



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.



Submitting an Authorization Request in the WCMBP System

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

Home > MyInbox > Authorization Request List

Close Add New Request Get New Task Initiate Correction Cancel Authorization Copy Authorization

Authorization Request List

Filter By : [] And [] And []

[] Program [] Submitted In Last 1 Month And Header Status []

	Auth Request # ▲▼	Claimant Case ID ▲▼	OWCP Provider ID ▲▼	Header Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Level ▲▼	Header From Date ▲▼	Header To Date ▲▼	Organization ▲▼
<input type="checkbox"/>				In Review	Physical Therapy/Occupational Therapy	08/19/2025	08/19/2025	3	10/24/2024	10/24/2024	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

Home > MyInbox > Authorization Request List

Close Save Authorization

Program: [] Authorization Type: []

DCMWC
DEEOIC
DFEC
DLHWC



Submitting an Authorization Request in the WCMBP System

- 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.

The screenshot shows the eCAMs HCE interface. At the top, there are navigation tabs: My Inbox, Provider, Claimant, Authorization (selected), and Payment. Below the tabs, the user profile is displayed as "Profile: DOL Authorization Supervisor". The main content area shows the "Authorization Request List" with a "Close" button and a "Save Authorization" button. The "Program" dropdown is set to "DCMWC". The "Authorization Type" dropdown is open, showing "Certificate of Medical Necessity" as the selected option.

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

The screenshot shows the eCAMs HCE interface with the "Authorization Request List" expanded. The "Program" dropdown is set to "DCMWC" and the "Source" is "DDE". The "Authorization Type" dropdown is set to "Certificate of Medical Necessity". The "Requestor Information" section is expanded, showing the "Date Requested" as "02/03/2025". The "Requested By" and "Phone Number" fields are highlighted with red boxes, indicating they are required. The "Claimant Information" section is also expanded, showing the "Claimant's Case ID" and "Date of Birth" fields. The "Provider Information" section is expanded, showing the "Provider ID", "Provider Name", "Provider Tax ID", and "Provider Type" fields.



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5. In 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. In 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 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.

Provider Information												
Provider ID: *		Provider Name:			Provider Tax ID:			Provider Type:				
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 *	03/20/2025 *	Home Grown Code *	90179-HOME LPN CHRONIC CARE TYPE A-2 *	1N-HOME NURSE *	1 *			1 *	▼		⊗
2			▼ *	▼ *	▼ *	▼ *			▼ *	▼		⊗
3			▼ *	▼ *	▼ *	▼ *			▼ *	▼		⊗
4			▼ *	▼ *	▼ *	▼ *			▼ *	▼		⊗
5			▼ *	▼ *	▼ *	▼ *			▼ *	▼		⊗



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 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.

MyInbox > Authorization Request List

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:

Program: DCMWC
Authorization Status: Approved
Source: DDE

Authorization Type: Certificate of Medical Necessity
Authorization Level: Level 3

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

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

1. 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 : <input type="text"/> And <input type="text"/>									
And <input type="text"/> Program <input type="text"/> 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 opens the **Update Service Line** page allows DOL staff to update service line information.

Service Line Information																	
Add New Line		Update															
<input type="checkbox"/>	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 ▲▼
<input type="checkbox"/>	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 according to the Procedure Code selection and are 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:

Authorized Units: 1 Authorized Amount:

Comments:

[View History](#) [OK](#) [Cancel](#)