DEEOIC Authorization
Providers render services to claimants related to their accepted conditions. Certain services must be pre-authorized before payment can be made. The updated Workers’ Compensation Medical Bill Process (WCMBP) authorization templates include:

- Durable Medical Equipment (DME)
- General Medical (certain medical services, i.e.; surgery, unlisted drugs, etc.)
- Home Health
- Physical Therapy/Occupational Therapy (PT/OT)
- Surgical Package
- Unspecified J-Code
Accessing Authorizations in the WCMBP System

How it works:

1. Log in to the WCMBP System. The system will display the default “Select a provider ID Number” page. Select the appropriate profile “Ext Provider Bills Submitter” from the drop-down.

2. Click on the “On-line Authorization Submission” tab in the column on the left under Authorization.
Adding a New Request

1. To submit a new authorization request, click the “Add New Request” button.

2. Select the program from the “Program” drop-down that the claimant is enrolled under.

3. Select one of the following authorization types from the “Authorization Type” drop-down.
Durable Medical Equipment (DME)
Adding a New Request: DME

1. The Requestor Information will populate, a phone number can be added.

2. Enter the required (*) Claimant Information.
   Claimant Case ID, Date of Birth (DOB) and First/Last Name
Adding a New Request: DME

1. Provider Information “OWCP Provider ID,” “Tax ID” and “Name” is auto-filled.

2. Select dropdown to state if you are providing care for a family member.

3. If yes in step 2, you must provide your relationship to the claimant.
   
   **Note:** Entering Fax # is optional.
Enter the Required Service Line Information

1. Enter up to four Diagnosis (DX) Codes.
2. Five Service Lines are displayed.
   **Note:** Click “Add New Line” if additional lines are needed.
3. Enter From-To Date.
4. Select the alpha character that represents the DX from the Diagnosis Codes field that you want to point to.
   **Note:** You can select multiple, but one is required.
5. Select the Code Type from the drop-down menu.
6. Enter the Procedure Code (HCPCS or CPT).
7. Enter the number of units you are requesting.

*8-12 is covered on the next slide.*
Enter the Required Service Line Information – Cont.

8. You must identify if the DME is a rental or purchased new/used.
9. Enter the cost.
   **Note:** If a rental, enter the total cost of the rental for the date range listed.
10. Enter the duration (Ex. 2 months).
    **Note:** Required for Rentals.
11. To remove a service line, select the icon under action.
12. If there are any additional notes or remarks, please type them in the Remarks field.
Adding a New Request: DME

1. Once all information is entered, you must scroll back to the top of the page and click “Save Authorization.”
   
   **Note:** If any information keyed in is invalid or missing, an error message will populate below the Close-Submit Authorization buttons (errors may vary). Correct the error and click “Save Authorization.”

2. Your 9 digit authorization number will populate.

3. DME authorizations requires a prescription from the attending physician and a treatment plan. This supporting documentation can be uploaded. Please refer to the next slide for the “Upload” dialogue box explanation.
   
   **Note:** Authorizations cannot be submitted without an attachment.

4. Once the attachments are uploaded, click “Submit Authorization.”
Adding a New Request: DME

1. Select the “Document Type” you want to upload from the dropdown.

2. Click the “Browse” button. The system will display the Open window. Locate and select the file from your local drive that you need to upload and click the “Open” button. The system will update the “File Name” field.

   **Note:** The guidelines for the attached document are present.

3. Once the attachment is uploaded, Click “Ok” to return to the previous page to Submit Authorization.
Adding a New Request: DME

1. The system displays the Authorization information, which confirms your authorization was submitted.

2. Click “Close” to return to portal home page.

Note: Click “Add New Request” to submit additional authorization requests.
General Medical
Adding a New Request: General Medical

1. To submit a new authorization request, click the “Add New Request” button.

2. Select the program from the “Program” drop-down that the claimant is enrolled under.

3. Select one of the following authorization types from the “Authorization Type” drop-down.

- Durable Medical Equipment
- General Medical
- Home Health Request
- Rehabilitative Therapies
- Transplant
Adding a New Request: DME

1. The Requestor Information will populate, a phone number can be added.

2. Enter the required (*) Claimant Information.

   Claimant Case ID, Date of Birth (DOB) and First/Last Name
General Medical – Provider Information

