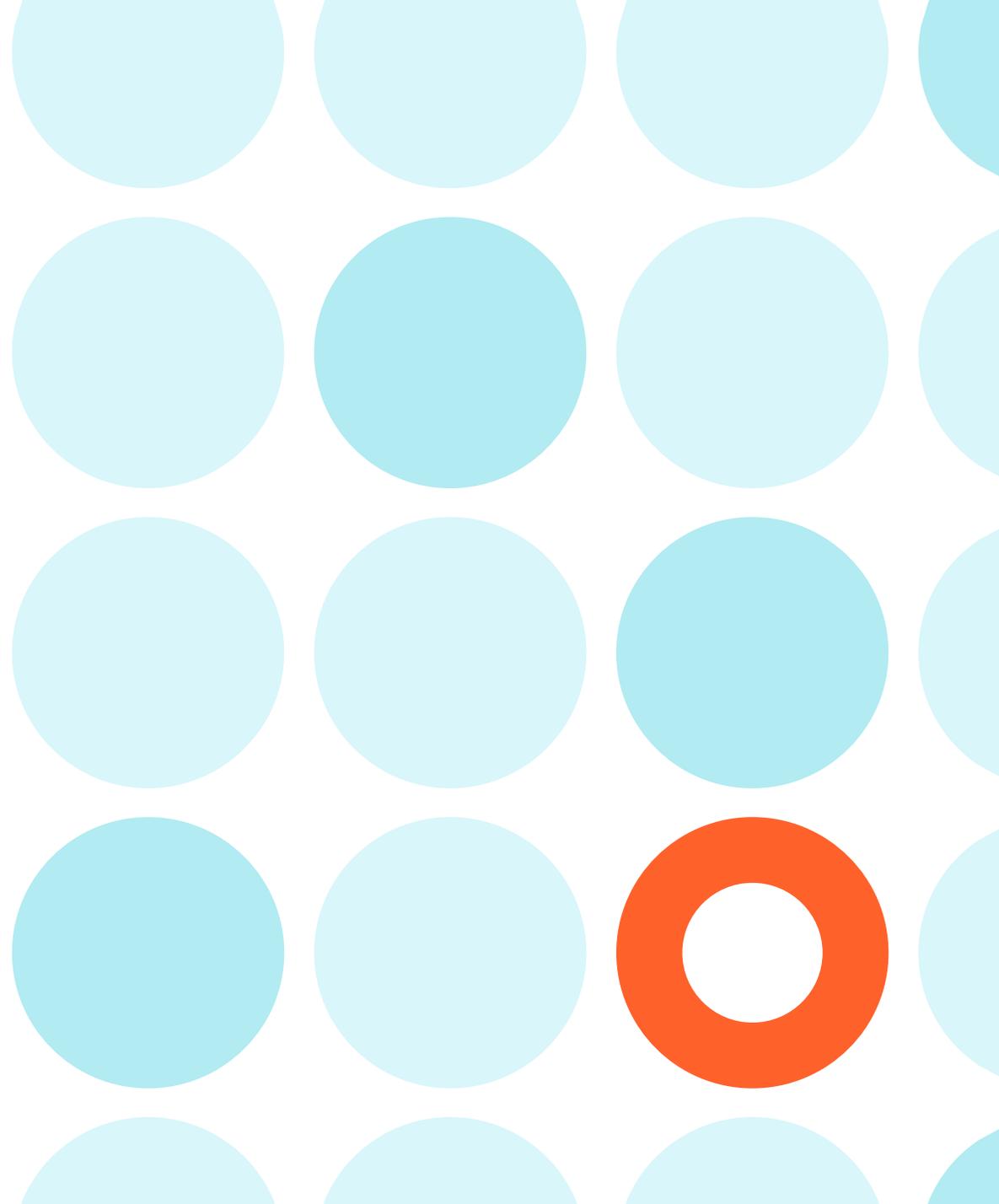




Welcome to WebAssist Optum Provider Portal

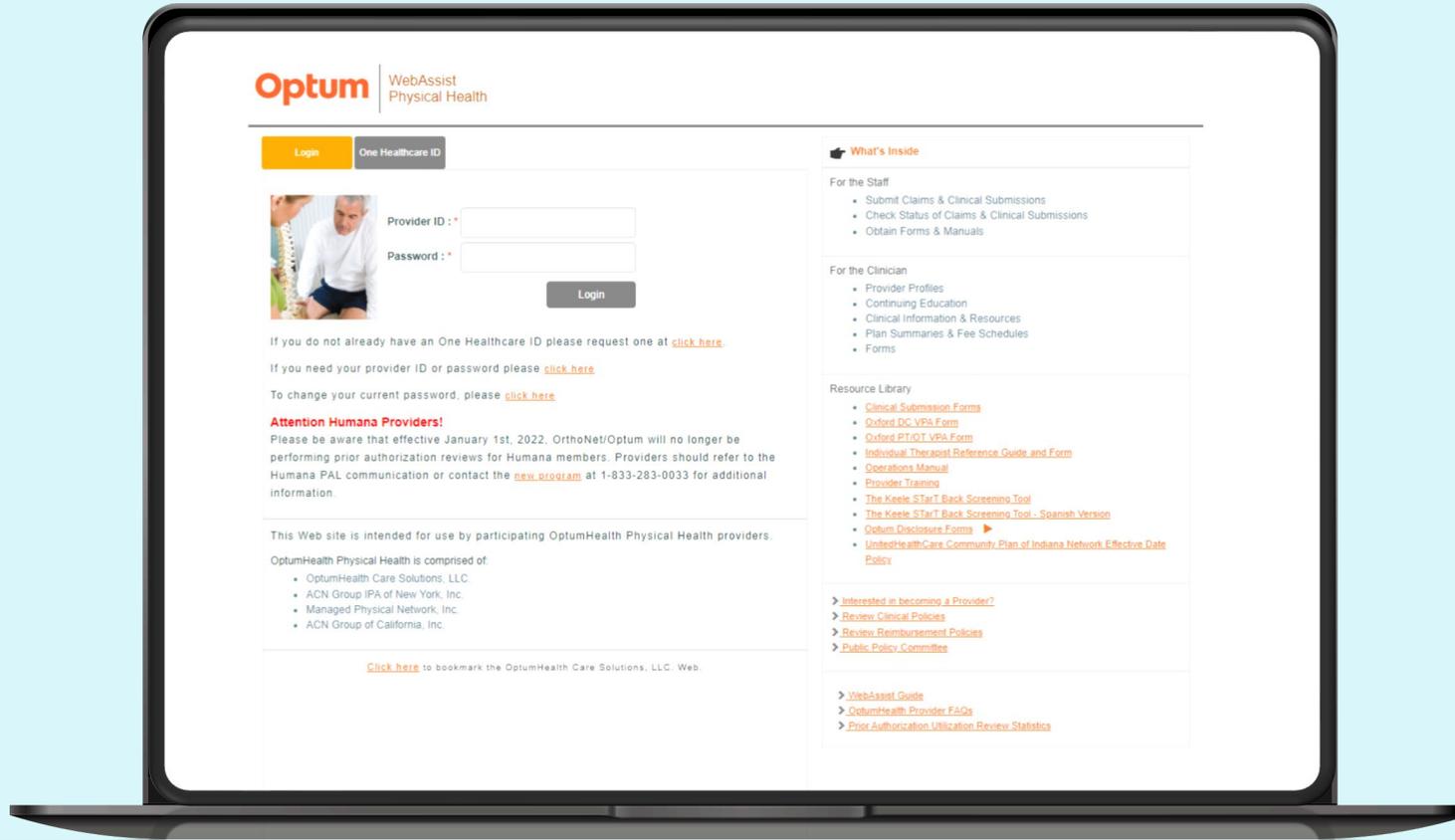
[Discover How to Submit a PSF-750 Online](#)

Published February 2025



Online Submission of the Patient Summary Form (PSF-750) is Required

You must submit forms within 3 days but no later than 10 days.



The following directions will assist in making the online submission process easy and convenient for you and your staff.



Index

- 4** Login Instructions
- 5-6** Determine if Clinical Submission is Required – UHC Medicare Members
- 7** Member Eligibility and Benefits
- 8-14** Enter a PSF-750 Electronically
- 15-16** Enter a PSF-750 Electronically – Medicare Addendum
- 17-18** Administrative Corrections
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- 27** Technical Assistance

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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Physical Health

One Healthcare ID

One Healthcare ID empowers the user to register for health identity(their One Healthcare ID) and use it to authenticate themselves to any application that allows "Sign in with One Healthcare ID", including the Provider Portal. If you already have a One 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](#)

