



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: <ul style="list-style-type: none"> • Choice Plus • Options PPO • HMO • Medicare Solutions • AARP and Medicare Complete • UnitedHealthcare Navigate® • UnitedHealthcare® Compass • UnitedHealthcare® Charter • UnitedHealthcare® NexusACO™ | <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • 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> <ul style="list-style-type: none"> • 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> <ul style="list-style-type: none"> • 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> <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • The Optum Clinical Submission Process is not required at this time | <ul style="list-style-type: none"> • Refer to the member ID card for eligibility/verification options. | <ul style="list-style-type: none"> • Submit claims to address on back of member’s ID card. | <ul style="list-style-type: none"> • Refer to the Provider Services number on the back on the member ID card. |



| | |
|---|--|
| <p><u>Clinical Submission Process (CSP)</u> 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"> ◆ 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 <p>Submit forms online at www.myoptumhealthphysicalhealth.com 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><u>Provider Status Changes</u> Submit demographic changes (including relocation, opt-out requests and TIN changes) to one of the following:</p> <p><u>Web</u> www.myoptumhealthphysicalhealth.com</p> <p><u>Fax</u> (888) 626-1701</p> <p><u>Mail</u> Optum Provider Data Mgmt. PO Box 1459 MN103-0700 Minneapolis, MN 55440-1459</p> |
|---|--|

| 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 | | |