

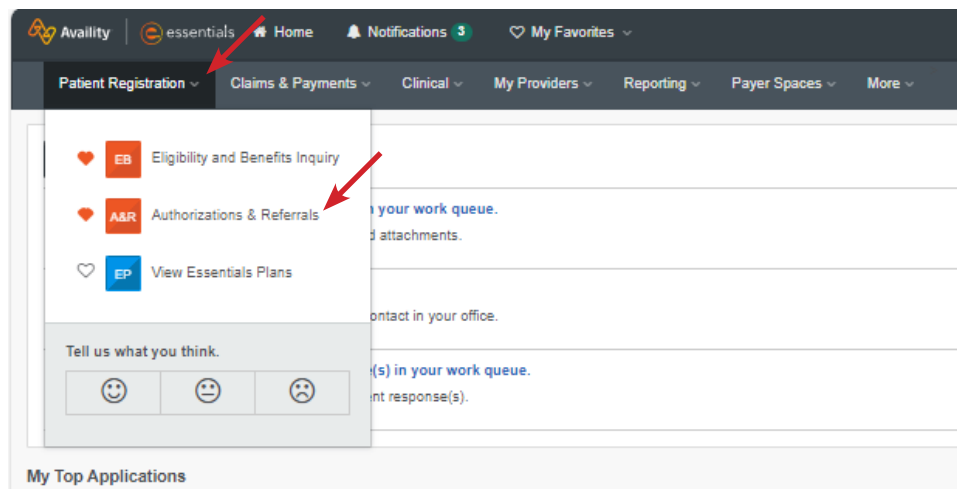
Reference guide for health care providers

MCG Cite autoauth provider access

The following steps outline how providers can submit prior authorization requests using the MCG Cite autoauth process within Avality Essentials for advanced imaging.

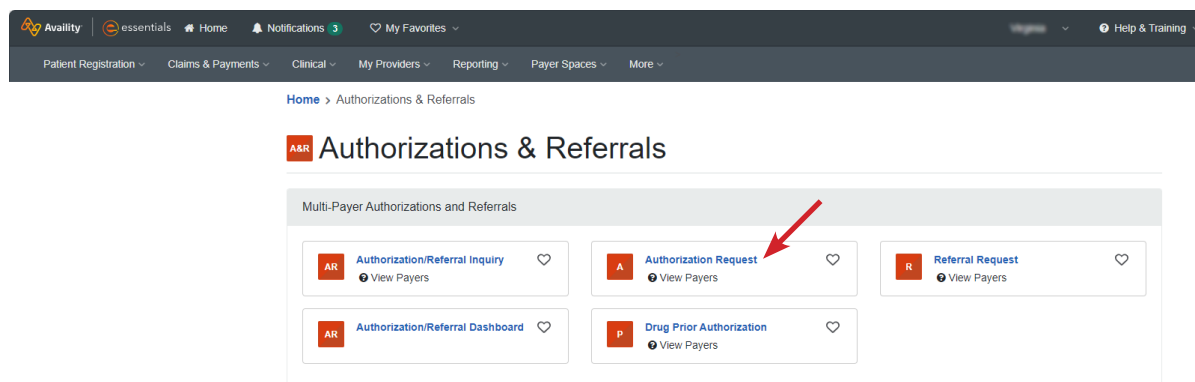
Step 1:

- User will sign into **Avality** using their sign-in credentials.
- Once logged in, user will select the drop-down **Patient Registration** and choose **Authorizations & Referrals**.



Step 2:

- User will select **Authorization Request**.



Step 3:

- Enter in payer information.

Avallity | essentials | Home | Notifications 3 | Procedure code searches use content licensed by the American Medical Association (AMA). For more details see [terms and conditions](#). | Help & Training

Home > Authorizations & Referrals > Authorizations

Need help? Watch a demo about Authorizations and Referrals.

Authorizations

Give Feedback | [Go to Dashboard](#) | [New Request](#)

SELECT A PAYER

Organization -
Molina Healthcare MHI - Org1

Template(s) optional [Manage Templates](#)
No template selected

Select a template from the list or continue with Payer and Request Type fields.

