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](#).

How It Works:

1. Go to the Medical Bill Processing Portal (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.

Providers:

Provider Enrollment >
Provider Login >
OWCP WCMBP Provider Manual >
Upcoming Webinars >
Interested in treating OWCP workers >

Existing User

Login Using Email Address:

LOGIN

Forgot password?
PASSWORD RESET

Change Email?
CHANGE EMAIL

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

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

Security Image

Key Phrase   tree

Password *

* Required Field

SUBMIT

③

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.

④

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

SUBMIT

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.

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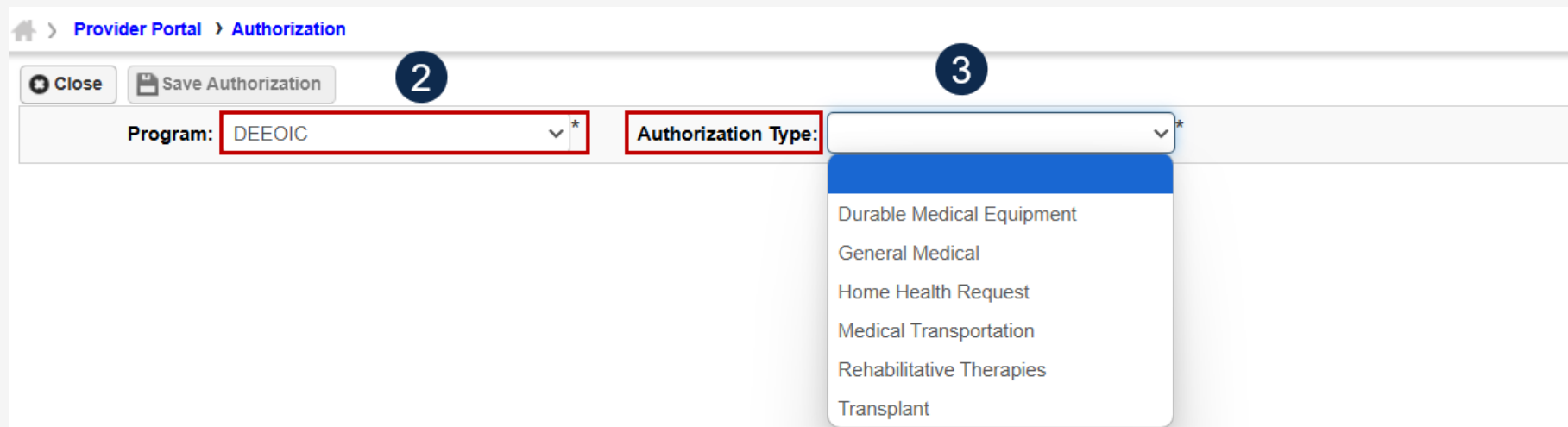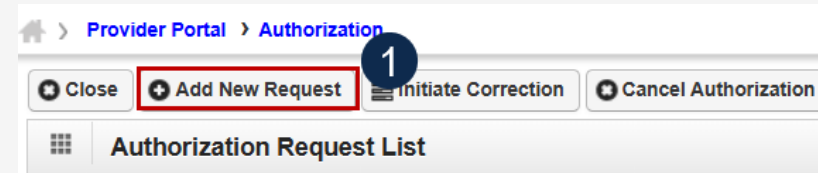
Adding a New Durable Medical Equipment Authorization Request
Requestor and Claimant Information

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.

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.

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

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).

   Note: Procedure Code does not have a drop-down list.

7. Enter the number of **Units** for the authorization being requested.

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

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.

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.

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.

Submitting the Durable Medical Equipment Authorization Request

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

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**.

