

Submitting New Authorizations Requests Online for Energy Program Claimants Division of Energy Employees' Occupational Illness Compensation (DEEOIC) Program



Introduction

Providers render services to claimants related to their accepted conditions. Some services must be pre-authorized before payment can be made. This tutorial includes step-by-step instructions for providers to add new authorization requests for the authorization types listed below (select any link to skip to that section):

- [Durable Medical Equipment \(DME\)](#)
- [General Medical](#) (certain medical services, such as surgery and unlisted drugs)
- [Home Health](#)
- [Medical Transportation](#)
- [Rehabilitative Therapies](#)
- [Transplant](#)

Printable Workers' Compensation Medical Bill Process (WCMBP) authorization forms can be downloaded on the [OWCP Portal](#).



Accessing DEEOIC Authorizations in the WCMBP System (1 of 2)

How It Works:

1. Go to the [Medical Bill Processing Portal](https://owcpmed.dol.gov) (<https://owcpmed.dol.gov>) and select **Provider Login**.
2. In the **Existing User** section, log in to OWCP Connect with the email address used for OWCP Connect registration, with email address and password.

1

Providers:

[Provider Enrollment >](#)

[Provider Login >](#)

[OWCP WCMBP Provider Manual >](#)

[Upcoming Webinars >](#)

[Interested in treating OWCP workers >](#)

2

Existing User

Login Using Email Address:

LOGIN

Forgot password?

PASSWORD RESET

Change Email?

CHANGE EMAIL

Accessing DEEOIC Authorizations in the WCMBP System (2 of 2)

3. Enter the password created during OWCP Connect registration, then select **Submit**.
4. Answer the **Security Questions** created during OWCP Connect registration and select **Submit**.

Login

We do not recognize this device, please answer the security question or enter the verification code.
Please enter the information requested.

Security Questions
What is your maternal grandmother's name?

OR
Click [here](#) to receive a verification code via email.


Remember this device?
☐ Yes (The system will remember this device, you can skip this step next time you login from it.)
☒ No

SUBMIT

4

Login

Welcome **Converted Provider1**. Please verify your security image and enter password.

Security Image


Key Phrase
tree

Password *

* Required Field

SUBMIT

3

Durable Medical Equipment (DME)



Durable Medical Equipment Authorization - Note

A separate DEEOIC Durable Medical Equipment (DME) supplies and accessories authorization is not required for the procedure codes in this table for the following conditions:

- A rental authorization is approved and on file for the related DME, and the service dates are within the rental period.
- A purchase authorization is approved and on file for the related DME, and service dates are within three years of the purchase period.

Providers do not need to submit a correction to an existing DME authorization for the associated supplies or accessories if an approved authorization is on file.

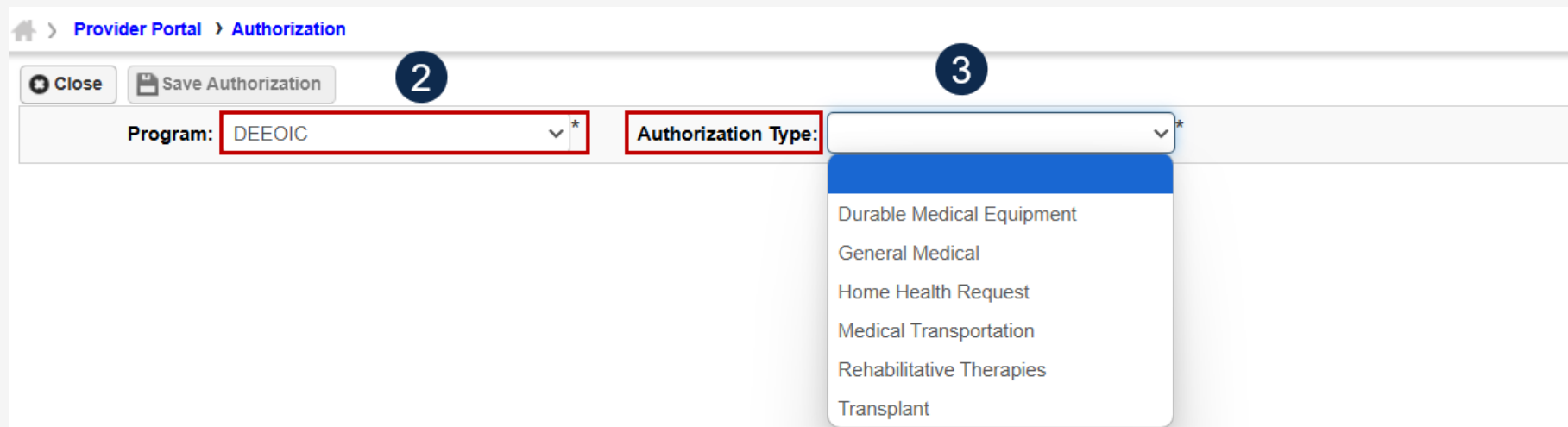
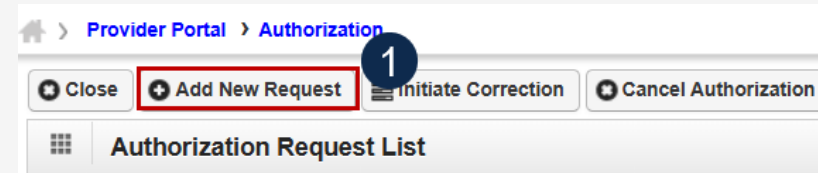
| HCPSC Code | Description | Associated DME Codes |
|------------|---|----------------------|
| A4615 | Cannula, nasal | E1390, E1391, E1392 |
| A4616 | Tubing (oxygen), per foot | E1390, E1391, E1392 |
| A4620 | Variable concentration mask | E1390, E1391, E1392 |
| E0441 | Stationary oxygen contents, gaseous, one month's supply = 1 unit | E0424, E0425 |
| E0442 | Stationary oxygen contents, liquid, one month's supply= 1 unit | E0440 |
| E0443 | Portable oxygen contents, gaseous, one month's supply= 1 unit | E0430, E0431 |
| E0444 | Portable oxygen contents, liquid, one month's supply= 1 unit | E0434, E0435 |
| E0555 | Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter | E1390, E1391, E1392 |
| E1353 | Regulator | E1390, E1391, E1392 |

Adding a New Durable Medical Equipment Authorization Request

To begin adding a new DME authorization request:

1. Select **Add New Request**.
2. From the **Program** drop-down list, select **DEEOIC**.
3. From the **Authorization Type** drop-down list, select **Durable Medical Equipment**.

Note: After selecting the Program and Authorization Type, the **Authorization** page will display.



Adding a New Durable Medical Equipment Authorization Request Requestor and Claimant Information

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

1. If applicable enter a phone number in the **Phone Number** field of the **Requestor Information** section. This field is optional.
2. In the **Claimant Information** section, enter the required claimant information as denoted by an asterisk (*):
 - If the **Claimant's Case ID** is associated with the Program, the system will auto-populate the claimant information.
 - If the **Claimant's Case ID** is not associated with the Program, the system will display the alert "Claimant is not associated with the program." Select **OK** to close the window and enter a valid claimant case ID.

Note: New authorization requests cannot be submitted without a valid claimant case ID.

The screenshot displays a web form for adding a new Durable Medical Equipment Authorization Request. It is divided into two main sections: 'Requestor Information' and 'Claimant Information'. The 'Requestor Information' section includes fields for 'Date Requested' (03/12/2020), 'Requested By' (a blurred name), and 'Phone Number' (an empty field). A blue circle with the number '1' is placed next to the 'Phone Number' field. The 'Claimant Information' section includes fields for 'Claimant's Case ID', 'Date of Birth', 'First Name', and 'Last Name'. All four fields in this section are marked with an asterisk (*) to indicate they are required. A blue circle with the number '2' is placed next to the 'Claimant's Case ID' field. Red rectangular boxes highlight the 'Phone Number' field and the four required claimant fields.

Adding a New Durable Medical Equipment Authorization Request

Provider Information

Note: Provider Information—OWCP Provider ID, Tax ID (SSN/FEIN), Provider Name, and OWCP National Provider Identifier—auto-populates based on the provider profile of the user logged in.

3. 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 Yes, providers must enter their relationship to the claimant in the corresponding field before continuing to the next step.
 - If No, continue to the next step.

The screenshot shows a web form titled "Provider Information". It contains several input fields: "OWCP Provider ID", "Tax ID (SSN/FEIN)", "Provider Name", "Fax Number", "OWCP National Provider Identifier", and a dropdown menu for "Providing care for a family member?". A red box highlights the dropdown menu and the "If Yes, please provide relationship to the claimant:" field. A blue circle with the number "3" is placed over the "Fax Number" field, and a blue circle with the number "4" is placed over the dropdown menu.

Provider Information

OWCP Provider ID: 3

Tax ID (SSN/FEIN):

Provider Name:

Fax Number:

Providing care for a family member?: * 4

If Yes, please provide relationship to the claimant:

OWCP National Provider Identifier:

Accessing DEEOIC Authorizations in the WCMBP System (1 of 3)

After logging in:

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

Select the **EXT Provider Bills Submitter** profile from the drop-down list and select **Go** to proceed to the Provider Portal home page.

On the Provider Portal home page, select **On-line Authorization Submission** from the Authorization drop-down list.

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 Durable Medical Equipment Authorization Request

Service Line Information (2 of 3)

Enter the Required Service Line Information

1. Enter up to four diagnosis (DX) codes in the **Diagnosis Codes** fields.
Note: Five service lines display below.
2. Select **Add New Line** If additional lines are needed.
3. Enter the **From Date** and **To Date** for the time period of the authorization being requested, in each service line being completed.
4. Select the alpha character from the **Diagnosis Pointer** field that represents the DX from the **Diagnosis Codes** field that corresponds to the Procedure Code.
Note: Only one diagnosis pointer is required, but providers may select multiple.
5. Select the appropriate **Code Type** from the drop-down list (BLANKET is for internal use only).
6. Enter the applicable **Procedure Code** (HCPCS, CPT, or CDT).
7. Enter the number of **Units** for the authorization being requested.

The screenshot shows the 'Service Line Information' form. At the top, there are four 'Diagnosis Codes' fields (A, B, C, D) labeled with a blue circle 1. Below them is an 'Add New Line' button labeled with a blue circle 2. The main table has columns for 'From Date' (labeled 3), 'To Date' (labeled 4), 'Diagnosis Pointer' (labeled 4), 'Code Type' (labeled 5), 'Procedure Code' (labeled 6), 'Units' (labeled 7), 'Rental or Purchase Modifier' (labeled 8), 'Cost' (labeled 9), 'Duration' (labeled 10), and 'Action' (labeled 11). The table contains five rows. At the bottom, there is a 'Remarks' field labeled with a blue circle 12.

Note: Steps 8 through 12 are covered on the next slide.

Adding a New Durable Medical Equipment Authorization Request Service Line Information (3 of 3)

Enter the Required Service Line Information

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

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** by calculating the length of time beginning on the **From Date** through the **To Date** (for example, two months).

Note: This is 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.

The screenshot shows the 'Service Line Information' form. It includes a table with columns for 'From Date', 'To Date', 'Diagnosis Pointer' (A, B, C, D), 'Code Type', 'Procedure Code', 'Units', 'Rental or Purchase Modifier', 'Cost', 'Duration', and 'Action'. A table with 5 rows is visible. Below the table is a 'Remarks' field. Numbered callouts point to various fields: 1 points to the 'Diagnosis Codes' header; 2 points to the 'Add New Line' button; 3 points to the 'From Date' field; 4 points to the 'Diagnosis Pointer' header; 5 points to the 'Code Type' field; 6 points to the 'Procedure Code' field; 7 points to the 'Units' field; 8 points to the 'Rental or Purchase Modifier' field; 9 points to the 'Cost' field; 10 points to the 'Duration' field; 11 points to the 'Action' column; and 12 points to the 'Remarks' field.

Note: Steps 1 through 7 are covered on the previous slide.

Adding a New Durable Medical Equipment Authorization Request

Saving the Authorization

1. Once the provider enters the information, scroll back and select **Save Authorization**.

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

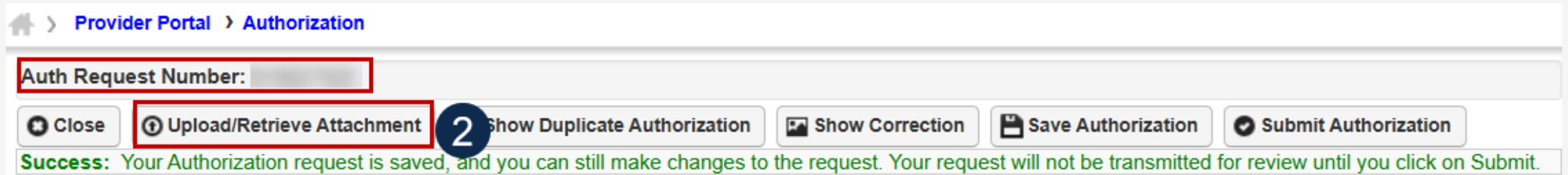
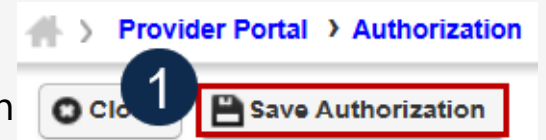
Note: The nine-digit authorization number auto-populates in the **Auth Request Number** field.

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

2. To upload supporting documentation, select **Upload/Retrieve Attachment**.

Note: Refer to the next slide for further instruction on how to upload and save attachments.

Important! Authorizations cannot be submitted without an attachment of supporting documentation.



Adding a New Durable Medical Equipment Authorization Request

Uploading a Document

1. Select the document type to be uploaded from the **Document Type** drop-down list.
2. Select **Choose File** from the **Filename** field. Locate and select the file to upload from the local drive, then select **Open**. The system updates the **Filename** field.

Note: Only files with extensions of .tif, .tiff, or .pdf are accepted. The filename cannot be longer than 50 characters.

3. Select **OK**. The **Image ID** (attachment) will display in the **Attachment List** section at the bottom of the window.
4. Once all attachments are uploaded, select **Close** to return to the previous page to submit the authorization.

Auth Request Number:

Attachment

Please select the file to be uploaded

Document Type :

Filename : Test pdf.pdf

Please be sure the supporting documentation/attachments is for the treated claimant ONLY.
Please do not upload supporting documentation/attachments for any other claimant as this could potentially cause a denial of your authorization or an unintended disclosure of protected health information (PHI).

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

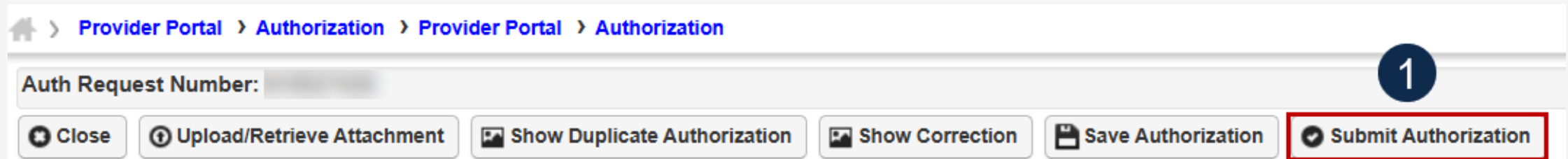
Attachment List

| <input type="checkbox"/> | Image ID | Image Title | Document Type | Created By | Created Date | Auth Request Number |
|--------------------------|--------------|--------------|---------------------------|------------|---------------------|---------------------|
| <input type="checkbox"/> | ATT723999075 | Test pdf.pdf | Auth Supporting Documents | | 03-26-2025 14:52:47 | |

View Page: Viewing Page: 1

Submitting the Durable Medical Equipment Authorization Request

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



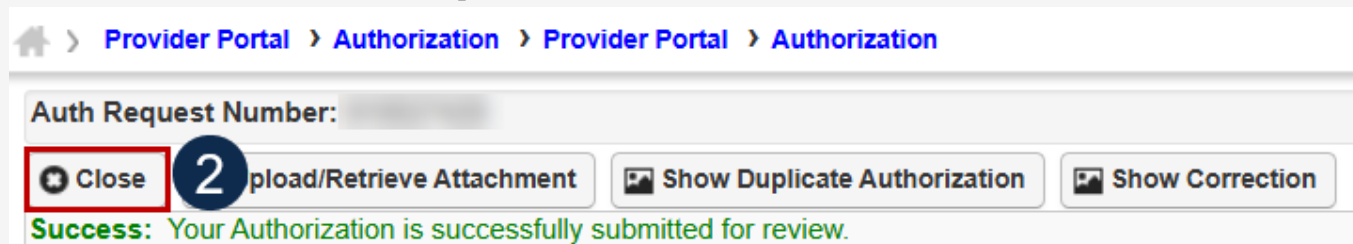
Provider Portal > Authorization > Provider Portal > Authorization

Auth Request Number: [blurred]

Close Upload/Retrieve Attachment Show Duplicate Authorization Show Correction Save Authorization **Submit Authorization**

Note: After selecting **Submit Authorization** the system confirms the authorization is successfully submitted for review and determines the Authorization Level. There are five different statuses that could appear in the **Header Status** field: In Review, Processed Awaiting Decision, Cancelled, and Approved.

2. To display the **Authorization Request List**, select **Close**.



Provider Portal > Authorization > Provider Portal > Authorization

Auth Request Number: [blurred]

Close Upload/Retrieve Attachment Show Duplicate Authorization Show Correction

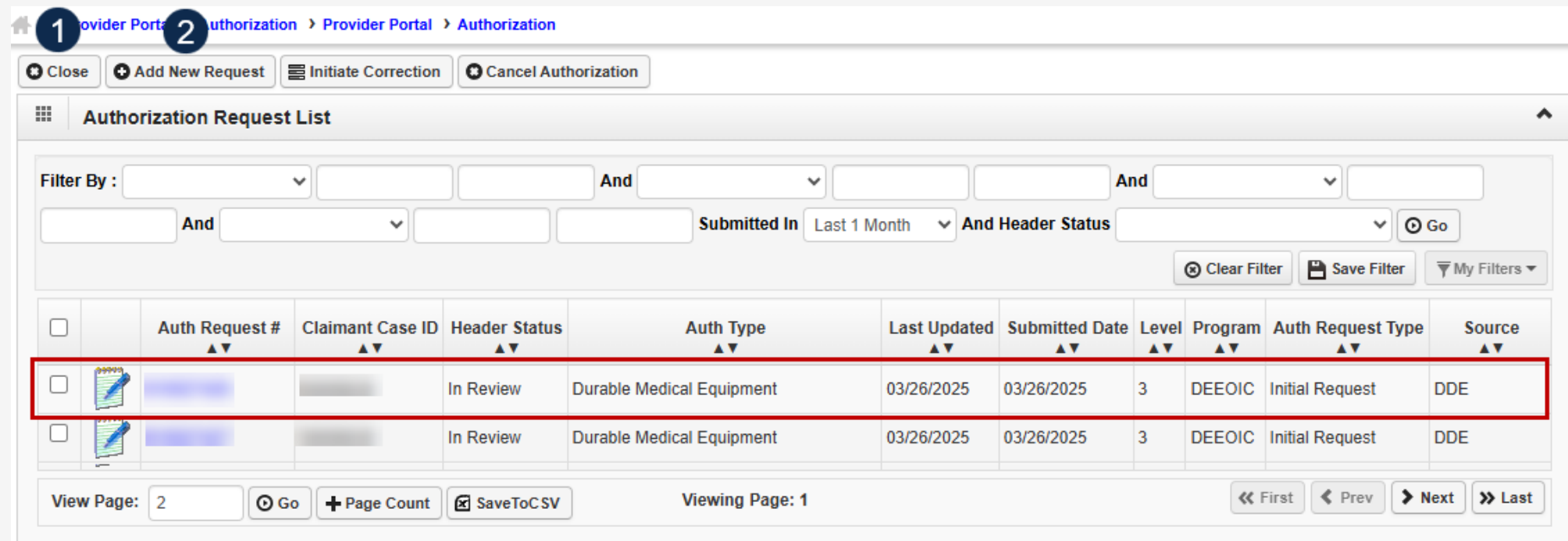
Success: Your Authorization is successfully submitted for review.

Adding a New Durable Medical Equipment Authorization Request

Viewing Authorization Information

Note: The system displays submitted authorization requests in the **Authorization Request List** section. Submitted authorization requests will begin in the **Header Status** of "In Review."

1. To return to the Provider Portal home page, select **Close**.
2. To submit additional authorization requests, select **Add New Request**.



1 Provider Portal > 2 Authorization > Provider Portal > Authorization

Close Add New Request Initiate Correction Cancel Authorization

Authorization Request List

Filter By : [] And [] And []

[] And [] Submitted In Last 1 Month And Header Status [] Go Clear Filter Save Filter My Filters

| | Auth Request # | Claimant Case ID | Header Status | Auth Type | Last Updated | Submitted Date | Level | Program | Auth Request Type | Source |
|--------------------------|----------------|------------------|---------------|---------------------------|--------------|----------------|-------|---------|-------------------|--------|
| <input type="checkbox"/> | [] | [] | In Review | Durable Medical Equipment | 03/26/2025 | 03/26/2025 | 3 | DEEOIC | Initial Request | DDE |
| <input type="checkbox"/> | [] | [] | In Review | Durable Medical Equipment | 03/26/2025 | 03/26/2025 | 3 | DEEOIC | Initial Request | DDE |

View Page: 2 Go Page Count SaveToCSV Viewing Page: 1 << First < Prev > Next >> Last

General Medical

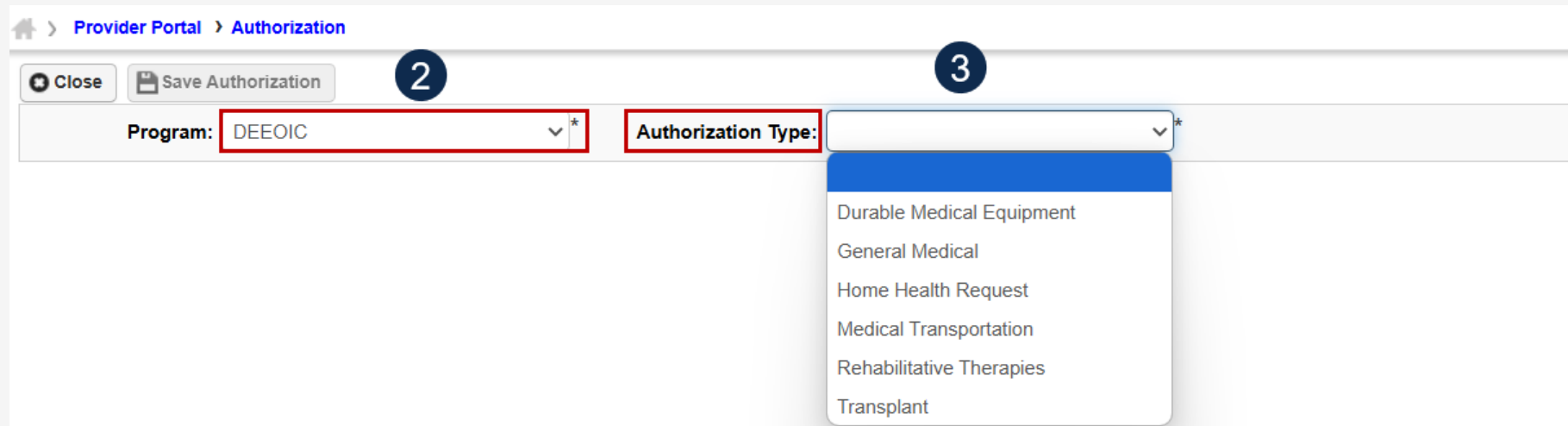
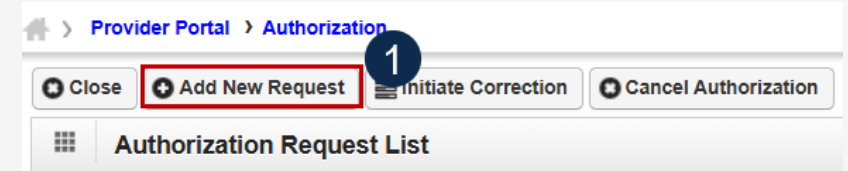


Adding a New General Medical Authorization Request

To begin adding a new general medical authorization request:

1. Select **Add New Request**.
2. From the **Program** drop-down list, select **DEEOIC**.
3. From the **Authorization Type** drop-down list, select **General Medical**.

Note: After selecting the Program and Authorization Type, the **Authorization** page will display.



Adding a New Request: General Medical Requestor and Claimant Information

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

1. If applicable, enter a phone number in the **Phone Number** field of the **Requestor Information** section. This field is optional.
2. In the **Claimant Information** section, enter the required claimant's case ID in the **Claimant's Case ID** field as denoted by an asterisk (*):
 - If the Claimant's Case ID is associated with the Program, the system will auto-populate claimant information.
 - If the Claimant's Case ID is not associated by the Program, the system will display the alert "Claimant is not associated with the program." Select **OK** to close the window and enter a valid claimant case ID.

Note: New authorization requests cannot be submitted without a valid claimant case ID.

The screenshot displays a web form with two main sections: 'Requestor Information' and 'Claimant Information'. The 'Requestor Information' section includes fields for 'Date Requested' (pre-filled with 03/12/2020), 'Requested By' (a blurred profile picture), and 'Phone Number' (an empty field). A blue circle with the number '1' is positioned next to the 'Phone Number' field. The 'Claimant Information' section includes fields for 'Claimant's Case ID' (with an asterisk), 'Date of Birth' (with a calendar icon and an asterisk), 'First Name' (with an asterisk), and 'Last Name' (with an asterisk). A blue circle with the number '2' is positioned next to the 'Claimant's Case ID' field. Red rectangular boxes highlight the 'Phone Number' field in the first section and the 'Claimant's Case ID', 'First Name', and 'Last Name' fields in the second section.

Adding a New General Medical Authorization Request

Provider Information

Note: Provider Information—OWCP Provider ID, Tax ID (SSN/FEIN), Provider Name, and OWCP National Provider Identifier—auto-populates based on the provider profile of the user logged in.

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 Yes, the provider must provide their relationship to the claimant in the corresponding field before going to the next step.
 - If No is selected, continue to the next step.

