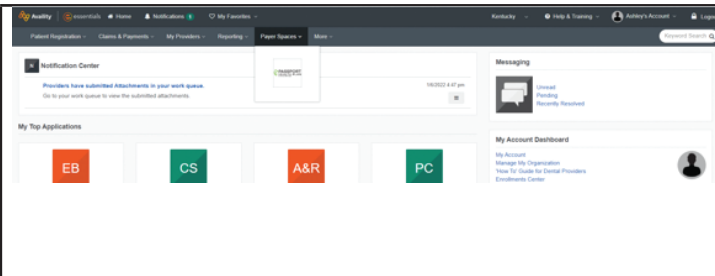
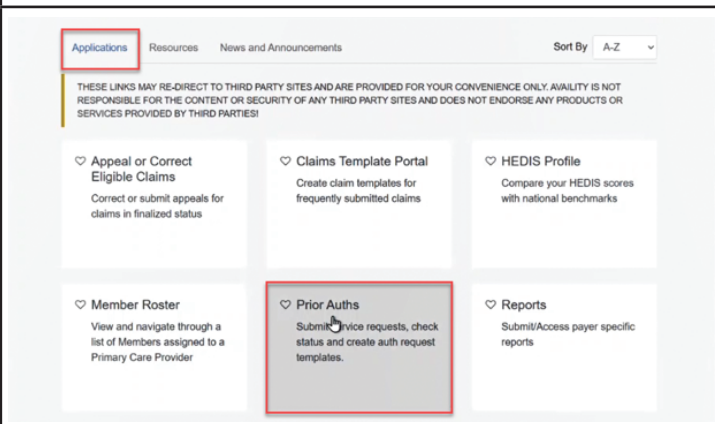
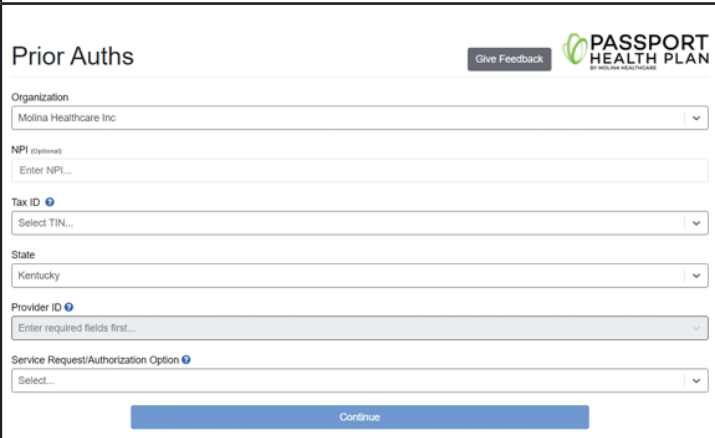


MCG Cite AutoAuth Provider Access QRG

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 Availity using their sign in credentials. Once logged in, user will select the drop down under Payer Spaces and choose the Passport Health Plan icon.</p>	 A screenshot of the Availity provider portal dashboard. The top navigation bar includes 'Home', 'My Family', 'Patient Registration', 'Claims & Payments', 'My Providers', 'Reporting', and 'Payer Spaces'. The 'Payer Spaces' dropdown menu is open, showing several icons including 'EB', 'CS', 'A&R', and 'PC'. The 'Passport Health Plan' icon is highlighted.
<p>Step 2</p> <p>User will scroll down and choose Applications and then click on Prior Auths.</p>	 A screenshot of the 'Applications' section in the Availity portal. The 'Applications' tab is selected and highlighted with a red box. Below the tab, there is a disclaimer: 'THESE LINKS MAY RE-DIRECT TO THIRD PARTY SITES AND ARE PROVIDED FOR YOUR CONVENIENCE ONLY. AVAILITY IS NOT RESPONSIBLE FOR THE CONTENT OR SECURITY OF ANY THIRD PARTY SITES AND DOES NOT ENDORSE ANY PRODUCTS OR SERVICES PROVIDED BY THIRD PARTIES!'. There are six application cards: 'Appeal or Correct Eligible Claims', 'Claims Template Portal', 'HEDIS Profile', 'Member Roster', 'Prior Auths', and 'Reports'. The 'Prior Auths' card is highlighted with a red box.
<p>Step 3</p> <p>User will complete Tax ID, State, Medicare, Provider ID fields and then select Create Service Request/Authorization under the Service Request/Authorization Option field. Once all of the above fields have been addressed, select Continue.</p>	 A screenshot of the 'Prior Auths' form in the Availity portal. The form includes the following fields: 'Organization' (Molina Healthcare Inc), 'NPI (Optional)' (Enter NPI...), 'Tax ID' (Select TIN...), 'State' (Kentucky), 'Provider ID' (Enter required fields first...), and 'Service Request/Authorization Option' (Select...). A blue 'Continue' button is at the bottom of the form.

