
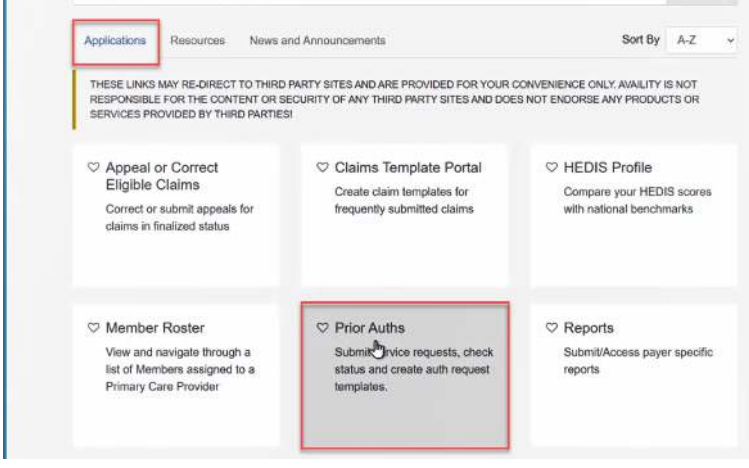
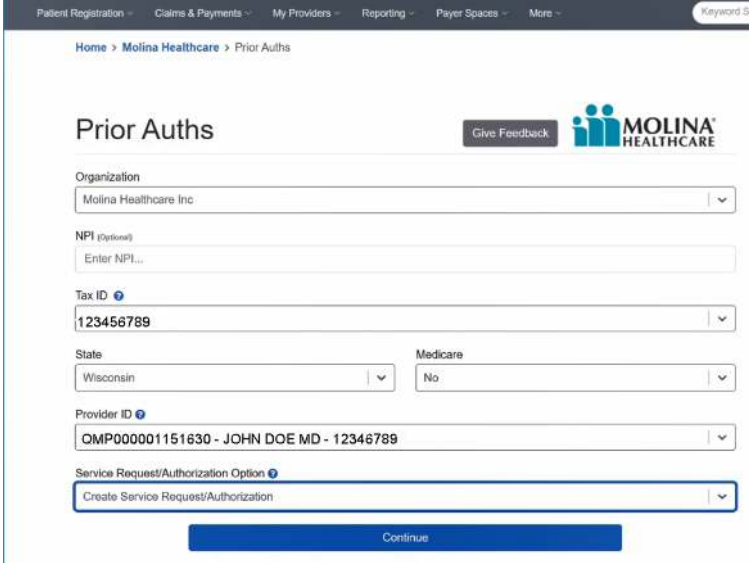


MCG Cite AutoAuth Provider Access QRG



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 appropriate icon (for most this will be the Molina Healthcare icon seen to the right)</p>	
<p>Step 2</p> <p>User will scroll down and choose Applications and then click on Prior Auths</p>	
<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>	

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 Agreement](#) and [Terms of Use](#)

I Accept I 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 Requested Information

Type of Service : Diagnostic Radiology
Place of Service : Outpatient
Proposed Start Date : 10/29/2021
Inpatient Modification : Select
Admission Date : mm/dd/yyyy
Discharge Date : mm/dd/yyyy
Submit Date : 10/26/2021

Care Type : Routine/Active Urgent/Expire Within 72 Hours
 Transplant Screening : No g/MC

(Remove)	Diagnostic Code	Diagnostic Description
<input type="checkbox"/>	K50.0	CHOLERA D T VIBRIO CHOLRAE DS BDOUR

(Add more diagnoses)

(Remove)	Procedure Code	Procedure Description	Number of Units	Procedure Modifier
<input type="checkbox"/>	92236	MRI TEMPOROMANDIBULAR JOINT	1	

(Add more procedures)

Step 6

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

DRAG FILES HERE OR BROWSE

test_for_UAT.pdf
76.80 KB

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

800 Characters Rem. 800 characters remaining

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"

Auto Authorization - Work - Microsoft Edge
https://molinacorpapistage.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
[show more](#)

Authorization : EPS- 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) **Document Clinical**

Requested Units: 1

Description : PET IMAGING LIMITED AREA CHEST HEAD/NECK

[Submit Request](#) [Cancel Request](#) [Back](#)

Step 8

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
- Indication 2
- Indication 3
- Indication 4
- Indication 5
- Indication 6
- Indication 7
- Indication 8

Save [Cancel](#)

[Submit Request](#) [Cancel Request](#) [Back](#)

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- 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

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Step 10

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

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

EpisodeID: EPS- [Expand to view Manage And Use Templates](#)

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 agreement, and submission of accurate claims.

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

EpisodeID: EPS- [Expand to view Manage And Use Templates](#)

Authorization Status: **IN REVIEW**

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