



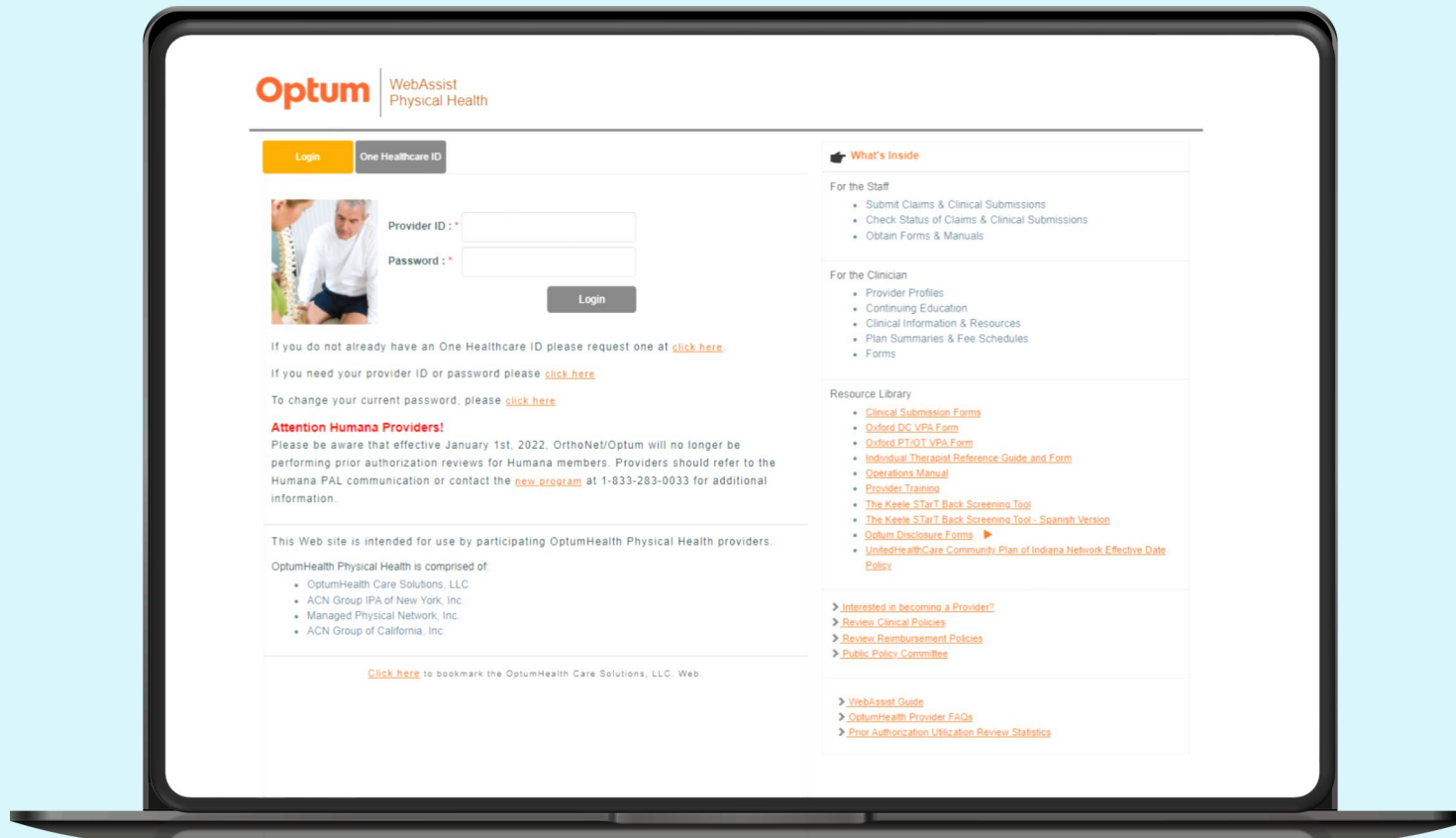
Welcome to WebAssist Optum Provider Portal

Discover How to Submit a PSF-750 Online

Published June 2024

Online Submission of the Patient Summary Form (PSF-750) is Required

You must submit forms within 3 days but no later than 10 days.



The following directions will assist in making the online submission process easy and convenient for you and your staff.



Index

- 4-5** Obtain ID and Password
- 6-7** Determine if Clinical Submission is Required – UHC Medicare Members
- 8** Member Eligibility and Benefits
- 9-13** Enter a PSF-750 Electronically
- 15-16** Enter a PSF-750 Electronically – Medicare Addendum
- 17-18** Administrative Corrections
- 19** Current Functional Measure Score
- 20** Submit
- 21** Confirmation Page
- 22-25** Authorization Status Check
- 26** Technical Assistance

Obtain Your Optum User ID and Password

When logging into the portal for the first time, you must have a six-digit Optum provider ID and password.

To request this information, click the link directly below the 'Login' button.

If Optum has your current office email on file, the ID and password will be emailed to you directly. If Optum does not have the current email on file, then your request will be mailed to your office.

Once you login using this information, you will be redirected to the One Healthcare ID portal to set up your One Healthcare ID and password.

The image displays two screenshots of the Optum One Healthcare ID portal. The left screenshot shows the login page with the Optum logo and 'WebAssist Physical Health' text. A red box highlights the 'Login' button. Below it, there are input fields for 'Provider ID : *' and 'Password : *', and a 'Login' button. A red box highlights a link that says 'If you need your provider ID or password please click here'. The right screenshot shows the 'Sign In' page with a 'Continue' button highlighted in a red box. The page also features a 'Secure your account by moving away from Passwords' section and a 'Get Started' button.

Obtain Your One Healthcare ID and Password

Once you've logged in and created a One Healthcare ID and password, you will click on the One Healthcare ID login tab, use this ID and password to log into WebAssist in the future.