The screenshot shows a web form titled "Provider Information". It contains several input fields: "OWCP Provider ID:", "Tax ID (SSN/FEIN):", "Provider Name:", "Fax Number:", "OWCP National Provider Identifier:", and a drop-down menu for "Providing care for a family member?". A red box highlights the "Providing care for a family member?" drop-down and the "If Yes, please provide relationship to the claimant:" text input field. A blue circle with the number "3" is placed above the "Fax Number:" field, and a blue circle with the number "4" is placed above the "Providing care for a family member?" drop-down.

Adding a New General Medical Authorization Request

Service Line Information (1 of 2)

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?** drop-down list. Five service lines display below.

- 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.

The screenshot shows the 'Service Line Information' form. It includes fields for 'Diagnosis Codes' (A, B, C, D), 'Is this an implant?' (Yes/No), 'Cost of Implant', 'Place of Service (Select one)' with radio buttons for Ambulatory Surgery Center (ASC), Home, Office, and Outpatient. Below these is a table with 5 rows and columns for 'From Date', 'To Date', 'Diagnosis Pointer' (A, B, C, D), 'Code Type', 'Revenue Code/NDC', 'Procedure Code', 'Modifier', 'Units/Days Requested', and 'Action'. A 'Remarks' field is at the bottom. Numbered callouts 1 through 13 point to specific fields and actions: 1 points to Diagnosis Codes; 2 points to 'Is this an implant?'; 3 points to 'Place of Service'; 4 points to 'Add New Line'; 5 points to 'From Date'; 6 points to 'Diagnosis Pointer'; 7 points to 'Code Type'; 8 points to 'Revenue Code/NDC'; 9 points to 'Procedure Code'; 10 points to 'Modifier'; 11 points to 'Units/Days Requested'; 12 points to 'Action'; 13 points to 'Remarks'.

Note: Steps 6 through 13 are covered on the next slide.

Note: Providers may request authorization retroactively.

Adding a New General Medical Authorization Request

Service Line Information (2 of 2)

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 corresponds to the Procedure Code.

Note: Only one diagnosis pointer is required, but providers may select multiple.

7. Select the **Code Type** from the drop-down list (BLANKET is for internal use only).
8. Either enter the revenue code in **Revenue Code/NDC** field or the procedure code in the **Procedure code** field (HCPCS, CPT, CDT, or Revenue).
9. Enter the procedure code **Modifier**, if applicable. (RT – Right Side, LT – Left Side, or 50 – Bilateral).
10. Enter the number of **Units/Days Requested**.
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.

The screenshot shows the 'Service Line Information' form. Numbered callouts indicate the following fields and actions:

- 1: Diagnosis Codes (A, B, C, D)
- 2: Is this an implant? (dropdown) and Cost of Implant (text field)
- 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 field)
- 9: Procedure Code (text field)
- 10: Modifier (text field)
- 11: Units/Days Requested (text field)
- 12: Action column with minus (-) icon
- 13: Remarks (text field)

| | 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"/> | | | | | | <input type="button" value="-"/> |
| 2 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="button" value="-"/> |
| 3 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="button" value="-"/> |
| 4 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="button" value="-"/> |
| 5 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="button" value="-"/> |

Note: Steps 1 – 5 are covered on the previous slide.

Adding a New General Medical Authorization Request

Saving the Authorization

1. Once all information is entered, scroll back to **Save Authorization**.

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

Note: The nine-digit authorization number auto-populates in the **Auth Request Number** field.

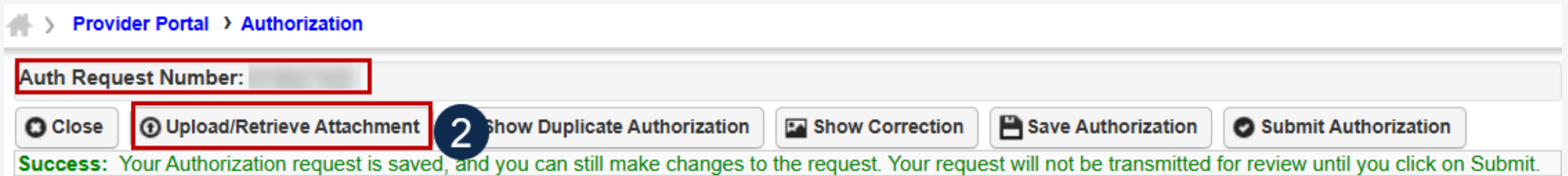
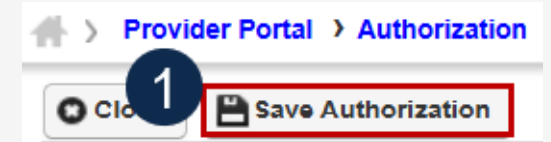
Note: Supporting documentation can be uploaded. General Medical authorizations documents supporting the need for the service as it relates to the accepted conditions, such as letter of medical necessity (LMN), medical records, treatment plan, and so on.

Note: Refer to the next slide for further instruction on how to upload and save attachments.

2. To upload supporting documentation, select **Upload/Retrieve Attachment**.

Refer to the next slide for further instruction on how to upload and save attachments.

Important! Authorizations cannot be submitted without an attachment.



Adding a New General Medical Authorization Request

Uploading a Document

1. Select the document type to upload from the **Document Type** drop-down list.
2. Select **Choose File** from the **Filename** field. Locate and select the file to upload from the local drive, then select **Open**. The system updates the **Filename** field.

Note: Only files with extensions of .tif, .tiff, or .pdf are accepted. The filename cannot be longer than 50 characters.

3. Select **OK**. The **Image ID** (attachment) will display in the **Attachment List** section at the bottom of the window.
4. Once all attachments are uploaded, select **Close** to return to the previous page to submit the authorization.

Auth Request Number:

Attachment

Please select the file to be uploaded

Document Type :

Filename : Test pdf.pdf

Please be sure the supporting documentation/attachments is for the treated claimant ONLY.
Please do not upload supporting documentation/attachments for any other claimant as this could potentially cause a denial of your authorization or an unintended disclosure of protected health information (PHI).

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

Attachment List

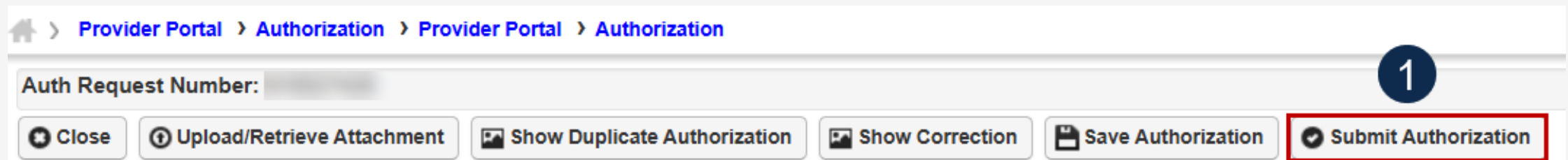
| <input type="checkbox"/> | Image ID | Image Title | Document Type | Created By | Created Date | Auth Request Number |
|--------------------------|--------------|--------------|---------------------------|------------|---------------------|---------------------|
| <input type="checkbox"/> | ATT723999075 | Test pdf.pdf | Auth Supporting Documents | | 03-26-2025 14:52:47 | |

View Page: Viewing Page: 1

Adding a New General Medical Authorization Request

Submitting the Authorization Request

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



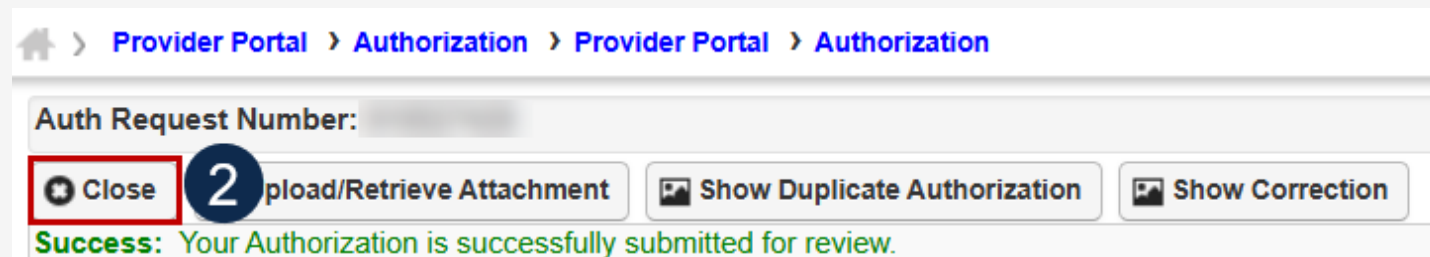
Provider Portal > Authorization > Provider Portal > Authorization

Auth Request Number: [Redacted]

Close Upload/Retrieve Attachment Show Duplicate Authorization Show Correction Save Authorization **Submit Authorization**

Note: After selecting **Submit Authorization**, the system confirms the authorization is successfully submitted for review and determines the Authorization Level. There are five different statuses that could appear in the **Header Status** field: In Review, Processed, Awaiting Decision, Cancelled, or Approved.

2. To display the **Authorization Request List**, select **Close**.



Provider Portal > Authorization > Provider Portal > Authorization

Auth Request Number: [Redacted]

Close Upload/Retrieve Attachment Show Duplicate Authorization Show Correction

Success: Your Authorization is successfully submitted for review.

Adding a New General Medical Authorization Request

Viewing Authorization Information

Note: The system displays submitted authorization requests in the **Authorization Request List** section. Submitted authorization requests will begin in the **Header Status** of "In Review."

1. To return to the Provider Portal home page, select **Close**.
2. To submit additional authorization requests, select **Add New Request**.

1 Provider Portal 2 Authorization

Close Add New Request Initiate Correction Cancel Authorization

Authorization Request List

Filter By : [] And [] And [] And [] Submitted In Last 1 Month And Header Status [] Go Clear Filter Save Filter My Filters

| <input type="checkbox"/> | | Auth Request # ▲▼ | Claimant Case ID ▲▼ | Header Status ▲▼ | Auth Type ▲▼ | Last Updated ▲▼ | Submitted Date ▲▼ | Level ▲▼ | Program ▲▼ | Auth Request Type ▲▼ | Source ▲▼ |
|--------------------------|--|----------------------|------------------------|---------------------|---------------------------|--------------------|----------------------|-------------|---------------|-------------------------|--------------|
| <input type="checkbox"/> | | [] | [] | In Review | General Medical | 03/27/2025 | 03/27/2025 | 3 | DEEOIC | Initial Request | DDE |
| <input type="checkbox"/> | | [] | [] | Entering | Durable Medical Equipment | 03/26/2025 | | | DEEOIC | Initial Request | DDE |

View Page: 2 Go Page Count SaveToCSV Viewing Page: 1 << First Prev Next >> Last

Home Health

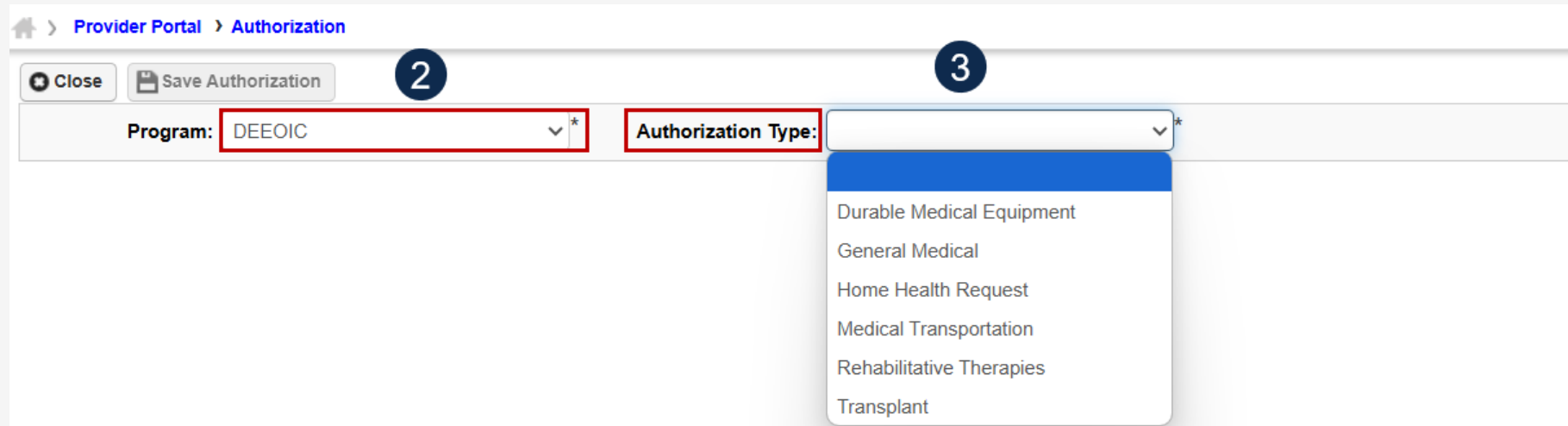
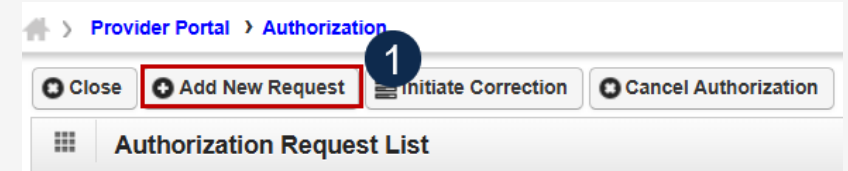


Adding a New Home Health Authorization Request

To begin adding a new authorization request:

1. Select **Add New Request**.
2. From the **Program** drop-down list, select **DEEOIC**.
3. From the **Authorization Type** drop-down list, select **Home Health Request**.

