

DEEOIC Authorization



Introduction

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:

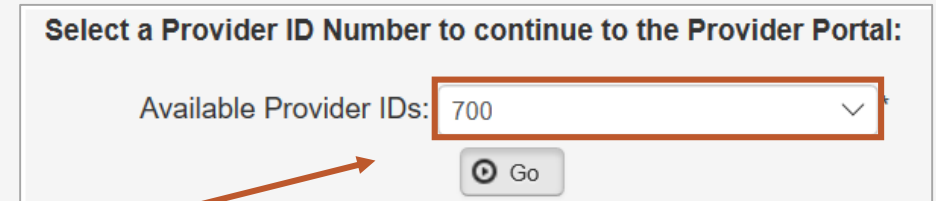
- Durable Medical Equipment (DME)
- General Medical (certain medical services, i.e.; surgery, unlisted drugs, etc.)
- Home Health
- Physical Therapy/Occupational Therapy (PT/OT)
- Surgical Package
- Unspecified J-Code



Accessing Authorizations in the WCMBP System

How it works:

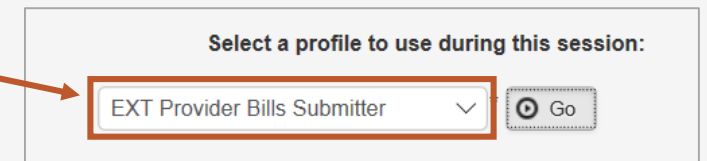
- 1 Log in to the WCMBP System. The system will display the default "Select a provider ID Number" page. Select the *appropriate profile* "Ext Provider Bills Submitter" from the drop-down.
- 2 Click on the "On-line Authorization Submission" tab in the column on the left under Authorization.



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

Available Provider IDs: 700

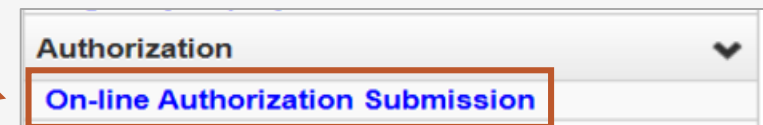
Go



Select a profile to use during this session:

EXT Provider Bills Submitter

Go



Authorization

On-line Authorization Submission

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 the following authorization types from the "Authorization Type" drop-down.

- SELECT---
- Durable Medical Equipment
- General Medical
- Home Health Request
- Rehabilitative Therapies
- Transplant

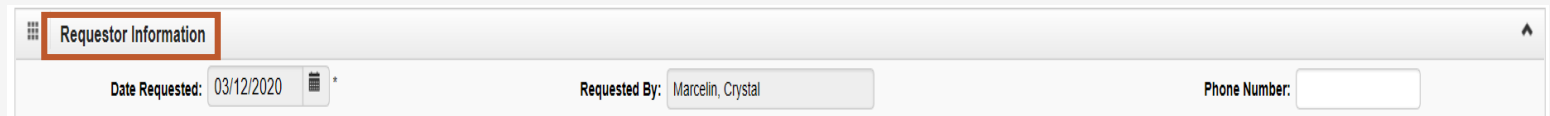
Durable Medical Equipment (DME)



Adding a New Request: DME

1

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

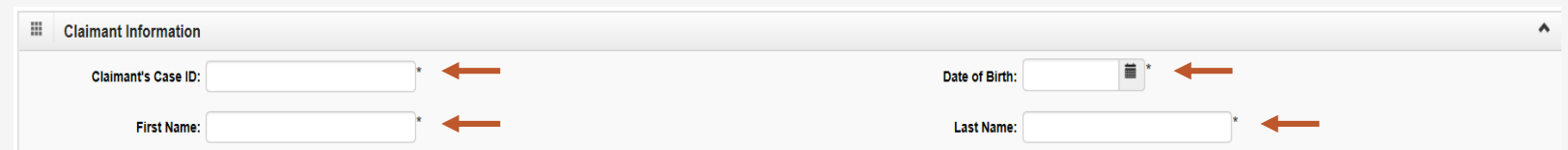


The screenshot shows a form section titled "Requestor Information" with a red border. It contains three fields: "Date Requested" with the value "03/12/2020" and a calendar icon, "Requested By" with the value "Marcelin, Crystal", and "Phone Number" with an empty input field.

2

Enter the required (*) Claimant Information .

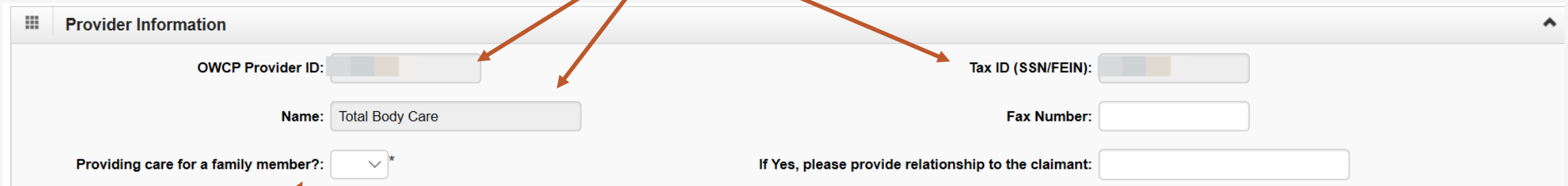
Claimant Case ID, Date of Birth (DOB) and First/Last Name



The screenshot shows a form section titled "Claimant Information". It contains four required fields, each marked with an asterisk and a red arrow pointing to the right: "Claimant's Case ID", "Date of Birth" (with a calendar icon), "First Name", and "Last Name".

Adding a New Request: DME

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



The screenshot shows a form titled "Provider Information" with the following fields:

- OWCP Provider ID: [Auto-filled]
- Name: Total Body Care
- Providing care for a family member?: [Dropdown menu]
- Tax ID (SSN/FEIN): [Auto-filled]
- Fax Number: [Empty]
- If Yes, please provide relationship to the claimant: [Empty]

Three orange arrows point from the text in step 1 to the OWCP Provider ID, Name, and Tax ID fields. A fourth orange arrow points from the text in step 2 to the dropdown menu. A fifth orange arrow points from the text in step 3 to the relationship field.

- 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. 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.

