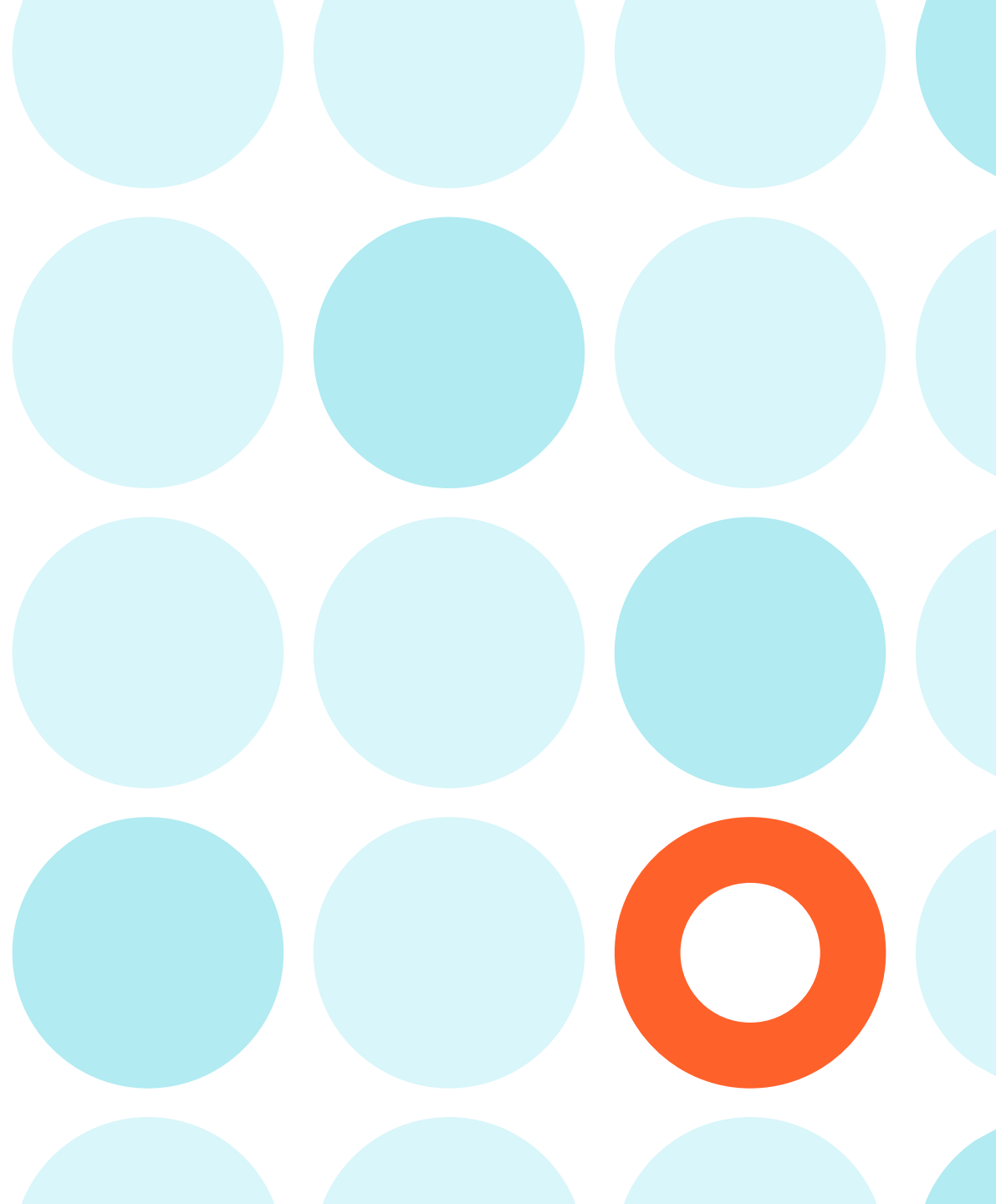




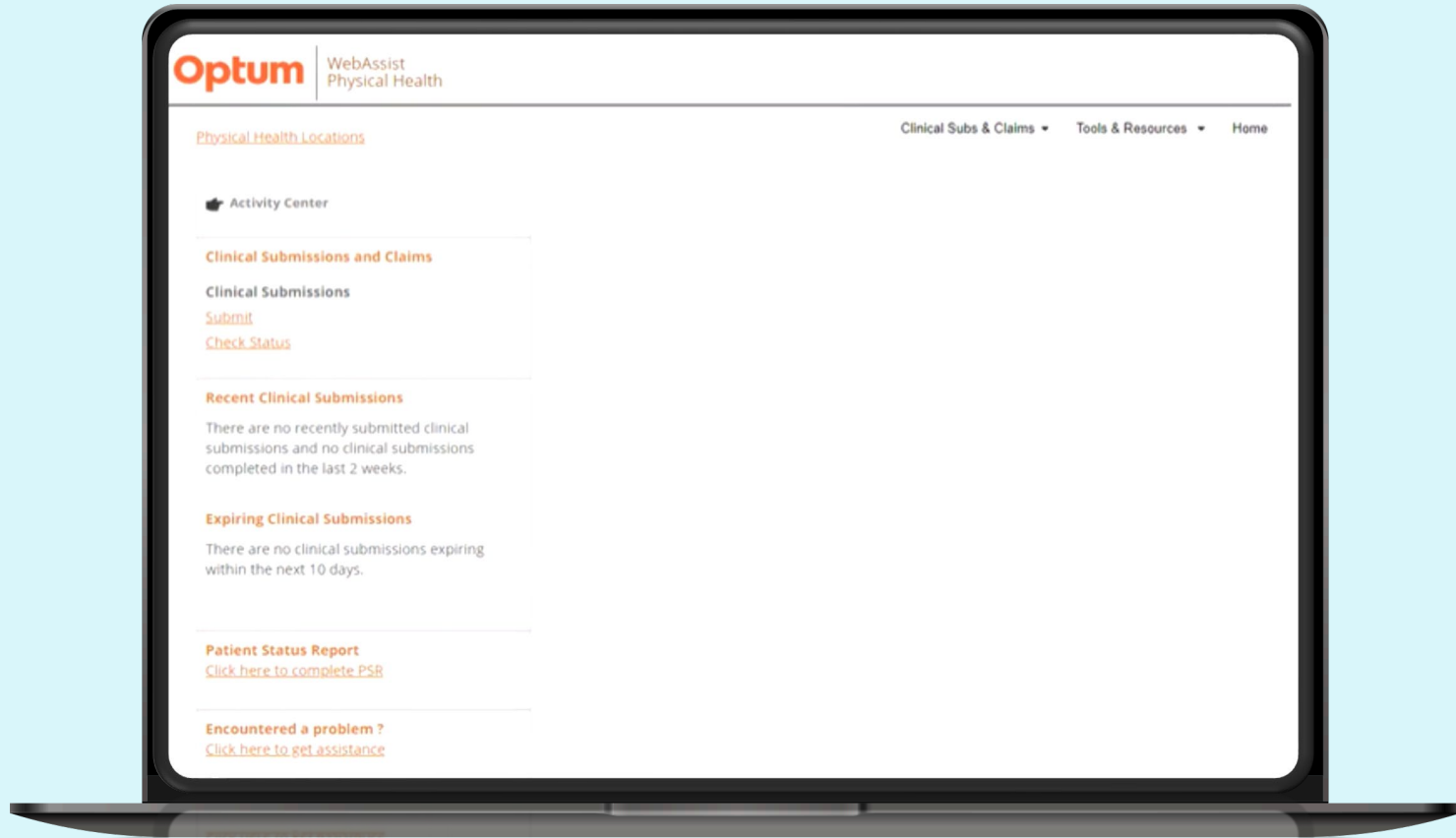
Welcome to WebAssist Optum Provider Portal

[Discover How to Submit a PSF-750 Online](#)

Published February 2025



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.

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UHC Provider Portal - Login

From uhcprovider.com, click 'Sign in to the UnitedHealthcare Provider Portal'

You will then be prompted to sign in using your One Healthcare ID

The screenshot illustrates the login process on the UHC Provider Portal. At the top, the website header includes navigation links for 'Members', 'New User & User Access', and a search bar. The 'Sign In' button is highlighted with a red circle and arrow labeled '1'. A dropdown menu is open, showing the option 'Sign in to the UnitedHealthcare Provider Portal' highlighted by a red box and arrow. Below this, the login page is shown with a 'Sign In' form highlighted by a red circle and arrow labeled '2'. The form includes a text input 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'. A blue banner at the bottom of the login page reads 'Secure your account by moving away from Passwords' and includes a 'Get Started' button. A note at the bottom of the page states: 'Do not bookmark this login page. Instead, bookmark [UHCprovider.com](https://uhcprovider.com) then click "Sign In" next time you want to log in.'

