



Submitting an Authorization Correction

Quick Reference Guide

Providers can submit a correction to a previously submitted and approved authorization request in the WCMBP System to amend any errors. This process reduces time and effort while also preventing duplicate authorizations. The primary use for correction by Providers is either for changing the number of units and/or for changing the service date(s). This guide explains the steps performed by Providers in the WCMBP System for submitting a correction to an authorization.

Submitting an Authorization Correction in the WCMBP System

1. Log in to the WCMBP System and select the **Provider ID** used to submit the initial authorization

Select a Provider ID Number to continue to the Provider Portal:

Available Provider IDs: 700

1 Go

2. Select the profile “**EXT Provider Bills Submitter**” or “**EXT Provider Super User**” or “**EXT Provider Eligibility Checker - Claims Submitter**” or “**EXT Provider Eligibility Checker – Auth Submitter**” from the drop-down menu

Select a profile to use during this session:

2 EXT Provider Bills Submitter Go

3. Click on the **On-line Authorization Submission** link in the column on the left menu under Authorization

Authorization

On-line Authorization Submission 3

The **Authorization Request List** page will display all Authorization Requests that have been initiated or submitted.

4. To initiate a correction to an Authorization Request, select the checkbox next to the Authorization Request. Then select the **Initiate Correction** button.

	Auth Request #	Claimant Case ID	Status	Auth Type	Last Updated	Submitted Date	Level	Program	Auth Request Type	Source
<input type="checkbox"/>	66		Entering	Durable Medical Equipment	01/07/2022		3	DFEC	Correction	DDE
<input type="checkbox"/>	41		Cancelled	Durable Medical Equipment	01/07/2022	01/05/2022	3	DFEC	Correction	DDE
<input type="checkbox"/>	40		Entering	Durable Medical Equipment	01/05/2022		3	DFEC	Correction	DDE
<input type="checkbox"/>	29		Entering	Durable Medical Equipment	01/05/2022		3	DFEC	Correction	DDE
<input type="checkbox"/>	77		Entering	Durable Medical Equipment	12/21/2021		3	DFEC	Correction	DDE
<input checked="" type="checkbox"/>	45		Approved	Durable Medical Equipment	09/03/2021	09/03/2021	3	DFEC	Initial Request	DDE
<input type="checkbox"/>	86		Approved	Durable Medical Equipment	09/01/2021	08/31/2021	3	DFEC	Initial Request	DDE
<input type="checkbox"/>	74		Approved/Denied	Durable Medical Equipment	01/05/2022	08/31/2021	3	DFEC	Initial Request	DDE

Note: The system will display errors if the following occurs:

- When multiple authorizations are selected for correction
- When a correction authorization is **In-Review** or **Entering** status
- When a selected authorization does not have a Service Line with an **Approved** status
- When a correction is initiated for DEEOIC program authorization types General Medicine, Medical Transport, Durable Medical Equipment, and Transplant



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The Authorization Request will display with the selected **Correction** radio button. The **Claimant** and **Provider Information** is pre-populated and non-editable from the original authorization.

5. Scroll down to make a correction from the **Service Line Information** section.

Requestor Information

Initial Request Correction
Original Authorization Number (For Correction): 45
Date Requested: [Calendar Icon] * Requested By: [Text Field] Phone Number: [Text Field]

Claimant Information

Claimant's Case ID: [Text Field] Date of Birth: [Calendar Icon]
First Name: [Text Field] Last Name: [Text Field]
Date of Injury: [Calendar Icon]

Provider Information

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

Service Line Information

Specific Body Part to be treated: Hearing *
Diagnosis Codes: A: H903 B: [Text Field] C: [Text Field] D: [Text Field]

Add New Line

From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Body Part Modifier	Units	Rental or Purchase Modifier	Cost	Duration	Action	
		A	B	C	D									
1	09/03/2021	09/03/2021	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCPCS Procedure Code	V5261	50 - Bilateral	1	NU-Purchased New	\$6,600.00		<input type="button" value="Edit"/>
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								<input type="button" value="Edit"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								<input type="button" value="Edit"/>
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								<input type="button" value="Edit"/>
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								<input type="button" value="Edit"/>

Remarks: [Text Field]

6. **Procedure codes** are not editable fields. Instead, select **Add New Line** and enter the corrected Procedure Code. Enter the corresponding units in the new Service Line and enter 0 in the original Service Line **Units** field.
 - **Specific Body Part to be treated, Diagnosis Pointer, Code Type, Body Part modifier, Rental or Purchase Modifier:** Add these fields if not derived from original authorization
 - **Units, Cost, Duration:** Cannot be less than original authorization
 - **From Date:** Date cannot be greater than or equal to minimum Bill Paid date
 - **To Date:** Date cannot be less than or equal to maximum Bill Paid date