If you have any difficulty, you can also call our customer service center and they can assist you. Call: 800-873-4575 or 888-676-7768

The screenshot displays the Optum WebAssist Physical Health website. At the top, the Optum logo is on the left, and 'WebAssist Physical Health' is on the right. Below the header, there are two tabs: 'Login' and 'One Healthcare ID'. The 'One Healthcare ID' tab is highlighted with a red box. Below the tabs, there is a section with a photo of a doctor examining a patient's spine. To the right of the photo, text explains that One Healthcare ID empowers users to re-identify themselves and use it in any application that allows 'Sign in with One Healthcare ID', including the Provider Portal. A 'Login' button is visible. Below this, there are instructions: 'If you do not already have an One Healthcare ID please request one' and 'If you need your provider ID or password please [click here](#)'. On the right side of the page, there is a 'Sign In' section with a text input field for 'One Healthcare ID or Email Address', a 'Continue' button, and links for 'Forgot One Healthcare ID?', 'Create One Healthcare ID', and 'Manage My One Healthcare ID'. At the bottom right, there are links for 'Chat with support' and 'Help Center'. A dark green banner on the left side of the page promotes switching to an Authenticator for secure, convenient, and hassle-free sign-in, with a 'Get Started' button. A security notice at the bottom states: 'As a security enhancement, we are removing Security questions as an account recovery and authentication method. Users will have the option to use other available methods.'

Determine if Clinical Submission is Required

To determine if your UnitedHealthcare Medicare Advantage member* requires clinical submission, click on the Tools & Resources menu, then click 'M&R Quick Group Check.'

*Excludes UnitedHealthcare Medicare Solutions West

The screenshot displays the Optum WebAssist Physical Health interface. At the top, there is a navigation bar with 'Welcome,' on the left and 'Links', 'Help', and 'Sign Out' on the right. Below this is the Optum logo and 'WebAssist Physical Health'. A secondary navigation bar contains 'Physical Health Locations', 'Clinical Subs & Claims', 'Tools & Resources', 'Clinical Resources', and 'Home'. The 'Tools & Resources' dropdown menu is open, listing various options such as 'Network News', 'Operations Manuals', 'Plan Summaries', 'Fee Schedules', 'State Regulatory Addendums', 'Patient Satisfaction Result', 'Patient Satisfaction CAHPS', 'Tutorial', 'CAHPS Survey Methodology', 'Forms', 'Patient Status Report Reference Guide', 'Electronic Claims', 'UHC Quick Group Check', 'M&R Quick Group Check', 'Reimbursement Policies', 'California Language Assistance Information', 'CMS Fraud, Waste & Abuse', and 'Provider Training'. The 'M&R Quick Group Check' option is highlighted with a red box and a mouse cursor. The main content area includes a 'Patients' section with an alphabetical search grid, a 'SUBMIT A PATIENT SUMMARY FORM' section with a text box, and a 'Patient's Demographic Section' with input fields for Last Name, First Name, MI, Gender, and DOB. A 'Physical Health Provider Support' banner with a live chat link is also visible.

Determine if Clinical Submission is Required

The M&R Quick Group Check requires entering individual member's group number. Once you enter, click 'Submit.'