UHC Provider Portal – Prior Authorizations

Once logged in, select
'Prior Authorization'

The screenshot displays the United Healthcare Provider Portal interface. At the top left is the United Healthcare logo. To its right is a search bar. Further right are navigation links for 'Training & Support', 'Practice Management', 'TrackIt', and a user profile for 'Beth'. Below these are dropdown menus for 'Payer' (set to '87726 - UnitedHealthcare') and 'Provider' (set to 'Parkview Medical Center'). A dark blue navigation bar contains several menu items: 'Eligibility', 'Claims & Payments', 'Referrals', 'Prior Authorizations' (highlighted with a red box and a red arrow), 'Clinical & Pharmacy', 'Documents & Reporting', and 'Additional Tools'. Below the navigation bar, there are three summary cards: 'Access Requests', 'Pending user requests' (with a green checkmark and '0'), and 'Expiring user requests' (with a green checkmark and '0'). A 'Welcome,' message follows, with a note to verify 'payer information' and 'provider information' in the top right corner. A yellow alert box contains a message about 'Gold Card qualification status'. On the left side, there is a sidebar with 'Action Required' (0), 'Eligibility', and 'Claims & Payments' (5). The main content area shows an 'Action Required' section with a checkbox for 'Show only items that require action'. At the bottom, there are two summary cards: 'Claims Documentation Edits' (0 Expiring Soon) and 'Admission' (0 Expiring Soon).

UHC Provider Portal – Prior Authorizations

From the Select prior authorization type for submission drop down menu choose, 'Physical health (physical therapy, occupational therapy, speech therapy and chiropractic'

The screenshot shows the UHC Provider Portal interface. At the top, there is a search bar and navigation links for Training & Support, Practice Management, TrackIt, and a user profile for Beth. Below this is a header with Payer (87726 - UnitedHealthcare) and Provider (Parkview Medical Center). A dark blue navigation bar contains links for Eligibility, Claims & Payments, Referrals, Prior Authorizations, Clinical & Pharmacy, Documents & Reporting, and Additional Tools. The main content area is titled "Prior Authorizations and Notifications" and includes a "Required" status indicator. Below the title are shortcuts to "Create new prior authorization", "Peer-to-peer and drafts", "View existing and flagged", and "Guidelines & resources". The page is divided into two main sections: "Is prior authorization needed?" and "Create a new prior authorization submission". The "Is prior authorization needed?" section offers two options: "Check by code" (selected) and "Check by member". The "Check by code" option includes a "Product type" dropdown menu, which is highlighted with a red box in the original image. The "Check by member" option includes a "Continue" button. The "Create a new prior authorization submission" section shows the currently selected provider as "Parkview Medical Center" and provides instructions on how to create a new prior authorization. It also features a "Select prior authorization type for submission" dropdown menu, which is also highlighted with a red box in the original image. The "Continue" button is located at the bottom of the submission section.

UHC Provider Portal – Prior Authorizations

Once you've selected 'Physical health (physical therapy, occupational therapy, speech therapy and chiropractic)', from the first drop down menu, you will be prompted to select the plan type.

Select 'Medicare' from the Select plan type drop down menu and click Continue.

United Healthcare

Training & Support Practice Management TrackIt Beth

Payer 87726 - UnitedHealthcare Provider Parkview Medical Center

Eligibility Claims & Payments Referrals Prior Authorizations Clinical & Pharmacy Documents & Reporting Additional Tools

Home / Prior authorizations & notifications Required Medical Documentation

Prior Authorizations and Notifications

Shortcuts to page sections: [Create new prior authorization](#) | [Peer-to-peer and drafts](#) | [View existing and flagged](#) | [Guidelines & resources](#)

Required *

Is prior authorization needed?

Check by code

Check by procedure code(s), product type, state and diagnosis. Applies to medical services only.

Product type ⁱ*

Continue

Your search is not a request for prior authorization, nor is it a notification to UnitedHealthcare.

[Looking for behavioral health information?](#)

Check by member **Continue**

Check by member, procedure code(s) and case details to generate a reference number (Decision ID). Applies to medical services only.

ⁱ Excludes Rocky Mountain Health Plan members.

Create a new prior authorization submission

Currently selected provider: **Parkview Medical Center** [Edit](#)

Select a request category to **create a new prior authorization**. For some category types, such as radiology and cardiology, you will also be able to use this search to **view submission status**.

Select prior authorization type for submission *

For Commercial members please submit physical health requests (physical therapy, occupational therapy, speech therapy and chiropractic) through the Optum Physical Health Portal.