1. Provider Information “OWCP Provider ID,” “Tax ID” and “Name” is auto-filled.

2. Select dropdown to state if you are providing care for a family member.

3. If yes in step 2, you must provide your relationship to the claimant.

   **Note:** Entering Fax # is optional.
Service Line Information

**Enter the Required Service Line Information**

1. Enter up to four Diagnosis (DX) Codes.
2. If this request is for an implant, enter the cost of the implant.
   **Note:** An invoice is required for implant service.
3. Select the place where services are rendered.
4. Up to five Service Lines will display
   **Note:** Click “Add New Line” if additional lines are needed.
5. Enter From-To Date.
6. Select the alpha character that represents the DX from the Diagnosis Codes field that you want to point to.
   **Note:** You can select multiple, but one is required.
7. Select the Code Type from the drop-down menu.

*8-13 is covered on the next slide.*
Enter the Required Service Line Information

8. Enter the Code (Revenue Code or Procedure Code).

**Note:** Select the Revenue Code for Inpatient Room and Board Service or Outpatient Facility Services.

9. Enter procedure code modifier.

10. A Body Part Modifier is required (RT, LT or 50)

**Note:** If the body part does not have a side, select 50.

11. Enter the number of units or days you are requesting.

12. If you want to remove a service line, select the icon under action.

13. If there are any additional notes or remarks, please type them in the Remarks field.
General Medical - Save Authorization

1. Once all information is entered, you must scroll back to the top of the page and click “Save Authorization.”

   Note: If any information keyed in is invalid or missing, an error message will populate below the Close-Submit Authorization buttons (errors may vary). Correct the error and click “Save Authorization.”

2. Your 9 digit authorization number will populate.

3. General Medical authorizations documents supporting the need for the service as it relates to the accepted conditions, such as a LMN, medical records, treatment plan etc. This supporting documentation can be uploaded. Please refer to the next slide for the “Upload” dialogue box.

   Note: Authorizations cannot be submitted without an attachment.

4. Once the attachments are uploaded, click “Submit Authorization.”

   Errors:
   CPT Code is not valid in Service Line # 1
1. Select the “Document Type” you want to upload from the dropdown.

2. Click the “Browse” button. The system will display the Open window. Locate and select the file from your local drive that you need to upload and click the “Open” button. The system will update the “File Name” field.

   Note: The guidelines for the attached document are present.

3. Once the attachment is uploaded, Click “Ok” to return to the previous page to Submit Authorization.
Authorization Request List

1. The system displays the Authorization information, which confirms your authorization was submitted.

2. Click “Close” to return to portal home page.

Note: Click “Add New Request” to submit additional authorization requests.
Home Health
To submit a new authorization request, click the “Add New Request” button.

1. Select the program from the “Program” drop-down that the claimant is enrolled under.

2. Select one of the following authorization types from the “Authorization Type” drop-down.
Home Health – Requestor and Claimant Information

1. Select an appropriate option for initial, re-authorization, amendment or correction request:
   - Initial Request – New or first-time request.
   - Re-Authorization – To request same level of care as the previous request.
   - Amendment – To request different level of care.
   - Correction – To update or correct erroneous data elements.

Enter the required (*) Requestor Information for an initial request.

2. Enter the required (*) Claimant Information.

Claimant Case ID, Date of Birth (DOB) and First/Last Name.
Home Health – Provider Information

1. Provider Information “OWCP Provider ID,” “Tax ID” and “Name” is auto-filled.

2. Select dropdown to state if you are providing care for a family member.

3. If yes in step 2, you must provide your relationship to the claimant.

   **Note:** Entering Fax # is optional.
Enter the Required Service Line Information

1. Select Service Type from the options.
2. Enter up to four Diagnosis (DX) Codes
3. Up to five Service Lines will display
   **Note:** Click “Add New Line” if additional lines are needed.
4. Enter From-To Date
5. Select the alpha character that represents the DX from the Diagnosis Codes field that you want to point to.
   **Note:** You can select multiple, but only one is required.
6. Enter the Procedure Code (HCPCS or CPT).
7. Enter the Frequency (how many times you will see the claimant a week).

*8-11 is covered on the next slide.*
Service Line Information

Enter the Required Service Line Information – Cont.