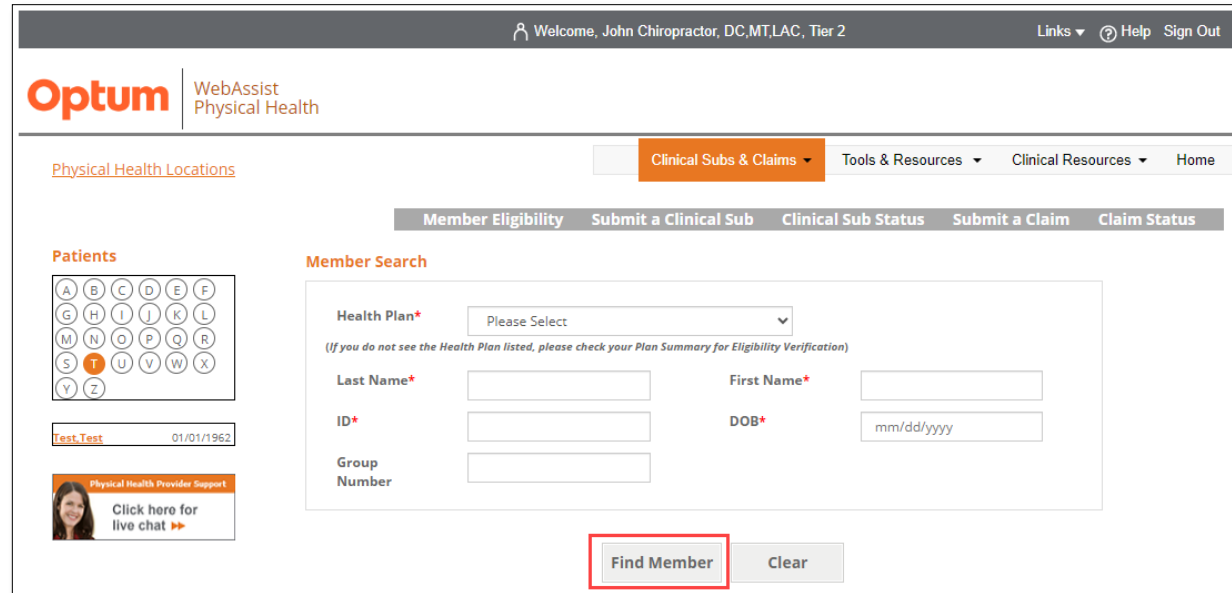
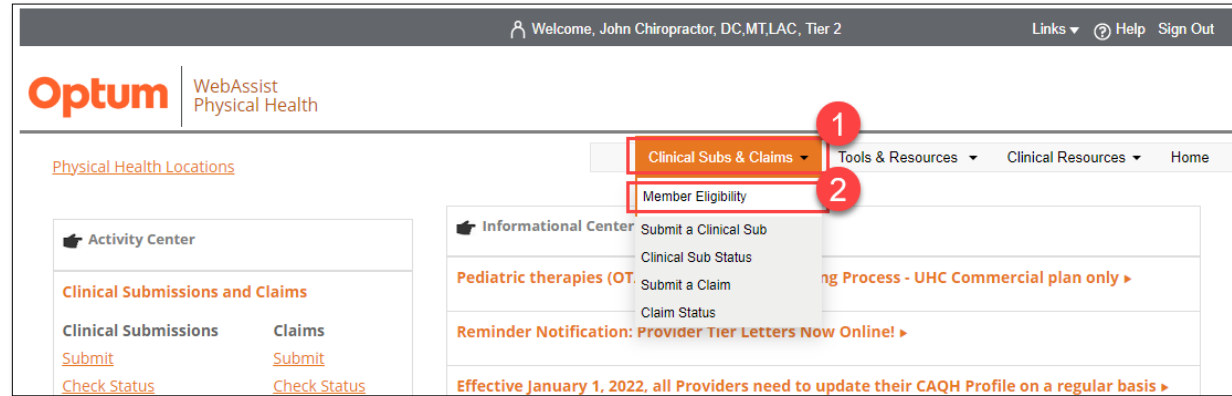
The screenshot shows the Optum WebAssist Physical Health interface. At the top, there is a navigation bar with a user profile icon, the text "Welcome," and links for "Links," "Help," and "Sign Out." Below this is the Optum logo and the text "WebAssist Physical Health." A secondary navigation bar contains "Clinical Subs & Claims," "Tools & Resources," "Clinical Resources," and "Home." The main content area is titled "Physical Health Locations" and lists various resources such as "Network News," "Operations Manuals," "Plan Summaries," "Fee Schedules," "State Regulatory Addendums," "Patient Satisfaction Result," "Patient Satisfaction CAHPS Tutorial," "CAHPS Survey Methodology," "Forms," "Patient Status Report Reference Guide," "Electronic Claims," and "UHC Quick Group Check." The "UHC Quick Group Check" section is highlighted. It contains the heading "M&R Quick Group Check" and a paragraph explaining that clinical submission requirements differ by member groups and that the Quick Group Check is for UnitedHealthcare groups with a 5-character Group Number. Below the text is a form labeled "Member's Group Number:" with five input boxes. A red box highlights the input boxes, and another red box highlights the "Submit" button. A "Reset" button is also visible.

Member Eligibility and Benefits

Providers are required to verify member eligibility and benefits online.

Under Clinical Subs & Claims menu, click 'Member Eligibility'.

Enter the member's name, ID and date of birth, then click 'Find Member.'



PSF-750 Form

Many offices print a hard copy of the PSF-750 first, have the provider and the patients fill out their sections, and then enter the information electronically on the Optum portal.

You can find the PSF-750 hard copy under the “Tools & Resources” menu click on Clinical Forms.

You will be presented with clinical forms. Click Patient Summary Form PSF-750.

Medicare requires some additional questions be answered that are not included in the paper PSF-750. See pages 15-16 for additional information.

The screenshot shows the Optum WebAssist Physical Health portal. At the top, a navigation bar includes a user profile (Welcome, John Chiropractor, DC, MT, LAC, Tier 2), a 'Links' dropdown, and 'Help' and 'Sign Out' links. Below this, the 'Optum WebAssist Physical Health' logo is displayed. A main navigation menu contains 'Physical Health Locations', 'Clinical Subs & Claims', 'Tools & Resources', 'Clinical Resources', and 'Home'. The 'Clinical Resources' menu is expanded, showing 'About Clinical Resources', 'Clinical Guidelines', 'Clinical Forms', 'Patient Status Report Reference Guide', and 'Pediatric therapies (OT/PT) Clinical Review Faxing Process - UHC Comn'. The 'Clinical Forms' option is highlighted with a red box and a '1'. Below the main navigation, there are sections for 'Activity Center' and 'Informational Center'. The 'Informational Center' section is titled 'Pediatric therapies (OT/PT) Clinical Review Faxing Process - UHC Comn'. A sidebar on the left contains 'Clinical Submissions and Claims' with links for 'Submit' and 'Check Status', and 'Recent Clinical Su' with a message 'There are no recent submissions and 1 completed in the la' and a link 'See Recent Clinica'. The main content area shows a list of 'Clinical Forms' with a red box and a '3' highlighting the 'Patient Summary Form PSF-750' item. Below the list, there is a note: 'Based upon the process designated in the Plan Summary, please choose the appropriate set of forms.'

Optum WebAssist Physical Health

Physical Health Locations

Clinical Subs & Claims Tools & Resources Clinical Resources Home

Activity Center

Informational Center

Pediatric therapies (OT/PT) Clinical Review Faxing Process - UHC Comn

Clinical Submissions and Claims

Clinical Submission

Submit

Check Status

Recent Clinical Su

There are no recent submissions and 1 completed in the la

See Recent Clinica

Optum WebAssist Physical Health

Physical Health Locations

Clinical Subs & Claims Tools & Resources Clinical Resources Home

Clinical Forms

Based upon the process designated in the [Plan Summary](#), please choose the appropriate set of forms.