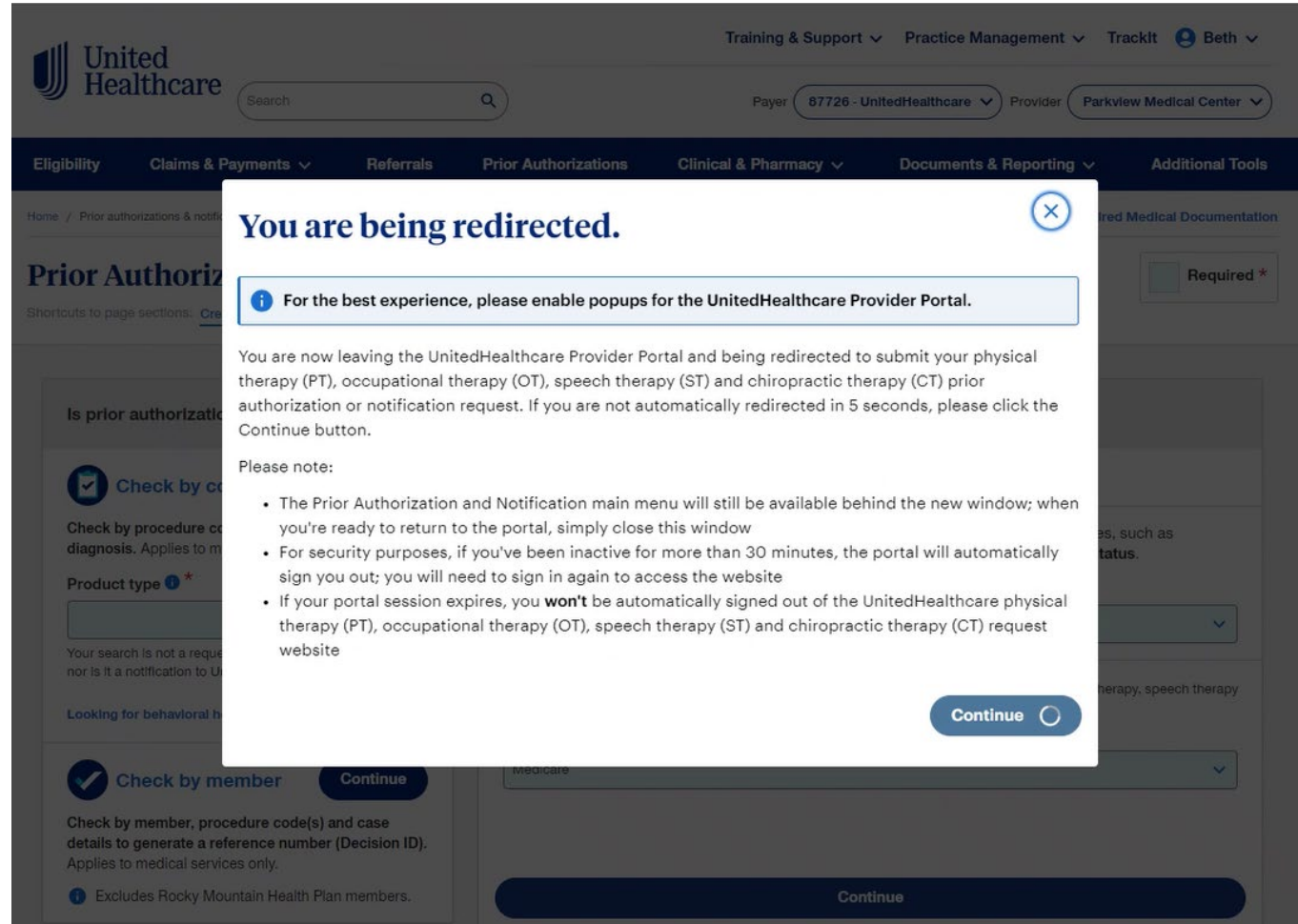
Select plan type ^{*}

Continue

UHC Provider Portal – Redirect Notice

You will receive a message that you are being redirected.

If you are not automatically redirected in 5 seconds, click the continue button.



Optum Provider Portal

Once successfully redirected from the UnitedHealthcare provider portal, you will be presented with the Optum Provider Portal.

This Medicare User Guide will be available to you, each time you log in.

