

Job Aid: MCG Auto Authorization Workflow



Overview

The purpose of this job aid is to provide the process by which providers can submit documentation to support a prior authorization for a service request that is eligible for the auto-authorization process.

Getting Started

Step 1

Enter the authorization request information into the Provider Portal as usual and select **Submit**. A pop-up message will display. Select **OK**.

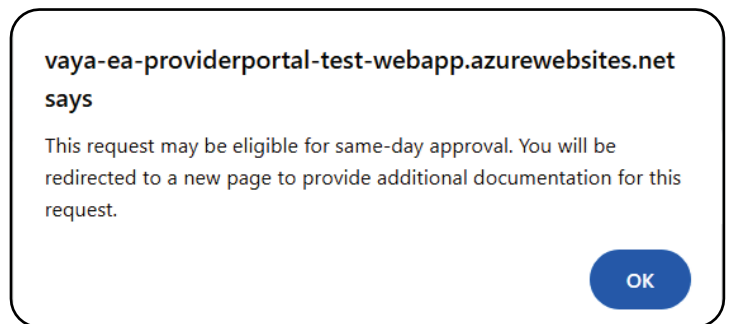


Figure 1: Authorization Request Message

Step 2

The next screen is the Authorization Request screen featuring an MCG logo. Select **Document Clinical**.

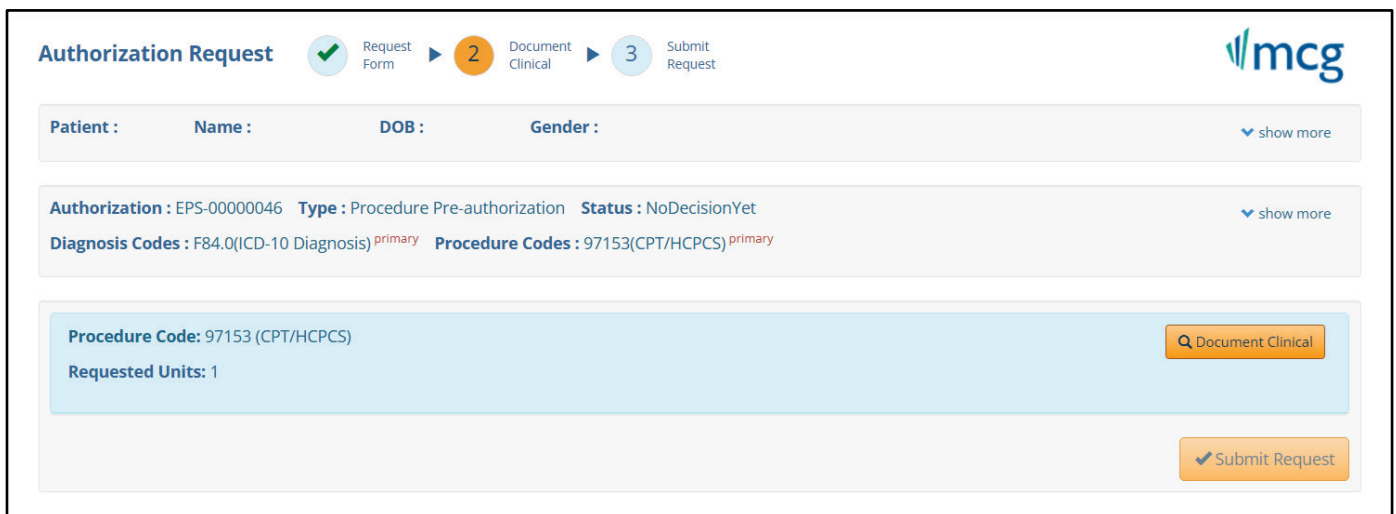


Figure 2: Authorization Request Screen

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Step 3

Check all of the boxes that apply to your authorization request. The example image reflects the service Research-Based Behavioral Health Treatment.

Procedure Code: 97153 (CPT/HCPCS)
Requested Units: 1

CCP 8F Test 6.16.2026 - VAYA RBBHT ASD 2 - (BHG)
This content has neither been reviewed nor approved by MCG Health.

The healthcare resource is/was needed for appropriate care of the patient because of ...

- This request is for an initial assessment only
- This request DOES NOT exceed 32 units of 97151 for a 6 month period
- The member is not currently receiving ABA/RB BHT services with another provider OR the provider has a service change form signed by the LRP indicating that the member and/or family wishes to change providers.

The healthcare resource is/was needed for appropriate care of the patient because of ...

- This member DOES NOT participate in a Home and Community Based 1915(c) Waiver such as Innovations, CAP/C or CAP/DA or the 1915(i) option
- The requested amount of 97155 Adaptive Behavior Treatment Protocol Modification DOES NOT EXCEED 10% of direct services provided through 97153/97154
- The amount of direct services per week DOES NOT EXCEED 25 hours
- This request DOES NOT EXCEED 6 months

The healthcare resource is/was needed for appropriate care of the patient because of ...

- The individual has a current diagnosis of Autism Spectrum Disorder recognized by the American Psychiatric Association Diagnostic and the current edition of the Statistical Manual (DSM) documented by ...:
- Valid Service Order: According to 42 CFR 440.130(c), RB-BHT services are covered as medically necessary services based upon the recommendation and referral of a licensed physician or a licensed doctorate-level psychologist for a beneficiary who has been diagnosed with ASD as evidenced by ...:
- RB-BHT Services require a Treatment Plan. The submitted plan contains ...:

Figure 3: Authorization Request Selections

Step 4

If you have indication notes, select the blue notes symbol at the end of the relevant statement to add them, then select **Add**.

Indication Note

Please provide indication notes ...

250 characters left for notes

Figure 4: Indication Note

Step 5

If you enter an Indication Note, select **Save**. You will return to the previous screen. When you have completed all the items necessary for the authorization request, select **Submit Request**.

✓ Procedure Code: 97153 (CPT/HCPCS) show more

Requested Units: 1

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.

Figure 5: Indication Note – Request Submission

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Step 6

A screen will appear to confirm that the authorization was submitted. The screen will also display an indication in the lower **Status** field as to whether the authorization was automatically decided or if additional review is required. This screen will appear for a brief period before you are redirected to the Provider Portal's **Submitted Authorization Detail** screen.

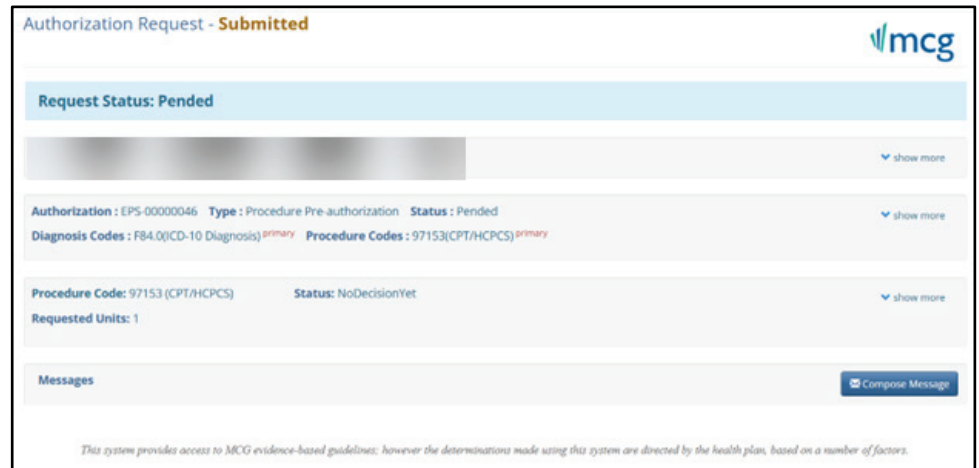


Figure 6: Authorization Request Submission Confirmation - Pended

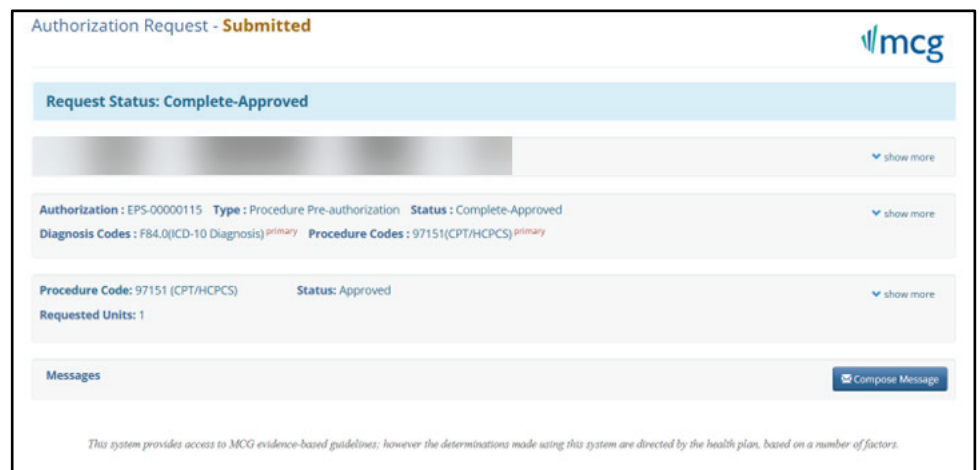


Figure 7: Authorization Request Submission Confirmation – Approved

Step 7

Select the **Authorizations** tab from the left-hand side menu to see the submitted authorization and its status on your **Authorizations** summary screen.