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, such as surgery and unlisted drugs)
- **Home Health**
- **Medical Transportation**
- **Rehabilitative Therapies**
- **Transplant**
Accessing Authorizations in the WCMBP System

How It Works:

1. Log in to the WCMBP System. The default “Select a Provider ID Number” page opens.

2. Select the appropriate profile, **EXT Provider Bills Submitter**, from the drop-down list and select **Go**.

Durable Medical Equipment (DME)
Effective 06/24/2023, a separate DEEOIC DME supplies and accessories authorization is not required if:

- a rental authorization is approved for the related DME and service dates are within the rental period.
- a purchase authorization is approved for the related DME and service dates are within three (3) years of the purchase period.
Adding a New Request

1. To submit a new authorization request, select **Add New Request**.
2. From the **Program** drop-down list, select the program the claimant is enrolled under.
3. From the **Authorization Type** drop-down list, select the applicable authorization type.
Adding a New Request: DME
Requestor and Claimant Info

**Note:** The Requestor Information populates. A phone number can be added.

1. If applicable, in the **Phone Number** field, enter a phone number.
2. Enter the required (*) Claimant Information:
   - Claimant’s Case ID
   - Date of Birth
   - First Name
   - Last Name
Adding a New Request: DME
Provider Info

Note: Provider Information “OWCP Provider ID,” “Tax ID,” and “Name” auto-populates.

3. If applicable, in the Fax Number field, enter a fax number. This field is optional.

4. Select Yes or No from the Providing care for a family member? drop-down list.
   - If you select Yes, you must provide your relationship to the claimant in the corresponding field.
   - If you select No, continue to the next step.
Enter the Required Service Line Information

1. Enter up to four diagnosis (DX) codes in the Diagnosis Codes fields.
   
   **Note:** Five service lines display.

2. Select Add New Line if additional lines are needed.

3. Enter the From Date and To Date for each line.

4. Select the alpha character from the Diagnosis Pointer field that represents the DX from the Diagnosis Codes field you want to point to.
   
   **Note:** Only one is required, but you can select multiple.

5. Select the appropriate Code Type from the drop-down list.

6. Enter the applicable Procedure Code (HCPCS or CPT).

7. Enter the number of Units you are requesting.

**Note:** Steps 8 through 12 are covered on the next slide.
Enter the Required Service Line Information

8. Select from the **Rent or Purchase Modifier** drop-down list to identify the DME as a rental or a new or used purchase.

9. Enter the **Cost**.
   - **Note:** If for a rental, enter the total cost of the rental for the date range listed.

10. Enter the **Duration** (for example: 2 months).
    - **Note:** Required for rentals.

11. To remove a service line, under the **Action** column select the minus (-) icon.

12. Enter any additional notes or remarks in the **Remarks** field.

**Note:** Steps 1 through 7 are covered on the previous slide.
Adding a New Request: DME
Saving the Authorization

13. Once all information is entered, scroll back to the top of the page and select **Save Authorization**.

   **Note:** If any information entered is invalid or missing, an error message populates below the Close through Submit Authorization buttons (errors may vary). *All errors must be corrected and saved.*

   **Note:** Your 9-digit authorization number populates in the **Auth Request Number** field.

   **Note:** DME authorizations require a prescription from the attending physician and a treatment plan, which can be uploaded (supporting documentation).

14. Select **Upload/Retriece Attachment** to upload supporting documentation. Refer to the next slide for further instruction on how to upload and save attachments.

   **Important!** Authorizations cannot be submitted without an attachment.

15. Once all attachments are uploaded, select **Submit Authorization**.

   ![Authorization Interface](image)
Adding a New Request: DME
Uploading a Document

1. Select the **Document Type** you want to upload from the drop-down list.
2. Select **Browse**. The system displays the Open window.
3. Locate and select the file from your local drive that you want to upload, then select **Open**. The system updates the Filename field.
   **Note:** The guidelines for the attached document are present.
4. Once the attachment is uploaded, select **Ok** to return to the previous page to submit the authorization.
1. Select **Close** to return to the portal home page.

