Optum

Welcome to WebAssist Optum Provider Portal

Discover How to Submit a PSF-750 Online

Published November 2024

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

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

2



Index



UnitedHealthcare Provider Login Instructions

Determine if Clinical Submission is Required

Current Functional Measure Score

Submit

- **Confirmation Page**
- Authorization Status Check
- **Technical Assistance**



From uhcprovider.com, click 'Sign in to the UnitedHealthcare Provider Portal'

UHC Provider Portal - Login

You will then be prompted to sign in using your One Healthcare ID



UHC Provider Portal – Prior Authorizations

Once logged in, select 'Prior Authorization'

United Healthcare Search	1	Training & Support v Practice Management v Tracklt Beth v Q Payer 87726 - UnitedHealthcare v Provider Parkview Medical Center v				
Eligibility Claims & Payments	∽ Referrals	Prior Authorizations	Clinical & Pharm	nacy∨ Do	ocuments & Reporting ~	Additional Tools
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A Gold Card qualification status is now The UnitedHealthcare Gold Card status by Click here to see Gold	er information and pro available. recognizes providers who m r tax ID	ovider information in the to	nts.	bage are correct.		Customize Tabs
Action Required ①	Action F View and take	Required e action on items below tha	t required attention.			
Eligibility	Show on	ly items that require action				
Claims & Payments	Claims Document	ation Edits	0 Expiring Soon	Admissi	on	0 Expiring Soon

UHC Provider Portal – Prior Authorizations

From the Select prior authorization type for submission drop down menu choose, 'Physical health (physical therapy, occupational therapy, speech therapy and chiropractic'

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Eligibility	Claims & Payments 🗸	Referrals	Prior Authorizations	Clinical & Pharmacy 🗸	Documents & Reporting 🗸	Additiona
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Is prior	authorization needed?		Create a new prio	r authorization submission		
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Check b diagnos	y procedure code(s), product to is. Applies to medical services or	ype, state and nly.	Select a request cate	gory to create a new prior auth	orization. For some category types, this search to view submission state	such as us.
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	~	Continue	Physical health (physic	al therapy, occupational therapy, spe	ech therapy and chiropractic)	· · · · · · · · · · · · · · · · · · ·
Your sear nor Is It a	ch is not a request for prior authori: notification to UnitedHealthcare.	zation,				
Looking	for behavioral health information?	2				
	Check by member	Continue				
Check b	y member, procedure code(s) a o generate a reference number	and case (Decision ID).				
Applies t	to medical services only.					

UHC Provider Portal – Prior Authorizations

Once you've selected 'Physical health (physical therapy, occupational therapy, speech therapy and chiropractic'), from the first drop down menu, you will be prompted to select the plan type.

Select 'Medicare' from the Select plan type drop down menu and click Continue.

Hea	althcare		٩	Payer 87726 - U	nitedHealthcare V Provider Parkvi	lew Medical Cente
bility	Claims & Payments 🗸	Referrals	Prior Authorizations	Clinical & Pharmacy 🗸	Documents & Reporting 🗸	Additional 1
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Check by diagnosi	y procedure code(s), product ty s. Applies to medical services or	vpe, state and	Select a request cate radiology and cardiol	gory to create a new prior auth logy, you will also be able to use	orization. For some category types, this search to view submission state	such as us.
Product	type 🕕 *		Select prior authoriz	ation type for submission *		
Continue Physical health (physical therapy, occupational therapy, speech therapy and chiropractic)			ech therapy and chiropractic)	~		
Your sean	ch is not a request for prior authori: notification to UnitedHealthcare.	ration,	For Commercial membe and chiropractic) throug	rs please submit physical health requ h the Optum Physical Health Portal.	lests (physical therapy, occupational thera	apy, speech therap
LOOKING	or behavioral nearth mormation.		Select plan type *			
	Check by member	Continue	Medicare			~
Check by	y member, procedure code(s) a o generate a reference number	nd case (Decision ID).				
Applies to	o medical services only.					

UHC Provider Portal – Redirect Notice

You will receive a message that you are being redirected.

If you are not automatically redirected in 5 seconds, click the continue button.



Optum Provider Portal

Once successfully redirected from the UnitedHealthcare provider portal, you will be presented with the Optum Provider Portal.

This Medicare User Guide will be available to you, each time you log in.

A Welcome		Change Provider	(?) Help S	ign Out
WebAssist Physical Health				
Physical Health Locations		Clinical Subs & Claims - Tools & Re	sources -	Home
Activity Center	👉 Informational Center			
Clinical Submissions and Claims	Medicare User Guide >			
Clinical Submissions				
Submit Check Status				
Recent Clinical Submissions				
There are no recently submitted clinical				
submissions and no clinical submissions completed in the last 2 weeks.				
Expiring Clinical Submissions				
There are no clinical submissions expiring				
within the next 10 days.				
Patient Status Report				
Click here to complete PSR				
Encountered a problem ?				
Click here to get assistance				

Determine if Clinical Submission is Required

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

A Welcome		Chi	ange Provider	ign Out
Ptum WebAssist Physical Health				
hysical Health Locations		Clinical Subs & Claims 🕶	Tools & Resources	Home
👉 Activity Center	👉 Informational Center		UHC Medicare Quick Group Check	
Clinical Submissions and Claims Clinical Submissions Submit Check Status	Medicare User Guide >			
Recent Clinical Submissions There are no recently submitted clinical submissions and no clinical submissions completed in the last 2 weeks.				
Expiring Clinical Submissions There are no clinical submissions expiring within the next 10 days.				
Patient Status Report Click here to complete PSR				
Encountered a problem ?				

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Determine if Clinical Submission is Required

The UHC Medicare Group Check requires entering the member's group/policy number to verify clinical submission requirements.

Enter the member's group/policy number, then click 'Submit'.

Clinical Submission requirements will be displayed below.

A Welcome Change Provider (?) Help Sign Out WebAssist Physical Health Clinical Subs & Claims . Tools & Resources . Home Physical Health Locations M&R Quick Group Check Network News **Operations Manuals** Clinical submission requirements differ by member groups. Quick Group Check allows you to check submission requirements for commercial plans (not Medicare or Medicaid/Community/State plans). Quick Plan Summaries Group Check only works for UnitedHealthcare groups with a 5-character Group Number, with either all Fee Schedules numeric characters (example: 70168) or numeric with the second character a letter (example: 3U585). For other Groups, please see the Plan Summary for submission requirements. Enter the 5-character State Regulatory Addendums UnitedHealthcare Group Number below as it appears on the member's ID card to determine if a submission Patient Satisfaction Result is required. Patient Satisfaction CAHPS Tutorial Member's Group Numb CAHPS Survey Methodology Forms Patient Status Report Reference Guide Electronic Claims Clinical submission is required for Group 71911 members Click here to continue the online submission. UHC Quick Group Check M&R Quick Group Check **Reimbursement Policies** California Language Assistance Information CMS Fraud, Waste & Abuse Provider Training Download 835 Electronic Remittance Advice File Click here for live chat >>>

Submit a PSF Electronically

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



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 fill out the patient demographics section in the blank form.

If you have an established patient who has changed his/her name, address, or health insurance plan, complete a **new submission**, and include the new information as you would for any other new patient.

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

WebAssist Physical Health Clinical Subs & Claims = Tools & Resources . Home Physical Health Locations ber Eligibility Submit a Clinical Sub Clinical Sub Status Patients **Currently Selected Patients** Begin by entering the patients information or select an existing patient from NOPOR the Patients list. **Clear Patie** 000000 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 Click here for live chat ++ 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.

Last Name	First Name	MI	Address
Gender	DOB (mm/dd/yyyy)		City
O male O Female	ID#		State
			Please select 🗸 🗸
			Zip
lan:			Group Number

Submit a PSF electronically – Patient Information – Group Number

The Group Number is a required field.

If you try to proceed without entering a group number, you will receive an alert advising that the group number is required.

			Optum Wet Phy	bAssist rsical Health	s1-stg-webassist-ph.uhc.com say The Group number you entered does try again.	rs not contain 5 characters,	please	Table & Recourses - Hom
			Physical Health Location:	<u>S</u>		Member Eligibi	lity Submit a Clinica	I Sub Clinical Sub Status
			Patients	Verify the patien begin completing	's information is correct, and then sele- the clinical submission form.	ct your Office Location t	0	Currently Selected Patient
Optum Web/ Physic Physical Health Locations Patients	WebAssist Physical Health Preside Health Locations Patients Image: Second Health Big Second Hea	ion is correct, and then s al submission form.		SUBMIT A PATIENT Patient's Demog Last Name Gender ® Male © Fe ID# Plan: UnitedHealthcar	SUMMARY FORM	MI	Address City State Zip Group Number	· · · · · · · · · · · · · · · · · · ·
	Patient's Demographic Sect Last Name Gender Male Female ID# Plan: UnitedHealthcare Medicare	Vola	MI Ad	ddress ty ate p roup Number 12345	Ÿ			

Optum

(?) Help Sign Out

Submit a PSF electronically – Patient Information – Group Number

Once you enter a group number, and that group number requires submission, you will receive a message that clinical submission is required and will be prompted to 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.

ysical nearth Locations		Clinical Subs & Claims Iools & Resources Home		
tients	Member Eligibi	lity Submit a Clinical Sub Clinical Sub Status		(g) netp - sig
	Verify the patient's information is correct, and then select your Office Location to begin completing the clinical submission form.	Currently Selected Patient		Clinical Subs & Claims - Tools & Resources - H
			Member Eligib	lity Submit a Clinical Sub Clinical Sub Statu
	SUBMIT A PATIENT SUMMARY FORM			
	Patient's Demographic Section Last Name First Name MI Gender DOB (mm/dd//vvvv)	Address City	then select your Office Location	Currently Selected Patient
	Male Female	State V Zip	мі	Addrase
	Plan:	Group Number	d/yyyy)	City
-	UnitedHealthcare Medicare 🗸	12345		State 🗸
	Clinical submission is required for Group 12345	members.		Zip
	Office Location with TIN number Please select your Clinic Address			Group Number

Submit a PSF Electronically – Patient Information – Plan Name

In the Plan section, select 'UnitedHealthcare Medicare' from the dropdown.

	合 Welcome			Cha	nge Provider	Help :	Sign Out
Optum Web/	Assist ical Health						
Physical Health Locations				Clinical Subs & Claims	Tools & Reso	ources 🔻	Home
			Member Elig	gibility Submit a Clinical	Sub Clini	cal Sub Sta	atus
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Click here for live chat He	Providers may request a visit if the application of the time p patient or the ability of the pa Optum receiving all required i During Optum business hours 271-6809 during non-Optum b	on an urgent basis if the Depa beriod for making a non-urgen tient to regain maximum func nformation. s providers may reference the business hours to initiate a rec	rtment of Labo t care determin tion. A determi phone number juest for urgen	or urgent care definition is m nation could seriously jeopar ination for urgent care will be r in the applicable Plan Sumr it care.	et. Care may o dize the life o e issued within nary. Provider	រុualify as u r health of n 24 hours rs may call	rgent the of 877-
	Last Name	First Name	MI	Address			
	Gender ○ Male ○ Female ID#	DOB (mm/dd/yyyy) mm/dd/yyyy		City State Disase select Zip	×		
	Plan: Please select Please select UnitedHealthcare Medicare	Y.		Group Number			

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.

Optum WebAssist	Optum WebAssist Physical Health
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Plan: UnitedHealthcare Medicare Clinical Information Office Location with TIN number Please select your Clinic Address	Provider Completes This Section *Date you want Trill submission to begin:

Submit a PSF electronically – Clinical Information

Enter all required the clinical information within the electronic form.

Optum	WebAssist Physical Health
Physical Health L	GEnical Subs & Claims - Tools & Resources + Home
Physical Health L Patients	Accessions
	Would you like to attach additional documents to this Clinical Submission? Upload/View Documents Upload/View Documents Is this an Administrative Correction to a Previous Submission? Image: 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:

Submit a PSF Electronically

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.)*

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		-	-		
	C 1 1 1				
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	_				_

John Chiropractor, DC,MT,LAC Office Location: 090999 Test, Denver , CO - *****8984

*Credentials: ... MD/DO ... DC ... OT ... PT ... ATC ... MT ... ST ... Other

Setting: Is this Home Care Setting? O yes O 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?

Date you want two submission to begin:	mm/dd/yyyy *Number of visit(s) within past 90 days:
Requested duration in weeks:	*Requested number of visits:
Patient Type:	
O1-New to your office O2-Est'd, new injury	y○3.Est'd, new episode○4.Est'd, continuing care
Nature of Condition:	
O 5-initial onset (within last 3 months) O	2-Recurrent (multiple episodes of + 3 months) O 3-Chronic (continuous duration + 3 months)
Cause of Current Episode:	
*Cause of Current Episode:	1 Post-surgical D Work related D Motor vehicle

Submit a PSF electronically – Administrative Corrections

O

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?'

cal Health Locations	Clinical Subs & Claims * Tools & Resources * Hon
	Member Eligibility Submit a Clinical Sub Clinical Sub Status
nts	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
01/01/1962	ID# 1111111111 Health Plan: UnitedHealthcare Medicare Group Number:
insteal Health Provider Support	Referral Information
Click here for	Physician: Date Issued: mm/dd/yyyy Referral Number:
live chat PP	(if applicable) (if applicable) (if applicable)
	Provider Information
	John Chiropractor, DC,MT,LAC Uttice Location: 999999 Test, Derver, CO - *****8984
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	*Setting: Is this Home Care Setting? O Yes O No
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_	Would you like to attach additional documents to this clinical submission: Upload/View Documents Opload Instructions
	Is this an Administrative Correction to a Previous Submission? 🔲 🗲 🔤
	Provider Completes This section

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.

Optum	/ebAssist hysical Health
Physical Health	Clinical Subs & Claims - Tools & Resources -
Patients	Member Eligibility Submit a Clinical Sub Clinical Sub Stat
	Patient information Last Name: Test Address: Test ID# 111111111 Health Plan: UnitedHealthcare Medicare Group Number:
Click here f live chat H	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

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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Provider Information Provider Information <td>Cick here for live chat >>></td> <td>(f applicable) (f applicable) (f applicable)</td> <td>Work</td>	Cick here for live chat >>>	(f applicable) (f applicable) (f applicable)	Work
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Dx8 Dx7 Dx8 Dx9 Dx10 Dx11 Dx9 Dx10 Dx9 Dx11 Dx12 Dx12 Headaches Current Functional Massure Score: Neck Index: Neck Index: Back Index: Back Index: Back Index: Back Index: Back Index: Back Index: Current Functional Massure Score: No Answer Current Functional Massure Score: No Answer Current Functional Massure Score: No Answer Calculate		Please und	Recreation
Dx8 Dx19 Dx11 Dx12 Current Functional Measure Score: Nock Index: Neck Index: Back Form NXA DASH Form LEFS: LEFS: LEFS: LEFS: LEFS: LEFS: LEFS: LEFS: LEFS: LEFS: LEFS: LEFS: LEFS: LEFS: LEFS: LEFS: <td></td> <td>Dx5 Dx6 Dx7 Dx8</td> <td>No Answer</td>		Dx5 Dx6 Dx7 Dx8	No Answer
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Current Functional Massure Score: No Answer Neck Index: Neck Index: Back Index: Back Index: Back Index: Back Index: Back Index: Back Index: Idebr: DASH: Idebr: LEFS: Idebr: Idebr: Idebr: Idebr: Idebr: Idebr: Idebr: Idebr: Idebr: Idebr: Idebr: Idebr:			Treducties
Nuck frame Nuck frame Back frame N/A DAGH: DAGH form LEFS: LEFS form Calculate		Current Functional Measure Score:	No Answer
DASH: DAGH Form LEFS: LEFS Form (Other) Calculate Accept Clear Data		Neck Form Back Index Back Form N/A	1
(Other) Calculate Accept Clear Data		DASH: DASH form LEFS: LEFS form	
		(Other)	Calculate Accept Clear Data

Submit a PSF electronically – Submit

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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.

A Welcome	Change Provider (?) Help Sign Out
ptum WebAs	ssist al Health
Physical Health Locations	Clinical Subs & Claims • Tools & Resources • Home
	Member Eligibility Submit a Clinical Sub Clinical Sub Status
ABBBBB	Patient Summary Form
	The following errors must be corrected before submitting the form. Primary Diagnosis Code not entered Enter a description when Other SBST Not Completed is selected
	Patient Information
Physical Health Provider Support	Last Name: MI: Gender: DOB:
Click here for live chat H	IDØ Health Plan: UnitedHealthcare Medicare Group Number:
	Referral Information
	Physician: Date Issued: mm/dd/yyyy Referral Number: (if applicable) (if applicable) (if applicable)
	Provider Information
	Office Location: 865 STONE ST, RAHWAY, NJ - ****7305 *Auth Type Submitting for/Credentials: 0 Of C PT ST
	*Place of Service
	Il=Office - Outpatient O 12=Homecare O 19=Off-Campus Outpatient Hospital O 22=Hospital - Outpatient O 24=Outpatient Facility O Other
	Contact information Phone number:
	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.

ptum	Web/ Physi	issist cal Health
Physical Health	Location	S Clinical Subs & Claims - Tools & Resources - Home
		Member Eligibility Submit a Clinical Sub Clinical Sub Status
atients ABCDE GHUUK ANOPO		Patient Summary Form Confirmation Page Confirmation Number: 23179498
5 1 0 0 0 0 7 2) ×	Patient Information Last Name: Test First Name: Test Address: City: State: Zip: ID#: 1 Health Plan: e Group Number:
Click here flive chat H	ler Support	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 SBST Category: nigh Risk Print Page # Plance prior this base for your records

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.

After being redirected to the Optum WebAssist home page from UHC provider.com, you can check the status of your submission. Under the Activity Center, click the 'Check Status' hyperlink under Clinical Submissions.



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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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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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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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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Technical Assistance

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

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Expiring Clinical Submissions	
There are no clinical submissions expiring within the next 10 days.	
Patient Status Report	



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