- Fax Cover Sheet
- Patient Summary Form Quick Reference Guide
- Patient Summary Form PSF-750**
- Patient Summary Form PSF-750 - Chinese Version
- Patient Summary Form PSF-750 - Spanish Version
- Disabilities of the Arm, Shoulder and Hand (DASH)
 - Scoring the DASH
- Disabilities of the Arm, Shoulder and Hand (DASH) - Spanish Version
- Lower Extremity Functional Scale (LEFS)
 - Scoring the LEFS
- Lower Extremity Functional Scale (LEFS) - Spanish version
- Back Index
- Back Index - Spanish Version
- Neck Index
 - Using Neck Back Outcome Tools
- Neck Index - Spanish Version
- UHC Clinical Submission Process Guide
- The Keele STaRT Back Screening Tool
 - Category Description
- The Keele STaRT Back Screening Tool - Spanish Version

Submit a PSF Electronically

To submit the PSF-750 electronically, in the Activity Center, click 'Submit' under Clinical Submissions.

The screenshot shows the Optum WebAssist Physical Health interface. At the top, a dark grey header contains a user profile icon and the text "Welcome, John Chiropractor, DC,MT,LAC, Tier 2". Below the header, the Optum logo is on the left, and "WebAssist Physical Health" is on the right. A navigation bar contains "Physical Health Locations" and two dropdown menus: "Clinical Subs & Claims" and "Tools & Resources". The main content area is divided into two columns. The left column has a red box around the "Activity Center" header. Below it, the "Clinical Submissions and Claims" section has a red box around the "Submit" link under the "Clinical Submissions" column. A red arrow points to this "Submit" link. Other links in this section include "Check Status" under both "Clinical Submissions" and "Claims", and "Recent Clinical Submissions" at the bottom. The right column has an "Informational Center" header and several informational items: "Pediatric therapies (OT/PT) Clinical Review Faxing Process - UHC Comme", "Reminder Notification: Provider Tier Letters Now Online! ▶", "Effective January 1, 2022, all Providers need to update their CAQH Profil", and "Effective July 1 all clinical sub status must be tracked online ▶".

Submit a PSF Electronically – Patient Information

For established patients, pick their name off the patient list, which is in alphabetical order by last name. Their demographics will then populate in the form on the right.

For a new patient fill out the patient demographics section in the blank form.

If you have an established patient who has changed their name, address, or health insurance plan, complete a **new submission**, and include the new information as you would for a any other new patient.

Once the PSF is processed the patient's name with the new information will display on your patient list.

Optum WebAssist
Physical Health

Physical Health Locations | Clinical Subs & Claims | Tools & Resources | Clinical Resources | Home

Member Eligibility | Submit a Clinical Sub | Clinical Sub Status | Submit a Claim | Claim Status

Patients

Begin by entering the patients information or select an existing patient from the Patients list.

Currently Selected Patient: None

Clear Patient

Test Patient

Physical Health Provider Support
Click here for live chat >>

SUBMIT A PATIENT SUMMARY FORM

Providers may request a visit on an urgent basis if the Department of Labor urgent care definition is met. Care may qualify as urgent if the application of the time period for making a non-urgent care determination could seriously jeopardize the life or health of the patient or the ability of the patient to regain maximum function. A determination for urgent care will be issued within 24 hours of Optum receiving all required information.

During Optum business hours providers may reference the phone number in the applicable Plan Summary. Providers may call 877-271-6809 during non-Optum business hours to initiate a request for urgent care.

Patient's Demographic Section

Last Name: [] First Name: [] MI: []

Gender: Male Female

DOB (mm/dd/yyyy): [mm/dd/yyyy]

ID#: []

Address: []

City: []

State: [Please select]

Zip: []

Plan: [Please select]

Group Number: []

Submit a PSF Electronically – Patient Information – Plan Name

In the 'Plan' section, make sure to select the appropriate Plan name, corresponding to the member's card, from the dropdown.

For Example: For UnitedHealthcare Medicare Advantage plans¹, select UnitedHealthcare Medicare, For UnitedHealthcare Medicare Solutions West² Select "United Healthcare Medicare Solutions West".

Begin by entering Patients list.

1

2

MEMBER A SAMPLE
 Member ID 123456789-00
 AARP Medicare Advantage Patriot No Rx NJ-MA01 (HMO-POS)
 With Dental
 RxBIN RxPCN RxGRP
 610494 9999 COS
 Group Number: 40551 H0755-037-000
 PCP: PROVIDER
 PCP: 555-555-5555
 PCP \$0 Spec \$40

MEMBER A SAMPLE
 Member ID 123456789-01
 AARP Medicare Advantage from UHC CA-0002 (HMO-POS)
 With Dental
 RxBIN RxPCN RxGRP
 610097 9999 SHCA
 Group Number: HCFV5-1XF H0543-019-000
 PCP: PROVIDER
 PCP: 555-555-5555
 FACILITY NAME SAMPLE
 PCP \$0 Spec \$0

Printed: 09-28-2023 Rewards

Card #: 12345 6789 0123 4567
 Security Code: 1234
For Members: myAARPMedicare.com
1-866-314-8188, TTY 711
 Providers: UHCprovider.com 1-877-842-3210
 Payer ID: 87726
 Dental Providers: uhcdental.com 1-877-816-3596
 Med Claims: P.O. Box 31362, Salt Lake City, UT 84131-0362
 Part B Rx Claim: OptumRx P.O. Box 650287, Dallas, TX 75265-0287
 For Pharmacists: 1-877-889-6510
中文: 1-800-303-6719 한국어: 1-888-201-4746

Printed: 09-28-2023 Rewards

Card #: 12345 6789 0123 4567
 Security Code: 1234
For Members: myAARPMedicare.com
1-844-808-4553, TTY 711
 Providers: UHCprovider.com 1-888-866-8297
 Payer ID: 87726 WEST
 Dental Providers: uhcdental.com 1-877-816-3596
 Med Claims: P.O. Box 30968, Salt Lake City, UT 84130-0968
 Rx Claims: OptumRx P.O. Box 650287, Dallas, TX 75265-0287
 For Pharmacists: 1-877-889-6510

Plan:
 Please select
 Please select
 MPN-Empire Plan
 UnitedHealthcare Commercial
 UnitedHealthcare Medicare
 UnitedHealthcare Medicare Solutions West
 UnitedHealthcare Plan of the River Valley

Group Number

Please select your Clinic Address

Submit a PSF Electronically – Provider Office Information

After selecting an existing patient, or entering your new patient information, you must select the office location where the patient is being treated.

