

**DFEC HCPCS J-Code, Unspecified/Unclassified  
Authorization Request**

(Fax # 1-800-215-4901)

All Prior Authorization requests for Unspecified/ Unclassified J-Codes (J3490, J3590, J7999, J8499, J8999, and J9999) must be faxed on this form. Fax with supporting documentation including prescription with the Claimant ID on all pages. All fields are required and must be complete. Incomplete requests cannot be processed and will be returned.

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**PART A: Requestor Information**

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A1. Initial Request Correction

A2. Original Authorization Number (For Correction):

A3. Date Requested:

A4. Requested By:

A5. Phone Number:

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**PART B: Claimant Information**

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B1. Claimant's Case ID:

B2. Date of Birth:

B3. First Name:

B4. Last Name:

B5. Date of Injury:

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**PART C: Provider Information**

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C1. OWCP Provider ID:

C2. Tax ID (SSN/FEIN):

C3. Name:

C4. Fax Number:

C5. Prescribing Provider Name:

C6. Prescribing NPI:

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**PART D: Service Line Information**

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D1. Specific Body Part to be treated:

D2. Diagnosis Codes:

A.

B.

C.

D.

D3.

From Date	To Date	Diagnosis Pointer A B C D	J-Code	NDC	Body Part Modifier	Units Requested

D4. Remarks:

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**PART E: Supporting Documents**

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All supporting documents must be attached to the request. Please refer to the instructions for required documents. Please ensure to include Claimant ID on each page.

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### Instructions

Please read the instructions carefully before completing an authorization request. Complete all applicable fields. All Prior Authorization requests must either be faxed on this template, or submitted through the Web Bill Processing Portal (<https://owcpmed.dol.gov>). Please Fax with supporting medical documentation, including the case file number, on all pages. **Incomplete requests cannot be processed and will be returned.**

<b>Part A: Requestor Information</b>		
A1.	Select an appropriate option for <b>initial</b> or <b>correction</b> request. Initial Request – New or first-time request Correction – To update or correct erroneous data	Required
A2.	Type or print an original authorization number if correction request is being submitted. If you don't have authorization number, provide details about the original authorization, such as claimant's case ID, procedure code, date of service, requested units etc. if they are being changed in Remarks field	
A3.	Type or print date on which this template is being completed	Required
A4.	Type or print name of the person requesting an authorization	Required
A5.	Type or print phone number of the person requesting an authorization	

<b>Part B: Claimant Information</b>		
B1.	Type or print claimant's case D	Required
B2.	Type or print claimant's date of birth (mm/dd/yyyy)	Required
B3.	Type or print claimant's first name	Required
B4.	Type or print claimant's last name	Required
B5.	Type or print claimant's date of injury (mm/dd/yyyy)	Required

<b>Part C: Provider Information</b>		
C1.	Type or print service rendering provider's OWCP ID	Required
C2.	Type or print provider's Tax ID (SSN or FEIN)	Required
C3.	Type or print provider's name	Required
C4.	Type or print fax number. If entered, this fax number will be used for communication related to this authorization request. Leave it blank if fax number was provided during provider enrollment.	
C5.	Type or print prescribing provider's name	Required
C6.	Type or print prescribing provider's NPI	Required

<b>Part D: Service Line Information</b>		
D1.	Type or print a specific body part that requires treatment,	Required
D2.	Type or print ICD-09 or ICD-10 diagnosis codes for which services are being rendered, up to 4 codes are allowed. ICD-9 code is applicable if date of service is on/prior to 09/30/2015. Use ICD-10 code if date of service is on/after 10/01/2015.	Required
D3.	Service lines	
	Type or print beginning date of the service	Required
	Type or print end date of the service	Required
	Select diagnosis code pointer from the diagnosis codes listed in Part D: A, B, C, D (4 check boxes) Selects all applicable options.	Required
	Select J-Code from the following options: <ul style="list-style-type: none"> <li>• J3490 - Drugs unclassified</li> <li>• J3590 - Unclassified biologics</li> <li>• J7999 - Compounded drug, not otherwise classified</li> <li>• J8499 - Prescription drug, oral, nonchemotherapeutic, NOS</li> <li>• J8999 - Prescription drug, oral, chemotherapeutic, NOS</li> <li>• J9999 - Not otherwise classified, antineoplastic drugs</li> </ul>	Required

	Type or print National Drug Code	Required
	Select modifier from the following options: <ul style="list-style-type: none"> <li>• RT – Right Side</li> <li>• LT – Left Side</li> <li>• 50 – Bilateral</li> </ul>	Required
	Type or print number of units requested	Required
D4.	Type or print additional notes or remarks, if any	

<b>Part E: Supporting Documentation</b>		
	J-Code prescription	Required