Note: After selecting the Program and Authorization Type, the **Authorization** page will display.



Adding a New Home Health Authorization Request

Requestor and Claimant Information (1 of 2)

Note: The **Date Requested** and **Requested By** fields automatically populates in the **Requestor Information** section. The **Phone Number** field is optional.

1. In the **Requestor Information** section, select an applicable option:

- **Initial Request** (new or first-time request)
- **Re-Authorization** (request the same level of care as the previous request)
- **Amendment** (request a different level of care)

Requestor Information

*
☒ Initial Request
☐ Re-Authorization
☐ Amendment

1

Date Requested: 03/27/2025 *

Requested By: [Blurred]

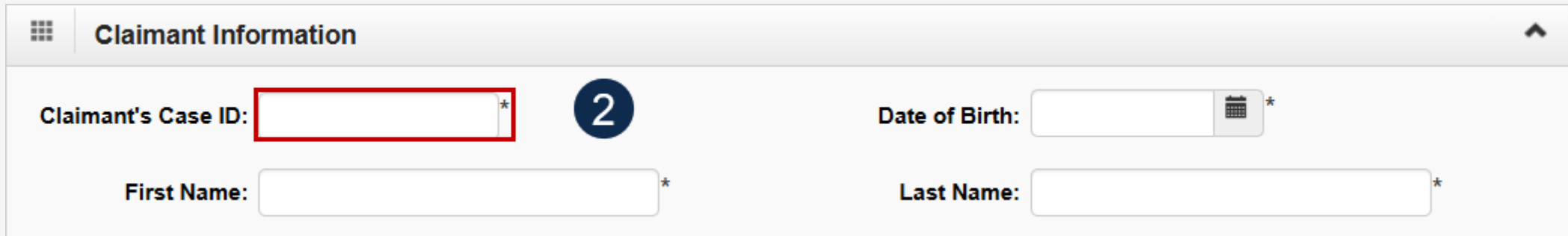
Phone Number: [Empty]

Adding a New Home Health Authorization Request

Requestor and Claimant Information (2 of 2)


2. In the **Claimant Information** section, enter the required claimant case ID in the **Claimant's Case ID** field as denoted by an asterisk (*):
- If the Claimant's Case ID is associated with the Program, the system will auto-populate claimant information.
 - If the Claimant's Case ID is not associated by the Program, the system will display the alert "Claimant is not associated with the program." Select **OK** to close the window and enter a valid claimant case ID.

Note: New authorization requests cannot be submitted without a valid claimant case ID.



Claimant Information

Claimant's Case ID: *

Date of Birth:  *

First Name: *

Last Name: *

Adding a New Home Health Authorization Request

Provider Information

Note: Provider Information—OWCP Provider ID, Tax ID (SSN/FEIN), Provider Name, and OWCP National Provider Identifier—auto-populates based on the provider profile of the user logged in.

3. 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 Yes, the provider must provide their relationship to the claimant in the corresponding field before going to the next step.
 - If No, continue to the next step.

The screenshot shows a web form titled "Provider Information". It contains several input fields: "OWCP Provider ID", "Tax ID (SSN/FEIN)", "Provider Name", "Fax Number", "OWCP National Provider Identifier", and a dropdown menu for "Providing care for a family member?". A red rectangle highlights the dropdown menu and the "If Yes, please provide relationship to the claimant:" field. A blue circle with the number "3" is placed above the "Fax Number" field, and another blue circle with the number "4" is placed above the dropdown menu.

Provider Information

OWCP Provider ID: 3 Tax ID (SSN/FEIN):

Provider Name: Fax Number:

Providing care for a family member?: * 4 If Yes, please provide relationship to the claimant:

OWCP National Provider Identifier:

Adding a New Home Health Authorization Request

Service Line Information (1 of 2)

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 below.

3. Select **Add New Line** if additional lines are needed.
4. Enter the **From Date** and **To Date** for the time period of the authorization being requested, in each service line being completed.
5. Select the alpha character from the **Diagnosis Pointer** field that represents the DX from the Diagnosis Codes field that corresponds to the Procedure Code.

Note: Only one diagnosis pointer is required, but providers may select multiple.

6. Select the applicable **Procedure Code** (HCPCS or CPT).
- Note:** Procedure Code does not have a drop-down list.

The screenshot shows a web form titled "Service Plan Information". It includes a "Service Type" dropdown menu with options: Assisted Living, Home Health Care, Hospice, and Nursing Home. Below this is a "Diagnosis Codes" section with four input fields labeled A, B, C, and D. A table with five rows and several columns is present, with columns labeled "From Date", "To Date", "Diagnosis Pointer" (with sub-columns A, B, C, D), "Procedure Code", "Frequency", "Duration", "Total Units Requested", and "Action". A button labeled "Add New Line" is located above the table. A "Remarks" field is at the bottom left. A callout box on the right lists various procedure codes and their descriptions, such as "S5126 - Attendant care services, per diem" and "T1031 - Nursing care in the home by licensed practical nurse, per diem". Numbered callouts (1-11) point to specific form elements: 1 points to the Service Type dropdown, 2 points to the Diagnosis Codes fields, 3 points to the Add New Line button, 4 points to the From Date and To Date fields, 5 points to the Diagnosis Pointer columns, 6 points to the Procedure Code column, 7 points to the Frequency column, 8 points to the Duration column, 9 points to the Total Units Requested column, 10 points to the Action column, and 11 points to the Remarks field.

Note: Steps 7 - 11 are covered on the next slide.

Adding a New Home Health Authorization Request Service Line Information (2 of 2)

Enter the Required Service Line Information

7. Enter the **Frequency** (total number of times per week the provider will see the claimant).
8. Enter the **Duration** by calculating the length of time beginning on the **From Date** through the **To Date** (for example, two months).
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.

Service Plan Information

Service Type: Assisted Living
Home Health Care
Hospice
Nursing Home

Diagnosis Codes: A: B: C: D:

| | From Date | To Date | Diagnosis Pointer | | | | Procedure Code | 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="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="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="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="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="button" value="⊕"/> |

Remarks:

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

Note: Steps 1 - 6 are covered on the previous slide.

Adding a New Home Health Authorization Request

Saving the Authorization

1. Once the information is entered, scroll back to **Save Authorization**.

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

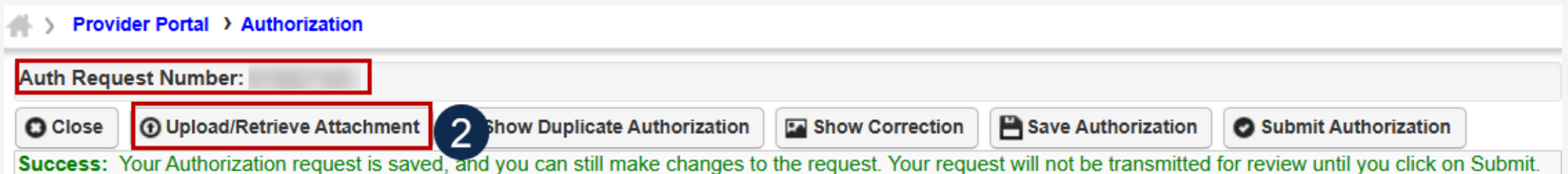
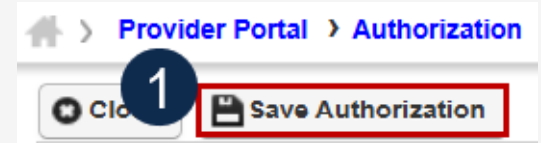
Note: The nine-digit authorization number populates in the **Auth Request Number** field.

2. To upload supporting documentation, select **Upload/Retrieve Attachment**.

Note: 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 of supporting documentation.



Adding a New Home Health Authorization Request

Uploading a Document

1. Select the document type to upload from the **Document Type** drop-down list.
2. Select **Choose File** from the **Filename** field. Locate and select the file to upload from the local drive, then select **Open**. The system updates the **Filename** field.

Note: Only files with extensions of .tif, .tiff, or .pdf are accepted. The filename cannot be longer than 50 characters.

3. Select **OK**. The uploaded file will display in the **Attachment List** section at the bottom of the window.
4. Once all attachments are uploaded, select **Close** to return to the previous page to submit the authorization.

Auth Request Number:

Attachment

Please select the file to be uploaded

Document Type :

Filename : Test pdf.pdf

Please be sure the supporting documentation/attachments is for the treated claimant ONLY.
Please do not upload supporting documentation/attachments for any other claimant as this could potentially cause a denial of your authorization or an unintended disclosure of protected health information (PHI).

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

Attachment List

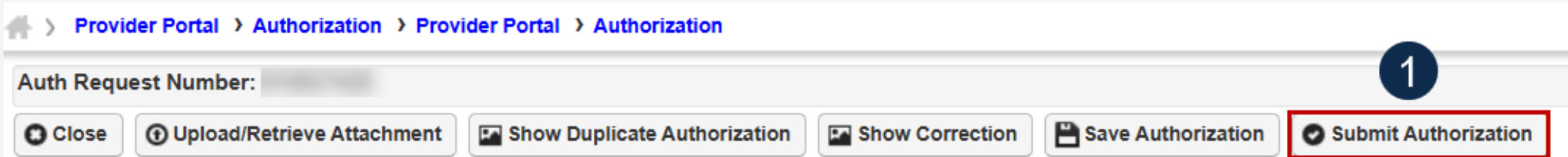
| <input type="checkbox"/> | Image ID | Image Title | Document Type | Created By | Created Date | Auth Request Number |
|--------------------------|--------------|--------------|---------------------------|------------|---------------------|---------------------|
| <input type="checkbox"/> | ATT723999075 | Test pdf.pdf | Auth Supporting Documents | | 03-26-2025 14:52:47 | |

View Page: Viewing Page: 1

Adding a New Home Health Authorization Request

Submitting the Authorization

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

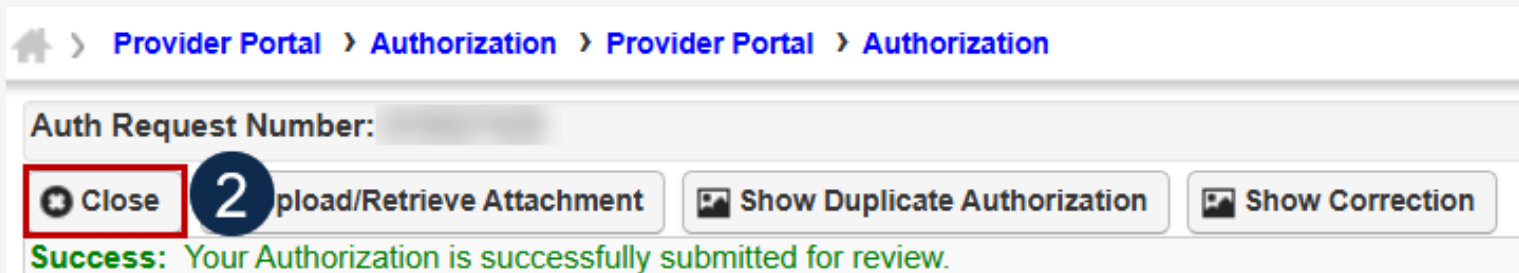


Home > Provider Portal > Authorization > Provider Portal > Authorization

Auth Request Number:

Note: After selecting **Submit Authorization** the system confirms the authorization is successfully submitted for review and determines the Authorization Level. There are five different statuses that could appear in the **Header Status** field: In Review, Processed, Awaiting Decision, Cancelled, and Approved.

2. To display the **Authorization Request List**, select **Close**.



Home > Provider Portal > Authorization > Provider Portal > Authorization

Auth Request Number:

Success: Your Authorization is successfully submitted for review.

Adding a New Home Health Authorization Request

Viewing Authorization Information

Note: The system displays submitted authorization requests in the **Authorization Request List** section. Submitted authorization requests will begin in the **Header Status** of "In Review."

1. To return to the Provider Portal home page, select **Close**.
2. To submit additional authorization requests, select **Add New Request**.