Once you select the location, the remainder of the electronic PSF-750 will display.

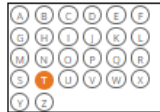
The screenshot displays the Optum WebAssist Physical Health interface for submitting a Patient Summary Form. The interface includes a navigation bar with 'Physical Health Locations', 'Clinical Subs & Claims', and 'Tools & Resources'. The main content area is titled 'SUBMIT A PATIENT SUMMARY FORM' and contains several sections:

- Patient Information:** Includes fields for Last Name, First Name, MI, Gender (Male/Female), DOB, Address, City, State, Zip, ID#, Health Plan, and Group Number.
- Referral Information:** Includes fields for Physician, Date Issued, Referral Number, and Referral Reason.
- Provider Information:** Includes fields for Provider Name, Office Location, Credentials, and Setting.
- Provider Completes This Section:** Includes fields for Date of Submission, Number of Visits, Requested Duration, Requested Number of Visits, Patient Type, Nature of Condition, Cause of Current Episode, Anticipated CMT Level, and Diagnosis (ICD code).

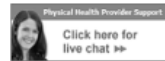
A red box highlights the 'Office Location with TIN number' dropdown menu in the 'Clinical Information' section, with a red arrow pointing to it. The dropdown menu is currently set to 'Please select your Clinic Address'.

Submit a PSF Electronically – Clinical Information

Patients



Test, Test 01/01/1962



Enter all required the clinical information within the electronic form.

Patient Summary Form

Patient Information

Last Name: Test First Name: Test MI: Gender: M DOB: 01/01/1962
Address: 123 Test City: Test State: OR Zip: 97814
ID#: 1111111111 Health Plan: UnitedHealthcare Medicare Group Number:

Referral Information

Physician: (if applicable) Date Issued: (if applicable) mm/dd/yyyy Referral Number: (if applicable)

Provider Information

John Chiropractor, DC,MT,LAC Office Location: 999999 Test, Denver, CO - *****8984
*Credentials: MD/DO DC OT PT ATC MT ST Other
*Setting: Is this Home Care Setting? Yes No

Would you like to attach additional documents to this Clinical Submission? [Upload/View Documents](#) [Upload Instructions](#)

Is this an Administrative Correction to a Previous Submission?

Provider Completes This Section

*Date you want THIS submission to begin: mm/dd/yyyy *Number of visit(s) within past 90 days:
*Requested duration in weeks: *Requested number of visits:
*Patient Type:
 1-New to your office 2-Est'd, new injury 3-Est'd, new episode 4-Est'd, continuing care
*Nature of Condition:
 1-Initial onset (within last 3 months) 2-Recurrent (multiple episodes of < 3 months) 3-Chronic (continuous duration > 3 months)
*Cause of Current Episode:
 Traumatic Unspecified Repetitive Post-surgical Work related Motor vehicle
*Anticipated CMT Level:

Submit a PSF Electronically – Medicare Plans Only



When submitting a PSF for a UHC Medicare Advantage Plan or UHC Medicare Solutions (WEST) members, you will be presented with some additional questions, which will not be present for other plans.

The requested duration in weeks should be the **total number of weeks** of this requested treatment plan.

The requested number of visits should be the total number of visits, not the frequency of visits requested per week. *(i.e. 2 times per week for 8 weeks, equals 16 visits.)*

Provider Information

PT Healthcare, OT,PT,HC Office Location:

*Auth Type Submitting for/Credentials: MD/DO DC OT PT ATC MT ST Other

***Place of Service**

11=Office - Outpatient 12=Homecare 19=Off-Campus Outpatient Hospital 22=Hospital - Outpatient 24=Outpatient Facility Other

Provider Completes This Section

*Date you want THIS submission to begin: mm/dd/yyyy *Number of visit(s) within past 90 days:

***Requested duration in weeks:** ***Requested number of visits:**

*Patient Type:

1-New to your office 2-Est'd, new injury 3-Est'd, new episode 4-Est'd, continuing care

*Nature of Condition:

1-Initial onset (within last 3 months) 2-Recurrent (multiple episodes of < 3 months) 3-Chronic (continuous duration > 3 months)

*Cause of Current Episode:

Traumatic Unspecified Repetitive Post-surgical Work related Motor vehicle

*Diagnosis (ICD code):

Dx1: Dx2: Dx3: Dx4: *Nature of Treatment:

(Other)

*Objective measurements identify impairments when they are compared to normal values, the uninvolved contralateral extremity, and prior level of function.

Yes No

*Objective assessment of functional ability. Choose One

No functional limitations Minimal functional limitations Moderate functional limitations Severe functional limitations

*Documented plan of care (POC) requiring skilled intervention. Choose All That Apply

Measurable short and long-term/discharge treatment goals related to physical and functional deficits.

Frequency of treatment visits and treatment activities to address deficit areas.

Patient agrees to program participation including home program.

Submit a PSF Electronically – Medicare Plans Only



Medicare requires some additional questions be answered that are not included in the paper PSF-750.

