



Copying Authorization Data

Effective September 20, 2025, the Workers' Compensation Medical Bill Processing System (WCMBP System) enhancement introduces a new feature that allows both providers and Department of Labor (DOL) staff to copy data from an existing authorization when submitting a new authorization request.

The copy authorization enhancement is only applicable to the Division of Federal Employees' Compensation (DFEC) and the Division of Energy Employees Occupational Illness Compensation (DEEOIC). The WCMBP System will prevent Division of Coal Mine Workers' Compensation (DCMWC) authorizations from being copied.

This quick reference guide (QRG) provides step-by-step instructions on how to use the new Copy Authorization functionality, highlights key system validations and error messages, and explains the limitations of the copied data.

For additional details on submitting a new authorization request, review the [OWCP WCMBP Provider Manual](#).

1. From the **Authorization Request List** page, select the checkbox to the left of the authorization request number of the record to be copied.



Close Add New Request Initiate Correction Cancel Authorization Copy Authorization

Authorization Request List

Filter By : And And

And Submitted In ALL And Header Status

In Review Go Clear Filter Save Filter My Filters

| <input type="checkbox"/> | Auth Request # ▲▼ | Claimant Case ID ▲▼ | Header Status ▲▼ | Auth Type ▲▼ | Last Updated ▲▼ | Submitted Date ▲▼ | Header From Date ▲▼ | Header To Date ▲▼ | Program ▲▼ | Auth Request Type ▲▼ | Source ▲▼ |
|-------------------------------------|---|------------------------|---------------------|--------------------------|--------------------|----------------------|------------------------|----------------------|---------------|-------------------------|--------------|
| <input type="checkbox"/> |  | | In Review | Home Health Request | 10/15/2025 | 10/15/2025 | 09/29/2025 | 09/29/2025 | DEEOIC | Correction | DDE |
| <input checked="" type="checkbox"/> |  | | In Review | Rehabilitative Therapies | 10/15/2025 | 10/13/2025 | 11/29/2024 | 11/29/2024 | DEEOIC | Correction | DDE |



Copying Authorization Data

- To begin copying the authorization data from the selected authorization request, select **Copy Authorization**.

Note: The WCMBP System will display an error message and prevent more than one authorization from being copied simultaneously.



Close Add New Request Initiate Correction Cancel Authorization Copy Authorization

Authorization Request List

Filter By : And And

And Submitted In ALL And Header Status

In Review Go Clear Filter Save Filter My Filters

| | Auth Request # | Claimant Case ID | Header Status | Auth Type | Last Updated | Submitted Date | Header From Date | Header To Date | Program | Auth Request Type | Source |
|-------------------------------------|---|------------------|---------------|--------------------------|--------------|----------------|------------------|----------------|---------|-------------------|--------|
| <input type="checkbox"/> |  | | In Review | Home Health Request | 10/15/2025 | 10/15/2025 | 09/29/2025 | 09/29/2025 | DEEOIC | Correction | DDE |
| <input checked="" type="checkbox"/> |  | | In Review | Rehabilitative Therapies | 10/15/2025 | 10/13/2025 | 11/29/2024 | 11/29/2024 | DEEOIC | Correction | DDE |

The **Authorization Request List** page displays with the prepopulated data from the selected authorization. When data is copied from the selected authorization, the WCMBP System allows edits in the **Phone Number** and **Requested By** fields, while non-editable fields are grayed out. Attachments from the original authorization are not included in the copied authorization.

MyInbox > Authorization Request List

Close Save Authorization

Program: DEEOIC

Authorization Type: Transplant

Source: DDE

Emergency/Urgent Request: ☐

Requestor Information

☐ Initial Request

Date Requested: 08/19/2025

Requested By:

Phone Number:



Copying Authorization Data

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

Note: The WCMBP System copies all service lines from the original authorization.

4. Make the required edits, additions, or removals to each service line copied in the previous steps.

Note: All service lines must be edited before submission.

Note: The WCMBP System restricts the submission of unedited, duplicate service lines.

Note: The **WCMBP System** restricts providers from submitting authorizations with identical **Procedure Codes** on more than one line.

Service Line Information

Diagnosis Codes: A: * B: C: D:

Add New Line

| | From Date | To Date | Diagnosis Pointer | | | | Code Type | Procedure Code | Action |
|---|---------------|---------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------|------------------------|--------|
| | | | A | B | C | D | | | |
| 1 | 09/30/2024 * | 09/30/2024 * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CPT Procedure Code * | <input type="text"/> * | |
| 2 | 09/30/2024 * | 09/30/2024 * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CPT Procedure Code * | <input type="text"/> * | |
| 3 | 09/30/2024 * | 09/30/2024 * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CPT Procedure Code * | <input type="text"/> * | |
| 4 | 09/30/2024 * | 09/30/2024 * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CPT Procedure Code * | <input type="text"/> * | |
| 5 | 09/30/2024 * | 09/30/2024 * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CPT Procedure Code * | <input type="text"/> * | |

Remarks:



Copying Authorization Data

5. After completing all necessary edits, additions, or removals, scroll to the top of the page and select **Save Authorization**.
6. Upload supporting documentation, then select **Submit Authorization**.

Upon submission, the WCMBP System assigns the new authorization request a unique authorization request number. The new authorization request follows the same approval workflow as a manually entered authorization request. The newly submitted request is treated as a separate request from the original authorization.

Auth Request Number:

Info: NPI displayed on the authorization is derived from your Provider file. If the NPI is incorrect, please update NPI through the provider modification screen.

Program: DEEOIC * Authorization Type: Transplant *

Authorization Status: Entering

Source: DDE

Claim ID:

The **Authorization Request List** page displays again, and the new authorization request record populates.

Home > Provider Portal > Authorization

Authorization Request List

Filter By : And And Submitted In

ALL And Header Status

| <input type="checkbox"/> | Auth Request # ▲▼ | Claimant Case ID ▲▼ | Header Status ▲▼ | Auth Type ▲▼ | Last Updated ▲▼ | Submitted Date ▲▼ | Header From Date ▲▼ | Header To Date ▲▼ | Program ▲▼ | Auth Request Type ▲▼ | Source ▲▼ |
|--------------------------|----------------------|------------------------|---------------------|-----------------|--------------------|----------------------|------------------------|----------------------|---------------|-------------------------|--------------|
| <input type="checkbox"/> | | | Approved | Transplant | 11/10/2025 | 11/10/2025 | 09/30/2024 | 09/30/2024 | DEEOIC | Initial Request | Interface |

View Page: 1 Viewing Page: 1