2. Select **Add New Request** to submit additional authorization requests.

**Note:** The system displays the Authorization information, which confirms your authorization was submitted.
Adding a New Request: General Medical

1. To submit a new authorization request, select **Add New Request**.
2. From the **Program** drop-down list, select the program the claimant is enrolled under.
3. From the **Authorization Type** drop-down list, select the applicable authorization type.
Adding a New Request: General Medical
Requestor and Claimant Info

**Note:** The Requestor Information populates. A phone number can be added.

1. If applicable, in the **Phone Number** field, enter a phone number.
2. Enter the required (*) Claimant Information:
   - Claimant’s Case ID
   - Date of Birth
   - First Name
   - Last Name
Adding a New Request: General Medical Provider Info

**Note:** Provider Information “OWCP Provider ID,” “Tax ID,” and “Name” auto-populates.

3. If applicable, in the **Fax Number** field, enter a fax number. This field is optional.

4. Select Yes or No from the **Providing care for a family member?** drop-down list.
   - If you select Yes, you must provide your relationship to the claimant in the corresponding field.
   - If you select No, continue to the next step.
Enter the Required Service Line Information

1. Enter up to four diagnosis (DX) codes in the **Diagnosis Codes** fields.
2. Select **Yes** or **No** from the **Is this an implant?** dropdown list.
   - If yes, enter the cost of the implant in the corresponding field.
   - If no, continue to the next step.
   **Note:** An invoice is required for implant service.
3. Select the **Place of Service** where services are rendered.
   - Ambulatory Surgery Center
   - Home
   - Office
   - Outpatient
   **Note:** Five service lines display.
4. Select **Add New Line**, if additional lines are needed.
5. Enter the **From Date** and **To Date** for each line.
   **Note:** Steps 6 through 13 are covered on the next slide.
Enter the Required Service Line Information

6. Select the alpha character from the **Diagnosis Pointer** field 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 list.

8. Enter the revenue code or procedure code in the **Revenue Code/NDC** field.
   
   **Note:** Select the Revenue Code for Inpatient Room and Board Service or Outpatient Facility Services.

9. Enter the **Procedure Code** modifier.

10. Enter a body part **Modifier** (RT, LT, or 50).
    
    **Note:** If the body part does not have a side, select 50.

11. Enter the number of **Units/Days Requested**.

12. To remove a service line, under the **Action** column select the minus (-) icon.

13. Enter any additional notes or remarks in the **Remarks** field.

   **Note:** Steps 1 through 5 are covered on the previous slide.
14. Once all information is entered, scroll back to the top of the page and select **Save Authorization**.

**Note:** If any information entered is invalid or missing, an error message populates below the Close through Submit Authorization buttons (errors may vary). *All errors must be corrected and saved.*

**Note:** Your 9-digit authorization number populates in the **Auth Request Number** field.

**Note:** Supporting documentation can be uploaded. General Medical authorizations documents supporting the need for the service as it relates to the accepted conditions, such as LMN, medical records, treatment plan, and so on. Refer to the next slide for further instruction on how to upload and save attachments.

15. Select **Upload/Retrieve Attachment** to upload supporting documentation. Refer to the next slide for further instruction on how to upload and save attachments.

**Important!** Authorizations cannot be submitted without an attachment.

16. Once all attachments are uploaded, select **Submit Authorization**.
Adding a New Request: General Medical
Uploading a Document

1. Select the **Document Type** you want to upload from the drop-down list.
2. Select **Browse**. The system displays the Open window.
3. Locate and select the file from your local drive that you want to upload, then select **Open**. The system updates the Filename field.
   
