



Submitting an Authorization Request in the WCMBP System

Effective 4/8/2025, the Certificate of Medical Necessity [CMN] **Authorization Submission** page was enhanced to allow for the automatic calculation of Total Requested Units for Home Health and Licensed Practical Nurse [LPN] procedural codes. Additionally, the procedure code drop down menu now includes new LPN codes and when selected, will auto-populate the HH/LPN modifier.

This QRG shows the screen changes that will be displayed to DOL staff and describes the process for completing the new data fields.

The previous WCMBP System screens and process are described below.

Code Type: The system displayed only three procedure code types.

- CPT Procedure Code
- CDT Procedure Code
- HCPCS Procedure Code

Procedure Code: DOL staff selects the procedure code, code type, and modifier from the drop-down lists.

Units/Days: DOL staff enters the units for each approved procedure code.

Note: Units per visit, frequency, and duration of the procedure code were not captured in the WCMBP system authorization screen.

The enhanced WCMBP System screens and process are described below.

Code Type: The system displays four procedure code types

- CPT Procedure Code
- CDT Procedure Code
- HCPCS Procedure Code
- Home Grown Procedure Codes

Procedure Code: DOL staff selects the procedure code from the drop-down list.

Note: Once the procedure code is selected, the system will auto-populate the **Code Type** and **Modifier** fields.

Units/Days: The enhanced system screens no longer display the **Units/Days** field. The system now displays the fields below.

- **# of Units Per Procedure/Visit-** the number of units approved for each visit
- **Frequency-** how often the visits occur
- **Duration-** approved length of service

Total Requested Units (new field): The system will automatically calculate the **Total Requested Units** for Home Health and LPN procedure codes.

Note: DOL staff can manually enter and change the calculated values.



Submitting an Authorization Request in the WCMBP System

1. To open the **Authorization Submission** page, select **Add New Request** on the **Authorization Request List** page.

MyInbox > Authorization Request List

Close Add New Request Get New Task Initiate Correction Cancel Authorization

Authorization Request List

Filter By: [] And [] And []

Last 1 Month And Header Status [] Go

	Auth Request #	Claimant Case ID	OWCP Provider ID	Header Status	Auth Type	Last Updated	Submitted Date	Level	Organization
<input type="checkbox"/>	[]	[]	[]	In Review	General Medical	01/29/2025	01/29/2025	3	OWCP
<input type="checkbox"/>	[]	[]	[]	In Review	General Medical	01/29/2025	01/29/2025	3	OWCP
<input type="checkbox"/>	[]	[]	[]	In Review	General Medical	01/28/2025	01/28/2025	3	OWCP

2. On the **Authorization Submission** page, select **DCMWC** from the **Program** drop-down list

eCAMS HCE

My Inbox Provider Claimant Authorization Payment

HCE Profile: DOL Authorization Supervisor

MyInbox > Authorization Request List

Close Save Authorization

Program: [] Authorization Type: []

- DCMWC
- DEEOIC
- DFEC
- DLHWC



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3. Select **Certificate of Medical Necessity** from the **Authorization Type** drop-down list. The **Authorization** page displays additional sections of the authorization request to be completed.

The screenshot shows the eCAMS HCE interface. At the top, there are navigation tabs: My Inbox, Provider, Claimant, Authorization (selected), and Payment. Below this is a user profile bar for 'DOL Authorization Supervisor'. The main content area is titled 'MyInbox > Authorization Request List'. There are buttons for 'Close' and 'Save Authorization'. The 'Program' dropdown is set to 'DCMWC'. The 'Authorization Type' dropdown is open, showing 'Certificate of Medical Necessity' as the selected option.

4. Within the **Requestor Information** section, complete the required **Requested By** and **Phone Number** fields.

The screenshot shows the same eCAMS HCE interface, but with the 'Requestor Information' section expanded. The 'Program' is 'DCMWC' and 'Authorization Type' is 'Certificate of Medical Necessity'. The 'Date Requested' is '02/03/2025'. The 'Requested By' and 'Phone Number' fields are highlighted with red boxes, indicating they are required. Other sections like 'Claimant Information' and 'Provider Information' are also visible but not expanded.



