

How to Submit Clinical Documentation

Magellan Healthcare may request patient's medical records/ additional clinical information before an approval can be made.

There are two ways to submit clinical information to Magellan Healthcare; uploading via RadMD Upload Feature (**preferred method**) or via the Magellan Optical Character Recognition (OCR) Fax Cover Sheet.

Submitting Clinical Information via Upload Feature

The upload feature allows clinical information to be uploaded directly to RadMD after completing an authorization request. Utilizing this upload feature expedites your request since it is automatically attached and forwarded to our clinicians for review.


Submitting Clinical Information via Magellan Healthcare OCR Fax Cover Sheet (only if you are unable to upload)

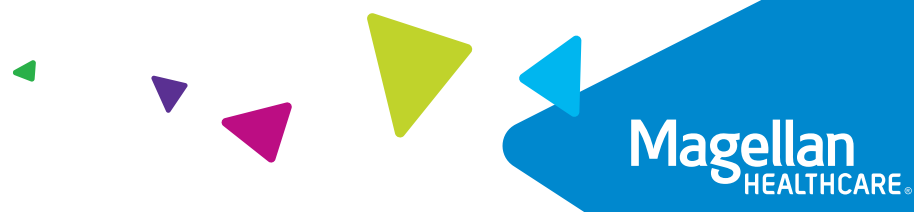
Use the Magellan Healthcare Fax Coversheet when faxing clinical information. The OCR fax coversheet allows users to attach the clinical information submitted from the ordering physician to an existing authorization request. For the automatic attachment to occur, use the Magellan Healthcare Fax Cover Sheet specific to the authorization request. The fax cover sheet must be used as the first page of your fax.

Status	Patient	Physician
Current Status: Pending	Name:	Name: KAREN E JONES
Validity Period: [Not Applicable]	Subscriber ID:	Provider ID: 891505
Tracking Number: 070117	Date of Birth:	
	Gender:	

Imaging Provider	RadMD.com User	Details
Name:	Name:	Date of Service: 7/27/2016
Phone:	Company:	Auto Accident: No
Address:	Account ID:	Pend/Reject Code: E8
	Job Title:	Out of State: n/a
Fax:	Email:	Release of Info Code: Y
Imaging Provider ID:	Address:	Out of Country: n/a
	Supervisor Name:	Employment Related: No
	Supervisor Email:	Another Party: No
		Level of Service: Not Urgent
		Exams: Brain CT
		ICD10: F45.41
		Reason: test

Clinical Q/A
This is a request for a brain/head CT.
None of the above best describes the reason that I have requested this test.
None of the above best describes the reason that I have requested this test.

[Back to the Main Menu](#) [Start a New Exam Request](#) [Upload Clinical Document](#) 



Printing Fax Coversheet Immediately after User Submits Authorization Request

When the request is complete, the user requesting the authorization can print the member/procedure specific fax cover sheet.

Select **"Print Fax Cover Sheet"** button at the top of the request page which will allow the requestor to print the fax cover sheet.



CC_TRACKING_NUMBER FAXC

NIA **MAGELLAN**
Non-Invasive Imaging Associates, Inc.
 100 S. 47th Street, Suite 200
 Phoenix, AZ 85018-7100

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_RECIP_PHONE	MEMBER ID:	MEMBER_ID
RE:	Authorization Request		
PATIENT NAME:	MEMBER_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 specific and complete details are to be provided in the FAX QUESTIONS AND ANSWERS section.

FAX QUESTIONS AND ANSWERS

- Abdominal pain evaluation:**
 Provide details regarding history of abdominal pain (history, onset, trauma mechanism, if relevant, effect on/change w/ 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).
- 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
- 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
- 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.
- 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.
- Post-operative evaluation:**

CC_TRACKING_NUMBER
FAXC

Returning to RadMD to Print Fax Cover Sheet

- 1 Select **"View Request Status"**
- 2 Enter member's name, ID number or Tracking number
- 3 Click on member's name associated with procedure

Logout Help

RadMD.com

Menu Options **Account Information**

Request
 Request an exam or specialty procedure (including Cardiac, Ultrasound, Sleep Assessment)
 Request Physical Medicine
 Initiate a Subsequent Request
 Request a Radiation Treatment Plan
 Request Pain Management or Minimally Invasive Procedure
 Request Spine Surgery or Orthopedic Surgery

Search
 View Request Status
 Search by Tracking Number
 View Customer Service Calls

Admin
 Clinical Guidelines
 Edit your Personal Information
 Change your Password
 30 days until your password expires.
 View the Online User Agreement
 Health Plan Specific Educational Docs