The screenshot displays the Optum WebAssist Physical Health portal. At the top left is the Optum logo and 'WebAssist Physical Health'. A navigation bar includes 'Clinical Subs & Claims', 'Tools & Resources' (highlighted in orange), and 'Home'. The 'Tools & Resources' dropdown menu is open, showing 'Medicare User Guide' (highlighted with a red box), 'UHC Medicare Quick Group', and 'Check'. The main content area is split into two columns. The left column has sections: 'Activity Center', 'Clinical Submissions and Claims' (with 'Submit' and 'Check Status' links), 'Recent Clinical Submissions' (with 'See Recent Clinical Submissions >' link), 'Expiring Clinical Submissions', 'Patient Status Report' (with 'Click here to complete PSR' link), and 'Encountered a problem?' (with 'Click here to get assistance' link). The right column has an 'Informational Center' with a 'Medicare User Guide >' link highlighted by a red box.

Determine if Clinical Submission is Required

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

The screenshot displays the Optum WebAssist Physical Health interface. At the top left is the Optum logo and 'WebAssist Physical Health'. The main navigation bar includes 'Clinical Subs & Claims', 'Tools & Resources' (highlighted in orange), and 'Home'. A dropdown menu for 'Tools & Resources' is open, showing 'Medicare User Guide' and 'UHC Medicare Quick Group Check' (highlighted with a red box). The main content area is divided into two columns. The left column contains sections for 'Activity Center', 'Clinical Submissions and Claims' (with links for 'Submit' and 'Check Status'), 'Recent Clinical Submissions' (with a link to 'See Recent Clinical Submissions'), 'Expiring Clinical Submissions', 'Patient Status Report' (with a link to 'Click here to complete PSB'), and 'Encountered a problem?' (with a link to 'Click here to get assistance'). The right column contains an 'Informational Center' with a link to 'Medicare User Guide'.

Determine if Clinical Submission is Required

The UHC Medicare Group Check requires entering the member's group/policy number to verify clinical submission requirements.

Enter the member's group/policy number, then click 'Submit'.

Clinical Submission requirements will be displayed below.

The screenshot shows the Optum WebAssist Physical Health portal. At the top, there is a navigation bar with 'Welcome', 'Change Provider', 'Help', and 'Sign Out'. Below this is the Optum logo and 'WebAssist Physical Health'. A secondary navigation bar contains 'Clinical Subs & Claims', 'Tools & 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', 'UHC Quick Group Check', 'M&R Quick Group Check', 'Reimbursement Policies', 'California Language Assistance Information', 'CMS Fraud, Waste & Abuse Provider Training', and 'Download 835 Electronic Remittance Advice File'. On the right side, the 'UHC Medicare Quick Group Check' form is displayed. It includes a text box for 'Member's Group Number' with five input fields, a 'Submit' button, and a 'Reset' button. Below the form is a 'Physical Health Provider Support' banner with a 'Click here for live chat' link.

Submit a PSF Electronically

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

The screenshot displays the Optum WebAssist Physical Health interface. At the top left is the Optum logo and 'WebAssist Physical Health'. A navigation bar at the top right contains 'Clinical Subs & Claims', 'Tools & Resources', and 'Home'. Below the navigation bar, the page is divided into two main columns. The left column is titled 'Physical Health Locations' and contains a section for 'Activity Center'. Within the Activity Center, there is a sub-section for 'Clinical Submissions and Claims'. Under this sub-section, the 'Submit' link is highlighted with a red box. Below 'Submit' is a 'Check Status' link. Further down, there are sections for 'Recent Clinical Submissions' (stating 5 submissions in the last 2 weeks) and 'Expiring Clinical Submissions' (stating none in the next 10 days). At the bottom of the left column are links for 'Patient Status Report' and 'Encountered a problem?'. The right column is titled 'Informational Center' and contains a 'Medicare User Guide' link.

Submit a PSF Electronically – Patient Information – Plan Name



In the 'Plan' section, select
UnitedHealthcare Medicare

Optum WebAssist
Physical Health

Physical Health Locations | Clinical Subs & Claims | Tools & Resources | Clinical Resources | Credentialing Application Status | Home

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

Patients

Plan:

Test Test 01/01/1962

Physical Health Provider Support
Click here for live chat

Currently Selected Patient: None
Clear Patient

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

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	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender <input type="radio"/> Male <input type="radio"/> Female	DOB (mm/dd/yyyy) <input type="text" value="mm/dd/yyyy"/>	ID# <input type="text"/>	City <input type="text"/>
			State <input type="text" value="Please select"/>
			Zip <input type="text"/>

Group Number

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, first select the plan name, and then complete 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 member search**.

