

DCMWC Authorization Submission Request (1 of 8)

Submitting an Authorization Request in the WCMBP System

The Division of Coal Mine Workers' Compensation (DCMWC) Certificate of Medical Necessity (CMN) **Authorization Submission** page allows for the automatic calculation of Total Requested Units for Home Health (HH) and Licensed Practical Nurse (LPN) procedural codes. Additionally, the **Procedure Code** drop-down list includes LPN codes, and when selected, will auto-populate the HH or LPN modifier.

This quick reference guide (QRG) shows the page displayed to Department of Labor (DOL) staff and describes the process for completing the DCMWC authorization submission request.

The previous DCMWC Authorization Submission request process and WCMBP System 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 selected the procedure code, code type, and modifier from the drop-down lists.

Units/Days: DOL staff entered 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 page.

The enhanced WCMBP System pages 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 auto-populates the **Code Type** and **Modifier** fields.

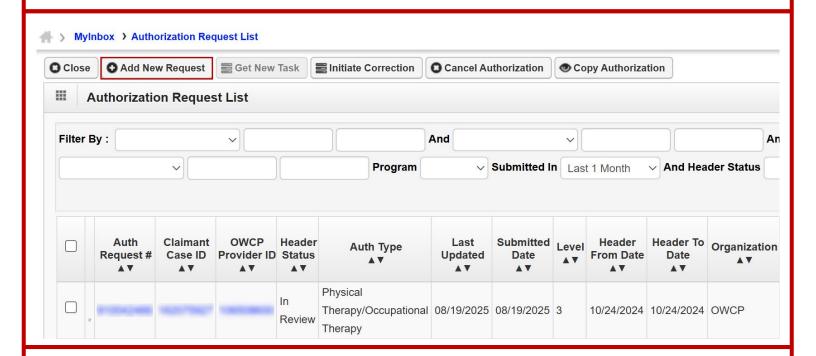
Units/Days: The enhanced system pages no longer display the **Units/Days** field. The system now displays the fields below.

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

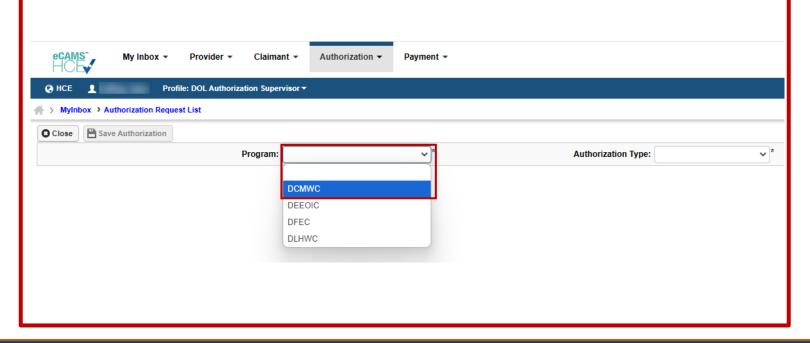
Total Requested Units (new field): The system automatically calculates the **Total Requested Units** for Home Health and LPN procedure codes. **Note**: DOL staff can manually enter and change the calculated values.



 Open the Authorization Request List page, then to open the Authorization Submission page select Add New Request.