The screenshot shows the 'Service Line Information' form. At the top, there are four input fields for 'Diagnosis Codes: A', 'B', 'C', and 'D'. Below this is a table with 5 rows and several columns. The columns are labeled: 'From Date', 'To Date', 'Diagnosis Pointer' (with sub-columns B, C, D), 'Code Type', 'Procedure Code', 'Units', 'Rental or Purchase Modifier', 'Cost', 'Duration', and 'Action'. A 'Remarks' field is located at the bottom of the table. Numbered callouts (1-12) point to the following elements: 1. Diagnosis Codes header; 2. 'Add New Line' button; 3. 'From Date' and 'To Date' columns; 4. 'Diagnosis Pointer' columns; 5. 'Code Type' column; 6. 'Procedure Code' column; 7. 'Units' column; 8. 'Rental or Purchase Modifier' column; 9. 'Cost' column; 10. 'Duration' column; 11. 'Action' column; 12. 'Remarks' field.

*8-12 is covered on the next slide.

Service Line Information

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.



The screenshot shows the 'Service Line Information' form. At the top, there are four input fields for 'Diagnosis Codes: A', 'B', 'C', and 'D'. Below this is a table with columns: 'From Date', 'To Date', 'Diagnosis Pointer' (with sub-columns B, C, D), 'Code Type', 'Procedure Code', 'Units', 'Rental or Purchase Modifier', 'Cost', 'Duration', and 'Action'. A table with 5 rows is shown below the headers. At the bottom, there is a 'Remarks' text area. Numbered callouts (1-12) point to: 1. Title, 2. 'Add New Line' button, 3. 'From Date' and 'To Date' headers, 4. 'Diagnosis Pointer' header, 5. 'Code Type' header, 6. 'Procedure Code' header, 7. 'Units' header, 8. 'Rental or Purchase Modifier' header, 9. 'Cost' header, 10. 'Duration' header, 11. 'Action' header, and 12. '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.

The screenshot displays a web form for adding a new request. At the top, a field labeled "Auth Request Number" contains the value "10" followed by a masked area. Below this field are four buttons: "Close", "Upload/Retrieve Attachment", "Save Authorization", and "Submit Authorization". The "Save Authorization" button is highlighted with a dashed border. Below the buttons, a red error message is displayed: "Errors: CPT Code is not valid in Service Line # 1". Orange arrows point from the text in the numbered steps to the corresponding elements in the form: from step 1 to the "Save Authorization" button, from step 2 to the "Auth Request Number" field, from step 3 to the "Upload/Retrieve Attachment" button, and from step 4 to the "Submit Authorization" button.

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.

The screenshot shows a dialog box titled "Attachment". It contains a "Document Type" dropdown menu with a blue highlight on the "--SELECT--" option. The dropdown menu is open, showing the following options: "Invoice for Implant Service", "J-Code Prescription", "Medical Documentation", "Prescription from Physician", and "Treatment Plan". Below the dropdown is a "Filename" text field and a "Browse..." button. At the bottom of the dialog, there is a note: "The acceptable file extensions for the upload are .doc, .docx, .gif, .htm, .html, .jpeg, .jpg, .tif, .tiff, .tst, .txt, .bmp, .pdf" and "Filename cannot be longer than 50 characters". At the bottom right, there are "Ok" and "Close" buttons.

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.

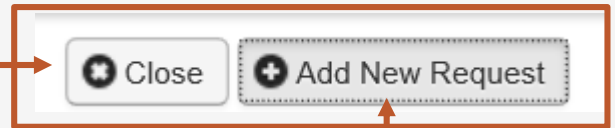
Note: The guidelines for the attached document are present.


3 Once the attachment is uploaded, Click "Ok" to return to the previous page to Submit Authorization.

Adding a New Request: DME

2 Click "Close" to return to portal home page.

Note: Click "Add New Request" to submit additional authorization requests.



	Auth Request # ▲▼	Claimant Case ID ▲▼	Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Level ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
			In Review	Durable Medical Equipment	03/01/2020	03/01/2020	2	DEEOIC	Initial Request	DDE

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

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 the following authorization types from the "Authorization Type" drop-down.

Close + Add New Request

Authorization Request List

Program: --SELECT-- *

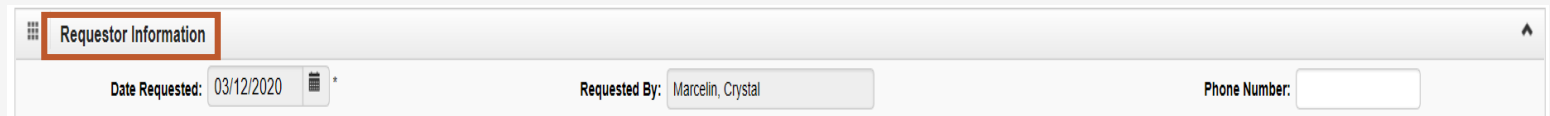
Authorization Type: *

- SELECT--
- 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.

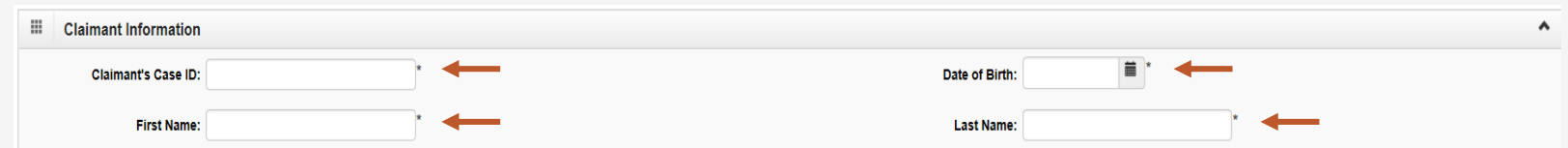


The screenshot shows a form section titled "Requestor Information" with a red border. It contains three fields: "Date Requested" with the value "03/12/2020" and a calendar icon, "Requested By" with the value "Marcelin, Crystal", and "Phone Number" with an empty input field.

2

Enter the required (*) Claimant Information .

Claimant Case ID, Date of Birth (DOB) and First/Last Name



The screenshot shows a form section titled "Claimant Information". It contains four required fields, each marked with an asterisk and a red arrow pointing to the right: "Claimant's Case ID", "Date of Birth" (with a calendar icon), "First Name", and "Last Name".

General Medical – Provider Information

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

The screenshot shows a form titled "Provider Information" with the following fields: "OWCP Provider ID" (auto-filled), "Name" (filled with "Total Body Care"), "Tax ID (SSN/FEIN)" (auto-filled), "Fax Number" (empty), "Providing care for a family member?" (dropdown menu), and "If Yes, please provide relationship to the claimant:" (text input field). Three orange arrows point from the text above to the OWCP Provider ID, Name, and Tax ID fields. A fourth orange arrow points from the text below to the dropdown menu.

