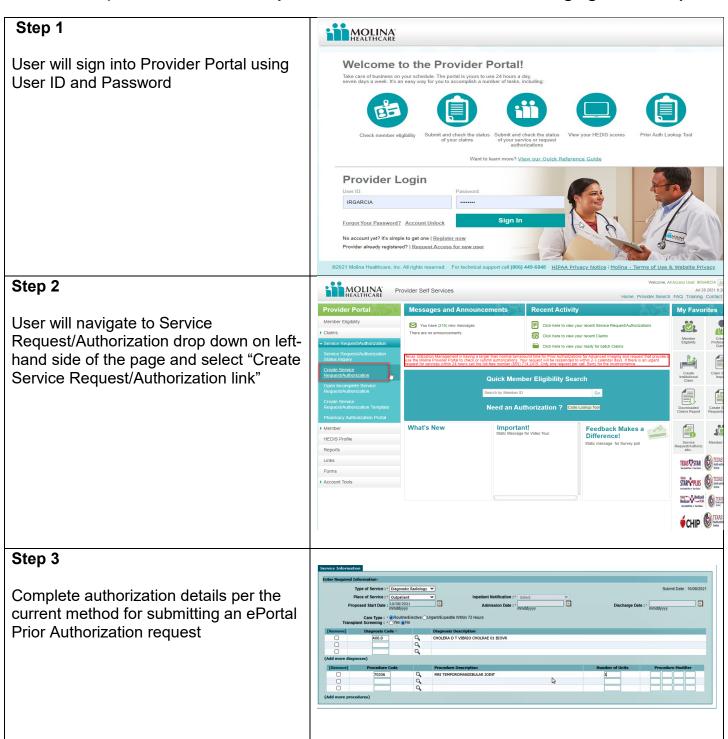
MCG Cite AutoAuth Provider Access QRG



LEGACY PORTAL 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 for Marketplace.**



Step 4

Once all qualifying AutoAuth criteria is met, "Continue to MCG" button will populate. Qualifying criteria consists of:

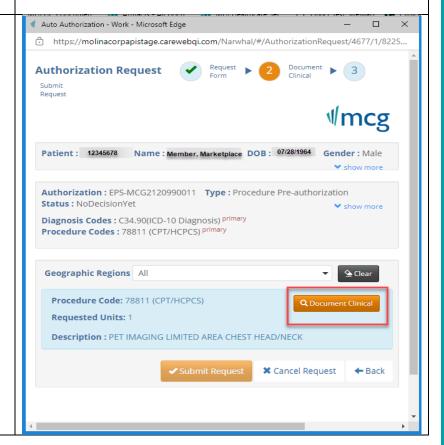
- Provider from a participating AutoAuth state
- Member from a participating AutoAuth state and line of business (Marketplace)
- Type of service: Diagnostic Radiology
- Place of service: Outpatient
- ***Transplant Screening-No (New field)
- Only Advanced Imaging Procedure codes
- Supporting clinical documentation attached
- Referred to contracted provider/facility

Attachments Select Attachment Type for each file DRAC FILES HERE OR BROWSE Type of Attachment : * 77 - Support Data for Verification Supported file formats are PDF, TIF, 19G, BMB and GDF Uplead 1 file at a time and certificus upleading until you complete the addressed Size of all Attachments should not exceed 129 HB. Clanical Notes/Comments Remarks: Save Closer Cased Continue to HCG Save Template.

Step 5

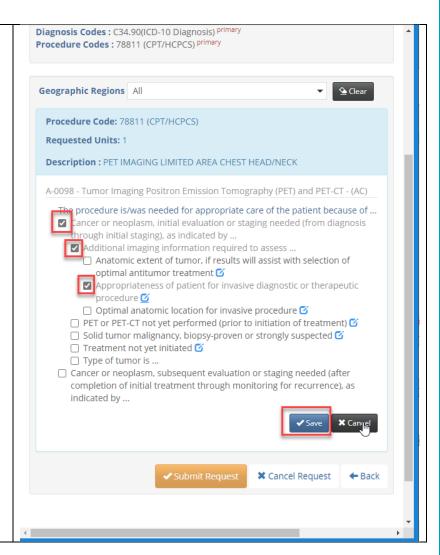
Upon selecting "Continue to MCG" the MCG Authorization Request screen will pop up in a new window on top of the service authorization request screen

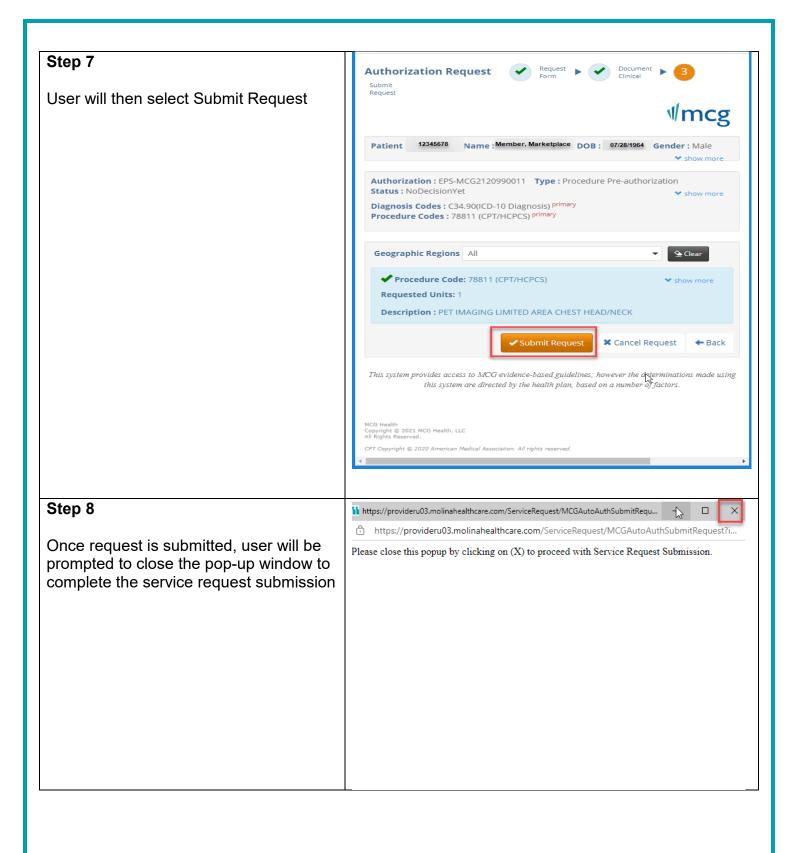
User will select "Document Clinical"



Step 6

User will select boxes next to each indication that member meets. Once all applicable indications are checked, user will select "Save"





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)

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 (at 800-391-6437 Submittal Tracking Number: 2119490005 Add another Service Request/Authorization for the Member EpisodelD: EPS-00003395 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 Temptates 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 Lockup 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: 2119490000 Add another Service Request/Authorization for the Hember EpisodelD: EPS-00003385 Authorization Status: IN REVIEW Your request has been received. You must wait for approval before performing services. Expand to view Manage And Use Temptates

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