



Submitting an Authorization Correction in the WCMBP System

This Quick Reference Guide (QRG) outlines the steps Providers must follow to submit a correction to an existing authorization request within the Worker's Compensation Medical Bill Processing (WCMBP) System.

Providers primarily submit corrections to update the number of units or revise service dates. Only authorization requests with at least one service line in approved status are eligible for correction.

1. Log in to the WCMBP System. Select the provider ID used to submit the initial authorization request from the **Available Provider IDs** drop-down list, then select **Go**.

The screenshot shows the 'Welcome to the WCMBP Provider Portal' page. It features the 'eCAMS HCE' logo with a blue checkmark containing a white cross. Below the logo, the text 'Select a Provider ID Number to continue to the Provider Portal:' is displayed. Underneath, there is a label 'Available Provider IDs:' followed by a white drop-down menu with a small 'v' icon and an asterisk. Below the drop-down menu is a 'Go' button with a circular arrow icon. At the bottom, a note states: 'Users can toggle between multiple OWCP Provider IDs using the Switch OWCP Provider ID link on the Provider Portal.'



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2. Select the **EXT Provider Bills Submitter** profile from the **Profile** drop-down list, then select **Go**.

Welcome to the Workers' Compensation Medical Bill Process System

eCAMSTM
HCE

Select a profile to use during this session:

Profile:

3. To initiate an Authorization Request correction, on the Provider Portal under **Authorization**, select the **On-line Authorization Submission** link on the left. The **Authorization Request List** page displays all authorization requests that have been initiated or submitted.

Online Services

Bills

Claimant

Authorization

On-line Authorization Submission

Provider

Maintain Provider Information

Manage Alerts

My Reminders

Filter By :

	Alert Type	Alert Message
<input type="checkbox"/>		



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4. Select the checkbox next to the applicable authorization request number.

Provider Portal > Authorization

Close Add New Request Initiate Correction Cancel Authorization Copy Authorization

Authorization Request List

Filter By : And And Submitted In And ALL And Header Status Go Clear Filter Save Filter My Filters

<input type="checkbox"/>	Auth Request # ▲▼	Claimant Case ID ▲▼	Header Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Level ▲▼	Header From Date ▲▼	Header To Date ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
<input type="checkbox"/>			Approved	Physical Therapy/Occupational Therapy	05/08/2024	05/07/2024	3	04/22/2024	12/31/2024	DFEC	Initial Request	DDE
<input type="checkbox"/>			Approved	General Medical	07/27/2021	05/28/2021	3	05/14/2020	05/14/2020	DEEOIC		DDE

5. To begin making changes to an approved authorization request, select **Initiate Correction**. This action opens the correction workflow for the selected authorization, enabling updates to details such as the number of units or service dates.

Provider Portal > Authorization

Close Add New Request Initiate Correction Cancel Authorization Copy Authorization

Authorization Request List

Filter By : And And Submitted In And ALL And Header Status Go Clear Filter Save Filter My Filters

<input type="checkbox"/>	Auth Request # ▲▼	Claimant Case ID ▲▼	Header Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Level ▲▼	Header From Date ▲▼	Header To Date ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
<input checked="" type="checkbox"/>			Approved	Physical Therapy/Occupational Therapy	05/08/2024	05/07/2024	3	04/22/2024	12/31/2024	DFEC	Initial Request	DDE
<input type="checkbox"/>			Approved	General Medical	04/02/2021	03/22/2021	3	09/10/2019	09/10/2019	DEEOIC		DDE



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The Authorization Request displays with the **Correction** radio button selected.

The screenshot shows the WCMBP system interface for submitting an authorization correction. At the top, there are two buttons: "Close" and "Save Authorization". Below these is a blue informational banner that reads: "Info: NPI displayed on the authorization is derived from your Provider file. If the NPI is incorrect, please update". Under the banner is a "Program:" dropdown menu. Below that is a section titled "Requestor Information" with a grid icon to its left. Inside this section, there are two radio buttons: "Initial Request" and "Correction". The "Correction" radio button is selected and highlighted with a red box. Below the radio buttons is a text input field labeled "Original Authorization Number (For Correction):". Below that is a "Date Requested:" field with a calendar icon and an asterisk. At the bottom is a "Phone Number:" text input field.

Note: The system displays an error if any of the following occurs:

- Multiple authorizations are selected for correction
- A correction authorization request is selected in the In-Review or Entering status
- A selected authorization request for correction does not show 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



Submitting an Authorization Correction in the WCMBP System

The **Claimant Information** and **Provider Information** sections are pre-populated and non-editable from the original authorization request.

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:

OWCP National Provider Identifier:

6. Scroll down to the **Service Line Information** section to make a correction to a selected authorization request.

Service Line Information

Specific Body Part to be treated:

Is this a second surgery on the same body part?:

Diagnosis Codes: A: B: C: D:

Is this an implant?:

Cost of Implant:

Add New Line

	From Date	To Date	Diagnosis Pointer	Code Type	Revenue Code	Procedure Code	Modifier	Body Part Modifier	Units/Days Requested	Action
			A B C D							
1	01/16/2020	04/08/2020	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HCPCS Procedure Code		73222		LT - Left Side	1	
2	01/16/2020	04/08/2020	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HCPCS Procedure Code		23350		LT - Left Side	1	
3	01/16/2020	04/08/2020	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HCPCS Procedure Code		77002		LT - Left Side	1	
4			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
5			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							

Remarks:

Refer to below link for the list of revenue codes that require procedure codes. Navigate to the year based on the date of service to view or download the list
<https://www.dol.gov/owcp/regs/feeschedule/accept.htm>



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7. Make the applicable corrections to the selected service lines.

Note: While making corrections, consider the following:

- **Units, Cost, Duration:** Cannot be fewer or less than what was submitted in the original authorization request
- **From Date:** Date cannot be greater than or equal to minimum Bill Paid date
- **To Date:** Date cannot be earlier than or equal to the maximum Bill Paid date

Service Line Information

Specific Body Part to be treated: *

Is this a second surgery on the same body part?: *

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

Is this an implant?: *

Cost of Implant:

Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Revenue Code	Procedure Code	Modifier	Body Part Modifier	Units/Days Requested	Action
			A	B	C	D							
1	01/16/2020	04/08/2020	*				HCPSC Procedure Code		73222		LT - Left Side	1	*
2	01/16/2020	04/08/2020	*				HCPSC Procedure Code		23350		LT - Left Side	1	*
3	01/16/2020	04/08/2020	*				HCPSC Procedure Code		77002		LT - Left Side	1	*
4			*										*
5			*										*

Remarks:

Refer to below link for the list of revenue codes that require procedure codes. Navigate to the year based on the date of service to view or download the list
<https://www.dol.gov/owcp/regs/feeschedule/accept.htm>

Note: Service lines can be added and deleted until the correction is submitted.

Note: If the service line does not need to be corrected, ensure the line is deleted before submitting the correction.

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



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- Once the correction information has been entered and completed, select **Save Authorization** at the top of the **Authorization Request** page.

The screenshot shows the top of the 'Authorization Request' page. At the top left, there are two buttons: 'Close' and 'Save Authorization'. The 'Save Authorization' button is highlighted with a red rectangle. Below the buttons, there is a blue informational message: 'Info: NPI displayed on the authorization is derived from your Provider file.' Below this, there is a dropdown menu labeled 'Program:' with 'DFEC' selected. At the bottom right, there are two radio buttons: 'Initial Request' and 'Correction'. The 'Correction' radio button is selected.

If the changes are saved successfully, the system displays a success message along with a link to the **Original Authorization Number (For Correction)**.

The screenshot shows the 'Authorization Request' page after a successful save. At the top, there is a success message: '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.' Below this, there is a blue informational message: '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.' Below the messages, there are several fields: 'Program:' with 'DFEC' selected, 'Authorization Type:' with 'Physical Therapy/Occupational Ther...' selected, 'Authorization Status:' with 'Entering', 'Source:' with 'DDE', and 'Authorization Level:'. Below these fields, there is a section titled 'Requestor Information'. In this section, there are two radio buttons: 'Initial Request' and 'Correction'. The 'Correction' radio button is selected. Below the radio buttons, there is a field labeled 'Original Authorization Number (For Correction):' with a red rectangle around it. Below this field, there is a 'Date Requested:' field with '07/24/2025' and a 'Requested By:' field. At the bottom, there is a 'Phone Number:' field.



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9. If the authorization type requires documentation, select **Upload/Retrieve Attachment** to upload attachments.

Auth Request Number: [REDACTED]

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 Status: Entering
Source: DDE
Authorization Type: Physical Therapy/Occupational Ther *
Authorization Level:

Requestor Information

☐ Initial Request
☒ Correction

Original Authorization Number (For Correction): [REDACTED]

Date Requested: 07/24/2025 *
Phone Number: [REDACTED]

Requested By: Test

10. In the **Attachment** page, select the applicable document from the **Document Type** drop-down list.

Attachment

Please select the file to be uploaded

Document Type: Auth Supporting Documents *

Filename: Choose File 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 .tif,.tiff,.pdf.
Filename cannot be longer than 50 characters.

