



UnitedHealthcare® Commercial & Medicare Programs

Chiropractic Plan Summary Revised: 11/01/16

- This OptumHealth Care Solutions, Inc. (Optum) Plan Summary is applicable to UnitedHealthcare Commercial and Medicare programs noted below.
- Reimbursement associated with this Plan Summary is subject to the plan limitations and provider's scope of practice, up to the fee schedule maximum, per the attached applicable fee schedule(s): Optum® UnitedHealthcare Commercial and Medicare
- Malpractice coverage: \$1,000,000 per incident/\$3,000,000 aggregate is required for participation, unless otherwise noted on page 2 of this Plan Summary or allowed by law or plan.
- Optum's Clinical Submission Process is described in the Optum Provider Operations Manual (www.myoptumhealthphysicalhealth.com). See instructions on page 2 of this Plan Summary. Payment for services not covered by a valid clinical submission, when required, may be denied.
- UnitedHealthcare Navigate, Compass, Charter and NexusACO™ products may require a referral from the member's primary care physician, as allowed by state regulations.
- For UnitedHealthcare programs that do not require an Optum clinical submission, a UnitedHealthcare prior authorization still may be required. Call the Eligibility/Verification number noted below or on the member's ID card to obtain any necessary authorizations.
- For more information on UnitedHealthcare programs, visit www.unitedhealthcareonline.com, go to Tools and Resources → Policies, Protocols and Guidelines.

UnitedHealthcare Programs	Optum Clinical Submission	Eligibility/Benefit Verification	Claims Submission	Claims Inquiry
UnitedHealthcare Commercial and Medicare plans , including: • Choice Plus • Options PPO • HMO • Medicare Solutions • AARP and Medicare Complete • UnitedHealthcare Navigate® • UnitedHealthcare® Compass • UnitedHealthcare® Charter • UnitedHealthcare® NexusACO™	• To determine if Optum clinical submissions are required, use the "Quick Group Check" utility at www.myoptumhealthphysicalhealth.com or call "Quick Group Check" at (888) 329-5182. See Clinical Submission Process instructions on page 2 of this Plan Summary. • Not required for Medicare programs.	• unitedhealthcareonline.com (website assistance available at (866) 842-3278) • UnitedHealthcare/UnitedHealthcare Navigate® / UnitedHealthcare® Charter/ UnitedHealthcare® Compass/ UnitedHealthcare® NexusACO™ provider services: (877) 842-3210. • When calling to verify member eligibility, verify if a PCP referral is required.	<u>Submit claims to:</u> • Electronic claims: Emdeon® payer ID:87726 or www.unitedhealthcareonline.com • Paper claims to the address on the back of the member ID card. <u>Timely filing:</u> • Claims must be received within 90 days from the service date, unless otherwise allowed by law. Claims submitted late may be denied. <u>Claims Inquiries:</u> • UnitedHealthcare: (877) 842-3210 • For questions concerning non-payment for reasons related to the Optum Clinical Submission Process, contact Optum at (800) 873-4575.	
All Savers Alternate Funding Definity Health Student Resources United Medical Resources	• The Optum Clinical Submission Process is not required at this time	• Refer to the member ID card for eligibility/verification options.	• Submit claims to address on back of member's ID card.	• Refer to the Provider Services number on the back on the member ID card.



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Clinical Submission Process (CSP)

A clinical submission consists of a completed Patient Summary Form (PSF). A new PSF may be required if treatment extends beyond an established clinical submission response.

Complete PSFs for:

- ◆ New patients
- ◆ Established patients that are new to Optum (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 patient

Submit forms online at www.myoptumhealthphysicalhealth.com within three days but no later than 10 days.

Direct questions about the clinical submission process to Optum at (800) 873-4575.

Provider Status Changes

Submit demographic changes (including relocation, opt-out requests and TIN changes) to one of the following:

Web

www.myoptumhealthphysicalhealth.com

Fax

(888) 626-1701

Mail

Optum Provider Data Mgmt.

PO Box 1459

MN103-0700

Minneapolis, MN 55440-1459

Malpractice requirements that differ from limits on Page 1 of this Plan Summary

State	Limits	State	Limits	State	Limits
Colorado	\$500,000/\$1,000,000	Michigan	\$200,000/\$600,000	Oklahoma	\$200,000/\$600,000
Florida	\$250,000/\$750,000	Missouri	\$500,000/\$1,000,000	Texas	\$200,000/\$600,000
Kansas	\$500,000/\$1,000,000	New Mexico	\$200,000/\$600,000	Wisconsin	\$500,000/\$1,000,000
Louisiana	\$500,000/\$1,000,000	North Carolina	\$500,000/\$1,000,000		