



### 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 medical cross. Below the logo, the text 'Select a Provider ID Number to continue to the Provider Portal:' is displayed. Underneath is a label 'Available Provider IDs:' followed by a dropdown menu with a downward arrow and an asterisk. A 'Go' button with a circular arrow icon is positioned below the dropdown. At the bottom, a teal-colored 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

**eCAMS<sup>TM</sup>**  
**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



### Submitting an Authorization Correction in the WCMBP System

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 Header Status [ ] Go Clear Filter Save Filter My Filters

	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

Close Add New Request Initiate Correction Cancel Authorization Copy Authorization

#### Authorization Request List

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

	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



### Submitting an Authorization Correction in the WCMBP System

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 buttons for 'Close' and 'Save Authorization'. Below these are two warning 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 form includes fields for 'Program' (a dropdown menu), 'Authorization Type' (a dropdown menu), and 'Source' (set to 'DDE'). Below these is a section titled 'Requestor Information' which contains four radio buttons: 'Initial Request', 'Re-Authorization', 'Amendment', and 'Correction' (which is selected). There are also fields for 'Original Authorization Number (For Correction)', 'Date Requested' (with a calendar icon and an asterisk), 'Requested By' (a text field), and 'Phone Number' (a text 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:

	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	<input type="button" value="Edit"/>
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	<input type="button" value="Edit"/>
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	<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:

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>



### Submitting an Authorization Correction in the WCMBP System

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	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	<input type="button" value="✖"/>
2	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	<input type="button" value="✖"/>
3	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	<input type="button" value="✖"/>
4	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	<input type="button" value="✖"/>
5	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	<input type="button" value="✖"/>

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.



### Submitting an Authorization Correction in the WCMBP System

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

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

Program:

Source: DDE

☐ Initial Request  
☐ Re-Authorization  
☐ Amendment  
☒ Correction

Original Authorization Number (For )

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:

**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:

☐ Initial Request  
☐ Re-Authorization  
☐ Amendment  
☒ Correction

Original Authorization Number (For Correction):

Date Requested:

Requested By:

Phone Number:



### Submitting an Authorization Correction in the WCMBP System

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:

**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:

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 :  \*

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"/>						



### Submitting an Authorization Correction in the WCMBP System

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

The screenshot shows the 'Attachment' section of a web application. It includes a 'Please select the file to be uploaded' prompt, a 'Document Type' dropdown menu set to 'Auth Supporting Documents', and a 'Filename' field with a 'Choose File' button and 'No file chosen' text. Below this, there are red instructions: '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).' and 'The acceptable file extensions for the upload are .tif,.tiff,.pdf. Filename cannot be longer than 50 characters.' At the bottom right are 'Ok' and 'Close' buttons, and at the bottom left is a 'Delete' button.

**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.

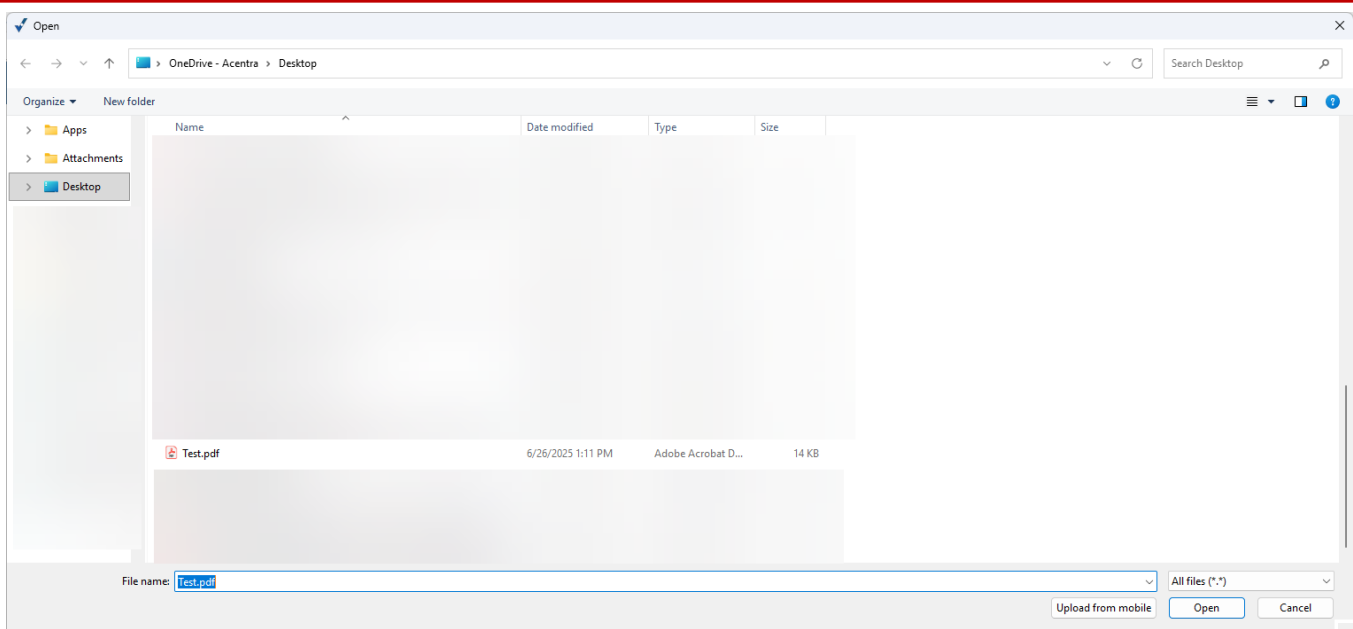
Ok Close

Delete

**Attachment List**

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

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





### Submitting an Authorization Correction in the WCMBP System

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:

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.

Delete

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		12-16-2025 14:54:34	

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☒ SaveToCSV

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.

Delete

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		12-16-2025 14:54:34	

View Page: 1   Viewing Page: 1

☒ SaveToCSV



### Submitting an Authorization Correction in the WCMBP System

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:  \* Authorization Type:  \*

Authorization Status: Entering

Source: DDE

**Requestor Information**

☐ Initial Request  
☒ Correction

Original Authorization Number (For Correction):

Date Requested:  \* 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:



### Submitting an Authorization Correction in the WCMBP System

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 : <input type="text"/> And <input type="text"/> Submitted In <input type="text"/> And Header Status <input type="text"/> <input type="button" value="Go"/> <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 ▲▼	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



### 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:



### 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 Type: Assisted Living

Diagnosis Codes: A: J449 B: C: D:

<input type="checkbox"/>	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 ▲▼
<input type="checkbox"/>	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

Specific Body Part to be treated: leg

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

<input type="checkbox"/>	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 ▲▼
<input type="checkbox"/>	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: