



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.

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

Available Provider IDs: 621389400



2

Go



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: *

3

4. Select the appropriate profile **EXT Provider Bills Submitter** from the **Profile** drop-down list.

Select a profile to use during this session:

Profile *

4



Submitting an Authorization Correction in the WCMBP System

5. Select **Go**.

Select a profile to use during this session:

Profile: * **5**

6. On the menu under Authorization, select the **On-line Authorization Submission** link. The **Authorization Request List** page displays all Authorization Requests that have been initiated or submitted.

Authorization **6**

On-line Authorization Submission



Submitting an Authorization Correction in the WCMBP System

- To initiate a correction to an authorization request, select the checkbox next to the applicable authorization request

Close Add New Request Initiate Correction Cancel Authorization

Authorization Request List

Filter By: [] And [] And [] Submitted In []

Last 1 Month 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	Program	Auth Request Type	Source
<input type="checkbox"/>	82	122045778	In Review	Durable Medical Equipment	06/14/2024	06/14/2024	3	DFEC	Initial Request	DOE
<input type="checkbox"/>	88	122046451	In Review	Durable Medical Equipment	06/13/2024	06/13/2024	3	DFEC	Initial Request	DOE
<input type="checkbox"/>	82	122045778	Denied	Durable Medical Equipment	06/14/2024	06/13/2024	3	DFEC	Initial Request	DOE
<input checked="" type="checkbox"/>	59	125077626	Approved	Durable Medical Equipment	06/14/2024	06/13/2024	3	DFEC	Initial Request	DOE
<input type="checkbox"/>	39	122053346	Pended Further Development	Durable Medical Equipment	06/14/2024	06/13/2024	3	DFEC	Initial Request	DOE
<input type="checkbox"/>	61	127009907	Pended Further Development	Durable Medical Equipment	06/13/2024	06/12/2024	3	DFEC	Initial Request	DOE
<input type="checkbox"/>	53	127006867	Pended Further Development	Durable Medical Equipment	06/14/2024	06/12/2024	3	DFEC	Initial Request	DOE
<input type="checkbox"/>	35	125083287	Pended Further Development	Durable Medical Equipment	06/14/2024	06/12/2024	3	DFEC	Initial Request	DOE
<input type="checkbox"/>	80	550456136	Approved	Durable Medical Equipment	06/13/2024	06/12/2024	3	DFEC	Initial Request	DOE
<input type="checkbox"/>	71	550456136	Approved	Durable Medical Equipment	06/13/2024	06/12/2024	3	DFEC	Initial Request	DOE

View Page: 2 Go Page Count SaveToCSV Viewing Page: 1 First Prev Next Last



Submitting an Authorization Correction in the WCMBP System

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

	Auth Request #	Claimant Case ID	Header Status	Auth
<input type="checkbox"/>	82	122045778	In Review	Durable Medical Equipr
<input type="checkbox"/>	88	122046451	In Review	Durable Medical Equipr
<input type="checkbox"/>	82	122045778	Denied	Durable Medical Equipr
<input checked="" type="checkbox"/>	59	125077626	Approved	Durable Medical Equipr
<input type="checkbox"/>	39	122053346	Pended Further Development	Durable Medical Equipr
<input type="checkbox"/>	61	127005907	Pended Further Development	Durable Medical Equipr

Requestor Information

Initial Request
 Correction

Original Authorization Number (For Correction): 59

Date Requested: 07/01/2024 *

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



Submitting an Authorization Correction in the WCMBP System

Note: The **Claimant Information** and **Provider Information** are pre-populated and non-editable from the original authorization in the Authorization Request that displays.

Claimant Information

Claimant's Case ID: [REDACTED] 26 Date of Birth: 12/19/1959

First Name: M [REDACTED] Last Name: AVEN

Date of Injury: 06/29/2001

Provider Information

OWCP Provider ID: [REDACTED] Tax ID (SSN/FEIN): [REDACTED] 38

Provider Name: Audiology Professionals, LLC Fax Number: [REDACTED]

Providing care for a family member?: No

If Yes, please provide relationship to the claimant: [REDACTED]

OWCP National Provider Identifier: [REDACTED] 52

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

9 Service Line Information

Specific Body Part to be treated: EARS

Diagnosis Codes: A: H903 B: [REDACTED] C: [REDACTED] D: [REDACTED]

+ 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	06/04/2024	06/04/2024	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCPSC Procedure Code	V5020	50 - Bilateral		1	NU-Purchased New	\$116.00		
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
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: [REDACTED]



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 Information

Specific Body Part to be treated: EARS

Diagnosis Codes: A: H903 B: C: D:

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									
10	06/04/2024	06/04/2024	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HCPCS Procedure Code	V5020	50 - Bilateral		1	NU-Purchased New	\$116.00		
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
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:

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.



Submitting an Authorization Correction in the WCMBP System

11. Once all information is entered, select **Save Authorization** at the top of the Authorization Request. The system validates the changes.

Close Save Authorization 11

Program: DFEC

Source: DDE

Requestor Information

Initial Request

Correction

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: 915665

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.

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): 915665259

Date Requested: 07/01/2024 * Requested By: C



Submitting an Authorization Correction in the WCMBP System

12. To open the Attachment window (if the Authorization Type requires), select **Upload/Retrieve Attachment**.

Auth Request Number: 91 5665 **12**

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): 9 259

Date Requested: 07/01/2024 * Requested By: C

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

Attachment

Please select the file to be uploaded

13 Document Type: --SELECT--
Filename: Auth Supporting Documents *

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.

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	Au
No Records Found!						



Submitting an Authorization Correction in the WCMBP System

14. Select **Choose File**.

Attachment

Please select the file to be uploaded

Document Type: Auth Supporting Documents

14 Filename: **Choose File** No file chosen

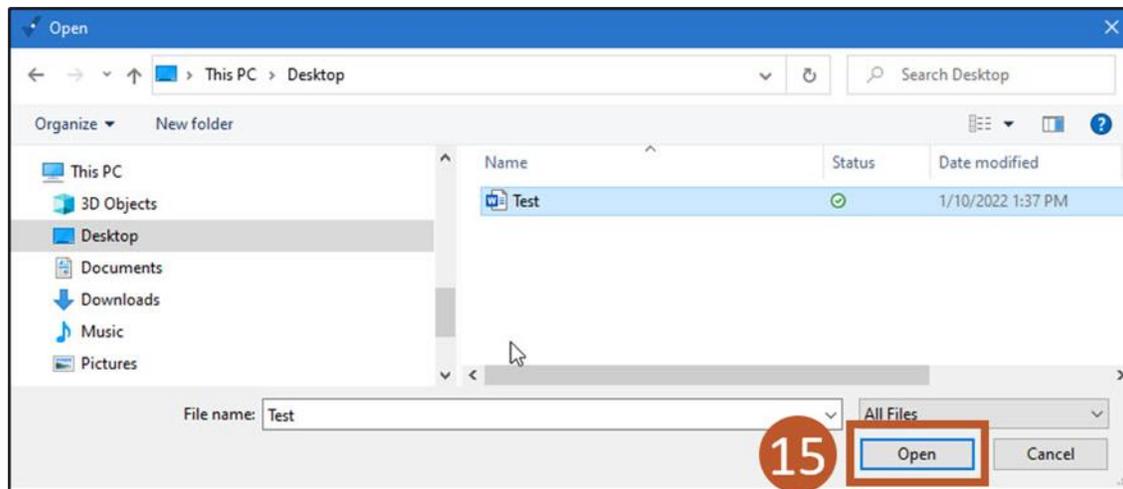
Please be sure the supporting documentation/attachments is for the treated claimant ONLY.
Please do not upload supporting documentation/attachments for any other claimant as this could potentially cause a denial of your authorization or an unintended disclosure of protected health information

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
No Records Found!						

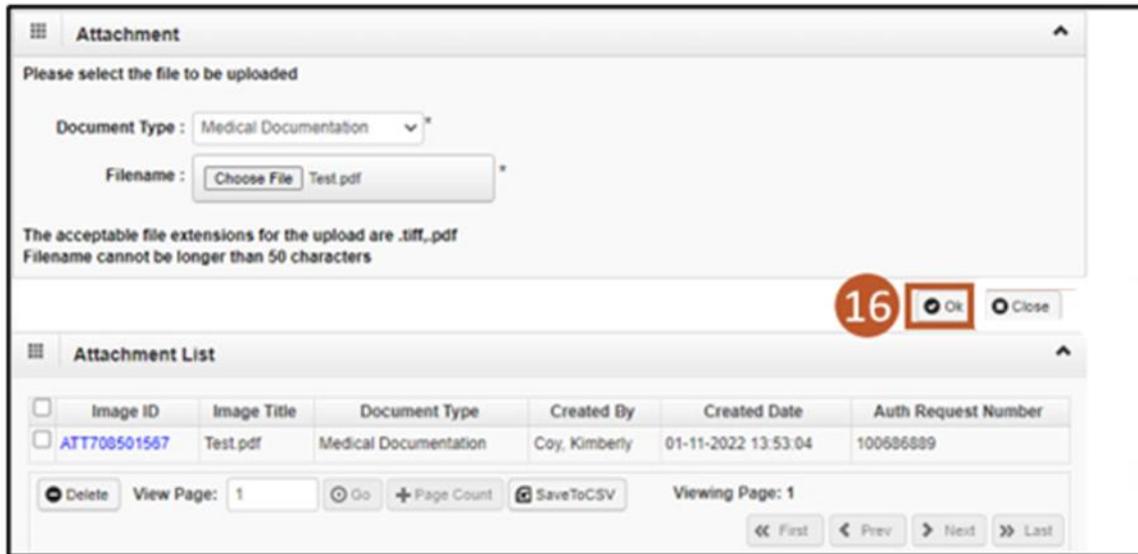
15. Select the corresponding file, then select **Open**. The file name displays in the **File name** field.





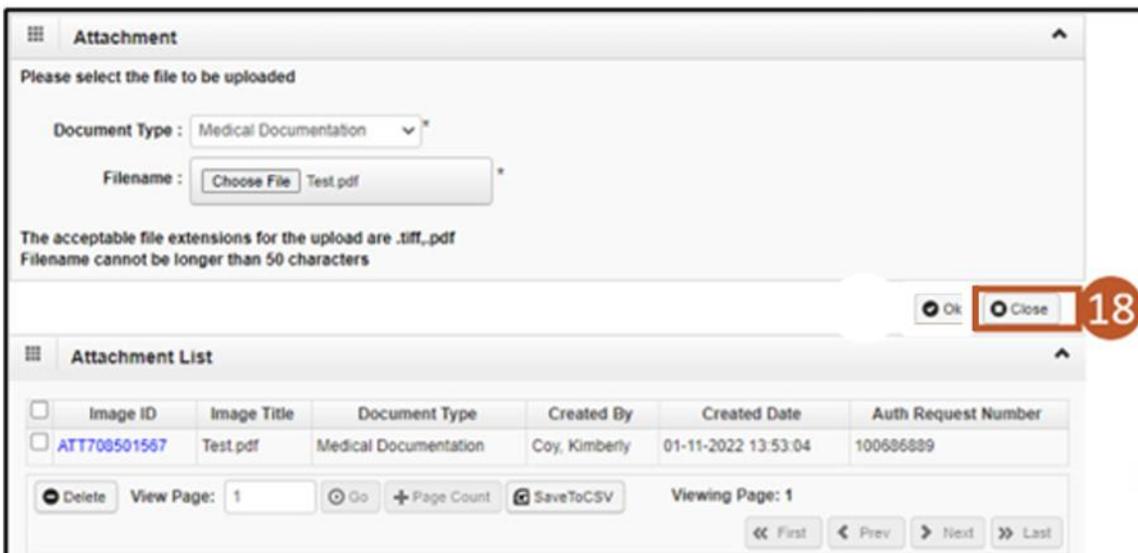
Submitting an Authorization Correction in the WCMBP System

16. To confirm the upload, select **OK**. The file displays in the **Attachment List**.



17. Repeat Steps 12-14 for all attachments that need to be added.

18. Once complete, select **Close**.





Submitting an Authorization Correction in the WCMBP System

19. To submit the correction, select **Submit Authorization**.
The system validates the information.

Auth Request Number: 91 5665

19

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): 9 259

Date Requested: 07/01/2024 * Requested By: C

Note: Upon successful system validation, the system displays a success message.

