

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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Submit

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- Authorization Status Check
- **Technical Assistance**



Login Using Your One Healthcare ID and Password

Optum

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

Optum	WebAssist Physical Health	English -
One Healthcare ID		Sign In
	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 O ID", including the Provider Portal. If you already Healthcare ID click the button below to log in.	One Healthcare ID or Email Address
	Login	Continue
lf you do not already	have an One Healthcare ID please request one at <u>click</u>	
lf you need your prov	rider ID or password please <u>click here</u>	or
To change your curre	ent password, please <u>click here</u>	Create One Healthcare ID
		Manage My One Healthcare ID
		j Chat with support [™] ⑦ 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.'

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Optum WebA Physic	ssist al Health			1
Physical Health Locations		Clinical Subs & Claims 👻	Tools & Resources - C	linica
👉 Activity Center		🖝 Informational Center	Operations Manuals Plan Summaries	
Clinical Submissions an	d Claims	Pediatric therapies (OT/PT) Clinical Review Faxi	Fee Schedules State Regulatory Addendums	ial
Clinical Submissions Submit	Claims <u>Submit</u>	Reminder Notification: Provider Tier Letters No	Patient Satisfaction Result Patient Satisfaction CAHPS	
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submissions and 2 clinical submissions completed in the last 2 weeks.		VA Community Care Network >	Guide Electronic Claims	2
See Recent Clinical Sub	missions >	Welcome to WebAssist! >	UHC Quick Group Check	I
Expiring Clinical Submis	sions		Reimpursement Policies	

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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s) 1) U V W X 7) Z	Health Plan*	UnitedHealthca	are heck your Plan Summary	✓ for Eligibility Verificati	ion)			
est,Test 01/01/1962	Last Name*			First Name*				
Physical Health Provider Support	ID*			DOB*	mm/dd/yy	уу		
	Group							

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.'

		A Welcome, John Chiropractor, DC,MT,LAC, Tier 2 Links 💌 🛞 Help S	Sign Out
Optum Web, Physi	Assist ical Health		
Physical Health Locations		Clinical Subs & Claims Tools & Resources Clinical Resources	Home
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		Clinical Sub Status	
Clinical Submissions a	nd Claims	reductie cherapies (of Submit a Claim	
Clinical Submissions	Claims	Claim Status Reminder Notification: Provider Tier Letters Now Online! >	
<u>Submit</u>	<u>Submit</u>		
Check Status	Check Status	Effective January 1, 2022, all Providers need to update their CAQH Profile on a regular basis	•



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 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.

		A Welcome, John Chiropractor, DC,MT,LAC, Tier 2	Links 🔻 🧿 Help Sign
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<u>Physical Health Locatio</u>	ns	Clinical Subs & Claims - Tools & Resources -	Clinical Resources - Hor
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There are no recent	About Clinical Resources	Clinical Forms	
submissions and 1	Clinical Guidelines	▶ 	
completed in the la	Clinical Forms	Based upon the process designated in the <u>Plan Summary</u> , please choose the ap	propriate set of forms.
See Recent Clinica	Patient Status Report Reference G	ide • Fax Cover Sheet	
	Clinical Policies	Patient Summary Form Quick Reference Guide	
	Your Profile	Patient Summary Form PSF-750 - Chinese Version	
	Your Tier Letter	Patient Summary Form PSF-750 - Spanish Version Disabilities of the Arm. Shoulder and Hand (DASH)	
	Education	Scoring the DASH	
	PSF Process Tutorial	Disabilities of the Arm, Shoulder and Hand (DASH) - Spanis Lower Extremity Eurotional Scale (LEES)	sh Version
	Articles/Newsletters	Even Extends Functional Scale (EEFS) Scoring the LEFS	
	Patient Exercises	Lower Extremity Functional Scale (LEFS) - Spanish version	
	Other Useful Sites	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	
		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.

		A Welcome, John Chiropractor, DC,MT,LAC, Tier 2
Optum	WebAssist Physical Health	
Physical Health Loca	a <u>tions</u>	Clinical Subs & Claims - Tools & Resources -
👉 Activity Center		👉 Informational Center
Clinical Submissio	ons and Claims	Pediatric therapies (OT/PT) Clinical Review Faxing Process - UHC Comme
Clinical Submissio	ons Claims	Reminder Notification: Provider Tier Letters Now Online! ►
Check Status	Check Status	Effective January 1, 2022, all Providers need to update their CAQH Profile
Recent Clinical Su	ıbmissions	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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Plan: Please select	~			
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Begin by entering the pati	ents information or select an e	visting nationt fr	0.00	
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SUBMIT A PATIENT SUMMARY	FORM			
271-6809 during non-Optum	business hours to initiate a rec	uest for urgent	care.	n sammary. I ronders may ea
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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.