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.
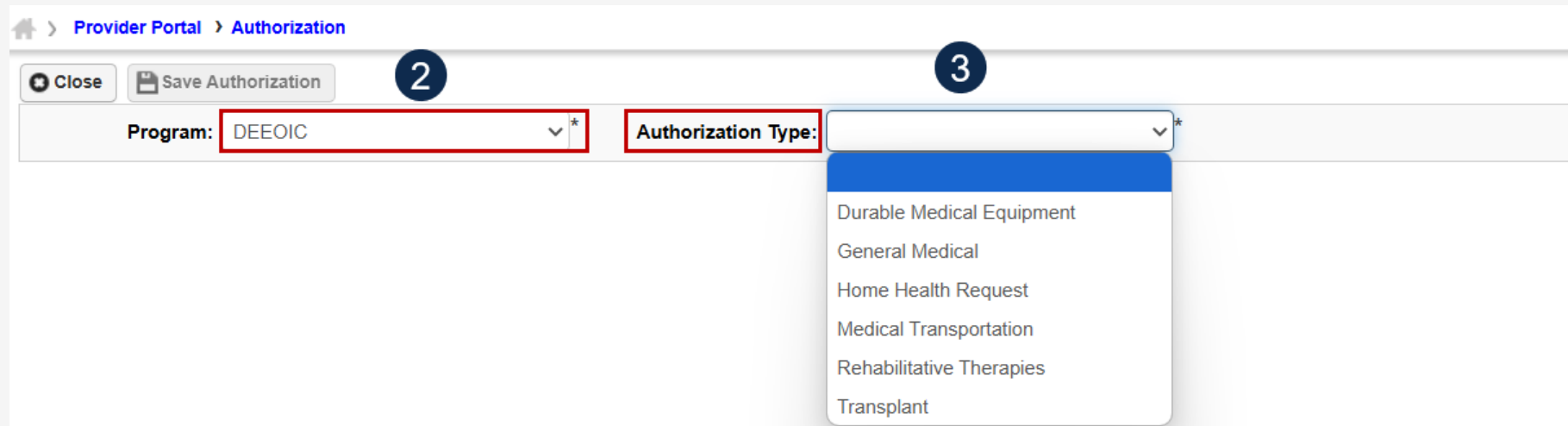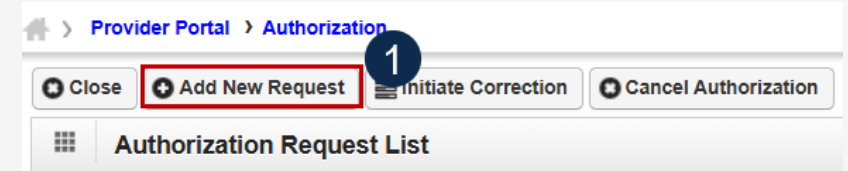
Adding a New Request: General Medical
Requestor and Claimant Information

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 be 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.

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.

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.

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

Note: Providers may request authorization retroactively.

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.

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.
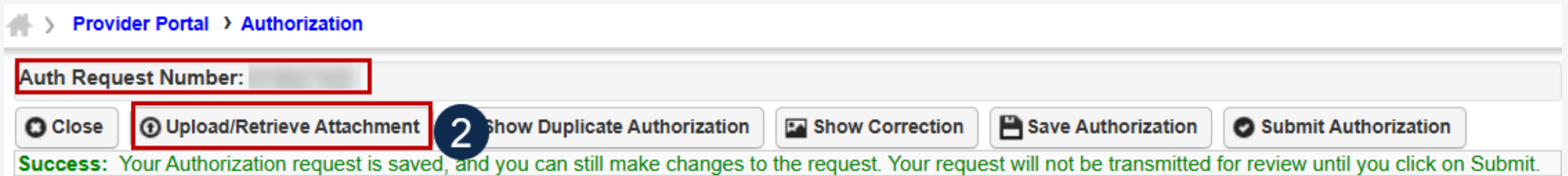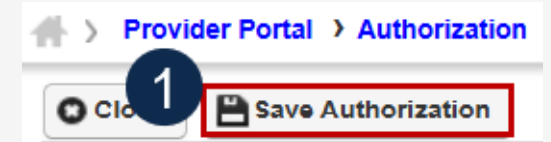
Adding a New General Medical Authorization Request
Uploading a Document

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.

Adding a New General Medical Authorization Request
Submitting the Authorization Request

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

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**.

