

MCG Cite AutoAuth Provider Access QRG

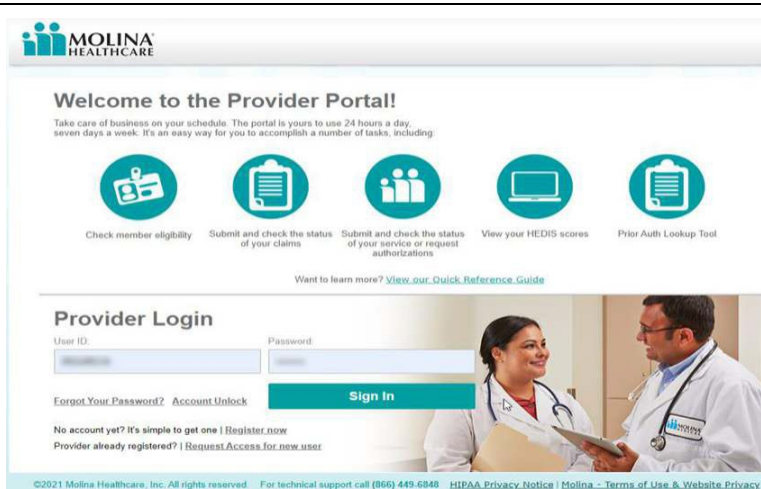


REFERENCE GUIDE

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.

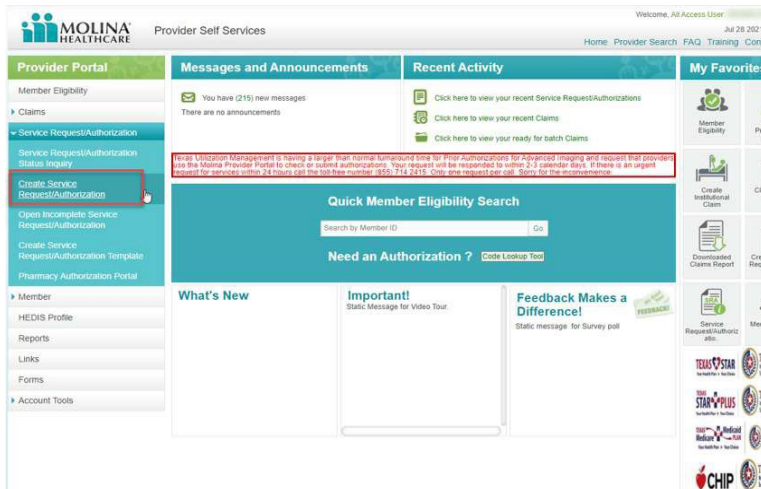
Step 1

User will sign into Provider Portal using User ID and Password



Step 2

User will navigate to Service Request/Authorization drop down on left-hand side of the page and select "Create Service Request/Authorization link"



Step 3

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

Service Information

Enter Required Information:

Type of Service: Place of Service: Inpatient Notification: Submit Date: 10/09/2021

Proposed Start Date: 10/09/2021 Admission Date: mm/dd/yyyy

Care Type: ☒ Routine/Active ☐ Urgent/Escalate Within 72 Hours

Transient Screening: ☐ Yes ☒ No

(Remove)	Diagnostic Code	Diagnostic Description
<input type="checkbox"/>	A02.0	CHLOEIA D-T VIRBIO CHLOEAE BI SEDUR

(Add more diagnoses)

(Remove)	Procedure Code	Procedure Description	Number of Units	Procedure Modifier
<input type="checkbox"/>	P0336	MRI TEMPOROMANDIBULAR JOINT		

(Add more procedures)

Step 4

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

Step 5

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"

Step 6

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

Indications:

- ☒ Indication 1
- ☒ Indication 2
- ☒ Indication 3
- ☐ Indication 4
- ☐ Indication 5
- ☐ Indication 6
- ☐ Indication 7
- ☐ Indication 8
- ☐ Indication 9
- ☐ Indication 10

Save Cancel

Submit Request Cancel Request Back

Step 7

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 [show more](#)

Status: NoDecisionYet

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

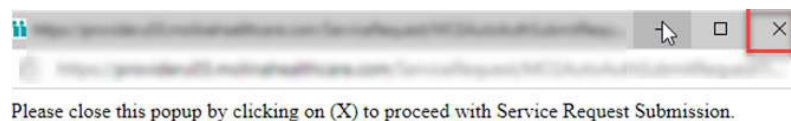
Description: PET IMAGING LIMITED AREA CHEST HEAD/NECK

✓ Submit Request ✕ Cancel Request ← Back

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Step 8

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



Step 9

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)

The image displays two screenshots of the 'Service Request/Authorization Form' from Novologix. The top screenshot shows a request that has been 'APPROVED'. It includes fields for 'Submittal Tracking Number: 21' and 'EpisodeID: EPS-'. A green message states: '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.' The bottom screenshot shows a request that is 'IN REVIEW'. It includes the same tracking and episode ID fields. A red message states: 'Your request has been received. You must wait for approval before performing services.'

Step 10

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