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

The screenshot displays the Optum WebAssist Physical Health interface. At the top left is the Optum logo and 'WebAssist Physical Health'. Below this is a navigation bar with 'Physical Health Locations' and a dropdown menu for 'Clinical Subs & Claims'. A secondary navigation bar contains 'Member Eligibility', 'Submit a Clinical Sub', and 'Clinical Sub Status'. The main content area is divided into two sections. On the left, under the heading 'Patients', there is a 6x6 grid of letters from A to Z. The letter 'T' is highlighted in orange. Below the grid is a search bar containing 'Test,Test' and '01/01/1962'. A red arrow points from the 'T' in the grid to the search bar. Below the search bar is a 'Physical Health Provider Support' button with a live chat icon and the text 'Click here for live chat >>'. On the right, the 'Plan:' dropdown menu is set to 'UnitedHealthcare Medicare'. Below this is the 'Member Search' section, which includes a 'Required' asterisk and a 'Search By:' section. The 'Search By:' section has two radio buttons: 'Subscriber /Member ID' (selected) and 'Last Name'. Below this is the text 'Subscriber ID Only OR Subscriber ID + Any Other Optional Field(s)'. There are four input fields: 'Subscriber/Member ID*' (with an asterisk), 'Last Name', 'First Name', and 'Date Of Birth' (with a date format 'mm/dd/yyyy'). Below these is a 'Group ID' input field. At the bottom of the search section are three buttons: 'Clear', 'Search', and 'Back'. The 'Show:' section has two radio buttons: 'Active Members Only' (selected) and 'All Members'.

Submit a PSF electronically – Patient Information – Group Number

After selecting an existing member, or the search returns a member, if the member's group requires submission, you will receive a message that clinical submission is required and will be prompted to complete the Patient Type questions and select the office location for the submission.

If the group does NOT require submission, you will receive a message that clinical submission is not required, and no office locations will populate. You will be unable to move forward with the submission process.

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.

Authorization Type: DC OT PT ST

Patient's Demographic Section

Last Name WOLTZ	First Name NASHITA	MI <input type="text"/>	Address 9850 TURKEY PEN LANE
Gender <input type="radio"/> Male <input checked="" type="radio"/> Female	DOB (mm/dd/yyyy) 09/30/1939	City GREEN VALLEY	State AZ
ID# 805707684		Zip 85614	

Group Number
12345

Please enter the 5 digit group number.

*Patient Type:
 1-New to your office 2-Est'd, new condition 3-Est'd, gap in care >= 90 days 4-Est'd, continuing care

*Date you want THIS submission to begin: mm/dd/yyyy

Clinical submission is required for Group 12345 members.

Clinical Information
Office Location with TIN number
Please select your Clinic Address

ment of Labor urgent care definition is met. Care may qualify as urgent if the determination could seriously jeopardize the life or health of the patient or termination for urgent care will be issued within 24 hours of Optum receiving all

phone number in the applicable Plan Summary. Providers may call 877-271-6809 for urgent care.

MI <input type="text"/>	Address 9850 TURKEY PEN LANE
City GREEN VALLEY	State AZ
Zip 85614	

Clinical submission is not required for Group 16800.

Clinical Information
Office Location with TIN number
Please select your Clinic Address

Submit a PSF electronically – Patient Information – Patient Type

Enter the Authorization Type

If you answer that your patient meets the condition of options 1, 2, or 3, you will need to certify that the patient's clinical records support the "Patient Type" and indicate if you are requesting less than or equal to six visits over less than or equal to eight weeks.

Once complete, select your office location and the remainder of the electronic PSF-750 will display.

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.

Authorization Type: DC OT PT ST

Patient's Demographic Section

Last Name WOLTZ	First Name NASHITA	MI 	Address 9850 TURKEY PEN LANE
Gender <input type="radio"/> Male <input checked="" type="radio"/> Female	DOB (mm/dd/yyyy) 08/30/1939		City GREEN VALLEY
ID# 808707884			State AZ
			Zip 85014

Group Number
12345

Please enter the 5 digit group number.

*Patient Type:
 1-New to your office 2-Est'd, new condition 3-Est'd, gap in care >= 90 days 4-Est'd, continuing care

*Date you want THIS submission to begin: mm/dd/yyyy

I certify that the patient's clinical records support the "Patient Type"

Are you requesting ≤ 6 visits over ≤ 8 weeks Yes No

Clinical submission is required for Group 12345 members.

Clinical Information

Office Location with TIN number
Please select your Clinic Address

Submit a PSF Electronically – Clinical Information

Based upon your selections from the previous page, you will be presented with the appropriate intake questions.

Enter all required the clinical information within the electronic form.

