



## 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](http://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](http://www.unitedhealthcareonline.com), go to Tools and Resources → Policies, Protocols and Guidelines.

UnitedHealthcare Programs	Optum Clinical Submission	Eligibility/Benefit Verification	Claims Submission	Claims Inquiry
<b>UnitedHealthcare Commercial and Medicare plans</b> , including: <ul style="list-style-type: none"> <li>• Choice Plus</li> <li>• Options PPO</li> <li>• HMO</li> <li>• Medicare Solutions</li> <li>• AARP and Medicare Complete</li> <li>• UnitedHealthcare Navigate®</li> <li>• UnitedHealthcare® Compass</li> <li>• UnitedHealthcare® Charter</li> <li>• UnitedHealthcare® NexusACO™</li> </ul>	<ul style="list-style-type: none"> <li>• To determine if Optum clinical submissions are required, use the “Quick Group Check” utility at <a href="http://www.myoptumhealthphysicalhealth.com">www.myoptumhealthphysicalhealth.com</a> or call “Quick Group Check” at (888) 329-5182. See Clinical Submission Process instructions on page 2 of this Plan Summary.</li> <li>• Not required for Medicare programs.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="http://www.unitedhealthcareonline.com">www.unitedhealthcareonline.com</a> (website assistance available at (866) 842-3278)</li> <li>• UnitedHealthcare/UnitedHealthcare are Navigate® / UnitedHealthcare® Charter/ UnitedHealthcare® Compass/ UnitedHealthcare® NexusACO™ provider services: (877) 842-3210.</li> <li>• When calling to verify member eligibility, verify if a PCP referral is required.</li> </ul>	<u>Submit claims to:</u> <ul style="list-style-type: none"> <li>• Electronic claims: Emdeon® payer ID:87726 or <a href="http://www.unitedhealthcareonline.com">www.unitedhealthcareonline.com</a></li> <li>• Paper claims to the address on the back of the member ID card.</li> </ul> <u>Timely Filing:</u> <ul style="list-style-type: none"> <li>• Claims must be received within 90 days from the service date, unless otherwise allowed by law. Claims submitted late may be denied.</li> </ul> <u>Claims Inquiries:</u> <ul style="list-style-type: none"> <li>• UnitedHealthcare: (877) 842-3210</li> <li>• For questions concerning non-payment for reasons related to the Optum Clinical Submission Process, contact Optum at (800) 873-4575.</li> </ul>	
<b>All Savers Alternate Funding</b> <b>Definity Health</b> <b>Student Resources</b> <b>United Medical Resources</b>	<ul style="list-style-type: none"> <li>• The Optum Clinical Submission Process is not required at this time.</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to the member ID card for eligibility/verification options.</li> </ul>	<ul style="list-style-type: none"> <li>• Submit claims to address on back of member’s ID card.</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to the Provider Services number on the back on the member ID card.</li> </ul>



<p><b><u>Clinical Submission Process (CSP)</u></b>          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.</p> <p>Complete PSFs for:</p> <ul style="list-style-type: none"> <li>◆ New patients</li> <li>◆ Established patients that are new to Optum (PSF has not been previously sent)</li> <li>◆ Established patients suffering from a new injury or significant exacerbation</li> <li>◆ Patients requiring care beyond the clinical submission response set for the patient</li> </ul> <p>Submit forms online at <a href="http://www.myoptumhealthphysicalhealth.com">www.myoptumhealthphysicalhealth.com</a> within three days but no later than 10 days.</p> <p>Direct questions about the clinical submission process to Optum at (800) 873-4575.</p>	<p><b><u>Provider Status Changes</u></b>          Submit demographic changes (including relocation, opt-out requests and TIN changes) to one of the following:</p> <p><b><u>Web</u></b>  <a href="http://www.myoptumhealthphysicalhealth.com">www.myoptumhealthphysicalhealth.com</a></p> <p><b><u>Fax</u></b>          (888) 626-1701</p> <p><b><u>Mail</u></b>          Optum Provider Data Mgmt.          PO Box 1459          MN103-0700          Minneapolis, MN 55440-1459</p>
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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		