Reference guide for health care providers

How to submit auto-auth prior authorization requests in Availity: Advanced Imaging

Below are helpful steps to guide you in submitting your Advanced Imaging prior authorization requests using the MCG Cite AutoAuth process within Availity Single Sign-On (SSO).

Step 1:

- Sign into Availity using your sign-in credentials.
- Once logged in, select the Payer Spaces tab and click on the Molina logo tile.



Step 2:

Go to the Applications tab and select Prior Auths.





Step 3:

- Enter your payer information, including your Tax ID.
- Select Continue.

Availity 😑 essenti	als 🐗 Home 🔹 Notifications 👔 🗢 My Favorites 🗸	Michigan 🗸 🛛 Help & Training 🗸 🚺 Account 🗸 🖴 Logout
Patient Registration ~	Claims & Payments \lor Clinical \lor My Providers \lor Payer Spaces \lor More \lor Reporting \lor	Keyword Search Q
	Prior Auths	Give Feedback
	Organization	
	Molina Healthcare Inc	~
	NPI (Optional)	
	Enter NPI	
Your Tax ID is	Tax ID 😧	
required before you	Select TIN	~
continue	State Medicare	
,	Michigan v	~
	Provider ID 😧	
	Enter required fields first	~
	Service Request/Authorization Option 9	
	Service Request/Authorization Status Inquiry	~
	Continue	Click Continue upon entering required information

Step 4:

You will be taken to a third-party site, including SSO to a legacy provider portal's plug-in.

• Select Submit.





Step 5:

Enter the following:

- Patient Information
- Service Information
 - Type of Service must be **Diagnostic Radiology**
 - Place of Service must be **Outpatient**
 - Procedure code must be an Advanced Imaging-related code
- Provider Information

	Welcome, All Welcome, All Welcome, All	Access User: aka323276284956 IL Log Out Aug 13 2024 2:25:16 PM FAQ Training Contact Molina
	Easy to use online outpatient authorization look up now available! Wre making it easier than ever to look up which outpatient codes require authorization with our new online authorization lookup feature. Just type in your C voo know if authorization is nequerated for this outpatient procedure. Remember al inpatient services on behalf of Wolina Healthcare for member and MMB, Please teck the PA Lookup tho for application codes. Service requests can be submitted afterst(b nex Century Health at 1-888-999-7713. Please note providers must register with NCH to use the Provider Portal even if they are currently registered Lookup CTT Code:	DT code and our system will instantly let inplationt service codes. I B years of age and older for Medicaid https://mr.neereturyhealth.com/ or you with another payor
	Earlies Registal/Authentization Form - Required Field - Required - Required Field - Required - Require	Program(s), and the servicing provider solder agrees to accept no more than the sold of the service program. The reaction of the service program. The reaction of the service program of the the Date(s) of Service, less any the Date(s) of Service, less any the Date(s) of Service, less that are a for covered services parsuant to
	Hember Search Hember ID: + Eligibility information is current of or Last Name: + Pirst Name: + Date Of Birth: +	as of Aug 07 2024 01:02:38 AM PST 🔮
Enter Patient, Service, and	Patient Information This section will automatically populate when you enter valid information for Member Search. Last Name First Name Address Cerv Phone # (Mobile) PCP Name	Six Zg Cole
Provider Information.	Enter Required Information* Type of Service : * Select Place of Service : * Select Proposed Start Date : * Monthly of Admission Date : * * Monthly of Admission Date : * * Monthly of Admission Date : * * Monthly of Admission Date : * * * * * * * * * * * * * * * * * *	Submit Date : 08/13/2024 e Date : •
	Itemovel Diagnosis Code * Diagnosis Description Image: Code * Openation Code Openation Code Image: Code * Openation Code * Openation Code * Image: Code * Openation Code * Openation Code * Image: Code * Openation Code * Openation Code * Image: Code * Openation Code * Openation Code * Image: Code * Openation Code * Openation Code * Image: Code * Openation Code * Openation Code * Image: Code * Openation Code * Openation Code * Image: Code * Openation Code * Openation Code * Image: Code * Openation Code * Openation Code * Image: Code * Openation Code * Openation Code * Image: Code * Openation Code * Openation Code * Image: Code * Openation Code * Openation Code * Image: Code * Openation Code * Openation Code * Image: Code * Openation Code * Openation Code * Image: Co	s Procedure Modifier
		+ - Required Field
	Contact Information Nome : • @ROOKDALE UNIVERSITY EmailD # : • Phone # : • Accident Edite Information Accident Code : [Select Accident Code : [Select Image: • Pregnancy Edited Enformation Accident Code : [Select Image: • Image: • Image: • Laxe Mensurus Dobe : Image: • Image: • Image: • Image: • Image: •	Fax # : *