English

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 ² Help Center ²

Determine if Clinical Submission is Required

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

*Excludes UnitedHealthcare Medicare Solutions West

The screenshot shows the Optum WebAssist Physical Health interface. At the top, there is a navigation bar with the Optum logo and 'WebAssist Physical Health'. Below this, there are several menu items: 'Physical Health Locations', 'Clinical Subs & Claims', 'Tools & Resources', 'Clinical Resources', 'Credentialing Application Status', and 'Home'. The 'Tools & Resources' menu is expanded, showing a list of options including 'Network News', 'Operations Manuals', 'Plan Summaries', 'Fee Schedules', 'State Regulatory Addendums', 'Medicare User Guide', 'Patient Satisfaction Result', 'Patient Satisfaction CAHPS', 'Tutorial', 'CAHPS Survey Methodology', 'Forms', 'Patient Status Report Reference Guide', 'Electronic Claims', 'UHC Quick Group Check', 'UHC Medicare Quick Group Check' (highlighted with a red box), 'Reimbursement Policies', 'California Language Assistance Information', 'CMS Fraud, Waste & Abuse', 'Provider Training', 'Download 835 Electronic Remittance Advice File', and 'Patient Status Report Reference Guide'. The main content area on the left contains sections for 'Activity Center', 'Clinical Submissions and Claims' (with 'Submit' and 'Check Status' links), 'Recent Clinical Submissions' (with 'See Recent Clinical Submissions' link), 'Expiring Clinical Submissions' (with 'See Expiring Clinical Submissions' link), 'Patient Status Report' (with 'Click here to complete PSR' link), and 'Encountered a problem?' (with 'Click here to get assistance' link).

Determine if Clinical Submission is Required

The M&R Quick Group Check requires entering individual member's group number. Once you enter, click 'Submit.'

The screenshot shows the Optum WebAssist Physical Health interface. The top navigation bar includes the Optum logo and 'WebAssist Physical Health'. Below this is a secondary navigation bar with links for 'Clinical Subs & Claims', 'Tools & Resources', 'Clinical Resources', 'Credentialing Application Status', and 'Home'. A left-hand sidebar lists various resources, with 'UHC Medicare Quick Group Check' highlighted at the bottom. The main content area is titled 'UHC Medicare Quick Group Check' and contains a paragraph explaining that the check is for UnitedHealthcare groups with a 5-character Group Number. Below the text is a form with a label 'Member's Group Number' and a five-digit input field. The 'Submit' and 'Reset' buttons are located below the input field.

Optum WebAssist Physical Health

[Physical Health Locations](#)

[Clinical Subs & Claims](#) [Tools & Resources](#) [Clinical Resources](#) [Credentialing Application Status](#) [Home](#)

[Network News](#)

[Operations Manuals](#)

[Plan Summaries](#)

[Fee Schedules](#)

[State Regulatory Addendums](#)

[Medicare User Guide](#)

[Patient Satisfaction Result](#)

[Patient Satisfaction CAHPS Tutorial](#)

[CAHPS Survey Methodology](#)

[Forms](#)

[Patient Status Report Reference Guide](#)

[Electronic Claims](#)

[UHC Quick Group Check](#)

[UHC Medicare Quick Group Check](#)

UHC Medicare Quick Group Check

Clinical submission requirements differ by member groups. Quick Group Check only works for UnitedHealthcare groups with a 5-character Group Number, with either all numeric characters (example: 70168), or numeric with the second character letter (example: 3U585). For other Groups, please contact UnitedHealthcare customer service for submission requirements. Enter the 5-character UnitedHealthcare Group Number below as it appears on the member's ID card to determine if a submission is required.

Member's Group Number

Member Eligibility and Benefits

Providers are required to verify member eligibility and benefits online.

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

Select the Health Plan from the dropdown menu, enter the member's information, then click 'search.'

The screenshot displays the Optum WebAssist Physical Health interface. At the top, the user is logged in as 'John Chiropractor, DC, MT, LAC, Tier 2'. The main navigation menu includes 'Clinical Subs & Claims' (highlighted with a red circle 1), 'Tools & Resources', 'Clinical Resources', and 'Home'. A dropdown menu under 'Clinical Subs & Claims' shows 'Member Eligibility' (highlighted with a red circle 2). The 'Member Eligibility' search form is shown with a 'Health Plan*' dropdown menu (highlighted with a red circle 3) and input fields for 'Last Name*', 'First Name*', 'ID*', 'DOB*', and 'Group Number'. Below the search form, the 'Subscriber /Member ID' search criteria are shown, with 'Subscriber/Member ID*' (highlighted with a red circle 4) and 'Last Name' as the selected options. The 'Show:' section has 'Active Members Only' selected. The 'Search' button is visible at the bottom of the form.

PSF-750 Form

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 portal.

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.

Medicare requires some additional questions be answered that are not included in the paper PSF-750. See pages 15-16 for additional information.

The screenshot shows the Optum WebAssist Physical Health portal. At the top, there is a navigation bar with the user's name 'Welcome, John Chiropractor, DC, MT, LAC, Tier 2' and links for 'Links', 'Help', and 'Sign Out'. Below this, the 'Optum WebAssist Physical Health' logo is displayed. The main navigation area includes 'Physical Health Locations', 'Clinical Subs & Claims', 'Tools & Resources', 'Clinical Resources', and 'Home'. The 'Clinical Resources' menu is highlighted with a red box and the number '1'. A dropdown menu is visible under 'Clinical Resources', with 'Clinical Forms' highlighted by a red box and the number '2'. The 'Clinical Forms' page is shown, with a list of forms. The 'Patient Summary Form PSF-750' is highlighted with a red box and the number '3'. The list of forms includes: Fax Cover Sheet, Patient Summary Form Quick Reference Guide, Patient Summary Form PSF-750, Patient Summary Form PSF-750 - Chinese Version, Patient Summary Form PSF-750 - Spanish Version, Disabilities of the Arm, Shoulder and Hand (DASH) - Scoring the DASH, Disabilities of the Arm, Shoulder and Hand (DASH) - Spanish Version, Lower Extremity Functional Scale (LEFS) - Scoring the LEFS, Lower Extremity Functional Scale (LEFS) - Spanish version, Back Index, Back Index - Spanish Version, Neck Index, Using Neck Back Outcome Tools, Neck Index - Spanish Version, UHC Clinical Submission Process Guide, The Keele STarT Back Screening Tool - Category Description, and The Keele STarT Back Screening Tool - Spanish Version.

Submit a PSF Electronically

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

The screenshot shows the Optum WebAssist Physical Health interface. At the top, a dark grey header contains a user profile icon and the text "Welcome, John Chiropractor, DC,MT,LAC, Tier 2". Below the header, the Optum logo is on the left, and "WebAssist Physical Health" is on the right. A navigation bar contains "Physical Health Locations" and two dropdown menus: "Clinical Subs & Claims" and "Tools & Resources". The main content area is divided into two columns. The left column has a red box around the "Activity Center" header. Below it, the "Clinical Submissions and Claims" section has a red box around the "Submit" link under the "Clinical Submissions" column. A red arrow points to this "Submit" link. Other links in this section include "Check Status" under both "Clinical Submissions" and "Claims", and "Recent Clinical Submissions" at the bottom. The right column has an "Informational Center" header and several informational items: "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", and "Effective July 1 all clinical sub status must be tracked online ▶".

Submit a PSF Electronically – Patient Information – Plan Name

In the 'Plan' section, make sure to select the appropriate Plan name, corresponding to the member's card, from the dropdown.

For Example: For UnitedHealthcare Medicare Advantage plans¹, select UnitedHealthcare Medicare, For UnitedHealthcare Medicare Solutions West² Select "United Healthcare Medicare Solutions West".

The screenshot displays the Optum WebAssist Physical Health interface. At the top, the user is logged in as 'John Chiropractor, DC, MT, LAC, Tier 2'. The main navigation bar includes 'Optum WebAssist Physical Health' and a menu with options like 'Physical Health Locations', 'Clinical Subs & Claims', 'Tools & Resources', 'Clinical Resources', 'Credentialing Application Status', and 'Home'. Below this, a secondary menu contains 'Member Eligibility', 'Submit a Clinical Sub', 'Clinical Sub Status', 'Submit a Claim', and 'Claim Status'. The 'Patients' section is active, showing a grid of letters for patient selection and a 'Plan:' dropdown menu. A red box highlights the dropdown, and a red arrow points to the 'UnitedHealthcare UCard' option. Two sample member cards are shown side-by-side, labeled '1' and '2'. Card 1 is for 'MEMBER A SAMPLE' with Member ID 123456789-00, UHC Dual Complete ME-S001 (PPO D-SNP) With Dental, and RxBIN 610097 9999 COS. Card 2 is for 'MEMBER A SAMPLE' with Member ID 123456789-01, AARP Medicare Advantage from UHC CA-0001 (HMO-POS) With Dental, and RxBIN 610097 9999 SHCA. Both cards include contact information for providers and claims, and a barcode.

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 member search**.