Payer - [Manage](#)
Select a Payer

Request Type - [Manage](#)
Select Authorization Type

Step 4:

- Users will be taken to the **Molina Prior Authorization Lookup Tool** to search for specific service codes and determine if prior authorization is required.
- Select enrollee's **Line of Business** and enter in **service code(s)**. Select **Next button**.

Avallity | essentials | Home | Notifications 3 | My Favorites | Virginia | Help & Training | Christine's Account | Logout

Keyword Search

THIS TOOL IS NOT TO BE UTILIZED TO MAKE BENEFIT COVERAGE DETERMINATIONS
FOR ANY PA CHANGES DUE TO REGULATORY GUIDANCE RELATED TO COVID-19 - PLEASE SEE PROVIDER NOTIFICATIONS AND MOST CURRENT INFORMATION ON THE PROVIDER PORTAL.

We attempt to provide the most current and accurate information on this PA Lookup Tool. Note prior authorization requirements change quarterly. Obtaining authorization does not guarantee payment. The plan retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, correct coding, billing practices and whether the service was provided in the most appropriate and cost-effective setting of care. If there is still a question that Prior Authorization is needed, please refer to your Provider Manual or submit a PA request form.

This Lookup tool is for Out-Patient services. All Elective In-Patient Admissions to Acute Hospitals, Skilled Nursing Facilities (SNF), Rehabilitation Facilities (AR), or Long Term Acute Care Hospitals (LTACH) require Prior Authorization except as excluded by law. All Medicaid LTSS services require prior authorization regardless of code.

No PA is required for office visits at Participating (PAR) Network Providers. All NON-PAR Providers require authorization regardless of services provided or codes submitted, except for Emergency Services and Evaluation & Management Codes during non-elective observation/inpatient admissions or as required by law.

Molina Pharmacy Services completes Utilization Management for Healthcare Administered Drugs.

Obtaining authorization does not guarantee payment. The plan retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, correct coding, billing practices and whether the service was provided in the most appropriate and cost-effective setting of care.

For dually enrolled members, service authorization is not required for Medicaid billing unless the Medicare benefit is exhausted, or the service was denied or not covered under Medicare.

Please submit Medicaid authorization requests to the Medicaid authorization team via fax:

- CCC Plus (866) 210-1523
- Medicaid 4.0 (855) 769-2116

Prior Authorization is required for DME and supply requests above the state limit.

Line of Business -
Medicaid

CPT/HCPCS Code - [Manage](#)
70551 - MRI BRAIN STEM W/O DYE

[Add another procedure code](#)

[Back](#) | [Next](#) | [Skip](#)

Step 5:

- Review **Authorization/Referral Required** results. If the service(s) requested requires authorization select the **Next Steps** button.

The screenshot shows the Availity portal interface. At the top, there are navigation tabs: Patient Registration, Claims & Payments, Clinical, My Providers, Reporting, Payer Spaces, and More. A search bar is located in the top right corner. The main content area contains several informational paragraphs about authorization requirements. Below this, a table titled 'Authorization/Referral Required' is displayed. The table has three columns: 'Line of Business', 'Procedure Code 1', and 'Procedure Code Description'. The first row shows 'Medicaid' for the Line of Business, '70551 - MRI BRAIN STEM W/O DYE' for the Procedure Code 1, and 'MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL' for the Procedure Code Description. The 'PA Status' is 'AUTH REQUIRED'. Below the table, there are three buttons: 'Back', 'Print', and 'Next Steps'. A red arrow points to the 'Next Steps' button.

| Line of Business | Procedure Code 1 | Procedure Code Description |
|------------------|--------------------------------|--|
| Medicaid | 70551 - MRI BRAIN STEM W/O DYE | MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL |

Step 6:

Enter:

- Patient**
- Requesting Provider Information**
- Contact Information**


Select **Next** button.