(Other)

*Objective measurements identify impairments when they are compared to normal values, the uninvolved contralateral extremity, and prior level of function.
 Yes No

*Objective assessment of functional ability. Choose One
 No functional limitations Minimal functional limitations Moderate functional limitations Severe functional limitations

*Documented plan of care (POC) requiring skilled intervention. Choose All That Apply

Measurable short and long-term/discharge treatment goals related to physical and functional deficits.

Frequency of treatment visits and treatment activities to address deficit areas.

Patient agrees to program participation including home program.

Provider Information

PT Healthcare, OT,PT,HC Office Location: 1234 Test Avenue, Miami, FL - ****9999

*Auth Type Submitting for/Credentials: MD/DO DC OT PT ATC MT ST Other

*Place of Service
 11-Office - Outpatient 12-Homecare 19-Off-Campus Outpatient Hospital 22-Hospital - Outpatient 24-Outpatient Facility Other

Provider Completes This Section

*Date you want THIS submission to begin: mmm/dd/yyyy *Number of visit(s) within past 90 days:

*Requested duration in weeks: *Requested number of visits:

*Patient Type:
 1-New to your office 2-Est'd, new injury 3-Est'd, new episode 4-Est'd, continuing care

*Nature of Condition:
 1-Initial onset (within last 3 months) 2-Recurrent (multiple episodes of < 3 months) 3-Chronic (continuous duration > 3 months)

*Cause of Current Episode:
 Traumatic Unspecified Repetitive Post-surgical Work related Motor vehicle

*Diagnosis (ICD code):
Dx=1 Dx=2 Dx=3 Dx=4 *Nature of Treatment:

(Other)

*Objective measurements identify impairments when they are compared to normal values, the uninvolved contralateral extremity, and prior level of function.
 Yes No

*Objective assessment of functional ability. Choose One
 No functional limitations Minimal functional limitations Moderate functional limitations Severe functional limitations

*Documented plan of care (POC) requiring skilled intervention. Choose All That Apply

Measurable short and long-term/discharge treatment goals related to physical and functional deficits.

Frequency of treatment visits and treatment activities to address deficit areas.

Patient agrees to program participation including home program.

Submit a PSF Electronically – Administrative Corrections

If you need to make a change to a previously submitted PSF, either before or after you receive a determination letter, you can do so directly on the site.

Simply pull up a new PSF-750 form, pick your patient or type in the patient's demographics and then click check box for 'Is this an Administrative Correction to a Previous Submission?'

Patients

A	B	C	D	E	F
G	H	I	J	K	L
M	N	O	P	Q	R
S	T	U	V	W	X
Y	Z				

Test, Test 01/01/1962



Patient Summary Form

Patient Information

Last Name: First Name: MI: Gender: DOB:

Address: City: State: Zip:

ID#: Health Plan: Group Number:

Referral Information

Physician: Date Issued: mm/dd/yyyy Referral Number:

(if applicable) (if applicable) (if applicable)

Provider Information

John Chiropractor, DC, MT, LAC Office Location:

*Credentials: MD/DO DC OT PT ATC MT ST Other

*Setting: Is this Home Care Setting? Yes No

Would you like to attach additional documents to this Clinical Submission?

Is this an Administrative Correction to a Previous Submission?

Provider Completes This Section

*Date you want THIS submission to begin: mm/dd/yyyy *Number of visits within next 90 days:

Submit a PSF Electronically – Administrative Corrections

After clicking the check box, you must select all applicable reasons for the correction.

You must also enter the Portal Confirmation Number (PCN) from the electronic confirmation page, or the submission number from the response letter of the submission you wish to correct.

Patients

A	B	C	D	E	F
G	H	I	J	K	L
M	N	O	P	Q	R
S	T	U	V	W	X
Y	Z				

Test, Test 01/01/1962



Patient Summary Form

Patient Information

Last Name: First Name: MI: Gender: DOB:

Address: City: State: Zip:

ID#: Health Plan: Group Number:

Referral Information

Physician: (if applicable) Date Issued: (if applicable) mm/dd/yyyy Referral Number: (if applicable)

Provider Information

John Chiropractor, DC, MT, LAC Office Location:

*Credentials: MD/DO DC OT PT ATC MT ST Other

*Setting: Is this Home Care Setting? Yes No

Would you like to attach additional documents to this Clinical Submission? [Upload/View Documents](#) [Upload Instructions](#)

Is this an Administrative Correction to a Previous Submission?

Please note: Do not submit clinical appeals through this process. Please review plan summary for more information.

*Check applicable reason(s) (must select at least one)

Patient information Provider information Date you want the corrected submission to begin CMT code Diagnosis code

*Reference # (Confirmation, submission #) of incorrect submission:

Provider Completes This Section

Submit a PSF Electronically – Functional Outcome Measure (FOM) Score

If you have calculated the patient's current FOM, you can enter the score in the space provided.

To calculate a FOM score, click on the form that your patient has completed.

An electronic version of the form will open for you. Once complete, click the Calculate and Accept buttons.

Your score will be placed within the electronic form.

The screenshot displays the Optum WebAssist Physical Health interface. The main window shows a 'Patient Summary Form' with sections for Patient Information, Referral Information, and Provider Information. A red box highlights the 'Current Functional Measure Score' section at the bottom of the form, which includes input fields for Neck Index, Back Index, DASH, and LEFS, along with buttons for 'Neck Form', 'Back Form', 'DASH Form', and 'LEFS Form'. A 'Calculate' button is also present in this section.

Overlaid on the right is a 'Neck Index' pop-up window. It contains a series of dropdown menus for 'Pain Intensity', 'Sleeping', 'Reading', 'Concentration', 'Work', 'Personal Care', 'Lifting', 'Driving', and 'Recreation', each with a 'No Answer' option. At the bottom of the pop-up, there are three buttons: 'Calculate' (marked with a red circle and the number 1), 'Accept' (marked with a red circle and the number 2), and 'Clear Data'.