Success:
Your Authorization is successfully submitted for review.

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

Requestor Information

Initial Request
 Correction

Original Authorization Number (For Correction): 59

Date Requested: 07/01/2024 * Requested By: C sa



Submitting an Authorization Correction in the WCMBP System

20. Select **Close**.

20

Success:
 Your Authorization is successfully submitted for review.

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

Requestor Information

Initial Request
 Correction

Original Authorization Number (For Correction): 59
 Date Requested: 07/01/2024 Requested By: C...sa

The **Authorization Request List** displays the submitted correction in the **In Review** status.

Authorization Request List

Filter By: [] And [] And [] And []
 Submitted In: Last 1 Month And Header Status: [] Go Clear Filter Save Filter My Filters

	Auth Request #	Claimant Case ID	Header Status	Auth Type	Last Updated	Submitted Date	Level	Program	Auth Request Type	Source
<input type="checkbox"/>	9-15	125077626	In Review	Durable Medical Equipment	07/01/2024	07/01/2024	3	DFEC	Correction	DDE
<input type="checkbox"/>	9-12	122045778	In Review	Durable Medical Equipment	06/14/2024	06/14/2024	3	DFEC	Initial Request	DDE
<input type="checkbox"/>	9-18	122046451	In Review	Durable Medical Equipment	06/13/2024	06/13/2024	3	DFEC	Initial Request	DDE
<input type="checkbox"/>	9-12	122045778	Denied	Durable Medical Equipment	06/14/2024	06/13/2024	3	DFEC	Initial Request	DDE
<input type="checkbox"/>	0-10	125077626	Approved	Durable Medical Equipment	06/14/2024	06/13/2024	3	DFEC	Initial Request	DDE



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.

Provider Information

OWCP Provider ID: [redacted]0 Tax ID (SSN/FEIN): [redacted]8

Provider Name: Audiology Professionals, LLC Fax Number: [redacted]

Provider Type: 60-Audiologist/Speech Pathologist

Providing care for a family member?: No

If Yes, please provide relationship to the claimant: [redacted]

OWCP National Provider Identifier: [redacted]

Service Line Information

Specific Body Part to be treated: EARS

Diagnosis Codes: A: H903 B: [redacted] C: [redacted] D: [redacted]

Buttons: Add New Line, Update, Escalate

Line #	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
1	06/04/2024	06/04/2024	A	HCPCS Procedure Code	V5020	LT	3	1	1	\$116.00	\$116.00		NU	Corrected		Add Comments

View Page: 1 | Viewing Page: 1 | Navigation: First, Prev, Next, Last

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

Service Line Information

Specific Body Part to be treated: EARS

Diagnosis Codes: A: H903 B: [redacted] C: [redacted] D: [redacted]

Line #	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	Comments
1	06/04/2024	06/04/2024	A	HCPCS Procedure Code	V5020	LT	3	1	1	\$116.00	\$116.00		NU	Approved		Add Comments

View Page: 1 | Viewing Page: 1 | Navigation: First, Prev, Next, Last

Buttons: SaveToCSV



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.*

Service Plan Information

Specific Body Part to be treated: head

Diagnosis Codes: A: I69354 B: C: D:

[Add New Line](#) [Update](#) [Escalate](#)

Line #	From Date	To Date	Diagnosis Pointer	Code Type	Code	Body Part Modifier	Level	Requested Units	Auth Units	Requested Amount	Auth Amount	Frequency	Duration	Status	Comments
1	12/11/2021	12/29/2021	A	HCPCS Procedure Code	G0156	50	3	3				3	3	Denied	Add Comments

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.*

Service Plan Information

Specific Body Part to be treated: head

Diagnosis Codes: A: I69354 B: C: D:

[Add New Line](#) [Update](#) [Escalate](#)

Line #	From Date	To Date	Diagnosis Pointer	Code Type	Code	Body Part Modifier	Level	Requested Units	Auth Units	Requested Amount	Auth Amount	Frequency	Duration	Status	Comments
1	12/21/2021	12/30/2021	A	HCPCS Procedure Code	G0156	50	3	6				6	6	Pended Further Development	Add Comments