

Submitting Division of Energy Employees Occupational Illness Compensation (DEEOIC) Online Authorizations

Effective 9/20/2025

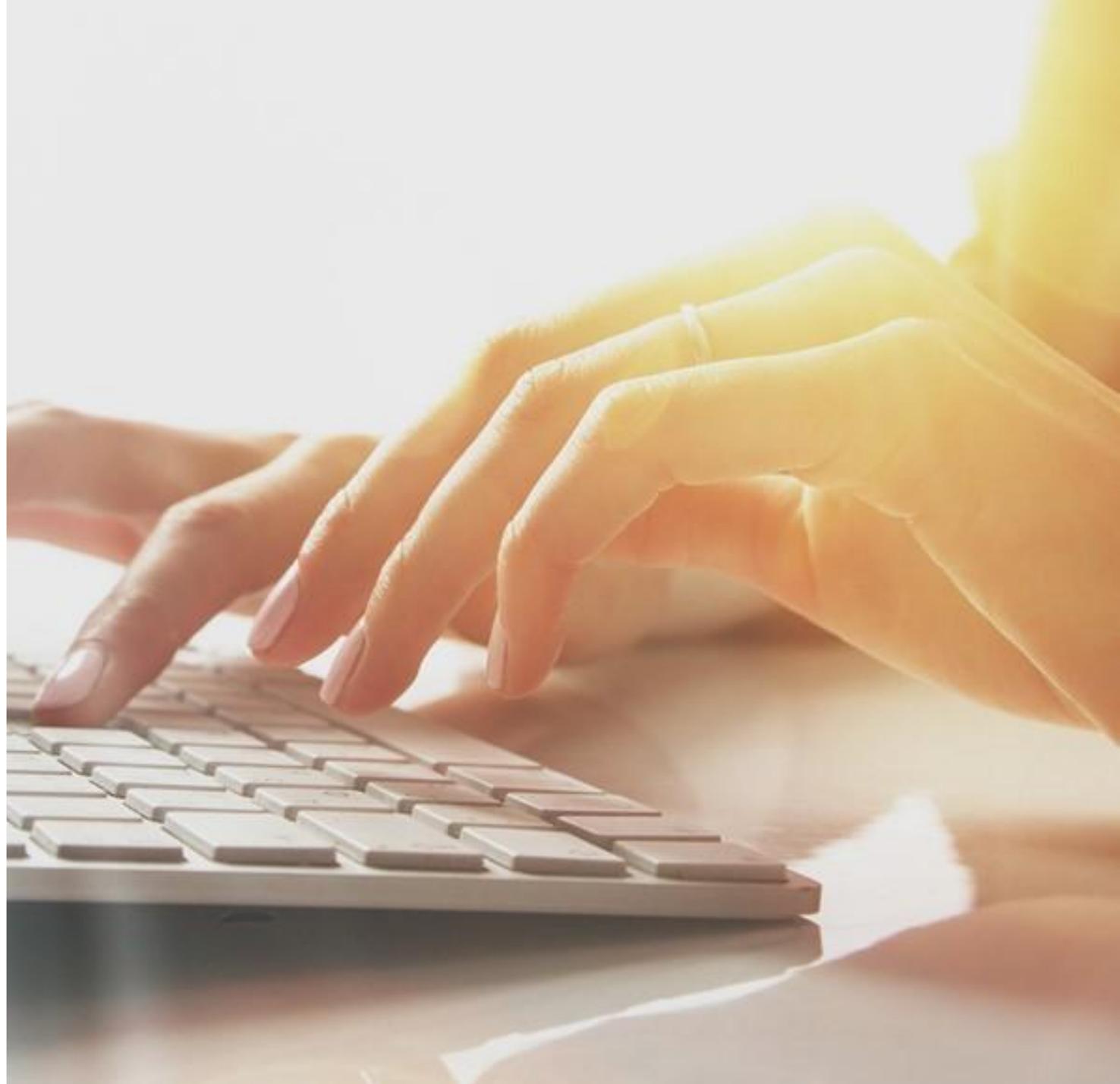


Introduction

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](#)

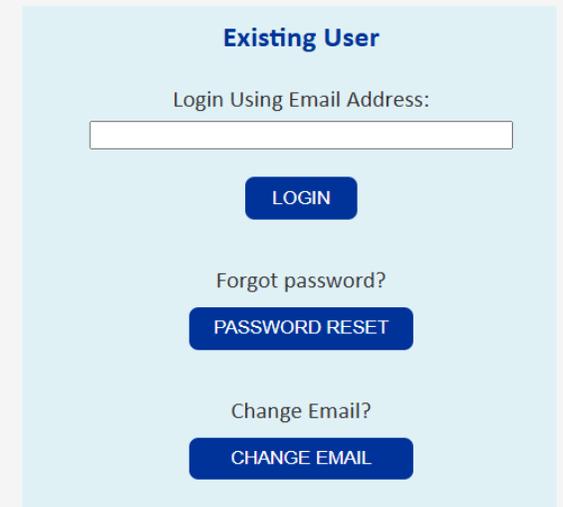
Printable authorization forms can be downloaded on the Office of Workers' Compensation Programs Medical Bill Processing Portal ([WCMBP Portal](#)).



Accessing DEEOIC Authorizations (1 of 4)

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.



Accessing DEEOIC Authorizations (2 of 4)

3. Enter the password created during OWCP Connect registration, then select **SUBMIT**.

Login

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

Security Image



Key Phrase tree

Password *

* Required Field

SUBMIT

Accessing DEEOIC Authorizations (3 of 4)

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

Accessing DEEOIC Authorizations (4 of 4)

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

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

Available Provider IDs: *

2. To proceed to the Provider Portal homepage, select the **EXT Provider Bills Submitter** profile from the drop-down list and select **Go**.

Select a profile to use during this session:

Profile: *

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

On-line Authorization Submission

Durable Medical Equipment (DME) Overview



Durable Medical Equipment Authorization Notes

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

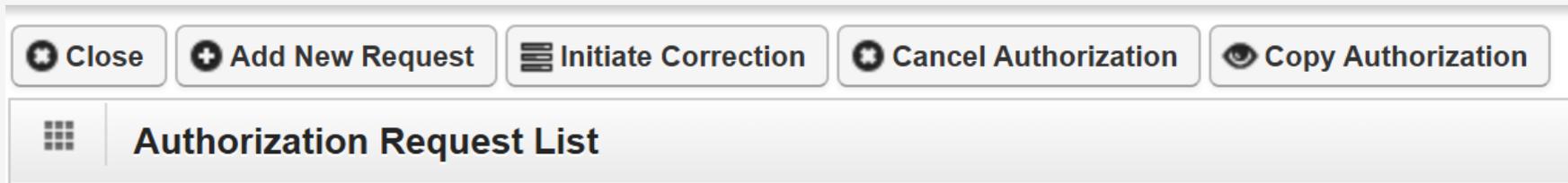
Providers do not need to submit a correction to an existing DME authorization for the associated supplies or accessories if an approved authorization is on file.

HCPCS CODE	Description	Associated DME Codes
A615	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	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

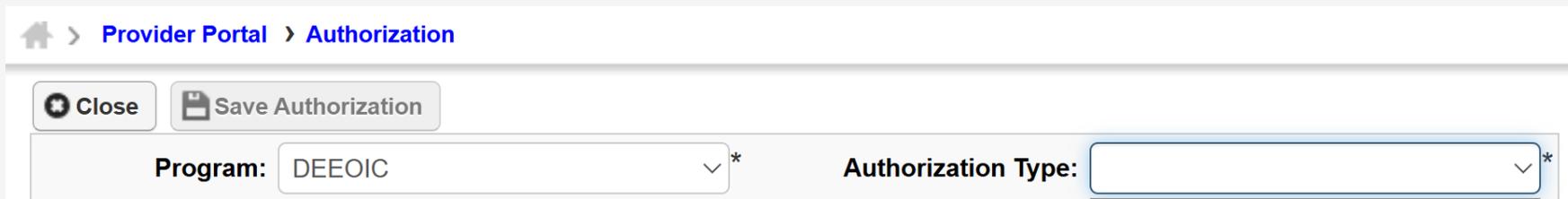
Adding a New DME Authorization (1 of 2)

