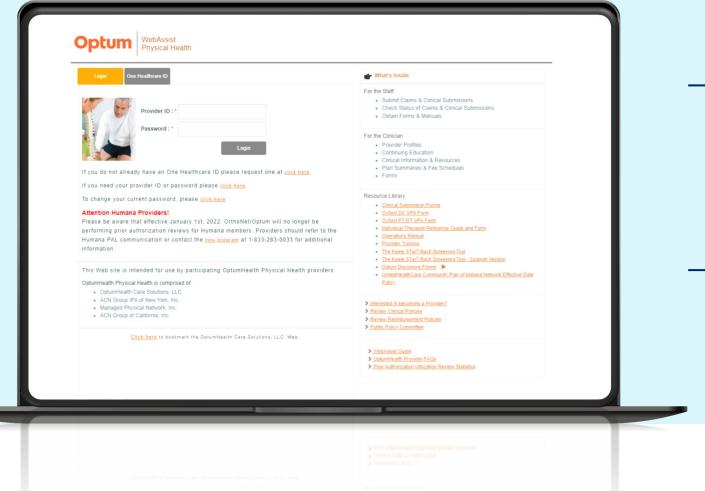
Optum

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



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

Optum

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- 6-7 Determine if Clinical Submission is Required UHC Members
 8 Member Eligibility and Benefits





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Administrative Corrections

Enter a PSF-750 Electronically

16 Cui

Current Functional Measure Score

Submit

- **Confirmation Page**
- Authorization Status Check
- **Technical Assistance**



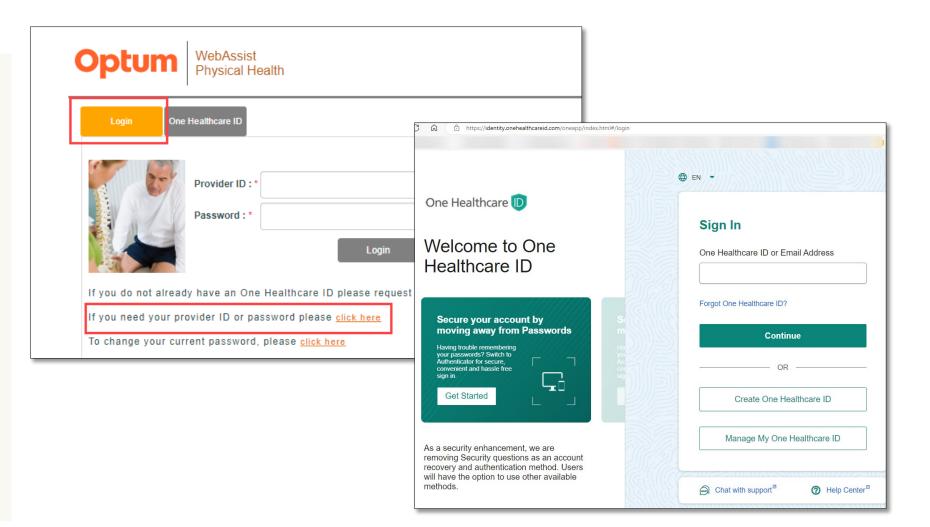
Obtain Your Optum User ID and Password

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.

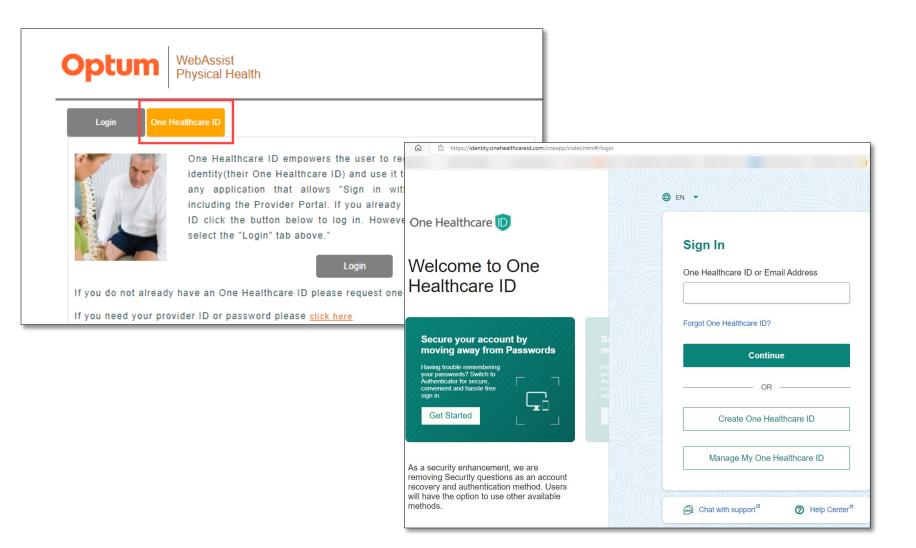
Once you login using this information, you will be redirected to the One Healthcare ID portal to set up your One Healthcare ID and password.



