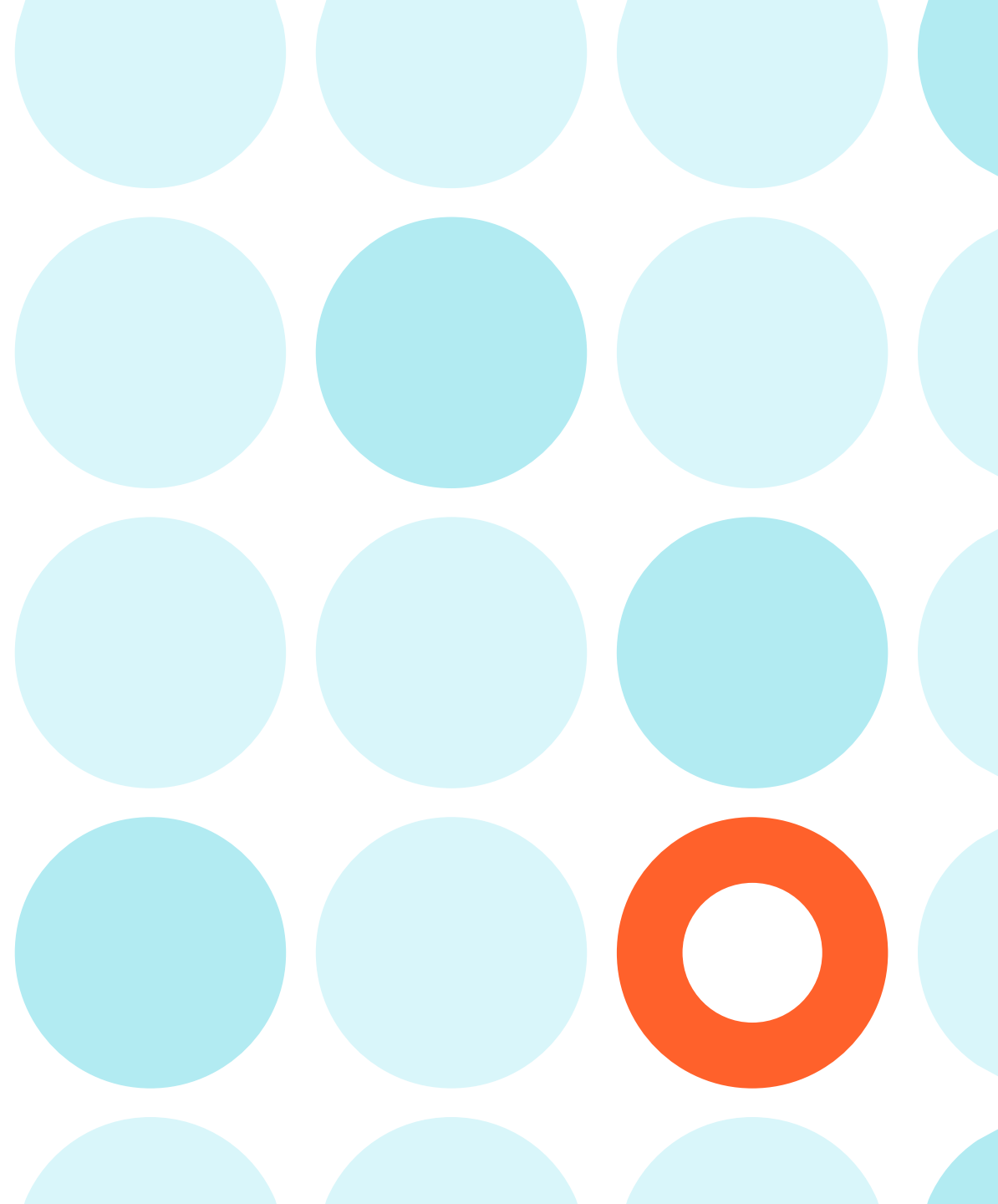




# Welcome to WebAssist Optum Provider Portal

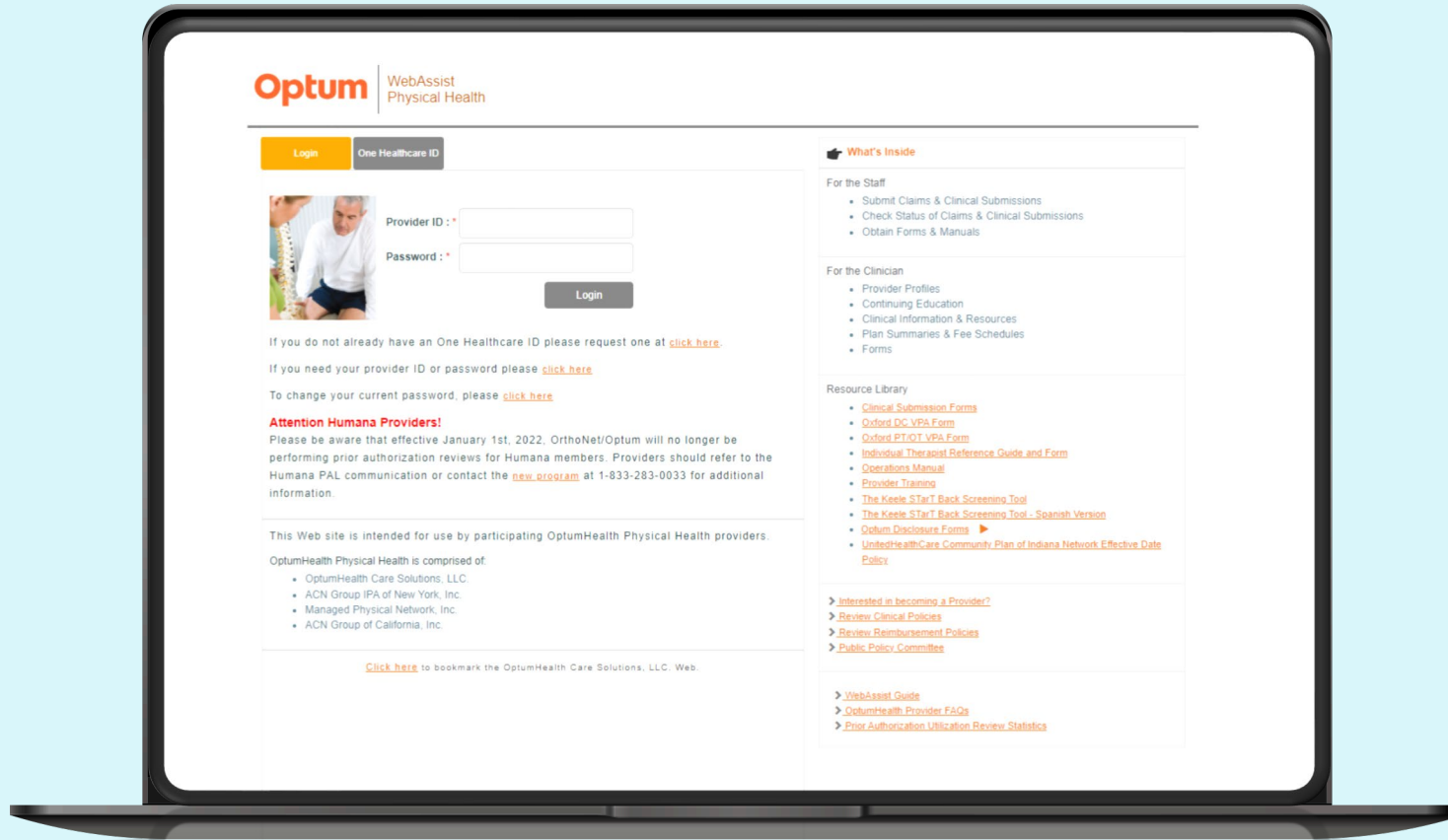
**Discover How to Submit a PSF-750 Online**

**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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- 7** Member Eligibility and Benefits
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# Login Using Your One Healthcare ID and Password

Once you click the 'Login' button, you will be prompted with the One Healthcare login page. Follow login instructions using your OneHealthCare ID and Password.

If you have any difficulty, you can also call our customer service center and they can assist you. Call: 800-873-4575 or 888-676-7768

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**One Healthcare ID**

 One Healthcare ID empowers the user to register health identity(their One Healthcare ID) and use it to oneself to any application that allows "Sign in with One ID", including the Provider Portal. If you already Healthcare ID click the button below to log in.

