

WCMBP System

Authorization and Billing Subsystem

DFEC



Authorizations Subsystem

WCMBP System



Authorization Subsystem

This section covers:

- **Accessing** the WCMBP Authorization Subsystem
- **Viewing** Authorization Requests
- **Reviewing** Authorization Requests
- **Reviewing** Correction Authorization Requests
- **Viewing** and **Resolving** Error Codes
- **Adding** a New Authorization Request
- Questions



Authorizations Overview

The **WCMBP Authorization Subsystem** supports timely and accurate processing and review of authorization requests by adhering to the guidelines defined by the Department of Labor (DOL) staff.

The **WCMBP Authorization Subsystem** performs validations on Authorizations and provides the list of errors to the Authorization Worker.

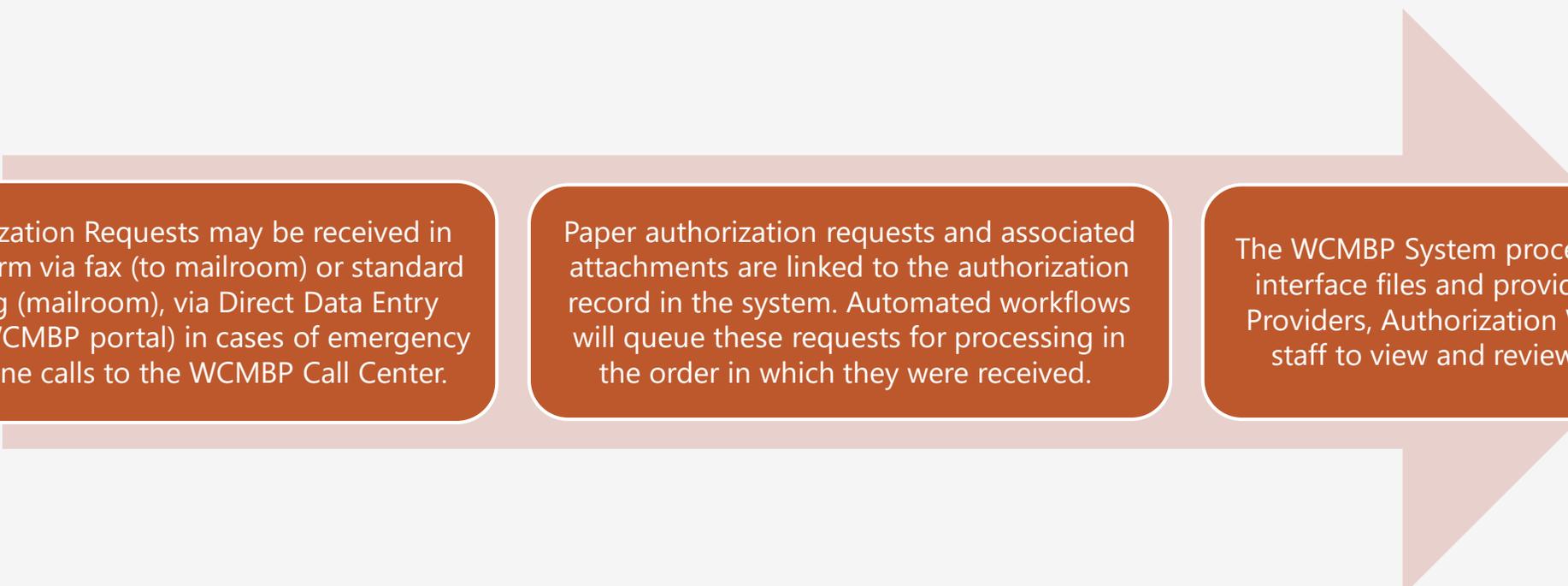
The proper vetting of authorizations reduces backlogs of medical bills, speeds up payments to providers for approved services, and reduces the potential for fraud and abuse.



Authorizations Overview

The WCMBP authorization solution supports a prompt and accurate review process for authorization requests received by CNSI.

We will discuss the process in which authorizations are reviewed and approved by DOL Staff via the Authorization Requests List after the automated workflow has queued the request for review and processing.



Authorization Requests may be received in paper form via fax (to mailroom) or standard mailing (mailroom), via Direct Data Entry (DDE- (WCMBP portal) in cases of emergency via phone calls to the WCMBP Call Center.

Paper authorization requests and associated attachments are linked to the authorization record in the system. Automated workflows will queue these requests for processing in the order in which they were received.

The WCMBP System processes authorization interface files and provides a platform for Providers, Authorization Workers, and DOL staff to view and review authorizations.

Authorization Request Levels

Authorization Requests can be classified into *three* different levels.

Level 1

Authorization is not required

Level 2

Authorization is reviewed by CNSI staff

Level 3

Authorization is reviewed by Claims Examiner

Authorization Requests Levels and Process

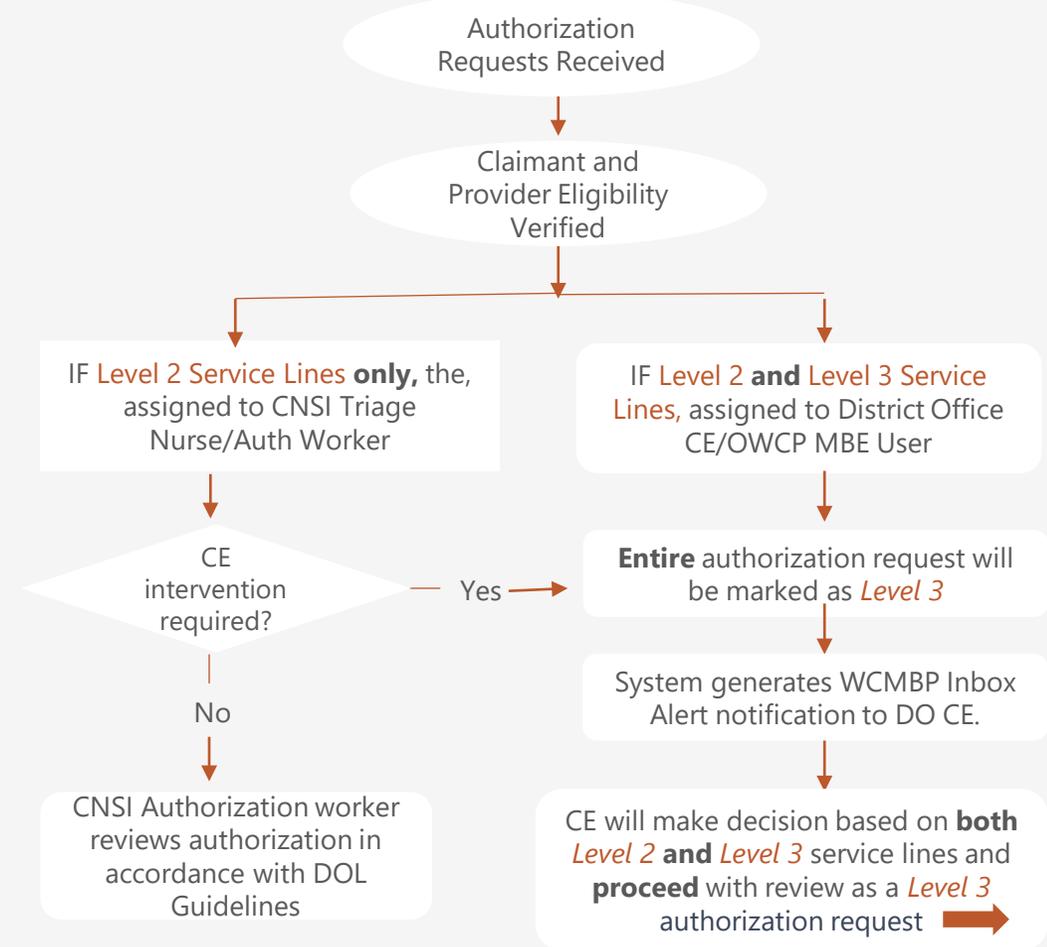
✦ **Level 2 Escalation Flow to District Office Claims Examiner as a Level 3 Authorization Request**

- If an authorization request has only *Level 2* service lines, the system will assign the authorization to a *CNSI Triage Nurse/Authorization Worker*.
 - The *CNSI Authorization Worker* will review the authorization and can approve or RTP the authorization *if CE intervention is not required*.
 - The *CNSI Authorization Worker* will escalate the authorization to a *Level 3*, *if* the decision needs further disposition by *District Office Claims Examiner*.
- If an authorization request has both *Level 2* and *Level 3* service lines, the system will assign the authorization to a *District Office Claims Examiner/OWCP MBE User*.

Note: CNSI Staff will **not be involved in this authorization request review for Level 2 service lines.*

 - The entire authorization request will be marked as *Level 3* instead of *Level 2* and escalated as a *Level 3* to CE.
 - The System will generate a WCMBP Inbox Alert notification to the CE by looking at the eligibility feed.
 - The CE will make the decision based on **all** service lines, including *Level 2* service lines.

High Level Authorizations DOL Level 2 only



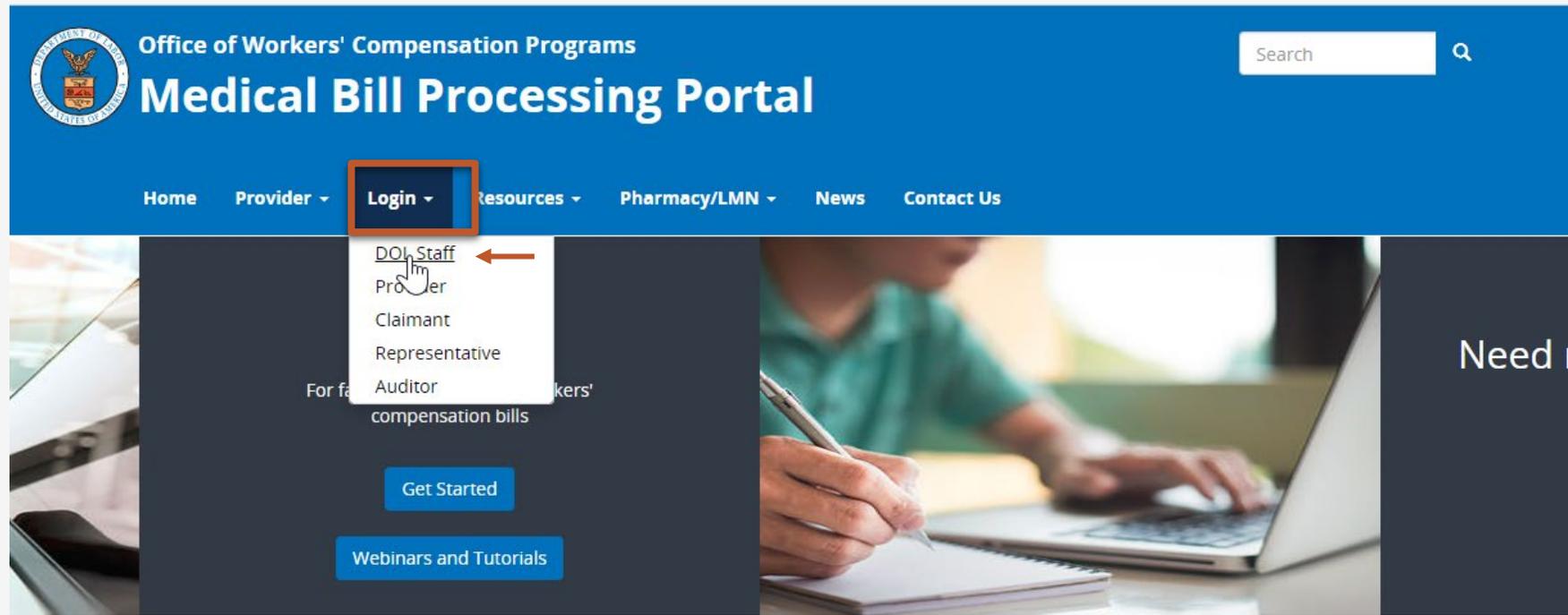
Accessing the WCMBP Authorization Subsystem



Accessing the Authorization Subsystem

Go to <https://owcpmed.dol.gov>

Select **Login** and select **DOL Staff**



*You will be taken to the DOL external application sign-on page after selecting **DOL Staff**.

Accessing the Authorization Subsystem

Select an appropriate profile by selecting the drop-down arrow then select Go.

Note: Only profile(s) assigned to you will be accessible.

For purposes of this training, we will be using *DOL Authorization Worker*

Welcome to the Workers' Compensation Medical Bill Process System

eCAMSTM
HCE ✓
 Powered by CNSI

Select a profile to use during this session:

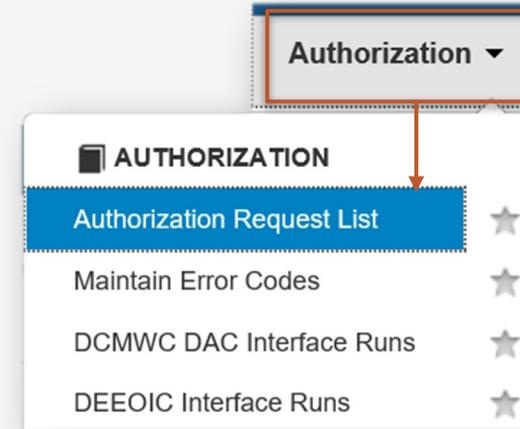
Profile: DOL Authorization Worker * ←

Favorite: Select Favorite Go ←

Authorization Menu and Authorization Request List

Click the *Authorization* tab at the top of the screen. The Authorization Menu will be displayed. Menu options include **Authorization Request List**, **Maintain Error Codes**, and **Interface Runs**.

Select "Authorization Request List" from the drop-down menu. The system will display the *Authorizations Request List* page. This is the primary page for **Authorization Requests**.

A screenshot of the 'Authorization Request List' page in the eCAMS HCE system. The page has a navigation bar with tabs for 'My Inbox', 'Provider', 'Claimant', 'Authorization', and 'Payment'. Below the navigation bar, there's a breadcrumb trail 'MyInbox > Authorization Request List' and several action buttons: 'Close', 'Add New Request', 'Get New Task', and 'Initiate Correction'. The main content area is titled 'Authorization Request List' and features a filter section with 'Filter By' and 'Submitted In' dropdowns, and a 'Go' button. Below the filters is a table with the following data:

	Auth Request #	Claimant Case ID	OWCP Provider ID	Status	Auth Type	Last Updated	Submitted Date	Level	Organization	District Office	CNSI Reviewer	Program	Claim Examiner/MBE	Auth Request Type	Source	Assigned Date
<input type="checkbox"/>				In Review	Surgical Package	10/03/2022	10/03/2022	3	OWCP	FECA - National Office	Not Assigned	DFEC				

Viewing and Reviewing Authorizations



Viewing Authorization Requests Details

The **Authorization Requests List** page displays all Authorization Requests assigned as ready for review based on program and user level. Some users may only have *View* permissions based on associated profiles and organizational units.

Search for Authorization Requests using the **Filter By** Field. Use various filter options to narrow the search.

Filter By : Claim Examiner/MBE

- ALL
- Assigned Date
- Auth Request #
- Auth Request Type
- Auth Type
- Blanket Code
- CE/MBE ID
- CNSI Reviewer
- Claim Examiner/MBE
- Claimant Case ID
- Claimant Last Name
- District Office
- Edit Number
- From Date
- Last Updated
- Level
- Line Level
- Line Status
- OWCP Provider ID
- Organization

Select filter criteria from drop-down menu

Saving Filter

Save Filter can be used to save the filter if this is a filter used often. Saved filters can be accessed using *My Filters* button.

