

How To Fax Clinical Documentation

This guide is intended to help providers who choose to fax medical records/additional clinical information

Evolent may request member medical records/additional clinical information. Validation of clinical criteria within the member’s medical records is required when requested. There are two ways to send clinical information: via the RadMD upload feature (preferred method) or the optical character recognition (OCR) case-specific fax cover sheet.

SENDING MEDICAL RECORDS/ADDITIONAL CLINICAL INFORMATION

The OCR fax cover sheet is necessary to ensure clinical information sent is attached to the authorization request. The cover sheet must be the first page of your fax.

ABDOMEN - PELVIS CT			
PLEASE FAX THIS FORM TO: 1-800-784-6864			
			Date: TODAY
ORDERING PHYSICIAN:	REQ. PROVIDER:	TRACKING NUMBER:	CC_TRACKING_NUMBER
FAX NUMBER:	FAX_RECV_PHONE:	MEMBER ID:	MEMBER_ID
PATIENT NAME:	EMLOYER_NAME:		
HEALTH PLAN:	HEALTH PLAN_DESC:		

We have received your request for Abdomen - Pelvis CT. As we are unable to approve based on the information provided to date, please respond to this fax as soon as possible.

Study Requested was: Abdomen - Pelvis CT
For documentation **ALWAYS PROVIDE:**

1. The most recent office visit note.
2. Any office visit note since initial presentation of the complaint/problem requiring imaging.
3. Any supporting documentation such as diagnostic or imaging reports that corroborate abnormalities or the requirement for follow-up imaging.

Further specifics and examples are listed below:
FAX QUESTIONS, AIDE, as follows:

- a) **Abdominal pain evaluation:**
Provide details regarding history of abdominal pain (onset, trauma mechanism, if relevant, effect on change or bowel or urinary habits, relevant past medical history, bowel disease or surgery, etc., examination, including pelvic/rectal examinations), diagnostic work-up, submit reports demonstrating abnormalities, prior treatment/consultation, if any).
- b) **Abnormal finding on examination, imaging or laboratory test:**
Provide the office visit note(s) or lab/imaging report that documents the abnormality found and any needed explanation of the relevance to the request for abdomen/pelvis CT imaging.
- c) **Suspicion of cancer:**
Provide the office visit/consultation notes indicating rationale for suspicion of cancer, along with relevant examination, diagnostic/imaging reports indicating the relevance of an imaging test in further evaluation of a possible malignancy.
- d) **History of cancer:**
Provide the office visit note describing the current symptoms or issue and the history, report of the biopsy and/or relevant treatment reports that will document the cell type of the cancer and treatment to date.
- e) **Pre-operative evaluation:**
Provide the office visit note/consultation by the surgical specialist indicating the operation planned and indications. It is usually expected that planned pre-operative evaluation will be ordered by the surgeon in conjunction with surgical scheduling so that the two coincide within a four week/30 day period.
- f) **Post-operative evaluation:**

FAX# _____ CC_TRACKING_NUMBER _____

PRINT FAX COVER SHEET

After submitting the authorization request, then click *Print Fax Cover sheet*

Print	Print Fax Cover Sheet	Upload Clinical Document
Disclaimer		
This request requires additional review. Please upload clinical information to support this request via RadMD.com or fax it to 1-800-784-6864. You will receive notification when the case has been approved or if additional information is necessary to complete the review. To check the status of this request go to RadMD.com. Clinical review criteria are also available online or upon request. Your tracking number is 0631719019.		
Status	Patient	Physician

Returning to RadMD to print fax cover sheet

1. Select Search for Request

The screenshot shows the RadMD homepage navigation menu. On the left, under the 'Request' section, there is a link for 'Search for Request'. On the right, under the 'Resources and Tools' section, there is a link for 'Request access to Tax ID'. At the bottom of the page, there is a 'Request Status' section with a 'Search for Request' button and a 'Tracking Number' search field.

2. Enter member name, ID, request ID, tracking number or request date

The screenshot shows the 'Request Verification' search form. It has a header 'View all of my own online requests' and a table with columns: Member Name, Member ID, Request ID, Tracking Number, and Request Date. Below the table are search fields for Last Name, Member ID, Request ID, Tracking Number, and Start/End dates. There are also buttons for Name Search, Member ID Search, Request Search, Tracking Search, and Date Search.

3. Click on the member name associated with the authorization request submitted

The screenshot shows the 'Request Verification' search results. It has a header 'View all of my own online requests' and a table with columns: Member Name, Member ID, Service, Tracking, Request ID, Req Date, and Status. Below the table, it says 'Your search returned 1 request' and shows a single result with a member name.

4. Click the Print Fax Cover Sheet

The screenshot shows the 'Exam Request Verification: Detail' page. It has a header 'Exam Request Verification: Detail' and three buttons: 'Upload Clinical Document', 'Print Fax Cover Sheet', and 'Withdraw Request'. Below the buttons are three tabs: 'Member', 'Referring Physician', and 'Rendering Provider'.

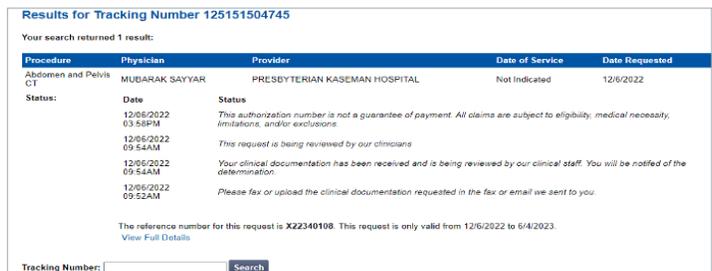
Alternate method to access fax cover sheet

Providers can also print a fax cover sheet with the Track an Authorization feature on RadMD. Users who did not submit the original request or submitted it via our call center may upload or print the fax cover sheet by using the Track Authorization feature on the home page of RadMD: [RadMD.com](https://www.radmd.com)

1. Enter tracking number



2. Click View Full Details



3. Enter member name, ID, Zip code and date of birth (required fields)



4. Click Print Fax Cover Sheet



FOR HELP...

For assistance, please contact the provider support team at:
radmdsupport@evolent.com or **1.800.327.0641**.

RadMD is available 24/7, except when maintenance is performed every third Thursday of the month from 9 p.m.–12 a.m. PST.