[Login](#)

If you do not already have an One Healthcare ID please request one at [click here](#)

If you need your provider ID or password please [click here](#)

To change your current password, please [click here](#)

**Sign In**

One Healthcare ID or Email Address

[Forgot One Healthcare ID?](#)

[Continue](#)

\_\_\_\_\_ or \_\_\_\_\_

[Create One Healthcare ID](#)

[Manage My One Healthcare ID](#)

[Chat with support](#) [Help Center](#)



# Determine if Clinical Submission is Required – UHC Members

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

Welcome, John Chiropractor, DC,MT,LAC, Tier 2

Lin

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Clinical Submissions and Claims

Clinical Submissions

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Claims

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Recent Clinical Submissions

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

[See Recent Clinical Submissions](#)

Expiring Clinical Submissions

Informational Center

Pediatric therapies (OT/PT) Clinical Review Faxir

Reminder Notification: Provider Tier Letters No

Effective January 1, 2022, all Providers need to u

Effective July 1 all clinical sub status must be tra

VA Community Care Network

Welcome to WebAssist!

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# Determine if Clinical Submission is Required – UHC Members

The UHC Quick Group Check requires entering individual member information to verify clinical submission requirements.

Enter the member's name, ID and date of birth, then click 'Find Member.'

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Test,Test

01/01/1962

Physical Health Provider Support

Click here for live chat

UHC Quick Group Check now requires entering the individual member information to verify clinical submission requirements.

To check if a submission is required, you are now required to enter the member's name, ID and date of birth.

Member Search

Health Plan\*

UnitedHealthcare

(If you do not see the Health Plan listed, please check your Plan Summary for Eligibility Verification)

Last Name\*

First Name\*

ID\*

DOB\*

mm/dd/yyyy

Group Number

Find Member

Clear

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# Member Eligibility and Benefits

Providers are required to verify member eligibility and benefits online.

Under Clinical Subs & Claims menu, click 'Member Eligibility'.

Enter the member's name, ID and date of birth, then click 'Find Member.'

Welcome, John Chiropractor, DC,MT,LAC, Tier 2

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Reminder Notification: Provider Tier Letters Now Online!

Effective January 1, 2022, all Providers need to update their CAQH Profile on a regular basis

Welcome, John Chiropractor, DC,MT,LAC, Tier 2

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Test Test01/01/1962

Physical Health Provider Support

Click here for live chat

Member Search

Health Plan\*Please Select

(If you do not see the Health Plan listed, please check your Plan Summary for Eligibility Verification)

Last Name\*First Name\*

ID\*DOB\*mm/dd/yyyy

Group Number

Find MemberClear



Many offices print a hard copy of the PSF-750 first, have the provider and the patients fill out their sections, and then enter the information electronically on the Optum web site.

You can find the PSF-750 hard copy under the “Tools & Resources” menu click on Clinical Forms.

You will be presented with clinical forms. Click Patient Summary Form PSF-750, or any other Functional Outcome Measure (FOM) Form.

Once the form loads, simply download or print.

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# Submit a PSF Electronically

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

Welcome, John Chiropractor, DC,MT,LAC, Tier 2

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Clinical Submissions and Claims

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Claims

Submit

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Recent Clinical Submissions

Informational Center

Pediatric therapies (OT/PT) Clinical Review Faxing Process - UHC Comme

Reminder Notification: Provider Tier Letters Now Online! ▶

Effective January 1, 2022, all Providers need to update their CAQH Profil

Effective July 1 all clinical sub status must be tracked online ▶



# 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 submission**, and include the new information as you would for a any other new patient.

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

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Test Test 01/01/1962

Physical Health Provider Support

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Plan:

Please select

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

Gender

DOB (mm/dd/yyyy)

ID#

Address

City

State

Zip

Group Number

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# Submit a PSF electronically – Provider Office Information

After selecting an existing patient, or entering your new patient information, you must select the office location where the patient is being treated.

Once you select the location, the remainder of the electronic PSF-750 will display.

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Clinical Subs & Claims

Member Eligibility

Submit a Clinical Sub

Patients

Verify the patient's information is correct, and then select your Office Location to begin completing the clinical submission form.

Test, Test

Physical Health Provider Support  
Click here for live chat >>

SUBMIT A PATIENT SUMMARY FORM

Patient's Demographic Section

Last Name

First Name

MI

Gender

DOB (mm/dd/yyyy)

ID#

Plan:

UnitedHealthcare Medicare

Clinical Information

Office Location with TIN number

Please select your Clinic Address

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Test, Test

Physical Health Provider Support  
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Patient Summary Form

Patient Information

Last Name

First Name

MI

Gender

DOB

Address

City

State

Zip

ID#

Health Plan

Group Number

Referral Information

Physician

Date Issued

mm/dd/yyyy

Referral Number

Provider Information

John Chiropractor, DC, MT, LAC

Office Location

Credentials

Setting

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

Number of visit(s) within past 90 days

Requested duration in weeks

Requested number of visits

Patient Type

Nature of Condition

Cause of Current Episode

Anticipated CMT Level

Diagnosis (ICD code)

Nature of Treatment

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# Submit a PSF electronically – Clinical Information




Enter all required the clinical information within the electronic form.

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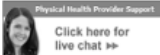
[Physical Health Locations](#) [Clinical Subs & Claims](#) [Tools & Resources](#) [Clinical Resources](#) [Home](#)

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**Patients**



**Test, Test** 01/01/1962

 Click here for live chat »

**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:  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? ☐

**Provider Completes This Section**

\*Date you want THIS submission to begin:  mm/dd/yyyy \*Number of visit(s) within past 90 days:

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

\*Patient Type:

☐ 1-New to your office ☐ 2-Est'd, new injury ☐ 3-Est'd, new episode ☐ 4-Est'd, continuing care

\*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:



# 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?'

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Y

Z

Test, Test01/01/1962

Physical Health Provider Support

Click here for live chat >>

Patient Summary Form

Patient Information

Last Name:TestFirst Name:TestMI:Gender:MDOB:01/01/1962

Address:123 TestCity:TestState:ORZip:97814

ID#1111111111Health Plan:UnitedHealthcare MedicareGroup Number:

Referral Information

Physician:(if applicable)Date Issued:(if applicable)mm/dd/yyyyReferral Number:(if applicable)

Provider Information

John Chiropractor, DC, MT, LACOffice 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

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

\*Number of visits within next 90 days:

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# 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.

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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# 1111111111 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: 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? ☒

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

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# 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.

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Y

Z

Test Test

01/01/1900

Physical Health Provider Support

Click here for live chat >>

Patient Summary Form

Patient Information

Last Name: Text

First Name: Text

MR: ☐

Gender: M

DOB: 01/01/1900

Address: 123 Test

City: Text

State: OR

Zip: 97814

ID# 1111111111

Health Plan: UnitedHealthcare Medicare

Group Number:

Referral Information

Physician: (if applicable)

Date Issued: (if applicable)

mm/dd/yyyy

Referral Number: (if applicable)

Provider Information

\*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 ☐ 98943 ☐ None

\*Diagnosis (ICD code):

Dx1

Dx2

Dx3

Dx4

Dx5

Dx6

Dx7

Dx8

Dx9

Dx10

Dx11

Dx12

\*Nature of Tre

Please select

Current Functional Measure Score:

Neck Index:

Neck Form

Back Index:

Back Form

DASH:

DASH Form

LEFS:

LEFS Form

FOM Name:

FOM Score:

Neck Index

Pain Intensity

No Answer

Sleeping

No Answer

Reading

No Answer

Concentration

No Answer

Work

No Answer

Personal Care

No Answer

Lifting

No Answer

Driving

No Answer

Recreation

No Answer

Headaches

No Answer

1

Calculate

2

Accept

Clear Data

Optum

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# Submit a PSF electronically – Submit

When the electronic form is complete, click the ‘Submit’ button.

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

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Test Test

Physical Health Provider Support

Click here for live chat >>

Patient Summary Form

The following errors must be corrected before submitting the form.

- Indicate if Home Care setting
- Primary Diagnosis Code not entered

Patient Information

Last Name: Test

First Name:

MI:

Gender:

DOB:

Address:

City:

State:

Zip:

ID#

Health Plan:

Group Number:

Referral Information

1 - No 2 - Yes

8. In general have you stopped enjoying all the things you usually enjoy?

1 - No 2 - Yes

9. Overall, how bothersome has your back pain been in the last 2 weeks?

1 - Not at all 2 - Slightly 3 - Moderately 4 - Very Much 5 - Extremely

Calculate Clear Data

\*SBST Category: High Risk

© Originally Developed by: Keele University 01/08/07 Funded by Arthritis Research UK

Submit

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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.