1 Provider Portal 2 Authorization

Close Add New Request Initiate Correction Cancel Authorization

Authorization Request List

Filter By : [dropdown] [dropdown] And [dropdown] [dropdown] And [dropdown] [dropdown] Submitted In Last 1 Month And Header Status [dropdown] [dropdown] Go Clear Filter Save Filter My Filters

| <input type="checkbox"/> | Auth Request # ▲▼ | Claimant Case ID ▲▼ | Header Status ▲▼ | Auth Type ▲▼ | Last Updated ▲▼ | Submitted Date ▲▼ | Level ▲▼ | Program ▲▼ | Auth Request Type ▲▼ | Source ▲▼ |
|--------------------------|----------------------|------------------------|---------------------|---------------------|--------------------|----------------------|-------------|---------------|-------------------------|--------------|
| <input type="checkbox"/> | | | In Review | Home Health Request | 03/27/2025 | 03/27/2025 | 3 | DEEOIC | Initial Request | DDE |
| <input type="checkbox"/> | | | In Review | General Medical | 03/27/2025 | 03/27/2025 | 3 | DEEOIC | Initial Request | DDE |

View Page: 2 Go Page Count SaveToCSV Viewing Page: 1 << First < Prev > Next >> Last

Medical Transportation

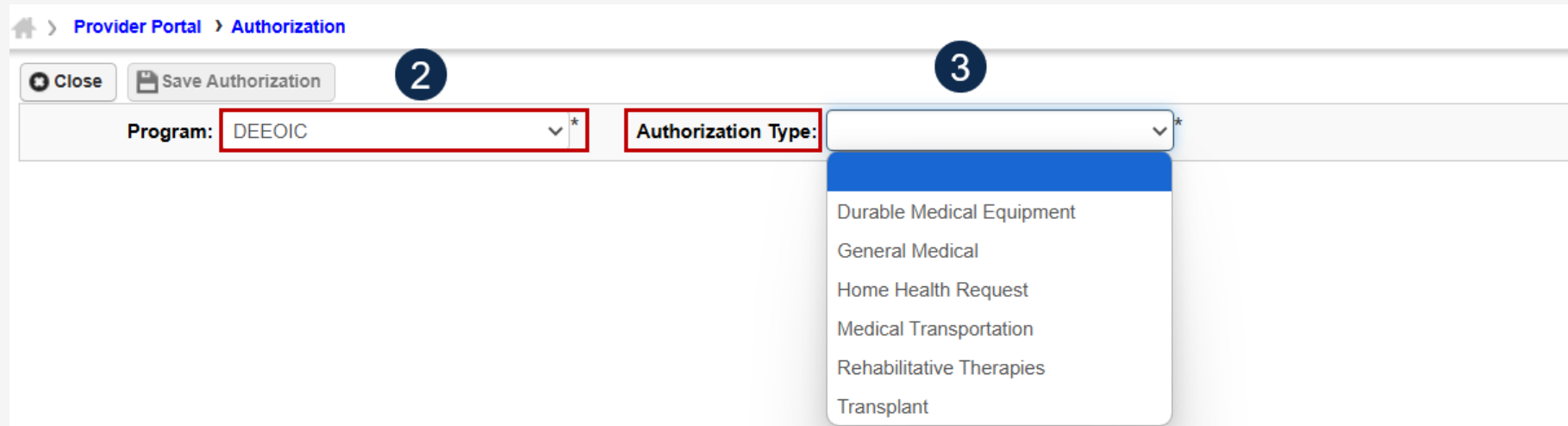
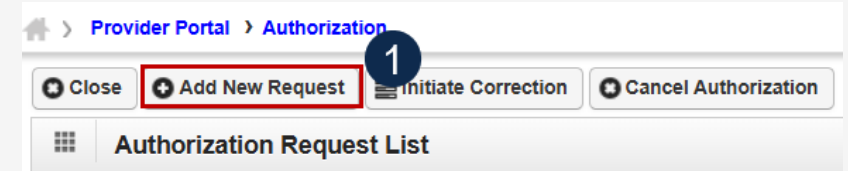


Adding a New Medical Transportation Authorization Request

To begin adding a new authorization request:

1. Select **Add New Request**.
2. From the **Program** drop-down list, select **DEEOIC**.
3. From the **Authorization Type** drop-down list, select **Medical Transportation**.

Note: After selecting the Program and Authorization Type, the **Authorization** page will display.



Adding a New Medical Transportation Authorization Request Requestor and Claimant Information

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

1. If applicable, enter a phone number in the **Phone Number** field of the **Requestor Information** section.
2. In the **Claimant Information** section, enter the required claimant case ID in the **Claimant's Case ID** field as denoted by an asterisk (*):
 - If the Claimant's Case ID is associated with the Program, the system will auto-populate claimant information.
 - If the Claimant's Case ID is not associated with the Program, the system will display the alert "Claimant is not associated with the program". Select **OK** to close the window and enter a valid claimant case ID.

Note: New authorization requests cannot be submitted without a valid claimant case ID.

The screenshot displays a web form for adding a new medical transportation authorization request. It is divided into two main sections: 'Requestor Information' and 'Claimant Information'. The 'Requestor Information' section includes fields for 'Date Requested' (pre-filled with 03/12/2020), 'Requested By' (a blurred profile picture), and 'Phone Number' (an empty text box). A blue circle with the number '1' is placed next to the 'Phone Number' field. The 'Claimant Information' section includes fields for 'Claimant's Case ID' (an empty text box with an asterisk), 'Date of Birth' (an empty date picker with an asterisk), 'First Name' (an empty text box with an asterisk), and 'Last Name' (an empty text box with an asterisk). A blue circle with the number '2' is placed next to the 'Claimant's Case ID' field. Red rectangular boxes highlight the 'Phone Number' field in the first section and the 'Claimant's Case ID', 'First Name', and 'Last Name' fields in the second section.

Adding a New Medical Transportation Authorization Request

Provider Information

Note: Provider Information—OWCP Provider ID, Tax ID (SSN/FEIN), Provider Name, and OWCP National Provider Identifier—auto-populates based on the provider profile of the user logged in.

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 Yes, providers must provide their relationship to the claimant in the corresponding field before going to the next step.
 - If No, continue to the next step.

The screenshot shows a web form titled "Provider Information". It contains several input fields: "OWCP Provider ID", "Tax ID (SSN/FEIN)", "Provider Name", "Fax Number", "OWCP National Provider Identifier", and a dropdown menu for "Providing care for a family member?". A red rectangle highlights the dropdown menu and the "If Yes, please provide relationship to the claimant:" field. A blue circle with the number "3" is placed above the "Fax Number" field, and a blue circle with the number "4" is placed above the "Providing care for a family member?" dropdown.

Provider Information

OWCP Provider ID: 3 Tax ID (SSN/FEIN):

Provider Name: Fax Number:

Providing care for a family member?: * 4 If Yes, please provide relationship to the claimant:

OWCP National Provider Identifier:

Adding a New Medical Transportation Authorization Request Service Line Information

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 below.
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**.
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.

The screenshot shows a web form titled "Transportation Information". At the top, there are two dropdown menus: "Transportation From" (callout 1) and "Transportation To" (callout 2), both currently showing "--SELECT--". Below these is a button labeled "Add New Line" (callout 3). The main part of the form is a table with five rows. The columns are: "From Date" (callout 4), "To Date" (callout 4), "Transportation Code" (callout 5), "Estimated Total Charge" (callout 6), and "Action" (callout 7). Each row has a line number (1-5) in the first column. The "From Date" and "To Date" columns contain date pickers. The "Transportation Code" column contains a dropdown menu. The "Estimated Total Charge" column contains a text input field. The "Action" column contains a minus icon. Below the table is a "Remarks:" field (callout 8) with a text input area.

Adding a New Medical Transportation Authorization Request

Saving the Authorization

1. Once the information is entered, scroll back to **Save Authorization**.

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

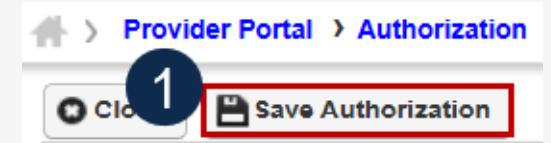
Note: The nine-digit authorization number populates in the **Auth Request Number** field.

2. To upload supporting documentation, select **Upload/Retrieve Attachment**.

Note: Refer to the next slide for further instruction on how to upload and save attachments.

Note: Supporting documentation can be uploaded. Medical Transportation authorizations require a transportation invoice and supporting transportation documentation.

Important! Authorizations cannot be submitted without an attachment of supporting documentation.



Provider Portal > Authorization

Auth Request Number:

Close

Upload/Retrieve Attachment

2

Show Duplicate Authorization

Show Correction

Save Authorization

Submit Authorization

Success: Your Authorization request is saved, and you can still make changes to the request. Your request will not be transmitted for review until you click on Submit.

Adding a New Medical Transportation Authorization Request

Uploading a Document

1. Select the document type to upload from the **Document Type** drop-down list.
2. Select **Choose File** from the **Filename** field. Locate and select the file to upload from the local drive, then select **Open**. The system updates the **Filename** field.

Note: Only files with extensions of .tif, .tiff, or .pdf are accepted. The filename cannot be longer than 50 characters.

3. Select **OK**. The **Image ID** (attachment) will display in the **Attachment List** section at the bottom of the window.
4. Once all attachments are uploaded, select **Close** to return to the previous page to submit the authorization.

Auth Request Number:

Attachment

Please select the file to be uploaded

Document Type :

Filename : Test pdf.pdf

Please be sure the supporting documentation/attachments is for the treated claimant ONLY.
Please do not upload supporting documentation/attachments for any other claimant as this could potentially cause a denial of your authorization or an unintended disclosure of protected health information (PHI).

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

Attachment List

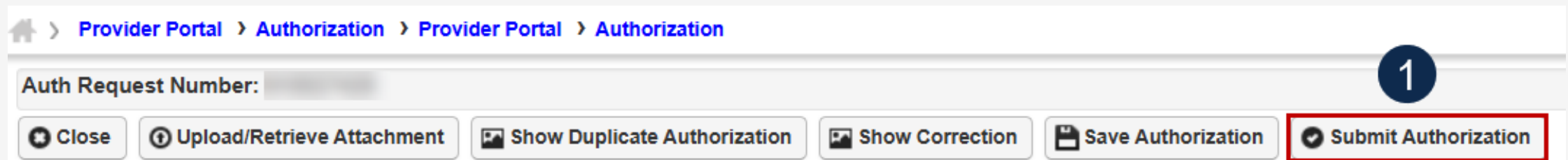
| <input type="checkbox"/> | Image ID | Image Title | Document Type | Created By | Created Date | Auth Request Number |
|--------------------------|--------------|--------------|---------------------------|------------|---------------------|---------------------|
| <input type="checkbox"/> | ATT723999075 | Test pdf.pdf | Auth Supporting Documents | | 03-26-2025 14:52:47 | |

View Page: Viewing Page: 1

Adding a New Medical Transportation Authorization Request

Submitting the Authorization

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



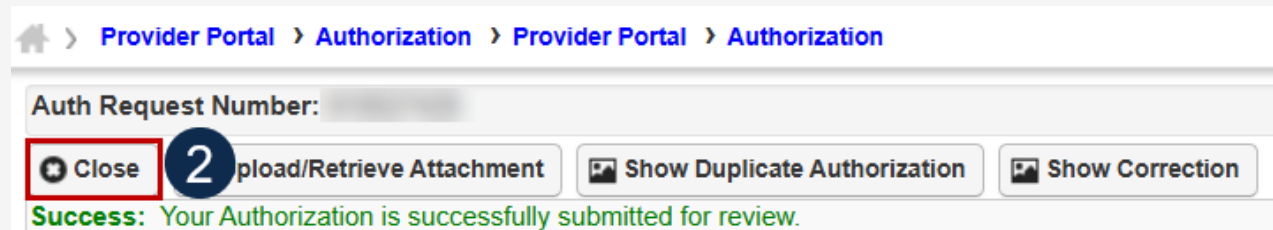
Provider Portal > Authorization > Provider Portal > Authorization

Auth Request Number: [Redacted]

Close Upload/Retrieve Attachment Show Duplicate Authorization Show Correction Save Authorization **Submit Authorization**

Note: After selecting **Submit Authorization**, the system confirms the authorization is successfully submitted for review and determines the Authorization Level. There are five different statuses that could appear in the **Header Status** field: In Review, Processed, Awaiting Decision, Cancelled, and Approved.

2. To display the **Authorization Request List**, select **Close**.



Provider Portal > Authorization > Provider Portal > Authorization

Auth Request Number: [Redacted]

Close Upload/Retrieve Attachment Show Duplicate Authorization Show Correction

Success: Your Authorization is successfully submitted for review.

Adding a New Medical Transportation Authorization Request

Viewing Authorization Information

Note: The system displays submitted authorization requests in the **Authorization Request List** section. Submitted authorization requests will begin in the **Header Status** of "In Review."

1. To return to the Provider Portal home page, select **Close**.
2. To submit additional authorization requests, select **Add New Request**.

The screenshot shows the 'Authorization Request List' interface. At the top, there are two numbered callouts: '1' pointing to the 'Close' button and '2' pointing to the 'Add New Request' button. Below these are buttons for 'Initiate Correction' and 'Cancel Authorization'. The main section is titled 'Authorization Request List' and contains a filter section with multiple dropdowns and input fields. Below the filters is a table with the following columns: Auth Request #, Claimant Case ID, Header Status, Auth Type, Last Updated, Submitted Date, Level, Program, Auth Request Type, and Source. The first row of the table is highlighted with a red border. At the bottom, there are pagination controls including 'View Page: 2', 'Go', 'Page Count', 'SaveToCSV', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

| | Auth Request # | Claimant Case ID | Header Status | Auth Type | Last Updated | Submitted Date | Level | Program | Auth Request Type | Source |
|--------------------------|----------------|------------------|---------------|---------------------|--------------|----------------|-------|---------|-------------------|--------|
| <input type="checkbox"/> | | | In Review | Home Health Request | 03/27/2025 | 03/27/2025 | 3 | DEEOIC | Initial Request | DDE |
| <input type="checkbox"/> | | | In Review | General Medical | 03/27/2025 | 03/27/2025 | 3 | DEEOIC | Initial Request | DDE |

Rehabilitative Therapies

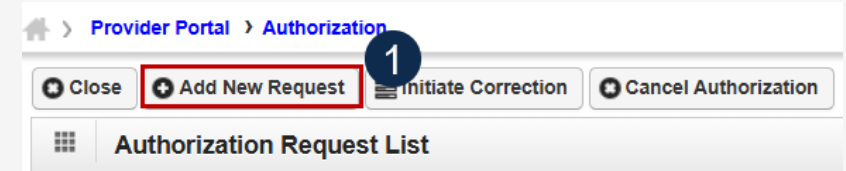


Adding a New Rehabilitative Therapies Authorization Request

To begin adding a new authorization request:

1. Select **Add New Request**.
2. From the **Program** drop-down list, select **DEEOIC**.
3. From the **Authorization Type** drop-down list, select **Rehabilitative Therapies**.

Note: After selecting the Program and Authorization Type, the **Authorization** page will display.



This screenshot shows the 'Authorization' form. The breadcrumb trail is 'Provider Portal > Authorization'. The form has two buttons: 'Close' and 'Save Authorization'. Below these buttons are two dropdown menus. The first dropdown menu is labeled 'Program:' and is set to 'DEEOIC'. The second dropdown menu is labeled 'Authorization Type:' and is open, showing a list of options: 'Durable Medical Equipment', 'General Medical', 'Home Health Request', 'Medical Transportation', 'Rehabilitative Therapies' (selected), and 'Transplant'. A circled '2' is next to the 'Program' dropdown and a circled '3' is next to the 'Authorization Type' dropdown.

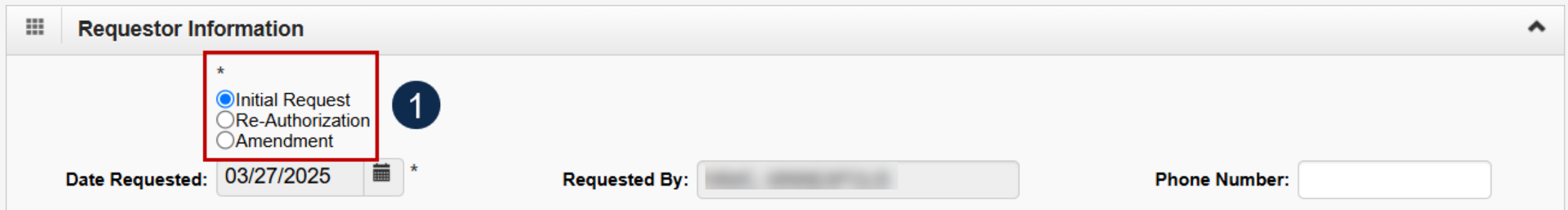
Adding a New Rehabilitative Therapies Authorization Request

Requestor and Claimant Information (1 of 2)

Note: The **Date Requested** and **Requested By** fields auto-populate in the **Requestor Information** section. The **Phone Number** field is optional.

1. In the **Requestor Information** section, select the applicable option:

- **Initial Request** (new or first-time request)
- **Re-Authorization** (request the same level of care as the previous request)
- **Amendment** (request a different level of care)



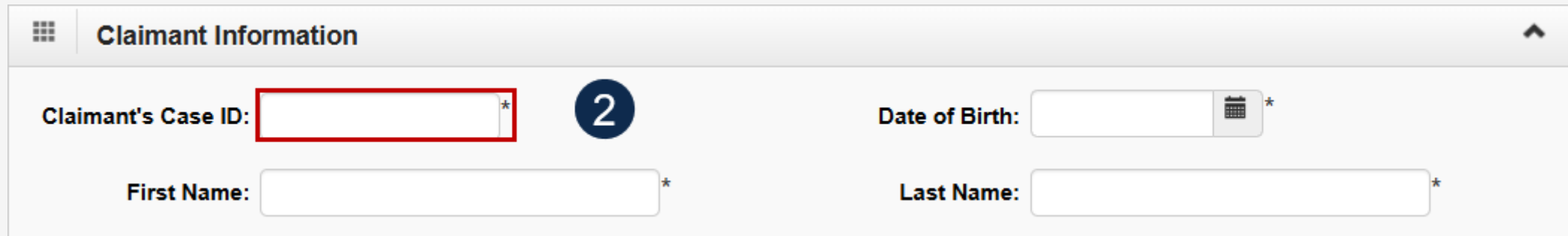
The screenshot displays the 'Requestor Information' section of a form. A red box highlights the radio button options: 'Initial Request' (selected), 'Re-Authorization', and 'Amendment'. A blue circle with the number '1' is positioned to the right of these options. Below the options, the 'Date Requested' field is populated with '03/27/2025' and includes a calendar icon. The 'Requested By' field is a text input box. The 'Phone Number' field is also a text input box. A small asterisk is visible next to the 'Date Requested' field.

Adding a New Rehabilitative Therapies Authorization Request

Requestor and Claimant Information (2 of 2)

2. In the **Claimant Information** section, enter the required claimant case ID in the **Claimant's Case ID** field as denoted by an asterisk (*):
- If the Claimant's Case ID is associated with the Program, the system will auto-populate the claimant information.
 - If the Claimant's Case ID is not associated with the Program, the system will display the alert "Claimant is not associated with the program". Select **OK** to close the window and enter a valid claimant case ID.

Note: New authorization requests cannot be submitted without a valid claimant case ID.



The screenshot shows a web form titled "Claimant Information". It contains four input fields: "Claimant's Case ID:" (highlighted with a red border and a blue circle with the number 2), "Date of Birth:" (with a calendar icon), "First Name:", and "Last Name:". Each field has an asterisk (*) indicating it is required.

Adding a New Rehabilitative Therapies Authorization Request

Provider Information

Note: Provider Information—OWCP Provider ID, Tax ID (SSN/FEIN), Provider Name, and OWCP National Provider Identifier—auto-populates based on the provider profile of the user logged in.

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 Yes, providers must enter their relationship to the claimant in the corresponding field before going to the next step.
 - If No, continue to the next step.

The screenshot shows a web form titled "Provider Information". It contains several input fields: "OWCP Provider ID:", "Tax ID (SSN/FEIN):", "Provider Name:", "Fax Number:", "OWCP National Provider Identifier:", and a dropdown menu for "Providing care for a family member?:". A red rectangle highlights the dropdown menu and the "If Yes, please provide relationship to the claimant:" text and input field. A blue circle with the number "3" is placed above the "Fax Number:" field, and a blue circle with the number "4" is placed above the dropdown menu.

Adding a New Rehabilitative Therapies Authorization Request

Service Line Information (1 of 2)

Enter the Required Service Line Information

1. Select the **Place of Service** where services are rendered.

- Home
- Facility
- 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 corresponds to the Procedure Code.

Note: Only one diagnosis pointer is required, but providers may select multiple.

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

Note: Steps 6 - 13 are covered on the next slide.

Adding a New Rehabilitative Therapies Authorization Request

Service Line Information (2 of 2)

Enter the Required Service Line Information

6. Select the **Code Type** from the drop-down list (BLANKET is for internal use only).
7. Enter the **Procedure Code** (HCPCS, CPT, or CDT).
8. Enter the number of units in the **# Of Units Per Procedure/Visit** field.
9. Enter the **Frequency** (number of times per week provider will see the claimant).
10. Enter **Duration** (number of weeks the provider 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.

The screenshot shows the 'Therapy Plan Information' form. It includes a 'Place of Service (Select one)' dropdown with options: Home, Facility, Office, and Outpatient. Below this is a 'Diagnosis Codes' section with fields A, B, C, and D. A table with 5 rows and 10 columns is present, with columns: From Date, To Date, Diagnosis Pointer (A, B, C, D), Code Type, Procedure Code, # Of Units Per Procedure/Visit, Frequency, Duration, Total Units Requested, and Action. At the bottom is a 'Remarks' field. Numbered callouts 1 through 13 point to various fields and actions on the form.

| | 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="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"/> | | | | |

Note: Steps 1 - 5 are covered on the previous slide.

Adding a New Rehabilitative Therapies Authorization Request

Saving the Authorization

1. Once the information is entered, scroll back to **Save Authorization**.

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

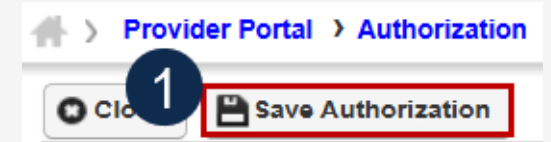
Note: The nine-digit authorization number populates in the **Auth Request Number** field.

2. To upload supporting documentation, select **Upload/Retrieve Attachment**.

Note: 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.



Provider Portal > Authorization

Auth Request Number:

Close Upload/Retrieve Attachment Show Duplicate Authorization Show Correction Save Authorization Submit Authorization

Success: Your Authorization request is saved, and you can still make changes to the request. Your request will not be transmitted for review until you click on Submit.

Adding a New Rehabilitative Therapies Authorization Request

Uploading a Document

1. Select the document type to upload from the **Document Type** drop-down list.
2. Select **Choose File** from the **Filename** field. Locate and select the file to upload from the local drive, then select **Open**. The system updates the **Filename** field.

Note: Only files with extensions of .tif, .tiff, or .pdf are accepted. The filename cannot be longer than 50 characters.

3. Select **OK**. The **Image ID** (attachment) will display in the **Attachment List** section at the bottom of the window.
4. Once all attachments are uploaded, select **Close** to return to the previous page to submit the authorization.

Auth Request Number:

Attachment

Please select the file to be uploaded

Document Type :

Filename : Test pdf.pdf

Please be sure the supporting documentation/attachments is for the treated claimant ONLY.
Please do not upload supporting documentation/attachments for any other claimant as this could potentially cause a denial of your authorization or an unintended disclosure of protected health information (PHI).

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

Attachment List

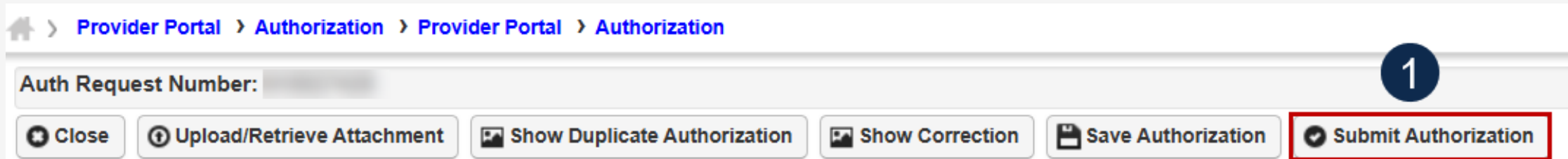
| <input type="checkbox"/> | Image ID | Image Title | Document Type | Created By | Created Date | Auth Request Number |
|--------------------------|--------------|--------------|---------------------------|------------|---------------------|---------------------|
| <input type="checkbox"/> | ATT723999075 | Test pdf.pdf | Auth Supporting Documents | | 03-26-2025 14:52:47 | |

View Page: Viewing Page: 1

Adding a New Rehabilitative Therapies Authorization Request

Submitting the Authorization

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

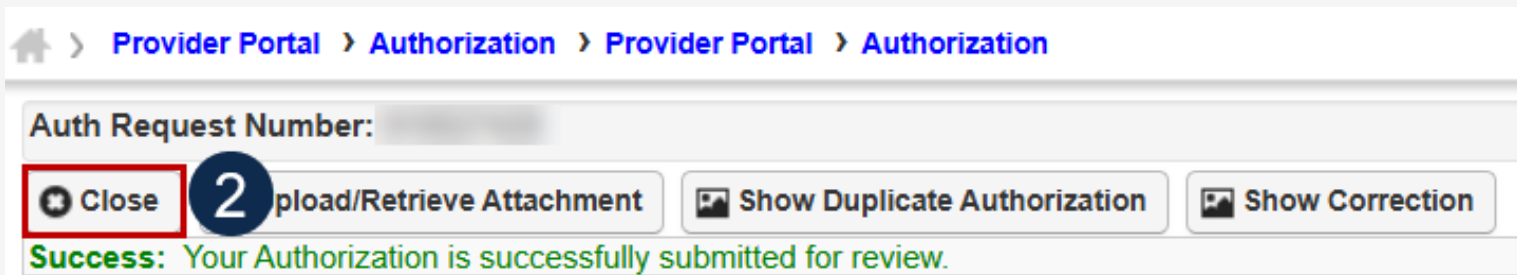


Provider Portal > Authorization > Provider Portal > Authorization

Auth Request Number:

Note: After selecting **Submit Authorization** the system confirms the authorization is successfully submitted for review and determines the Authorization Level. There are five different statuses that could appear in the **Header Status** field: In Review, Processed, Awaiting Decision, Cancelled, and Approved.

2. To display the **Authorization Request List**, select **Close**.



Provider Portal > Authorization > Provider Portal > Authorization

Auth Request Number:

Success: Your Authorization is successfully submitted for review.

Adding a New Rehabilitative Therapies Authorization Request

Viewing Authorization Information

Note: The system displays submitted authorization requests in the **Authorization Request List** section. Submitted authorization requests will begin in the **Header Status** of "In Review."

1. To return to the Provider Portal home page, select **Close**.
2. To submit additional authorization requests, select **Add New Request**.