Submit a PSF Electronically – Submit

When the electronic form is complete, click the 'Submit' button.

If you have forgotten to fill out any required information the site will prompt you to complete that question.

The screenshot displays the Optum WebAssist Physical Health interface. At the top, the Optum logo and 'WebAssist Physical Health' are visible. A navigation bar includes 'Physical Health Locations', 'Clinical Subs & Claims', 'Tools & Resources', 'Clinical Resources', and 'Home'. Below this, a secondary navigation bar contains 'Member Eligibility', 'Submit a Clinical Sub', 'Clinical Sub Status', 'Submit a Claim', and 'Claim Status'. The main content area is titled 'Patients' and features a 26-letter alphabet grid where the letter 'T' is highlighted in orange. Below the grid is a search bar containing 'Test.Test' and a 'Physical Health Provider Support' chat button with the text 'Click here for live chat >>'. The 'Patient Summary Form' section is highlighted with a red border and contains the following error messages: 'The following errors must be corrected before submitting the form.' followed by a bulleted list: 'Indicate if Home Care setting' and 'Primary Diagnosis Code not entered'. Below the errors is the 'Patient Information' section with fields for Last Name (Test), First Name, MI, Gender, DOB, Address, City, State, Zip, ID#, Health Plan, and Group Number. The 'Referral Information' section contains a question: 'How often does your back pain bother you and it's never going to get any better?' with radio button options 1 - No and 2 - Yes. Below this is another question: 'In general have you stopped enjoying all the things you usually enjoy?' with radio button options 1 - No and 2 - Yes. The third question is: 'Overall, how bothersome has your back pain been in the last 2 weeks?' with radio button options 1 - Not at all, 2 - Slightly, 3 - Moderately, 4 - Very Much, and 5 - Extremely. Below the questions are 'Calculate' and 'Clear Data' buttons. The '*SBST Category:' field shows 'High Risk'. At the bottom of the form, a 'Submit' button is highlighted with a red border and a red arrow points to it. A copyright notice at the bottom reads: '© Originally Developed by: Keele University 01/08/07 Funded by Arthritis Research UK'.

Submit a PSF Electronically – Confirmation Page

You will then receive a confirmation page that will include the information you submitted electronically on the PSF, along with your Confirmation Number.

You can write this number down as confirmation that we have received your submission or print the page.

If you scroll to the bottom of the Confirmation Page, you will see a 'Print Page' hyperlink.

Once you click this link, you can either download or print this page for your records.

Optum | WebAssist
Physical Health

[Physical Health Locations](#) [Clinical Subs & Claims](#) [Tools & Resources](#) [Clinical Resources](#) [Home](#)

[Member Eligibility](#) [Submit a Clinical Sub](#) [Clinical Sub Status](#) [Submit a Claim](#) [Claim Status](#)

Patients

A	B	C	D	E	F
G	H	I	J	K	L
M	N	O	P	Q	R
S	T	U	V	W	X
Y	Z				

[Test, Test](#)

Physical Health Provider Support
[Click here for live chat >>](#)

Patient Summary Form Confirmation Page

Confirmation Number: 23179498

Patient Information

Last Name: Test First Name: Test Gender: M Date of Birth:
Address: City: State: Zip:
ID#: 1 Health Plan: e Group Number:

Provider Information

Provider Name:
Office Location:
Credentials:
Setting: Is this Home Care Setting?
Would you like to attach additional documents to this Clinical Submission? N
No documents were attached to this submission.

Do you feel that your back pain is terrible and it's never going to get any better: Y
In general have you stopped enjoying all the things you usually enjoy: Y
Overall, how bothersome has your back pain been in the last 2 weeks: 5-Extremely

SBSI Category: High Risk

[Print Page](#)
** Please print this page for your records

Submit a PSF Electronically – Checking Authorization Status

If there are no issues with the submission, it will take 24-48 business hours to process.

If there are any issues with your submission, Optum will contact you via phone or mail.

To check the status of your submission, go to the Optum WebAssist home page. Under the Activity Center, click the 'Check Status' hyperlink under Clinical Submissions.

The screenshot displays the Optum WebAssist Physical Health interface. At the top, a dark navigation bar contains the user's name 'Welcome, John Chiropractor, DC,MT,LAC, Tier 2' and links for 'Links', 'Help', and 'Sign Out'. Below this, the 'Optum WebAssist Physical Health' logo is visible. A secondary navigation bar includes 'Physical Health Locations' and a menu with 'Clinical Subs & Claims', 'Tools & Resources', 'Clinical Resources', and 'Home'. The main content area is divided into two sections: 'Activity Center' and 'Informational Center'. The 'Activity Center' section is further divided into 'Clinical Submissions and Claims', which contains two columns: 'Clinical Submissions' and 'Claims'. Under 'Clinical Submissions', there are links for 'Submit' and 'Check Status'. The 'Check Status' link is highlighted with a red box, and a red arrow points to it from the left. The 'Informational Center' section contains several announcements, including 'Pediatric therapies (OT/PT) Clinical Review Faxing Process - UHC Commercial plan only', 'Reminder Notification: Provider Tier Letters Now Online!', and 'Effective January 1, 2022, all Providers need to update their CAQH Profile on a regular basis'.

Submit a PSF Electronically – Checking Authorization Status

Upon clicking the 'Check Status' hyperlink under Clinical Submissions, you will be presented with a list of all your recent submissions.

If you chose to narrow your search results by selecting an Office Location, Decision Date, or Patient & Date of Birth information, you will then need to click the 'Search' button to view the results.