Service Line Information

Specific Body Part to be treated: Hearing *
Diagnosis Codes: A: H903 B: [Text Field] C: [Text Field] D: [Text Field]

Add New Line

From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Body Part Modifier	Units	Rental or Purchase Modifier	Cost	Duration	Action	
		A	B	C	D									
1	08/27/2021	08/27/2021	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCPCS Procedure Code	V5261	50 - Bilateral	0	NU-Purchased New	\$66,000.00		<input type="button" value="Edit"/>
2	08/27/2021	08/27/2021	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCPCS Procedure Code	V5264	50 - Bilateral	2	NU-Purchased New	\$66,000.00		<input type="button" value="Edit"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								<input type="button" value="Edit"/>
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								<input type="button" value="Edit"/>
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								<input type="button" value="Edit"/>

Note: Users may add and delete lines until the correction is submitted.

Note: If there are no changes required on a Service Line, delete the line before submitting the correction. This will not change the Service Line on the original approved authorization.



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7. After all information has been entered, select the **Save Authorization** button on top of the Authorization Request.

Close Save Authorization 7

Program: DFEC
Source: DDE

Requestor Information

Initial Request
Correction

8. The system will validate the changes, and if it was successful, the system will display a Success message, as well as a hyperlink to the **Original Authorization Number (For Correction)**.

Auth Request Number : 10068879

Close Upload/Retrieve Attachment Show Duplicate Authorization Save Authorization Submit Authorization

Success:
Your Authorization request is saved, and you can still make changes to the request. Your request will not be transmitted for review until you click on Submit.

Program: DFEC Authorization Type: Durable Medical Equipment
Source: DDE

Requestor Information

Original Authorization Number (For Correction): 45
Date Requested: Requested By:

9. If the Authorization Type requires additional documentation, select the **Upload/Retrieve Attachment** button to open the Attachment window.

10. From the Attachment window, select the document type from the **Document Type** drop-down list.

Attachment

Please select the file to be uploaded

Document Type: Medical Documentation
Filename: Choose File No file chosen

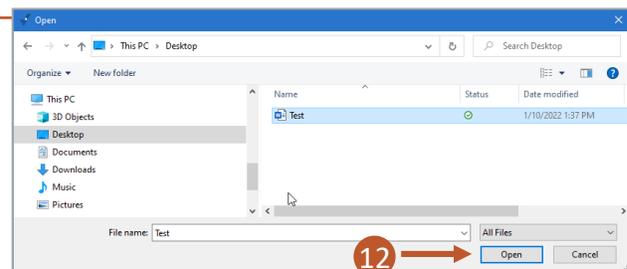
The acceptable file extensions for the upload are .tif, .pdf
Filename cannot be longer than 50 characters

Attachment List

Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
No Records Found!					

11. Select the **Choose File** button.

12. Select the corresponding file, then select **Open**.



13. The file name will display in the **Filename** box. Select the **OK** button to confirm upload.

14. The file will display in the **Attachment List**. Repeat steps 9-11 for as many attachments as needed. Select the **Close** button when complete.

Attachment

Please select the file to be uploaded

Document Type: Medical Documentation
Filename: Choose File Test.pdf

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

Attachment List

Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
ATT708501587	Test.pdf	Medical Documentation	Coy, Kimberly	01-11-2022 13:53:04	100688889

Delete View Page: 1 Page Count SaveToCSV Viewing Page: 1

First Prev Next Last



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15. Select the **Submit Authorization** button to submit the correction.

Close Upload/Retrieve Attachment Show Duplicate Authorization Save Authorization **Submit Authorization**

Program: DFEC Authorization Type: Durable Medical Equipment
Source: DDE

Requestor Information

Initial Request
 Correction

Original Authorization Number (For Correction): 45

16. The system will validate the information. If successful, the system will display a **Success** message. Select **Close**.

Close Upload/Retrieve Attachment Show Duplicate Authorization

Success:
Your Authorization is successfully submitted for review.

Program: DFEC Authorization Type: Durable Medical Equipment
Authorization Status: In Review Authorization Level: Level 3
Source: DDE

Requestor Information

Initial Request
 Correction

Original Authorization Number (For Correction): 45

17. The **Authorization Request list** will display the submitted correction in **In Review** status.

Auth Request #	Claimant Case ID	Status	Auth Type	Last Updated	Submitted Date	Level	Program	Auth Request Type	Source
89		In Review	Durable Medical Equipment	01/11/2022		3	DFEC	Correction	DDE