This will review the process of how to submit a claim online and check the status of a previously submitted claim.

Get Started

1. From UHCprovider.com, click Link and sign in

2. Enter your Optum ID and Password, then Sign In

3. Select the Claim Submission tile

NOTE: Only CMS 1500 Professional Claims can be submitted here. Detailed Step-by-Step instructions are at the end of this document.
Member Search

SEARCH FORM

1. Select the appropriate Payer Name/Payer ID (defaults to 87726)

2. View a sample ID card

3. Confirm your Corporate Information or click Change to update

4. Select a Search Action (Submit a Claim shown first. Also, see note below)

5. Select a search option and enter the appropriate data including the Date of Service

6. Click Submit Member Search then select the desired patient from the results

NOTE: Selecting Submit a Corrected claim will direct you to claimsLink to submit it through the reconsideration form.
Several fields will be pre-populated.

**PATIENT AND INSURED INFORMATION**

**Note:** Required fields are highlighted in yellow.

Select the **Insurance Type** and if there is other insurance.

**NOTE:** If there is another Health Benefit Plan, you will be prompted for additional information.
GENERAL CLAIM INFORMATION

Affirm that you have the appropriate signatures on file

Complete optional fields, as warranted, including Claim Level Information

Complete the Place of Service

NOTE: If you select Yes for Ambulance Billing, you will be prompted for additional information
**DIAGNOSIS INFORMATION AND SERVICE LINES**

Enter a **Code** or **Description**, click the search symbol (Q) and select the appropriate **Diagnosis** from the results.

Enter the **Service Line Information** including: dates, codes (search available), modifiers and diagnosis pointers, charges and units.

You may enter **Additional Information** to provide Notes, COB Information, NDC Codes, Test Results and more, for specific lines.

**Note:** Please, **Add Provider** for a specific line, only if it is for a different NPI number than what is used for the overall claim in box 34a.
### PROVIDER INFORMATION

Select the Service Facility Address and Billing Provider Address

Enter the Billing Provider's NPI and Servicing Provider's NPI

When complete, click Submit

**NOTE:** If you do not have an NPI number, you should select NO and enter your alternate ID. Also, for some Medicaid states, and only for Medicaid policies, the Taxonomy fields, though not highlighted in yellow, are required. If the NPI/Secondary ID is the same for both Billing and Servicing Providers, enter the taxonomy only for the Billing provider.

Once submitted, you will receive a confirmation of receipt, which you can print.

You may also download a copy of the claim for your records.
**NOTE:** For claims that have been **Accepted**, use claimsLink for more detailed information, including payment information.

**SEARCH FORM**

From the Search Form, select **View Status of Submitted Claim**

Enter the desired **Date Range** and click **Check Claim Status**

**CLAIM SUBMISSION STATUS**

Verify the **Submission Status**

(If Rejected, correct and resubmit the claim)
Claim Submission Form Step-by-Step Instructions

**NOTE:** Fields highlighted in yellow MUST be completed. Field highlighted in white are conditional; they may be required for claim processing based on services rendered and/or line of business (LOB).

**Box 1 Insurance Type:** Select the line of business (Medicare, Medicaid, Commercial, etc.)

**Box 11 Insured’s Policy # or FECA #:** Some lines of business and/or states require this field to be completed even though it is marked as Optional. Enter the group number, found on the member’s ID card.

**Box 11D:** If there is another health benefit plan, select from the dropdown. If “Yes” is selected, additional fields will display and required fields must be completed.

**Box 12 Patient’s Signature on File:** Select “Yes” or “No”

**Box 13 Insured’s Signature on File:** Select “Yes”, “No” or “Not Applicable”

**Box 21:** Enter the diagnosis code AND the diagnosis code description. Add additional codes by selecting the “Add Diagnosis” button.

**Box 23 Place of Service:** Select a claim level Place of Service from the dropdown

**Box 24:** You may select **Add Box 23 Item**, choose a **Reference Information** category and complete the information as prompted.

**Box 24: Service Line Information**
- **Dates:** Enter the “From” and “To” date of service
- **Place of Service:** DO NOT enter anything in this field unless the place of service for this line is different from what was entered in box 23 above.
- **CPT & HCPC Codes & Description:** Enter the code AND the description
- **Diagnosis Code Pointers:** Enter the diagnosis code pointer for this service line
- **Charges:** Enter your billed charge
- **Days or Units:** Enter the # of days or units. Use the drop down to specify if the # entered refers to days or units.
- **Enter Additional Information:** Used to add NDC information, ambulance information, notes, etc.
  - **Ambulance:** Select the “Notes & Attachments” Tab, select “Additional Information” and in the “Notes” field add any required information such as zip code, mileage, etc.
  - **NDC Info:** Select the “NDC Code” Tab and enter the applicable information
- Add additional service lines by selecting the “Add Row” button.

**Box 26:** Enter the patient account number you assigned this patient

**Box 27 Accept Assignment:** Select “Yes” or “No”

**Box 31 Provider’s Signature on File:** Select “Yes” or “No”

**Box 32 Select Service Facility Address:** Select the appropriate address or Change, if needed
Claim Submission Form Step-by-Step Instructions (continued)

Box 33: Billing Provider Information:
- Select the appropriate address
- **Do you bill with an NPI #?**
  - **Yes:** Select “Yes” and enter your NPI in Box 33A
  - **No:** Select “No” and enter your Medicaid ID, Medicare ID, TIN or SSN in Box 33A
- **Box 33B* Taxonomy Code:** Some UnitedHealthcare Community & State and Commercial Health Plans require this field to be completed even though the field is marked as optional. Once received, the claim will deny if the information is not included. The industry standard list can be found on the Washington Publishing Company > [Health Care Provider Taxonomy Code Set](#).

Box 34: Servicing Provider Information
- **Do you bill with an NPI #?**
  - **Yes:** Select “Yes” and enter your NPI in Box 34A
  - **No:** Select “No” and enter your Medicaid ID, Medicare ID, TIN or SSN in Box 34A
- **Box 34B* Taxonomy Code:** Some UnitedHealthcare Community & State and Commercial Health Plans require this field to be completed even though the field is marked as optional. Once received, the claim will deny if the information is not included. The industry standard list can be found on the Washington Publishing Company > [Health Care Provider Taxonomy Code Set](#).

**NOTE:** For UnitedHealthcare Community Plan claims the Taxonomy Code must always be included in box 33B if the Billing Provider and Rendering Provider info is “exactly the same”. If there is any question always include the Taxonomy code in box 33B & 34B.

When complete, click “Submit”
You will immediately receive a confirmation of receipt, which you may print.

Additional Help Resources are available at the Link Resource Library and UHC on Air