

Provider Memorandum

How to Get Automatic Approval for Advanced Imaging Prior Authorization

Molina Healthcare of Illinois (Molina) reminds providers how MCG Cite AutoAuth helps deliver timely authorizations. Molina Clinical Services (MCS) Advanced Imaging continues to enhance our Prior Authorization process with more efficient ways of submission. We have 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 and how does it work?

By attaching the relevant care guideline content to each PA request and sending it directly to Molina, 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 potentially authorize the procedure automatically. If the criteria is not met at the time of submission, the authorization request will pend for further clinical review. You will not receive a direct denial in the portal.

Self-service available in the Cite AutoAuth tool include MRIs, CTs, PET scans, and more. To see the full list of imaging codes requiring PA, refer to the PA Code LookUp Tool found on the provider home page: [Health Care Professionals \(molinahealthcare.com\)](https://www.molinahealthcare.com/health-care-professionals).

How to access and learn more

Cite AutoAuth can be accessed in the Molina [Availity Essentials Portal](#). The portal is available 24/7 year-round. [Watch Molina's MCG CAA video for more information](#). We **strongly encourage** portal submission as your primary submission route; fax/phone processes are also available as a backup alternative.

- Fax: (877) 731-7218
- Phone: (855) 714-2415

Prior Authorization requirements and best practices

Note these tips to ensure your request is reviewed and answered in a timely manner:

- Resending/resubmitting requests will cause delays in processing your request.
- Allow 24 to 48 hours before contacting Molina to inquire on status.
- Requests without clinical notes run a 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

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

Questions?

We're here to help. Contact your dedicated Provider Network Manager or email the Provider Network Management team at MHILProviderNetworkManagement@MolinaHealthcare.com. For help identifying your dedicated Provider Network Manager, visit [Molina's Service Area page](#) at MolinaHealthcare.com.

Provider Portal Alert

We are in the process of sunsetting the Molina Legacy Provider Portal. Ensure that you and your staff have access to streamlined claims management, authorizations, eligibility/benefit verification, and more. Get started with Availity Essentials Provider Portal today! [Click here](#).

Get Critical Updates

Receive news and updates about Molina services and plan requirements delivered straight to your inbox! [Click here](#) to receive Molina's provider updates.

Note: Molina's website and documents are best viewed in Google Chrome or Microsoft Edge.