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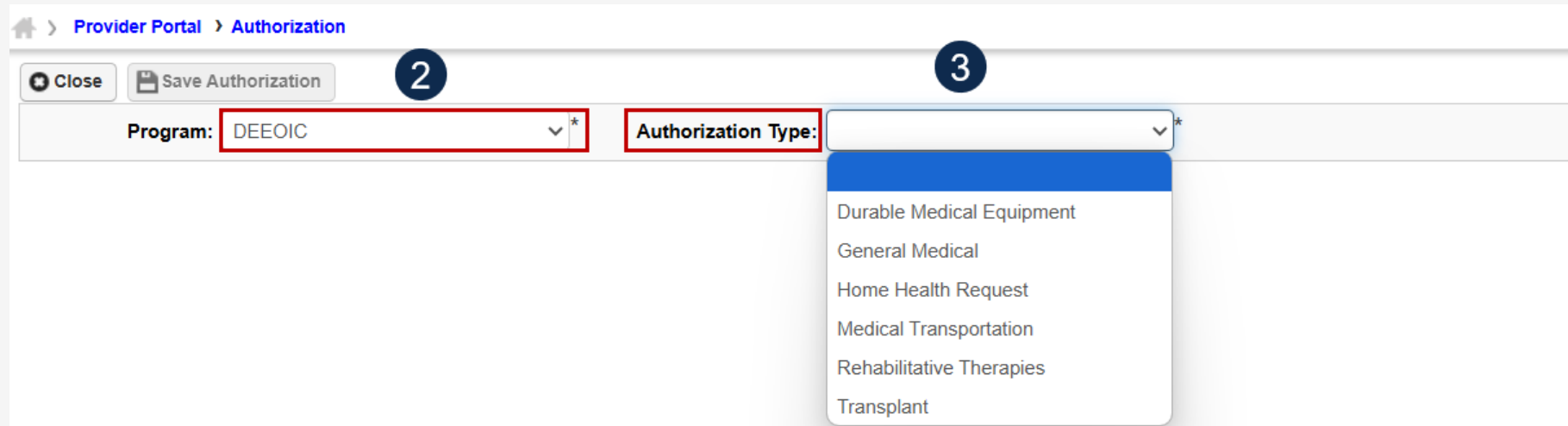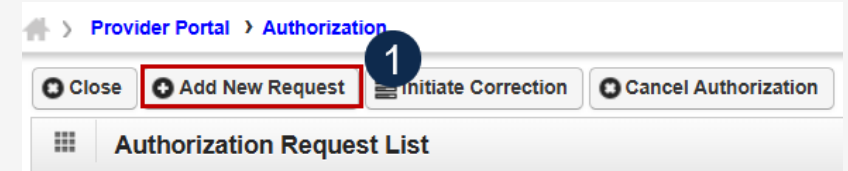
Note: The **Date Requested** and **Requested By** fields automatically populates in the **Requestor Information** section. The **Phone Number** field is optional.

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)

2. In the **Claimant Information** section, enter the required claimant case ID in the **Claimant's Case ID** field as denoted be 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: [ ]* **(2)**	**Date of Birth:** [📅]*	
First Name: [ ]*	**Last Name:** [ ]*	

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.

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.

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

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.

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.

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.

Adding a New Home Health Authorization Request
Submitting the Authorization

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

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**.

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.

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.

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.

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.

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.

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 : Auth Supporting Documents ∨ * **(1)**

Filename : Choose File Test pdf.pdf * **(2)**

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.

(3)

