



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**.

Welcome to the WCMBP Provider Portal

eCAMS™
HCE

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

Available Provider IDs:

Users can toggle between multiple OWCP Provider IDs using the Switch OWCP Provider ID link on the Provider Portal.

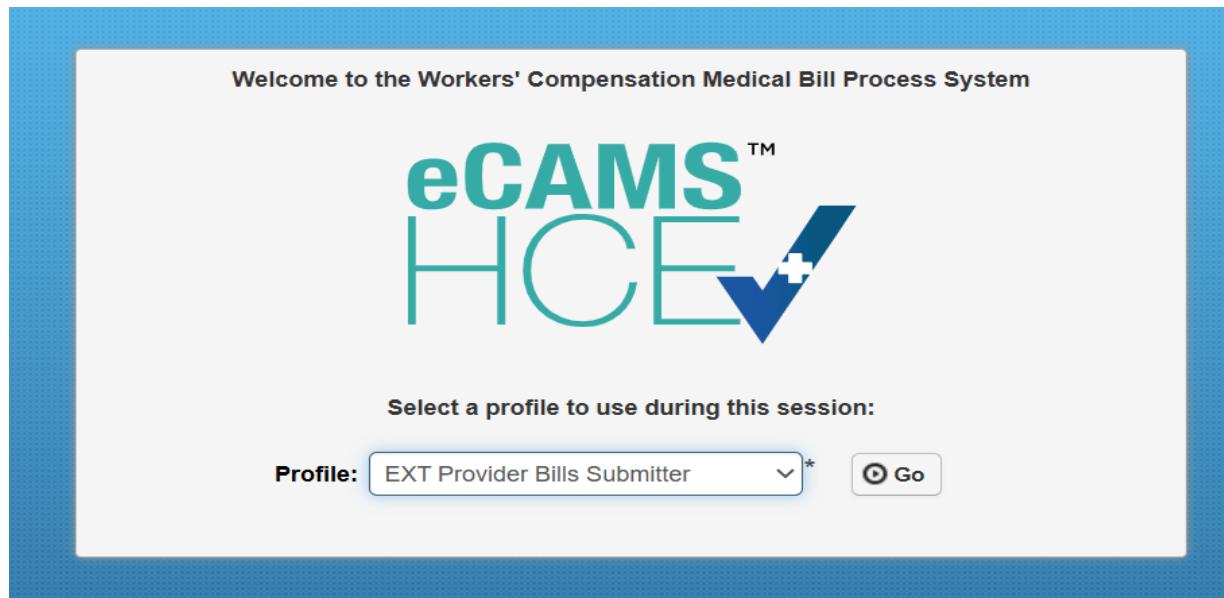


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2. Select the **EXT Provider Bills Submitter** profile from the **Profile** drop-down list, then select **Go**.



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.



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

Provider Portal > Authorization

Authorization Request List

Filter By :

<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	Home Health Request	11/18/2025	11/18/2025	09/29/2025	09/29/2025	DEEOIC	Initial Request	DDE
<input type="checkbox"/>			Approved	Transplant	11/18/2025	11/18/2025	09/30/2024	09/30/2024	DEEOIC	Initial Request	Interface

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

Provider Portal > Authorization

Authorization Request List

Filter By :

<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 checked="" type="checkbox"/>			Approved	Home Health Request	11/18/2025	11/18/2025	09/29/2025	09/29/2025	DEEOIC	Initial Request	DDE
<input type="checkbox"/>			Approved	Transplant	11/18/2025	11/18/2025	09/30/2024	09/30/2024	DEEOIC	Initial Request	Interface



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

The screenshot shows the 'Requestor Information' section of the WCMBP System. At the top, there are buttons for 'Close' and 'Save Authorization'. Below them are two informational messages: 'Warning: Correction are allowed for the approved lines and system only copied the approved lines' and '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.' The 'Source' field is set to 'DDE'. The 'Requestor Information' section contains a radio button group for 'Original Authorization Number (For Correction)'. The 'Correction' radio button is selected. Below this are fields for 'Date Requested' (with a calendar icon and an asterisk), 'Requested By', and 'Phone Number'.

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



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

Claimant Information	
Claimant's Case ID:	<input type="text"/>
First Name:	<input type="text"/>
Date of Injury:	<input type="text"/> <input type="button" value="Calendar"/>
Provider Information	
OWCP Provider ID:	<input type="text"/>
Provider Name:	<input type="text"/>
Providing care for a family member?:	<input type="checkbox"/>
If Yes, please provide relationship to the claimant: <input type="text"/>	
OWCP National Provider Identifier: <input type="text"/>	

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: <input type="text"/> *										
Is this a second surgery on the same body part?: <input type="checkbox"/> *										
Diagnosis Codes: A: <input type="text"/> * B: <input type="text"/> C: <input type="text"/> D: <input type="text"/>										
Is this an implant?: <input type="checkbox"/> *										
Cost of Implant: <input type="text"/>										
Add New Line										
	From Date	To Date	Diagnosis Pointer A B C D	Code Type	Revenue Code	Procedure Code	Modifier	Body Part Modifier	Units/Days	Action Requested
1	<input type="text"/> 01/16/2020 <input type="button" value="Calendar"/> *	<input type="text"/> 04/08/2020 <input type="button" value="Calendar"/> *	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HCPCS Procedure Code <input type="button" value="Down"/>	<input type="text"/> *	<input type="text"/> 73222	<input type="text"/>	LT - Left Side <input type="button" value="Down"/>	<input type="text"/> 1	<input type="checkbox"/> *
2	<input type="text"/> 01/16/2020 <input type="button" value="Calendar"/> *	<input type="text"/> 04/08/2020 <input type="button" value="Calendar"/> *	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HCPCS Procedure Code <input type="button" value="Down"/>	<input type="text"/> *	<input type="text"/> 23350	<input type="text"/>	LT - Left Side <input type="button" value="Down"/>	<input type="text"/> 1	<input type="checkbox"/> *
3	<input type="text"/> 01/16/2020 <input type="button" value="Calendar"/> *	<input type="text"/> 04/08/2020 <input type="button" value="Calendar"/> *	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HCPCS Procedure Code <input type="button" value="Down"/>	<input type="text"/> *	<input type="text"/> 77002	<input type="text"/>	LT - Left Side <input type="button" value="Down"/>	<input type="text"/> 1	<input type="checkbox"/> *
4	<input type="text"/> <input type="button" value="Calendar"/> *	<input type="text"/> <input type="button" value="Calendar"/> *	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input type="button" value="Down"/>	<input type="text"/> *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> *
5	<input type="text"/> <input type="button" value="Calendar"/> *	<input type="text"/> <input type="button" value="Calendar"/> *	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input type="button" value="Down"/>	<input type="text"/> *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> *
Remarks: <input type="text"/>										

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

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													
2													
3													
4													
5													

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](#)

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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8. When finished entering and completing the correction information, select **Save Authorization** at the top of the **Authorization Request** page.

Close **Save Authorization**

Info: NPI displayed on the authorization is derived from your Provider file. If the NPI is

Program:

Source: DDE

Requestor Information

Initial Request
 Re-Authorization
 Amendment
 Correction

Original Authorization Number (For Correction):

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

Auth Request Number:

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: * **Authorization Type:** *

Authorization Status: Entering

Source: DDE

Claim ID:

Requestor Information

Initial Request
 Re-Authorization
 Amendment
 Correction

Original Authorization Number (For Correction):

Date Requested: * **Requested By:**

Phone Number:



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9. Proceed as applicable dependent on whether attachments need to be uploaded:
 - If attachments need to be uploaded, select **Upload/Retrieve Attachment** and proceed to the next step.
 - If attachments are not needed, proceed to Step 15.

Auth Request Number:

Buttons: 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: * Authorization Type: *

Authorization Status: Entering Source: DDE

Claim ID:

Requestor Information

Original Authorization Number (For Correction):

Requester Type: Initial Request
 Re-Authorization
 Amendment
 Correction

Date Requested: * Requested By:

Phone Number:

10. In the **Attachment** page, select the applicable document type 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.

Buttons: Delete, Ok, Close

Attachment List

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



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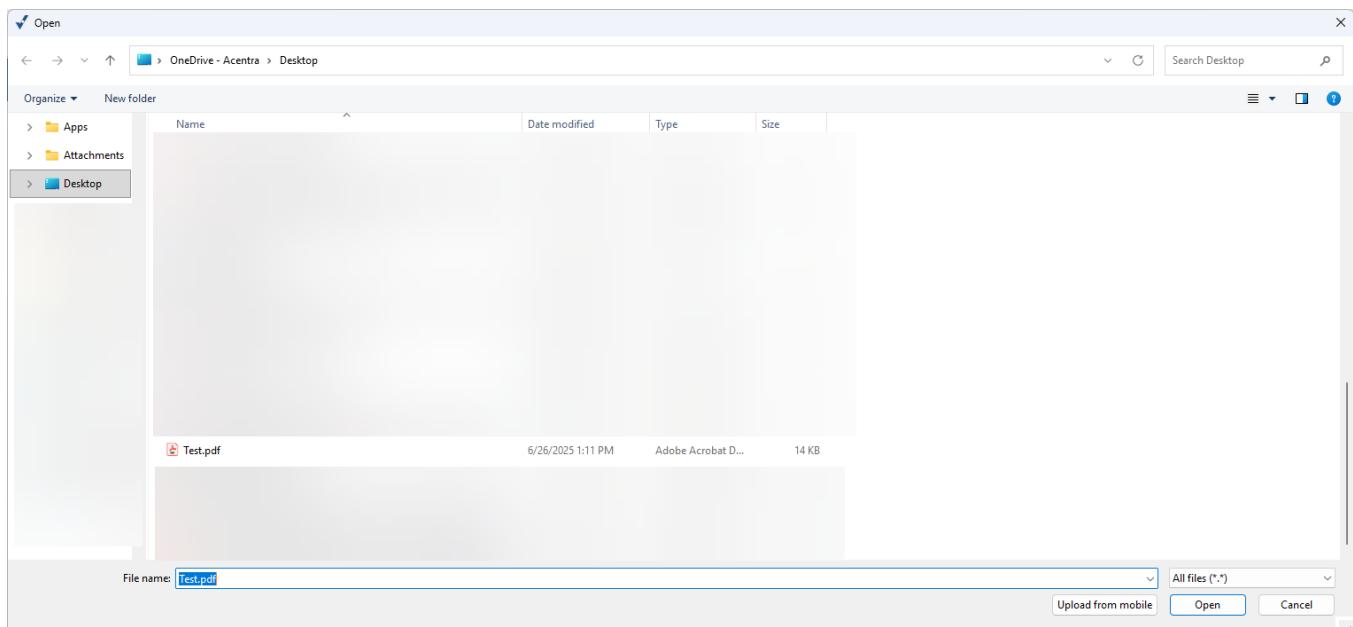
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11. Select **Choose File** next to the **Filename** field.