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5. Within the **Claimant Information** section, complete the required **Claimant's Case ID** field.

MyInbox > Authorization Request List

Close Save Authorization

Program: DCMWC * Authorization Type: Certificate of Medical Necessity *
Source: DDE

Requestor Information

Date Requested: 02/03/2025 * Requested By: * Phone Number: *

Claimant Information

Claimant's Case ID: * Claimant Name:
Date of Birth:

Provider Information

Provider ID: * Provider Name: Provider Tax ID: Provider Type:

6. Within the **Provider Information** section, complete the required **Provider ID** field.

MyInbox > Authorization Request List

Close Save Authorization

Program: DCMWC * Authorization Type: Certificate of Medical Necessity *
Source: DDE

Requestor Information

Date Requested: 02/03/2025 * Requested By: * Phone Number: *

Claimant Information

Claimant's Case ID: * Claimant Name:
Date of Birth:

Provider Information

Provider ID: * Provider Name: Provider Tax ID: Provider Type:



Submitting an Authorization Request in the WCMBP System

7. In the **Service Line Information** section, complete the required fields with the relevant information for each service line.

- **From Date** and **To Date**: Date range within which the service will be performed
- **Code Type**: Selecting **Home Grown** code type will limit the procedure code drop down list to only the LPN or RN Home Grown codes, while selecting a procedure code will auto populate the **Code Type** and **Modifier** fields
- **Procedure Code**: Corresponding to the service being provided
- **Modifier**: 1N-Home Nurse will be auto-populated based on the code type

Note: The next three columns will be modifiable only after the status is set to approved.

- **# of Units Per Procedure/Visit**: The number of units approved for each visit
- **Frequency**: How often the visits occur
- **Duration**: The approved length of service
- **Total Requested Units**: Auto-populated to represent the calculation of these three elements: **# Of Units Per Procedure/Visit** × **Frequency** × **Duration**
- **Status**: Indicates whether the service line is Approved, Delete, Denied or Returned To Provider
- **Line Status Action**: Required if the status is denied
- **Action**: Delete the service line

☰ Provider Information ▲

Provider ID: <input type="text"/>	Provider Name: <input type="text"/>	Provider Tax ID: <input type="text"/>	Provider Type: <input type="text"/>
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☰ Service Line Information ▲

➕ Add New Line

	From Date	To Date	Code Type	Procedure Code	Modifier	# Of Units Per Procedure/Visit	Frequency	Duration	Total Units Requested	Status	Line Status Reason	Action
1	03/04/2025 <input type="text"/>	03/20/2025 <input type="text"/>	Home Grown Code <input type="text"/>	90179-HOME LPN CHRONIC CARE TYPE A-2 <input type="text"/>	1N-HOME NURSE <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Submitting an Authorization Request in the WCMBP System

8. To submit the authorization request, select **Save Authorization** on the **Authorization Submission** page.

Note: When an authorization request is saved without a value in any of the new fields, the system displays an error message indicating the field with missing data.

If the **Total Requested Units** field exceeds 24 units per day of service on a service line, the error message, *"The total requested units cannot exceed 24 units per day of service for this line,"* displays.

MyInbox > Authorization Request List

Close Save Authorization

Program: DCMWC
Source: DDE

Requestor Information

Date Requested: 02/05/2025 Requested By:

Claimant Information

Claimant's Case ID:

After submitting the authorization request, the system displays the finalized authorization request with an assigned Authorization Request Number (ARN).

Auth Request Number:

Close Update Generate RTP Correspondence Retrieve Correspondence/Attachments Comments View History View Error History Upload/Retrieve Attachment Show Duplicate Authorization Show Correction

Program: DCMWC Authorization Type: Certificate of Medical Necessity
Authorization Status: Approved Authorization Level: Level 3
Source: DDE

Requestor Information

Date Requested: 03/04/2025 Requested By: Phone Number: (123) 456-7890

Claimant Information

Claimant's Case ID: Date of Birth: Claimant Name:

Provider Information

Provider ID: Provider Name: Provider Tax ID: Provider Type: 25-Physician (MD) & Physic

Service Line Information

Add New Line Update

Line #	From Date	To Date	Code Type	Code	Modifier	Level	Requested Units	Auth Units	Requested Amount	Auth Amount	# Of Units Per Procedure/Visit	Frequency	Duration	Status	Line Status Reason
1	03/04/2025	03/20/2025	Home Grown Code	90179	1N	3	1	1			1	1	1	Approved	

View Page: 1 Viewing Page: 1



Viewing Submitted Authorization Request Details in the WCMBP System

- To open the **Authorization Request Details** page, select the **Auth Request #** link on the **Authorization Request List** page. Use the **Filter By** drop-down list to narrow authorization results.