OK Close
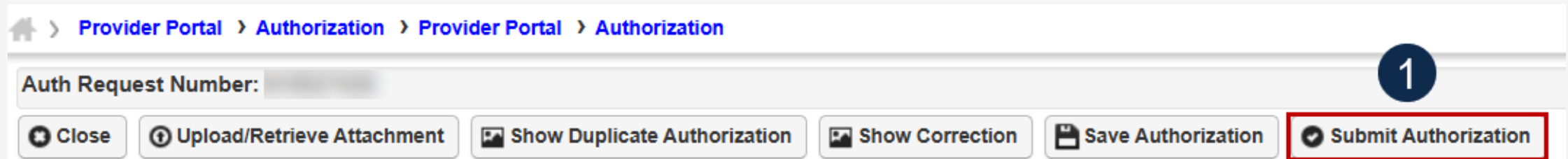
Attachment List **(4)**
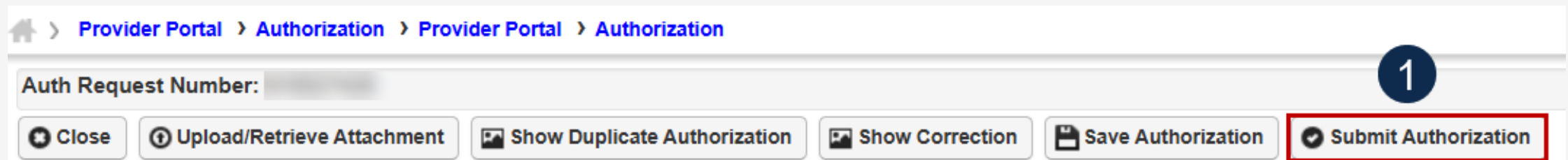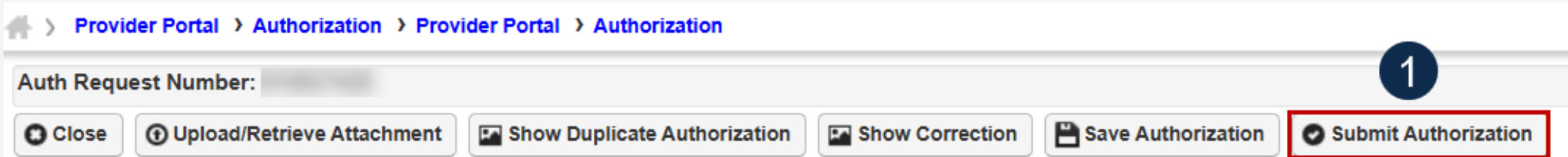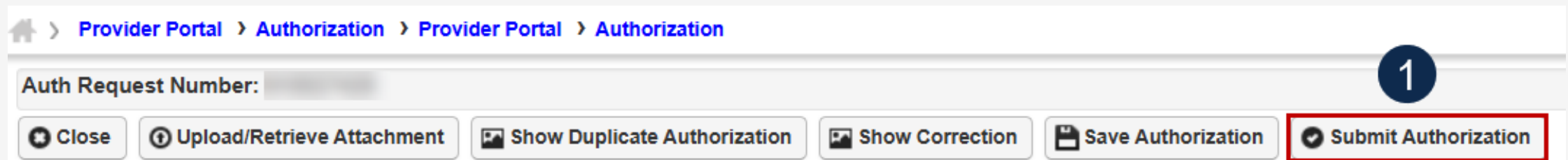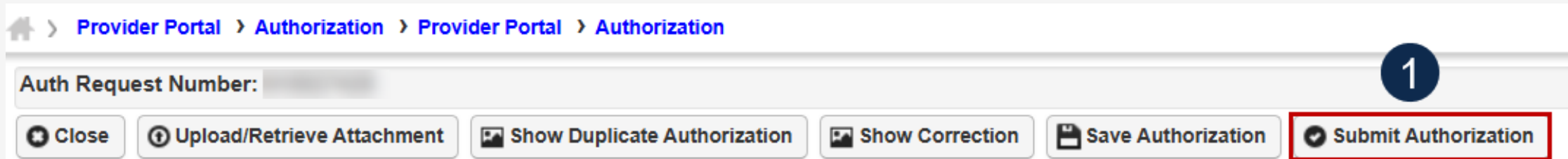
	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
☐	ATT723999075 **(3)**	Test pdf.pdf	Auth Supporting Documents		03-26-2025 14:52:47	

Delete View Page: 1 Go Page Count SaveToCSV   Viewing Page: 1   First Prev Next Last

Adding a New Medical Transportation Authorization Request
Submitting the Authorization

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

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**.

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.

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)

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.

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.

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.

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

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.

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.

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.

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

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**.

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.

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:	①	Phone Number:	

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**.

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.

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.

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.

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**.

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.

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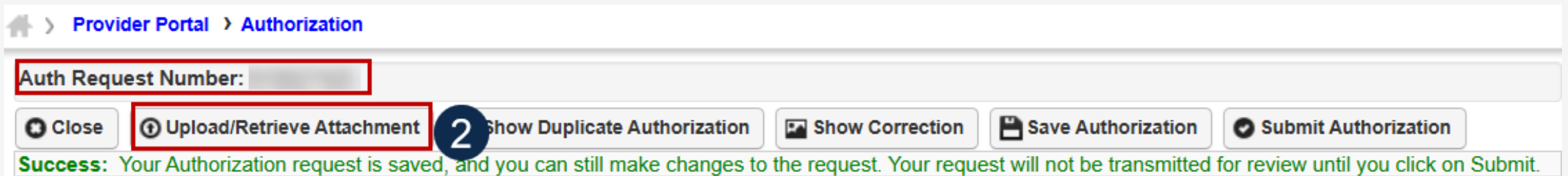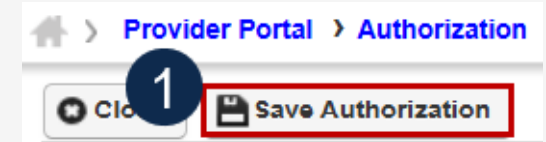
   Note: The nine-digit authorization number populates in the **Auth Request Number** field.