The screenshot displays the eCAMS HCEV web application interface. At the top, there is a navigation bar with the eCAMS HCEV logo and menu items: My Inbox, Provider, Claimant, Authorization (selected), and Payment. Below this is a user profile bar for Mehroz, Sania, Profile: DOL Authorization Worker, with links for External Links and Help. The main content area is titled 'Authorization Request List' and includes a breadcrumb trail: MyInbox > Authorization Request List. Action buttons include Close, Add New Request, Get New Task, and Initiate Correction. The filter section contains several dropdown menus: Claim Examiner/MBE (Savage, David), Program (DFEC), Submitted In (Last 1 Month), and Status (In Review). A 'Go' button is next to the status dropdown. Below the filters are 'Clear Filter', 'Save Filter', and 'My Filters' buttons. The 'Save Filter' button is highlighted with a red box, and an arrow points to a 'Save Filter' dialog box. The 'My Filters' button is also highlighted with a red box, and an arrow points to a dropdown menu showing a list of filters: '2', 'Myfilter', and '1', each with a delete icon.

Viewing Authorization Requests Details

The Authorization Requests fulfilling the search criteria are displayed.

Myinbox > Authorization Request List

Close Add New Request Get New Task Initiate Correction

Authorization Request List

Filter By: Claim Examiner/MBE Savage, David * And And And

Program DFEC Submitted In Last 1 Month And Status In Review Go

Clear Filter Save Filter My Filters

	Auth Request #	Claimant Case ID	OWCP Provider ID	Status	Auth Type	Last Updated	Submitted Date	Level	Organization	District Office	CNSI Reviewer	Program	Claim Examiner/MBE	Auth Request Type	Source	Assigned Date
<input type="checkbox"/>				In Review	Surgical Package	10/03/2022	10/03/2022	3	OWCP	FECA - National Office	Not Assigned	DFEC	Savage, David	Correction	DDE	10/03/2022
<input type="checkbox"/>				In Review	Surgical Package	10/03/2022	10/03/2022	3	OWCP	FECA - National Office	Not Assigned	DFEC	Savage, David	Correction	DDE	10/03/2022
<input type="checkbox"/>				In Review	Surgical Package	10/03/2022	10/03/2022	3	OWCP	FECA - National Office	Not Assigned	DFEC	Savage, David	Initial Request	DDE	10/03/2022
<input type="checkbox"/>				In Review	Surgical Package	09/30/2022	09/30/2022	3	OWCP	FECA - National Office	Not Assigned	DFEC	Savage, David	Initial Request	DDE	09/30/2022
<input type="checkbox"/>				In Review	Travel	09/30/2022	09/30/2022	3	OWCP	FECA - National Office	Not Assigned	DFEC	Savage, David	Initial Request	DDE	09/30/2022

View Page: 1 Go Page Count SaveToCSV Viewing Page: 1

First Prev Next Last

Viewing Claimant Details

The **Authorization Requests List** page displays all Authorization Requests assigned and ready for review, based on program and user level. Some users may have view only permissions based on associated profiles and organizational units.

Click the *Claimant Case ID* hyperlink to view authorization request *Claimant Details*.

The system will display the Demographic Case Details page.

<input type="checkbox"/>	Auth Request # ▲▼	Claimant Case ID ▲▼	OWCP Provider ID ▲▼	Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼
<input type="checkbox"/>		012640995		In Review	Surgical Package	10/07/2022	10/04/2022

Claimant ID: 012640995-01 Name: Claimant, Test D

Close Notes Retrieve Correspondence View Interface Data Show ▼

Has Associated Provider: N

Demographic and Case Detail

Program: DFEC	Case Number: 012640995	Case Updated Date: 03/10/2021
Name(Last, First, MI): Claimant, Test D	SSN: 038-46-6786	Gender: Male
Date of Birth: 12/13/1961	Date of Death:	Date of Injury: 06/01/2018
Address: 102 EILEEN DR, NORTH KINGSTOWN, RI, UNITED STATES, 02852	Master Case Number:	Phone: (401) 413-4233
Case Type: I-Independent		

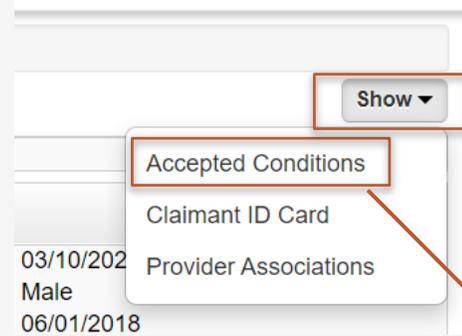
Third Party Status Indicator: N	TPL Surplus: \$0.00	
Case Status: 00	SFC Limit: \$0.00	
Current Status 1: MC	Current Status 1 Start Date: 06/01/2018	Current Status 1 End Date: 12/31/9999
Current Status 2: UN	Current Status 2 Start Date: 06/01/2018	Current Status 2 End Date: 06/01/2018
CA 15 Start Date:	CA 15 End Date:	
CA16 1 Start Date:	CA16 1 End Date:	
CA16 2 Start Date:	CA16 2 End Date:	
Adjudication Status: 99	Adjudication Status Start Date: 03/10/2021	Adjudication Status End Date: 12/31/9999

District Office Number: FECA - National Office	Case Location: LI
Agency Code: 3752ID	Agency Plan: 00
Responsible CE ID: 520	Responsible CE Name:
MBE Code: MCL	MBE Name: Cristian ,Harriel
AREP Name:	AREP Org Name:
AREP Address:	

Add Update View History Inactivate

Viewing Accepted Conditions for Claimant

If a Claims Examiner wants to view the accepted conditions for a claimant select the *show* button. **Select Accepted Conditions** and a screen will populate showing all accepted conditions.



Claimant ID: 012640995-01 Name: Claimant, Test D

Close Show

Has Associated Provider: N

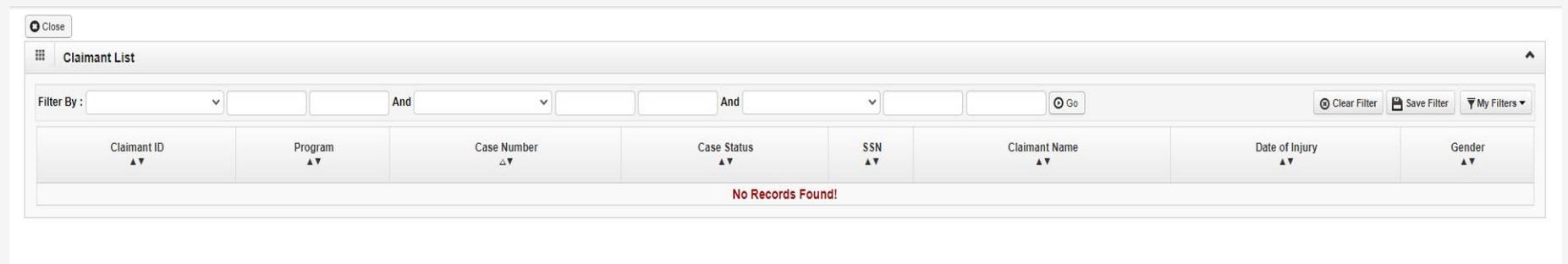
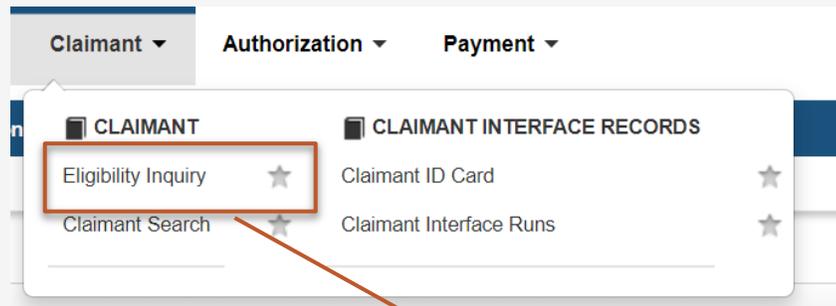
Accepted Conditions

Filter by: And And Operational Status: Active

Accepted Condition ID	Diagnosis Code	ICD 9/10	Modifier	Description	Start Date	End Date	Created Date	Offset Starting Amount	Offset Balance Date	Operational Status
1	S335XXS	10		SPRAIN OF LIGAMENTS OF LUMBAR SPINE, SEQUELA	06/01/2018	12/31/2050	03/11/2021	0		Active
2	M5441	10		LUMBAGO WITH SCIATICA, RIGHT SIDE	06/01/2018	12/31/2050	03/11/2021	0		Active
3	M4315	10		SPONDYLOLISTHESIS, THORACOLUMBAR REGION	06/01/2018	12/31/2050	03/11/2021	0		Active
4	S43432S	10		SUPERIOR GLENOID LABRUM LESION OF LEFT SHOULDER, SEQUELA	06/01/2018	12/31/2050	03/11/2021	0		Active
5	M5116	10		INTERVERTEBRAL DISC DISORDERS W RADICULOPATHY, LUMBAR REGION	06/01/2018	12/31/2050	03/11/2021	0		Active
6	M75112	10		INCOMPLETE ROTATR-CUFF TEAR/RUPTR OF L SHOULDER, NOT TRAUMA	06/01/2018	12/31/2050	03/11/2021	0		Active
7	S76012A	10		STRAIN OF MUSCLE, FASCIA AND TENDON OF LEFT HIP, INIT	06/01/2018	12/31/2050	03/11/2021	0		Active

Viewing Claimant Details (Alternative Way)

Claimant details can also be viewed under the "Claimant" header tab and selecting Claimant Search from the drop-down list



Viewing Accepted Conditions for Claimant (Alternative Way)

Another way to view the Accepted Conditions is to use the *Claimant Menu* and select *Eligibility Inquiry*

Close Submit

Claimant Eligibility Inquiry

Please select the inquiry type, complete the fields in the applicable section below, and click "Submit".

* Non-Pharmacy Services Accepted Conditions (DFEC, DEEOIC and DLHWC Only)

Eligibility for Accepted Condition Services

Case ID: *

Program Code: *

Date of Service:

Close

Accepted Conditions

Filter by: And And Operational Status: Go

Clear Filter Save Filter My Filters

Accepted Condition ID	Diagnosis Code	ICD 9/10	Modifier	Description	Start Date	End Date	Created Date	Operational Status
1	S46912A	10		STRAIN UNSP MUSC/FASC/TEND AT SHLDR/UP ARM, LEFT ARM, INIT	06/15/2019	12/31/2050	04/09/2020	Active
2	S46012D	10		STRAIN OF MUSC/TEND THE ROTATOR CUFF OF LEFT SHOULDER, SUBS	06/15/2019	12/31/2050	04/09/2020	Active
3	M75102	10		UNSP ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT TRAUMA	06/15/2019	12/31/2050	04/09/2020	Active
4	OPIADM	10		OPIADM	06/15/2019	12/31/2050	04/11/2020	Active

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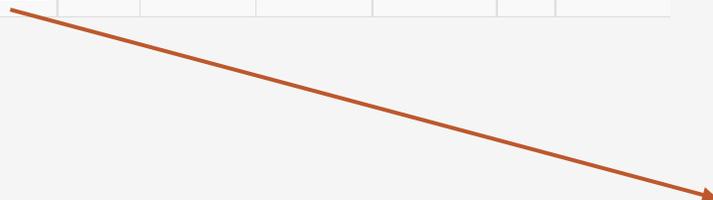
First Prev Next Last

Viewing Provider Details

The **Authorization Requests List** page displays all Authorization Requests assigned and ready for review based on program and user level. Some users may have view only permissions based on associated profiles and organizational units.

Select the **OWCP Provider ID** hyperlink to view authorization request **Provider Details**.
 The system will display the **Provider Details** page.

<input type="checkbox"/>	Auth Request # ▲▼	Claimant Case ID ▲▼	OWCP Provider ID ▲▼	Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Level ▲▼	Organization ▲▼
<input type="checkbox"/>			154239500	In Review	Surgical Package	10/07/2022	10/04/2022	3	OWCP



OWCP ID/NPI : 154239500 / Name: TEST PROVIDER Enrollment Type: Individual

Provider Details

Provider Type: 41-Contract Nurse Category

of Service

If you select "Other Provider" (96) or Non-Medical Vendor (53), please explain:

Program: FECA Black Lung Energy Longshore

Provider Name: (First Name) PROVIDER (Middle Name) MEDICAL (Last Name) TEST

SSN: 233338845

National Provider Identifier(NPI): Email Address: abc@def.com

Entity Type: Individual/Sole Proprietor or Single- If Other, please explain:

I do not wish to be included in an online searchable list of OWCP providers.

Reason: Do not show in Provider Search

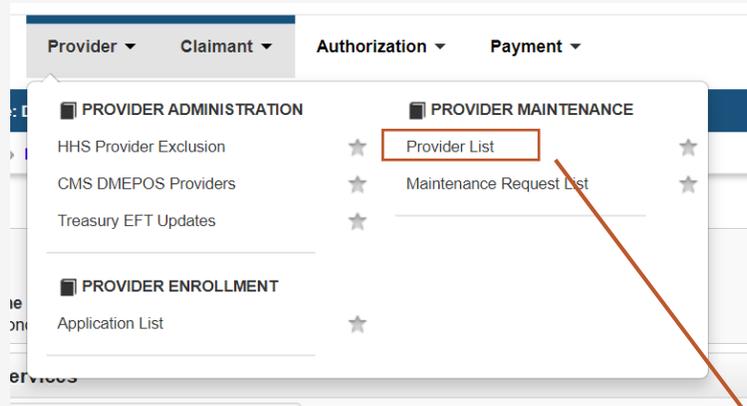
Servicing Type: Regular
Status: Approved

History

Status ▲▼	Start Date ▲▼	End Date ▲▼
No Records Found!		

Viewing Provider Details (Alternative Way)

Provider details can also be viewed under the "Provider" header tab and **selecting Provider List** from the drop-down list.

A screenshot of the 'Provider List' table interface. At the top, there is a filter section with the text 'Filter By:' followed by several input fields and 'And' connectors. Below the filter section are buttons for 'Clear Filter', 'Save Filter', and 'My Filters'. The table itself has a header row with the following columns: 'OWCP ID', 'Provider Name', 'NPI', 'Enrollment Type', 'Provider Type', 'Program', 'Business Status', 'Business Status Start Date', 'Business Status End Date', and 'Created Date'. Each column header has a small up/down arrow icon next to it.

OWCP ID	Provider Name	NPI	Enrollment Type	Provider Type	Program	Business Status	Business Status Start Date	Business Status End Date	Created Date
---------	---------------	-----	-----------------	---------------	---------	-----------------	----------------------------	--------------------------	--------------

Reviewing Authorization

Clicking on the hyperlink for the **Authorization Request #** opens the Authorization Request details page.

At the top of the Authorization Request details page are buttons that allow you to perform additional actions regarding the authorization request. The following steps will walk you through reviewing an authorization request. Once a request is submitted it is in "In Review" status after system routing.