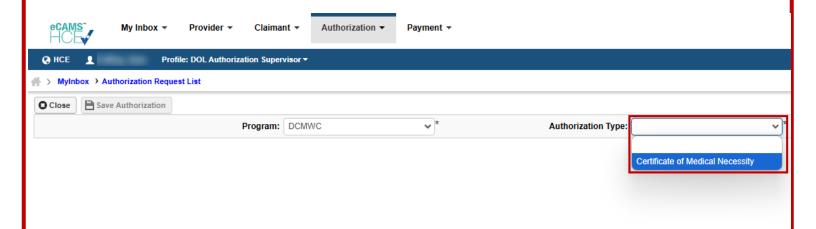


2. On the **Authorization Submission** page, select **DCMWC** from the **Program** drop-down list.

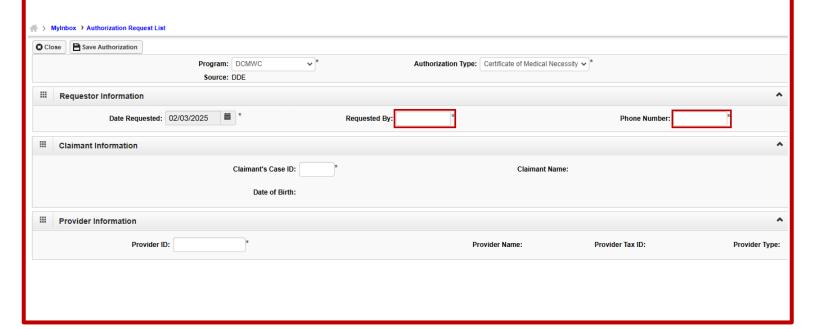




From the Authorization Type drop-down list, select Certificate of Medical
 Necessity. The Authorization Submission page displays additional required fields
 to be completed prior to submitting an authorization request.

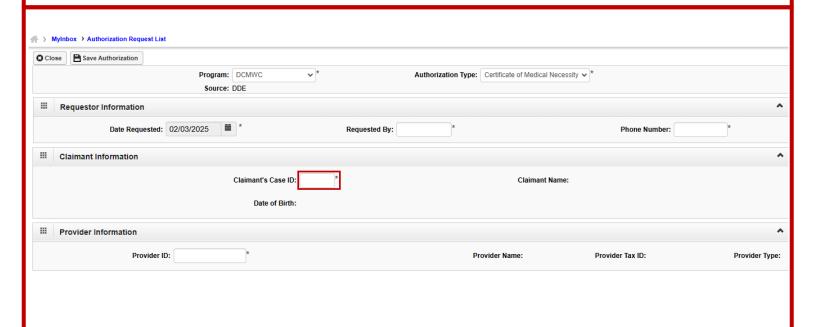


4. In the **Requestor Information** section, complete the required **Requested By** and **Phone Number** fields.

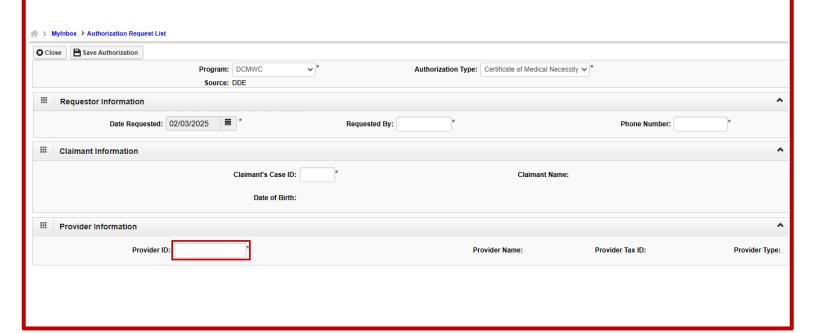




In the Claimant Information section, complete the required Claimant's Case ID field.



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





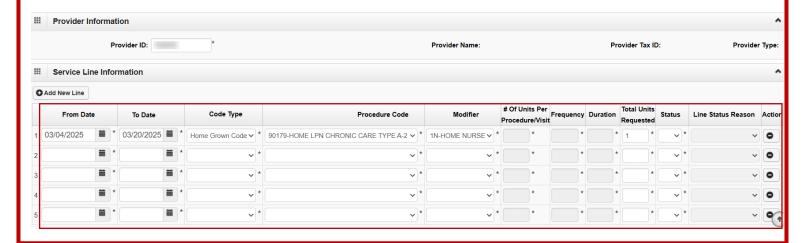
DCMWC Authorization Submission Request (5 of 8)

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 indicating when 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.
 - Selecting a procedure code will auto-populate the Code Type and Modifier fields.
 - Procedure Code: Corresponds 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: Number of units approved for each visit.
- Frequency: How often the visits occur.
- Duration: 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.