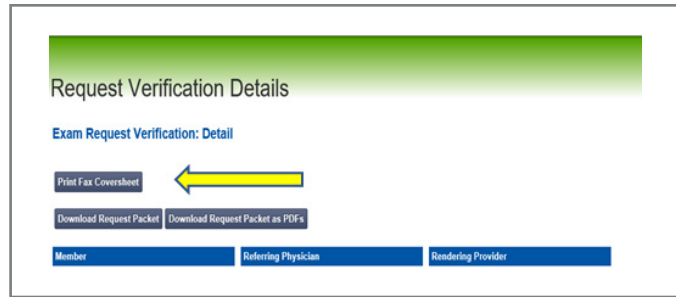
Request Verification

Patient Name Search	Patient's Health Plan ID:	Exam Request ID:	Tracking Number:
Last Name: Member	Patient Health Plan ID:	Request ID:	Tracking Number:
First Name: Test			
<input type="button" value="Reset"/> <input type="button" value="Name Search"/>	<input type="button" value="Reset"/> <input type="button" value="Health Plan Search"/>	<input type="button" value="Reset"/> <input type="button" value="Request Search"/>	<input type="button" value="Reset"/> <input type="button" value="Request Search"/>

Your search returned 9 Radiology Exams

Member Name	Member ID	Service	Request ID	Call Rec'd	Status
Member, Test		79452 CT head/brain	1408NH	442014	IN REVIEW

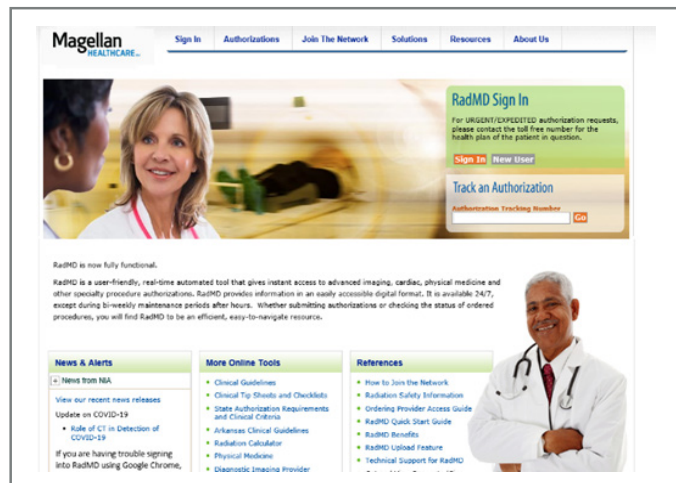
4 Print Fax Cover Sheet



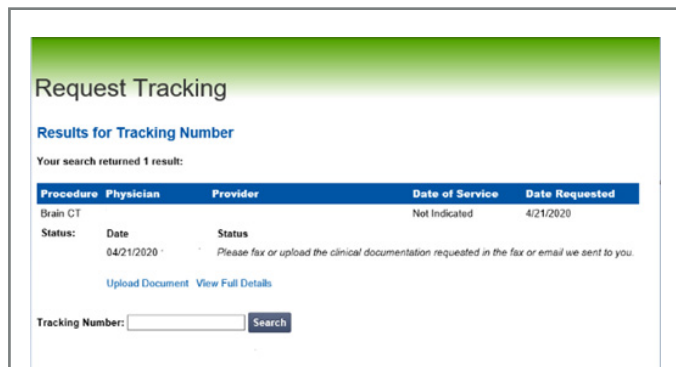
Allowing Other Users to Upload or Print Fax Cover Sheet

Other Users who did not submit the original request or submitted the request via Magellan Healthcare's Call Center may Upload or Print Fax Coversheet by using the "Track Authorization" feature on the home page of RadMD, www.RadMD.com

1 Enter Tracking Number



2 Click Upload Document or View Full Details



3 Enter Member's name, ID Number, Zip Code and Date of Birth *(all required fields)*

Member Verification

Member's Last Name: Member's First Name:

Member's ID: Member's Zip Code:

Member's Date of Birth: / /

[Back](#) [Continue to View Full Details](#)

4 Upload Clinical Documents or Print Fax Cover Sheet

Request Verification Details

[Exam Request Verification: Detail](#)

[Print Fax Coversheet](#) [Upload Clinical Document](#)

[Download Request Packet](#) [Download Request Packet as PDFs](#)

[Member](#) [Referring Physician](#) [Rendering Provider](#)