   **Note:** The guidelines for the attached document are present.

4. Once the attachment is uploaded, select **Ok** to return to the previous page to submit the authorization.
Adding a New Request: General Medical
Viewing Authorization Information

1. Select **Close** to return to the portal home page.

2. Select **Add New Request** to submit additional authorization requests.

**Note:** The system displays the Authorization information, which confirms your authorization was submitted.
Home Health
1. To submit a new authorization request, select **Add New Request**.

2. From the **Program** drop-down list, select the program the claimant is enrolled under.

3. From the **Authorization Type** drop-down list, select the applicable authorization type.
1. Select the applicable option:
   - 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

2. For an initial request, enter the required (*) Requestor Information.

3. Enter the required (*) Claimant Information: Claimant’s Case ID, Date of Birth, First Name, and Last Name.
Adding a New Request: Home Health
Provider Info

**Note:** Provider information “OWCP Provider ID,” “Tax ID,” and “Name” auto-populates.

4. If applicable, enter **Fax Number**. This field is optional.

5. Select the **Providing care for a family member?** drop-down list to state whether you are providing care for a family member.
   - If you selected Yes, provide your relationship to the claimant in the corresponding field.
   - If you selected No, continue to the next step.
Enter the Required Service Line Information

1. Select the **Service Type** from the drop-down list.
2. Enter up to four diagnosis (DX) codes in the **Diagnosis Codes** fields.
   **Note:** Five service lines display.
3. Select **Add New Line** if additional lines are needed.
4. Enter the **From Date** and **To Date** for each line.
5. Select the alpha character from the **Diagnosis Pointer** field that represents the DX from the Diagnosis Codes field you want to point to.
   **Note:** You can select multiple, but one is required.
6. Enter the applicable **Procedure Code** (HCPCS or CPT).
   **Note:** Steps 7 through 11 are covered on the next slide.
Enter the Required Service Line Information

7. Enter the **Frequency** (number of times per week you will see the claimant).

8. Enter the **Duration** ((number of weeks you will see the claimant).

9. Enter the **Total Units Requested** (Frequency x Duration = Total Units Requested).

10. To remove a service line, under the **Action** column select the minus (-) icon.

11. Enter any additional notes or remarks in the **Remarks** field.

**Note:** Steps 1 through 6 are covered on the previous slide.
Adding a New Request: Home Health

Saving the Authorization

12. Once all information is entered, scroll back to the top of the page and select **Save Authorization**.

   **Note:** If any information entered is invalid or missing, an error message populates below the Close through Submit Authorization buttons (errors may vary). **All errors must be corrected and saved.**

   **Note:** Your 9-digit authorization number populates in the **Auth Request Number** field.

13. Select **Upload/Retrieve Attachment** to upload supporting documentation. Refer to the next slide for further instruction on how to upload and save attachments.

   **Note:** Supporting documentation can be uploaded. Home Health authorizations need an LMN, evidence of face-to-face exam, plan of care, and documents supporting the need of care is related to accepted conditions.

   **Important!** Authorizations cannot be submitted without an attachment.

14. Once all attachments are uploaded, select **Submit Authorization**.
1. Select the **Document Type** you want to upload from the drop-down list.

2. Select **Browse**. The system displays the Open window.

3. Locate and select the file from your local drive that you want to upload, then select **Open**. The system updates the Filename field.

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

4. Once the attachment is uploaded, select **Ok** to return to the previous page to submit the authorization.
Adding a New Request: Home Health

Viewing Authorization Information

1. Select **Close** to return to the portal home page.

2. Select **Add New Request** to submit additional authorization requests.

**Note:** The system displays the Authorization information, which confirms your authorization was submitted.

<table>
<thead>
<tr>
<th>Auth Request #</th>
<th>Claimant Case ID</th>
<th>Status</th>
<th>Auth Type</th>
<th>Last Updated</th>
<th>Submitted Date</th>
<th>Level</th>
<th>Program</th>
<th>Auth Request Type</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>In Review</td>
<td>Home Health</td>
<td>03/01/2020</td>
<td>03/01/2020</td>
<td>2</td>
<td>DEEOC</td>
<td>Initial Request</td>
<td>DDE</td>
</tr>
</tbody>
</table>
Medical Transportation
Adding a New Request: Medical Transportation