The screenshot shows the 'Attachment' section of the WCMBP system. It includes a 'Document Type' dropdown set to 'Auth Supporting Documents', a 'Filename' input field with 'Choose File' and 'No file chosen' buttons, and a note about file types and length. Below this is an 'Attachment List' table with columns for Image ID, Image Title, Document Type, Created By, Created Date, and Auth Request Number. The 'Delete' button is visible above the list.

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 filename displays in the **Filename** 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: [redacted]

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"/>	ATT731597406	Test.pdf	Auth Supporting Documents	[redacted]	12-16-2025 14:54:34	[redacted]

View Page: 1 Viewing Page: 1

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

Auth Request Number: [redacted]

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"/>	ATT731597406	Test.pdf	Auth Supporting Documents	[redacted]	12-16-2025 14:54:34	[redacted]

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:

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

Source: DDE

Requestor Information

Initial Request
 Correction

Original Authorization Number (For Correction):

Date Requested: 10/16/2025

Requested By:

Phone Number:

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:

Success: Your Authorization is successfully submitted for review.

Program:

Authorization Type:

Authorization Status: In Review

Source: DDE

Claim ID:

Requestor Information

Initial Request
 Re-Authorization
 Amendment
 Correction

Original Authorization Number (For Correction):

Date Requested:

Requested By:

Phone Number:



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16. To return to the Authorization Request List, select Close.

Auth Request Number:

Success: Your Authorization is successfully submitted for review.

Program: Authorization Type:

Authorization Status: In Review

Source: DDE

Claim ID:

Requestor Information

Initial Request
 Re-Authorization
 Amendment
 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: And And And And Submitted In

ALL

<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"/>	<input type="text"/>	<input type="text"/>	In Review	Home Health Request	12/16/2025	12/16/2025	09/30/2025	09/30/2025	DEEOIC	Correction	DDE



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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.

Specific Body Part to be treated:

Diagnosis Codes: A: M47816 B: C: D:

Code Type ▲▼	Code ▲▼	Body Part Modifier ▲▼	Requested Units ▲▼	Auth Units ▲▼	Requested Amount ▲▼	Auth Amount ▲▼	Frequency ▲▼	Duration ▲▼	Status ▲▼	Line Status Reason ▲▼
Procedure Code	97034		4	4			2times	2days	Corrected	

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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?:

Diagnosis Codes: A: B: C: D:

Is this an implant?:

Cost of Implant:

<input type="checkbox"/>	Line # ▲▼	From Date ▲▼	To Date ▲▼	Diagnosis Pointer ▲▼	Code Type ▲▼	Code ▲▼	Revenue Code ▲▼	Modifier ▲▼	Body Part Modifier ▲▼	Requested Units ▲▼	Auth Units ▲▼	Requested Amount ▲▼	Auth Amount ▲▼	Status ▲▼	Line Status Reason ▲▼
<input type="checkbox"/>	1	11/28/2017	12/07/2017		Revenue Code	0120			9	9				Approved	

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Remarks:



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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 Plan Information

Service Plan Information																	
Authorization Corrections Details																	
Original Authorization																	
Service Type: Assisted Living																	
Diagnosis Codes: A: J449 B: C: D:																	
Line #	From Date	To Date	Diagnosis Pointer	Code Type	Code	Body Part Modifier	Requested Units	Auth Units	Requested Amount	Auth Amount	Frequency	Duration	Status	Line Status Reason			
1	09/27/2025	09/27/2025	A	HCPCS Procedure Code	S9124		1					1	1	Denied	Evidence is insufficient to establish medical nece...		

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Remarks:

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

Service Plan Information																	
Authorization Corrections Details																	
Original Authorization																	
Service Type: Assisted Living																	
Diagnosis Codes: A: M47816 B: C: D:																	
Line #	From Date	To Date	Diagnosis Pointer	Code Type	Code	Body Part Modifier	Requested Units	Auth Units	Requested Amount	Auth Amount	Frequency	Duration	Status	Line Status Reason			
1	10/15/2025	10/15/2025	A	CPT Procedure Code	97034		1					1	1	Pended Further Development	Service/procedure/diagnosis not related to the acc...		

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Remarks: