

MCG Cite AutoAuth Provider Access QRG



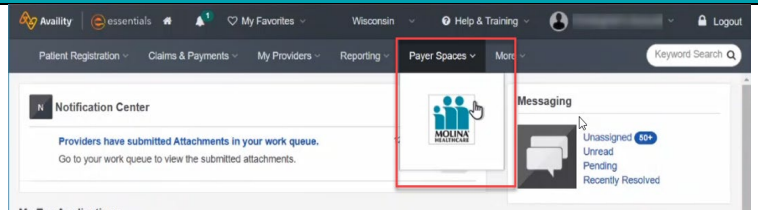
REFERENCE GUIDE

The following steps outline how providers can submit Prior Authorization requests utilizing the MCG Cite AutoAuth process. This QRG is specific to AutoAuth for Advanced Imaging.

Step-by-Step Guide

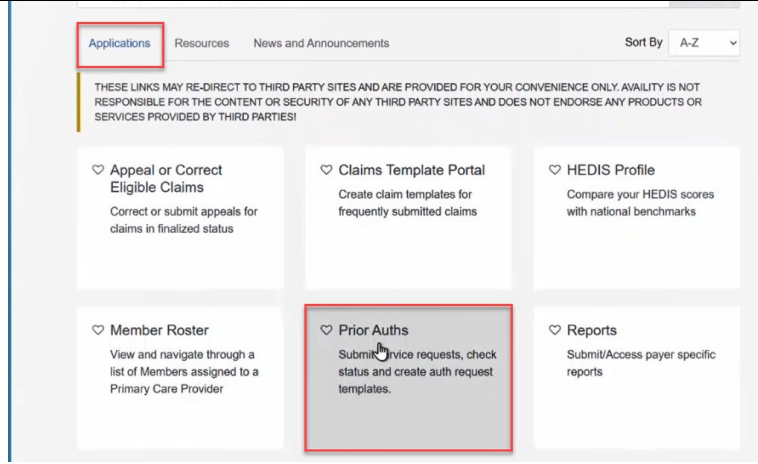
Step 1

User will sign into Availity using their sign in credentials. Once logged in, user will select the drop down under Payer Spaces and choose the appropriate icon (for most this will be the Molina Healthcare icon seen to the right)



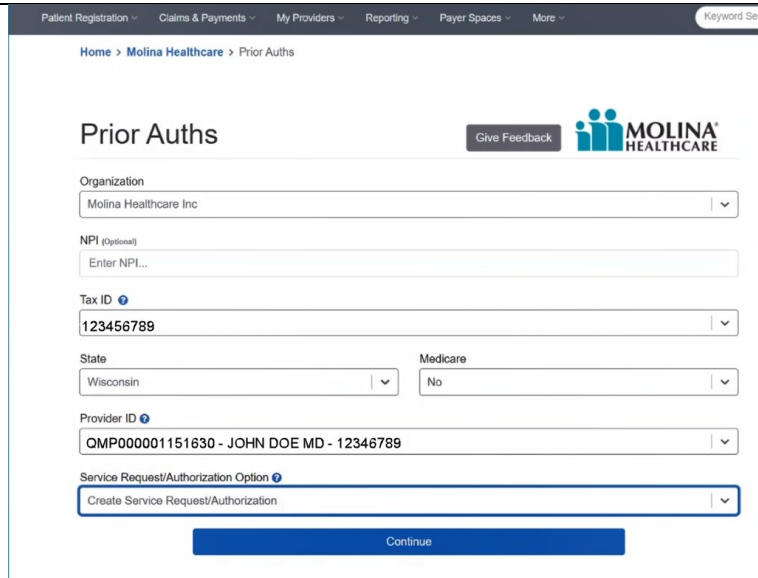
Step 2

User will scroll down and choose Applications and then click on Prior Auths



Step 3

User will complete Tax ID, State, Medicare, Provider ID fields and then select Create Service Request/Authorization under the Service Request/Authorization Option field. Once all of the above fields have been addressed, select Continue.



Step 4

User will select submit on the page informing them they are about to be re-directed to a third-party site away from Availity's secure site.

Create Service Request/Authorization

You are about to be re-directed to a third-party site away from Availity's secure site, which may require a separate log-in. Availity provides the link to this site for your convenience and reference only. Availity cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services. You will remain logged in to Availity.

Cancel

Submit

**Note

If this is user's first time signing in via Availity they will be required to accept the acknowledgement message seen in the screen capture to the right

Acknowledgment

Please indicate that you have read and agree to the terms presented in the [Provider Online User Agreement](#) and [Terms of Use](#)

Accept

Decline

Step 5

Complete authorization details as per the current method for submitting an ePortal prior authorization request

**Note a new mandatory Transplant Screening field will populate when selecting Diagnostic Radiology for Type of Service

Service Information

Enter Required Information

Type of Service : Diagnostic Radiology
Place of Service : Outpatient
Proposed Start Date : 10/08/2021
Inpatient Notification : Select
Admission Date : mm/dd/yyyy
Discharge Date : mm/dd/yyyy
Submit Date : 10/08/2021

Transplant Screening : Yes No

Diagnosis Code	Diagnosis Description
A00.0	CHOLERA D T VIBRIO CHOLRAE 01 800VR

(Add more diagnoses)

Procedure Code	Procedure Description	Number of Units	Procedure Modifier
70236	MRI TEMPOROMANDIBULAR JOINT	8	

(Add more procedures)

Step 6

Once all qualifying AutoAuth criteria is met, "Continue to MCG" button will populate.

Qualifying criteria consists of:

- Provider from a participating AutoAuth state
- Member from a participating AutoAuth state and line of business
- Type of service: Diagnostic Radiology
- Place of service: Outpatient
- ***Transplant Screening-No (New field)
- Only Advanced Imaging Procedure codes
- Supporting clinical documentation attached
- Referred to contracted provider/facility

Attachments

Select Attachment Type for each file

DRAG FILES HERE OR BROWSE Done

test_fav_for_UAT.pdf
76.80 KB

Type of Attachment : 77 - Support Data for Verification

Supported file formats are PDF, TIF, JPG, BMP and GIF. Upload 1 file at a time and continue uploading until you complete the attachments. Total Size of all Attachments should not exceed 128 MB.

Clinical Notes/Comments

8000 Characters Max. 8000 characters remain

Remarks:

Save Clear Cancel **Continue to MCG** Save

Step 7

Upon selecting "Continue to MCG" the MCG Authorization Request screen will pop up in a new window on top of the service authorization request screen

User will select "Document Clinical"

Auto Authorization - Work - Microsoft Edge
https://molinacorpapitage.carewebqi.com/Narwhal/#/AuthorizationRequest/4677/1/8225...

Authorization Request ✓ Request Form 2 Document Clinical 3

Submit Request

mCG

Patient : 12345678 Name : Member, Marketplace DOB : 07/28/1964 Gender : Male [show more](#)

Authorization : EPS-MCG2120990011 Type : Procedure Pre-authorization Status : NoDecisionYet [show more](#)

Diagnosis Codes : C34.90(ICD-10 Diagnosis) primary
Procedure Codes : 78811 (CPT/HCPCS) primary

Geographic Regions All [Clear](#)

Procedure Code: 78811 (CPT/HCPCS) [Document Clinical](#)

Requested Units: 1

Description : PET IMAGING LIMITED AREA CHEST HEAD/NECK

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

Step 8

User will select boxes next to each indication that member meets. Once all applicable indications are checked, user will select save

Diagnosis Codes : C34.90(ICD-10 Diagnosis) primary
Procedure Codes : 78811 (CPT/HCPCS) primary

Geographic Regions All [Clear](#)

Procedure Code: 78811 (CPT/HCPCS)
Requested Units: 1
Description : PET IMAGING LIMITED AREA CHEST HEAD/NECK

A-0098 - Tumor Imaging Positron Emission Tomography (PET) and PET-CT - (AC)

The procedure is/was needed for appropriate care of the patient because of ...

- Cancer or neoplasm, initial evaluation or staging needed (from diagnosis through initial staging), as indicated by ...
- Additional imaging information required to assess ...
- Anatomic extent of tumor, if results will assist with selection of optimal antitumor treatment [🔗](#)
- Appropriateness of patient for invasive diagnostic or therapeutic procedure [🔗](#)
 - Optimal anatomic location for invasive procedure [🔗](#)
 - PET or PET-CT not yet performed (prior to initiation of treatment) [🔗](#)
 - Solid tumor malignancy, biopsy-proven or strongly suspected [🔗](#)
 - Treatment not yet initiated [🔗](#)
 - Type of tumor is ...
- Cancer or neoplasm, subsequent evaluation or staging needed (after completion of initial treatment through monitoring for recurrence), as indicated by ...

[Save](#) [Cancel](#)

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

Step 9

User will then select Submit Request

Authorization Request Request Form Document Clinical 3

Submit Request

mcg

Patient 12345678 **Name** :Member, Marketplace **DOB** : 07/28/1964 **Gender** : Male [show more](#)

Authorization : EPS-MCG2120990011 **Type** : Procedure Pre-authorization
Status : NoDecisionYet [show more](#)
Diagnosis Codes : C34.90(ICD-10 Diagnosis) *primary*
Procedure Codes : 78811 (CPT/HCPCS) *primary*

Geographic Regions All [Clear](#)

Procedure Code: 78811 (CPT/HCPCS) [show more](#)
Requested Units: 1
Description : PET IMAGING LIMITED AREA CHEST HEAD/NECK

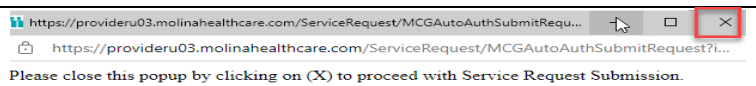
[Submit Request](#) [Cancel Request](#) [Back](#)

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.

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Step 10

Once request is submitted user will be prompted to close the pop-up window to complete the service request submission



Step 11

Once pop up window is closed user will receive confirmation message with the following details:

- Tracking number
- MCG Episode ID
- Authorization status (Approved or In Review)

If Approved, provider can proceed with service requested.

If In Review, the request will undergo the current internal review process and provider will be notified of decision using the current notification process

Service Request/Authorization Form

For Medicare Part B drug provider administered drug therapies, please direct Prior Authorization requests to Novologix for submission. For a list of codes requiring Prior Authorization, please refer to the Prior Authorization Lookup Tool. You may access the Novologix portal via this [SSO link](#) here or fax in a prior authorization at 800-391-6437

Submittal Tracking Number: 2119490005 [Add another Service Request/Authorization for the Member](#)
EpisodeID : EPS-00003395

Authorization Status : **APPROVED**

Based on the information provided, your request for services has been approved. However, Prior Authorization is not a guarantee of payment for services. Payment is dependent on member eligibility at the time of service, benefit coverage and limitations, provider agreements, and submission of accurate claims.

[Expand to view Manage And Use Templates](#)

Service Request/Authorization Form

For Medicare Part B drug provider administered drug therapies, please direct Prior Authorization requests to Novologix for submission. For a list of codes requiring Prior Authorization, please refer to the Prior Authorization Lookup Tool. You may access the Novologix portal via this [SSO link](#) here or fax in a prior authorization at 800-391-6437

Submittal Tracking Number: 2119490000 [Add another Service Request/Authorization for the Member](#)
EpisodeID : EPS-00003385

Authorization Status : **IN REVIEW**

Your request has been received. You must wait for approval before performing services.

[Expand to view Manage And Use Templates](#)