The screenshot shows the 'Next Steps' form in the Availity portal. It is divided into three main sections: 'PATIENT INFORMATION', 'REQUESTING PROVIDER', and 'YOUR CONTACT INFORMATION'. Each section has a 'SHOW OPTIONAL FIELDS' checkbox. The 'PATIENT INFORMATION' section includes a search bar for 'Select a Patient' and fields for 'Member ID', 'Relationship to Subscriber', and 'Patient Date of Birth'. The 'REQUESTING PROVIDER' section includes a search bar and a table showing 'Provider Selected 1 Result Returned'. The 'YOUR CONTACT INFORMATION' section includes fields for 'Contact Name', 'Contact Phone', 'Contact Email Address', and 'Contact Fax'. At the bottom, there are 'Back' and 'Next' buttons.

| Name | NPI | Tax Id |
|------------|------------|------------|
| [Redacted] | [Redacted] | [Redacted] |

Step 7:


- Fill in **authorization information**.
- Some information should have auto-populated from previous page.
- Select **Next** button.

| | | | | | |
|--------------------|--|--|---------------|----------------------|---|
| Member ID | | | Date of Birth | Gender |  |
| Eligibility Status | | | Group Number | Plan / Coverage Date | |
| Transaction Type | | | Organization | Payer | |
| | | | | | |

SERVICE INFORMATION Show Optional Fields

Service Type • ⓘ
Advanced Imaging (MRI, MRA, CT, CAT, etc.) x ▾

Transplant Screening •
No x ▾

From Date • ⓘ
08/29/2024 

Level Of Service •
Elective x ▾

DIAGNOSIS CODE(S) SHOW OPTIONAL FIELD

Diagnosis Code • ⓘ
S42226B - 2-part nondisp fx of surg nk of unsp humer init fo... ▾

[Add another diagnosis code](#)

PROCEDURE CODE(S) SHOW OPTIONAL FIELD

CPT/HCPCS Code • ⓘ
70551 - MRI BRAIN STEM W/O DYE ▾

Type •
CPT/HCPCS ▾

Procedure Quantity • ⓘ

Procedure Quantity Type •

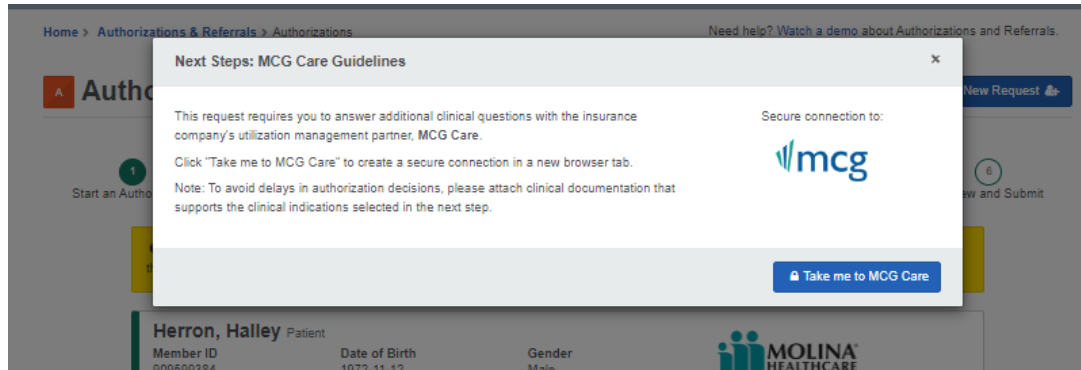
[Add another procedure code](#)

Step 8:

Once all qualifying **AutoAuth** criteria is met, Take me to **MCG Care** button will appear. Select the button once ready to complete MCG review.

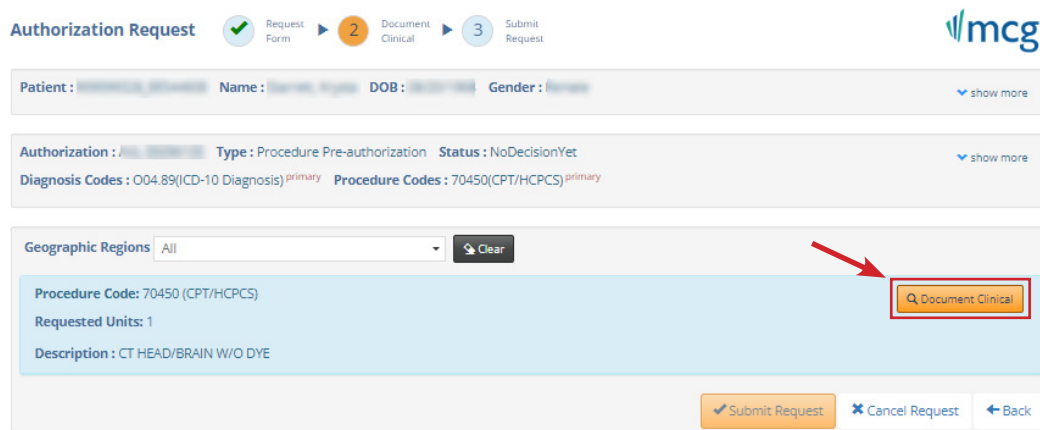
Qualifying criteria consists of:

- Type of service-- **Advanced Imaging/Diagnostic Radiology**
- Place of service: **outpatient**
- Only advanced imaging procedure codes
- Supporting clinical documentation attached
- Referred to contracted provider/facility



Step 9:

- After selecting **Take me to MCG Care**, the **MCG Authorization Request** screen will appear in a new window on top of the service authorization screen or in a new tab.
- User will select **Document Clinical**.



Step 11:

- User will then select **Submit Request** button.

The screenshot shows the 'Authorization Request' form with a progress bar at the top indicating three steps: 'Request Form' (completed), 'Document Clinical' (completed), and 'Submit Request' (current step). The form includes fields for Patient Name, DOB, and Gender. Below these are fields for Authorization Type (Procedure Pre-authorization) and Status (NoDecisionYet). A section for Geographic Regions is set to 'All'. A highlighted box contains the following information: Procedure Code: 70450 (CPT/HCPCS), Requested Units: 1, and Description: CT HEAD/BRAIN W/O DYE. At the bottom right, the 'Submit Request' button is highlighted with a red box and a red arrow, with 'Cancel Request' and 'Back' buttons also visible.

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.

Step 12:

- User will be taken back to the **Availity Authorization Request** screen.
- Select **Next** button to continue the authorization process.

The screenshot shows the 'Authorizations' screen with a breadcrumb trail 'Home > Authorizations & Referrals > Authorizations'. A progress bar at the top shows six steps: 'Start an Authorization', 'Add Service Information', 'Rendering Provider/Facility', 'Clinical Documentation', 'Add Attachments', and 'Review and Submit'. A yellow notification banner states: 'Molina Healthcare Virginia has a prior authorization Look-up Tool to quickly display what services require a prior authorization. Please utilize this tool prior to submitting an Outpatient transaction through the Availity Portal to confirm an authorization is needed.' Below this is a patient information card for 'Herron, Halley' with fields for Member ID, Date of Birth, Gender (Male), Eligibility Status, Group Number (NA), Plan / Coverage Date, Transaction Type, Organization, and Payer. A message box says 'MCG Health Clinical Questionnaire completed!' and 'Thanks for completing the additional clinical documentation questionnaire. Please click "Next" to continue the authorization process.' At the bottom, the 'Next' button is highlighted with a red box and a red arrow, with a 'Back' button also visible.

Step 13:

- Attach **supporting document(s)** and select **the type of document**.
- Once all supporting documents attached, select **Next** button. Note:

❗ The file size can not exceed the maximum allowed file size of 128mb or combined total size of 128mb.
❗ Files must be in jpg, tiff, gif, png, or pdf format, no more than 10 files may be added.
❗ File names can only contain letters, numbers, spaces, and special characters allowed: - _

Home > Authorizations & Referrals > Authorizations Need help? Watch a demo about Authorizations and Referrals.

Authorizations

Give Feedback [Go to Dashboard](#) [New Request](#)

- 1 Start an Authorization
- 2 Add Service Information
- 3 Rendering Provider/Facility
- 4 Clinical Documentation
- 5 **Add Attachments**
- 6 Review and Submit

❗ Molina Healthcare Virginia has a prior authorization **Look-up Tool** to quickly display what services require a prior authorization. Please utilize this tool prior to submitting an Outpatient transaction through the Availity Portal to confirm an authorization is needed.

| | | |
|--------------------|---------------|----------------------|
| Patient | | |
| Member ID | Date of Birth | Gender |
| Eligibility Status | Group Number | Plan / Coverage Date |
| Transaction Type | Organization | Payer |

ADD ATTACHMENT(S)

Test test test test test test.pdf Diagnostic Report

[Add Another File Attachment](#)

❗ The file size can not exceed the maximum allowed file size of 128mb or combined total size of 128mb.
❗ Files must be in jpg, tiff, gif, png, or pdf format, no more than 10 files may be added.
❗ File names can only contain letters, numbers, spaces, and special characters allowed: - _

[Back](#) [Next](#)

Step 14:

- Review **submission**. Make changes, if necessary, by selecting **Back** to **Step link(s)**.
- If information is correct, select **Submit** button.