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.

The screenshot shows the 'Service Line Information' form with the following fields and controls:

- Diagnosis Codes: A: [] * B: [] C: [] D: [] (Callout 1)
- Is this an implant?: [] * (Callout 2)
- Cost of Implant: [] (Callout 2)
- Place of Service (Select one):
 - Ambulatory Surgery Center (ASC)
 - Home
 - Office
 - Outpatient(Callout 3)
- Add New Line button (Callout 4)
- From Date and To Date fields (Callout 5)
- Diagnosis Pointer (A, B, C, D) (Callout 6)
- Code Type (Callout 7)
- Revenue Code/NDC (Callout 8)
- Procedure Code (Callout 9)
- Modifier (Callout 10)
- Units/Days Requested (Callout 11)
- Action (Callout 12)
- Remarks: [] (Callout 13)

*8-13 is covered on the next slide.

Service Line Information

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.

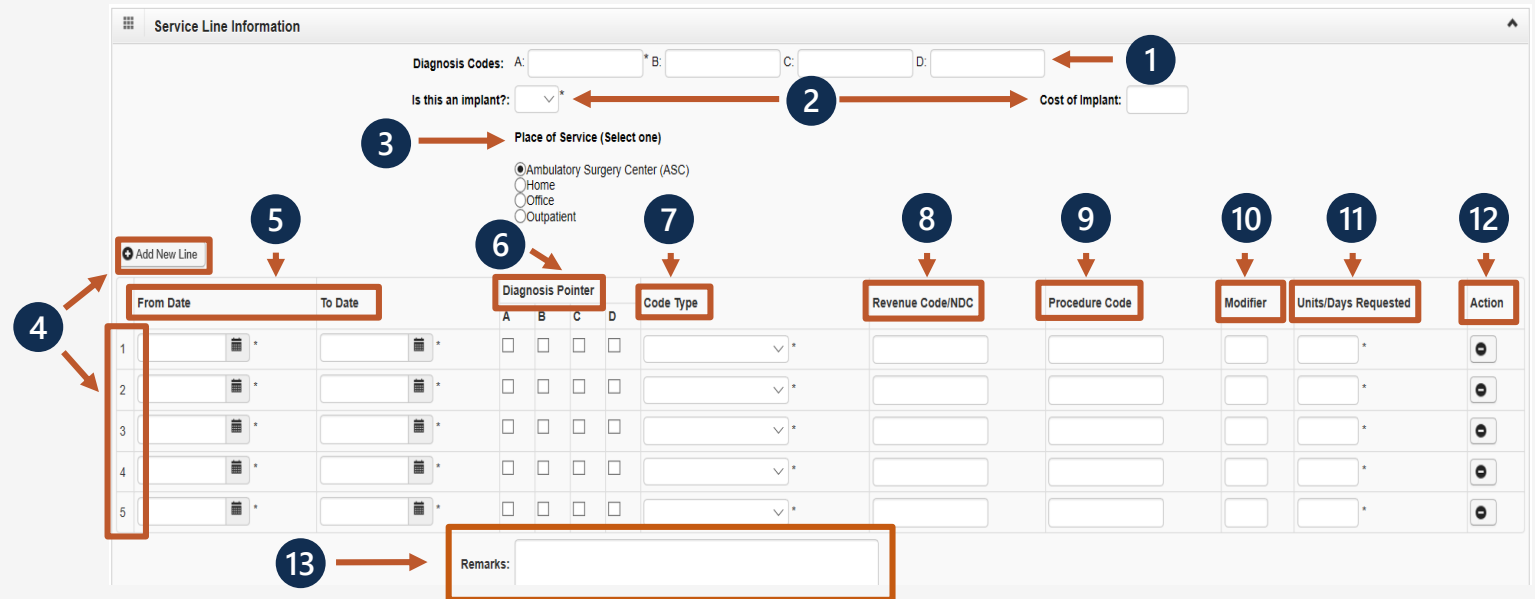
10. A Body Part Modifier is required (RT, LT or 50)

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.



The screenshot shows the 'Service Line Information' form with the following fields and controls:

- 1: Diagnosis Codes (A, B, C, D)
- 2: Is this an implant? (dropdown) and Cost of Implant (text box)
- 3: Place of Service (Select one) with radio buttons for Ambulatory Surgery Center (ASC), Home, Office, and Outpatient.
- 4: Add New Line button
- 5: From Date and To Date fields
- 6: Diagnosis Pointer (A, B, C, D)
- 7: Code Type (dropdown)
- 8: Revenue Code/NDC (text box)
- 9: Procedure Code (text box)
- 10: Modifier (text box)
- 11: Units/Days Requested (text box)
- 12: Action (minus icon)
- 13: Remarks (text area)

	From Date	To Date	Diagnosis Pointer				Code Type	Revenue Code/NDC	Procedure Code	Modifier	Units/Days Requested	Action
			A	B	C	D						
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

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.

The screenshot displays a form interface with the following elements:

- A text field labeled "Auth Request Number : 10" with a progress indicator.
- A row of four buttons: "Close", "Upload/Retrieve Attachment", "Save Authorization", and "Submit Authorization".
- An error message box below the buttons: "Errors: CPT Code is not valid in Service Line # 1".

Orange arrows indicate the flow: from step 1 to the "Save Authorization" button, from step 2 to the "Auth Request Number" field, from step 3 to the "Upload/Retrieve Attachment" button, and from step 4 to the "Submit Authorization" button.

4 Once the attachments are uploaded, click "Submit Authorization."

General Medical – Uploading Attachment

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

Attachment

Please select the file to be uploaded :

Document Type : --SELECT--

Filename : Browse...

The acceptable file extensions for the upload are .doc, .docx, .gif, .htm, .html, .jpeg, .jpg, .tif, .tiff, .tst, .txt, .bmp, .pdf
Filename cannot be longer than 50 characters

Ok Close

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.

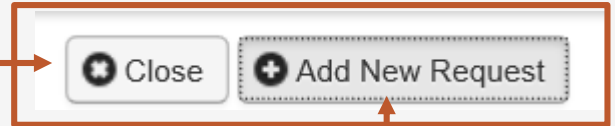
Note: The guidelines for the attached document are present.


3 Once the attachment is uploaded, Click "Ok" to return to the previous page to Submit Authorization.

Authorization Request List

2 Click "Close" to return to portal home page.

Note: Click "Add New Request" to submit additional authorization requests.