Attachment List

	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
<input type="checkbox"/>						



Submitting an Authorization Correction in the WCMBP System

11. Select **Choose File**.

Attachment

Please select the file to be uploaded

Document Type : Auth Supporting Documents ▾ *

Filename : Choose File 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).

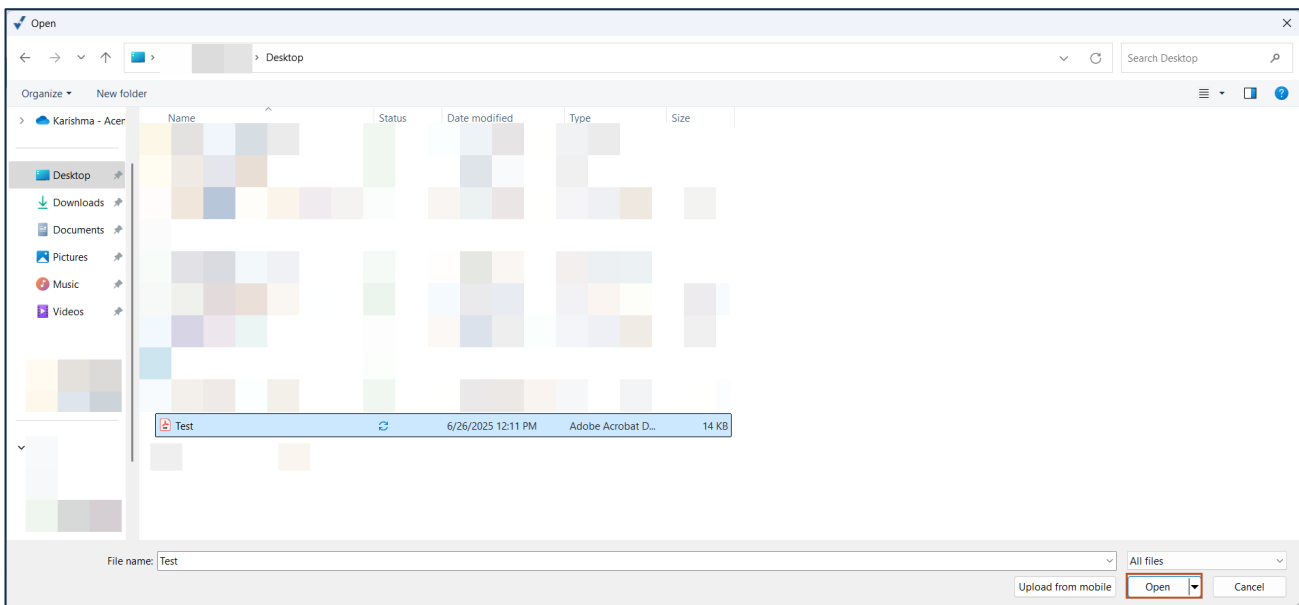
The acceptable file extensions for the upload are .tif,.tiff,.pdf.
Filename cannot be longer than 50 characters.

Ok Close

Attachment List

<input type="checkbox"/>	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number

12. Select the file to upload, then select **Open**.





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The file name displays in the **File name** field.

13. Select **OK** to confirm the upload. The file displays in the **Attachment List**.

Note: Repeat *steps 9-13* for all attachments that need to be added.

Auth Request Number:

Attachment

Please select the file to be uploaded

Document Type: Auth Supporting Documents *

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 .tif,.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"/>	ATT724015280	Test.pdf	Auth Supporting Documents	provider12, provider12 pm	06-26-2025 13:19:06	9

View Page: 1 Viewing Page: 1

14. After documentation has been uploaded, select **Close**.

Auth Request Number:

Attachment

Please select the file to be uploaded

Document Type: Auth Supporting Documents *

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 .tif,.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"/>	ATT724015280	Test.pdf	Auth Supporting Documents	provider12, provider12 pm	06-26-2025 13:19:06	

View Page: 1 Viewing Page: 1



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15. To submit the correction, select **Submit Authorization** at the top of the page. The system validates the information.

Auth Request Number: [Redacted]

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: General Medical *

Authorization Status: Entering Authorization Level: Emergency/Urgent Request: ☐

Source: DDE

Requestor Information

☐ Initial Request ☒ Correction

Original Authorization Number (For Correction): 11

Date Requested: 12/20/2024 * Requested By: [Redacted] Phone Number: [Redacted]

Upon submission, the system validates the corrected authorization request and displays a success message, indicating that the correction has been transmitted for review.