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

Optum | WebAssist
Physical Health

[Physical Health Locations](#) | **Clinical Subs & Claims** | [Tools & Resources](#) | [Clinical Resources](#) | [Credentialing Application Status](#) | [Home](#)

Member Eligibility | **Submit a Clinical Sub** | **Clinical Sub Status** | **Submit a Claim** | **Claim Status**

Plan:
UnitedHealthcare Medicare

Member Search
* Required

Search By:
 Subscriber /Member ID
 Last Name
Subscriber ID Only OR Subscriber ID + Any Other Optional Field(s).

Subscriber/Member ID*
Last Name
First Name
Date Of Birth
Group ID

Show:
 Active Members Only
 All Members

Submit a PSF electronically – Patient Information – Group Number

After selecting an existing member, or the search returns a member, if the member's group requires submission, you will receive a message that clinical submission is required and will be prompted to complete the Patient Type questions and select the office location for the submission.

If the group does NOT require submission, you will receive a message that clinical submission is not required, and no office locations will populate. You will be unable to move forward with the submission process.

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: Address:
Gender: Male Female DOB (mm/dd/yyyy): City:
ID#: State: Zip:

Group Number

Please enter the 5 digit group number.

***Patient Type:**
 1-New to your office 2-Est'd, new condition 3-Est'd, gap in care >= 90 days 4-Est'd, continuing care
***Date you want THIS submission to begin:** mm/dd/yyyy

Clinical Information

Office Location with TIN number
Please select your Clinic Address

Address

City

State

Zip

Clinical submission is required for Group 74204 members.

Clinical submission is not required for Group 00700.

Clinical Information

Office Location with TIN number
Please select your Clinic Address

Please enter valid group number.

Submit a PSF electronically – Patient Information – Patient Type

If you answer that your patient meets the condition of options 1, 2, or 3, you will need to certify that the patient's clinical records support the "Patient Type" and indicate if you are requesting less than or equal to six visits over less than or equal to eight weeks.

Once complete, select your office location and the remainder of the electronic PSF-750 will display.

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	DOB (mm/dd/yyyy)	Address
<input type="radio"/> Male <input checked="" type="radio"/> Female	<input type="text"/>	<input type="text"/>
ID#		City
<input type="text"/>		<input type="text"/>
		State
		<input type="text"/>
		Zip
		<input type="text"/>

Group Number

Please enter the 5 digit group number.

*Patient Type:

1-New to your office 2-Est'd, new condition 3-Est'd, gap in care >= 90 days 4-Est'd, continuing care

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

I certify that the patient's clinical records support the "Patient Type"

Are you requesting ≤ 6 visits over ≤ 8 weeks Yes No

Clinical submission is required for Group 74204 members.

Clinical Information

Office Location with TIN number

Submit a PSF Electronically – Clinical Information

Based upon your selections from the previous page, you will be presented with the appropriate intake questions.

Enter all required the clinical information within the electronic form.

The screenshot shows a web-based form for submitting a Patient Summary Form (PSF) electronically. The form is titled "Patient Summary Form" and is divided into several sections:

- Patient Information:** Includes fields for Last Name, First Name, MI, Gender, DOB, Address, City, State, Zip, ID#, Health Plan (UnitedHealthcare Medicare), and Group Number (74204).
- Referral Information:** Includes fields for Physician (if applicable), Date Issued (if applicable), mm/dd/yyyy, and Referral Number (if applicable). A note indicates the submission should begin on 02/14/2025 and the patient type is "1-New to your office".
- Provider Information:** Includes fields for John Chiropractor, DC, MT, LAC, Office Location (4700 Main, Buck Creek Mg Road Stg, IN - ****9993), Auth Type (MD/DO, DC, OT, PT, ATC, MT, ST, Other), and Place of Service (11-Office - Outpatient, 19-Off-Campus Outpatient Hospital, 22-Hospital - Outpatient, 24-Outpatient Facility, Other).
- Provider Office Contact Information for This Submission:** Includes fields for Phone number (1234567889) and Staff Contact Name (John).
- Provider Completes This Section:** Includes a grid for entering diagnosis codes (Dx1-Dx12) and a field for the number of visits within the past 90 days. A note states that for UHC Medicare members, a request for six (6) visits or less, over eight (8) weeks or less, is eligible for administrative approval under the following conditions:
 - The member is new to your office.
 - The member presents with a new condition.
 - The member has had a gap in care of 90 or more days.
 It also includes fields for Requested duration in weeks, Requested number of visits, Patient Type (4-Est'd, continuing c), Nature of Condition (1-Initial onset, 2-Recurrent, 3-Chronic), Cause of Current Episode (Traumatic, Unspecified, Repetitive, Post-surgical, Work related, Motor vehicle), Anticipated CMT Level (98940, 98941, 98942), and a final Diagnosis (ICD code) field.

