

MCG Cite AutoAuth Provider Access QRG

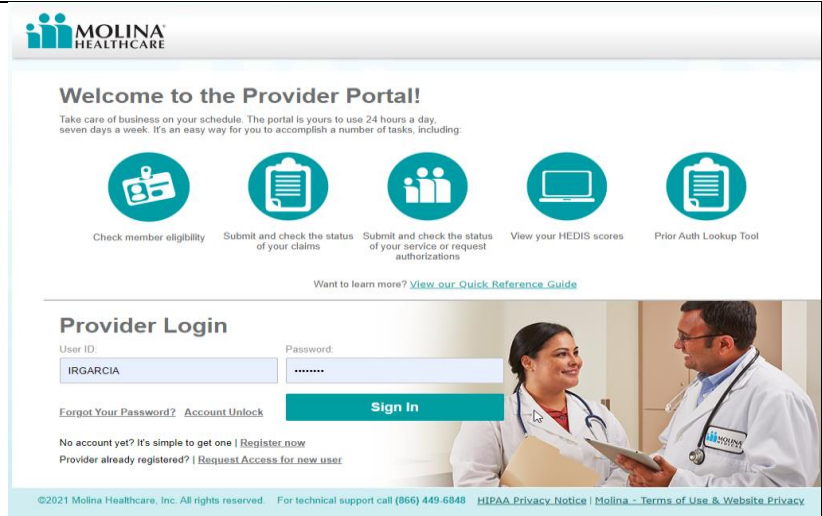


REFERENCE GUIDE

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.

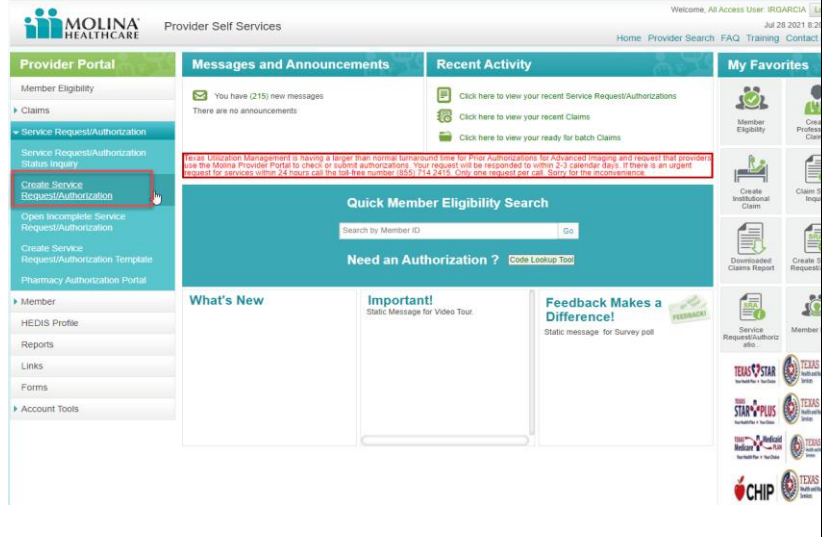
Step 1

User will sign into Provider Portal using User ID and Password



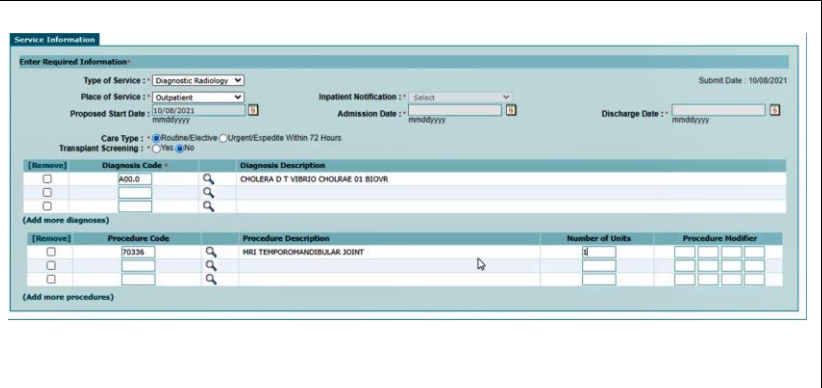
Step 2

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



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

Attachments

Select Attachment Type for each file

Type of Attachment : 77 - Support Data for Verification

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

Remarks:

Save Clear Cancel **Continue to MCG** 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"

Auto Authorization - Work - Microsoft Edge

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

Authorization Request

Submit Request

Request Form 2 Document Clinical 3

Patient : 12345678 Name : Member, Marketplace DOB : 07/28/1964 Gender : Male

Authorization : EPS-MCG2120990011 Type : Procedure Pre-authorization Status : NoDecisionYet

Diagnosis Codes : C34.90 (ICD-10 Diagnosis) primary Procedure Codes : 78811 (CPT/HCPCS) primary

Geographic Regions : All

Procedure Code: 78811 (CPT/HCPCS) Requested Units: 1 Description : PET IMAGING LIMITED AREA CHEST HEAD/NECK

Document Clinical

Submit Request Cancel Request Back

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

A-0098 - Tumor Imaging Positron Emission Tomography (PET) and PET-CT - (AC)

The procedure is/was needed for appropriate care of the patient because of ...

- Cancer or neoplasm, initial evaluation or staging needed (from diagnosis through initial staging), as indicated by ...
- Additional imaging information required to assess ...
- Anatomic extent of tumor, if results will assist with selection of optimal antitumor treatment [?](#)
- Appropriateness of patient for invasive diagnostic or therapeutic procedure [?](#)
 - Optimal anatomic location for invasive procedure [?](#)
 - PET or PET-CT not yet performed (prior to initiation of treatment) [?](#)
 - Solid tumor malignancy, biopsy-proven or strongly suspected [?](#)
 - Treatment not yet initiated [?](#)
 - Type of tumor is ...
- Cancer or neoplasm, subsequent evaluation or staging needed (after completion of initial treatment through monitoring for recurrence), as indicated by ...

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-MCG2120990011 **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

This system provides access to MCG evidence-based guidelines; however the determinations made using this system are directed by the health plan, based on a number of factors.

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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

<https://provideru03.molinahealthcare.com/ServiceRequest/MCGAutoAuthSubmitRequest?i...>

Please close this popup by clicking on (X) to proceed with 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)

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: 2119490005 [Add another Service Request/Authorization for the Member](#)

EpisodeID : 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 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: 2119490000 [Add another Service Request/Authorization for the Member](#)

EpisodeID : 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 Templates](#)

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