

Providers can submit a correction for previously submitted authorization request in the WCMBP System to amend any errors. This process reduces time and effort while preventing duplicate authorizations. The primary use of correction by Providers is either for changing the number of units or for changing to the service dates. This QRG provides instructions to Providers on how to submit a correction to an authorization the WCMBP System.

Submitting an Authorization Correction in the WCMBP System

- 1. Log in to the WCMBP System.
- 2. Select the Provider ID used to submit the initial authorization from the **Available Provider IDs** drop-down list.

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Sele	ct a Provider IL	Number	to continue t	o the Prov	der Portal:
	Available Pro	vider IDs:	621389400		<u> </u>
			O Go		



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Submitting an Authorization Correction in the WCMBP System	
3. Select Go .	
Select a Provider ID Number to continue to the Provider Portal: Available Provider IDs: 621389400	
4. Select the appropriate profile EXT Provider Bills Submitter from the Profile drop-down list.	1
Select a profile to use during this session: Profile EXT Provider Bills Submitter * Go Go	

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5. Select Go .	
Select a profile to use during this session of the section of the session of the session of the session of the session of the set of the session of the set o	ion: O Go
 On the menu under Authorization, select the On-line A Submission link. The Authorization Request List page Authorization Requests that have been initiated or sub- 	Authorization displays all omitted.
Authorization 6 On-line Authorization Submission	*





Note: If any of the following occurs, the system displays errors:

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

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Claimant Informati	on									^
Claimant's Case ID:	26				Date of Birth: 12	2/19/1959				
First Name:	N				Last Name: AV	'EN				
Date of Injury:	06/29/2001									
Provider Information	on									^
OWCP Provider ID:	0				Tax	ID (SSN/FE	EIN): 0.00101.38			
Provider Name: A	udiology Professionals	LLC				Fax Num	ber:			
Providing care for a	lo v			If Yes, please	e provide relationship	to the claim	ant:			
OWCP National Provider	01070752									
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Service Line Inform	nation Specific Body Part Diag	to be treated: EA mosis Codes: A:	NRS *	: [D:					
Service Line Inform Add New Line From Date	nation Specific Body Part Diag To Date	to be treated: E/ nosis Codes: A: Diagnosis Pointer	ARS H903 B: C. Code Type	Procedure Code	D: Body Part Modifier	Units	Rental or Purchase	Cost	Duration	Actio
Add New Line From Date 06/04/2024	To Date	to be treated: EA nosis Codes: A: Diagnosis Pointer A B C D	ARS * H903 B: C Code Type HCPCS Procedure Code ~ *	: [] [] Procedure Code	D: Body Part Modifier 50 - Bilateral V	Units	Rental or Purchase Modifier	Cost	Duration	Acti
Add New Line From Date 06/04/2024	To Date	to be treated: EA posis Codes: A: Diagnosis Pointer A B C D * V 0 0	ARS * H903 B: C Code Type HCPCS Procedure Code *	: [] [] Procedure Code [] [] [] [] [] [] [] [] [] [] [] [] []	D: Body Part Modifier 50 - Bilateral ~	Units 1 *	Rental or Purchase Modifier NU-Purchased New ~	Cost * \$116.00	Duration	Acti
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Add New Line From Date O6/04/2024 *	To Date	to be treated: E# mosis Codes: A: Diagnosis Pointer A B C D C D C D C D C D C D C D C D	ARS * H903 B: C: Code Type HCPCS Procedure Code ~ *	: [] [] Procedure Code V5020 * * 	D: Body Part Modifier 50 - Bilateral ~ ~ ~ ~	Units 1 * * * * * * * * * * * * * * * * * *	Rental or Purchase Modifier NU-Purchased New ×	Cost * \$116.00 *	Duration	

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Submitting an Authorization Correction in the WCMBP System

10. Make corrections to the service lines as required.

Note: While making corrections, keep the following in mind:

- 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	e Info	ormation													
			Specific Boo	iy Pa	rt to t	e tre	ated	: E/	ARS *							
				Di	agnos	is C	odes	: A:	H903 B: C		D:	:				
O Ad	d New Line															
0	From Date		To Date		A	Diag Po B	nosi inter C	s D	Code Type	Procedure Code		Body Part Modifier	Units	Rental or Purchase Modifier	Cost	Duration Ac
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Note: Lines can be added and deleted until the correction is submitted.

Note: If there are no changes required on a service line, be sure the line gets deleted before submitting the correction. This does not change the service line on the original approved authorization.

Note: Procedure Code is not an editable field. If needed, a new line can be added for a new procedure code for the same dates of service.

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11. Once all information is entered, select Save Authorization at the top of the Authorization Request. The system validates the changes.
Close Save Authorization Source: DDE
III Requestor Information
Note: If the changes are successful, the system displays a Success message along with a link to the Original Authorization Number (For Correction) .
Auth Request Number: 91 5665 Close O 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. 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: DFEC * Authorization Type: Durable Medical Equipment * Authorization Status: Entering Authorization Level: Level 3 Source: DDE Requestor Information
Initial Request Correction Original Authorization Number (For Correction): 9 Date Requested: 07/01/2024 Image: The second