Step 4

User will select submit on the page informing them they are about to be re-directed to a third-party site away from Availity's secure site.

Create Service Request/Authorization

You are about to be re-directed to a third-party site away from Availity's secure site, which may require a separate log-in. Availity provides the link to this site for your convenience and reference only. Availity cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services. You will remain logged in to Availity.

Cancel

Submit

**Note

If this is user's first time signing in via Availity they will be required to accept the acknowledgement message seen in the screen capture to the right.

Acknowledgment

Please indicate that you have read and agree to the terms presented in the [Provider Online User Assessment and Terms of Use](#)

Accept Decline

Step 5

Complete authorization details as per the current method for submitting an ePortal prior authorization request.

**Note a new mandatory Transplant Screening field will populate when selecting Diagnostic Radiology for Type of Service.

Service Information

Enter Required Information:

Type of Service: Inpatient Notification: Submit Date: 10/08/2021

Place of Service: Admission Date:

Proposed Start Date: Discharge Date:

Care Type: Routine/Exactive Urgent/Expedite Within 72 Hours

Transplant Screening: Yes No

Diagnosis Code	Diagnosis Description
A02.0	CHOLERA D T VIBRIO CHOLERAE 01 BIOW

(Add more diagnoses)

Procedure Code	Procedure Description	Number of Units	Procedure Modifier
70336	MRI TEMPOROMANDIBULAR JOINT	1	

(Add more procedures)

Step 6

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

If the qualifying criteria is not met, the "Continue to MCG" button will not appear.

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

Type of Attachment:

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.

76.80 KB

Clinical Notes/Comments

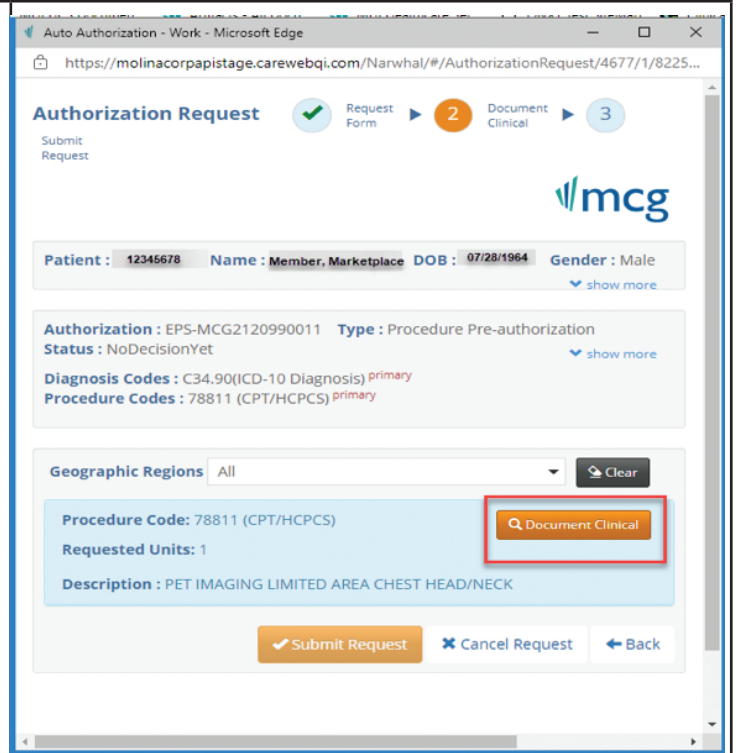
Remarks:

