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 **TX Marketplace 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: • TX Provider • TX Marketplace member • Place of service: Outpatient • Only Advanced Imaging Procedure codes • Supporting clinical documentation attached	
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"	

Step 6 User will select boxes next to each indication that member meets and add any additional notes as they apply. 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 ⱽ show more **Authorization :** EPS-MCG2120990011 **Type :** Procedure Pre-authorization **Status :** NoDecisionYet ⱽ 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) ⱽ 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.* MCG Health Copyright © 2021 MCG Health, LLC All Rights Reserved. CPT Copyright © 2020 American Medical Association. All rights reserved.
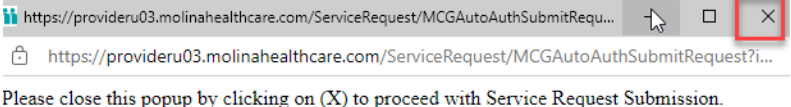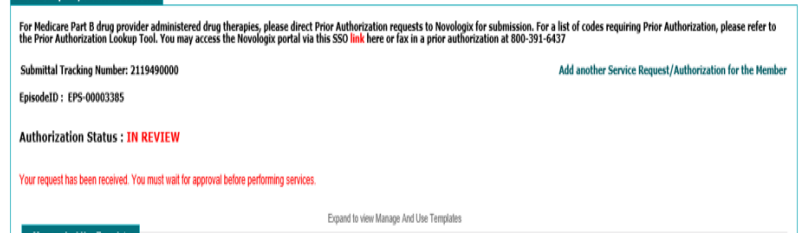
Step 8 Once request is submitted user will be prompted to close the pop-up window to complete the service request submission	 https://provideru03.molinahealthcare.com/ServiceRequest/MCGAutoAuthSubmitRequ... https://provideru03.molinahealthcare.com/ServiceRequest/MCGAutoAuthSubmitRequest?i... Please close 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	