
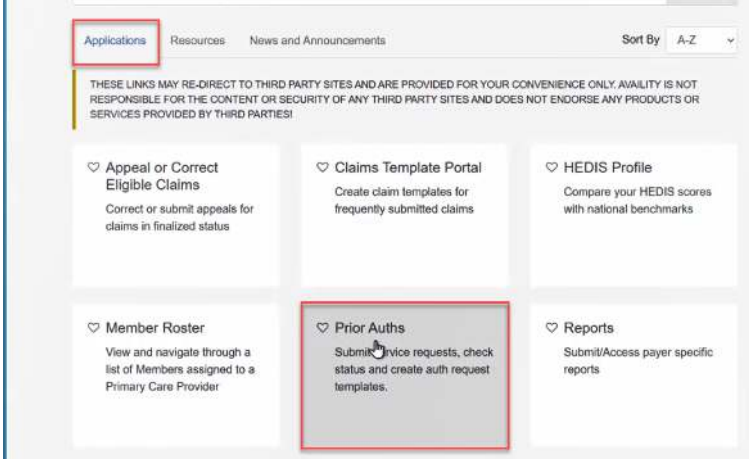
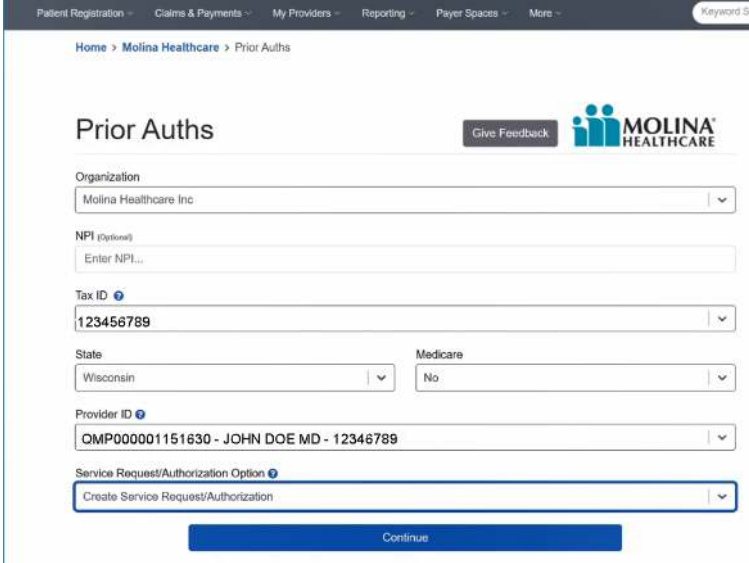


# MCG Cite AutoAuth Provider Access QRG



## 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.

|  |  |
|--|--|
| <p><b>Step 1</b></p> <p>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)</p>         |    |
| <p><b>Step 2</b></p> <p>User will scroll down and choose Applications and then click on Prior Auths</p>  |   |
| <p><b>Step 3</b></p> <p>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.</p> |  |

#### 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](#)

I Accept I 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 Requested Information

Type of Service: Diagnostic Radiology  
Place of Service: Outpatient  
Proposed Start Date: 10/19/2021  
Inpatient Modification: Select  
Admission Date: mm/dd/yyyy  
Discharge Date: mm/dd/yyyy  
Submit Date: 10/19/2021

Care Type:  Routine/Active  Urgent/Expire Within 72 Hours  
 Transplant Screening: No g/MG

| (Remove)                 | Diagnostic Code | Diagnostic Description               |
|--------------------------|-----------------|--------------------------------------|
| <input type="checkbox"/> | J45.0           | CHOLERA D T VIBRIO CHOLERAE DS BDOVR |

(Add more diagnoses)

| (Remove)                 | Procedure Code | Procedure Description       | Number of Units | Procedure Modifier |
|--------------------------|----------------|-----------------------------|-----------------|--------------------|
| <input type="checkbox"/> | 92236          | MRI TEMPOROMANDIBULAR JOINT | 1               |                    |

(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

Type of Attachment: 77 - Support Data for Verification

DRAG FILES HERE OR BROWSE  Done

test\_for\_UAT.pdf  
76.80 KB

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 800 Characters Rem. 8000 characters remaining

Remarks:

Save Clear Cancel Continue to MCG Save Template

### 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://molinacorpapistage.carewebqi.com/Narwhal/#/AuthorizationRequest/4677/1/8225...

### Authorization Request

Submit Request

Request Form 2 Document Clinical 3

**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 [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

- Indication 1
- Indication 2
- Indication 3
- Indication 4
- Indication 5
- Indication 6
- Indication 7
- Indication 8

**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- 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

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

## Step 10

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.

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

EpisodeID: EPS- [Add another Service Request/Authorization for the Member](#)

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

EpisodeID: EPS- [Add another Service Request/Authorization for the Member](#)

Authorization Status: **IN REVIEW**

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

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