At the bottom of the form, there is a checkbox for attestation: "I hereby attest that the information provided in this submission is accurate and complete to the best of my knowledge. I understand that any inaccuracies or omissions may affect the processing of this submission." and a "Submit" button.

Submit a PSF Electronically – Medicare Plans Only



When submitting a PSF for a UHC Medicare Advantage Plan or UHC Medicare Solutions (WEST) members, you will be presented with some additional questions, which will not be present for other plans.

The requested duration in weeks should be the **total number of weeks** of this requested treatment plan.

The requested number of visits should be the total number of visits, not the frequency of visits requested per week. (*i.e. 2 times per week for 8 weeks, equals 16 visits.*)

Provider Information

John Chiropractor, DC,MT,LAC Office Location: 4700 Main, Buck Creek Mg Road Stg, IN - *****9993

*Auth Type Submitting for/Credentials: MD/DO DC OT PT ATC MT ST Other

***Place of Service**

11=Office - Outpatient 19=Off-Campus Outpatient Hospital 22=Hospital - Outpatient 24=Outpatient Facility Other

Provider Office Contact Information for This Submission

*Phone number: 1234567889 Tap Phone number box to edit it Staff Contact Name: John

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: 02/14/2025 mm/dd/yyyy *Number of visit(s) within past 90 days:

For UHC Medicare members, a request for six (6) visits or less, over eight (8) weeks or less, is eligible for administrative approval under the following conditions:

- The member is new to your office.
- The member presents with a new condition.
- The member has had a gap in care of 90 or more days.

Please note that this approval is pending member eligibility verification. Additionally, any treatment needs beyond the approved service levels will require a clinical submission for further review. Date extensions and modifications to this approval are not permitted.

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

*Patient Type: 4-Est'd. continuing c

*Objective measurements identify impairments when they are compared to normal values, the uninvolved contralateral extremity, and prior level of function.

Yes No

*Objective assessment of functional ability. Choose One

No functional limitations Minimal functional limitations Moderate functional limitations Severe functional limitations

*Documented plan of care (POC) requiring skilled intervention. Choose All That Apply

Measurable short and long-term/discharge treatment goals related to physical and functional deficits.

Frequency of treatment visits and treatment activities to address deficit areas.

Patient agrees to program participation including home program.

Submit a PSF Electronically – Medicare Plans Only



Medicare requires some additional questions be answered that are not included in the paper PSF-750.

(Other)

***Objective measurements identify impairments when they are compared to normal values, the uninvolved contralateral extremity, and prior level of function.**
 Yes No

***Objective assessment of functional ability.** ⓘ Choose One
 No functional limitations Minimal functional limitations Moderate functional limitations Severe functional limitations

***Documented plan of care (POC) requiring skilled intervention.** ⓘ Choose All That Apply

Measurable short and long-term/discharge treatment goals related to physical and functional deficits.

Frequency of treatment visits and treatment activities to address deficit areas.

Patient agrees to program participation including home program.

Provider Information

John Chiropractor, DC,MT,LAC Office Location: 4700 Main, Buck Creek Mg Road Ste. IN - *****9993

*Auth Type Submitting for/Credentials: MD/DO DC OT PT ATC MT ST Other

***Place of Service**
 11-Office - Outpatient 19-Off-Campus Outpatient Hospital 22-Hospital - Outpatient 24-Outpatient Facility Other

Provider Office Contact Information for This Submission

*Phone number: 1234567899 ⓘ Tap Phone number box to edit it Staff Contact Name: John

Would you like to attach additional documents to this Clinical Submission?

Is this an Administrative Correction to a Previous Submission?

Provider Completes This Section

*Date you want THIS submission to begin: 02/14/2025 mm/dd/yyyy *Number of visit(s) within past 90 days:

For UHC Medicare members, a request for six (6) visits or less, over eight (8) weeks or less, is eligible for administrative approval under the following conditions:

- The member is new to your office.
- The member presents with a new condition.
- The member has had a gap in care of 90 or more days.

Please note that this approval is pending member eligibility verification. Additionally, any treatment needs beyond the approved service levels will require a clinical submission for further review. Date extensions and modifications to this approval are not permitted.

*Requested duration in weeks: Requested number of visits:

*Patient Type: 4-Est'd, continuing c

***Objective measurements identify impairments when they are compared to normal values, the uninvolved contralateral extremity, and prior level of function.**
 Yes No

***Objective assessment of functional ability.** ⓘ Choose One
 No functional limitations Minimal functional limitations Moderate functional limitations Severe functional limitations

***Documented plan of care (POC) requiring skilled intervention.** ⓘ Choose All That Apply

Measurable short and long-term/discharge treatment goals related to physical and functional deficits.