Physical Health Locations	Clinical Subs & Cla	Optum WebAssist Physical Health
	Member Eligibility Submit a Clinical Sub	Physical Health Locations Clinical Subs & Claims - Tools & Resources - Clinical Resources - Clinical Resources -
A B C D E F G H I J K L M N O P Q R S I U V W X Y Z	Verify the patient's information is correct, and then select your Office Location to begin completing the clinical submission form.	Patients Patient Summary Form Image: State S
Test,Test	SUBMIT A PATIENT SUMMARY FORM	Paylack House Report Referral Information Click have for live chat >> Physician: Date issued: mm/dd/yyyy Referral Number: (if applicable) (if applicable) (if applicable) (if applicable) (if applicable)
Click here for live chat ►►	Last Name First Name MI Test Test Gender DOB (mm/dd/yyyy) Male Female ID# 	Provider Information John Chiroprator, DC.MTLAC Office Location: 999999 Test, Deriver, CO - *****8984 *Credentials: MD/DO DC OT PT Arc MT *Setting: Is this Home Care Setting? Yes Would you like to attach additional documents to this Clinical Submission? Upload/Wiew Documents Upload/Wiew Documents Upload Is this an Administrative Correction to a Previous Submission?
Г	Plan: UnitedHealthcare Medicare Clinical Information Office Location with TIN number	Provider Completes This Section *Date you want THIS submission to begin: mm/dd/yyyy *Requested duration in weeks: *Requested number of visit(s) within past 90 days: *Requested duration in weeks: *Requested number of visit(s) *Patient Type: *Requested number of visit(s) O1-New to your officeO2.fsr'd, new injuryO3-fst'd, new episodeO4-Est'd, continuing care *Nature of Condition: O1-Initial enset (within last 3 months) 2.Recurrent (multiple episodes of < 3 months)

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Dx6

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Submit a PSF electronically – Clinical Information

Enter all required the clinical information within the electronic form.

Optum	VebAssist hysical Health
Physical Health Locat	Clinical Subs & Claims - Tools & Resources - Clinical Resources - Home
Patients (a) (b) (c) (c)	Member Eligibility Submit a Clinical Sub Clinical Sub Status Submit a Claim Claim Status Patient Summary Form Patient Information Last Name: Test MI: Gender: M DOB: 01/01/1962 Address: 123 Test Clin: Test State: OR Zip: 97814 IDsf 1111111111 Health Plan: UnitedHealthcare Medicare Group Number: Image: Referral Information Last Name: Last Name: UnitedHealthcare Medicare Group Number:
Click here for live chat ⊯	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, Deriver, CO - *****8984 *Credentials: MD/DO DC OT PT ATC Mould you like to attach additional documents to this Clinical Submission? Upload/View Documents 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: 01-New to your office 2-Est'd, new injury 3-Est'd, new injury 3-Est'd, new episode 4-Est'd, continuing care *Nature of Condition: 0 1-Initial onset (within last 3 months) 2-Recurrent (multiple episodes of < 3 months) *Cause of Current Episode: Traumatic Unspecified Repetitive Post-surgical *Anticipated CMT Levei:

Submit a PSF electronically – Administrative Corrections

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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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Physical Health Lo	ocations		Clinical Subs & Claims	Tools & Resources 🔻	Clinical Resources 🔹	Home
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		Provider Information John Chiropractor, DC,MT,LAC Office Location: 999 *Credentials: MD/DO DC OT PT A1 *Setting: Is this Home Care Setting? Yes No Would you like to attach additional documents to the	999 Test, Denver , CO - *****8984 TC MT ST Other	New Documents Upload Inst	ructions	
	L	Is this an Administrative Correction to a	Previous Submission? 🔲 🗲			
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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.

Physical Health Locations Clinical Subs & Claims Tools & Resources • Clinical Resources • Ho Member Eligibility Submit a Clinical Sub Status Submit a Claim Status Patients Patient Summary Form Patient Summery Form Patient Information So O O O O O O O O O O O O O O O O O O O	Optum	WebAssist Physical Health
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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:	Physical Health Los Patients (A B C D E G H 1 1 K (M N O P C S T U V W Y Z Test, Test 01/ Click here fr live chat PP	Clinical Subs & Claims Tools & Resources • Clinical Resources • Clinical Resources • Member Eligibility Submit a Clinical Sub Clinical Sub Status Submit a Claim Patient Summary Form Patient Information Last Name: Test IDF 101/962 envent Provider Information Physician: (if applicable) Provider Information John Chiroprator, DC.MT.LAC Office Location: 99999 Test, Denver, CO - *****8984 Provider Information John Chiroprator, DC.MT.LAC Office Location: 99999 Test, Denver, CO - *****8984 •Credentials: MD/DO Do C OT Provider Last 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:

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.

Optum	WebAs	sist L bealth					r		
Physical Health Loo	ations	realui		Clinical Subs & Claim	a Tools & Re	sources - Clinical	Resources +	Neck Index	×
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000000	8	Last Name: Test	First	Name: Test	M: Gende	n M DO	DB: 01/01/1963	No Answer	~
ΟØ		Address: 123 Test	Healt	City: Test S th Plan: United Healthcare N	tate: OR Zi	97814 Group Number:		Reading	
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Cick here fo	Respond .	Physician:	Date	hsued	mm/dd/yyy	y Referral Number:		Concentration	
int that is		(if applicable)		(if applicable)		(ď.	applicable)	No Answer	~
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		*Nature of Condition:						No Answer	~
		O 1-Initial onset (within la	st 3 months) 🔿 2-Recurre	nt (multiple episodes of < 3 m	onths) 🔿 3-Chronic (continuous duration > 3 r	months)	Personal Care	
		*Cause of Current Episode:						No Answer	~
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		Dx9	Dx10	Dx11		Dx12	1	No Answer	~
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		DASH:	DASH Form	EFS:	LEFS Form			1	2
		FOM Name:	F	OM Score:				Calculate Acce	pt Clear Data

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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Physical Health Lo	Clinical Subs & Clair	ims ▼ Tools & Resources ▼ Clinical Resources ▼ Hom
	Member Eligibility Submit a Clinical Sub	Clinical Sub Status Submit a Claim Claim Status
Patients (A) (B) (C) (D) (E) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Patient Summary Form Image: Description of the following errors must be corrected before submitting the form. Image: Description of the following errors must be corrected before submitting the form. Image: Description of the following errors must be corrected before submitting the form. Image: Description of the following errors must be corrected before submitting the form. Image: Description of the following errors must be corrected before submitting the form. Image: Description of the following errors must be corrected before errors must be corrected errors must be correct	MI: Gender: DOB: DOB: State: Zip:
	Referral Information	Group Numper:
	8. In general have you stopped enjoying all the things you usually enjoy?	
	SBST Category: High Risk	ery

Submit

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 you 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	WebAssi Physical	st Health						
Physical Health Lo	ocations			Clinical Subs & Clain	ns 👻 Tools & F	Resources 👻	Clinical Resources -	Home
Patients (A) (B) (C) (D) (E) (G) (H) (1) (J) (E) (M) (N) (O) (P) (Q) (S) (T) (U) (V) (W) (Y) (Z)) (F) (C)) (L) (C)) (R)) (X)	Member Eligib tient Summary Form Confirmation patient Information Last Name: Test First Name: Test Address: City: State:	ility Subm on Page Gender: M Dat	it a Clinical Sub	Clinical Sub Sta	itus Submit	a Claim Claim	Status
Physical Health Provid Click here I live chat Health	der Support for +	Provider Information Provider Name: Office Location: Credentials: Setting: Is this Home Care Setting? I Would you like to attach additional do No documents were attached to this sub	cuments to this (Clinical Submission? N				
		Do you feel that your back pain is terr In general have you stopped enjoying Overall, how bothersome has your bac Sost Category: righ Risk Print Page th Please print this bage for your record:	ible and it's neve all the things you ck pain been in th	r going to get any better: usually enjoy: Y ne last 2 weeks: 5-Extreme	Y			

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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.

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C	ptum WebA Physi	Assist cal Health			
	Physical Health Locations		Clinical Subs & Claims - Tools & Resources - Cl	linical Resources ▼ H	lome
	👉 Activity Center		👉 Informational Center		
	Clinical Submissions ar	nd Claims	Pediatric therapies (OT/PT) Clinical Review Faxing Process - UHC Commerce	cial plan only >	
	Clinical Submissions	Claims	Reminder Notification: Provider Tier Letters Now Online! ►		
Ì	Check Status	<u>Check Status</u>	Effective January 1, 2022, all Providers need to update their CAQH Profile	on a regular basis 🕨	

Upon clicking the 'Check Status' hyperlink under Clinical Submissions, you well 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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Physical Health Loc	<u>cations</u>				Clinical Subs &	Claims -	Tools & Resources	 Clinical Resource 	as ▼ Home
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Patients	F								Clear Patient
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Test, Test	Office Location	: ()ptum Decision LAST 30 DAYS	n Date :	Patient & Dat Select Patier	te of Birth : nt(s)		v	Search
Physical Health Provide Click here fo live chat PP	or Support Please Note: R Clinical submis	esponse Letters wi sions on file for the	l be available o last 30 days:	online for 12 r	months after Op	tum Decision D	ate.		
	Confirmation #	Reference # P	atient 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

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of 1 🕞 ы 10 🗸

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

Completed We have completed the review on your Clinical Submission.

Optum

Showing 1 - 2 of 2

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.

Optum	WebAss Physica	sist l Health									_		
Physical Health Loo	<u>cations</u>					Clinical Subs & (Claims - T	Tools & Resources	 Clinical Resource 	s ▼ Home		_ 0	×
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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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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.

Optum WebAssist Physical Health

Physical Health Locations

👉 Activity Center	
Clinical Submissions and	d Claims
Clinical Submissions	Claims
<u>Submit</u>	<u>Submit</u>
Check Status	Check Status

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

Clinical Subs & Claims
Tools & Resources
Clinical Resources
Home

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P	ediatric therapies (OT/PT) Clinical Review Faxing Process - UHC Commercial plan only >
R	teminder Notification: Provider Tier Letters Now Online! >
E	ffective January 1, 2022, all Providers need to update their CAQH Profile on a regular basis >
E	ffective July 1 all clinical sub status must be tracked online >
٧	/A Community Care Network ►

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