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12. To open the Attachment window (if the Authorizatio select Upload/Retrieve Attachment .	on Type requires),
Auth Request Number: 91 3665 O Close O Upload/Retrieve Attachment Success: Your Authorization request is saved, and you can still make changes to the request. Your request will not be transmitted for Info: NPI displayed on the authorization is derived from your Provider file. If the NPI is incorrect, please update NPI through the	r review until you click on Submit. provider modification screen.
Program: DFEC * Authorization Type Authorization Status: Entering Authorization Level Source: DDE	Durable Medical Equipment
Requestor Information	
Original Authorization Number (For Correction): 9 259 Date Requested: 07/01/2024 * Requested By:	
13. From the Attachment window, select the applicable the Document Type drop-down list.	document type from
III Attachment Please select the file to be uploaded	
Please be sure the supporting documentation/attachments is for the treated claimant ONLY.	n or an unintended disclosure of protected basilibir
The acceptable file extensions for the upload are .tif,.tiff,.pdf. Filename cannot be longer than 50 characters.	n of an unintended disclosure of protected nearth in
III Attachment List	
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Submittir	ng an Authorizatio	on Correction in the Wo	CMBP System	
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Submitti	ng an Authorization Correction in the WCMBP System
16. To c	onfirm the upload, select OK . The file displays in the Attachment List .
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17. Repe 18. Once	eat Steps 12-14 for all attachments that need to be added. e complete, select Close .
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	ATT708501567 Test.pdf Medical Documentation Coy, Kimberly 01-11-2022 13:53:04 100686889 O Delete View Page: 1 O Go Page Count SaveToCSV Viewing Page: 1 C First First Prev Next Last



Submitting an A	uthorization	Correction	Quick Reference Guide
Submitting an Authorizatio	n Correction in	the WCMB	· System
19. To submit the correction The system validates t	on, select Subn he information	nit Authoriza	tion.
Auth Request Number: 91 5665 Close Upload/Retrieve Attachment Show Success: Your Authorization request is saved, and you can still main fo: NPI displayed on the authorization is derived from your filles	Duplicate Authorization Sa ake changes to the request. Your Provider file. If the NPI is incorrec	ve Authorization Subm request will not be transmitte	at Authorization 19 ad for review until you click on Submit.
Program: DFEC Authorization Status: Entering Source: DDE	~*	Authorization Authorization L	Type: Durable Medical Equipment * .evel: Level 3
Original Authorization Number (For Correc Date Reque	Initial Request © Correction stion): 9 3259 ested: 07/01/2024 ***	Requested By:	
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Close OUpload/Retrieve Attachment Show D	Duplicate Authorization		
Success: Your Authorization is successfully submitted for review.			
Program: DFEC Authorization Status: In Review Source: DDE	~		Authorization Type: Durable Medical Equipme Authorization Level: Level 3
Requestor Information			
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Submitting an Authorization Correction in the WCMBP System

20. Se	elect Cl	ose.								
20										
Close	① Upload/Re	trieve Attachment	Show Duplicate Auth	orization						
Your Autho	prization is succ	essfully submitted	for review.							
		Program	n: DFEC	~		Auth	orization	n Type:	Durable Medic	al Equipme
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Authorization Correction Status After Review

Note: For Approved service lines, the Authorization Correction displays a **Corrected** status since the changes are incorporated into the Original Authorization.

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	Pro	vider Name	: Audiology	Professiona	ils, LLC								Fax Nun	nber:			
	Pro	ovider Type	60-Audiol	ogist/Speect	Pathologis	t											
P	rovidir famil	ng care for a y member?	No v							If Yes	, please pro	ovide rela	tionship t clain	to the mant:			
P	OW	ICP Nationa er Identifier	al :														
Ш	Se	ervice Line	e Informat	ion													3
			Specific Bo	dy Part to b	e treated:	EARS											
				Diagnos	is Codes: /	A: H90	13 B	ė 🦳	C;		D;						
0	Add N	Jew Line	🕑 Update	C Escalate													
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0	1	06/04/2024	06/04/2024	A	HCPCS Procedure Code	V5020	LT	3	1	1	\$116.00	\$116.00		NU	Corrected		Add Comment
0	1	06/04/2024	06/04/2024	A	HCPCS Procedure Code	V5020	LT	3	1	1	\$116.00	\$116.00		NU	Corrected	A.V.	Add Comr

Note: The **Original Authorization** is updated to reflect the Authorization Correction changes.

	Service Li	ne Informati	on													
			Spe	cific Body Part to be	treated:	EARS										
				Diagnosis	Codes:	A: H903 B:		C:	D:							
ne # ∆▼	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 ▲ ▼	Line Status Reason	Comment A T
	06/04/2024	06/04/2024 A		HCPCS Procedure Code	V5020	LT	3	1	1	\$116.00	\$116.00		NU	Approved		Add Comments
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iew	Page: 1	O G	Page Cou	int	viewin	g rage. I								** · · · · ·		



Authorization Correction Status After Review

Note: For Denied service lines, the **Denied** status displays on the Authorization Corrections Details page. *The Original Authorization is not updated*.



Note: For Pended Further Development service lines, the **Pended Further Development** status displays on the Authorization Corrections Details page. *The Original Authorization is not updated*.

=	Se	ervice Plan	Informatio	n												
				Specific Body	Part to be treated:	head										
					Diagnosis Codes:	16935	4 B.		C:	D:						
~																
-	AGG NR	ew Line	Update	Escalate											+	
0	Line I	From Date	To Date	Diagnosis Pointer	Code Type	Code	Body Part Modifier	Level	Requested Units	Auth Units	Requested Amount	Auth Amount	Frequency	Duration	Status	Commen