



Uploading New Attachments to an Authorization Request

Effective June 28, 2025, the Worker's Compensation Medical Bill Processing (WCMBP) System will introduce a new feature to enhance the authorization process. With this update, providers will only be able to upload attachments to an authorization request if the status of the request line item is one of the following:

- **Pended Further Development**
- **In Review**
- **Processed Awaiting Decision**

Attachments will not be accepted for authorization requests in any other status. Additionally, the WCMBP System will automatically notify DOL or Acentra Health staff when a provider has taken this action.

This Quick Reference Guide (QRG) explains the process of how a provider can upload supporting documentation after an authorization is submitted.

Note: Providers must log in to the WCMBP portal prior to this step.

1. Select the appropriate Provider ID from the **Available Provider IDs** drop-down list.

Welcome to the WCMBP Provider Portal

eCAMSTM
HCE

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

Available Provider IDs: *

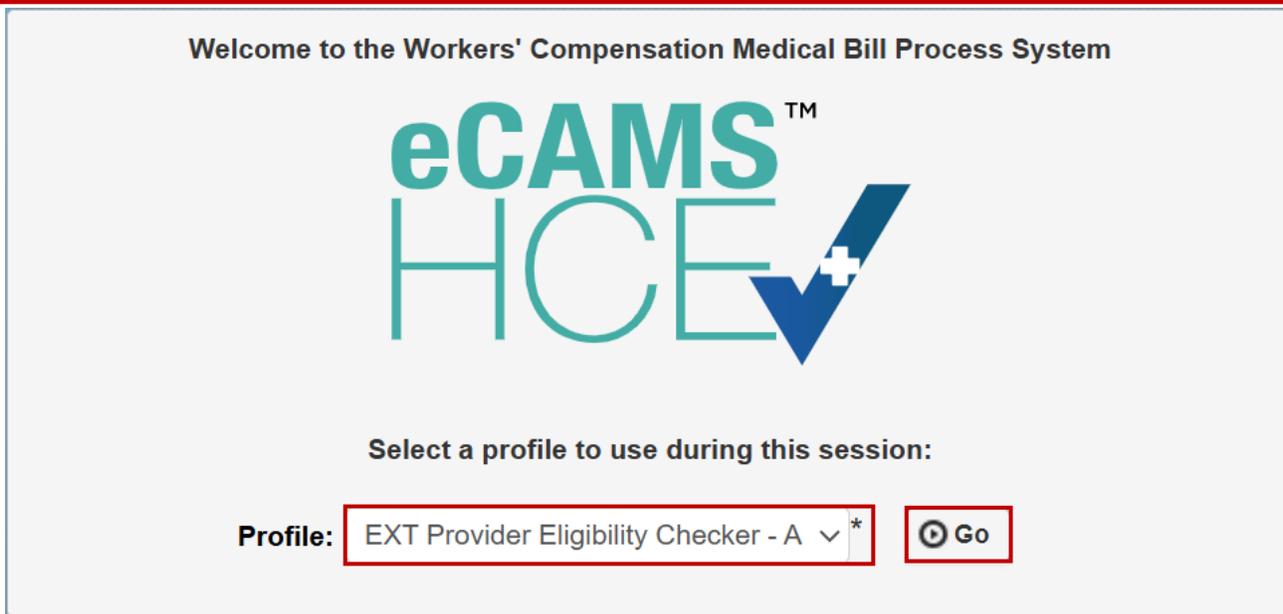
Users can toggle between multiple OWCP Provider IDs using the Switch OWCP Provider ID link on the Provider Portal.



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2. Select an appropriate profile that allows the user to access authorization request functionality and select **Go**.

Note: EXT Provider Eligibility Checker – Claims, EXT Provider Eligibility Checker – Auth, and EXT Provider Bills Submitter profiles can perform the functionality.



3. On the Provider Portal from the **Online Services** section of the screen, select the **On-line Authorization Submission** link.





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4. On the **Authorization Request List** page, select the **Auth Request #** link for the previously submitted authorization request record that corresponds to the new attachments to upload.

Provider Portal > Authorization

Close Add New Request Initiate Correction Cancel Authorization

Authorization Request List

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

Last 1 Month And Header Status In Review 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"/>	[REDACTED]	[REDACTED]	In Review	Surgical Package	04/17/2025	04/17/2025	3	DFEC	Initial Request	DDE

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

SaveToCSV

5. The **Authorization Header** page displays, select **Upload/Retrieve Attachment** to upload a new supporting document to the selected authorization request.

Provider Portal > Authorization

Auth Request Number: [REDACTED]

Close Upload/Retrieve Attachment Show Duplicate Authorization Show Correction

Program: DFEC Authorization Type: Surgical Package

Authorization Status: In Review Authorization Level: Level 3

Source: DDE



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6. The **Authorization File Attachment** page displays, from the **Document Type** drop-down list select the **Auth Supporting Document**, from **Filename**, select **Choose File**.

Auth Request Number: [REDACTED]

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

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

7. Confirm the correct filename is present and select **OK** to upload a new supporting document file.

Auth Request Number: [REDACTED]

Attachment

Please select the file to be uploaded

Document Type : Auth Supporting Documents ▾ *

Filename : Choose File Supporting...cument.pdf *

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



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To verify the attachments are uploaded, check the **Attachment List** section. The most recently uploaded attachments are listed first.

- To view the newly submitted attachment, select the **Image ID** link—this will open the file in a separate browser window. Select **Close** to return to the authorization request.

Auth Request Number:

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
<input type="checkbox"/>	ATT724002879	Supporting Document.pdf	Auth Supporting Documents	Last001, First001	04-28-2025 12:12:04	910027592
<input type="checkbox"/>	ATT724002881	Test.pdf	Auth Supporting Documents	Last001, First001	04-28-2025 13:08:15	910027592
<input type="checkbox"/>	ATT724002980	Test.pdf	Auth Supporting Documents	Last001, First001	05-02-2025 09:36:41	910027592
<input type="checkbox"/>	ATT724002981	Supporting Document.pdf	Auth Supporting Documents	Last001, First001	05-02-2025 10:50:52	910027592

View Page: Viewing Page: 1



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- All authorization lines with the **“Pended Further Development”** status update automatically to the **“In Review”** status. Authorization lines in the **“Processed Awaiting Decision”** status will not update to the **“In Review”** status.

Note: After uploading new documents to the authorization, the WCMBP System will automatically notify DOL or Acentra Health staff that the authorization is ready for review.

Provider Portal > Authorization

Auth Request Number: [REDACTED]

Program: [REDACTED] Authorization Type: Surgical Package
Authorization Status: In Review Authorization Level: Level 3
Source: DDE

Requestor Information

Initial Request
Date Requested: 04/17/2025 Requested By: [REDACTED] Phone Number: [REDACTED]

Claimant Information

Claimant's Case ID: [REDACTED] Date of Birth: [REDACTED]
First Name: [REDACTED] Last Name: [REDACTED]
Date of Injury: 03/08/2018

Provider Information