	Auth Request # ▲▼	Claimant Case ID ▲▼	Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Level ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
	[Redacted]	[Redacted]	In Review	General Medical	03/01/2020	03/01/2020	3	DEEOIC	Initial Request	DDE

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

Home Health



Adding a New Request: Home Health

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 the following authorization types from the "Authorization Type" drop-down.

Close Add New Request

Authorization Request List

Program: --SELECT-- *

Authorization Type: *

- SELECT--
- Durable Medical Equipment
- General Medical
- Home Health Request
- Rehabilitative Therapies
- Transplant

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.

Requestor Information

Initial Request
 Re-Authorization
 Amendment
 Correction

Original Authorization Number (For Correction):

Date Requested: 03/12/2020 *

Requested By: Marcellin, Crystal

Phone Number:

2

Enter the required (*) Claimant Information.

Claimant Case ID, Date of Birth (DOB) and First/Last Name.

Claimant Information

Claimant's Case ID: *

First Name: *

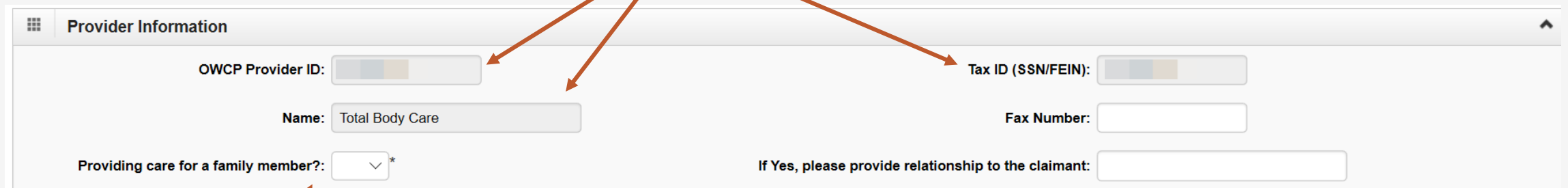
Date of Injury: *

Date of Birth: *

Last Name: *

Home Health – Provider Information

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



The screenshot shows a form titled "Provider Information" with the following fields: "OWCP Provider ID" (auto-filled), "Name" (filled with "Total Body Care"), "Tax ID (SSN/FEIN)" (auto-filled), "Fax Number" (empty), "Providing care for a family member?" (dropdown menu), and "If Yes, please provide relationship to the claimant:" (text input field). Three orange arrows point from the text above to the OWCP Provider ID, Name, and Tax ID fields. A fourth orange arrow points from the text below to the dropdown menu.

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. 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).

The screenshot shows the 'Service Plan Information' form. At the top, there is a 'Service Type' dropdown menu with options: Assisted Living, Home Health Care, Hospice, and Nursing Home. Below this are four 'Diagnosis Codes' fields labeled A, B, C, and D. A table below contains five rows for service lines. Each row has columns for 'From Date', 'To Date', 'Diagnosis Pointer' (with sub-columns A, B, C, D), 'Procedure Code', 'Frequency', 'Duration', 'Total Units Requested', and 'Action'. A 'Remarks' field is located at the bottom. Numbered callouts (1-11) point to: 1. Service Type dropdown; 2. Diagnosis Codes A-D; 3. 'Add New Line' button; 4. From/To Date fields; 5. Diagnosis Pointer A-D; 6. Procedure Code field; 7. Frequency field; 8. Duration field; 9. Total Units Requested field; 10. Action button; 11. Remarks field.

Procedure Codes

- S5126 - Attendant care services, per diem
- S9122 - Home health aide or certified nurse assistant in home, per hour
- S9123 - Nursing care in the home by registered nurse, per hour
- S9124 - Nursing care in the home by licensed practical nurse, per hour
- S9126 - Hospice care in the home, per diem
- T1001 - Nursing assessment/evaluation
- T1017 - Targeted case management
- T1019 - Personal care services, per 15 minutes
- T1020 - Personal care services, per diem
- T1030 - Nursing care in the home by registered nurse, per diem
- T1031 - Nursing care in the home by licensed practical nurse, per diem


*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.

The screenshot shows a 'Service Plan Information' form. At the top, there is a 'Service Type' dropdown menu with a list of options: Assisted Living, Home Health Care, Hospice, and Nursing Home. Below this are four 'Diagnosis Codes' (A, B, C, D) input fields. The main part of the form is a table with columns: From Date, To Date, Diagnosis Pointer (with sub-columns A, B, C, D), Procedure Code, Frequency, Duration, Total Units Requested, and Action. There are five rows in the table, each with a line number (1-5) in the first column. Below the table is a 'Remarks' text field. Numbered callouts (1-11) point to: 1. Service Type dropdown; 2. Assisted Living option; 3. Add New Line button; 4. From Date field; 5. To Date field; 6. Procedure Code dropdown; 7. Frequency field; 8. Duration field; 9. Total Units Requested field; 10. Action column minus icon; 11. Remarks field.

Procedure Codes →

- S5126 - Attendant care services, per diem
- S9122 - Home health aide or certified nurse assistant in home, per hour
- S9123 - Nursing care in the home by registered nurse, per hour
- S9124 - Nursing care in the home by licensed practical nurse, per hour
- S9126 - Hospice care in the home, per diem
- T1001 - Nursing assessment/evaluation
- T1017 - Targeted case management
- T1019 - Personal care services, per 15 minutes
- T1020 - Personal care services, per diem
- T1030 - Nursing care in the home by registered nurse, per diem
- T1031 - Nursing care in the home by licensed practical nurse, per diem

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.

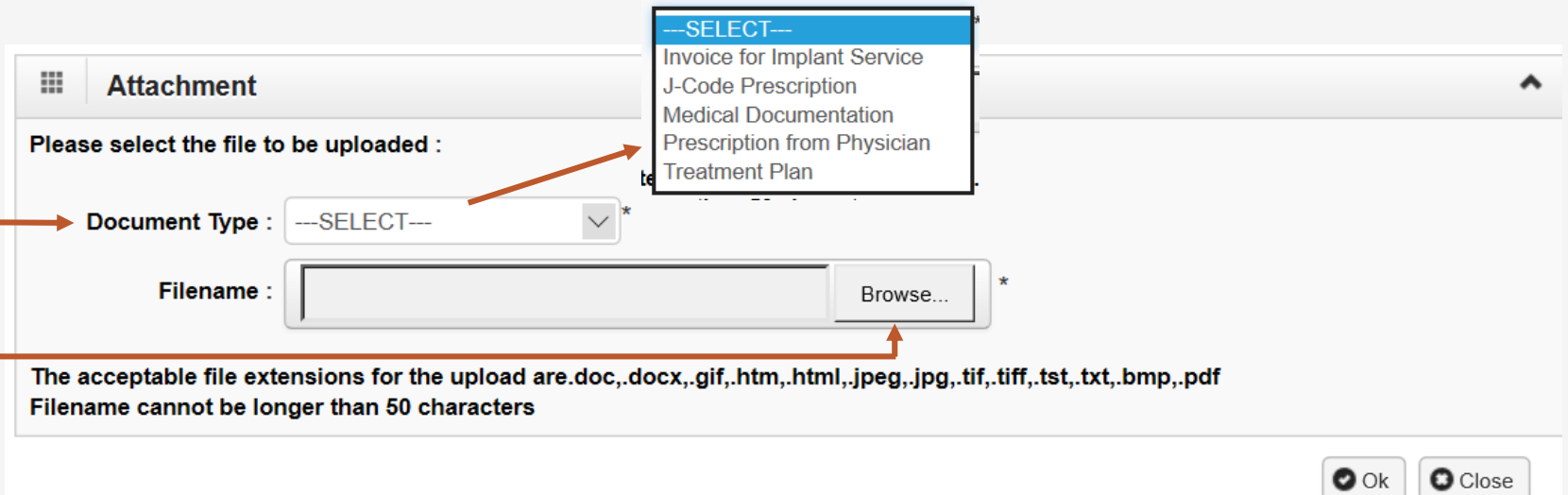
Note: Authorization cannot be submitted without an attachment.

The screenshot displays a web interface for Home Health authorization. At the top, a field shows "Auth Request Number : 10" followed by a masked 9-digit number. Below this are four buttons: "Close", "Upload/Retrieve Attachment", "Save Authorization", and "Submit Authorization". The "Save Authorization" button is highlighted with a dashed border. Below the buttons, a red error message reads: "Errors: CPT Code is not valid in Service Line # 1". Orange arrows point from the text instructions to the "Auth Request Number" field, the "Save Authorization" button, the error message, and the "Submit Authorization" button.

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.



The screenshot shows a web form titled "Attachment". It contains a "Document Type" dropdown menu with a list of options: "--SELECT--", "Invoice for Implant Service", "J-Code Prescription", "Medical Documentation", "Prescription from Physician", and "Treatment Plan". Below the dropdown is a "Filename" text input field and a "Browse..." button. At the bottom of the form, there are "Ok" and "Close" buttons. Red arrows point from the instructions to the dropdown menu, the "Browse..." button, and the "Ok" button.

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.

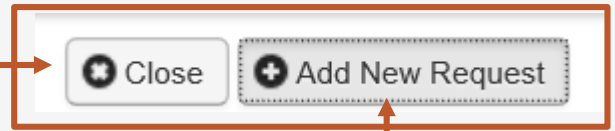
The acceptable file extensions for the upload are .doc, .docx, .gif, .htm, .html, .jpeg, .jpg, .tif, .tiff, .tst, .txt, .bmp, .pdf
Filename cannot be longer than 50 characters


3 Once the attachment is uploaded, Click "Ok" to return to the previous page to Submit Authorization.

Authorization Request List

2 Click "Close" to return to portal home page.

Note: Click "Add New Request" to submit additional authorization requests.



	Auth Request # ▲▼	Claimant Case ID ▲▼	Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Level ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
	[Redacted]	[Redacted]	In Review	Home Health	03/01/2020	03/01/2020	3	DEEOIC	Initial Request	DDE

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

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 the following authorization types from the "Authorization Type" drop-down.

Close Add New Request

Authorization Request List

Program: --SELECT-- *

Authorization Type: *

- SELECT--
- Durable Medical Equipment
- General Medical
- Home Health Request
- Rehabilitative Therapies
- Transplant

Rehab – 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.

Requestor Information

Initial Request
 Re-Authorization
 Amendment
 Correction

Original Authorization Number (For Correction):

Date Requested: 03/12/2020

Requested By: Marcellin, Crystal

Phone Number:

2

Enter the required (*) Claimant Information.

Claimant Case ID, Date of Birth (DOB) and First/Last Name.

Claimant Information

Claimant's Case ID:

First Name:

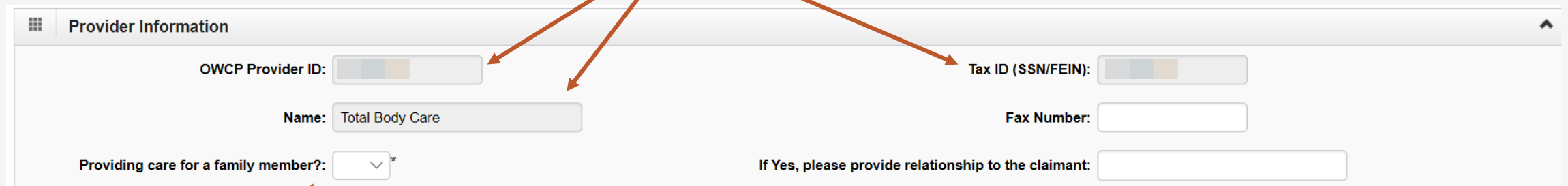
Last Name:

Date of Birth:

Date of Injury:

Rehab – Provider Information

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



The screenshot shows a form titled "Provider Information" with the following fields:

- OWCP Provider ID: [Auto-filled]
- Name: Total Body Care
- Tax ID (SSN/FEIN): [Auto-filled]
- Fax Number: [Empty]
- Providing care for a family member?: [Dropdown menu]
- If Yes, please provide relationship to the claimant: [Empty]

Three orange arrows point from the text in step 1 to the OWCP Provider ID, Name, and Tax ID (SSN/FEIN) fields. A fourth orange arrow points from the text in step 2 to the "Providing care for a family member?" dropdown menu. A fifth orange arrow points from the text in step 3 to the "If Yes, please provide relationship to the claimant:" text input field.

- 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.

Rehab – Service Line Information

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).