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.

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.

Adding a New Transplant Authorization Request
Submitting the Authorization

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

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**.

Checking Authorization Status and Quick Tips

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

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

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**.
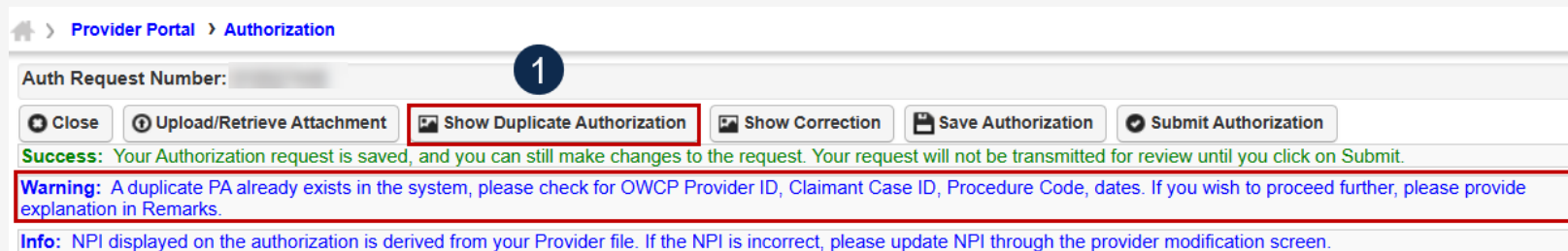

Note: Step 1 and the previous fields under Authorization Request List are covered on the previous slide.

Note: To view status of DEEOIC Home Health Requests, select Authorization Type and use the filter to search for Home Health Requests.
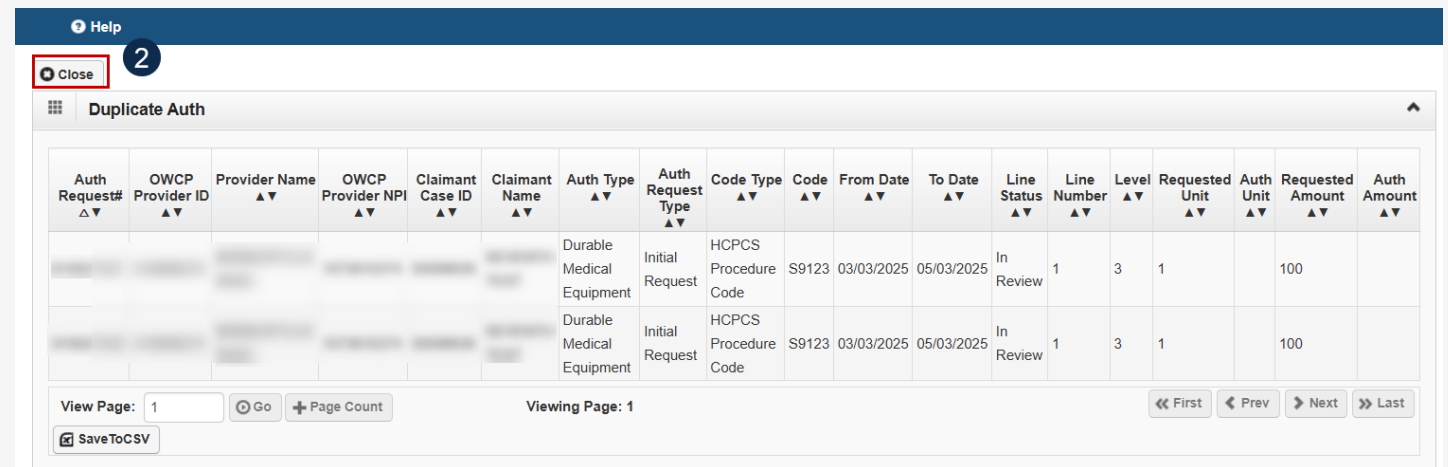
Checking for Duplicate Authorization

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.

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.

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!