



## Advanced Imaging Prior Authorization Request Tips

Prior authorization (PA) requirements are designed to assure the medical necessity of service, prevent unanticipated denials of coverage, ensure participating providers are utilized and ensure all services are provided at the appropriate level of care for the member's needs.

Requests for authorization must be submitted online, via Availity/Provider Portal, or via fax, using Molina Healthcare's Service Request Form and follow Molina's Prior Authorization Guidelines which are available on our website at:

<http://www.molinahealthcare.com/medicaid/providers/fl/forms/Pages/fuf.aspx>

Molina strongly encourages Providers to utilize Cite AutoAuth self-service in partnership with MCG Health for all Advanced Imaging PA submissions. This can be used for all lines of business (Medicaid, Marketplace, and Medicare). It can be accessed by using Availity/Provider Portal 24 hours per day/7 days per week.

### What is Cite AutoAuth and how does it work?

By attaching the relevant care guideline content to each PA request and sending it directly to Molina, healthcare providers receive an expedited, often immediate, response. Through a customized rules engine, Cite AutoAuth compares Molina's specific criteria to the clinical information and attached guideline content to the procedure to determine potential for auto authorization.

Self-services available in the Cite AutoAuth tool include, but are not limited to: MRIs, CTs, PET scans. To see the full list of imaging codes that require PA, refer to the PA code LookUp Tool at MolinaHealthcare.com.

Molina's decisions are based upon the information included with the PA request. Clinical notes should be included with the request submission to avoid any delays in processing. Clinical information generally required to support authorization decision making includes:

- Current (up to 6 months), adequate patient history related to the requested services, including any failed conservative or alternative treatments.
- Relevant physical examination that addresses the problem.
- Relevant lab or radiology results to support the request (including previous MRI, CT, Lab or X-ray report/results).
- Relevant specialty consultation notes.
- Any other information or data specific to the request.

The following information **MUST** be included on the request form for it to be considered complete:

- Member First name, Last Name, Date of Birth and Identification number
- Ordering Provider first name, last name, NPI, phone number and fax number
- Requested Rendering Provider Name and NPI (IDTF or Facility where service will be performed)
- CPT code for requested service
- Diagnosis

Molina will only process request forms which are complete.

### **Modes of Submission**

Online: **Availity Portal** at <https://availity.com/molinahealthcare>

Fax: 877-731-7218

If you need further assistance, please contact Molina Healthcare at 855-322-4076.

Thank you for your continued care to our members!