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 01/01/1962

Physical Health Provider Support
Click here for live chat >>

Patient Summary Form

Patient Information

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

Address: City: State: Zip:

ID# Health Plan: UnitedHealthcare Medicare Group Number: 74204

Referral Information

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

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

*Date you want THIS submission to begin: 02/14/2025 mm/dd/yyyy *Patient Type: 1-New to your office

Provider Information

John Chiropractor, DC,MT,LAC Office Location: 4700 Main, Buck Creek Mg Road Stg, IN - ****9993

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

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

Provider Office Contact Information for This Submission

*Phone number: 1234567889 Tap Phone number box to edit it Staff Contact Name: John

Provider Completes This Section

*Diagnosis (ICD code):

Dx1	Dx2	Dx3	Dx4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dx5	Dx6	Dx7	Dx8
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dx9	Dx10	Dx11	Dx12
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby attest that the information provided in this submission is accurate and complete to the best of my knowledge. I understand that any inaccuracies or omissions may affect the processing of this submission.

Submit

Patient Information

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

Address: City: State: Zip:

ID# Health Plan: UnitedHealthcare Medicare 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: 4700 Main, Buck Creek Mg Road Stg, IN - ****9993

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

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

Provider Office Contact Information for This Submission

*Phone number: 1234567889 Tap Phone number box to edit it Staff Contact Name: John

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: 02/14/2025 mm/dd/yyyy *Number of visit(s) within past 90 days:

For UHC Medicare members, a request for six (6) visits or less, over eight (8) weeks or less, is eligible for administrative approval under the following conditions:

- The member is new to your office.
- The member presents with a new condition.
- The member has had a gap in care of 90 or more days.

Please note that this approval is pending member eligibility verification. Additionally, any treatment needs beyond the approved service levels will require a clinical submission for further review. Date extensions and modifications to this approval are not permitted.

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

*Patient Type: 4-Est'd, continuing c

*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:
 98940 98941 98942

*Diagnosis (ICD code):

Dx1	Dx2	Dx3	Dx4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Nature of Treatment:

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

John Chiropractor, DC,MT,LAC Office Location: 4700 Main, Buck Creek Mg Road Stg, IN - ****9993

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

***Place of Service**

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

Provider Office Contact Information for This Submission

*Phone number: 1234567889 Tap Phone number box to edit it Staff Contact Name: John

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: 02/14/2025 mm/dd/yyyy *Number of visit(s) within past 90 days:

For UHC Medicare members, a request for six (6) visits or less, over eight (8) weeks or less, is eligible for administrative approval under the following conditions:

- The member is new to your office.
- The member presents with a new condition.
- The member has had a gap in care of 90 or more days.

Please note that this approval is pending member eligibility verification. Additionally, any treatment needs beyond the approved service levels will require a clinical submission for further review. Date extensions and modifications to this approval are not permitted.

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

*Patient Type: 4-Est'd. continuing c

*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

John Chiropractor, DC,MT,LAC Office Location: 4700 Main, Buck Creek Mg Road Ste. IN - *****9993

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

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

Provider Office Contact Information for This Submission

*Phone number: 1234567899 ⓘ Tap Phone number box to edit it. Staff Contact Name: John

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: 02/14/2025 mm/dd/yyyy *Number of visit(s) within past 90 days:

For UHC Medicare members, a request for six (6) visits or less, over eight (8) weeks or less, is eligible for administrative approval under the following conditions:

- The member is new to your office.
- The member presents with a new condition.
- The member has had a gap in care of 90 or more days.

Please note that this approval is pending member eligibility verification. Additionally, any treatment needs beyond the approved service levels will require a clinical submission for further review. Date extensions and modifications to this approval are not permitted.

*Requested duration in weeks: Requested number of visits:

*Patient Type: 4-Est'd, continuing c

***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?'

Optum WebAssist Physical Health

Physical Health Locations Clinical Subs & Claims Tools & Resources Home

Member Eligibility Submit a Clinical Sub Clinical Sub 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 01/01/1962

Physical Health Provider Support
Click here for live chat >>

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# 111111111111 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

*From your most **TRUE** submission to date: mm/dd/yyyy *Number of (date) within your 90 days

Submit a PSF Electronically – Administrative Corrections

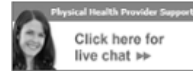
After clicking the check box, you must select all applicable reasons for the correction.

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.