Authorization Request List

Filter By: Claim Examiner/MBE Lacy, Jamie * And Status

Auth Request #	Claimant Case ID	OWCP Provider ID	Status
100660096			In Review
100655891			In Review
100654129			In Review

MyInbox > Authorization Request List

Auth Request Number: 10

Program: DFEC Authorization Type: Surgical Package
 Authorization Status: In Review Authorization Level: Level 3
 Source: DDE Emergency/Urgent Request:

Error List

Cycle #	Error Type	Error Code	Error Desc	Forcible	Erroneous Data	Resolved By	Resolved Date/Time	Error Status
2	L1	70863	T/S: SVC NOT CVRD - NO T/S	Y	Diagnosis code(s): M5106			O

Requestor Information

Date Requested: 06/28/2022 Requested By: Provider, Test Phone Number:

Claimant Information

Claimant's Case ID: Date of Birth: First Name: DAVID Last Name: VALDEZ
 Date of Injury: 07/26/2017

Provider Information

Are you the Primary Surgeon?: Yes OWCP Provider ID: Provider Name: PROVIDER_TYPE: 41-Contract Nurse
 Tax ID (SSN/FEIN): 233338845 Fax Number:

Reviewing Authorization Requests Details

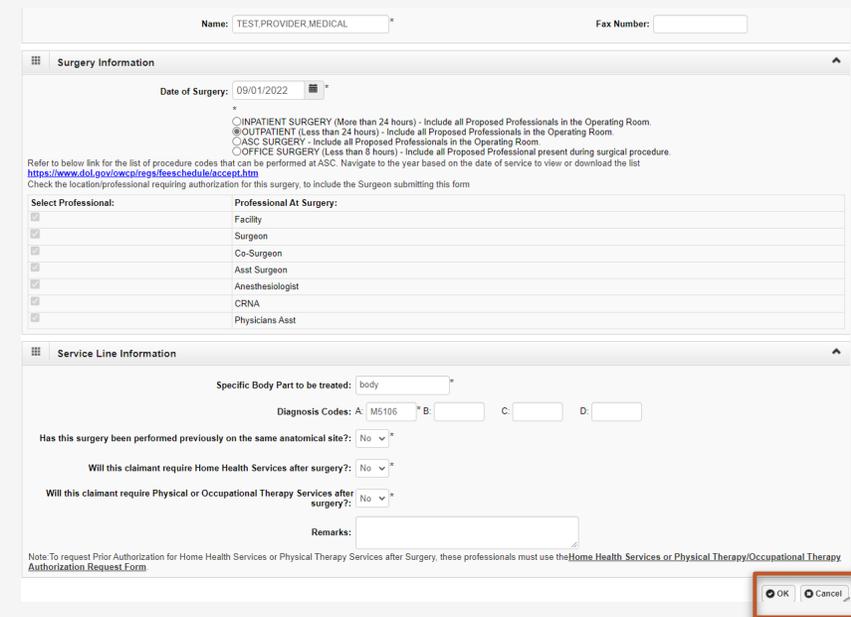
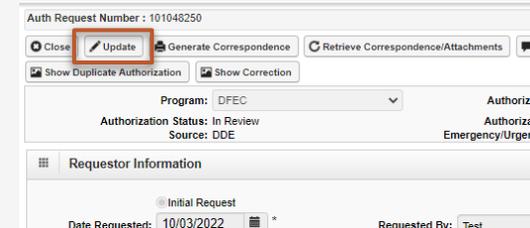
After confirming that the authorization request is in the *appropriate status* to review, follow the steps below to review and update.

Select the *Update* button.

Selecting the **Update** button will open a window allowing you to make updates to the *Header Level* details such as Provider, Claimant and Diagnosis information.

Adjust the information on this screen that is not grayed out and **click Ok**.

If no adjustments are needed, **click Cancel** to exit.



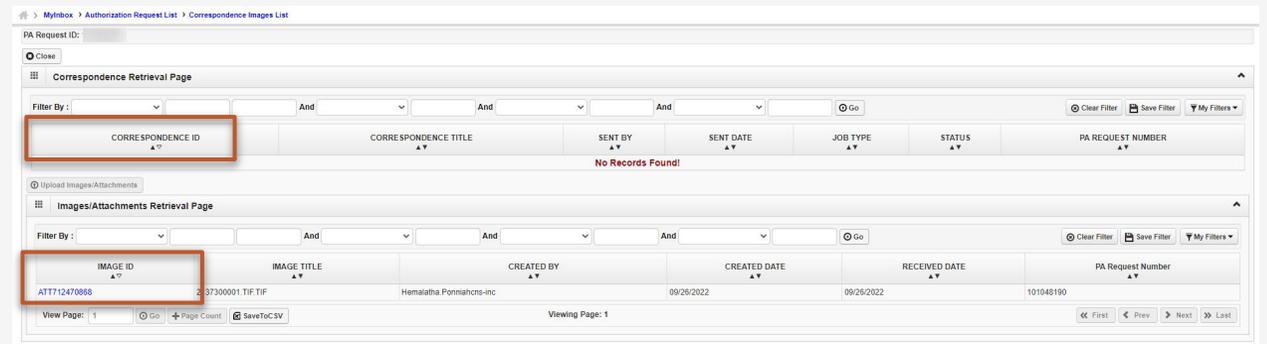
Reviewing Authorization Requests Details

Follow the steps below to review correspondences / attachments.

Select the *Retrieve Correspondence / Attachments* button.

Select the preferred correspondence under *"Correspondence Retrieval Page"* by **clicking** on the hyperlink in the *"Correspondence ID"* column. The Authorization letter will open.

Select the preferred attachment under *"Images / Attachments Retrieval Page"* by **clicking** on the hyperlink in the *"Image ID"* column. The attachment will open.



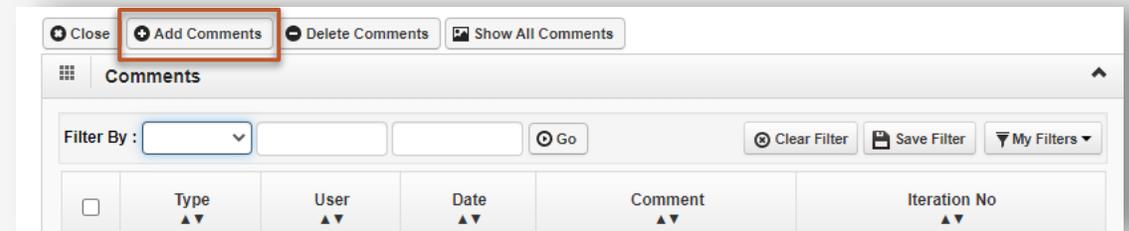
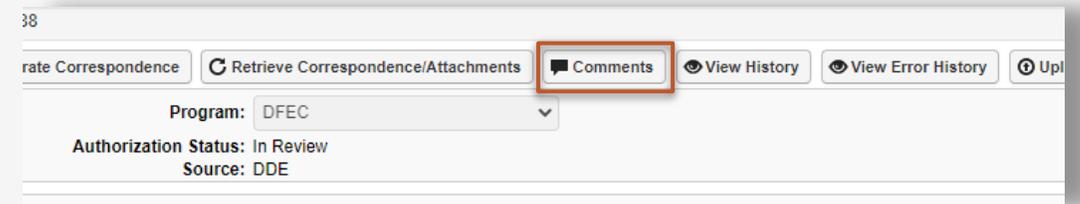
Reviewing Authorization Requests Details

As mentioned earlier, during the request review process, comments may need to be added during processing *or* notations added as to why a request decision may need to be set to *Pending/Further Development*. Follow the steps below to review and update.

Select the *Comments* button.

Selecting the **Comments** button will open a window that will allow you to *add* comments and *view* previously made comments on this authorization.

Click *Close* when finished to return to the Authorization Request page.

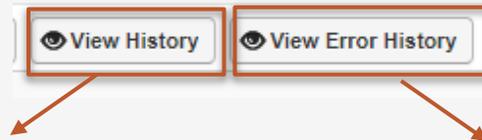


Reviewing Authorization Requests Details

Additional options include *Viewing History, Error History, Show Duplicate Authorizations and Show Correction.*

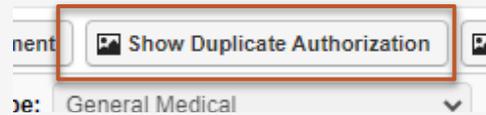
Select the **Viewing History** button to view the *Authorization Header Data History* page.

Authorization Header Data History					
Claimant ID	Provider ID	Diagnosis Codes	Modified Date	Modified By	Remarks
012638450	628806500	M542			



Select the *View Error History* button to view the *Authorization Error History* page.

Authorization Error History									
Filter By:		And							
Cycle #	Error Type	Error Code	Error Desc	Fatal	Forcible	Erroneous Data	Resolved By	Resolved Date/Time	Error Status
No Records Found !									



Select the *Show Duplicate Authorization* button to view the *Duplicate Authorizations* page.

Duplicate Auth								
Auth Request#	OWCP Provider ID	Claimant Case ID	Code Type	Code	Rental/Purchase Modifier	From Date	To Date	Authorization Status
100470713	628806500	012638450	HCPCS Procedure Code	K0813	NU	10/01/2019	10/05/2019	Approved
100470713	628806500	012638450	HCPCS Procedure Code	K0869	NU	10/06/2019	10/10/2019	Approved

Reviewing Authorization Requests Details

Select the *Upload/Retrieve Attachment* button to *upload or retrieve an image*.

story

Authorization Type: General Medical

Authorization Level: Level 3



Auth Request Number : [blurred]

Attachment

Please select the file to be uploaded

Document Type :

Filename : No file chosen

Please be sure the supporting documentation/attachments is for the treated claimant ONLY.
Please do not upload supporting documentation/attachments for any other claimant as this could potentially cause a denial of your authorization or an unintended disclosure of protected health information (PHI).

The acceptable file extensions for the upload are .tiff,.pdf.
Filename cannot be longer than 50 characters.

Attachment List

<input type="checkbox"/>	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
<input type="checkbox"/>	ATT712470872	2137300000.TIF.TIF	Physician's Prescription	Ponniah, Hemalatha	09-26-2022 12:08:01	101048194

View Page: 1 Viewing Page: 1

Reviewing Authorization Requests Details

The **Authorization Requests details** page shows sections which displays information about the authorization request.

MyInbox > Authorization Request List

Auth Request Number : [Redacted]

Program: DFEC
 Authorization Status: In Review
 Source: DDE

Authorization Type: Surgical Package
 Authorization Level: Level 3
 Emergency/Urgent Request:

Requestor Information

Initial Request
 Date Requested: 09/27/2022 *
 Requested By: test
 Phone Number: [Redacted]

Claimant Information

Claimant's Case ID: [Redacted]
 Date of Birth: [Redacted]
 First Name: [Redacted]
 Last Name: [Redacted]
 Date of Injury: 08/19/2019

Provider Information

Are you the Primary Surgeon?: No
 OWCP Provider ID: [Redacted]
 Provider Name: [Redacted]
 PROVIDER_TYPE: 40-Ambulance
 Tax ID (SSN/FEIN): [Redacted]
 Fax Number: [Redacted]

Reviewing Authorization Requests Details

Scroll down to see the *Service Line Information* section.

Service Line Information

Specific Body Part to be treated:

Diagnosis Codes: A: B: C: D:

Has this surgery been performed previously on the same anatomical site?:

Will this claimant require Home Health Services after surgery?:

Will this claimant require Physical/Occupational Therapy Services after surgery?:

<input type="checkbox"/>	Line #	From Date	To Date	Diagnosis Pointer	Code Type	Code	Body Part Modifier	Level	Requested Units	Auth Units	Requested Amount	Auth Amount	Status	Comments
<input type="checkbox"/>	1	06/10/2022	06/15/2022	A	CPT Procedure Code	76391	LT	3	5				In Review	Add Comments

View Page: Viewing Page: 1

Remarks:

Note: To request Prior Authorization for Home Health Services or Physical Therapy Services after Surgery, these professionals must use the [Home Health Services or Physical Therapy/Occupational Therapy Authorization Request Form](#).

Reviewer Details

Organization: *

District Office:

Comments:

CNSI Reviewer:

Claim Examiner/MBE:

Assigned Date:

Reviewing Authorization Requests

Authorization review must be completed individually at the Service Line Level.

Select the *line number* hyperlink to update a service line.

<input type="checkbox"/>	Line # ▲▼	From Date ▲▼	To Date ▲▼	Diagnosis Pointer ▲▼	Code Type ▲▼	Code ▲▼	Revenue Code ▲▼	Modifier ▲▼	Body Part Modifier ▲▼	Level ▲▼	Requested Units ▲▼	Auth Units ▲▼	Requested Amount ▲▼	Auth Amount ▲▼	Status ▲▼	Comments ▲▼
<input type="checkbox"/>	1	03/01/2022	03/05/2022	A	CPT Procedure Code	63047			50	3	5				In Review	Add Comments
<input type="checkbox"/>	2	03/01/2022	03/05/2022	A	CPT Procedure Code	20930			LT	3	5				In Review	Add Comments

View Page: 1 Viewing Page: 1

For bulk updates, **select** multiple lines or all lines by clicking on the checkboxes and **Select** the *Update* button and update multiple service lines at once.

<input type="checkbox"/>	Line # ▲▼	From Date ▲▼	To Date ▲▼	Diagnosis Pointer ▲▼	Code Type ▲▼	Code ▲▼
<input checked="" type="checkbox"/>	1	03/01/2022	03/05/2022	A	CPT Procedure Code	63047
<input checked="" type="checkbox"/>	2	03/01/2022	03/05/2022	A	CPT Procedure Code	20930

View Page: 1

Auth Request Number : 101048232

Authorization Bulk Update

Line #	Proc From Date	Proc To Date	Code type	Code	Code Description	Modifier	Level	Unit Requested	Requested Amount	Status	Authorized Unit	Authorized Amount	Comments	Denial Reason
1	03/01/2022	03/05/2022	CPT Procedure Code	63047	REMOVE SPINE LAMINA 1 LMBR		3	5		In Review				
2	03/01/2022	03/05/2022	CPT Procedure Code	20930	SP BONE ALGRFT MORSEL ADD-ON		3	5		In Review				

Approving Authorization Requests

Authorization Approvals must be completed individually at the Service Line Level.

Line #	From Date	To Date	Diagnosis Pointer	Code Type	Code	Body Part Modifier	Level	Requested Units	Auth Units	Requested Amount	Auth Amount	Status	Comments
1	06/01/2022	06/01/2022	A	CPT Procedure Code	97110	50	3	2				In Review	Add Comments

To access the service line update page, **select the line number**. The *Update Service Line* page will be displayed.

Change Line Status by selecting an option from the drop-down list. **Enter Authorized Units** and/or **Authorized Amount**

The screenshot shows the 'Update Service Line' form with the following fields and values:

- From Date: 06/10/2022
- To Date: 06/15/2022
- Diagnosis Pointer: A
- Code Type: CPT Procedure Code
- Procedure Code: 76391
- Modifier: GD
- Code Description: MR ELASTOGRAPHY
- Body Part Modifier: LT - Left Side
- Units/Days Requested: 5
- Level: Level 3
- Denial Reason: (empty)
- Line Status: In Review (dropdown menu is open showing options: Approved, Cancelled, Denied, In Review, Pended Further Development, Returned to Provider)
- Authorized Units: (empty)
- Authorized Amount: (empty)
- Comments: (empty)

Denying Authorization Requests

Authorization Denials must include a Denial Reason.

To access the service line update page, **select the line number**. The *Update Service Line* page will be displayed.

Change Line Status by selecting an option from the drop-down list. **Enter Denial Reason**.

Auth Request Number : 101048210

Update Service Line

From Date: 06/10/2022 *

To Date: 06/15/2022 *

Diagnosis Pointer: A B C D

Code Type: CPT Procedure Code *

Procedure Code: 76391 *

Code Description: MR ELASTOGRAPHY

Modifier: GD

Body Part Modifier: LT - Left Side *

Units/Days Requested : 5 *

Level: Level 3 *

Denial Reason:

Line Status: Denied *

Authorized Units:

Authorized Amount:

Comments:

Reviewing Correction Authorizations



Searching In Review Authorizations

Use the *Filter By* field to search for *In Review* authorization requests, then **Select Go**.

🏠 > [Myinbox](#) > [Authorization Request List](#)

Close Add New Request Get New Task Initiate Correction

Authorization Request List

Filter By: Status In Review **And** **And** **And**

And **Program** **Submitted In** Last 6 Months Go Clear Filter Save Filter My Filters

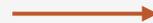
	Auth Request #	Claimant Case ID	OWCP Provider ID	Status	Auth Type	Last Updated	Submitted Date	Level	Organization	District Office	CNSI Reviewer	Program	Claim Examiner/MBE	Auth Request Type	Source	Assigned Date
<input type="checkbox"/>	100687047			Approved	Rehabilitative Therapies	01/22/2022	01/22/2022	3	OWCP	DDEOIC - Cleveland	Not Assigned	DDEOIC	Silveri, Dante	Initial Request	DDE	01/22/2022
<input type="checkbox"/>	100687046			Cancelled	Rehabilitative Therapies	01/22/2022	01/22/2022	3	OWCP	DDEOIC - Cleveland	Not Assigned	DDEOIC	Bush, Erika	Correction	DDE	01/22/2022
<input type="checkbox"/>	100687045			Approved	Rehabilitative Therapies	01/22/2022	01/22/2022	3	OWCP	DDEOIC - Cleveland	Not Assigned	DDEOIC	Bush, Erika	Initial Request	DDE	01/22/2022
<input type="checkbox"/>	100687044			Cancelled	Rehabilitative Therapies	01/22/2022	01/22/2022	3	OWCP	DDEOIC - Cleveland	Not Assigned	DDEOIC	Waddle, Randy	Correction	DDE	01/22/2022
<input type="checkbox"/>	100687043			Approved	Rehabilitative	01/22/2022	01/22/2022	3	OWCP	DDEOIC -	Not	DDEOIC	Waddle, Randy	Initial	DDE	01/22/2022

Viewing Authorization Utilization Screen

Clicking on the *notepad* icon opens the Authorization Utilization Screen.