1 Provider Portal 2 Authorization

Close Add New Request Initiate Correction Cancel Authorization

Authorization Request List

Filter By : [] And [] And [] And []

[] And [] Submitted In Last 1 Month And Header Status [] Go

Clear Filter Save Filter My Filters

| | Auth Request # | Claimant Case ID | Header Status | Auth Type | Last Updated | Submitted Date | Level | Program | Auth Request Type | Source |
|--------------------------|----------------|------------------|---------------|--------------------------|--------------|----------------|-------|---------|-------------------|--------|
| <input type="checkbox"/> | | | In Review | Rehabilitative Therapies | 03/27/2025 | 03/27/2025 | 3 | DEEOIC | Initial Request | DDE |
| <input type="checkbox"/> | | | In Review | General Medical | 03/27/2025 | 03/27/2025 | 3 | DEEOIC | Initial Request | DDE |

View Page: 2 Go Page Count SaveToCSV Viewing Page: 1

First Prev Next Last

Transplant

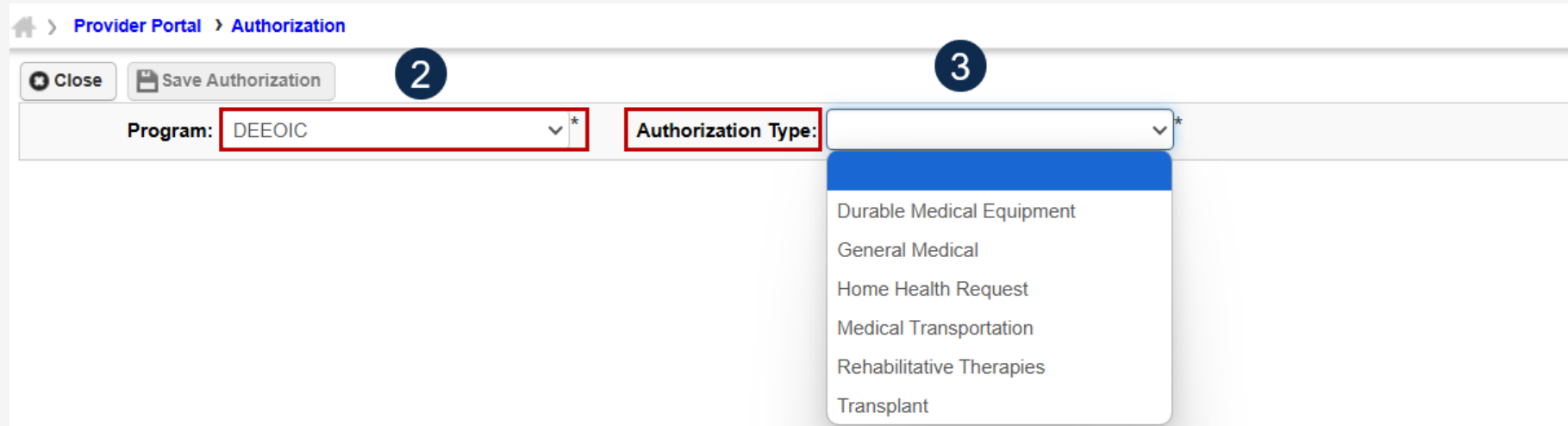
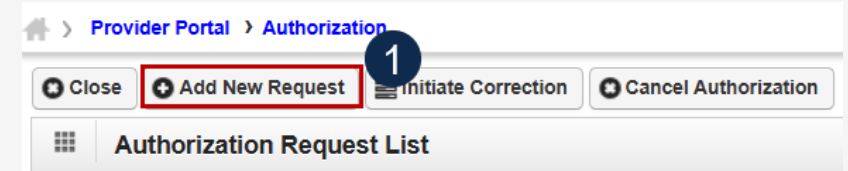


Adding a New Transplant Authorization Request

To begin adding a new authorization request:

1. Select **Add New Request**.
2. From the **Program** drop-down list, select **DEEOIC**.
3. From the **Authorization Type** drop-down list, select **Transplant**.

Note: After selecting the Program and Authorization Type, the **Authorization** page will display.






Adding a New Transplant Authorization Request

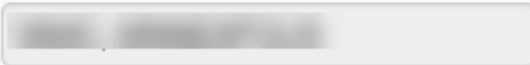
Requestor and Claimant Information (1 of 2)


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

1. If applicable, enter a phone number in the **Phone Number** field of the **Requestor Information** section. This field is optional.

 Requestor Information 

Date Requested: 03/27/2025  *

Requested By: 

 Phone Number:



Adding a New Transplant Authorization Request

Requestor and Claimant Information (2 of 2)

2. In the **Claimant Information** section, enter the required claimant case ID in the **Claimant's Case ID** field as denoted by an asterisk (*):
- If the Claimant's Case ID is associated with the Program, the system will auto-populate claimant information.
 - If the Claimant's Case ID is not associated with the Program, the system will display the alert "Claimant is not associated with the program." Select **OK** to close the window and enter a valid claimant case ID.


Note: New authorization requests cannot be submitted without a valid claimant case ID.

Note: If applicable, enter the full name for an **Authorized Representative** and a 10-digit **Phone Number**.

 Claimant Information 

Claimant's Case ID: *

2

Date of Birth:  *

First Name: *

Last Name: *

Authorized Representative:

Phone Number:

Adding a New Transplant Authorization Request Provider Information

Note: The Provider information—OWCP Provider ID, Tax ID (SSN/FEIN), and Provider Name—auto-populates based on the provider profile of the user logged in.

1. Enter the treating physician's full name in the **Treating Physician** field.
2. Enter the treating physician's address in the **Treating Physician Address** field.

The screenshot displays two form sections. The top section, titled "Provider Information", contains four input fields: "OWCP Provider ID", "Name", "Tax ID (SSN/FEIN)", and "Fax Number". The bottom section, titled "Treating Physician Information", contains two input fields: "Treating Physician" and "Treating Physician Address". Three orange arrows originate from the "Treating Physician" field and point to the "OWCP Provider ID", "Name", and "Tax ID (SSN/FEIN)" fields, indicating data transfer. The "Treating Physician" field is highlighted with a red box and a blue circle containing the number "1". The "Treating Physician Address" field is highlighted with a red box and a blue circle containing the number "2".

Adding a New Transplant Authorization Request

Service Line Information (1 of 2)

Enter the Required Service Line Information

1. Enter up to four diagnosis (DX) codes in the **Diagnosis Codes** fields.

Note: Five service lines display below.

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

3. Enter the **From Date** and **To Date** for the time period of the authorization being requested, in each service line being completed.

Note: Steps 4 – 8 are covered on the next slide.

The screenshot shows the 'Service Line Information' form. It includes a header section for 'Diagnosis Codes' (A, B, C, D) and a table with five rows for service lines. The table columns are 'From Date', 'To Date', 'Diagnosis Pointer' (A, B, C, D), 'Code Type', 'Procedure Code', and 'Action'. A 'Remarks' field is at the bottom. Numbered callouts indicate the following elements:

- 1: Diagnosis Codes header
- 2: Add New Line button
- 3: From Date and To Date fields
- 4: Diagnosis Pointer header
- 5: Code Type dropdown
- 6: Procedure Code field
- 7: Action button
- 8: Remarks field

| | From Date | To Date | Diagnosis Pointer | | | | Code Type | Procedure Code | Action |
|---|-----------|---------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|----------------|----------------------------------|
| | | | A | B | C | D | | | |
| 1 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="button" value="⊙"/> |
| 2 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="button" value="⊙"/> |
| 3 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="button" value="⊙"/> |
| 4 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="button" value="⊙"/> |
| 5 | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="button" value="⊙"/> |

Adding a New Transplant Authorization Request

Service Line Information (2 of 2)

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 corresponds to the procedure code.

Note: Only one diagnosis pointer is required, but providers may select multiple.

5. Select the **Code Type** from the drop-down list (BLANKET is for internal use only).
6. Enter the applicable **Procedure Code** (HCPCS, CPT, or CDT).
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 – 3 are covered on the previous slide.

The screenshot shows the 'Service Line Information' form. It includes a header section with 'Diagnosis Codes' (A, B, C, D) and an 'Add New Line' button. Below this is a table with columns: 'From Date', 'To Date', 'Diagnosis Pointer' (A, B, C, D), 'Code Type', 'Procedure Code', and 'Action'. The table has five rows. At the bottom, there is a 'Remarks' field. Numbered callouts point to the following elements: 1 points to the 'Diagnosis Codes' header; 2 points to the 'Add New Line' button; 3 points to the 'From Date' and 'To Date' columns; 4 points to the 'Diagnosis Pointer' columns; 5 points to the 'Code Type' column; 6 points to the 'Procedure Code' column; 7 points to the 'Action' column; and 8 points to the 'Remarks' field.

Adding a New Transplant Authorization Request

Transplant Information 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. Enter **Organ Transplant Coordinator Name**.
6. Enter coordinator's **Phone Number**.

The screenshot shows a web form titled "Transplant Information". It contains six input fields, each with a blue circular callout number: 1. "Transplant Facility:" text box; 2. "Transplant Type:" text box; 3. "Transplant Facility Address:" text box; 4. "Transplant Facility Phone:" text box; 5. "Organ Transplant Coordinator Name:" text box; 6. "Phone Number:" text box. Each text box has a small asterisk at the end, indicating a required field.

Prior to saving the authorization and uploading supporting documents steps, all required supporting documents must be attached to the authorization request. The checklist below must be completed to confirm the required supporting documents are included to submit the request.

Note: All supporting documents (as listed below) must be attached to the authorization request.

The screenshot shows a web form section titled "Supporting Documents". It includes a warning message: "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." Below this is a section titled "Required documentation:" which contains a checklist with three items, each preceded by a blue checkmark in a box: "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)", and "A copy of the treatment protocol". The entire checklist section is enclosed in a red rectangular border.

Adding a New Transplant Authorization Request

Saving the Authorization

1. 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** button (errors may vary). *All errors must be corrected and the corrected information saved.*

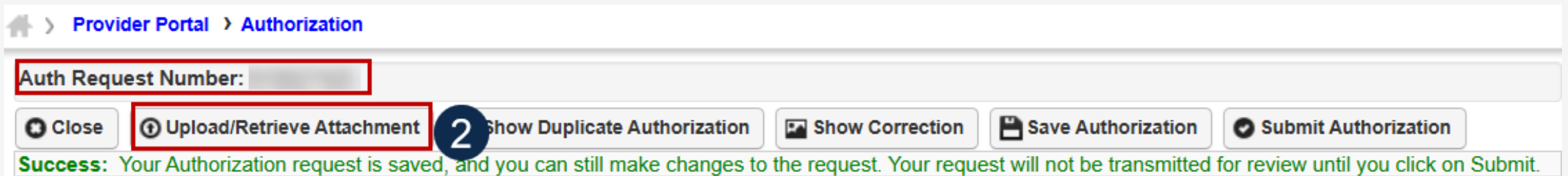
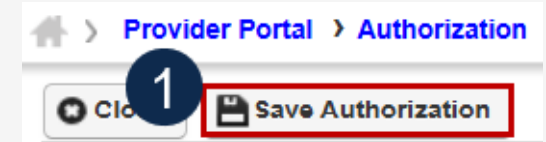
Note: The nine-digit authorization number populates in the **Auth Request Number** field.

2. Select **Upload/Retrieve Attachment** to upload supporting documentation.

Note: Supporting documentation can be uploaded. Transplant authorizations require a letter of medical necessity, initial and recent clinical evaluation, and a copy of the treatment protocol.

Note: Refer to the next slide for further instruction on how to upload and save attachments.

Important! Authorizations cannot be submitted without an attachment.



Adding a New Transplant Authorization Request

Uploading a Document

1. Select the document type to upload from the **Document Type** drop-down list.
2. Select **Choose File** from the **Filename** field. Locate and select the file to upload from the local drive, then select **Open**. The system updates the **Filename** field.

Note: Only files with extensions of .tif, .tiff, or .pdf are accepted. The filename cannot be longer than 50 characters.

3. Select **OK**. The **Image ID** (attachment) will display in the **Attachment List** section at the bottom of the window.
4. Once all attachments are uploaded, select **Close** to return to the previous page to submit the authorization.

Auth Request Number:

Attachment

Please select the file to be uploaded

Document Type :

Filename : Test pdf.pdf

Please be sure the supporting documentation/attachments is for the treated claimant ONLY.
Please do not upload supporting documentation/attachments for any other claimant as this could potentially cause a denial of your authorization or an unintended disclosure of protected health information (PHI).

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

Attachment List

| <input type="checkbox"/> | Image ID | Image Title | Document Type | Created By | Created Date | Auth Request Number |
|--------------------------|--------------|--------------|---------------------------|------------|---------------------|---------------------|
| <input type="checkbox"/> | ATT723999075 | Test pdf.pdf | Auth Supporting Documents | | 03-26-2025 14:52:47 | |

View Page: Viewing Page: 1

Adding a New Transplant Authorization Request

Submitting the Authorization

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

The screenshot shows the 'Provider Portal' navigation path: Home > Provider Portal > Authorization > Provider Portal > Authorization. Below the path is a text field for 'Auth Request Number:'. A blue circle with the number '1' is positioned above the 'Submit Authorization' button, which is highlighted with a red border. Other buttons include 'Close', 'Upload/Retrieve Attachment', 'Show Duplicate Authorization', 'Show Correction', and 'Save Authorization'.

Note: After selecting **Submit Authorization**, the system confirms the authorization is successfully submitted for review and determines the Authorization Level. There are five different statuses that could appear in the **Header Status** field: In Review, Processed, Awaiting Decision, Cancelled, and Approved.

