

# MCG Cite AutoAuth Provider Training

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# Agenda



01 MCG Cite AutoAuth overview

02 Provider training QRG review

03 Questions

## What is Cite AutoAuth?

By attaching the relevant care guideline content to each preauthorization request and sending it directly to Molina, healthcare providers receive an expedited, often immediate, response. Through a customized rules engine, Cite AutoAuth matches Molina's specific criteria to the clinical information and attached guideline content to authorize the procedure automatically.

## Who uses Cite AutoAuth?

Providers accessing Molina Legacy Provider Portal submitting an Advanced Imaging authorization request.

## How do providers access MCG Cite AutoAuth on the Legacy Provider Portal?

See step by step QRGs (to be reviewed in following slides)



MCG CAA Availability  
Provider QRG



MCG CAA Legacy  
Provider QRG

## QRG Review

# Cite Auto Auth QRG

User will use current as is method for submitting an ePortal prior authorization with the addition of a few extra steps.

Service Information

**Enter Required Information\***

Type of Service : \* Diagnostic Radiology Submit Date : 10/08/2021

Place of Service : \* Outpatient

Inpatient Notification : \* Select

Proposed Start Date : 10/08/2021 mmddyyyy Admission Date : \*  mmddyyyy

Discharge Date : \*  mmddyyyy

Care Type : \*  Routine/Elective  Urgent/Expedite Within 72 Hours

Transplant Screening : \*  Yes  No

[Remove]	Diagnosis Code *		Diagnosis Description
<input type="checkbox"/>	A00.0	🔍	CHOLERA D T VIBRIO CHOLRAE 01 BIOVR
<input type="checkbox"/>		🔍	
<input type="checkbox"/>		🔍	

(Add more diagnoses)

[Remove]	Procedure Code		Procedure Description	Number of Units	Procedure Modifier
<input type="checkbox"/>	70336	🔍	MRI TEMPOROMANDIBULAR JOINT	1	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<input type="checkbox"/>		🔍			<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<input type="checkbox"/>		🔍			<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

(Add more procedures)

# Cite Auto Auth QRG

Once all qualifying AutoAuth criteria has been completed on the prior authorization request form the user will see the Continue to MCG button on the bottom right-hand side of the page in lieu of the submit button.

**Attachments**

Select Attachment Type for each file

**Type of Attachment :** \*

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.

