

1. Select Start task under Utilization Management

	Care Management		Utilization Management				
				6			
O Start Tasks	Q Search	More	O Start Tasks	Q Search	🌣 Portal		

2. Search the correct member.

Scheduled Tasks	Member Search	Cases	Case/Request/Claim Search					
			Please sea	arch for the memb	er by completing one of t	the following		
Member ID *			Date Of Birth *		First Name *	Last Name *	Date Of Birth *	
Member ID			MM/DD/YYYY	Search	First Name	Last Name	MM/DD/XXXX	Search

3. If Patient does not have a Medicaid ID, you can add Member. Select Submit.

First Name *	Middle Name		Last Name *	
Alex			Smith	
Client * O Client is a required field	Birth Date *		Gender *	
~	MMODITYTY	=		```
Identifiers				
Social Security Number *	Merr	nber Id *		
999-99-9999	🗆 N/A *			O NIA*
Relationship To Subscriber *				
Relationship To Subscriber *	v			
Relationship To Subscriber *	v			
Relationship To Subscriber * Buil Contact Information Address Line 1 *	*		Address Line 2	
Relationship To Subscriber * Berf Contact Information Address Line 1 *	٧		Address Line 2	
Relationship To Subscriber * Serf Contact Information Address Line 1 * Cay *	v State *		Address Line 2	
Relationship To Subscriber * Bet Contact Information Address Line 1 * Coy *	v Slate *	v	Address Line 2 Zip 1	
Reationship To Subscriber* Ber Contact Information Address Line 1* Coty * Phone	State *	v	Address Line 2 Zip *	

4. To start a new case, select the ADD button.

Utilization Management	View Cases	+ Add

 Complete Authorization Request fields- Review Type: PASRR Level 2, Place of Service: Other Place of Service, Type of Service: Level II PASRR Evaluation, Review or Categorical (refer to PASRR Quarterly training if needing assistance in proper selection): Timing: Concurrent or Prospective: Then select add request.

Authorization Request							
Date Request Received *		Review Type *		Place of Service *		Type of Service *	
02/07/2023 02:23 pm	***	PASRR Level 2	~	Other Place of Service	~	Level II PASRR Evaluation	~
Timing ^							
	~						
						Capacity ID Add Now Dog	and a local distance of the second se

- 6. Next the DOS and Providers selection will need to be filled out.
- 7. Diagnosis and Procedure will need to be filled out: Select Add: Procedure Code needs to be T2011

Diagnosis									🔶 Add
Seq.	Code	Code Description			Final Dx		OA	NOS	Action
	No Diagnoses Supplied								
Procedures									+ Add
Seq.	Code	Description	NOS	Mod. 1	Mod. 2	Qty.	Frequency	Cost	Action
No Procedures Supplied									





- 8. Add all documentation By Selecting the Add button (if you need to know the correct documentation to add please refer to documentation standards)
- Next the MCG document clinical will need to be verified: once verified Submit Request

Authorization Request Form Request Document 3 Submit Request Request	∜mcg
Patient : 346195197 Name : Lorens, Alex DOB : 7/25/1999 Gender : Male	♥ show more
Authorization : EPS-00036960 Type : Procedure Pre-authorization Status : NoDecisionYet Diagnosis Codes : R69(ICD-10 Diagnosis) primary Procedure Codes : T2011(CPT/HCPCS) primary	★ show more
Procedure Code: T2011 (CPT/HCPCS) Requested Units: 1 Description : PASRR LEVEL II EVALUATION PER EVAL	♥ show more
	Submit Request

10. Last step User Attestation- Acknowledge input the user ID and Submit

User Attestation	
I certify In that the submitted information is true, accurate and complete to the best of my knowledge. that the submitted information is supported within the patient's medical record. that I understand that any deliberate misrepresentation of any information in this medical review may subject me to liability under civil and criminal laws. that I understand an approval of a medical authorization request by Telligen does not guarantee payment for services. I agree to notify all involved parties of the outcome of this authorization request. Acknowledging User*	
Enter username	
	Submit