Save Clear Cancel Continue to MCG Save Template

Step 7

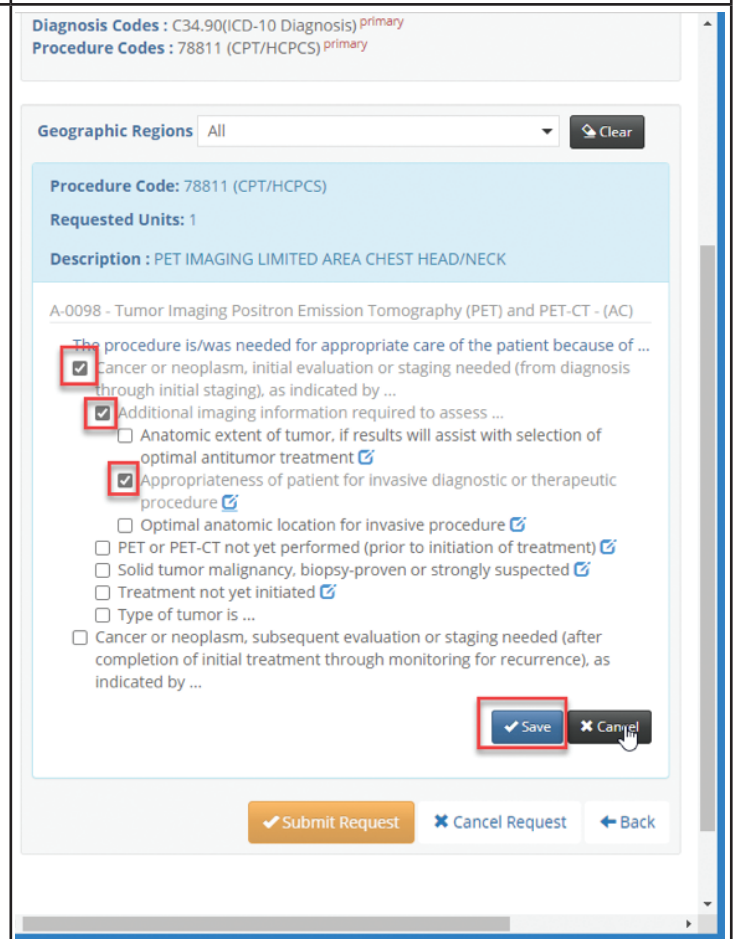
Upon selecting “Continue to MCG” the MCG Authorization Request screen will pop up in a new window on top of the service authorization request screen.

User will select “Document Clinical”.



Step 8

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



Step 9

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

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.

MCG Health
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CPT Copyright © 2020 American Medical Association. All rights reserved.

Step 10

Once request is submitted user will be prompted to close the pop-up window to complete the service request submission.

Users must click the “X” to complete the request submission.

https://provideru03.molinahealthcare.com/ServiceRequest/MCGAutoAuthSubmitReq... X

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

Please close this popup by clicking on (X) to proceed with Service Request Submission.

Step 11

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)

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.

Service Request/Authorization Form

For Medicare Part B drug provider administered drug therapies, please direct Prior Authorization requests to Novologic for submission. For a list of codes requiring Prior Authorization, please refer to the Prior Authorization Lookup Tool. You may access the Novologic portal via this [SSO link](#) here or fax in a prior authorization at 800-391-6437

Submitted Tracking Number: 211949005 [Add another Service Request/Authorization for the Member](#)

EpisodeID : EPS-0000395

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 Novologic for submission. For a list of codes requiring Prior Authorization, please refer to the Prior Authorization Lookup Tool. You may access the Novologic portal via this [SSO link](#) here or fax in a prior authorization at 800-391-6437

Submitted Tracking Number: 211949000 [Add another Service Request/Authorization for the Member](#)

EpisodeID : EPS-0000385

Authorization Status : **IN REVIEW**

Your request has been received. You must wait for approval before performing services.

[Expand to view Manage And Use Templates](#)