DRAG FILES HERE OR BROWSE ✓ Done

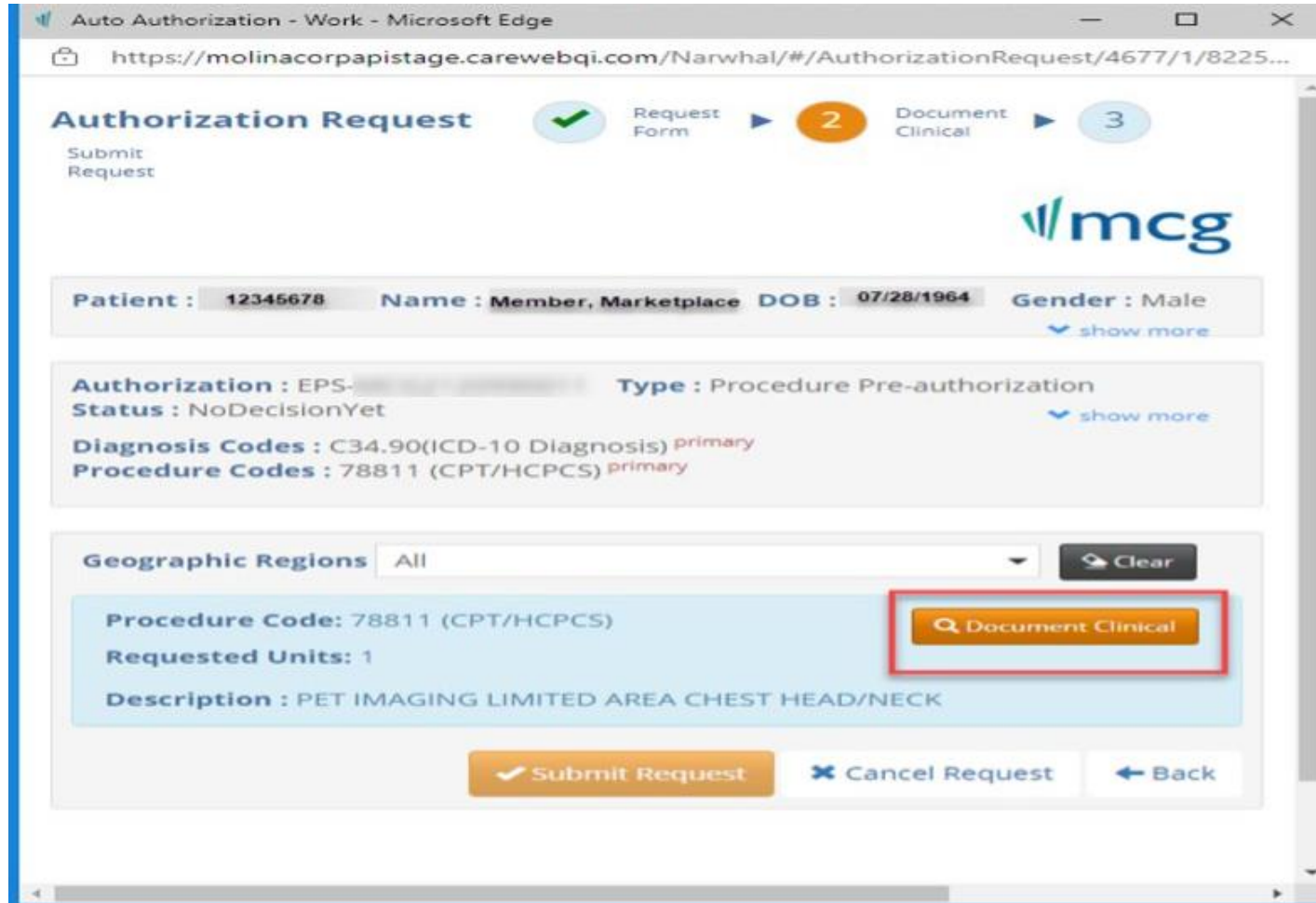
 test\_fax\_for\_UAT.pdf ×  
76.80 KB

**Clinical Notes/Comments** 8000 Characters Max. 8000 characters remaining

Remarks:

# Cite Auto Auth QRG

Upon clicking on “Continue to MCG” the MCG authorization request screen will pop up in a new window on top of the prior authorization request screen. User will click on “Document Clinical”



# Cite Auto Auth QRG

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 ...

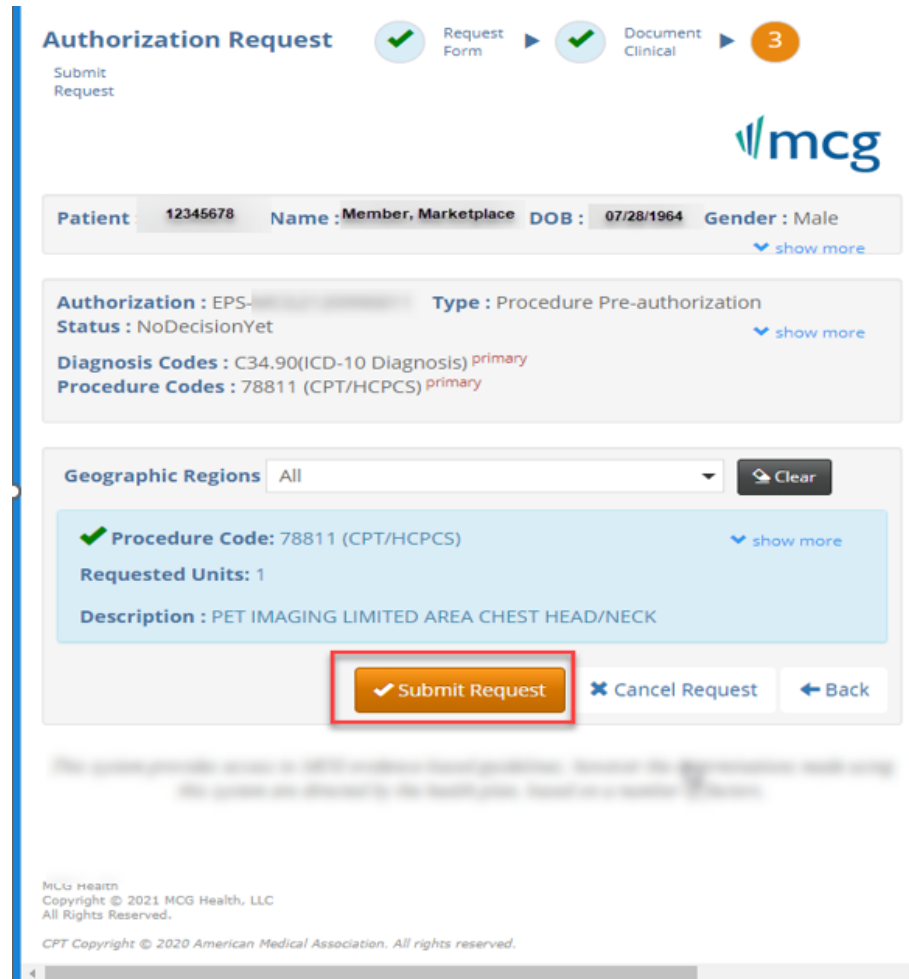
- Cancer or neoplasm, initial evaluation or staging needed (from diagnosis through initial staging), as indicated by ...
- Additional imaging information required to assess ...
- Anatomic extent of tumor, if results will assist with selection of optimal antitumor treatment
- Appropriateness of patient 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 recurrences), as indicated by ...

Save Cancel

Submit Request Cancel Request Back



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- **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

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

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CPT Copyright © 2020 American Medical Association. All rights reserved.

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



Please close this popup by clicking on (X) to proceed with Service Request Submission.

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

- Tracking number
- MCG Episode ID

## Authorization status (Approved or In Review)

**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: 21-████████████████████ [Add another Service Request/Authorization for the Member](#)

EpisodeID : EPS-████████████████████

**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](#)

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Submittal Tracking Number: 21-████████████████████ [Add another Service Request/Authorization for the Member](#)

EpisodeID : EPS-████████████████████

**Authorization Status : IN REVIEW**

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

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

**Questions?**