To begin adding a new DME authorization request:

1. Select **Add New Request**.

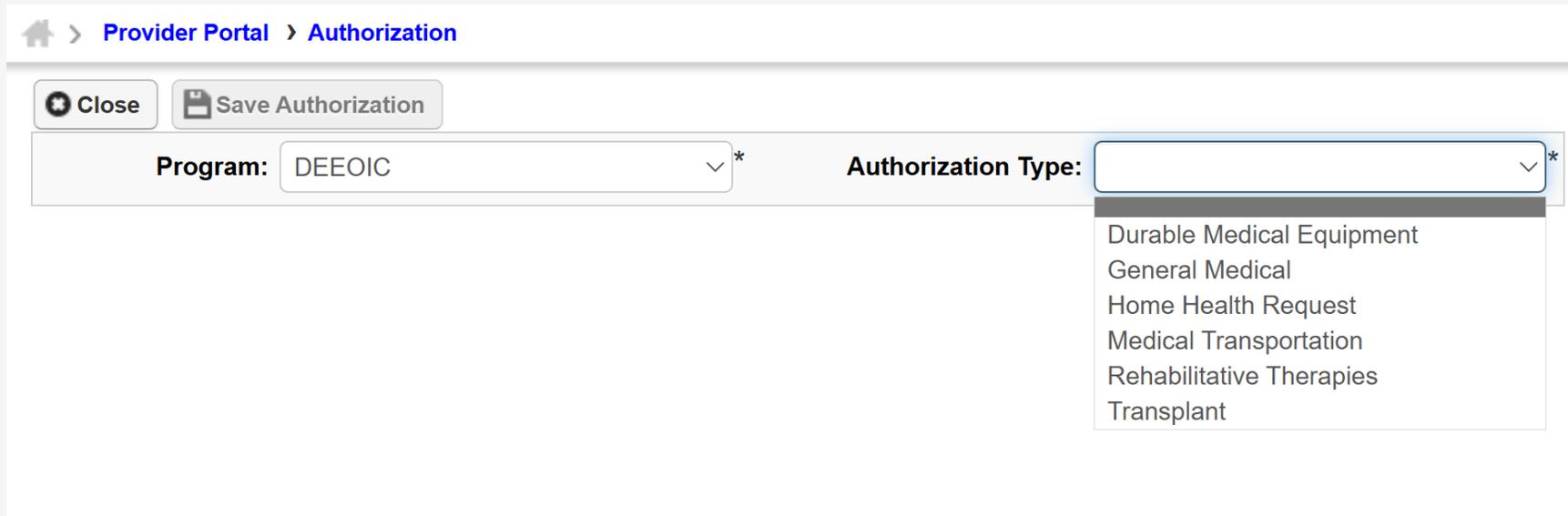


2. From the **Program** drop-down list, select **DEEOIC**.



Adding a New DME Authorization (2 of 2)

1. From the **Authorization Type** drop-down list, select **Durable Medical Equipment**. The **Authorization** page will display.