8. Enter the Duration (how many weeks will you see the claimant).
9. Enter the Total Units Requested (Frequency x Duration = Total Units Requested).
10. If you want to remove a service line, select the icon, under action.
11. To add any additional notes or remarks, please type them in the Remarks field.
Home Health - Save Authorization

1. Once all information is entered, you must scroll back to the top of the page and click “Save Authorization.”
   
   **Note:** If any information keyed in is invalid or missing, an error message will populate below the Close-Submit Authorization buttons (errors may vary). Correct the error and click “Save Authorization.”

2. Your 9 digit authorization number will populate.

3. Home Health authorizations need a LMN, evidence of face 2 face exam, plan of care and documents supporting need of care is related to accepted conditions. This supporting documentation can be uploaded. Please refer to the next slide for the “Upload” dialogue box explanation.

   **Note:** Authorization cannot be submitted without an attachment.

4. Once the attachments are uploaded, click “Submit Authorization.”
Home Health – Uploading Attachment

1. Select the “Document Type” you want to upload from the dropdown.

   - Document Type: Select from the dropdown menu.
   - Filename: Enter the name of the file.

2. Click the “Browse” button. The system will display the Open window. Locate and select the file from your local drive that you need to upload and click the “Open” button. The system will update the “File Name” field.

   **Note:** The guidelines for the attached document are present.

3. Once the attachment is uploaded, click “Ok” to return to the previous page to Submit Authorization.
Authorization Request List

1. The system displays the Authorization information, which confirms your authorization was submitted.

2. Click “Close” to return to portal home page.

Note: Click “Add New Request” to submit additional authorization requests.
Rehabilitative Therapies
Adding a New Request: Rehabilitative Therapies

1. To submit a new authorization request, click the “Add New Request” button.

2. Select the program from the “Program” drop-down that the claimant is enrolled under.

3. Select one of the following authorization types from the “Authorization Type” drop-down:
   - Durable Medical Equipment
   - General Medical
   - Home Health Request
   - Rehabilitative Therapies
   - Transplant
Select an appropriate option for initial, re-authorization, amendment or correction request:

- Initial Request – New or first-time request.
- Re-Authorization – To request same level of care as the previous request.
- Amendment – To request different level of care.
- Correction – To update or correct erroneous data elements.

Enter the required (*) Requestor Information for an initial request.

Enter the required (*) Claimant Information.

Claimant Case ID, Date of Birth (DOB) and First/Last Name.
1. Provider Information “OWCP Provider ID,” “Tax ID” and “Name” is auto-filled.

2. Select dropdown to state if you are providing care for a family member.

3. If yes in step 2, you must provide your relationship to the claimant.

**Note:** Entering Fax # is optional.
Enter the Required Service Line Information

1. Select the place where services are being rendered.
2. Enter up to four Diagnosis (DX) Codes.
3. Up to five Service Lines will display. **Note:** Click “Add New Line” if additional lines are needed.
4. Enter From-To Date.
5. Select the alpha character that represents the DX from the Diagnosis Codes field that you want to point to. **Note:** You can select multiple, but only one is required.
6. Select the Code Type from the drop-down menu.
7. Enter the Procedure Code (HCPCS or CPT).

*8-13 is covered on the next slide.*
Enter the Required Service Line Information – Cont.

8. Enter the number of Units Per procedure (1 Unit = 15 minutes).
9. Enter the Frequency (How many times you will see the claimant per week).
10. Enter the Duration (How many weeks will you see the claimant).
11. Enter the Total Units Requested (Frequency x Duration = Total Units Requested).
12. If you want to remove a service line, select the icon under action.
13. To add any additional notes or remarks, please type them in the Remarks field.
Rehab – Save Authorization

1. Once all information is entered, you must scroll back to the top of the page and click “Save Authorization.”

   **Note:** If any information keyed in is invalid or missing, an error message will populate below the Close-Submit Authorization buttons (errors may vary). Correct the error and click “Save Authorization.”

2. Your 9 digit authorization number will populate.

3. Rehab authorizations requires a therapy eval, LMN, evidence of face 2 face and documents need of therapy is related to accepted conditions. This supporting documentation can be uploaded. Please refer to the next slide for the “Upload” dialogue box explanation.

   **Note:** Authorization cannot be submitted without an attachment.

4. Once the attachments are uploaded, click “Submit Authorization.”
1. Select the “Document Type” you want to upload from the dropdown.

2. Click the “Browse” button. The system will display the Open window. Locate and select the file from your local drive that you need to upload and click the “Open” button. The system will update the “File Name” field.