1. To submit a new authorization request, select **Add New Request**.
2. From the **Program** drop-down list, select the program the claimant is enrolled under.
3. From the **Authorization Type** drop-down list, select the applicable authorization type.
Adding a New Request: Medical Transportation
Requestor and Claimant Info

**Note:** The Requestor Information populates. A phone number can be added.

1. If applicable, in the **Phone Number** field, enter a phone number.
2. Enter the required (*) Claimant Information:
   - Claimant’s Case ID
   - Date of Birth
   - First Name
   - Last Name
Adding a New Request: Medical Transportation
Provider Info

Note: Provider Information “OWCP Provider ID,” “Tax ID,” and “Name” auto-populates.

3. If applicable, in the Fax Number field, enter a fax number. This field is optional.

4. Select Yes or No from the Providing care for a family member? drop-down list.
   - If you select Yes, you must provide your relationship to the claimant in the corresponding field.
   - If you select No, continue to the next step.
Enter the Required Service Line Information

1. Select where the transportation begins from the **Transportation From** drop-down list.
2. Select the transportation destination from the **Transportation To** drop-down list.
   - **Note:** Five service lines display.
3. Select **Add New Line** if additional lines are needed.
4. Enter the **From Date** and **To Date** for each line.
5. Select the **Transportation Code**.
   - **Note:** You can select multiple, but one is required.
6. Enter the **Estimated Total Charge**.
7. To remove a service line, under the **Action** column select the minus (-) icon.
8. Enter any additional notes or remarks in the **Remarks** field.
Adding a New Request: Medical Transportation
Saving the Authorization

9. Once all information is entered, scroll back to the top of the page and select **Save Authorization**.
   **Note:** If any information entered is invalid or missing, an error message populates below the Close-Submit Authorization buttons (errors may vary). **All errors must be corrected and saved.**
   **Note:** Your 9-digit authorization number populates in the **Auth Request Number** field.

10. Select **Upload/Retrieve Attachment** to upload supporting documentation. Refer to the next slide for further instruction on how to upload and save attachments.

11. Once all attachments are uploaded, select **Submit Authorization**.
Adding a New Request: Medical Transportation
Uploading a Document

1. Select the **Document Type** you want to upload from the drop-down list.
2. Select **Browse**. The system displays the Open window.
3. Locate and select the file from your local drive that you want to upload, then select **Open**. The system updates the Filename field.
   **Note:** The guidelines for the attached document are present.
4. Once the attachment is uploaded, select **Ok** to return to the previous page to submit the authorization.
Adding a New Request: Medical Transportation

Viewing Authorization Information

1. Select Close to return to the portal home page.

2. Select Add New Request to submit additional authorization requests.

**Note:** The system displays the Authorization information, which confirms your authorization was submitted.
Rehabilitative Therapies
1. To submit a new authorization request, select **Add New Request**.

2. From the **Program** drop-down list, select the program the claimant is enrolled under.

3. From the **Authorization Type** drop-down list, select the applicable authorization type.
1. Select the applicable option:
   - 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

2. For an initial request, enter the required (*) Requestor Information.

3. Enter the required (*) Claimant Information: Claimant’s Case ID, Date of Birth, First Name, and Last Name.
**Adding a New Request: Rehabilitative Therapies**

**Provider Info**

**Note:** Provider Information “OWCP Provider ID,” “Tax ID,” and “Name” auto-populates.

4. If applicable, in the **Fax Number** field, enter a fax number. This field is optional.

5. Select Yes or No from the **Providing care for a family member?** drop-down list.
   - If you select Yes, you must provide your relationship to the claimant in the corresponding field.
   - If you select No, continue to the next step.
Rehabilitative Therapies: Service Line Information

Enter the Required Service Line Information

1. Select the Place of Service where services are rendered.
   - Ambulatory Surgery Center
   - Home
   - Office
   - Outpatient
2. Enter up to four diagnosis (DX) codes in the Diagnosis Codes fields.

Note: Five service lines display.

3. Select Add New Line, if additional lines are needed.
4. Enter the From Date and To Date for each line.
5. Select the alpha character from the Diagnosis Pointer field that represents the DX from the Diagnosis Codes field that you want to point to.

Note: You can select multiple, but one is required.

Note: Steps 6 through 13 are covered on the next slide.
Enter the Required Service Line Information

6. Select the **Code Type** from the drop-down list.
7. Enter the **Procedure Code** (HCPCS or CPT).
8. Enter the [number of] # Of Units Per Procedure/Visit (1 unit = 15 minutes).
9. Enter the **Frequency** (number of times per week you will see the claimant).
10. Enter **Duration** (number of weeks you will see the claimant).
11. Enter the **Total Units Requested** (Frequency x Duration = Total Units Requested).
12. To remove a service line, under the **Action** column select the minus (-) icon.
13. Enter any additional notes or remarks in the **Remarks** field.

**Note:** Steps 1 through 5 are covered on the previous slide.
14. Once all information is entered, scroll back to the top of the page and select **Save Authorization**.

   **Note:** If any information entered is invalid or missing, an error message populates below the Close through Submit Authorization buttons (errors may vary). **All errors must be corrected and saved.**

   **Note:** Your 9-digit authorization number populates in the **Auth Request Number** field.

15. Select **Upload/Retrieve Attachment** to upload supporting documentation. Refer to the next slide for further instruction on how to upload and save attachments.

   **Note:** Supporting documentation can be uploaded. Rehab authorizations require a therapy evaluation, an LMN, evidence of face-to-face exam, and documents supporting the need of therapy is related to accepted conditions.

   **Important!** Authorizations cannot be submitted without an attachment.

16. Once all attachments are uploaded, select **Submit Authorization**.
Adding a New Request: Rehabilitative Therapies
Uploading a Document

1. Select the **Document Type** you want to upload from the drop-down list.
2. Select **Browse**. The system displays the Open window.
3. Locate and select the file from your local drive that you want to upload, then select **Open**. The system updates the Filename field.
   
   **Note:** The guidelines for the attached document are present.
4. Once the attachment is uploaded, select **Ok** to return to the previous page to submit the authorization.
Adding a New Request: Rehabilitative Therapies

Viewing Authorization Information

1. Select **Close** to return to the portal home page.

2. Select **Add New Request** to submit additional authorization requests.

**Note:** The system displays the Authorization information, which confirms your authorization was submitted.
Transplant
1. To submit a new authorization request, select **Add New Request**.
2. From the **Program** drop-down list, select the program the claimant is enrolled under.
3. From the **Authorization Type** drop-down list, select the applicable authorization type.
Adding a New Request: Transplant
Requestor and Claimant Info

**Note:** The Requestor Information populates. A phone number can be added.

1. If applicable, in the **Phone Number** field, enter a phone number.

2. Enter the required (*) Claimant Information:
   - Claimant’s Case ID
   - Date of Birth
   - First Name
   - Last Name
Adding a New Request: Transplant
Provider Info

**Note:** Provider Information “OWCP Provider ID,” “Tax ID,” and “Name” auto-populates.

1. Enter the **Treating Physician**’s full name.
2. Enter the **Treating Physician Address**.
Transplant: Service Line Information

Enter the Required Service Line Information

1. Enter up to four diagnosis (DX) codes in the Diagnosis Codes fields.
   **Note:** Five service lines display.

2. Select Add New Line, if additional lines are needed.

3. Enter the From Date and To Date for each line.
   **Note:** Steps 4 through 8 are covered on the next slide.
Enter the Required Service Line Information

4. Select the alpha character from the **Diagnosis Pointer** field that represents the DX from the Diagnosis Codes field that you want to point to.
   