The Authorization Utilization screen provides information about used units and used amount for the authorization.

<input type="checkbox"/>	Auth Request # ▲▼	Claimant Case ID ▲▼	OWCP Provider ID ▲▼
<input type="checkbox"/>	10		



Close
Bill History

Authorization Utilization

Auth Request #:	Authorization Status: Approved
Claimant's Case ID:	Claimant Name: [REDACTED]
Program:	Auth Type: Surgical Package
Request Date:	Last Updated Date: 06/21/2022
OWCP Provider ID:	Requestor Name: test
Provider Name:	

Service List

Filter By: And: Go

Sequence # ▲▼	Code Type ▲▼	Professional Type ▲▼	Code ▲▼	Modifier ▲▼	Level ▲▼	From Date ▲▼	To Date ▲▼	Requested Units ▲▼	Auth Units ▲▼	Used Units ▲▼	Requested Amount ▲▼	Auth Amount ▲▼	Used Amount ▲▼
1	CPT Procedure Code	Co-Surgeon	63047		3	06/01/2022	06/12/2022	15	15	12		\$3,500.00	\$2,500.00
2	CPT Procedure Code	Surgeon	63047		3	06/01/2022	06/12/2022	15	15	12		\$3,500.00	\$2,250.00

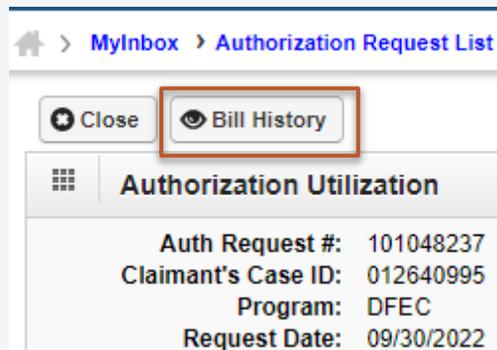
View Page: 1 Go Page Count SaveToCSV
Viewing Page: 1

First
Prev
Next
Last

Viewing Bill History Screen

Clicking on the *Bill History* button opens the Bill History Screen.

The Bill History screen provides information about the billed units and amounts for each TCN.



Auth Request #: [Redacted]

Close

Bill History

Filter By: [Dropdown] [Dropdown] And [Dropdown] [Dropdown] [Go]

Clear Filter Save Filter My Filters

Bill Header TCN ▲▼	Bill Line TCN ▲▼	Professional Type ▲▼	OWCP Provider ID ▲▼	From Date ▲▼	To Date ▲▼	Procedure Code ▲▼	Billed Amount ▲▼	Billed Units ▲▼	Utilized Amount ▲▼	Utilized Unit ▲▼	Allowed Amount ▲▼	Approved Amount ▲▼
		Surgeon		06/04/2022	06/04/2022	63042	\$1,700.00	1	\$1,700.00	1	\$3,313.77	
		Anesthesiologist		06/08/2022	06/08/2022	01638	\$1,700.00	1	\$597.03	1	\$597.03	
		Co-Surgeon		06/08/2022	06/08/2022	63042	\$1,700.00	1	\$1,700.00	1	\$2,209.18	
		Asst Surgeon		06/09/2022	06/09/2022	63042	\$1,700.00	1	\$441.84	1	\$441.84	
		Physicians Asst		06/11/2022	06/11/2022	63042	\$1,700.00	1	\$375.56	1	\$375.56	

View Page: 1 [Go] + Page Count Viewing Page: 1

Save To CSV

First Prev Next Last

Selecting Authorization to Review

Select the *Authorization Request* hyperlink to start reviewing the *Correction Authorization Request*.

eGAMS™ HCE

My Inbox ▾ Provider ▾ Claimant ▾ Authorization ▾ Payment ▾

Profile: DOL Authorization Worker ▾ External Links Help

MyInbox > Authorization Request List

Close Add New Request Get New Task Initiate Correction

Authorization Request List

Filter By: Status ▾ In Review * And ▾ And ▾

And ▾ Program ▾ Submitted In Last 6 Months ▾ Go Clear Filter Save Filter My Filters ▾

<input type="checkbox"/>	Auth Request # ▲▼	Claimant Case ID ▲▼	OWCP Provider ID ▲▼	Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Level ▲▼	Organization ▲▼	District Office ▲▼	CNSI Reviewer ▲▼	Program ▲▼	Claim Examiner/MBE ▲▼	Auth Request Type ▲▼	Source ▲▼	Assigned Date ▲▼
<input type="checkbox"/>	100687009			In Review	Home Health	01/21/2022	01/21/2022	3	OWCP	FECA - National Office	Not Assigned	DFEC	Chang, Seth	Correction	DDE	01/21/2022
<input type="checkbox"/>	100686988			In Review	Home Health	01/20/2022	01/20/2022	3	OWCP	FECA - National Office	Not Assigned	DFEC	Fuson, Amy	Correction	DDE	01/20/2022
<input type="checkbox"/>	100686984			In Review	General Medical	01/20/2022	01/20/2022	2	CNSI		Not Assigned	DFEC		Correction	DDE	
<input type="checkbox"/>	100686979			In Review	Durable Medical Equipment	01/20/2022	01/20/2022	2	CNSI		Not Assigned	DFEC		Correction	DDE	
<input type="checkbox"/>	100686976			In Review	Durable Medical Equipment	01/20/2022	01/20/2022	3	OWCP	FECA - National Office	Not Assigned	DFEC	Pique, Sebastian	Correction	DDE	01/20/2022

Viewing Authorization Request Details page

The system displays the *Authorization Request Details* page. Under the Requestor Information section, the *Original Authorization* hyperlink can be selected to view the original authorization. **Select** Original Authorization hyperlink.

Auth Request Number : 100687009

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

Program: DFEC
Authorization Status: In Review
Source: DDE

Authorization Type: Home Health
Authorization Level: Level 3
Emergency/Urgent Request:

Requestor Information

Initial Request
 Correction

Original Authorization Number (For Correction): 100673190

Date Requested: 01/21/2022
Requested By: De Mayo, Frank
Phone Number: (209) 835-4888

Claimant Information

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

First Name: [Redacted]
Last Name: [Redacted]

Date of Injury: [Redacted]

Provider Information

OWCP Provider ID: [Redacted]
Tax ID (SSN/FEIN): [Redacted]

Viewing Original Authorization Request Details page

A read-only original authorization details page opens. **Select Close** to return to previous screen.

https://owcpmed.uat.dol.gov/ecams/CNSIControlServlet

Help

Auth Request Number : 100673190

Close Show Corrections

Program: DFEC * Authorization Type: Home Health *
 Authorization Status: Approved Authorization Level: Level 3
 Source: DDE Emergency/Urgent Request:

Requestor Information

Date Requested: 08/25/2021 * Requested By: De Mayo, Frank Phone Number: (209) 835-4888

Claimant Information

Claimant's Case ID: [Redacted] Date of Birth: 11/09/1959
 First Name: [Redacted] Last Name: [Redacted]
 Date of Injury: 07/06/2017

Provider Information

OWCP Provider ID: [Redacted] Tax ID (SSN/FEIN): [Redacted]
 Name: [Redacted] Fax Number: [Redacted]
 Provider Type: [Redacted]
 Providing care for a family member?: No
 If Yes, please provide relationship to the claimant: [Redacted]

Reviewing Service Lines

The authorization correction displays again. Scroll down to the *Service Line Information* section. **Select** the *Line number hyperlink* to update the service line status.

☰ **Service Plan Information** ▲

Specific Body Part to be treated:

Diagnosis Codes: A: B: C: D:

+ Add New Line ↻ Update ⬇ Escalate

<input type="checkbox"/>	Line # ▲▼	From Date ▲▼	To Date ▲▼	Diagnosis Pointer ▲▼	Code Type ▲▼	Code ▲▼	Body Part Modifier ▲▼	Level ▲▼	Requested Units ▲▼	Auth Units ▲▼	Requested Amount ▲▼	Auth Amount ▲▼	Frequency ▲▼	Duration ▲▼	Status ▲▼	Comments ▲▼
<input type="checkbox"/>	1	08/25/2021	09/10/2021	A	HCPCS Procedure Code	G0299	LT	3	2				0	2	In Review	Add Comments

View Page:
⏪ Go
+ Page Count
📄 SaveToCSV
Viewing Page: 1

⏪ First
⏴ Prev
⏵ Next
⏩ Last

Remarks:

Updating a Service Line

A window opens showing the service line information.

Update Service Line - Work - Microsoft Edge
 https://owcpmed.uat.dol.gov/ecams/CNSIControlServlet

Auth Request Number : 100687009

Update Service Line

From Date: 08/25/2021 * To Date: 09/10/2021 *

Diagnosis Pointer: A B C D

Code Type: HCPCS Procedure Code *

Procedure Code: G0299

Code Description: HHS/HOSPICE OF RN EA 15 MIN

Body Part Modifier: LT - Left Side *

Frequency: 0 * Duration: 2 *

Units Requested: 2 * Denial Reason: *

Level: Level 3 * Authorized Units: * Authorized Amount: *

Line Status: In Review *

Comments: *

View History OK Cancel

The **From** date cannot be greater, and the **To** date less than the dates of service listed on the original authorization if previously-submitted bills have utilized the authorization.

Approving a Service Line

Make the required updates to the service line. If approving a service line, enter the Authorized Units or Authorized Amount or both.

Select *Approved* from the Line Status drop-down menu.

Update Service Line - Work - Microsoft Edge
 https://owcpmed.uat.dol.gov/ecams/CNSIControlServlet

Auth Request Number : 100687009

Update Service Line

From Date: 09/09/2021 To Date: 09/10/2021

Diagnosis Pointer: A B C D

Code Type: HCPCS Procedure Code

Procedure Code: G0299

Code Description: HHS/HOSPICE OF RN EA 15 MIN

Body Part Modifier: LT - Left Side

Frequency: 0 Duration: 2

Units Requested: 2

Level: Level 3

Line Status: In Review

Authorized Units:

Authorized Amount:

Denial Reason:

Comments:

View History OK Cancel

Approving a Service Line

Enter *Authorized Units* and **Select Ok.**

Update Service Line - Work - Microsoft Edge
 https://owcpmed.uat.dol.gov/ecams/CNSIServlet

Help

Auth Request Number : 100687009

Update Service Line

From Date: 09/09/2021 To Date: 09/10/2021

Diagnosis Pointer: A B C D

Code Type: HCPCS Procedure Code

Procedure Code: G0299

Code Description: HHS/HOSPICE OF RN EA 15 MIN

Body Part Modifier: LT - Left Side

Frequency: 0 Duration: 2

Units Requested: 2

Level: Level 3

Line Status: Approved

Authorized Units: 2 Denial Reason:

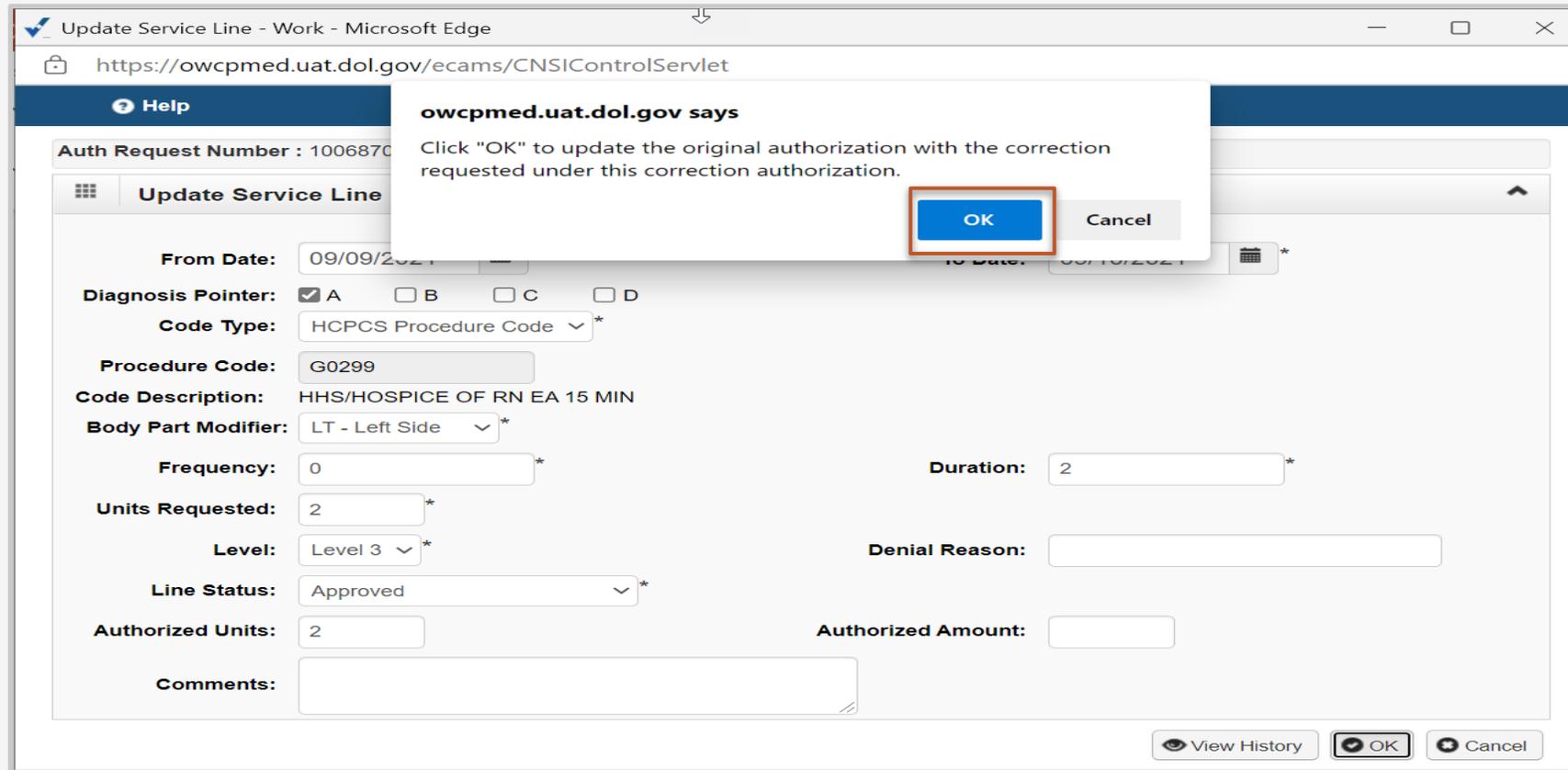
Authorized Amount:

Comments:

View History OK Cancel

Approving a Service Line

The system displays the following message: **Click OK** to update the original authorization with the correction requested under this correction authorization. **Select OK** to update the service line.



