

Authorization Submission Page Enhancements in the WCMBP System

Effective 04/05/2025, only for Division of Federal Employees' Compensation (DFEC) and Division of Energy Employees Occupational Illness Compensation (DEEOIC) programs, an enhancement to the **Authorization Submission** page will determine applicable authorization types using only the Provider Type and will no longer use Category of Service (COS). In this Quick Reference Guide, DOL Staff will learn about the Authorization Types can be submitted, based on Provider Type for the DFEC and DEEOIC programs. Additionally, a crosswalk, found on <u>slide three</u>, is available in the system to help identify applicable authorization types for each provider type.

1. From the Authorization Request List page, select Add New Request. After this step, the Authorization Header page opens.

O Close	Add New Request	🖀 Get New Task	Cancel Authorization		
III Auth	horization Reque	st List			
Filter By :		~	And	~	

2. From the **Authorization Header** page, select the appropriate program and authorization type from the **Program** and **Authorization Type** drop-down lists.

ecams HCE	My Inbox 👻	Provider 🔻	Claimant 👻	Authorization -	Payment 👻		
🚱 НСЕ 👤	Profil	e: DOL Authorizat	tion Supervisor •				
🔺 > MyInbox > Aut	thorization Reques	t List					
Close Save	Authorization						
		F	Program:		*	Authorization Type:	∼]*



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3. Enter the authorization request information in the required fields on the **Authorization Submission** page, then select **Save Authorization** on the top

left	of	the	page.
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#>	Mylnbox)Authorizati	on Request List						
O Clo	ose 💾 Save Authori	zation						
Info:	NPI displayed on the	authorization is d	lerived from your P	Provider file. If the NPI is inc	correct, please update NPI throu	ugh the provider modificat	ion screen.	
		Program: DF	EC	*	Authorization Type:	General Medical	✓*	
		Source: DDE	E		Emergency/Urgent Request:			
	Requestor Inform	mation						^
		*						
			₩ *					
	Date Requested:	04/17/2025		Requested By	: John Doe	^	Phone Num	ber:
	Claimant Inform	ation						^
	Claimant's Case	ID:	*			Date of Birth:	*	
	First Nar	ne:		*		Last Name:		*
	Date of Inju	iry:	*					
	Provider Informa	ation						*
		OWCP Provider	r ID:	*			Tax ID (SSN/FEIN):	*
		Provider Na	me:	*			Fax Number:	
	Providing care f	or a family membe	er?: Yes ∨*		If Yes	s, please provide relations	hip to the claimant:	

Upon selecting **Save Authorization**, the system will determine and validate that the selected Authorization Type is cross-walked to the Provider Type of the Provider entered in the authorization request. When DOL Staff selects an Authorization Type that does not match the Provider Type entered on the submitted authorization request, the system will display the error message below.

Error Message: The provider type is not cross-walked to the selected authorization type. Please select a valid authorization type.



Viewing the Provider Type to Authorization Type Crosswalk

A **Provider Type to Authorization Type** crosswalk the DFEC and DEEOIC programs can be accessed in the WCMBP System to determine the applicable Authorization Types for each Provider Type.

1. From the Authorization drop-down list, select Provider Type to Authorization Type Crosswalk. The Provider Type to Authorization Type List page opens.

ecams H⊂Ev	My Inbox 🔻	Provider 👻	Claimant 👻	Authorization - Payment -
🚷 НСЕ 👤	Profile:	-	-	
👫 🗲 Myinbox				Authorization Request List
	an an a Alanta			User Maintenance
	anage Alerts			Maintain Error Codes
III My Rem	ninders			DCMWC DAC Interface Runs
Filter By :	Filter By :		-	DEEOIC Interface Runs
				Provider Type to Authorization Type Crosswalk
	Alert Type ▲ ▼		Alert Messag ▲ ▼	Alert Expiration Date

2. Use the **Provider Type to Authorization Type Crosswalk List** page columns to view the **Program** and **Authorization Type** applicable to **Provider Type**.

Note: Filters can be used to search using the filter options of Provider Type, Authorization Type, and Program (DFEC and DEEOIC only).

Close							
Provider Type	to Authorization Type Crosswalk List						
Filter By :	~ And ~	Program V 🛇 Go	🕲 Clear Filter 🖺 Save Filter	The Filters			
Program ▲▽	Authorization Type ▲▼	Provider ▲ ▼	Туре				
DFEC	Unspecified J-Code	1-General Hospital					
DFEC	Unspecified J-Code	2-Special Hospital/Rehabilitation Facility					
DFEC	Unspecified J-Code	3-Psychiatric Hospital					
DFEC	Unspecified J-Code	5-Community Mental Health Center					
DFEC	Unspecified J-Code	25-Physician (MD) & Physician (DO)					
DFEC	Unspecified J-Code	27-Podiatrist					
DFEC	Unspecified J-Code	28-Chiropractor					
DFEC	Unspecified J-Code	30-Advanced Registered Nurse Practitioner (ARNP)					
DFEC	Unspecified J-Code	61-Second Opinion Contractor					
DFEC	Unspecified J-Code	62-Optometrist					