Step 6:

- Attach supporting documentation. Select **Continue to MCG.** •
- •

lect Attachment Type for each file		DRAG FILES HERE OR BROWSE	✓ Done
/pe of Attachment : * 5 - Treatment Diagnosis	Attach supporting documentation	test.pdf 341.53 KB	
pported file formats are PDF, TIF, JPG, BMP and GIF. Joad 1 file at a time and continue uploading until you mplete the attachments. Total Size of all Attachments ould not exceed 128 MB.			
nical Notes/Comments		8000 Chara	cters Max. 8000 characters rema
Remarks:			

Step 7:

- Select boxes next to each indication which the member (patient) meets. •
- Once applicable indications are checked, select **Save**. •

Par Au Dir Ce	ent : horization : gnosis Codes : 004.80(ICD- xgraphic Regions A) rocedure Code: 70551 (CP)	Name : Type : Procedure F 10 Diagnosis) ^{primary}	DOB : Pre-authorization Stat Procedure Codes : 7	Gender : Female tus : NoDecisionYet 00551(CPT/HCPCS) primary		✓ show more ✓ show more
Au Dir Gr	horization : gnosis Codes : 004.80(ICD- ographic Regions All rocedure Code: 70551 (CPI	Type : Procedure F 10 Diagnosis) ^{primary}	Pre-authorization Sta Procedure Codes : 7	itus : NoDecisionYet 10551(CPT/HCPCS) primary		♥ show more
G	ographic Regions All					
	rocedure Code: 70551 (CPI		•	Sear (
	equested Units: 1	T/HCPCS)				
Select	escription : Mill brown Site	m w/o ore				
applicable boxes		ind for appropriate released to: (), intervente activité (), alter terres diagon (), provide	care of the patient be burgery, intervals inc	cause of		
			Accuality resources a mining of the formation of the spinore second galaxies of mining of the formation of	nery 3 years 🖬 		
		n, holyanteite and d'anterioration Ty Attact of holyanteite	•	1. 10 10 10 10 10		
		i rationed by . online suspensed or i a under programmed METRy .	roor, al lottanet is a' alca, a' ritrare			
			the computer of pro- ducing they? Sugar of references by	the asperture B The B		
			ria, 17 a. di sener Maria di Secondo I.		et 14 -	
		5		Se	lect Save	



Step 8:

• Select Submit Request button.

uthorization Request Solution Request Form Form Clinical Form	√mc
Patient : Mame : ODB : Gender : Mame : Benefit Plan : Mame : Eligibility : Constraints : Benefit Plan : Mame : Benefit Plan : Benefit Plan : Mame : Benefit Plan : Benefit Pl	▲ show less
Authorization : NoDecisionYet Diagnosis Codes : / Primary Procedure Codes :) primary	✓ show more
Geographic Regions New Mexico	
Procedure Code: 70336 (CPT/HCPCS) Requested Units: 1 Description : MRI TEMPOROMANDIBULAR JOINT	✓ show more
Select Submit Request Cancel Request	quest 🗲 Bac

Step 9:

- Your Service Request will be submitted.
- Your submittal Tracking Number and Authorization Status will auto-populate.



