

August 2, 2023

Prior Authorization Tips for Advanced Imaging

**THIS UPDATE HAS BEEN
SENT TO THE FOLLOWING:**

HEALTH PLANS:

- Arizona
- California
- Florida
- Idaho
- Illinois
- Iowa
- Kentucky
- Massachusetts
- Michigan
- Mississippi
- Nevada
- New Mexico
- New York
- Ohio
- South Carolina
- Texas
- Utah
- Virginia
- Washington
- Wisconsin

LINES OF BUSINESS:

- Molina Medicaid
- Molina Medicare
- Molina Marketplace

Get Automatic Approval for Advanced Imaging Prior Authorization

Molina Clinical Services (MCS) Advanced Imaging continue to enhance our prior authorization process with more efficient ways of submission.

Molina has partnered with MCG Health to offer Cite AutoAuth (CAA) self-service for High-Cost Advanced Imaging (AI) prior authorization (PA) requests.

What is Cite AutoAuth (CAA) and how does it work?

By attaching the relevant care guideline content to each PA request and sending it directly to Molina, providers received 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 potentially authorize the procedure automatically.

Self-service available in the Cite Auto-Auth tool include, but are not limited to: MRIs, CTs, and PET scans. To see the full list of imaging codes which require PA, we would like to refer you to the PA Code LookUp Tool at [Molina - Health Care Professionals](#)

How to Access and Learn More

Cite AutoAuth can be accessed in the Molina [Provider Portal](#). The portal is available 24 hours per day/7 days per week. Watch [Molina's MCG CAA Video](#) for more information.

We strongly encourage Portal submission as your primary submission route; existing fax/phone processes are also available.

FAX: 877-731-7218

PHONE: 855-714-2415

WHAT IS NEEDED FOR ADVANCED IMAGING REQUESTS?

Prior Authorization Requirements

To review your request in a timely manner some items to keep in mind:

- Refaxing/resubmitting requests will only cause delays in processing your request.
- Allow 24-48 hours before calling to inquire on status.
- Without clinical notes, high risk of denial
- Expediated/Urgent request should only involve a serious threat to the Member's health.

Clinical Notes/Information Needed for Medical Necessity

- Any lab test results not available at the time of your submission
- Any previous imaging results such as ultrasounds, echocardiograms, Xrays, CT, MRI, or PET scan reports
- Reports of any investigative or therapeutic procedures such as endoscopy, biopsies, or surgery
- Recent (within the past 6 months) reports from other specialist consultants and/or physical or occupational therapists