Approving a Service Line

The service line status in the correction is updated to *Cancelled*:

<input type="checkbox"/>	Line # ▲▼	From Date ▲▼	To Date ▲▼	Diagnosis Pointer ▲▼	Code Type ▲▼	Code ▲▼	Body Part Modifier ▲▼	Level ▲▼	Requested Units ▲▼	Auth Units ▲▼	Requested Amount ▲▼	Auth Amount ▲▼	Frequency ▲▼	Duration ▲▼	Status ▲▼	Comments ▲▼
<input type="checkbox"/>	1	09/09/2021	09/10/2021	A	HCPCS Procedure Code	G0299	LT	3	2	2			0	2	Cancelled	Add Comments

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

The service line status on the original authorization will stay as *Approved* and the system will add units from correction to the original authorization line :

Requestor Information

Initial Request
 Correction

Original Authorization Number (For Correction): 100673190

Date Requested: 01/21/2022 * Requested By: De Mayo, Frank Phone Number: (209) 835-4888

Line # ▲▼	From Date ▲▼	To Date ▲▼	Diagnosis Pointer ▲▼	Code Type ▲▼	Code ▲▼	Body Part Modifier ▲▼	Level ▲▼	Requested Units ▲▼	Auth Units ▲▼	Requested Amount ▲▼	Auth Amount ▲▼	Frequency ▲▼	Duration ▲▼	Status ▲▼	Comments ▲▼
1	08/25/2021	09/10/2021	A	HCPCS Procedure Code	G0151	LT	1	6				3	2	Auth Not Required	Add Comments
3	09/09/2021	09/10/2021	A	HCPCS Procedure Code	G0299	LT	3	2	2			0	2	Approved	Add Comments

Denying a Service Line

If the Authorization correction needs to be denied, **select Denied** from the *Line Status* drop-down menu and enter the *Denial Reason*, then **select Ok**.

Update Service Line - Work - Microsoft Edge
 https://owcpmed.uat.dol.gov/ecams/CNSIControlServlet

Help

Auth Request Number : 100686959

Update Service Line

From Date: 01/01/2022 To Date: 01/01/2022

Diagnosis Pointer: A B C D

Code Type: CPT Procedure Code

Procedure Code: 64738

Code Description: INCISION OF JAW NERVE

Body Part Modifier: LT - Left Side

Units : 4

Cost : \$1,000.00

Level: Level 2

Rental or Purchase Modifier: RR-Rental

Duration: 1

Denial Reason: test

Authorized Amount:

Line Status: **Denied** (dropdown menu open showing: Approved, Cancelled, Denied, In Review, Pended Further Development, Returned to Provider)

Authorized Units:

Comments:

View History OK Cancel

Denying a Service Line

The service line status in the correction is updated to *Denied*:

<input type="checkbox"/>	Line # ▲▼	From Date ▲▼	To Date ▲▼	Diagnosis Pointer ▲▼	Code Type ▲▼	Code ▲▼	Body Part Modifier ▲▼	Level ▲▼	Requested Units ▲▼	Auth Units ▲▼	Requested Amount ▲▼	Auth Amount ▲▼	Duration ▲▼	Rental or Purchase Modifier ▲▼	Status ▲▼	Comments ▲▼
<input type="checkbox"/>	1	12/01/2021	12/31/2021	A	CPT Procedure Code	64738	LT	3	20	1	\$10,000.00	\$1,000.00	2	RR	Cancelled	Add Comments
<input type="checkbox"/>	2	01/01/2022	01/01/2022	A	CPT Procedure Code	64738	LT	2	4		\$1,000.00		1	RR	Denied	Add Comments

The original authorization is not updated:

Requestor Information

Initial Request
 Correction

Original Authorization Number (For Correction): 100686848

Date Requested: *
 Requested By:
 Phone Number:

Line # ▲▼	From Date ▲▼	To Date ▲▼	Diagnosis Pointer ▲▼	Code Type ▲▼	Code ▲▼	Body Part Modifier ▲▼	Level ▲▼	Requested Units ▲▼	Auth Units ▲▼	Requested Amount ▲▼	Auth Amount ▲▼	Duration ▲▼	Rental or Purchase Modifier ▲▼	Status ▲▼	Comments ▲▼
1	12/01/2021	12/31/2021	A	CPT Procedure Code	64738	LT	3	20	1	\$10,000.00	\$1,000.00	2	RR	Approved	Add Comments
2	01/01/2022	01/01/2022	A	CPT Procedure Code	64738	LT	2	4	2	\$1,000.00	\$100.00	1	RR	Approved	Add Comments

Changing the Line Status to Pended Further Development

If further information is required for final decisions for the Authorization Correction, change the authorization to Pended Further Development Status.

Select *Pended Further Development* from the *Line Status* drop-down menu then **select** *Ok*.

Update Service Line - Work - Microsoft Edge
https://owcpmed.uat.dol.gov/ecams/CNSIControlServlet

Help

Auth Request Number : 100686959

Update Service Line

From Date: 01/01/2022 To Date: 01/01/2022

Diagnosis Pointer: A B C D

Code Type: CPT Procedure Code

Procedure Code: 64738

Code Description: INCISION OF JAW NERVE

Body Part Modifier: LT - Left Side

Units: 4 Rental or Purchase Modifier: RR-Rental

Cost: \$1,000.00 Duration: 1

Level: Level 2 Denial Reason:

Line Status:

- Approved
- Cancelled
- Denied
- In Review
- Pended Further Development**
- Returned to Provider

Authorized Units: Authorized Amount:

Comments:

View History OK Cancel

Setting the Line Status to Pended Further Development

The system displays the following message: System will not copy the pended further development authorization line to the Original authorization. Update the line in this correction authorization when you are ready with the decision then **select OK**.

The screenshot shows a web browser window titled "Update Service Line - Work - Microsoft Edge" with the URL "https://owcpmed.uat.dol.gov/ecams/CNSIControlServlet". The main form is titled "Update Service Line" and contains the following fields:

- Auth Request Number: 1006869
- From Date: 01/01/20
- Diagnosis Pointer: A
- Code Type: CPT Procedure Code
- Procedure Code: 64738
- Code Description: INCISION OF JAW NERVE
- Body Part Modifier: LT - Left Side
- Units: 4
- Cost: \$1,000.00
- Level: Level 2
- Line Status: Pended Further Development
- Authorized Units: (empty)
- Comments: (empty)
- Rental or Purchase Modifier: RR-Rental
- Duration: 1
- Denial Reason: (empty)
- Authorized Amount: (empty)

A modal dialog box is displayed in the center of the screen with the title "owcpmed.uat.dol.gov says" and the message: "System will not copy the pended further development authorization line to the Original authorization, update the line in this correction authorization when you are ready with the decision." The dialog box has two buttons: "OK" (highlighted with a red box) and "Cancel".

Setting the Line Status to Pended Further Development

The service line status in the correction is updated to *Pended Further Development*:

<input type="checkbox"/>	Line # ▲▼	From Date ▲▼	To Date ▲▼	Diagnosis Pointer ▲▼	Code Type ▲▼	Code ▲▼	Body Part Modifier ▲▼	Level ▲▼	Requested Units ▲▼	Auth Units ▲▼	Requested Amount ▲▼	Auth Amount ▲▼	Duration ▲▼	Rental or Purchase Modifier ▲▼	Status ▲▼	Comments ▲▼
<input type="checkbox"/>	1	12/01/2021	12/31/2021	A	CPT Procedure Code	64738	LT	3	20	1	\$10,000.00	\$1,000.00	2	RR	Cancelled	Add Comments
<input type="checkbox"/>	2	01/01/2022	01/01/2022	A	CPT Procedure Code	64738	LT	2	4		\$1,000.00		1	RR	Pended Further Development	Add Comments

The original authorization is not updated:

Requestor Information

Initial Request
 Correction

Original Authorization Number (For Correction): 100686848

Date Requested: 01/20/2022 Requested By: Phone Number:

Line # ▲▼	From Date ▲▼	To Date ▲▼	Diagnosis Pointer ▲▼	Code Type ▲▼	Code ▲▼	Body Part Modifier ▲▼	Level ▲▼	Requested Units ▲▼	Auth Units ▲▼	Requested Amount ▲▼	Auth Amount ▲▼	Duration ▲▼	Rental or Purchase Modifier ▲▼	Status ▲▼	Comments ▲▼
1	12/01/2021	12/31/2021	A	CPT Procedure Code	64738	LT	3	20	1	\$10,000.00	\$1,000.00	2	RR	Approved	Add Comments
2	01/01/2022	01/01/2022	A	CPT Procedure Code	64738	LT	2	4	2	\$1,000.00	\$100.00	1	RR	Approved	Add Comments

Error Codes

Error Codes

The **Error List** must be reviewed and resolved prior to approval of Authorization Requests. The **Error Type** indicates the line entry with the error. **Error Code** column provides the error code. In this case it is **70863** which is a common error you will see.

To get more information about the error “Maintain Error Codes” can be used.

Error List								
Cycle #	Error Type	Error Code	Error Desc	Forcible	Erroneous Data	Resolved By	Resolved Date/Time	Error Status
2	L1	70863	T/S: SVC NOT CVRD - NO T/S	Y	Diagnosis code(s): S83512A			O

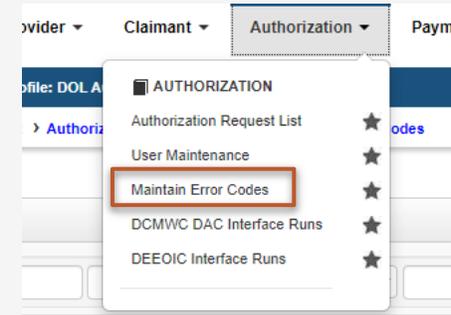
View Page: 1 Go Page Count SaveToCSV Viewing Page: 1 First Prev Next Last

Error Codes

The **Maintain Error Codes** function allows authorized staff to view the list of Error Codes and descriptions that are used for **Authorization Edits**. **This screen is view only for DOL Staff.*

To access, **select Authorization Tab** and **Maintenance Error Codes**. The **Error Codes** page will be displayed.

Select Error Code and **enter** error code number. **Select Go**.



Close Add

Error Codes

Filter By : Error Code 70863 * And Go

Select Error Code hyperlink.

MyInbox > Error Codes

Close Add

Error Codes

Filter By : Error Code 70863 * And Go Clear Filter Save Filter My Filters

Error Code	Description	Fatal	Forcible	Effective Date	Start Date	End Date	Driven By
70863	T/S: SVC NOT CVRD - NO T/S	N	Y	02/04/2019	02/04/2019	12/31/2999	System Dt

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

View Error Code from Error Code List

Select *Error Code Number* to view error code details. The system displays the *Error Code Detail* page.

ErrorCode : 70863 Name: T/S: SVC NOT CVRD - NO T/S

Error Code Detail

Error Code:	<input type="text" value="70863"/>	Fatal:	<input type="checkbox"/>
Short Description:	<input type="text" value="T/S: SVC NOT CVRD - NO T/S"/> *	Forcible:	<input checked="" type="checkbox"/>
Effective Date:	<input type="text" value="02/04/2019"/>	End Date:	<input type="text" value="12/31/2999"/> *
Start Date:	<input type="text" value="02/04/2019"/> *		
Error Driven By:	<input type="text" value="SD-System Dt"/> *		
Long Description:	<div style="border: 1px solid #ccc; padding: 5px; min-height: 40px;"> SVC NOT COVERED - NO TREATMENT SUITE WAS FOUND FOR THE DIAGNOSIS OR COMPLICATIONS. CORRECT ANY DIAGNOSIS KEYING ERRORS, IF THE EDIT STILL POSTS, DENY. </div>		
Resolution Text:	<div style="border: 1px solid #ccc; padding: 5px; min-height: 20px;"> All - Reject. </div>		

Select *Close* when finished.

Note: The first four characters of the Diagnosis code must match the code given in claimant accepted conditions. If the first four characters do not match, this error will be generated.

Error Codes

Error Code: 70865

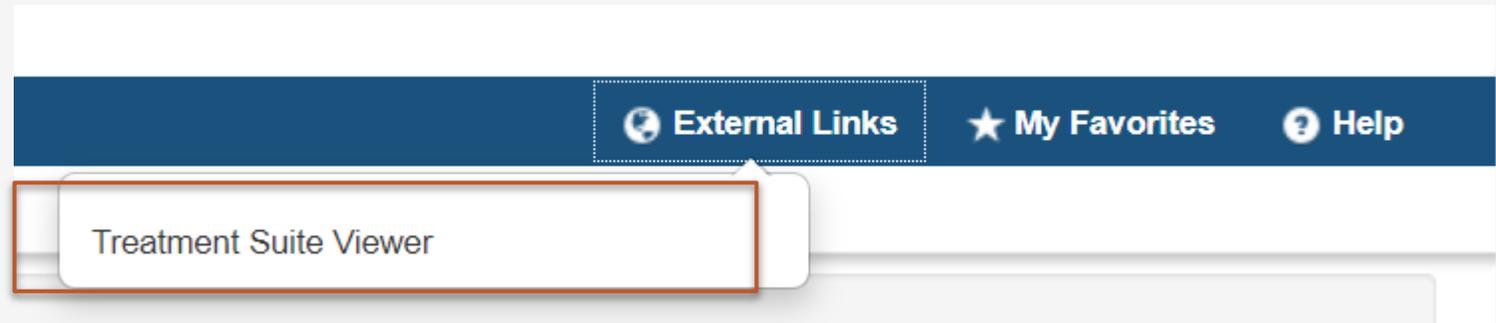
Service not covered – Treatment Suite packages found but no rule for the service was found within a package.

Error List									
Cycle #	Error Type	Error Code	Error Desc	Forcible	Erroneous Data	Resolved By	Resolved Date/Time	Error Status	
3	L2	70865	T/S: SVC NOT CVRD - NO PACKAGE	Y	Diagnosis code(s): G43009			O	

View Page: 1 [Go] [Page Count] [SaveToCSV] Viewing Page: 1 [First] [Prev] [Next] [Last]

Accessing Treatment Suite

The **Treatment Suite** function can be accessed through the External Links drop-down list.



After updating the **Treatment Suite**, *Run Edit* must be **selected**. **Note: changes will not be reflected until after 24 hours.**

Error List									
Cycle #	Error Type	Error Code	Error Desc	Forcible	Erroneous Data	Resolved By	Resolved Date/Time	Error Status	
3	L2	70865	T/S: SVC NOT CVRD - NO PACKAGE	Y	Diagnosis code(s): G43009			O	

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

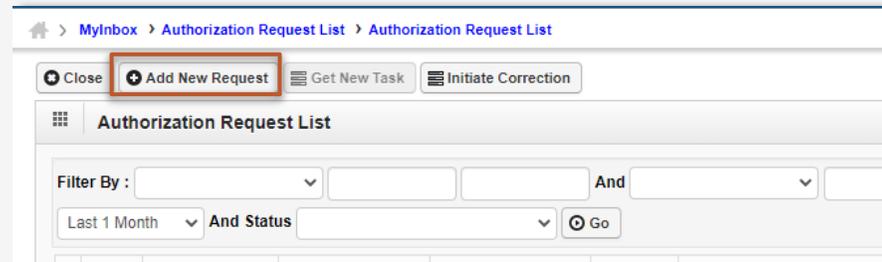
Note: Please email dfec-medical@dol.gov if you are unable to resolve errors.



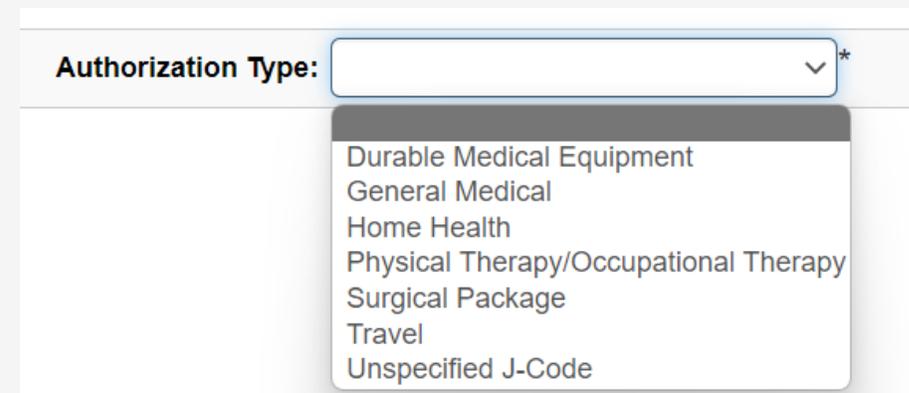
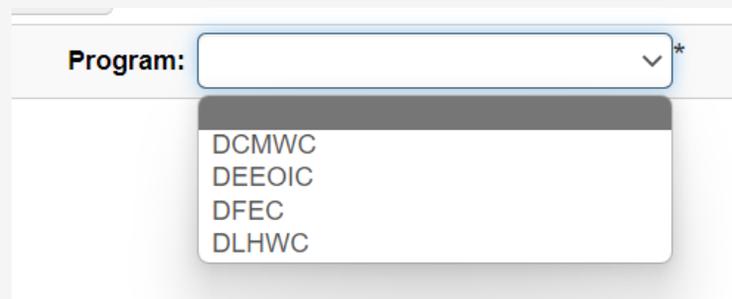
Adding a *New* Authorization Request

Adding a New Authorization Request

To add a new authorization request, **select** the *Add New Request* button. The *Add New Request* window is displayed.



Select the applicable *Program* from the **Program** drop-down. The available *Authorization Request Types* associated with each program will be displayed in the *Authorization Type* drop down menu. **Select** Authorization Type.



Adding a New Authorization Request

Authorization Request fields display, and details can be added.

Close
Save Authorization

Program: DFEC

Source: DDE

Authorization Type: Travel

Emergency/Urgent Request:

Requestor Information

Initial Request
 Date Requested: 09/28/2022 Requested By: Phone Number:

Claimant Information

Claimant's Case ID: Date of Birth: First Name: Last Name: Date of Injury:

Provider Information

OWCP Provider ID: Tax ID (SSN/FEIN): Provider Name: Fax Number: Providing care for a family member?: If Yes, please provide relationship to the claimant:

Travel Information

Travel From: --SELECT-- Travel To: --SELECT--

[Add New Line](#)

	From Date	To Date	Travel Code	Estimated Total Charge	Estimated Miles	Action
1						
2						
3						
4						
5						

Remarks:

Add New Authorization Request

This is an example of a *Travel* Authorization Request. The Required fields, denoted by an asterisk(*) must be completed to create a new authorization request. **Select Save** when finished.

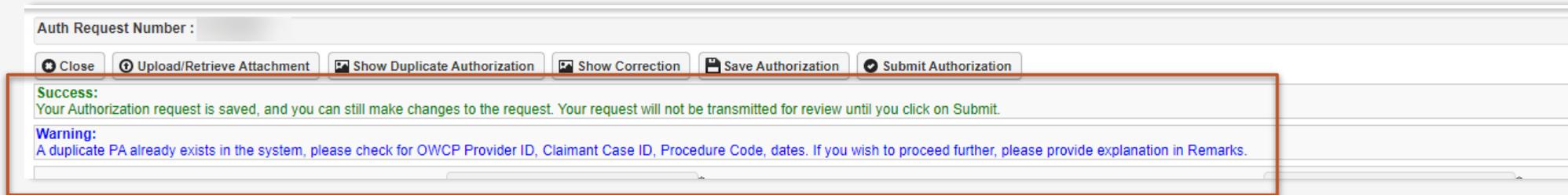
The screenshot shows a web-based form for adding a new authorization request. At the top left, a 'Save Authorization' button is highlighted with a red rectangular box. The form is organized into several sections:

- Header:** Includes 'Close' and 'Save Authorization' buttons. Fields for 'Program' (DFEC), 'Source' (DDE), 'Authorization Type' (Travel), and 'Emergency/Urgent Request' (checkbox).
- Requestor Information:** Contains 'Date Requested' (09/28/2022), 'Requested By' (text input), and 'Phone Number' (text input).
- Claimant Information:** Contains 'Claimant's Case ID', 'Date of Birth', 'First Name', 'Last Name', and 'Date of Injury'.
- Provider Information:** Contains 'OWCP Provider ID', 'Provider Name', 'Tax ID (SSN/FEIN)', 'Fax Number', 'Providing care for a family member?' (checkbox), and 'If Yes, please provide relationship to the claimant:' (text input).
- Travel Information:** Contains 'Travel From' and 'Travel To' dropdown menus. Below is a table with columns: From Date, To Date, Travel Code, Estimated Total Charge, Estimated Miles, and Action. There are 5 rows in the table. A 'Remarks' text area is located below the table.

Adding a New Authorization Request

When complete, **select Save Authorization**. The authorization request status then appears as in an *Initial Request* status. Submission process is **not** complete.

If duplicate information appears, there may be a warning that *a duplicate PA already exists in the system* to check information.



Note: If an authorization request has not been saved or a submission process is not completed, it will appear in the Authorization Request List as “Entering” to denote that the authorization request creation is still in progress but not completed. Any authorization request that is in “Entering” status for more than 28 days will be cancelled by the system.

Auth Request # ▲▼	Claimant Case ID ▲▼	OWCP Provider ID ▲▼	Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	S
101048276	012640995	154239500	Entering	Surgical Package	10/10/2022	

Add New Authorization Request

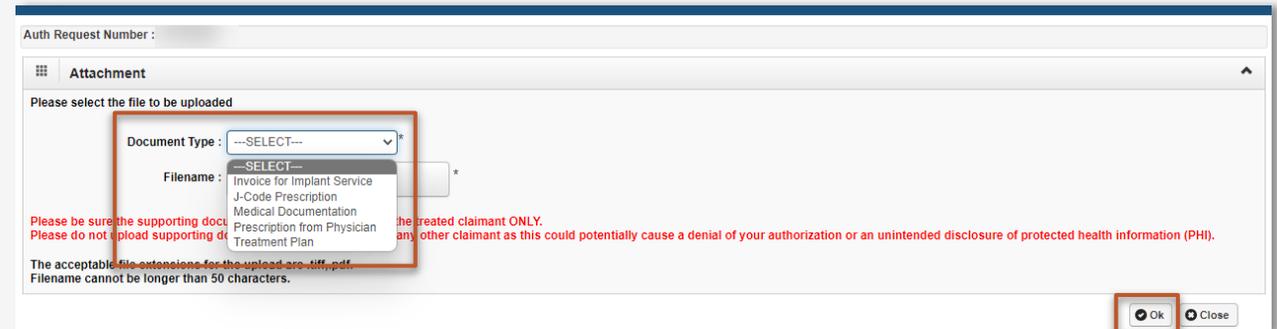
The next step is to upload any associated documents.
Select *Upload/Retrieve Attachments*. The system displays the *Attachments* page.

Select from the *Document Type* drop-down to upload the associated document.

Select *Browse* to search for the file location or type in the file address and add the file.

Select *Ok* to upload. The system displays the attachment in the *Attachment List* below.

*Add additional documents as needed by repeating steps.



Attachment List

Repository Key	Image Title	Document Type	Created By	Created Date	Auth Request Number
ATT3400	Sample Image.pdf	Invoice for Implant Service	Pierce, Tess O	02-27-2020 16:10:30	100471162

Viewing Page: 1

Add New Authorization Request

The final step is to submit the authorization request.

Click *Submit Authorization*.

The status will now appear as *In Review* and Auth Request Type will display *Initial Request*.

nt

Program: DFEC *

Source: DDE

<input type="checkbox"/>	Auth Request # ▲▼	Claimant Case ID ▲▼	OWCP Provider ID ▲▼	Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Level ▲▼	Organization ▲▼	District Office ▲▼	CNSI Reviewer ▲▼	Program ▲▼	Claim Examiner/MBE ▲▼	Line Status ▲▼	Auth Request Type ▲▼	Source ▲▼	Assigned Date ▲▼
<input type="checkbox"/>	101048222	550140885	999999991	In Review	Travel	09/27/2022	09/08/2022	3	OWCP	FECA - National Office	Not Assigned	DFEC	Morris, Jermaine M	In Review	Initial Request	System	09/27/2022
<input type="checkbox"/>	101048128	114013165	999999991	In Review	Travel	09/16/2022	09/16/2022	3	OWCP	FFCA - National Office	Not Assigned	DFEC	Chano, Seth	In Review	Initial Request	Fax	09/16/2022

Billing Subsystem

WCMBP System



Bills Subsystem

This session covers:

- **Accessing** the WCMBP Bills Subsystem
- **Viewing** Bills
- **Retrieving** Bill Images
- Questions



Accessing WCMBP Bills Subsystem



Accessing the Bills Subsystem

Select an appropriate profile by clicking on the drop-down arrow then **select Go**.

Note: Only profile(s) assigned to you will be accessible.

For purposes of this training, we will be using *DOL Bills View Only*.

Welcome to the Workers' Compensation Medical Bill Process System

eCAMSTM
HCE ✓
 Powered by CNSI

Select a profile to use during this session:

Profile: * ←

Favorite: ←

Accessing the Bills Subsystem

Select the *Bills* tab.

Select *Inquire Bills*.

The screenshot shows the eCAMS HCE web application interface. At the top, there is a navigation bar with tabs: My Inbox, Provider, Bills, Reference, Claimant, Rate Settings, and Payment. The 'Bills' tab is currently selected and open, displaying a sub-menu with two main sections: ADMINISTRATION and MANAGE BILLS. Under ADMINISTRATION, there are links for Error Codes, RV Messages, and BILLS. Under BILLS, there are links for Inquire Bills, RV List, and Retrieve Bill Images. The 'Inquire Bills' link is highlighted. Other visible elements include a 'My Reminders' section with a 'Filter By' dropdown, a table with columns for Alert Message, Alert Date, Due Date, and Read, and a 'No Records Found!' message at the bottom of the table area.

Inquire Bills Page

The system displays the *Inquire Bills page*.

The screenshot shows the 'Inquire Bills' page in the eCAMS HCE system. The navigation bar includes 'My Inbox', 'Provider', 'Bills' (selected), 'Reference', 'Claimant', 'Rate Settings', and 'Payment'. The breadcrumb trail is 'MyInbox > Inquire Bills'. The filter section includes 'Filter By' with multiple dropdowns, 'With Status', 'Processing Status', 'Program' (set to 'All'), and 'Submitted In' (set to 'All'). There are buttons for 'Clear Filter', 'Save Filter', and 'My Filters'. The table header has columns: TCN, Claimant ID, Billing Provider NPI, Claim Type, Program, From Date, To Date, Proc/Svc Code, Billed Amount, Bill Status, Processing Status, Paid Amount, Paid/Denied Date, Adjudication Date, Denial Reason, and Billing OWCP ID. The table body is empty, displaying 'No Records Found!' in red text.

Using Filters to Search for Bills

Filter By search can be used to search for bills. Search can be narrowed down by using multiple filters.

The screenshot displays the eCAMS HCE web application interface for searching bills. The top navigation bar includes 'My Inbox', 'Provider', 'Bills', 'Reference', 'Claimant', 'Rate Settings', and 'Payment'. Below this, the user profile 'Mehroz, Sania' and 'Profile: DOL Bills View Only' are shown. The main section is titled 'Inquire Bills' and contains a search filter section. A dropdown menu for 'Filter By' is open, listing various fields such as 'Adjudication Date', 'Adjustment Reason Code', 'Adjustment Source', 'Admission Type', 'Assigned Date', 'Attending Provider NPI', 'Attending Provider Taxonomy', 'Batch Number', 'Bill Source', 'Bill Type', 'Billed Amount', 'Billed Units', 'Billing OWCP ID', 'Billing Provider NPI', 'Billing Provider Name', 'Billing Provider Tax ID', 'Billing Provider Taxonomy', 'Billing Zip Code', and 'Check Date'. The search criteria are set to 'Submitted In' with a value of 'All'. The search results table is empty, displaying 'No Records Found!' in red text. The table headers include 'Program', 'From Date', 'To Date', 'Proc/Svc Code', 'Billed Amount', 'Bill Status', 'Processing Status', 'Paid Amount', 'Paid/Denied Date', 'Adjudication Date', 'Denial Reason', and 'Billing OWCP ID'.

Using Filters to Search for Bills

Select search criteria from the *Filter By* drop-down menu.

Home > MyInbox > Inquire Bills

Close Add Note

Inquire Bills

Filter By : From/To Date 01/01/2022 * 04/01/2022 And Claim Type P * And [] And

[] And [] In Header List With Status [] Processing Status

[] Program DFEC Submitted In All Go Clear Filter Save Filter My Filters

<input type="checkbox"/>	TCN ▲▼	Claimant ID ▲▼	Billing Provider NPI ▲▼	Claim Type ▲▼	Program ▲▼	From Date ▲▼	To Date ▲▼	Proc/Svc Code ▲▼	Billed Amount ▲▼	Bill Status ▲▼	Processing Status ▲▼	Paid Amount ▲▼	Paid/Denied Date ▲▼	Adjudication Date ▲▼	Denial Reason ▲▼	Billing OWCP ID ▲▼
No Records Found!																

Range of date can only be used in the first filter.

Saving Filters

The **Save Filter** button may be used to save the *Filter By* search criteria to make it easier to search in the future.

MyInbox > Inquire Bills

Close Add Note

Inquire Bills

Filter By : From/To Date 01/01/2022 * 04/01/2022 And Claim Type P * And [] And []

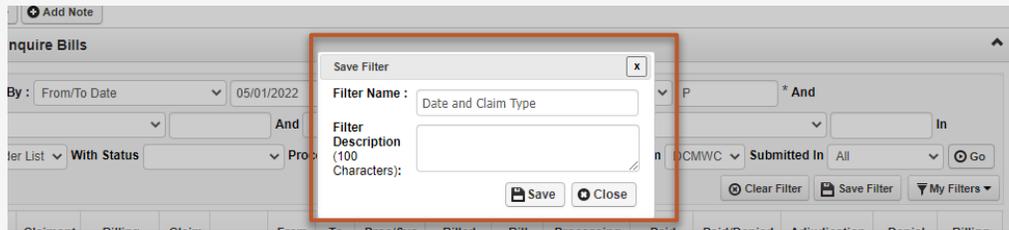
[] And [] In Header List With Status [] Processing Status []

[] Program DFEC Submitted In All Go Clear Filter **Save Filter** My Filters

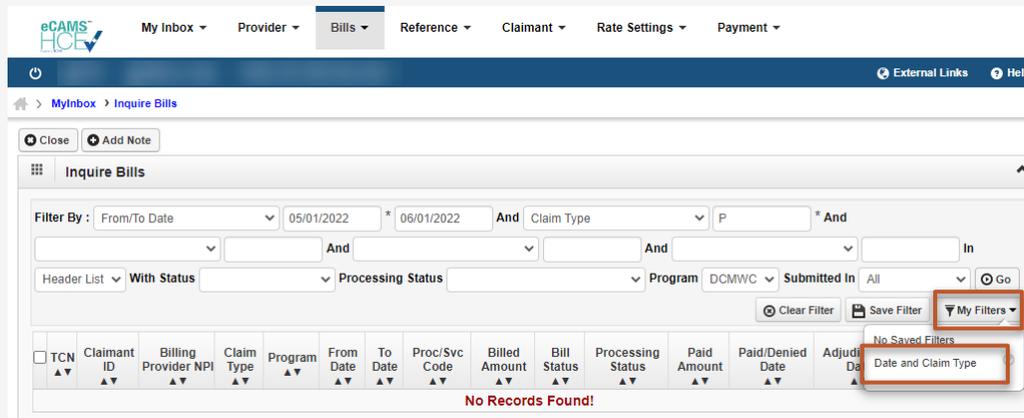
<input type="checkbox"/>	TCN ▲▼	Claimant ID ▲▼	Billing Provider NPI ▲▼	Claim Type ▲▼	Program ▲▼	From Date ▲▼	To Date ▲▼	Proc/Svc Code ▲▼	Billed Amount ▲▼	Bill Status ▲▼	Processing Status ▲▼	Paid Amount ▲▼	Paid/Denied Date ▲▼	Adjudication Date ▲▼	Denial Reason ▲▼	Billing OWCP ID ▲▼
No Records Found!																

Saving and Accessing Filters

Enter *Filter Name* and **select Save**.



To **Access** saved filters, **select My Filters** and **select** the required filter.



Using Filters to Search for Bills

Select Go.