**Note:** The guidelines for the attached document are present.

3. Once the attachment is uploaded, click “Ok” to return to the previous page to Submit Authorization.
Authorization Request List

1. The system displays the Authorization information, which confirms your authorization was submitted.

2. Click “Close” to return to portal home page.

Note: Click “Add New Request” to submit additional authorization requests.
Transplant
Adding a New Request: Transplant

1. To submit a new authorization request, click the “Add New Request” button.

2. Select the program from the “Program” drop-down that the claimant is enrolled under.

3. Select one of the following authorization types from the “Authorization Type” drop-down.
Transplant – Requestor and Claimant Information

1. The Requestor Information will populate, a phone number can be added.

2. Enter the required (*) Claimant Information.
   
   Claimant Case ID, Date of Birth (DOB) and First/Last Name.
1. Provider Information OWCP ID, Tax ID, and Name is auto-filled.

2. Select from the drop-down to state if you are the Primary Surgeon.

3. Enter the Referring Physician name and address
Transplant – Service Line Information

Enter the Required Service Line Information

1. Enter up to four Diagnosis (DX) Codes.
2. Enter From-To Date.
3. Up to five Service Lines will display.
4. Select the alpha character that represents the DX from the Diagnosis Codes field that you want to point to.
   Note: You can select multiple, but one is required.
5. Select the Code Type from the drop-down menu.
6. Enter the Procedure Code (HCPCS or CPT).
7. If you want to remove a service line, select the icon under action.
8. To add any additional notes or remarks, please type them in the Remarks field.
Transplant Information

1. Enter Transplant Facility Name.
2. Enter Transplant Type.
3. Enter Transplant Facility Address.
4. Enter Transplant Facility Phone number.
5. Enter name of person coordinating the organ transplant.
6. Enter coordinator phone number.

**Note:** All supporting documents must be attached.
Transplant – Save Authorization

1. Once all information is entered, you must scroll back to the top of the page and click “Save Authorization.”
   - **Note:** If any information keyed in is invalid or missing, an error message will populate below the Close-Submit Authorization buttons (errors may vary). Correct the error and click “Save Authorization.”

2. Your 9 digit authorization number will populate.

3. Supporting documents are required. Supporting documentation, it can be uploaded here.

4. Once the attachments are uploaded, click “Submit Authorization.”
Transplant – Upload Attachment

1. Select the “Document Type” you want to upload from the dropdown.

2. Click the “Browse” button. The system will display the Open window. Locate and select the file from your local drive that you need to upload and click the “Open” button. The system will update the “File Name” field.

   **Note:** The guidelines for the attached document are present.

3. Once the attachment is uploaded, Click “Ok” to return to the previous page to Submit Authorization.
Authorization Request List

1. The system displays the Authorization information, which confirms your authorization was submitted.

2. Click “Close” to return to portal home page.  
   **Note:** Click “Add New Request” to submit additional authorization requests.
Checking Authorization Status
Authorization Status

1. Opens up Dialogue box to display auth details.
2. Displays the Auth Request #.
3. Displays the Claimant Case ID.
4. Displays the Auth Status.
   - Entering (started auth but did not submit).
   - In Review (auth submitted).
   - Approved.
   - Denied (not approved).
   - Cancelled (services no longer needed).
   - Pending Further Development (additional information is needed or medical development is required before a determination can be made).

Note: Once your authorization request is submitted, the status of your authorization populates under the Authorization Request List.

*5-12 is covered on the next slide.
Authorization Status

5. Auth Type.
6. Last time the Auth was updated.
7. Date the Auth was submitted.
8. Auth Level.
9. OWCP Program the claimant is under.
10. Auth Request Type.
11. Source (How the authorization was submitted).
12. Click “Close” to return to Portal. Home Page.

Note: Once your authorization request is submitted, the status of your authorization populates under the Authorization Request List.
Authorization

Authorization Quick Tips:

• Check Claimant Eligibility to see if an Authorization is required.
• Submit Authorization before submitting a bill.
• Check Authorization Status – Submit bill once Authorization is in an Approved status.
• Authorization does not guarantee payment.
• Allow 2 business days for Authorization Process (If authorization is a Level 3 and/or emergency, it takes 1 business day to process).
• Authorizations can also be faxed to 800.882.6147 or mailed to P.O. Box 8304 London, KY 40742-8304.
• Travel Authorizations must be submitted via fax or mail only.
THANK YOU!