time to quickly determine whether a medical precertification is required for your patient.
- Online Precertification Transaction — allows you to add a precertification request for those services that require it and inquire to see if a precertification has been completed.
- All precertification requests should be done via the online precertification transaction.

EFT (electronic funds transfer) e-mail notification

For those already enrolled in EFT, you may now sign up to receive an e-mail notification when an EFT is transmitted to your bank.

ERA (electronic remittance advice)

Sign up to receive ERA through our secure provider website or your vendor/clearinghouse. Providers billing with multiple NPIs will receive separate payments for each NPI, unless you notify us otherwise. You can receive claims grouped into payments based on tax identification number and billing address.

Update Aetna provider profiles

Submit updates and changes to your profile, including address; hospital affiliations; National Provider Identifier (NPI) for you, your practice or facility; and demographics.

Electronic claims submission

Submit all claims electronically for your patients, regardless of benefits plan.

- If you are already using a vendor, add Aetna to your list of payers.
- To view a list of our participating claims vendors, visit www.aetna.com. Choose the “Health Care Professionals” tab, then “Claims & Administration.”
- Send professional claims free of charge from our secure provider website.
- For the technically savvy, you can submit professional and institutional claims free of charge via our direct-connect website: www.aetnaedi.com.

We typically do not need attachments. If we do, we'll let you know what we need and how to send it to us.

Claims submission tips

To ensure accurate and timely claims payment, please be sure to:

- Review rejection reports from your vendor
- Correct and resubmit rejected claims electronically through your vendor
- Ensure the member/patient name and ID numbers are correct
- Ensure CPT and diagnosis codes are valid

Disagree with a claim decision?

Write to the PO Box listed on the EOB and/or the denial letter related to the issue being disputed. Please include the reason(s) for the disagreement. Or, call our Provider Service Center (see contact information).

For more information, go to www.aetna.com. Select “Health Care Professionals,” then “Policies & Guidelines.” Then select “Reference Guide” from the Insurance Dispute and Appeal section in the center of the page.

Claims addresses

If your practice management or hospital information system requires a claims address for submission of electronic claims, or if your office does not have electronic capabilities, please refer to the table below for the claims address for your state. Payer ID is 60054.

Medical provider location (state)	Claims mailing address
AL, AK, AR, AZ, CA, FL, GA, HI, ID, LA, MS, NC, NM, NV, OR, SC, TN, UT, WA	Aetna PO Box 14079 Lexington, KY 40512-4079
CO, CT, DC, DE, IA, IL, IN, KS, KY, MA, MD, ME, MI, MN, MO, MT, ND, NE, NH, NJ, NY, OH, OK, PA, RI, SD, TX, VA, VT, WI, WV, WY	Aetna PO Box 981106 El Paso, TX 79998-1106
For all Medicare and Aetna Student Health SM plans, use the El Paso, TX, claims mailing address.	
For all Aetna Voluntary Plans and Limited Benefits Insurance Plans (formerly Aetna Affordable Health Choices [®]), use the Lexington, KY, claims mailing address and payer ID 57604.	
For Aetna Signature Administrators [®] , Aetna Workers' Comp Access [®] and Schaller Anderson (Medicaid), refer to the member ID card.	

Contact information

Use the “Contact Us” icon from www.aetna.com or from NaviNet to send us your questions and comments.

Provider Service Center

HMO-based plans and all Medicare Advantage plans:
1-800-624-0756

Indemnity and PPO-based plans: **1-888-MD AETNA (1-888-632-3862)**

There is never a need to wait for a provider service representative with these easy-to-use self-service options:

- Check the status of a claim (including a faxed copy)
- Verify patient coverage and benefits information (including a faxed copy)
- Get medical precertification information

You will want to have your tax identification number or NPI, the Aetna member ID number, and the patient's birth date ready when you call.

Additional contact information

Special programs/networks

Aetna Voluntary Plans and Limited Benefits Insurance Plan (formerly Aetna Affordable Health Choices)

Phone number

1-888-772-9682

Aetna Student Health

Refer to member ID card

Aetna Signature Administrators

Refer to member ID card

Aetna Workers' Comp Access

1-800-238-6288

Aetna Health Connections

Disease Management Program

Phone number

1-866-269-4500

Beginning Right® Maternity Program

1-800-272-3531

BRCA Genetic Testing Program

1-877-794-8720

Infertility Program

1-800-575-5999

Pharmacy

Precertification

Phone number

1-800-414-2386

Aetna Specialty Pharmacy
(for ordering self-injectable medications)

1-866-782-2779

National Medical Excellence Program®

(Aetna's transplant program)

Phone number

1-877-212-8811

Mental Health and Substance Abuse

Provider Services

Phone number

Refer to member ID card

Credentialing

Aetna Credentialing Customer Service Department

Phone number

1-800-353-1232

Council for Affordable Quality Healthcare (CAQH)

1-888-599-1771

Laboratory information

Aetna's network offers your patients access to a nationally contracted, full-service laboratory with conveniently located Patient Service Centers.

We are confident that our current network of participating laboratories can serve your patients laboratory needs without sending patients out of network to nonparticipating labs.

Primary care physicians must use their designated laboratory for their patients.

National laboratory — Quest Diagnostics

Visit www.questdiagnostics.com/hcp to get started.

- Obtain requisitions/schedule lab appointments for your patients.
- Schedule specimen pick-up/set up patient results delivery.
- Order supplies.
- Locate a Patient Service Center.

Laboratory — other

To see our national list of preferred Aetna participating laboratories, go to:

1. Aetna's secure provider website.
2. Select "Aetna Health Plan."
3. Select "DocFind Referral Directory."
4. Select "Labs-Including Quest Diagnostics" under "Provider Category."
5. Select "National Lab Listing" under "Provider Type."
6. Select "National Laboratory Listing."

West Region

Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Oregon, Utah and Washington

Special programs

Radiology precertification for elective high-tech outpatient services:

CTs, MRI/MRA, nuclear cardiology, PET scans and cardiac imaging: Preauthorization is required for non-emergent stress echocardiography and diagnostic left and right heart catheterization

Alaska, Arizona, California (PPO only), Colorado, Idaho (Kootenai County only)

Nevada (Clark and Nye County only) and Washington (applicable in all counties except for Clark, Skamania and Klickitat)

MedSolutions (MSI)

Phone: **1-888-693-3211**

Fax: **1-888-693-3210**

www.medsolutionsonline.com

(Not applicable for: New Mexico and Utah)

Outpatient physical therapy Outpatient occupational therapy Outpatient speech therapy

The process and providers for physical, occupational and speech therapy and laboratory services for providers participating in Aetna through their affiliation with an independent practice association (IPA) or physician medical group (PMG) may differ. Please refer to your IPA or PMG guidelines.

Arizona

PTPN

1-800-766-7876

California

PTPN

1-800-766-7876

Preferred Therapy Providers

1-800-664-5240

Colorado

American Therapy Administrators

1-888-560-6855

Chiropractic/acupuncture

Arizona and California (HMO only)

American Specialty

1-800-972-4226

Washington

Healthways

1-800-274-7526

California/Nevada claims submission

California/Nevada – IPA or medical group guidelines

Prior to submitting HMO-related claims to Aetna, please refer to your IPA or medical group guidelines

Washington – plans/products

Washington Aexcel® and Aexcel Plus are available in western Washington only

Language Assistance Program

We have a Language Assistance Program to support members with limited English proficiency as they access health care services. The toll-free telephone number for providers' offices to reach an interpreter is **1-800-525-3148**.

California fee schedule access

In accordance with the regulations issued pursuant to the Claims Settlement Practices and Dispute Mechanism Act of 2000 (CA AB1455 for HMO) and pursuant to the expansion of the Health Care Providers Bill of Rights (under CA SB 634 for indemnity and PPO products) we are providing you with information about how to access your fee schedule.

- If you are a provider affiliated with an IPA, contact your IPA for a copy of your fee schedule.
- If you are a provider directly contracted with Aetna, please fax your request along with the desired CPT codes to **859-455-8650**. If you have additional questions, please contact our Provider Service Center.
- If your hospital is reimbursed through Medicare Groupers, visit the Medicare website at **www.cms.hhs.gov** for your fee schedule information.

For more information

Visit **www.dmhc.ca.gov/** and select “Health Care Providers,” then “General Information,” “Laws” and “Existing Regulations.”

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23.03.856.1-WTA (6/12)

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