Home > MyInbox > Inquire Bills

Close Add Note

Inquire Bills

Filter By : From/To Date 01/01/2022 * 04/01/2022 And Claim Type P * And [] And []

[] And [] In Header List With Status [] Processing Status []

[] Program DFEC Submitted In All **Go** Clear Filter Save Filter My Filters

<input type="checkbox"/>	TCN ▲▼	Claimant ID ▲▼	Billing Provider NPI ▲▼	Claim Type ▲▼	Program ▲▼	From Date ▲▼	To Date ▲▼	Proc/Svc Code ▲▼	Billed Amount ▲▼	Bill Status ▲▼	Processing Status ▲▼	Paid Amount ▲▼	Paid/Denied Date ▲▼	Adjudication Date ▲▼	Denial Reason ▲▼	Billing OWCP ID ▲▼
No Records Found!																

Search results

The system displays the search results.

MyInbox > Inquire Bills

Close Add Note

Inquire Bills

Filter By : From/To Date 01/01/2022 * 04/01/2022 And Claim Type P * And

And In Header List With Status Processing Status

Program DFEC Submitted In All Go Clear Filter Save Filter My Filters

<input type="checkbox"/>	TCN	Claimant ID	Billing Provider NPI	Claim Type	Program	From Date	To Date	Proc/Svc Code	Billed Amount	Bill Status	Processing Status	Paid Amount	Paid/Denied Date	Adjudication Date	Denial Reason	Billing OWCP ID
<input type="checkbox"/>	1300			P-Professional Bill	DFEC	02/09/2022	02/09/2022		\$320.00	Suspended	Error Allocated	\$0.00		05/27/2022		627452700
<input type="checkbox"/>	1100			P-Professional Bill	DFEC	02/18/2022	02/18/2022		\$203.57	Suspended	Error Allocated	\$0.00		05/24/2022		354103500
<input type="checkbox"/>	1100			P-Professional Bill	DFEC	02/28/2022	02/28/2022		\$5,194.00	Suspended	Error Allocated	\$0.00		05/25/2022		623315000
<input type="checkbox"/>	1100			P-Professional Bill	DFEC	01/19/2022	01/19/2022		\$150.00	Suspended	Error Allocated	\$0.00		05/26/2022		131791900
<input type="checkbox"/>	1200			P-Professional Bill	DFEC	02/08/2022	02/25/2022		\$900.00	Suspended	Error Allocated	\$0.00		05/09/2022		177975100
<input type="checkbox"/>	1100			P-Professional Bill	DFEC	03/15/2022	03/15/2022		\$354.00	Suspended	Error Allocated	\$0.00		08/25/2022		616484200
<input type="checkbox"/>	1100			P-Professional	DFEC	03/01/2022	03/01/2022		\$882.00	Suspended	Error	\$0.00		05/27/2022		705855000

Viewing Bill Details

Viewing Bill Details

Select the *TCN* hyperlink to view bill details.

MyInbox > Inquire Bills

Close Add Note

Inquire Bills

Filter By : From/To Date 01/01/2022 * 04/01/2022 And Claim Type P * And And

And In Header List With Status Processing Status

Program DFEC Submitted In All Go Clear Filter Save Filter My Filters

<input type="checkbox"/>	TCN ▲▼	Claimant ID ▲▼	Billing Provider NPI ▲▼	Claim Type ▲▼	Program ▲▼	From Date ▲▼	To Date ▲▼	Proc/Svc Code ▲▼	Billed Amount ▲▼	Bill Status ▲▼	Processing Status ▲▼	Paid Amount ▲▼	Paid/Denied Date ▲▼	Adjudication Date ▲▼	Denial Reason ▲▼	Billing OWCP ID ▲▼
<input type="checkbox"/>	1300			P-Professional Bill	DFEC	02/09/2022	02/09/2022		\$320.00	Suspended	Error Allocated	\$0.00		05/27/2022		627452700
<input type="checkbox"/>	1100			P-Professional Bill	DFEC	02/18/2022	02/18/2022		\$203.57	Suspended	Error Allocated	\$0.00		05/24/2022		354103500
<input type="checkbox"/>	1100			P-Professional Bill	DFEC	02/28/2022	02/28/2022		\$5,194.00	Suspended	Error Allocated	\$0.00		05/25/2022		623315000
<input type="checkbox"/>	1100			P-Professional Bill	DFEC	01/19/2022	01/19/2022		\$150.00	Suspended	Error Allocated	\$0.00		05/26/2022		131791900
<input type="checkbox"/>	1200			P-Professional Bill	DFEC	02/08/2022	02/25/2022		\$900.00	Suspended	Error Allocated	\$0.00		05/09/2022		177975100
<input type="checkbox"/>	1100			P-Professional Bill	DFEC	03/15/2022	03/15/2022		\$354.00	Suspended	Error Allocated	\$0.00		08/25/2022		616484200
<input type="checkbox"/>	1100			P-Professional Bill	DFEC	03/01/2022	03/01/2022		\$882.00	Suspended	Error	\$0.00		05/27/2022		705855000

Bill Details

The system displays the Bill Details page. The first section shows Errors posted (if available) and the second section shows Header details.

Header TCN : [Redacted]
 Claimant ID: 5[Redacted]

Errors Posted

TCN	Run Number	Error Code	Error Description	Adjustment Reason Code	Disposition	Forcible	Deniable	Suspended Date	Erroneous Data	Bill Location/Business Unit	Error Location/Business Unit	Assignment Date	Action Type	Source
[Redacted]	1	10855	CANNOT AUTO DENY ADJUSTMENT		P-Super Suspend	Y	Y	05/27/2022		600-Adjustment Review	600-Adjustment Review	05/27/2022		Adjudication Posted
[Redacted]	1	50328	SERVICING PROVIDER NPI MISMATCH		R-Pay and Report			05/27/2022			220-Provider File Review			Adjudication Posted
[Redacted]	1	20531	AUTH PROVIDER MISMATCH		D-Deny	Y	Y	[Redacted]	No Matching PA found for Provider	600-Adjustment Review	540-Prior Authorization Review	05/27/2022		Adjudication Posted
[Redacted]	1	50328	SERVICING PROVIDER NPI MISMATCH		R-Pay and Report			05/27/2022			220-Provider File Review			Adjudication Posted
[Redacted]	1	20531	AUTH PROVIDER MISMATCH		D-Deny	Y	Y	05/27/2022	No Matching PA found for Provider	600-Adjustment Review	540-Prior Authorization Review	05/27/2022		Adjudication Posted
[Redacted]	1	50328	SERVICING PROVIDER NPI MISMATCH		R-Pay and Report			05/27/2022			220-Provider File Review			Adjudication Posted
[Redacted]	1	20531	AUTH PROVIDER MISMATCH		D-Deny	Y	Y	05/27/2022	No Matching PA found for Provider	600-Adjustment Review	540-Prior Authorization Review	05/27/2022		Adjudication Posted
[Redacted]	1	60431	PROCEDURE NOT COVERED		D-Deny	Y	Y	05/27/2022		600-Adjustment Review	360-Reference Review	05/27/2022		Adjudication Posted
[Redacted]	1	50328	SERVICING PROVIDER NPI MISMATCH		R-Pay and Report			05/27/2022			220-Provider File Review			Adjudication Posted

View Page: 1 [Go] + Page Count Viewing Page: 1 [First] [Prev] [Next] [Last]

[SaveToCSV]

Header Details

TCN: [Redacted]	Claim Type: P - Professional Bill	Source/Category: HIPAA/Replacement
Parent TCN: [Redacted]	Original TCN: [Redacted]	
Adjustment Source: [Redacted]	Bill Status: Suspended	
Special Bill Indicator: [Redacted]	Received Date: 05/27/2022 [Calendar]	Adjudication Date: 05/27/2022 [Calendar]
Program: DFEC	Owning Agency: 544100	Bill Date: 05/27/2022 [Calendar]
District Office: 52 - FECA - National Office		
Pricing Rule: [Redacted]		

Bill Details- Errors Posted Section

The Errors Posted section displays the following columns:

TCN: Shows the TCN number.

Run Number: The number of times the bill has been recycled while in suspense.

Error Code: Provides the error code posted in the run cycle. This hyperlink may be selected to view more details about the error code.

Error Description: Short explanation of the error.

Adjustment Reason Code: Displays the adjustment reason the code associated with the error code, as displayed in the RV.

Disposition: Displays the disposition of the error: Pay and Report/Suspend/Super-suspend/Deny.

Forcible: Displays if the error can be forced to pay the bill: Y or Blank (forcible)/N (not forcible).

Errors Posted														
TCN ▲▼	Run Number ▲▼	Error Code ▲▼	Error Description ▲▼	Adjustment Reason Code ▲▼	Disposition ▲▼	Forcible ▲▼	Deniable ▲▼	Suspended Date ▲▼	Erroneous Data ▲▼	Bill Location/Business Unit ▲▼	Error Location/Business Unit ▲▼	Assignment Date ▲▼	Action Type ▲▼	Source ▲▼
13	1	10855	CANNOT AUTO DENY ADJUSTMENT		P-Super Suspend	Y	Y	05/27/2022		600-Adjustment Review	600-Adjustment Review	05/27/2022		Adjudication Posted
13	1	50328	SERVICING PROVIDER NPI MISMATCH		R-Pay and Report			05/27/2022			220-Provider File Review			Adjudication Posted
13	1	20531	AUTH PROVIDER MISMATCH		D-Deny	Y	Y	05/27/2022	No Matching PA found for Provider	600-Adjustment Review	540-Prior Authorization Review	05/27/2022		Adjudication Posted
13	1	50328	SERVICING PROVIDER NPI MISMATCH		R-Pay and Report			05/27/2022			220-Provider File Review			Adjudication Posted
13	1	20531	AUTH PROVIDER MISMATCH		D-Deny	Y	Y	05/27/2022	No Matching PA found for Provider	600-Adjustment Review	540-Prior Authorization Review	05/27/2022		Adjudication Posted

Bill Details- Errors Posted Section

Deniable: Displays if the error can be denied or not: Y or Blank (deniable)/N (not deniable).

Suspended Date: Date when bill was suspended.

Erroneous Data: Provides any additional information about the error such as the data that is causing the error.

Bill Location/Business Unit: Location of the bill while in suspense.

Error Location/Business Unit: Location associated with the error.

Assignment Date: Date when error was assigned.

Action Type: Manual action taken by the resolution worker for the error code.

Source: Source of error: Adjudication Posted/Manually Added

Errors Posted														
TCN ▲▼	Run Number ▲▼	Error Code ▲▼	Error Description ▲▼	Adjustment Reason Code ▲▼	Disposition ▲▼	Forcible ▲▼	Deniable ▲▼	Suspended Date ▲▼	Erroneous Data ▲▼	Bill Location/Business Unit ▲▼	Error Location/Business Unit ▲▼	Assignment Date ▲▼	Action Type ▲▼	Source ▲▼
13	1	10855	CANNOT AUTO DENY ADJUSTMENT		P-Super Suspend	Y	Y	05/27/2022		600-Adjustment Review	600-Adjustment Review	05/27/2022		Adjudication Posted
13	1	50328	SERVICING PROVIDER NPI MISMATCH		R-Pay and Report			05/27/2022			220-Provider File Review			Adjudication Posted
13	1	20531	AUTH PROVIDER MISMATCH		D-Deny	Y	Y	05/27/2022	No Matching PA found for Provider	600-Adjustment Review	540-Prior Authorization Review	05/27/2022		Adjudication Posted
13	1	50328	SERVICING PROVIDER NPI MISMATCH		R-Pay and Report			05/27/2022			220-Provider File Review			Adjudication Posted
13	1	20531	AUTH PROVIDER MISMATCH		D-Deny	Y	Y	05/27/2022	No Matching PA found for Provider	600-Adjustment Review	540-Prior Authorization Review	05/27/2022		Adjudication Posted

Bill Details- Header Details Section

The Header Details section provides details about the TCN such as **Bill Date**, **Adjudication Date**, Claimant details, Provider details etc. The **Remittance Voucher (RV) Number** is also displayed here.

Header Details		
TCN: [Redacted]	Claim Type: P - Professional Bill	Source/Category: HIPAA/Replacement
Parent TCN: [Redacted]	Original TCN: [Redacted]	
Adjustment Source:	Bill Status: Suspended	
Special Bill Indicator: [Dropdown]	Received Date: 05/27/2022	Adjudication Date: 05/27/2022
Program: DFEC	Owning Agency: 544100	Bill Date: 05/27/2022
District Office: 52 - FECA - National Office		
Pricing Rule:		
Claimant ID: [Redacted]	Last Name: [Redacted]	First Name: [Redacted]
Gender: F-Female	DOB: [Redacted]	Age as of Claim: 57
Patient Account Number: [Redacted]	Medical Record Number: [Redacted]	SSN: XXX-XX-3702
State/Province: California	Zip Code: 92056	
Billing Provider NPI: [Redacted]	Billing OWCP ID: [Redacted]	Billing Provider Taxonomy Code: 208D00000X
Servicing Provider NPI: [Redacted]	Servicing Provider Taxonomy Code: [Redacted]	
Servicing Facility NPI: [Redacted]	Referring Provider NPI: [Redacted]	
Diagnosis Codes: P: M1711	O1: S83511D	O2: S83241D
Diagnosis Code Category: ICD-10	Primary Auth: [Redacted]	Secondary Auth: [Redacted]
From Date: 02/09/2022	To Date: 02/09/2022	Facility Type: 11-Office
Total Charge: \$320.00	Net Charge: [Redacted]	TPL Amount: [Redacted]
Reimbursed Amount: \$0.00		
ACH/Warrant Number: [Redacted]	RV Number: [Redacted]	RV Payment Date: [Redacted]
Treasury Payment Number: [Redacted]		
Inbound 837 File Name: HIPAA.700235000.20220527.160047.F.100000.77044.837P20220527125605.dat		

RV Number will be used to search for RV payment details later in this training session.

Bill Details- Show button

Select the *Show* button to view more details.

Header TCN: [blurred]
 Claimant ID: [blurred]



Show ▾

Errors Posted												
TCN ▲▼	Run Number ▲▼	Error Code ▲▼	Error Description ▲▼	Adjustment Reason Code ▲▼	Disposition ▲▼	Forcible ▲▼	Deniable ▲▼	Suspended Date ▲▼	Erroneous Data ▲▼	Bill Location/Business Unit ▲▼	Error Location/Business Unit ▲▼	Assignment Date ▲▼
[blurred]	1	10855	CANNOT AUTO DENY ADJUSTMENT		P-Super Suspend	Y	Y	05/27/2022		600-Adjustment Review	600-Adjustment Review	05/27/2022
[blurred]	1	50328	SERVICING PROVIDER NPI MISMATCH		R-Pay and Report			05/27/2022			220-Provider File Review	
[blurred]	1	20531	AUTH PROVIDER MISMATCH		D-Deny	Y	Y	05/27/2022	No Matching PA found for Provider	600-Adjustment Review	540-Prior Authorization Review	05/27/2022
[blurred]	1	50328	SERVICING PROVIDER NPI MISMATCH		R-Pay and Report			05/27/2022			220-Provider File Review	
[blurred]	1	20531	AUTH PROVIDER MISMATCH		D-Deny	Y	Y	05/27/2022	No Matching PA found for Provider	600-Adjustment Review	540-Prior Authorization Review	05/27/2022
[blurred]	1	50328	SERVICING PROVIDER NPI MISMATCH		R-Pay and Report			05/27/2022			220-Provider File Review	
[blurred]	1	20531	AUTH PROVIDER MISMATCH		D-Deny	Y	Y	05/27/2022	No Matching PA found for Provider	600-Adjustment Review	540-Prior Authorization Review	05/27/2022
[blurred]	1	60431	PROCEDURE NOT COVERED		D-Deny	Y	Y	05/27/2022		600-Adjustment Review	360-Reference Review	05/27/2022
[blurred]	1	50328	SERVICING PROVIDER NPI MISMATCH		R-Pay and Report			05/27/2022			220-Provider File Review	

- Additional Providers
- Adjustment Reason Codes
- Anesthesia Procedure Codes
- Bill Cutbacks
- Bill Enhancement Amounts
- Bill Header Dates
- Bill Limit List
- Bill Notes
- Bill Recoveries
- Denied Reasons
- Diagnosis Codes
- Duplicate List
- Adjudication Posted

Viewing Denied Reasons

Select the *Show* button. Select *Denied Reasons* from the show menu.