   **Note:** You can select multiple, but one (1) is required.

5. Select the **Code Type** from the drop-down list.

6. Enter the applicable **Procedure Code** (HCPCS or CPT).

7. To remove a service line, under the **Action** column select the minus (-) icon.

8. Enter any additional notes or remarks in the **Remarks** field.

**Note:** Steps 1 through 3 are covered on the previous slide.
Adding a New Request: Transplant
Transplant Info and Supporting Documents

1. Enter the **Transplant Facility** name.
2. Enter the **Transplant Type**.
3. Enter the **Transplant Facility Address**.
4. Enter **Transplant Facility Phone** number.
5. In the **Organ Transplant Coordinator Name** field, enter name of person coordinating the organ transplant.
6. Enter coordinator’s **Phone Number**.

**Note:** All supporting documents must be attached.
7. Once all information is entered, scroll back to the top of the page and select **Save Authorization**.  
   **Note:** If any information entered is invalid or missing, an error message populates below the Close through Submit Authorization buttons (errors may vary). *All errors must be corrected and saved.*  
   **Note:** Your 9-digit authorization number populates in the **Auth Request Number** field.

8. Select **Upload/Retrieve Attachment** to upload supporting documentation. Refer to the next slide for further instruction on how to upload and save attachments.  
   **Important!** Authorizations cannot be submitted without an attachment.

9. Once all attachments are uploaded, select **Submit Authorization**.
Adding a New Request: Transplant
Uploading a Document

1. Select the **Document Type** you want to upload from the drop-down list.
2. Select **Browse**. The system displays the Open window.
3. Locate and select the file from your local drive that you want to upload, then select **Open**. The system updates the Filename field.
   
   **Note:** The guidelines for the attached document are present.
4. Once the attachment is uploaded, select **Ok** to return to the previous page to submit the authorization.
1. Select **Close** to return to the portal home page.

2. Select **Add New Request** to submit additional authorization requests.

**Note:** The system displays the Authorization information, which confirms your authorization was submitted.
Checking Authorization Status & Quick Tips
Checking Authorization Status

1. Select the notepad and pencil icon to open the dialogue box to show authorization details.

   Once you submit your authorization request, the status of your authorization populates under the Authorization Request List, including the following information:

   - **Auth Request #**: Authorization Request Number
   - **Claimant Case ID**: Claimant Case ID Number
   - **Status**: Authorization Status
     - *Entering*: Started authorization, but did not submit
     - *In Review*: Authorization submitted
     - *Processed – Awaiting Decision*: Authorization is in review by DOL
     - *Approved*: Authorization was approved
     - *Denied*: Authorization was not approved
     - *Cancelled*: Services are no longer needed
     - *Pending Further Development*: Additional information is needed, or medical development is required before a determination can be made

   **Note**: Step 2 and the remaining fields under Authorization Request List are covered on the next slide.
Checking Authorization Status
Continued

Once you submit your authorization request, the status of your authorization populates under the Authorization Request List, including the following information:

- **Auth Type**: Authorization Type
- **Last Updated**: Last Time the Authorization was Updated
- **Submitted Date**: Date the Authorization was Submitted
- **Level**: Authorization Level
- **Program**: OWCP Program the Claimant is Under
- **Auth Request Type**: Authorization Request Type
- **Source**: How the Authorization was Submitted

2. Select **Close** to return to the portal home page.

**Note:** Step 1 and the previous fields under Authorization Request List are covered on the previous slide.

**Note:** To view status of DEEOIC Home Health Requests, use filter by Authorization Type and search for Home Health Requests.
Authorization Quick Tips:

- Check Claimant Eligibility to see if an authorization is required.
- Submit an authorization before submitting a bill.
  - Check the authorization status.
  - Submit a bill once the authorization is in an “approved” status.
- Authorization does not guarantee payment.
- Allow two (2) business days for Authorization Process. If authorization is a Level three (3) or emergency, it takes one (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!