Authorization Request List

Filter By : And And Program Submitted In Last 1 Mo

<input type="checkbox"/>	Auth Request # ▲▼	Claimant Case ID ▲▼	OWCP Provider ID ▲▼	Header Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Level ▲▼
<input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	Approved	Certificate of Medical Necessity	04/10/2025	04/10/2025	3

The **Authorization Request Details** page displays the details of the submitted authorization request that includes the information populating the fields in the new columns: **# Of Units Per Procedure/Visit**, **Frequency**, and **Duration**.

Auth Request Number: [Redacted]

Close Update Generate RTP Correspondence Retrieve Correspondence/Attachments Comments View History View Error History Upload/Retrieve Attachment Show Duplicate Authorization Show Correction

Program: DCMWC Authorization Type: Certificate of Medical Necessity Authorization Status: Approved Authorization Level: Level 3 Source: DDE

Requestor Information

Date Requested: 03/04/2025 Requested By: [Redacted] Phone Number: (123) 456-7890

Claimant Information

Claimant's Case ID: [Redacted] Claimant Name: [Redacted] Date of Birth: [Redacted]

Provider Information

Provider ID: [Redacted] Provider Name: [Redacted] Provider Tax ID: [Redacted] Provider Type: 25-Physician (MD) & Physician

Service Line Information

Add New Line Update

Line # ▲▼	From Date ▲▼	To Date ▲▼	Code Type ▲▼	Code ▲▼	Modifier ▲▼	Level ▲▼	Requested Units ▲▼	Auth Units ▲▼	Requested Amount ▲▼	Auth Amount ▲▼	# Of Units Per Procedure/Visit ▲▼	Frequency ▲▼	Duration ▲▼	Status ▲▼	Line Status Reason ▲▼
1	03/04/2025	03/20/2025	Home Grown Code	90179	1N	3	1	1			1	1	1	Approved	

View Page: 1 Page Count SaveToCSV Viewing Page: 1 First Prev



Viewing Submitted Authorization Request Details in the WCMBP System

- From the **Service Line Information** section on the **Authorization Request Details** page, select the service **Line #** link. Selecting the line number allows DOL staff to update service line information.

Line #	From Date	To Date	Code Type	Code	Modifier	Level	Requested Units	Auth Units	Requested Amount	Auth Amount	# Of Units Per Procedure/Visit	Frequency	Duration	Status	Line Status Reason	Comments
1	03/04/2025	03/20/2025	Home Grown Code	90179	1N	3	1	1			1	1	1	Approved		Add Comments

View Page: 1 Go + Page Count SaveToCSV Viewing Page: 1 << First < Prev Next > Last >>

Authorization Request details display on the **Update Service Line** page. The new **# Of Units per Procedure/Visit**, **Frequency**, and **Duration** fields display the information based upon the Procedure Code selection and remain enabled for Home Health or LPN codes and are disabled for Non-Home Health codes.

Auth Request Number: [REDACTED]

Update Service Line

From Date: 03/04/2025 To Date: 03/20/2025

Code Type: Home Grown Code

Procedure Code: 90179-HOME LPN CHRONIC CARE TYPE A-2

Code Description: HOME LPN CHRONIC CARE TYPE A-2

Modifier: 1N-HOME NURSE # Of Units per Procedure/Visit: 1

Frequency: 1 Duration: 1

Units Requested: 1

Level: Level 3

Line Status: Approved Line Status Reason: [REDACTED]

Authorized Units: 1 Authorized Amount: [REDACTED]

Comments: [REDACTED]

View History OK Cancel