



Program Effective Date: 03/01/08

Program Description

Oxford Health Plans® offer benefits to members in Connecticut, New Jersey and select counties in New York. OptumHealth Care Solutions, Inc. (OptumHealth) manages the chiropractic network for Oxford Health Plans. A primary care physician (PCP) referral is required for Oxford HMO, Liberty, Freedom and Classic plans but not required for Oxford Select, Access and Direct plans.

Malpractice coverage of \$1,000,000 per incident and \$3,000,000 aggregate is required for participation.

Eligibility/Verification Options

Providers must verify member eligibility on the date services are provided. Eligibility can be verified by contacting:

- Provider Services: (800) 985-3293

Fee Schedule

Payment is subject to the plan limitations and provider's scope of practice, up to the fee schedule maximum, per the Oxford Health Plans chiropractic fee schedule.

OptumHealth® Utilization Review/Clinical Submission

Compliance with the clinical submission process described in the Clinical Support Program section of the OptumHealth Provider Operations Manual (viewable at www.myoptumhealthphysicalhealth.com) is required. Payment for services not covered by a valid clinical submission will be denied. A clinical submission consists of a completed Patient Summary Form (PSF). A new PSF will be required if treatment extends beyond the clinical submission response set for the member. Note: Clinical submissions are not required for members of Medicare, Medicaid or Indemnity Products.

1. Complete PSFs for:
 - New patients
 - Established patients that are new to OptumHealth (PSF has not been previously sent)
 - Established patients suffering from a new injury or significant exacerbation
 - Patients requiring care beyond the clinical submission response set for the patients
2. Submit forms within 3 days but no later than 10 days
 - **Internet: www.myoptumhealthphysicalhealth.com**

Please direct questions about the clinical submission process to OptumHealth at (800) 985-3293.

Claims Submission

Commercial claims are submitted using one of the following methods:

EDI claims submission

- Emdeon payer ID: 41161
- Capario payer ID: ACN01
- www.myoptumhealthphysicalhealth.com

Mail (CMS 1500) to:

OptumHealth Physical Health
PO Box 5800
Kingston, NY 12402-5800

Effective 01/01/12, for dates of service beginning 01/01/12, submit Medicare claims to the address on the back of the member's ID card.

Electronic claims payer ID: 87726

From the service date, claims must be received within 90 days for CT, 120 days for NY and 180 days for NJ. Claims submitted late may be denied.

Claims Payment & Inquiry

For inquiries about the status of your claim contact Provider Services at:

- (800) 985-3293 - Commercial
- (877) 842-3210 - Medicare

Provider Status Changes

Submit demographic changes (including relocation and TIN changes) to one of the following:

Web

www.myoptumhealthphysicalhealth.com Log on, click on "Tools and Resources" and then "Forms."

Fax

(888) 626-1701

Mail

OptumHealth Provider Data Mgmt.
PO Box 1459
MN010-W120
Minneapolis, MN 55440-1459