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Y Z

Test,Test

Physical Health Provider Support

Click here for  
live chat >>

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? I

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

SST Category: High Risk

Print Page

\*\* Please print this page for your records

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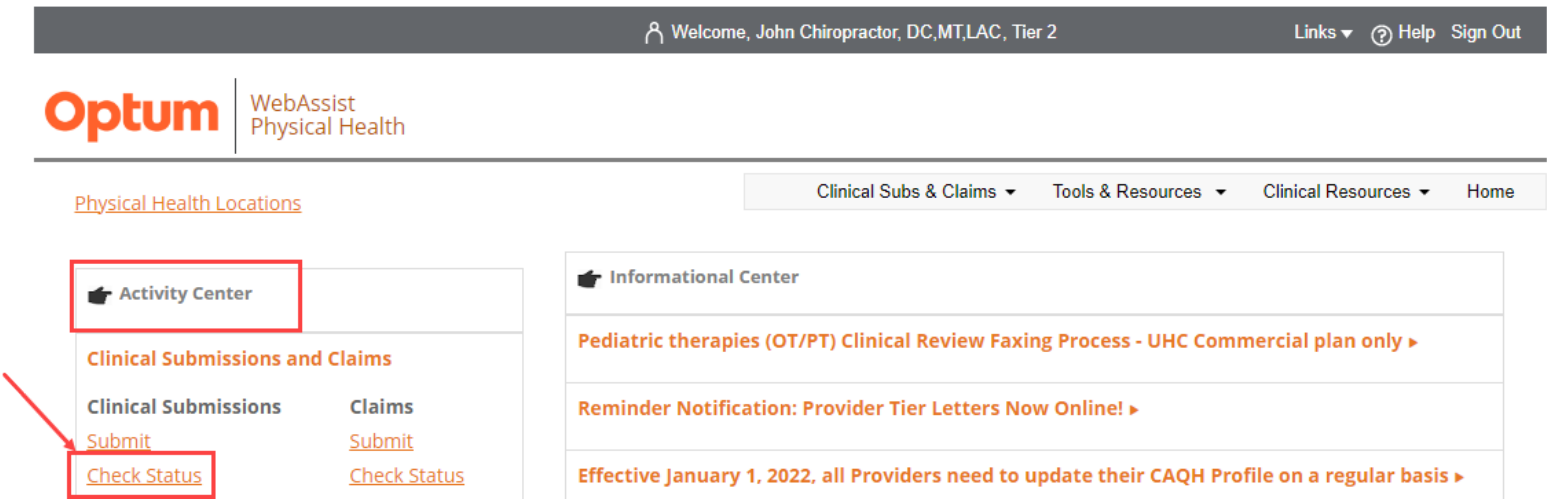


# Submit a PSF electronically – Checking Authorization Status

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.

To check the status of your submission, go to the Optum WebAssist home page. Under the Activity Center, click the ‘Check Status’ hyperlink under Clinical Submissions.





# 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.

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G H I J K L

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Y Z

Test, Test

Physical Health Provider Support

Click here for live chat

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	<a href="#">View</a>
		Test, Test		03/13/2024	Completed	Open Letter	03/13/2024 17:58:33	<a href="#">View</a>

Showing 1 - 2 of 2

Page 1 of 1

In Process

We have received your Clinical Submission. Please allow time for processing.

Completed

We have completed the review on your Clinical Submission.

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# 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.

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Y Z

Test,Test

01/01/1962

Physical Health Provider Support

Click here for live chat >>

Member Eligibility

Use the date range shown to find the applicable clinic. Status indicates Completed, click on Completed for more details.

Search Options

Office Location :  
--SELECT--

Optum Decision Date  
LAST 30 DAYS

Please Note:

Response Letters will be available online.

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	<a href="#">View</a>
		Test, Test		03/13/2024	Completed	Open Letter	03/13/2024 17:58:33	<a href="#">View</a>

Showing 1 - 2 of 2

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In-process Auth Status - Work - Microsoft Edge

about:blank

Recently Submitted Clinical Submission In Process

Provider: John Chiropractor, DC,MT,LAC

Patient Name: Test, Test

Confirmation #:

Requested From: 3/25/2024 12:00:00 AM

Clinical Submission Received on: 3/26/2024 12:00:00 AM

Requested Duration: weeks

Print Page

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	<a href="#">View</a>
		Test, Test		03/13/2024	Completed	Open Letter	03/13/2024 17:58:33	<a href="#">View</a>

Showing 1 - 2 of 2

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# 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.

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Physical Health

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Member Eligibility

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G H I J K L

M N O P Q R

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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 :  
--SELECT--

Optum  
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						

Showing 1 - 2 of 2

In Process

We have received your Clinical Submission. Please allow time for processing.

Completed

We have completed the review on your Clinical Submission.

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Clinical Submission Response Details

Patient Name: Test Test

Health Plan: UnitedHealthcare Medicare

Provider: John Chiropractor, DC

Response #:

Clinical Submission Received on: 3/13/2024

Support Clinician: Administrative Review

You Requested:	Care From	Care Thru	Exams	CMT	Modalities / Procedures	X-rays	Supplies / Other
	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

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Click the hyperlink under ‘Encountered a Problem?’ in the Activity Center.

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