The screenshot shows the 'Therapy Plan Information' form. At the top, there is a 'Place of Service (Select one)' section with radio buttons for Home, Facility, Office, and Outpatient. Below this are four input fields for 'Diagnosis Codes: A: B: C: D:'. A table with five rows and several columns is displayed below. The columns are: From Date, To Date, Diagnosis Pointer (with sub-columns A, B, C, D), Code Type, Procedure Code, # Of Units Per Procedure/Visit, Frequency, Duration, Total Units Requested, and Action. A 'Remarks' field is located at the bottom of the table. Numbered callouts (1-13) point to specific fields: 1 points to the Place of Service section; 2 points to the Diagnosis Codes input fields; 3 points to the 'Add New Line' button; 4 points to the From Date and To Date columns; 5 points to the Diagnosis Pointer sub-column A; 6 points to the Code Type column; 7 points to the Procedure Code column; 8 points to the # Of Units Per Procedure/Visit column; 9 points to the Frequency column; 10 points to the Duration column; 11 points to the Total Units Requested column; 12 points to the Action column; and 13 points to the Remarks field.

*8-13 is covered on the next slide.

Rehab – Service Line Information


Enter the Required Service Line Information – Cont.

8. Enter the number of Units Per procedure (1 Unit = 15 minutes).

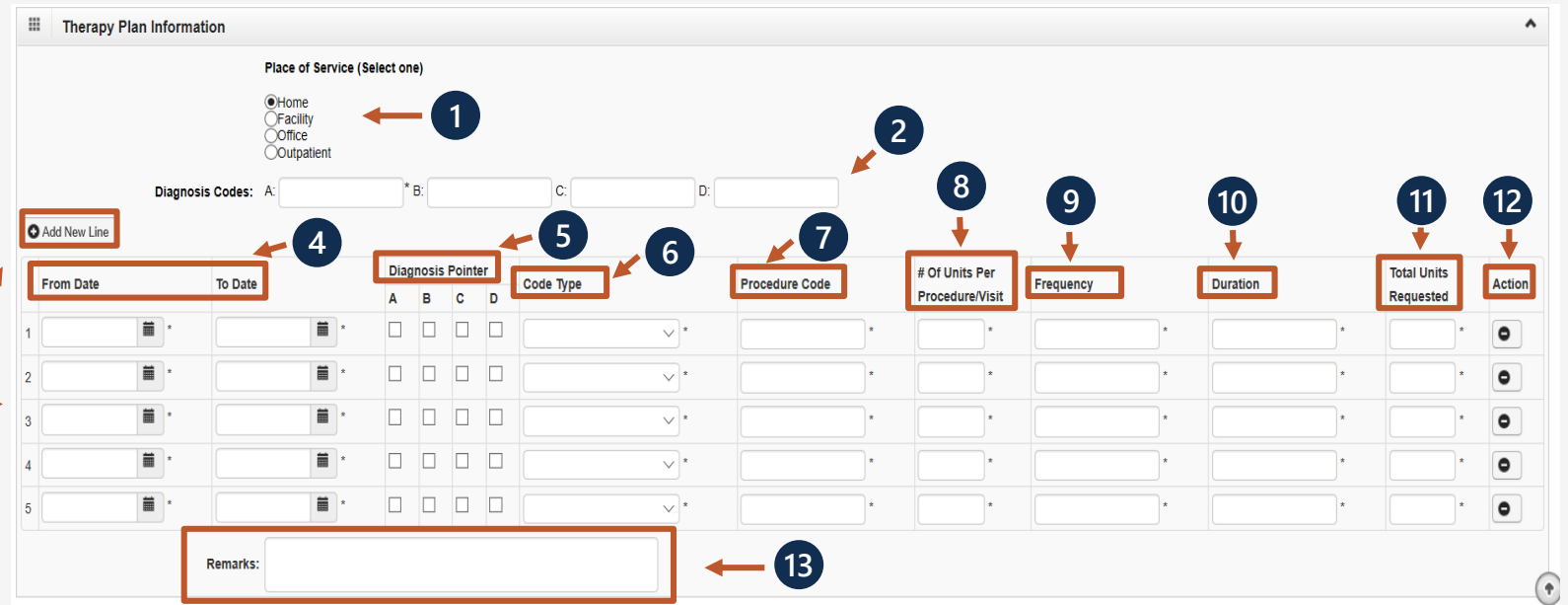
9. Enter the Frequency (How many times you will see the claimant per week).

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.



The screenshot shows a web form titled "Therapy Plan Information". At the top, there is a "Place of Service (Select one)" section with radio buttons for Home, Facility, Office, and Outpatient. Below this are four input fields for "Diagnosis Codes: A:", "B:", "C:", and "D:". A table with 5 rows and 10 columns follows. The columns are: "From Date", "To Date", "Diagnosis Pointer" (with sub-columns A, B, C, D), "Code Type", "Procedure Code", "# Of Units Per Procedure/Visit", "Frequency", "Duration", "Total Units Requested", and "Action". A "Remarks" field is located at the bottom. Numbered callouts (1-13) point to: 1. Place of Service; 2. Facility radio button; 3. Add New Line button; 4. From Date field; 5. Diagnosis Pointer header; 6. Code Type field; 7. Procedure Code field; 8. # Of Units Per Procedure/Visit field; 9. Frequency field; 10. Duration field; 11. Total Units Requested field; 12. Action column minus icon; 13. Remarks field.

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	# Of Units Per Procedure/Visit	Frequency	Duration	Total Units 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="⊖"/>

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.

The screenshot displays a user interface for saving an authorization. At the top, a field shows "Auth Request Number : 10" followed by a masked 9-digit number. Below this are four buttons: "Close", "Upload/Retrieve Attachment", "Save Authorization", and "Submit Authorization". The "Save Authorization" button is highlighted with a dashed border. Below the buttons, a red error message reads: "Errors: CPT Code is not valid in Service Line # 1". Orange arrows point from the text in the numbered steps to these elements: from step 1 to the "Save Authorization" button, from step 2 to the "Auth Request Number" field, from step 3 to the "Upload/Retrieve Attachment" button, and from step 4 to the "Submit Authorization" button.

- 4 Once the attachments are uploaded, click "Submit Authorization."

Rehab – 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.

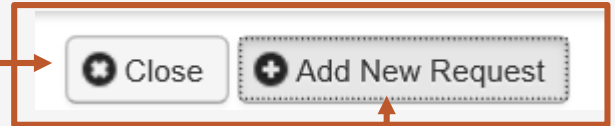
The screenshot shows a web form titled "Attachment". It contains a dropdown menu for "Document Type" with a list of options: "--SELECT--", "Invoice for Implant Service", "J-Code Prescription", "Medical Documentation", "Prescription from Physician", and "Treatment Plan". Below the dropdown is a "Filename" field with a "Browse..." button. A text box below the form states: "The acceptable file extensions for the upload are .doc, .docx, .gif, .htm, .html, .jpeg, .jpg, .tif, .tiff, .tst, .txt, .bmp, .pdf" and "Filename cannot be longer than 50 characters". At the bottom right of the form are "Ok" and "Close" buttons. Orange arrows point from the numbered instructions to these elements: from instruction 1 to the dropdown menu, from instruction 2 to the "Browse..." button, and from instruction 3 to the "Ok" button.

