

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>Step 1</p> <p>User will sign into Provider Portal using User ID and Password</p>	
<p>Step 2</p> <p>User will navigate to Service Request/Authorization drop down on left-hand side of the page and select "Create Service Request/Authorization link"</p>	
<p>Step 3</p> <p>Complete authorization details as per the current method for submitting an ePortal prior authorization request</p>	
<p>Step 4</p>	

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

DRAG FILES HERE OR BROWSE ✓ Done

test_doc_for_upload.pdf
76.80 KB

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://molinacorpapitage.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

Authorization : EPS 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

Indication 1: PET imaging is needed for appropriate care of the patient because of...
 Indication 2: PET imaging information is necessary to...
 Indication 3: PET imaging information is necessary to...
 Indication 4: PET imaging information is necessary to...
 Indication 5: PET imaging information is necessary to...
 Indication 6: PET imaging information is necessary to...
 Indication 7: PET imaging information is necessary to...
 Indication 8: PET imaging information is necessary to...

Save Cancel

Submit Request Cancel Request Back

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 screenshot displays a 'Service Request/Authorization Form' with the following details:

- Authorization Status:** APPROVED
- Message:** 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.
- Buttons:** Expand to view Manage And Use Templates

The screenshot also shows a second instance of the form below, which is partially obscured and shows an 'IN REVIEW' status.

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