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



Determine if Clinical Submission is Required – UHC Members

To determine if your UnitedHealthcare (UHC) member requires clinical submission, click on the Tools & Resources menu, then click 'UHC Quick Group Check.'

		A Welcome, John Chiropractor, DC,MT,LAC, Ti	er 2 Lir
Optum Web Phys	Assist sical Health		1
Physical Health Location	<u>s</u>	Clinical Subs & Claims 🗸	Tools & Resources Clinica
👉 Activity Center		👉 Informational Center	Operations Manuals Plan Summaries
Clinical Submissions and Claims Clinical Submissions Claims Submit Submit		Pediatric therapies (OT/PT) Clinical Review Faxi	Fee Schedules ial State Regulatory Addendums
		Reminder Notification: Provider Tier Letters No	Patient Satisfaction Result Patient Satisfaction CAHPS
<u>Check Status</u>	<u>Check Status</u>	Effective January 1, 2022, all Providers need to	uTutorial on a
Recent Clinical Submissions There are no recently submitted clinical submissions and 2 clinical submissions completed in the last 2 weeks.		Effective July 1 all clinical sub status must be tr	a Forms 🗸 🗸
		VA Community Care Network >	Guide
See Recent Clinical Su	bmissions >	Welcome to WebAssist! >	UHC Quick Group Check
Expiring Clinical Subm	nissions		Reimbursement Policies

Determine if Clinical Submission is Required – UHC Members

The UHC Quick Group Check requires entering individual member information to verify clinical submission requirements.

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

Physical Health Locations			Clinical Subs & C	laims 👻	Tools & Resources 🔹	Clinical Re	sources 🔻	Hom
	Mei	nber Eligibility	Submit a Clinical Sub	Clinical	Sub Status Sub	omit a Claim	Claim Sta	itus
A B C D E F G H 1 1 K L M N O P Q R S 1 U V W X		-	ering the individual member re now required to enter t		-			
ŷ <	(If you do not see the He		eck your Plan Summary for Eligib	ility Verification)			
est_Test 01/01/1962 Physical Health Provider Support	ID*		DOB		mm/dd/yyyy			
Click here for live chat	Group Number							

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.'

		A Welcome, John Chiropractor, DC,MT,LAC, Tier 2 Links ▼ ③ Help Sign	Out
Optum WebAy Physic	ssist :al Health		
Physical Health Locations		Clinical Subs & Claims - Tools & Resources - Clinical Resources - Ho	ome
		Member Eligibility 2	
Activity Center		👉 Informational Center Submit a Clinical Sub	
		Clinical Sub Status Pediatric therapies (OT, submit a claim ng Process - UHC Commercial plan only	
Clinical Submissions and	d Claims	Subnit a Claim	
Clinical Submissions	Claims	Claim Status Reminder Notification: Provider Tier Letters Now Online!	
Submit	<u>Submit</u>		
Check Status	Check Status	Effective January 1, 2022, all Providers need to update their CAQH Profile on a regular basis >	

	內 Welcome, John Chiropractor, DC,MT,LAC, Tier 2 Links ▼ ③	Help Sign Ou
Optum WebAssis Physical H	t Health	
Physical Health Locations	Clinical Subs & Claims - Tools & Resources - Clinical Resource	s ▼ Hom
Patients (A) (B) (C) (D) (E) (F)	Member Eligibility Submit a Clinical Sub Clinical Sub Status Submit a Claim Cla Member Search	im Status
	Health Plan* Please Select (If you do not see the Health Plan listed, please check your Plan Summary for Eligibility Verification) Last Name*	
(Y) (Z) Test,Test 01/01/1962	ID* DOB* mm/dd/yyyy	
Click here for live chat >>	Number Clear	

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 web site.

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, or any other Functional Outcome Measure (FOM) Form.

Once the form loads, simply download or print.

		A Welcome, John Chiropractor, DC,MT,LAC, Tier 2 Links ▼ ⑦	Help Sign C
	ebAssist iysical Health		1
Physical Health Location	<u>ons</u>	Clinical Subs & Claims - Tools & Resources - Clinical Resource	
👉 Activity Center		About Clinical Resort Informational Center Clinical Guidelines Clinical Forms	-2
Clinical Submission	s and Claims	Pediatric therapies (OT/PT) Clinical Review Faxing Process - UHC Comn Patient Status Repo	rt Reference
Clinical Submissio	Optum WebAssist Physical Hea		
	Physical Health Locations	Clinical Subs & Claims • Tools & Resources • Clinical Resou	rces Hor
Recent Clinical Su	About Clinical Resources	Clinical Forms	
There are no recen	Clinical Guidelines	•	
submissions and 1 completed in the la	Clinical Forms	Based upon the process designated in the Plan Summary, please choose the appropriate set of forms.	
	Patient Status Report Reference Gui	de • Fax Cover Sheet	
See Recent Clinica	Clinical Policies	Patient Summary Form Quick Reference Guide	
	Your Profile	Patient Summary Form PSF-750 Patient Summary Form PSF-750 - Chinese Version	
	Your Tier Letter	 Patient Summary Form PSF-750 - Spanish Version 	
	Education	 Disabilities of the Arm, Shoulder and Hand (DASH) Scoring the DASH 	
	PSF Process Tutorial	Disabilities of the Arm, Shoulder and Hand (DASH) - Spanish Version	
	Articles/Newsletters	Lower Extremity Functional Scale (LEFS) Scoring the LEFS	
	Patient Exercises	Lower Extremity Functional Scale (LEFS) - Spanish version	
	Other Useful Sites	 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.

		Welcome, John Chiropractor, DC,MT,LAC, Tier 2
(Optum WebAssist Physical Health	
	Physical Health Locations	Clinical Subs & Claims ▼ Tools & Resources ▼
	👉 Activity Center	👉 Informational Center
	Clinical Submissions and Claims	Pediatric therapies (OT/PT) Clinical Review Faxing Process - UHC Comme
	Clinical Submissions Claims	Reminder Notification: Provider Tier Letters Now Online! >
	Submit Submit Check Status Check Status	Effective January 1, 2022, all Providers need to update their CAQH Profil
	Recent Clinical Submissions	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.

0	Optum	WebA Physic	ssist al Health								
	Physical Health Lo	<u>cations</u>			Clinical Subs & C	laims -	Tools & Resou	rces 🕶	Clinical Re	sources +	Home
			Member Eligibility	Subm	it a Clinical Sub	Clinica	al Sub Status	Submit	t a Claim	Claim Sta	atus
	Patients										
	(A) B) C) D) E (G) H) (J) (K) (M) N) O P) (C) (S) T) (J) (V) (W) (Y) (Z)		Begin by entering the patients information the Patients list.	or selec	t an existing patie	nt from			Currently	Selected Pa	None
~	Test,Patient Physical Health Druvid Click here f live chat ⇒	for	SUBMIT A PATIENT SUMMARY FORM Providers may request a visit on an urgent bas if the application of the time period for making patient or the ability of the patient to regain m Optum receiving all required information.	g a non-	urgent care deter	mination	could seriously	/ jeopardi	ze the life	or health of	the

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.

Last Name	First Name	MI	Address
Gender O Male O Female	DOB (mm/dd/yyyy) mm/dd/yyyy ID#		City
			Please select V Zip
lan:			Group Number

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.

Physical Health Locations	Clinical Subs & Cla	Optum WebAssist Physical Health
	Member Eligibility Submit a Clinical Sub	Physical Health Locations Clinical Subs & Claims - Tools & Resources - Clinical Resources -
Patients A B C D E F G H J K L MI N O P Q R S T U V W X Y Z T T T T Fest.Test Click here for fue chat >> Click here for fue chat >> T	Verify the patient's information is correct, and then select your Office Location to begin completing the clinical submission form. SUBMIT A PATIENT SUMMARY FORM Patient's Demographic Section Last Name First Name MI Test Test Image: Completion of the section	Member Eligibility Submit a Clinical Sub Status Submit a Claim Claim Patients Patient Summary Form Patient Information Patient Information DOB: 01/01/1 Test Inst 0.001/000 0.000 0.000 0.000 0.000 0.000 Test Inst 0.001/000 0.000 0.000 0.000 0.000 0.000 0.00000
	Plan: UnitedHealthcare Medicare Clinical Information Office Location with TIN number Please select your Clinic Address	*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: *Requested duration in weeks: *Requested number of visits: *Patient Type: 1.New to your officeO2.fst'd, new injuryO3.fst'd, new episodeO4.Est'd, continuing care *Nature of Condition: 4.Initial onset (within last 3 months) O2.Recurrent (multiple episodes of < 3 months) O3.Chronic (continuous duration > 3 months) *Cause of Current Episode: Traumatic O Unspecified O Repetitive Post.surgical O Work related O Motor vehicle *Anticipated CMT Levei:

Dx5

Dx6

Dx7

Dx8

Submit a PSF electronically – Clinical Information

Enter all required the clinical information within the electronic form.