Auth Request Number: [Redacted]

Success: Your Authorization is successfully submitted for review.

Program: DFEC * Authorization Type: General Medical *

Authorization Status: In Review Authorization Level: Level 3

Source: DDE Emergency/Urgent Request: ☐

Requestor Information

☐ Initial Request ☒ Correction

Original Authorization Number (For Correction): 11

Date Requested: 06/27/2025 * Requested By: [Redacted] Phone Number: [Redacted]



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16. Select **Close** to return to the **Authorization Request List**.

Auth Request Number:

[Close](#) [Update](#) [Generate RTP Correspondence](#) [Retrieve Correspondence/Attachments](#) [Comments](#) [View History](#) [View Error History](#) [Upload/Retrieve Attachment](#)

[Show Duplicate Authorization](#)

Success: Your Authorization is successfully submitted for review.

Program: Authorization Type:

Authorization Status: In Review Authorization Level: Level 3

Source: DDE Emergency/Urgent Request: ☐

Requestor Information

☐ Initial Request
☒ Correction

Original Authorization Number (For Correction):

Date Requested: Requested By: Phone Number:

The **Authorization Request List** displays the submitted correction in the **Header Status** column.

Authorization Request List																	
Filter By: <input type="text"/> And <input type="text"/> And <input type="text"/> And <input type="text"/>																	
<input type="text"/> Program <input type="text"/> Submitted In <input type="text"/> ALL And Header Status <input type="text"/> <input type="button" value="Go"/> 3 Filter Values																	
<input type="button" value="Clear Filter"/> <input type="button" value="Save Filter"/> <input type="button" value="My Filters"/>																	
<input type="checkbox"/>	Auth Request #	Claimant Case ID	OWCP Provider ID	Header Status	Auth Type	Last Updated	Submitted Date	Level	Organization	District Office	Ops Reviewer	Program	DOL Reviewer Code	DOL Reviewer	Auth Request Type	Source	Assigned Date
<input type="checkbox"/>				In Review	General Medical	06/26/2025	06/26/2025	3	OWCP	FECA - National Office	Not Assigned	DFEC			Correction	DDE	06/26/2025



Authorization Correction Status After Review

For Approved service lines, the authorization correction displays a **Corrected** status indicating that the changes are incorporated into the original authorization.

Requestor Information

Original Authorization Number (For Correction): Initial Request Correction
Date Requested: 06/03/2025 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:
Provider Type:
Providing care for a family member?: No
OWCP National Provider Identifier:

Service Line Information

Specific Body Part to be treated: Is this a second surgery on the same body part?: No
Diagnosis Codes: A: M5136 B: C: D:
Is this an implant?: No Cost of Implant:

Buttons: Add New Line, Bulk Status Update, Escalate

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	Line Status Reason	Comments
1	06/06/2025	06/06/2025	A	CPT Procedure Code	77003				2	1				Cancelled		Add Comments

View Page: 1 Page Count: 1 SaveToCSV

Remarks:

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

Service Line Information

Specific Body Part to be treated: Is this a second surgery on the same body part?: Yes
Diagnosis Codes: A: M47817 B: C: D:
Is this an implant?: No Cost of Implant:

Buttons: Add New Line, Bulk Status Update, Escalate

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	Line Status Reason	Comments
1	12/03/2021	12/03/2021	A	CPT Procedure Code	64635			RT	3	1	1			Approved		Add Comments



Authorization Correction Status After Review

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

Service Line Information

Specific Body Part to be treated: test

Is this a second surgery on the same body part?: No

Diagnosis Codes: A: M5136 B: C: D:

Is this an implant?: No

Cost of Implant:

Add New Line

Bulk Status Update

Escalate

<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 ▲▼	Line Status Reason ▲▼	Comments ▲▼
<input type="checkbox"/>	1	06/16/2025	06/16/2025	A	CPT Procedure Code	77003				3	1				Denied	Evidence is insufficient to establish medical necessity...	Add Comments

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

Service Line Information

Specific Body Part to be treated: test

Is this a second surgery on the same body part?: No

Diagnosis Codes: A: M5136 B: C: D:

Is this an implant?: No

Cost of Implant:

Add New Line

Bulk Status Update

Escalate

<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 ▲▼	Line Status Reason ▲▼	Comments ▲▼
<input type="checkbox"/>	1	06/16/2025	06/16/2025	A	HCPCS Procedure Code	L8699				3	1				Pended Further Development	Evidence is insufficient to establish medical necessity...	Add Comments

View Page: 1

Go

Page Count

Save To CSV

Viewing Page: 1

First

Prev

Next

Last