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

Authorization Request List

2 Click "Close" to return to portal home page.

Note: Click "Add New Request" to submit additional authorization requests.

A screenshot of the "Authorization Request List" interface. It features a filter bar at the top with "Filter By:" dropdowns, an "And" dropdown, and a "Go" button. To the right are "Clear Filter", "Save Filter", and "My Filters" buttons. Below the filter bar is a table with the following data:

	Auth Request # ▲▼	Claimant Case ID ▲▼	Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Level ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
	[Redacted]	[Redacted]	In Review	Rehabilitative Therapies	03/01/2020	03/01/2020	2	DEEOIC	Initial Request	DDE

An orange arrow points from the text "The system displays the Authorization information, which confirms your authorization was submitted." to the table.

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

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 the following authorization types from the "Authorization Type" drop-down.

- SELECT---
- Durable Medical Equipment
- General Medical
- Home Health Request
- Rehabilitative Therapies
- Transplant

Transplant – Requestor and Claimant Information

1

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

Requestor Information

Date Requested: 03/12/2020 Requested By: Marcelin, Crystal Phone Number:

2

Enter the required (*) Claimant Information .

Claimant Case ID, Date of Birth (DOB) and First/Last Name

Claimant Information

Claimant's Case ID: * Date of Birth: *
First Name: * Last Name: *
Authorized Representative: Phone Number:

Transplant – Provider Information

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.

Provider Information

Are you the Primary Surgeon?: *

OWCP Provider ID: 700031200

Tax ID (SSN/FEIN): 629110800

Name: Total Body Care

Fax Number:

3 Enter the Referring Physician name and address


Treating Physician Information

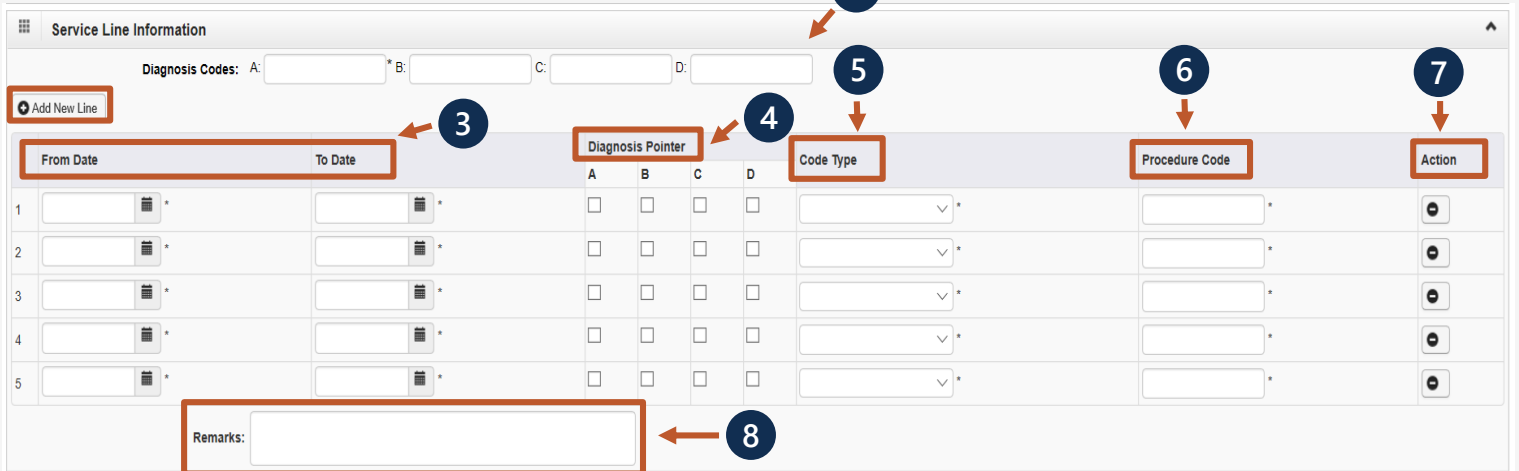
Treating Physician: *

Treating Physician 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.



The screenshot shows the 'Service Line Information' form. At the top, there are four input fields for 'Diagnosis Codes: A:', 'B:', 'C:', and 'D:'. Below this is an 'Add New Line' button. The main table has five rows, each with a 'From Date' and 'To Date' field, a 'Diagnosis Pointer' section with four checkboxes (A, B, C, D), a 'Code Type' dropdown menu, a 'Procedure Code' field, and an 'Action' column with a minus icon. At the bottom, there is a 'Remarks' text area. Numbered callouts 1 through 8 point to these specific elements: 1 points to the Diagnosis Codes fields, 2 to the 'Add New Line' button, 3 to the 'From Date' field, 4 to the 'Diagnosis Pointer' section, 5 to the 'Code Type' dropdown, 6 to the 'Procedure Code' field, 7 to the 'Action' column, and 8 to the 'Remarks' field.

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	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="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="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="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="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="button" value="⊖"/>

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.

The screenshot shows a web form titled "Transplant Information" with a grid icon in the top left and an expand/collapse arrow in the top right. The form contains six input fields, each with a red arrow pointing to a blue circle containing a number from 1 to 5. The fields are: "Transplant Facility:" (1), "Transplant Type:" (2), "Transplant Facility Address:" (3), "Transplant Facility Phone:" (4), "Organ Transplant Coordinator Name:" (5), and "Phone Number:" (5). Each field has an asterisk to its right, indicating it is a required field.

Note: All supporting documents must be attached.

Supporting Documents

All supporting documents must be attached to the request. Failure to include supporting documentation may result in a delay in processing or denial.

See instructions for required documents. Please ensure to include claimant's case ID on each page.

Required documentation:

- Letter of medical necessity from the treating physician describing the need for the transplant being requested.
- Initial and recent clinical evaluation (i.e., diagnostic studies and laboratory tests)
- A copy of the treatment protocol

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.