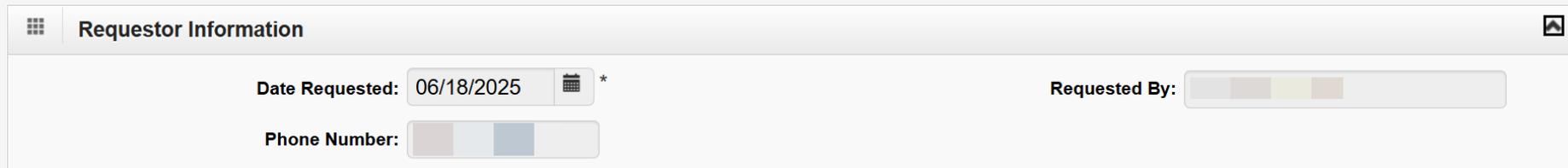


The screenshot shows a web interface for adding a new DME authorization. At the top, there is a breadcrumb trail: [Provider Portal](#) > [Authorization](#). Below this, there are two buttons: **Close** and **Save Authorization**. The form contains two dropdown menus. The first is labeled **Program:** and has the value **DEEOIC**. The second is labeled **Authorization Type:** and is currently open, showing a list of options: **Durable Medical Equipment**, **General Medical**, **Home Health Request**, **Medical Transportation**, **Rehabilitative Therapies**, and **Transplant**. Both dropdown menus have an asterisk (*) next to them, indicating they are required fields.

Adding New DME Requestor and Claimant Information

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

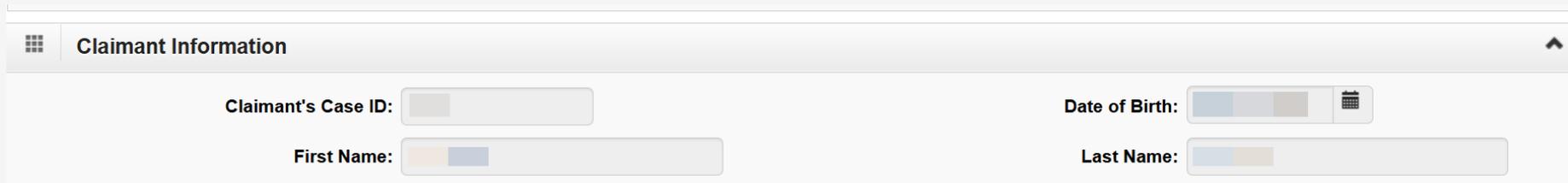
1. If applicable enter a phone number in the **Phone Number** field of the **Requestor Information** section. This field is optional.



The screenshot shows a form titled "Requestor Information". It contains the following fields: "Date Requested" with the value "06/18/2025" and a calendar icon; "Requested By" with a dropdown menu; and "Phone Number" with a text input field.

2. In the **Claimant Information** section, enter the required claimant information:
 - 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 form titled "Claimant Information". It contains the following fields: "Claimant's Case ID" with a text input field; "Date of Birth" with a date picker; "First Name" with a text input field; and "Last Name" with a text input field.

Adding New DME 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 form titled "Provider Information" with a grid icon on the left and an upward arrow on the right. The form contains the following fields:

- OWCP Provider ID:
- Provider Name:
- Providing care for a family member?:
- OWCP National Provider Identifier:
- Tax ID (SSN/FEIN):
- Fax Number:
- If Yes, please provide relationship to the claimant:

Adding New DME Service Line Information (1 of 6)

Enter the Required Service Line Information

Note: This image shows the Service Line Information section. Images in the following steps will reference individual fields.

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

Note: Five service lines display below.

Service Line Information

Diagnosis Codes: A: * B: C: D:

[+ Add New Line](#)

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Units	Rental or Purchase Modifier	Cost	Duration	Action
			A	B	C	D							
1	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>	
2	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>	
3	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>	
4	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>	
5	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>	

Remarks:

Adding New DME Service Line Information (2 of 6)

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

Note: Five service lines display below.

Diagnosis Codes: A: * B: C: D:

2. When additional service lines are needed, select **Add New Line** above the date fields.

Service Line Information
^

Diagnosis Codes: A: * B: C: D:

+ Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Units	Rental or Purchase Modifier	Cost	Duration	Action
			A	B	C	D							
1	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>		
2	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>		
3	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>		
4	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>		
5	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>		

Remarks:

Adding New DME Service Line Information (3 of 6)

- Complete the **From Date** and **To Date** for each service line used (for the time period of the authorization being requested).
- 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: One alpha character is required, but providers can select multiple alpha characters.