*If you don't have any functional score to provide, enter N/A in the "FOM Name" field

Patient Summary Form

Patient Information

Last Name: First Name: MI: Gender:

Address: City: State: Zip:

ID#: Health Plan:

Referral Information

Physician: Date Issued: mm/dd/yyyy Ref:

(if applicable) (if applicable)

Provider Information

John Chiropractor, DC,MT,LAC Office Location:

*Anticipated CMT Level:

98940 98941 98942

*Diagnosis (ICD code):

Dx1	Dx2	Dx3	Dx4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dx5	Dx6	Dx7	Dx8
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dx9	Dx10	Dx11	Dx12
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Functional Measure Score:

Neck Index: Back Index:

DASH: LEFS:

FOM Name: ← FOM Score:

*Objective measurements identify impairments when they are compared to normal values, the uninjured control level of function.

Neck Index

Pain Intensity

Sleeping

Reading

Concentration

Work

Personal Care

Lifting

Driving

Recreation

Headaches

Submit a PSF Electronically – Submit

When the electronic form is complete, and you have attested that all the information is correct, click the 'Submit' button.

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

Once complete, re-attest and click the 'Submit' button.

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

The following errors must be corrected before submitting the form.

- Primary Diagnosis Code not entered
- Select a Nature of Treatment

Patient Information

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

Address: City: State: Zip:

ID#: Health Plan: UnitedHealthcare Medicare Group Number: 74204

Referral Information

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

The SBST questionnaire isn't required for existing continuing care patients.

I hereby attest that the information provided in this submission is accurate and complete to the best of my knowledge. I understand that any inaccuracies or omissions may affect the processing of this submission.

Submit

Submit a PSF Electronically – Submit



Depending upon the information submitted while completing the PSF-750, you may receive a message that your submission has been automatically approved.

Optum | WebAssist
Physical Health

Physical Health Locations Clinical Subs & Claims Tools & Resources Home

Member Eligibility Submit a Clinical Sub Clinical Sub 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 01/01/1962

Alert

Your request is approved for six (6) visits (98942 or 98941 or 98940), over eight (8) weeks. To request continuing care beyond this approval, clinical submission will be required. Date extensions and modification of this approval are not allowed.

OK

Provider Completes This Section

Date you want THIS submission to begin: 02/14/2025

Patient Type: 1-New to your office

Requested for ≤ 6 visits over ≤ 8 weeks: Yes

Diagnosis (ICD code): m454

Print Page

** Please print this page for your records

Response Notification

Your notification response letter for this request will be available online in accordance with applicable state notification timeframes.

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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** **Home**

Member Eligibility **Submit a Clinical Sub** **Clinical Sub Status**

Patients

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

SSST 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.

After being redirected to the Optum WebAssist home page from UHC provider.com, you can check the status of your submission. Under the Activity Center, click the 'Check Status' hyperlink under Clinical Submissions.

The screenshot displays the Optum WebAssist Physical Health interface. At the top left is the Optum logo and 'WebAssist Physical Health'. A navigation bar includes 'Physical Health Locations', 'Clinical Subs & Claims', 'Tools & Resources', and 'Home'. The main content area is divided into two columns. The left column features an 'Activity Center' section with a red box around the header. Below it is the 'Clinical Submissions and Claims' section, which includes a 'Submit' link and a 'Check Status' link, the latter also highlighted with a red box. Further down are sections for 'Recent Clinical Submissions' (5 submitted, 0 completed in 2 weeks), 'Expiring Clinical Submissions' (0 expiring in 10 days), 'Patient Status Report' (link to complete PSR), and 'Encountered a problem?' (link to get assistance). The right column contains an 'Informational Center' section with a 'Medicare User Guide' link.

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.

Optum | WebAssist Physical Health

Physical Health Locations

Clinical Subs & Claims | Tools & Resources | Home

Member Eligibility | Submit a Clinical Sub | Clinical Sub Status

Patients

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 | 10

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 submission details include: Patient Name: Test, Test; Confirmation #: [redacted]; Requested From: 3/25/2024 12:00:00 AM; Clinical Submission Received on: 3/26/2024 12:00:00 AM; Requested Duration: 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

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

Physical Health Provider Support
Click here for live chat >>>

Use the date range shown to find the a
Status indicates Completed, click on Co

Search Options

Office Location : Optum
--SELECT-- LAST

Please Note: Response Letters will be e

Clinical submissions on file for the last 3

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.

Print Page | Question On This Response

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.

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Physical Health

Physical Health Locations

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Activity Center

Clinical Submissions and Claims

Clinical Submissions
[Submit](#)
[Check Status](#)

Recent Clinical Submissions

There are 5 recently submitted clinical submissions and no clinical submissions completed in the last 2 weeks.

[See Recent Clinical Submissions >](#)

Expiring Clinical Submissions

There are no clinical submissions expiring within the next 10 days.

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

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

Informational Center

Informational Center

[Medicare User Guide >](#)

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