The screenshot shows a software interface with a table and a dropdown menu. The table has two columns: 'Error Location/Business Unit' and 'Assignment Date'. The dropdown menu is open, showing a list of options. The 'Show' button is highlighted with a red box, and the 'Denied Reasons' option in the menu is also highlighted with a red box.

Error Location/Business Unit	Assignment Date
-General Suspense	07/09/2012
-Provider File Review	
-General Suspense	07/09/2012
-General Suspense	07/09/2012
-Pricing Review - General	

- Bill Enhancement Amounts
- Bill Header Dates
- Bill Limit List
- Bill Notes
- Bill Recoveries
- Denied Reasons**
- Diagnosis Codes
- Duplicate List
- Error History
- HIPAA File Details
- Indicators
- Pricing Path Information

Viewing Denial Reason Information

The system displays the Denial Reason Information page. This page provides more details about why the line was denied. *Error Code* hyperlink may be selected to view more information about the error code.

Header TCN : 120022190050238000
 Line TCN :
 Claimant ID: 012640995

Show ▾

Denial Reason Information

TCN ▲▼	Error Code ▲▼	Error Description ▲▼	Adjustment Reason ▲▼	Remittance Voucher Remark ▲▼	Error Source ▲▼	User Name ▲▼	Run # ▲▼	Date of Denial ▲▼
12002219005023800	22733	AUTHORIZED UNITS ALREADY USED	222-Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific.	N362-The number of Days or Units of Service exceeds our acceptable maximum.	Adjudication Posted	supuser	1	07/09/2022

View Page: 1 Viewing Page: 1

Viewing Service Line List

Select the *Show* menu then **select** *Service Line List*.

The screenshot shows a software interface with a table of service line items. The table has columns for 'Location/Business Unit' and 'Assignment Date'. A 'Show' dropdown menu is open, listing various options, with 'Service Line List' highlighted. The table contains several rows of data, including 'Assignment Review', 'Identifier File Review', and 'Authorization Review'.

Location/Business Unit ▲▼	Assignment Date ▲▼
Assignment Review	05/27/2022
Identifier File Review	
Authorization Review	05/27/2022
Identifier File Review	
Authorization Review	05/27/2022
Identifier File Review	
Authorization Review	05/27/2022
Reference Review	05/27/2022
Identifier File Review	

Adjudication Posted

Viewing Service Line List

The system displays the Service Lines Page. The columns show information about *Billed Amount, Allowed Amount, Paid Amount and Line Status* for each TCN.

Select the **TCN** hyperlink to view service line details.

Header TCN: Claimant ID: Show ▾

Service Lines ▲

Filter By : And Go Clear Filter Save Filter My Filters ▾

<input type="checkbox"/>	TCN ▲▼	Revenue Center Code ▲▼	Procedure / Service Code ▲▼	From Date ▲▼	To Date ▲▼	Modifiers ▲▼	Units ▲▼	Billed Amount ▲▼	Allowed Amount ▲▼	Paid Amount ▲▼	Line Status ▲▼
<input type="checkbox"/>	130		97112	02/09/2022	02/09/2022	GP	2	\$160.00	\$105.86	\$0.00	Denied
<input type="checkbox"/>	130		97530	02/09/2022	02/09/2022	GP	1	\$90.00	\$59.92	\$0.00	Denied
<input type="checkbox"/>	130		97140	02/09/2022	02/09/2022	GP	1	\$60.00	\$41.64	\$0.00	Denied
<input type="checkbox"/>	130		97010	02/09/2022	02/09/2022	GP	1	\$10.00	\$0.00	\$0.00	Denied

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

Viewing Service Line List

The system displays the Service Line Detail page where the errors posted as well as more information about the service line is displayed. **Select Cancel** to return to previous screen.

The screenshot displays the 'Service Line Detail' page. At the top, there is a header section with fields for 'Header TCN', 'Line TCN', 'Claimant ID', and 'Name'. Below this is a section titled 'Errors Posted' containing a table with columns: TCN, Run Number, Error Code, Error Description, Adjustment Reason Code, Disposition, Forcible, Deniable, Suspended Date, Erroneous Data, Bill Location/Business Unit, Error Location/Business Unit, Assignment Date, Action Type, and Source. The table lists three error entries for TCN 13002, all with Run Number 1. The error codes are 10855, 50328, and 50328. The error descriptions are 'CANNOT AUTO DENY ADJUSTMENT', 'SERVICING PROVIDER NPI MISMATCH', and 'SERVICING PROVIDER NPI MISMATCH'. The dispositions are 'P-Super Suspend', 'R-Pay and Report', and 'R-Pay and Report'. The suspended date for all is 05/27/2022. Below the table are navigation controls like 'View Page: 1', 'Page Count', and 'SaveToCSV'. The main section is 'Service Line Detail', which includes fields for 'TCN', 'Adjustment Source', 'Special Bill Indicator', 'Claimant ID', 'Gender', 'Last Name', 'DOB', 'First Name', 'Age', 'Category Of Service', 'Servicing Provider NPI', 'Referring Provider NPI', 'Servicing Provider Taxonomy', 'Servicing Facility NPI', 'Facility Type', 'From Date', 'To Date', 'Modifiers', 'Diagnosis Codes', 'Primary Auth', 'Secondary Auth', 'Billed Units', 'Paid Units', 'Billed Amount', 'Manual Price', 'Emergency indicator', 'Allowed Amount', 'TPL Amount', 'Room null Amount', and 'Reimbursed Amount'. A 'Cancel' button is highlighted with a red box at the bottom right.

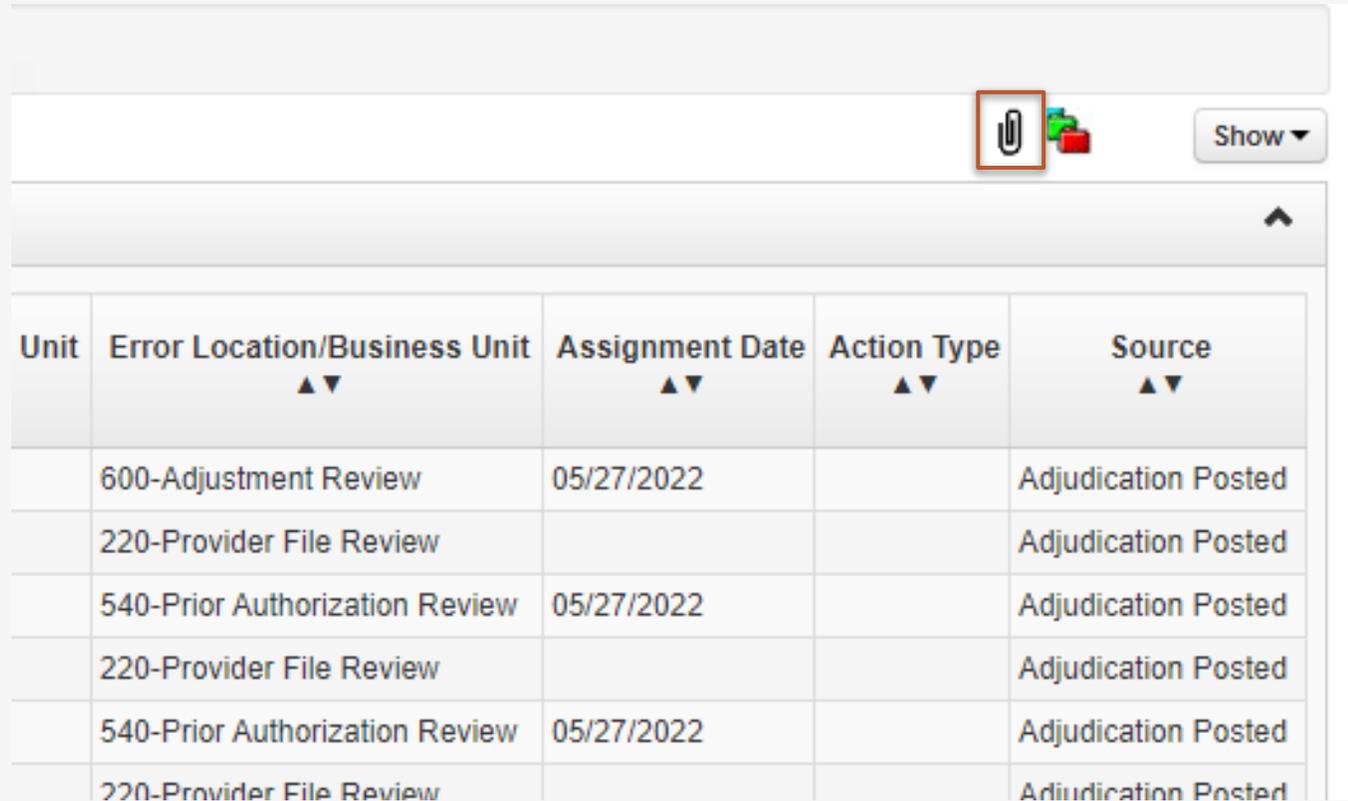
The Service Line Detail page can also be accessed by selecting Service Line Details from the show menu on the Bill Details page.

Retrieving Bill Images



Retrieve Bill Images

At the top of the Bill Header page, **select** the paper clip icon.



Unit	Error Location/Business Unit ▲▼	Assignment Date ▲▼	Action Type ▲▼	Source ▲▼
	600-Adjustment Review	05/27/2022		Adjudication Posted
	220-Provider File Review			Adjudication Posted
	540-Prior Authorization Review	05/27/2022		Adjudication Posted
	220-Provider File Review			Adjudication Posted
	540-Prior Authorization Review	05/27/2022		Adjudication Posted
	220-Provider File Review			Adjudication Posted

Retrieving Bill Images

The system displays the *Correspondence Images List* page. **Select** the *Image ID* hyperlink to view the Bill image.

Client ID: [Redacted]
 TCN ID: [Redacted]

Close

Correspondence Retrieval Page

Filter By: [] And [] And [] And [] Go Clear Filter Save Filter My Filters

CORRESPONDENCE ID	CORRESPONDENCE TITLE	SENT BY	SENT DATE	JOB TYPE	STATUS
No Records Found!					

Upload Images/Attachments

Images/Attachments Retrieval Page

Filter By: [] And [] And [] And [] Go Clear Filter Save Filter My Filters

IMAGE ID	IMAGE TITLE	CREATED BY	CREATED DATE	RECEIVED DATE	TCN
ATT712440976	700235000.20220527.160058.100121365788.10149822382.pdf	supuser	05/27/2022	05/27/2022	130022147232412000
ATT712440890	700235000.20220527.160058.100121365788.10149822383.pdf	supuser	05/27/2022	05/27/2022	130022147232412000

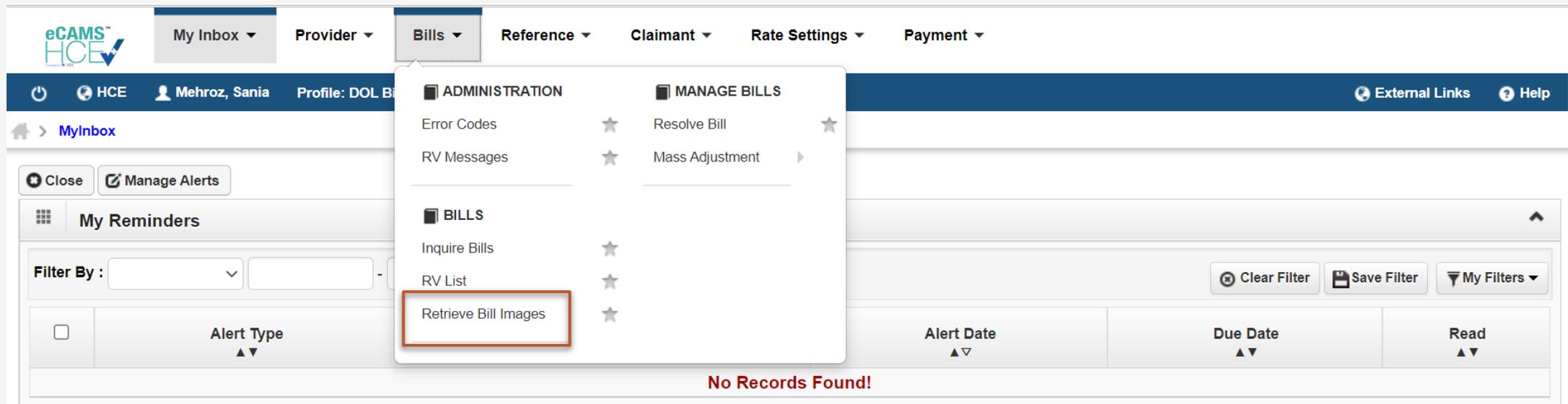
View Page: 1 Go Page Count Viewing Page: 1 First Prev Next Last

SaveToCSV

The image will open in a new window. The window can be closed after review.

Retrieving Bill Images

Another way of retrieving bill images is to **select *Retrieve Bill Images*** under the *Bills* drop-down menu.



Retrieving Bill Images

Enter the *TCN Number*, then **Select Go**.

The screenshot shows the eCAMS HCE web application interface. At the top, there is a navigation bar with the eCAMS HCE logo and several menu items: My Inbox, Provider, Bills, Reference, Claimant, Rate Settings, and Payment. Below this is a dark blue header with a power icon, HCE, and External Links and Help icons. The breadcrumb trail shows MyInbox > Inquire Bill Images. A 'Close' button is visible in the top left of the main content area. The main content area is titled 'Inquire Bill Images' and contains a form with three input fields: 'TCN' (with the value '3100'), 'RX Bill Number', and 'RX Auth Number'. A 'Go' button is located below the 'RX Auth Number' field. Red boxes highlight the 'TCN' input field and the 'Go' button.

Retrieving Bill Images

The system displays the *Correspondence Images List* page. **Select** the *Image ID* hyperlink to view the Bill image.

Client IC
TCN ID:

Close

Correspondence Retrieval Page

Filter By : [] And [] And [] And [] Go Clear Filter Save Filter My Filters

CORRESPONDENCE ID	CORRESPONDENCE TITLE	SENT BY	SENT DATE	JOB TYPE	STATUS
No Records Found!					

Upload Images/Attachments

Images/Attachments Retrieval Page

Filter By : [] And [] And [] And [] Go Clear Filter Save Filter My Filters

IMAGE ID	IMAGE TITLE	CREATED BY	CREATED DATE	RECEIVED DATE	TCN
ATT712440976	700235000.20220527.160058.100121365788.10149822382.pdf	supuser	05/27/2022	05/27/2022	130022147232412000
ATT712440890	700235000.20220527.160058.100121365788.10149822383.pdf	supuser	05/27/2022	05/27/2022	130022147232412000

View Page: 1 Go Page Count Viewing Page: 1 SaveToCSV

First Prev Next Last

The image will open in a new window. The window can be closed after review.

Summary

Key Points:

- Authorizations are received via paper and DDE.
- Authorization Requests can be classified into three levels: Level 1, level 2 and level 3.
 - Level 1 authorizations do not require an authorization.
 - Level 2 authorizations are reviewed by CNSI staff.
 - Level 3 authorizations are reviewed by Claims Examiners (CEs).
- CEs can use the WCMBP system to review authorizations and authorization corrections using the **DOL Authorization Worker** profile.
- Multiple filters are available to search for an authorization.
- CEs need to resolve any errors before they can approve or deny any service lines.
- Authorization Utilization screen and bills history screen can be viewed to get more information about utilized units/amount and billed units/amount.



Summary

- CEs can view bills using the **DOL Bills View Only** profile.
- Multiple filters are available to search for bills.
- Bill Details page provides details about the bill and the errors associated with it.
- Additional details about bills can be viewed using the Denied Reason and Service Line list options in the show menu on the bill details page.
- Bills Images, if available, can be retrieved using the paper clip icon on the bill details page.