Member Information [Back to Step 1](#)

| | | |
|--------------------|---------------|----------------------|
| Member ID | Date of Birth | Gender |
| Eligibility Status | Group Number | Plan / Coverage Date |
| Transaction Type | Organization | Payer |

Requesting Provider [Back to Step 1](#)

| | | |
|-------|---------|--------|
| Name | NPI | Tax Id |
| PAPI | Address | |
| Phone | Fax | |

Service Information [Back to Step 2](#)

| | |
|--|--------------------------------------|
| Service Type 4 - Advanced Imaging (MRI, MRA, CT, CAT, etc.) | Service From - To Date 2024-08-29 |
| Level of Service Elective | |
| Diagnosis Code 1 S42226B - 2-part nondisp fx of surg nk of unsp humer init for opn fx | |
| Procedure Code 1 (CPT/HCPCS) 70551 - MRI BRAIN STEM W/O DYE | Quantity 1 Units |

Rendering Provider/Facility [Back to Step 3](#)

| | | |
|------|---------|--------|
| Name | NPI | Tax Id |
| PAPI | Address | |

Rendering Provider/Facility [Back to Step 3](#)

| | | |
|------|---------|--------|
| Name | NPI | Tax Id |
| PAPI | Address | |

Attachment(s) [Back to Step 5](#)

| | |
|---|---|
| Attachment 1 | |
| File Name Test test test test test.pdf | Document Id 95C7CB9E313E408A88EFA85FE0E68FD5 |

Your Contact Information [Back to Step 1](#)

| | |
|---------------|-------------|
| First Name | Last Name |
| Contact Phone | Contact Fax |
| Contact Email | |

[Back](#) [Submit](#)

v7.921.38

Step 15:

Review outcome of submission:

- **Pended** = Requires medical review.
If requiring medical review, the request will undergo the current internal review process. Provider will be notified of the decision using the current notification process.
- **Certified in Total** = Approved.
If approved, provider can continue with service requested.

Home > Authorizations & Referrals > Authorization Response Need help? Watch a demo about Authorizations and Referrals.

Authorization Response

Give Feedback [Go to Dashboard](#) [New Request](#)

! Molina Healthcare Virginia has a prior authorization Look-up Tool to quickly display what services require a prior authorization. Please utilize this tool prior to submitting an Outpatient transaction through the Availity Portal to confirm an authorization is needed.

Transaction ID: [REDACTED] Customer ID: [REDACTED] Transaction Date: [REDACTED]

| | | | |
|--------------------|---------------|----------------------|--|
| Member ID | Date of Birth | Gender | |
| Eligibility Status | Group Number | Plan / Coverage Date | |
| Transaction Type | Organization | Payer | |
| [REDACTED] | | | |

[Print](#) [Save New Template](#)

Certificate Information

★ Reference Number [REDACTED] Status **PENDED**

Review Reason 1
Requires Medical Review

or

Home > Authorizations & Referrals > Authorization Response Need help? Watch a demo about Authorizations and Referrals.

Authorization Response

Give Feedback [Go to Dashboard](#) [New Request](#)

! Molina Healthcare Virginia has a prior authorization Look-up Tool to quickly display what services require a prior authorization. Please utilize this tool prior to submitting an Outpatient transaction through the Availity Portal to confirm an authorization is needed.

Transaction ID: [REDACTED] Customer ID: [REDACTED] Transaction Date: [REDACTED]

| | | | |
|--------------------|---------------|----------------------|--|
| Member ID | Date of Birth | Gender | |
| Eligibility Status | Group Number | Plan / Coverage Date | |
| Transaction Type | Organization | Payer | |
| [REDACTED] | | | |

[Print](#) [Save New Template](#)

Certificate Information

★ Certification Number [REDACTED] Status **CERTIFIED IN TOTAL**