Optum WebA Physic	ssist al Health
Physical Health Locations	Clinical Subs & Claims - Tools & Resources - Clinical Resources - Home
A C O C C C O C C C C C O O C <th>Member Eligibility Submit a Clinical Sub Clinical Sub Status Submit a Claim Claim Status Patient Information Last Name: Test MI: Gender: M DOB: 01/01/1962 Address: 123 Test Cityr Test State: OR Zip: 97814 ID# 1111111111 Health Plan: UnitedHealthCare Medicare Group Number: Immod/Vyyyy Referral Number: Immod/Vyyyy Referral Number: Immod/Vyyyy Referral Number: Immod/Vyyy (if applicable) Immodel Number: Immodel</th>	Member Eligibility Submit a Clinical Sub Clinical Sub Status Submit a Claim Claim Status Patient Information Last Name: Test MI: Gender: M DOB: 01/01/1962 Address: 123 Test Cityr Test State: OR Zip: 97814 ID# 1111111111 Health Plan: UnitedHealthCare Medicare Group Number: Immod/Vyyyy Referral Number: Immod/Vyyyy Referral Number: Immod/Vyyyy Referral Number: Immod/Vyyy (if applicable) Immodel Number: Immodel
	Provider Information John Chiropractor, DC,MT,LAC Office Location: 999999 Test, Deriver, CO - *****8984 *Credentials: MD/DO DC OT PT ATC MD/DO DC OT PT ATC MT Setting: Is this Home Care Setting? Yes Vould 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 50 days: *Requested duration in weeks: *Requested number of visits: *Patient Type: ************************************

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?'

ptum	WebAs Physica	sist al Health										
Physical Health Lo	cations					Clinical Subs &	Claims	Tools & Reso	ources 🔻	Clinical Res	ources 🔻	Home
			Member Elig	ibility	Submit	a Clinical Sul	b Clinic	al Sub Status:	Submit	a Claim	Claim Sta	atus
Patients) (Patient Sur	nmary Form									_
© H () () () M () () () () ()	\sim	Patient In	formation									
SOUV	\simeq	Last Name:	Test	F	First Name:	Test	MI:	Gender:	М	DOB:	01/01/1962	2
\odot		Address:	123 Test		City:	Test	State:	OR Zip:	97814			
Test,Test 01/	/01/1962	ID#	1111111111	H	ealth Plan:	UnitedHealtho	care Medicar	re	Group Nur	mber:		
Click here f live chat ►►	for	Physician:	iformation f applicable)	Da	ate Issued:	f applicable)		mm/dd/yyyy	Referral Nur	mber: (if appli	cable)	
		Provider	Information									
		John Chiropr	actor, DC,MT,LAC Office Loo	ation: 9	99999 Test,	Denver , CO - *	****8984					
		*Credential		D PT D	АТС 🗆 МТ	ST Othe	er					
		*Setting: Is t	this Home Care Setting? 📿	Yes O M	No							
	_	Would you li	ike to attach additional doo	uments to	this Clinica	Submission?	Upload/Vie	ew Documents	Upload Instru	ctions		
		ls this an	Administrative Corre	ction to	a Previou	s Submissior	n? 🗆 🗲					
			Completes This Sectio			mm/dd/see	*Numbo	e af vieit(e) withi	o part 00 daur			

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.

Optum	WebAssist Physical Health
Physical Health Los	Clinical Subs & Claims Tools & Resources Clinical Resources Ho
Patients	Member Eligibility Submit a Clinical Sub Clinical Sub Status Submit a Claim Claim Status Image: State S
	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?

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.

Optum WebAssist Physical Health	
Physical Health Locations Clinical Resources - Clin	Neck Index ×
Member Eligibility Submit a Clinical Sub Clinical Sub Status Submit a Claim Claim !	Pain Intensity
Patients Patients Patient Summary Form	No Answer 🗸
O O O O O O Patient Information	Sleeping
Image: Control of the state of the	No Answer 🗸
Image: Character State OR Zipz 97314 Image: Character State OR Zipz 97314 Image: Character State OR Zipz 97314	Reading
Referral Information	No Answer 🗸
Provid Und D Provin Award Physician: Date bisued: mmvdd/yyyy Referral Number: ff analysished ff analysished ff analysished ff analysished	Concentration
live chet >>> (if applicable) (if applicable) (if applicable)	No Answer 🗸
Provider Information	Work
*Nature of Conditions	No Answer 🗸
🔿 1-Initial onset (within last 3 months) 🔿 2-Recurrent (multiple episodes of < 3 months) 🔿 3-Chronic (continuous duration > 3 months)	Personal Care
*Cause of Current Episode:	No Answer 🗸
Traumatic Unspecified Papetitive Post-surgical Work related Motor vehicle Anticipated CMT Level:	Lifting
98940 98941 99842 98943 None	No Answer
*Diagnosis (ICD code):	
Dx1 Dx2 Dx3 Dx4 *Nature of Treatment	-
Da5 Da6 Da7 Da8	No Answer 🗸
	Recreation
Dx9 Dx10 Dx11 Dx12	No Answer 🗸
Current Functional Measure Score:	Headaches
Neck Index Neck Form Back Index Back Form N/A	No Answer 🗸
DASH: DASH form LEFS: LEFS form	1 2
(Other)	
	Calculate Accept 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.

Optum Web/ Physi	Assist ical Health							
Physical Health Locations			Clinical Subs & (Claims 👻	Tools & Resou	rces 👻 Clinic	cal Resources 🔻	Home
	Member Eligibility	Subm	it a Clinical Sub	Clinic	al Sub Status	Submit a Cla	aim Claim St	atus
Patients	Patient Summary Form							
G H 1 J K L M 0 0 P 0 8 S 1 U V W X Y Z	The following errors must be corrected t Indicate if Home Care setting Primary Diagnosis Code not entern		Ibmitting the for	m.				
Test, Test	Patient Information							
Physical Health Provider Support Click here for live chat PP	Last Name: Test Address: ID#	First Na Health P	City:	MI: State:	Gender: Zip:	Group Numbe	DOB:	
	Referral Information							
	 ○ 1 - No ● 2 - Yes 							
	8. In general have you stopped enjoying all the	things yo	u usually enjoy?					
	🔿 1 - No 🖲 2 - Yes							
	9. Overall, how bothersome has your back pair	n been in t	he last 2 weeks?					
	◯ 1 - Not at all ◯ 2 - Slightly ◯ 3 - Moderatel	y 🔿 4 - Ve	ry Much 🖲 5 - Extre	emely				
	*SBST Category: High Ri		Clear Data					

© Originally Developed by: Keele University 01/08/07 Funded by Arthritis Research UK

Submit	

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 you 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	WebAs Physica	isist al Health
Physical Health Lo	ocations	Clinical Subs & Claims Tools & Resources Clinical Resources Home
Patients A B C D E G H 1 J K M N O P Q S 1 U V W Y Z Test.Test		Member Eligibility Submit a Clinical Sub Clinical Sub Status Submit a Claim Claim Status 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:
Physical Health Provid Click here f live chat ►►	for	Provider Information Provider Name: Office Location: Credentials: Setting: Is this Home Care Setting? I 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 Sosi category: nigh Risk Print Page the Deage for your records

1

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.

			へ Welcome, John Chiropractor, DC,MT,LAC, Tier 2 Links ▼	⑦ Help Sign Out
C)ptum WebA Physic	ssist cal Health		
	Physical Health Locations		Clinical Subs & Claims Tools & Resources Clinical Reso	urces 🕶 Home
	👉 Activity Center		👉 Informational Center	
	Clinical Submissions an	d Claims	Pediatric therapies (OT/PT) Clinical Review Faxing Process - UHC Commercial plan o	only ►
\backslash	Clinical Submissions Submit	Claims Submit	Reminder Notification: Provider Tier Letters Now Online! >	
	Check Status	Check Status	Effective January 1, 2022, all Providers need to update their CAQH Profile on a regu	lar basis >

Upon clicking the 'Check Status' hyperlink under Clinical Submissions, you well 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.

Optum	WebAssist Physical Health								
Physical Health Lo	cations				Clinical Subs &	Claims -	Tools & Resources	 Clinical Resource 	rces 👻 Home
		Mei	mber Eligibility	Submit	a Clinical Sul	o Clinical	Sub Status Su	ıbmit a Claim C	laim Status
Patients									
									Clear Patient
MNOPQ S 1 UVW		0	find the applicable lick on Completed		ission - if the	-	cted Patient : <mark>None</mark> cted Date : Last 1 mo	nth(s)	
(Y) (Z)	Search Option	5							
Test, Test Physical Health Provid	Office Location	n: ¥	Optum Decisio LAST 30 DAYS	n Date : ¥	Patient & Da Select Patie			~	Search
Click here t live chat >>	Please Note:		rs will be available r the last 30 days:	online for 12	months after Op	tum Decision [Date.		
	Confirmation #	Reference #	Patient Name	Date of Birth	Requested From	n Status	Letter	Letter Uploaded on (CS	T) 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

Tel <el Page 1

of 1 🕞 ы 10 🗸

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

Completed We have completed the review on your Clinical Submission.

Optum

Showing 1 - 2 of 2

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.

Optum WebAs Physica	sist al Health									_		
Physical Health Locations					Clinical Subs & Cla	aims 👻 T	ools & Resources	 Clinical Resource 	es ▼ Home			
				_	process Auth Status -	Work - Micro	soft Edge				_	\times
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Patients							Recently Sub	mitted Clinical Submission	n In Process			
							Provider: Jo	hn Chiropractor, D	C,MT,LAC			
$ \bigcirc \bigcirc$		0	find the applicable lick on Completed			Patient Name: Requested From	Test, Test m: 3/25/2024 12:00:00	Confirmation #: AM Clinical Submission Re				
(Y)(Z) <u>Test,Test</u> 01/01/1962	Search Options Office Location		Optum Decisio	n Dat			🙆 Print Page	Requested Duration:	weeks			
Physical Health Provider Support	SELECT	~	LAST 30 DAYS									
Click here for live chat >>			rs will be available r the last 30 days:	online								
	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			
	Showing 1 - 2 of	2	Test, Test	14		<u>Completed</u> 1 ►> ►1 10	Open Letter	03/13/2024 17:58:33	View			

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.

					ဂို Welcome, John C	hiropractor, DC,M	IT,LAC, Tier 2		Links 🔻 🤅) Help Sign Out				
	WebAssi	ist			about:blank - Wor	k - Microsoft Edge						_	0	×
prom	Physical	Health			i about:blank									
Physical Health Lo	cations				Clinical Submission F	Response Details ame: Test Test				Response #:				
Patients			Me	mber Eli	Health F Provi	Plan: UnitedHealth ider: John Chiropra	ncare Medicare actor, DC	CI		eceived on: 3/13/2024 rt Clinician: Administra	tive Review			
) (F)) (L)			_	You Requested:	<u>Care From</u> 3/13/2024	<u>Care Thru</u>	Exams 0	<u>CMT</u> 0	Modalities / Procedures 0	<u>X-rays</u> 0	Supplies / Other		
	\simeq	Use the date ra Status indicate	-		We Approved:	3/13/2024	3/13/2024>	0	0	0	0	0		
Test,Test 01	1/01/1962	Search Options Office Location		Optur LAST	The following actions The provider is not a You are not required	participating provide	y to this request: er with this health plan bmission forms for this	on this date of service patient's group.	.					
Physical Health Provid Click here f live chat ►	for	Please Note: R Clinical submis			This page is intended	to be a brief summa	bayment and is subject ry of Optum's review fo sponse letter for the fir	or this patient.						
		Confirmation # 23179498	Reference # 29178582	Patient Test.			0	Print Page	Question On This R	esponse				
		23153849	29153912	Test,	Test 01/01/1962	03/13/2024	Completed (Open Letter 0	03/13/2024 17:58:33	View				
		Showing 1 - 2 of	2		14	<a 1="" of<="" page="" td=""><td>of 1 🕞 📧 10 🌱</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td>	of 1 🕞 📧 10 🌱							

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.

Optum WebAssist Physical Health

Physical Health Locations

👉 Activity Center	
Clinical Submissions and	d Claims
Clinical Submissions	Claims
<u>Submit</u>	<u>Submit</u>
Check Status	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

Clinical Subs & Claims
Tools & Resources
Clinical Resources
Home

Pediatric	therapies (OT/PT) Clinical Review Faxing Process - UHC Commercial plan only >
Reminde	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 Comm	unity Care Network 🕨



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