Frequency of treatment visits and treatment activities to address deficit areas.

Patient agrees to program participation including home program.

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?'

Patients

A	B	C	D	E	F
G	H	I	J	K	L
M	N	O	P	Q	R
S	T	U	V	W	X
Y	Z				

Test, Test 01/01/1962



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:

(if applicable) (if applicable) (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?

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:

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.

Patients

A	B	C	D	E	F
G	H	I	J	K	L
M	N	O	P	Q	R
S	T	U	V	W	X
Y	Z				

Test, Test 01/01/1962



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:

(if applicable) (if applicable) (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?

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

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.

*If you don't have any functional score to provide, enter N/A in the "FOM Name" field

Patient Summary Form

Patient Information

Last Name: First Name: MI: Gender:
Address: City: State: Zip:
ID#: Health Plan: UnitedHealthcare Medicare

Referral Information

Physician: (if applicable) Date Issued: mm/dd/yyyy Ref: (if applicable)

Provider Information

John Chiropractor, DC,MT,LAC Office Location: 4700 Main, Buck Creek Mg Road Stg, IN - *****9993

*Anticipated CMT Level:

98940 98941 98942

*Diagnosis (ICD code):

Dx1	Dx2	Dx3	Dx4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dx5	Dx6	Dx7	Dx8
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dx9	Dx10	Dx11	Dx12
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Functional Measure Score:

Neck Index: Back Index:
DASH: LEFS:
FOM Name: ← FOM Score:

*Objective measurements identify impairments when they are compared to normal values, the uninjured control level of function.

Neck Index

Pain Intensity

Sleeping

Reading

Concentration

Work

Personal Care

Lifting

Driving

Recreation

Headaches

Submit a PSF Electronically – Submit

When the electronic form is complete, and you have attested that all the information is correct, click the 'Submit' button.

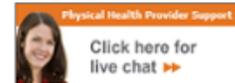
If you have forgotten to fill out any required information the site will prompt you to complete that question.

Once complete, re-attest and click the 'Submit' button.

Patients

A	B	C	D	E	F
G	H	I	J	K	L
M	N	O	P	Q	R
S	T	U	V	W	X
Y	Z				

Test,Test 01/01/1962



Patient Summary Form

The following errors must be corrected before submitting the form.

- Primary Diagnosis Code not entered
- Select a Nature of Treatment

Patient Information

Last Name: First Name: MI: Gender: DOB:

Address: City: State: Zip:

ID#: Health Plan: UnitedHealthcare Medicare Group Number: 74204

Referral Information

Physician: Date Issued: mm/dd/yyyy Referral Number:

The SBST questionnaire isn't required for existing continuing care patients.

I hereby attest that the information provided in this submission is accurate and complete to the best of my knowledge. I understand that any inaccuracies or omissions may affect the processing of this submission.

Submit

Submit a PSF Electronically – Submit



Depending upon the information submitted while completing the PSF-750, you may receive a message that your submission has been automatically approved.

Optum | WebAssist Physical Health

Physical Health Locations | **Clinical Subs & Claims** | Tools & Resources | Clinical Resources | Credentialing Application Status | Home

Member Eligibility | Submit a Clinical Sub | Clinical Sub Status | Submit a Claim | Claim Status

Patients

Patient Summary Form Confirmation Page
Confirmation Number: 24554365

Patient Information

Last Name: [] First Name: [] Gender: [] Date of Birth: []
Address: [] City: [] State: [] Zip: []
ID#: [] Health Plan: UnitedHealthcare Medicare Group Number: 74204

Alert

Your request is approved for six (6) visits (98942 or 98941 or 98940), over eight (8) weeks. To request continuing care beyond this approval, clinical submission will be required. Date extensions and modification of this approval are not allowed.

OK

Provider Completes This Section

Date you want THIS submission to begin: 02/14/2025
Patient Type: 1-New to your office
Requested for ≤ 6 visits over ≤ 8 weeks: Yes
Diagnosis (ICD code): m454

Print Page
** Please print this page for your records

Response Notification
Your notification response letter for this request will be available online in accordance with applicable state notification timeframes.

Optum | Privacy Policy | Contact Us | Provider Locator | Accessibility | Provider Directory
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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.

