



Physical Health of California

## Program Description

UnitedHealthcare of California has contracted with ACN Group of California, Inc. dba OptumHealth Physical Health of California (OptumHealth) for the provision of acupuncture services to members in the UnitedHealthcare SignatureValue plan.

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

**Reimbursement:** Payment is subject to the plan limitations and provider's scope of practice, up to the fee schedule maximum, per the UnitedHealthcare SignatureValue California Acupuncture fee schedule.

## Eligibility/Benefits Verification

Provider must verify eligibility on the date services are provided. Eligibility can be verified by using any of the following:

- ◆ Go online at [www.uhcwest.com](http://www.uhcwest.com)
- ◆ Provider Services: (800) 542-8789

## Clinical Submission Process

At this time, the OptumHealth® utilization review process/clinical submission form is not required for UnitedHealthcare SignatureValue members.

## Claims Submission

Claims are submitted to OptumHealth via:

- [www.myoptumhealthphysicalhealth.com](http://www.myoptumhealthphysicalhealth.com)
- EDI claims submission:
  - Capario® payer ID: ACN01
  - Emdeon® payer ID: 41161
- Mail (CMS 1500) to:  
OptumHealth  
PO Box 880009  
San Diego, CA 92168

Claims must be received within 90 days from the service date. Claims submitted late may be denied.

## Claims Payment & Status

For status on your claim visit WebAssist at [myoptumhealthphysicalhealth.com](http://myoptumhealthphysicalhealth.com).

## Provider Status Changes

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

### Web

[www.myoptumhealthphysicalhealth.com](http://www.myoptumhealthphysicalhealth.com)

### Fax

(888) 626-1701

### Mail

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



Physical Health of California

UnitedHealthcare® SignatureValue  
Program Effective Date: 07/01/07

Acupuncture Plan Summary

**Sample Member Identification Card**

 **UnitedHealthcare** | SignatureValue  
HMO

Health Plan (80840)

Member ID: 9999999-99      Group Number: 000011

Member:  
BROWN, SUBSCRIBER

Payer ID:  
87726

**PrescriptionSolutions**  
RxBIN#: 610494  
Rx Grp PCCA  
RxPCN#: 9999

Office:      Spec:  
UrgCare:    ER:

Eff Dt:  
01/01/2011

SignatureValue HMO  
Offered by UnitedHealthcare of California

Emergency Services: Call 911 or go to the nearest emergency room.



This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the websites or call.

For Members:      www.uhcwest.com      1-800-624-8822  
Spanish Phone Line:      1-800-730-7270  
Mental Health:      1-800-999-9585  
TDD:      1-800-442-8833

For Providers:      www.uhcwest.com      1-800-542-8789  
Medical Claims: P.O. Box 30968, Salt Lake City, UT 84130-0968

UnitedHealthcare®      shared savings  
Choice Plus Network:       **WEST**

Pharmacy Claims: P.O. Box 6037, Cypress, CA 90630  
For Pharmacist: 1-800-788-7871