Physical Health Locations

Clinical Subs & Claims Tools & Resources Clinical Resources Home

Member Eligibility Submit a Clinical Sub Clinical Sub Status Submit a Claim Claim Status

Patients Clear Patient

Use the date range shown to find the applicable clinical submission - if the Status indicates Completed, click on Completed for more details. Currently Selected Patient :None
Currently Selected Date :Last 1 month(s)

Search Options

Office Location : --SELECT-- Optum Decision Date : LAST 30 DAYS Patient & Date of Birth : Select Patient(s) Search

Please Note: Response Letters will be available online for 12 months after Optum Decision Date.

Clinical submissions on file for the last 30 days:

Confirmation #	Reference #	Patient Name	Date of Birth	Requested From	Status	Letter	Letter Uploaded on (CST)	Attachments
		Test, Test		03/25/2024	In Process	Not Available Online	NA	View
		Test, Test		03/13/2024	Completed	Open Letter	03/13/2024 17:58:33	View

Showing 1 - 2 of 2 Page 1 of 1

In Process We have received your Clinical Submission. Please allow time for processing.

Completed We have completed the review on your Clinical Submission.

Submit a PSF Electronically – Checking Authorization Status

To view additional details, you can click the hyperlink within the 'Status' section of the search results.

If a submission is in process, you will receive a short summary page. You can either download or print this page for your records.

The screenshot displays the Optum WebAssist Physical Health interface. On the left, there are navigation options for 'Physical Health Locations', 'Patients' (with an alphabetical grid), and a search bar containing 'Test,Test' and '01/01/1962'. A 'Physical Health Provider Support' chat button is also visible. The main content area shows 'Member Eligibility' and search options for 'Office Location' and 'Optum Decision Date'. A 'Please Note' message states that response letters will be available online. Below this is a table of clinical submissions on file for the last 30 days.

Confirmation #	Reference #	Patient Name	Date of Birth	Requested From	Status	Letter	Letter Uploaded on (CST)	Attachments
		Test, Test		03/25/2024	In Process	Not Available Online	NA	View
		Test, Test		03/13/2024	Completed	Open Letter	03/13/2024 17:58:33	View

A modal window titled 'In-process Auth Status - Work - Microsoft Edge' is overlaid on the right. It shows a 'Recently Submitted Clinical Submission In Process' for 'Provider: John Chiropractor, DC,MT,LAC'. The patient name is 'Test, Test' and the confirmation number is redacted. The requested from date is '3/25/2024 12:00:00 AM' and the clinical submission received on is '3/26/2024 12:00:00 AM'. The requested duration is 'weeks'. A 'Print Page' button is highlighted with a red box.

Submit a PSF Electronically – Checking Authorization Status

If a submission is completed, you will receive a summary page with important information regarding your submission.

You can either download or print this page for your records.

You can also view the determination letter associated with the notification. This can also be downloaded or printed for your records.

Welcome, John Chiropractor, DC, MT, LAC, Tier 2 | Links | Help | Sign Out

Optum WebAssist Physical Health

[Physical Health Locations](#)

Member Eligibility

Patients

Use the date range shown to find the authorization status. Status indicates Completed, click on Complete to view details.

Search Options

Office Location:

Please Note: Response Letters will be emailed to the member's email address.

Clinical submissions on file for the last 12 months:

Confirmation #	Reference #	Patient	01/01/1962	03/13/2024	Completed	Open Letter	03/13/2024 17:58:33	View
23179498	29176582	Test,						
23153849	29153912	Test, Test	01/01/1962	03/13/2024	Completed	Open Letter	03/13/2024 17:58:33	View

Showing 1 - 2 of 2 | Page 1 of 1 | 10

Clinical Submission Response Details

Patient Name: Test Test | Response #: [REDACTED]
 Health Plan: UnitedHealthcare Medicare | Clinical Submission Received on: 3/13/2024
 Provider: John Chiropractor, DC | Support Clinician: Administrative Review

	Care From	Care Thru	Exams	CMT	Modalities / Procedures	X-rays	Supplies / Other
You Requested:	3/13/2024		0	0	0	0	0
We Approved:	3/13/2024	3/13/2024>	0	0	0	0	0

The following actions and comments apply to this request:

The provider is not a participating provider with this health plan on this date of service. You are not required to submit clinical submission forms for this patient's group.

This does NOT constitute a guarantee of payment and is subject to benefit limits and member eligibility. This page is intended to be a brief summary of Optum's review for this patient. Please refer to the Clinical Submission Response letter for the final determination and complete information.

In Process We have received your Clinical Submission. Please allow time for processing.

Completed We have completed the review on your Clinical Submission.

Technical Assistance

For technical questions, issues, or concerns regarding our website, email us from the home page.

Click the hyperlink under 'Encountered a Problem?' in the Activity Center.

Activity Center

Clinical Submissions and Claims

Clinical Submissions Submit Check Status	Claims Submit Check Status
---	---

Recent Clinical Submissions
There are no recently submitted clinical submissions and 2 clinical submissions completed in the last 2 weeks.
[See Recent Clinical Submissions >](#)

Expiring Clinical Submissions
There is 1 clinical submission expiring within the next 10 days.
[See Expiring Clinical Submissions >](#)

Patient Status Report
[Click here to complete PSR](#)

Encountered a problem ?
[Click here to get assistance](#)

Informational Center

[Pediatric therapies \(OT/PT\) Clinical Review Faxing Process - UHC Commercial plan only >](#)

[Reminder Notification: Provider Tier Letters Now Online! >](#)

[Effective January 1, 2022, all Providers need to update their CAQH Profile on a regular basis >](#)

[Effective July 1 all clinical sub status must be tracked online >](#)

[VA Community Care Network >](#)

[Welcome to WebAssist! >](#)

Optum

Optum is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions. All other brand or product names are the property of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

© 2024 Optum, Inc. All rights reserved.