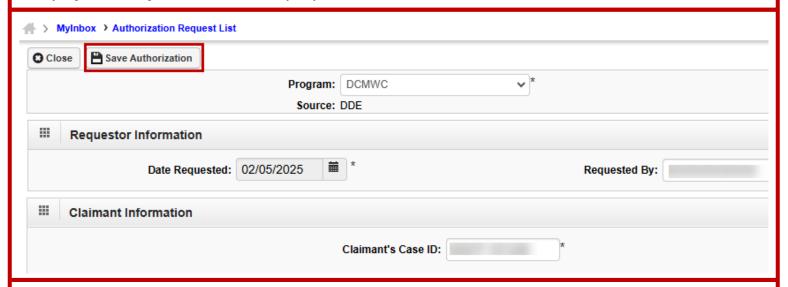




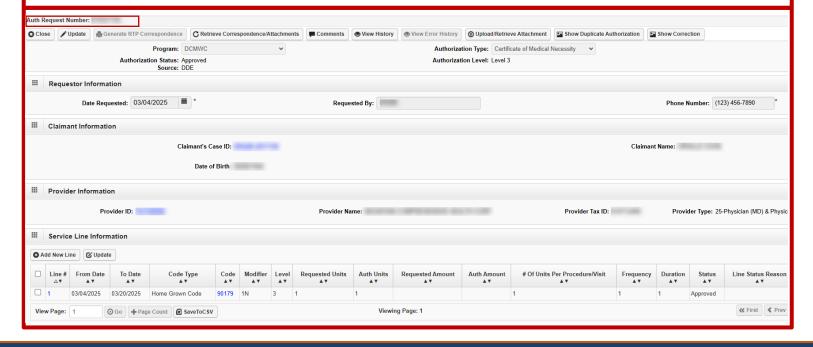
 To submit the authorization request, select Save Authorization on the Authorization Submission page.

Note: When an authorization request is saved without required information, the system displays an error message indicating the field or fields with missing data.

Note: 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.



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



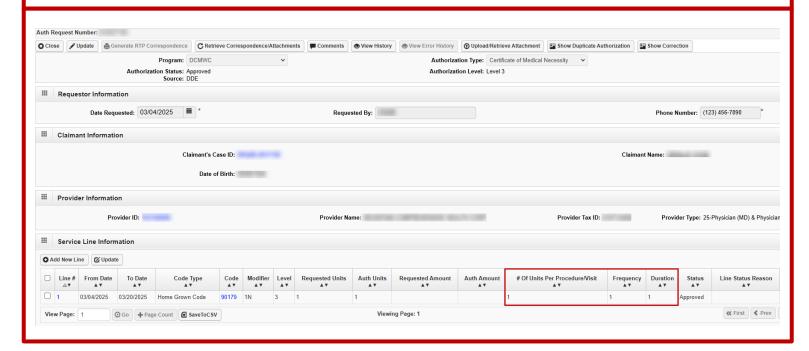


Viewing Submitted Authorization Request Details in the WCMBP System

 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.

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	Auth Request #	Claimant Case ID ▲ ▼	OWCP Provider ID ▲ ▼	Header Status ▲ ▼	Auth Type ▲ ▼	Last Updated ▲ ▼	Submitted Date ▲ ▼	Leve		
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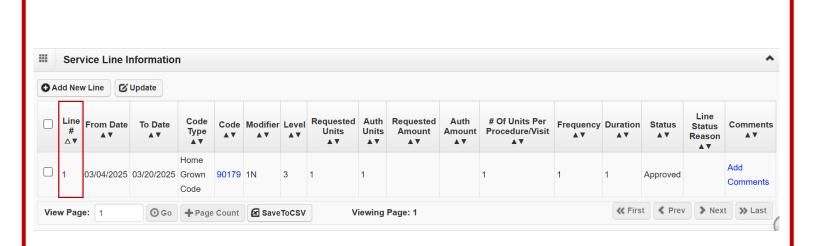
The **Authorization Request Details** page displays the details of the submitted authorization request that includes the information populating the fields in the new columns: **# Of Units Per Procedure/Visit**, **Frequency**, and **Duration**.





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 opens the Update
Service Line page allows DOL staff to update service line information.



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