2. To display the **Authorization Request List**, select **Close**.

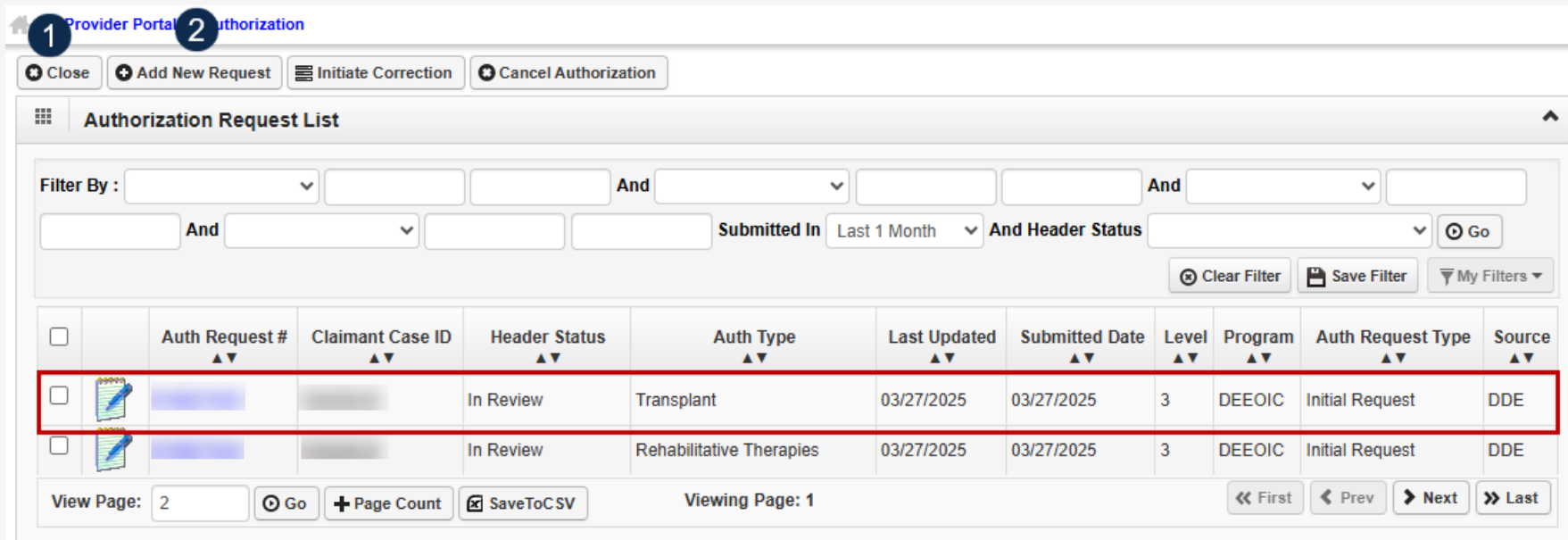
The screenshot shows the same 'Provider Portal' navigation path. Below the 'Auth Request Number' field, the 'Close' button is highlighted with a red border. A blue circle with the number '2' is positioned above the 'Close' button. Below the buttons, a green success message reads: 'Success: Your Authorization is successfully submitted for review.' Other buttons visible are 'Upload/Retrieve Attachment', 'Show Duplicate Authorization', and 'Show Correction'.

Adding a New Transplant Authorization Request

Viewing Authorization Information

Note: The system displays submitted authorization requests in the **Authorization Request List** section. Submitted authorization requests will begin in the **Header Status** of "In Review."

1. To return to the Provider Portal home page, select **Close**.
2. To submit additional authorization requests, select **Add New Request**.



1 Provider Portal 2 Authorization

Close Add New Request Initiate Correction Cancel Authorization

Authorization Request List

Filter By : [dropdown] [dropdown] And [dropdown] [dropdown] And [dropdown] [dropdown] And [dropdown] [dropdown] Submitted In Last 1 Month And Header Status [dropdown] Go Clear Filter Save Filter My Filters

| | Auth Request # | Claimant Case ID | Header Status | Auth Type | Last Updated | Submitted Date | Level | Program | Auth Request Type | Source |
|--------------------------|----------------|------------------|---------------|--------------------------|--------------|----------------|-------|---------|-------------------|--------|
| <input type="checkbox"/> | [icon] | [redacted] | In Review | Transplant | 03/27/2025 | 03/27/2025 | 3 | DEEOIC | Initial Request | DDE |
| <input type="checkbox"/> | [icon] | [redacted] | In Review | Rehabilitative Therapies | 03/27/2025 | 03/27/2025 | 3 | DEEOIC | Initial Request | DDE |

View Page: 2 Go Page Count SaveToCSV Viewing Page: 1 << First < Prev > Next >> Last

Checking Authorization Status and Quick Tips



Checking Authorization Status

(1 of 2)

1. Select the **Notepad and Pencil** icon to open the dialogue box to show authorization details.

Once the provider submits their authorization request, the status of their authorization populates the fields under the **Authorization Request List** section, and includes the information on this slide and the next slide:

- **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 approved
- *Denied:* Authorization 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
- *Authorization Not Required:* Services requested do not require authorization
- *Corrected:* The correction request has been approved and applied to the original authorization

| | Auth Request # | Claimant Case ID | Header Status | Auth Type | Last Updated | Submitted Date | Level | Program | Auth Request Type | Source |
|--------------------------|----------------|------------------|-------------------|--------------------------|--------------|----------------|-------|---------|-------------------|--------|
| <input type="checkbox"/> | | | In Review | Transplant | 03/27/2025 | 03/27/2025 | 3 | DEEOIC | Initial Request | DDE |
| <input type="checkbox"/> | | | In Review | Rehabilitative Therapies | 03/27/2025 | 03/27/2025 | 3 | DEEOIC | Initial Request | DDE |
| <input type="checkbox"/> | | | Auth Not Required | Medical Transportation | 03/27/2025 | 03/27/2025 | 1 | DEEOIC | Initial Request | DDE |

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

Checking Authorization Status

(2 of 2)

Continued from previous page:

- **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. To return to the portal home page, select **Close**.
3. To initiate a correction, select the checkbox next to an authorization and select **Initiate Correction**.
4. To cancel an authorization, select the checkbox next to an authorization and select **Cancel Authorization**.

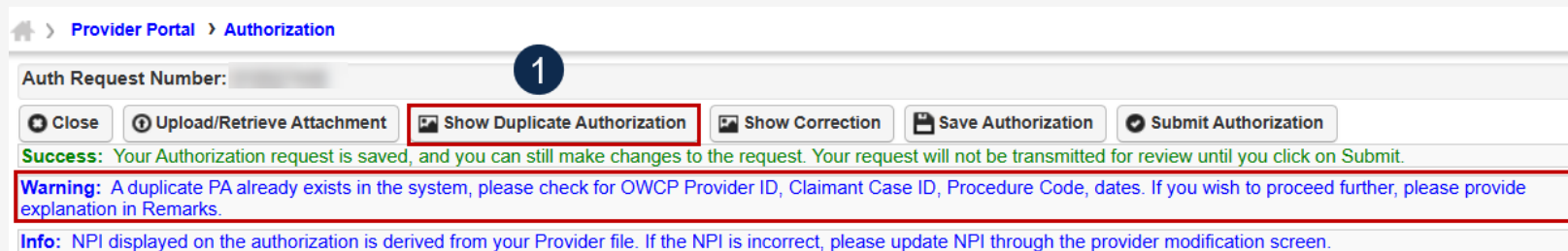
| | | | | | | | | | | |
|--------------------------|----------------|------------------|-------------------|--------------------------|--------------|----------------|-------|---------|-------------------|--------|
| <input type="checkbox"/> | Auth Request # | Claimant Case ID | Header Status | Auth Type | Last Updated | Submitted Date | Level | Program | Auth Request Type | Source |
| <input type="checkbox"/> | | | In Review | Transplant | 03/27/2025 | 03/27/2025 | 3 | DEEOIC | Initial Request | DDE |
| <input type="checkbox"/> | | | In Review | Rehabilitative Therapies | 03/27/2025 | 03/27/2025 | 3 | DEEOIC | Initial Request | DDE |
| <input type="checkbox"/> | | | Auth Not Required | Medical Transportation | 03/27/2025 | 03/27/2025 | 1 | DEEOIC | Initial Request | DDE |

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, select Authorization Type and use the filter to search for Home Health Requests.

Checking for Duplicate Authorization

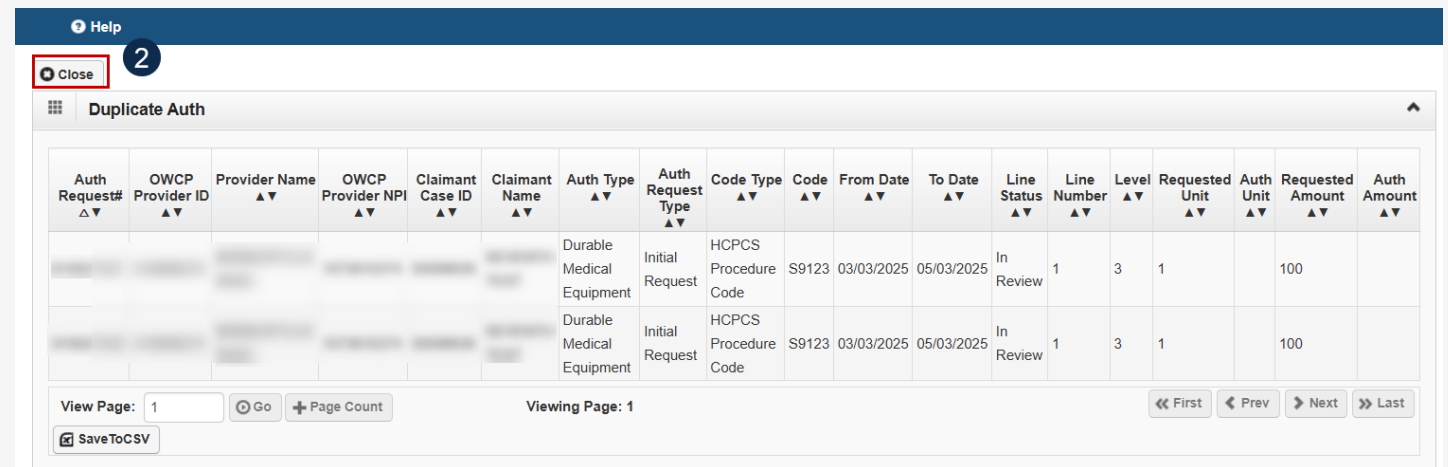
After selecting **Save Authorization** when adding a new authorization request, the system will alert the provider to a warning if a duplicate prior authorization already exists in the system.



The screenshot shows the 'Provider Portal > Authorization' interface. A red circle with the number '1' highlights the 'Show Duplicate Authorization' button. Below the buttons, a green success message states: 'Success: Your Authorization request is saved, and you can still make changes to the request. Your request will not be transmitted for review until you click on Submit.' A red-bordered warning box contains the text: 'Warning: A duplicate PA already exists in the system, please check for OWCP Provider ID, Claimant Case ID, Procedure Code, dates. If you wish to proceed further, please provide explanation in Remarks.' Below the warning, an info message states: 'Info: NPI displayed on the authorization is derived from your Provider file. If the NPI is incorrect, please update NPI through the provider modification screen.'

1. To open the **Duplicate Auth** window, select **Show Duplicate Authorization**.
2. After checking the duplicate authorization information (OWCP Provider ID, Claimant Case ID, Procedure Code, and Dates), select **Close** to return to the Authorization request.

Note: To proceed with the Authorization Request, provide explanation in the **Remarks** field.



The screenshot shows the 'Duplicate Auth' window with a 'Close' button highlighted by a red box and a red circle with the number '2'. The table below lists duplicate authorization requests.

| Auth Request# | OWCP Provider ID | Provider Name | OWCP Provider NPI | Claimant Case ID | Claimant Name | Auth Type | Auth Request Type | Code Type | Code | From Date | To Date | Line Status | Line Number | Level | Requested Unit | Auth Unit | Requested Amount | Auth Amount |
|---------------|------------------|---------------|-------------------|------------------|---------------|---------------------------|-------------------|----------------------|-------|------------|------------|-------------|-------------|-------|----------------|-----------|------------------|-------------|
| | | | | | | Durable Medical Equipment | Initial Request | HCPCS Procedure Code | S9123 | 03/03/2025 | 05/03/2025 | In Review | 1 | 3 | 1 | | 100 | |
| | | | | | | Durable Medical Equipment | Initial Request | HCPCS Procedure Code | S9123 | 03/03/2025 | 05/03/2025 | In Review | 1 | 3 | 1 | | 100 | |

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SaveToCSV

Authorization Request Quick Tips

Authorization Quick Tips:

- Check Claimant Eligibility to see if an authorization request is required.
- Submit an authorization before submitting a bill.
 - Check the authorization status.
 - Submit a bill when the authorization is in an “Approved” status.
- Authorization Request does not guarantee payment.
- Allow two business days for Authorization Process. If authorization is a Level three or emergency, it takes one business day to process.
- Authorizations can also be faxed to 800.882.6147 or mailed to P.O. Box 8304, London, KY 40742-8304.
- Claimant travel authorization forms are not required for claimant travel.

THANK YOU!