Optum | WebAssist
Physical Health

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Patients

A B C D E F
G H I J K L
M N O P Q R
S **T** U V W X
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?
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

SBSI Category: High Risk

[Print Page](#)
** Please print this page for your records

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.

The screenshot displays the Optum WebAssist Physical Health interface. At the top, a dark navigation bar contains the user's name 'Welcome, John Chiropractor, DC,MT,LAC, Tier 2' and links for 'Links', 'Help', and 'Sign Out'. Below this, the Optum logo and 'WebAssist Physical Health' are visible. A secondary navigation bar includes 'Physical Health Locations' and a menu with 'Clinical Subs & Claims', 'Tools & Resources', 'Clinical Resources', and 'Home'. The main content area is divided into two sections: 'Activity Center' and 'Informational Center'. The 'Activity Center' section is further divided into 'Clinical Submissions and Claims'. Under 'Clinical Submissions', there are two columns: 'Submit' and 'Check Status'. The 'Check Status' link is highlighted with a red box and a red arrow pointing to it. The 'Informational Center' section contains several announcements, including 'Pediatric therapies (OT/PT) Clinical Review Faxing Process - UHC Commercial plan only', 'Reminder Notification: Provider Tier Letters Now Online!', and 'Effective January 1, 2022, all Providers need to update their CAQH Profile on a regular basis'.

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.

Physical Health Locations

Clinical Subs & Claims | Tools & Resources | Clinical Resources | Home

Member Eligibility | Submit a Clinical Sub | Clinical Sub Status | Submit a Claim | Claim Status

Patients Clear Patient

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 : Optum Decision Date : Patient & Date of Birth :

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	View
		Test, Test		03/13/2024	Completed	Open Letter	03/13/2024 17:58:33	View

Showing 1 - 2 of 2 Page 1 of 1 10

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

Completed We have completed the review on your Clinical Submission.

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.

The screenshot displays the Optum WebAssist Physical Health interface. On the left, there are navigation options for 'Physical Health Locations', 'Patients' (with an alphabetical grid), and a search bar containing 'Test,Test' and '01/01/1962'. A 'Physical Health Provider Support' chat button is also visible. The main content area shows 'Member Eligibility' and search options for 'Office Location' and 'Optum Decision Date'. A 'Please Note' message states: 'Response Letters will be available online... Clinical submissions on file for the last 30 days:'. Below this is a table of clinical submissions:

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	View
		Test, Test		03/13/2024	Completed	Open Letter	03/13/2024 17:58:33	View

A modal window titled 'In-process Auth Status - Work - Microsoft Edge' is overlaid on the right. It shows 'Recently Submitted Clinical Submission In Process' for 'Provider: John Chiropractor, DC,MT,LAC'. It lists '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', and 'Requested Duration: weeks'. A 'Print Page' button is highlighted with a red box.

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.

Welcome, John Chiropractor, DC, MT, LAC, Tier 2 | Links | Help | Sign Out

Optum WebAssist Physical Health

[Physical Health Locations](#)

Member Eligibility

Patients

Use the date range shown to find the submission. Status indicates Completed, click on Complete to view details.

Search Options

Office Location:

Please Note: Response Letters will be emailed to the member's email address.

Clinical submissions on file for the last 12 months:

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	01/01/1962	03/13/2024	Completed	Open Letter	03/13/2024 17:58:33	View

Showing 1 - 2 of 2 | Page 1 of 1 | 10

Clinical Submission Response Details

Patient Name: Test Test | Response #: [REDACTED]
 Health Plan: UnitedHealthcare Medicare | Clinical Submission Received on: 3/13/2024
 Provider: John Chiropractor, DC | Support Clinician: Administrative Review

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

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

Completed We have completed the review on your Clinical Submission.

Technical Assistance

For technical questions, issues, or concerns regarding our website, email us from the home page.

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

Activity Center

Clinical Submissions and Claims

Clinical Submissions Submit Check Status	Claims Submit Check Status
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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
There is 1 clinical submission expiring within the next 10 days.
[See Expiring Clinical Submissions >](#)

Patient Status Report
[Click here to complete PSR](#)

Encountered a problem ?
[Click here to get assistance](#)

Informational Center

[Pediatric therapies \(OT/PT\) Clinical Review Faxing Process - UHC Commercial plan only >](#)

[Reminder Notification: Provider Tier Letters Now Online! >](#)

[Effective January 1, 2022, all Providers need to update their CAQH Profile on a regular basis >](#)

[Effective July 1 all clinical sub status must be tracked online >](#)

[VA Community Care Network >](#)

[Welcome to WebAssist! >](#)

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