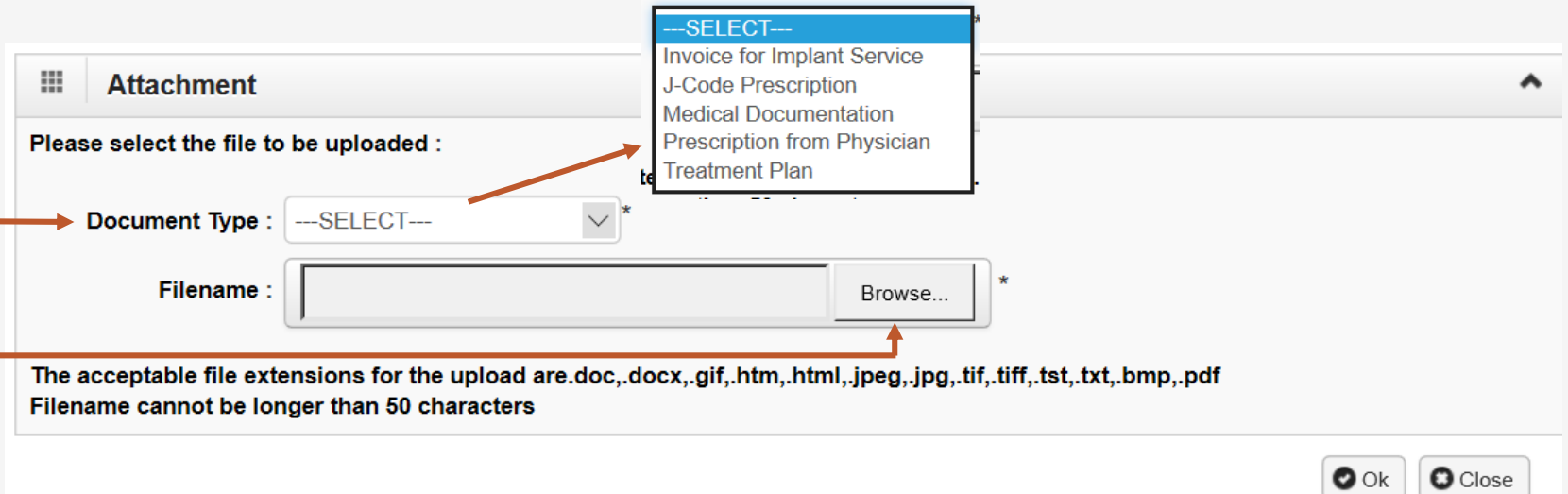
3 Supporting documents are required. Supporting documentation, it can be uploaded here.

The screenshot displays a web form interface for saving an authorization. At the top, a field labeled "Auth Request Number" contains the value "10" followed by a masked area. Below this field is a row of four buttons: "Close", "Upload/Retrieve Attachment", "Save Authorization", and "Submit Authorization". The "Save Authorization" button is highlighted with a dashed border. Below the buttons, a red error message is displayed: "Errors: CPT Code is not valid in Service Line # 1". Orange arrows point from the text instructions to the "Auth Request Number" field, the "Upload/Retrieve Attachment" button, the "Save Authorization" button, and the "Submit Authorization" button.

4 Once the attachments are uploaded, click "Submit Authorization."

Transplant – Upload Attachment

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



The screenshot shows a web form titled "Attachment". It contains a "Document Type" dropdown menu with a list of options: "--SELECT--", "Invoice for Implant Service", "J-Code Prescription", "Medical Documentation", "Prescription from Physician", and "Treatment Plan". Below the dropdown is a "Filename" text field and a "Browse..." button. At the bottom of the form, there are "Ok" and "Close" buttons. A red arrow points from the "Document Type" dropdown to the list of options. Another red arrow points from the "Browse..." button to the "Filename" field. A third red arrow points from the "Ok" button to the right side of the form.

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.

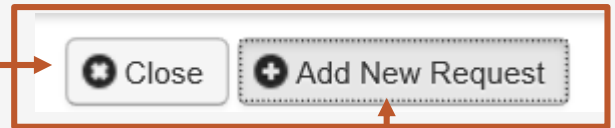
The acceptable file extensions for the upload are .doc, .docx, .gif, .htm, .html, .jpeg, .jpg, .tif, .tiff, .tst, .txt, .bmp, .pdf
Filename cannot be longer than 50 characters

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

Authorization Request List

2 Click "Close" to return to portal home page.

Note: Click "Add New Request" to submit additional authorization requests.

A screenshot of the "Authorization Request List" interface. It features a filter bar at the top with "Filter By:" dropdowns, an "And" dropdown, and a "Go" button. To the right are "Clear Filter", "Save Filter", and "My Filters" options. Below the filter bar is a table with the following data:

	Auth Request #	Claimant Case ID	Status	Auth Type	Last Updated	Submitted Date	Level	Program	Auth Request Type	Source
	[Redacted]	[Redacted]	In Review	Transplant	03/01/2020	03/01/2020	3	DEEOIC	Initial Request	DDE

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

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.

	Auth Request #	Claimant Case ID	Status	Auth Type	Last Updated	Submitted Date	Level	Program	Auth Request Type	Source
In Review				Surgical Package	03/08/2020		3	DFEC	Initial Request	DDE
In Review				Physical Therapy/Occupational Therapy	03/08/2020		2	DFEC	Initial Request	DDE
In Review				General Medical	03/08/2020		3	DFEC	Initial Request	DDE

*5-12 is covered on the next slide.

Authorization Status

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

- 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.

The screenshot shows a web interface for the 'Authorization Request List'. At the top, there are two buttons: 'Close' (highlighted with a red box and callout 12) and 'Add New Request'. Below the buttons is a header for the table. The table has 12 columns, each with a numbered callout (1-11) pointing to its header. The data rows show three authorization requests, all with a status of 'In Review' and a last updated date of '03/08/2020'. The first row is for 'Surgical Package', the second for 'Physical Therapy/Occupational Therapy', and the third for 'General Medical'. All three are at 'Level 3' under the 'DFEC' program, with an 'Auth Request Type' of 'Initial Request' and a 'Source' of 'DDE'.

1	2	3	4	5	6	7	8	9	10	11
	Auth Request #	Claimant Case ID	Status	Auth Type	Last Updated	Submitted Date	Level	Program	Auth Request Type	Source
			In Review	Surgical Package	03/08/2020		3	DFEC	Initial Request	DDE
			In Review	Physical Therapy/Occupational Therapy	03/08/2020		2	DFEC	Initial Request	DDE
			In Review	General Medical	03/08/2020		3	DFEC	Initial Request	DDE

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!