Service Line Information
▲

Diagnosis Codes: A: * B: C: D:

➕ Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Units	Rental or Purchase Modifier	Cost	Duration	Action
			A	B	C	D							
1	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>		
2	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>		
3	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>		
4	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>		
5	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>		

Remarks:

Adding New DME Service Line Information (4 of 6)

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: The WCMBP System only accepts procedure codes that are valid for the specific authorization type being submitted.

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

Service Line Information

Diagnosis Codes: A: * B: C: D:

+ Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Units	Rental or Purchase Modifier	Cost	Duration	Action
			A	B	C	D							
1	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>		
2	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>		
3	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>		
4	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>		
5	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>		

Remarks:

Adding New DME Service Line Information (5 of 6)

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.

Service Line Information
▲

Diagnosis Codes: A: * B: C: D:

➕ Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Units	Rental or Purchase Modifier	Cost	Duration	Action
			A	B	C	D							
1	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>		
2	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>		
3	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>		
4	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>		
5	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>		

Remarks:

Adding New DME Service Line Information (6 of 6)

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.

Service Line Information
▲

Diagnosis Codes: A: * B: C: D:

➕ Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Units	Rental or Purchase Modifier	Cost	Duration	Action
			A	B	C	D							
1	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>		
2	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>		
3	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>		
4	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>		
5	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>		

Remarks:

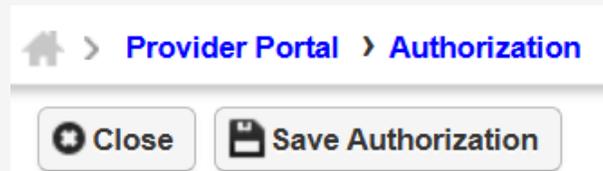
Saving a DME Authorization

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.

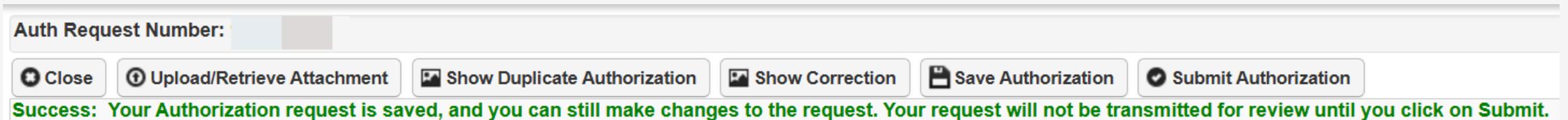
Note: DME authorizations require a prescription from the attending physician and a treatment plan, which can be uploaded as supporting documentation.



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.



Uploading DME Documentation (1 of 2)

1. Select the document type to be uploaded from the **Document Type** drop-down list.
2. Select **Choose File** from the **Filename** field.
 - A. Locate and select the file to upload from the local drive.
 - B. 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.

The screenshot shows two parts of a web application interface. The top part is an 'Attachment' modal window with the following elements:

- Header: Attachment
- Instruction: Please select the file to be uploaded
- Document Type: Auth Supporting Documents (dropdown menu)
- Filename: Choose File Test.pdf (input field with a 'Choose File' button)
- Warning: 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).
- Info: The acceptable file extensions for the upload are .tif,.tiff,.pdf. Filename cannot be longer than 50 characters.
- Buttons: Ok, Close

The bottom part is an 'Attachment List' table with the following data:

<input type="checkbox"/>	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
<input type="checkbox"/>	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
<input type="checkbox"/>	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

Below the table are navigation controls: Delete, View Page: 1, Go, Page Count, SaveToCSV, Viewing Page: 1, First, Prev, Next, Last.

Uploading DME Documentation (2 of 2)

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.

Attachment

Please select the file to be uploaded

Document Type : Auth Supporting Documents ▾

Filename : Choose File Test.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.

Ok Close

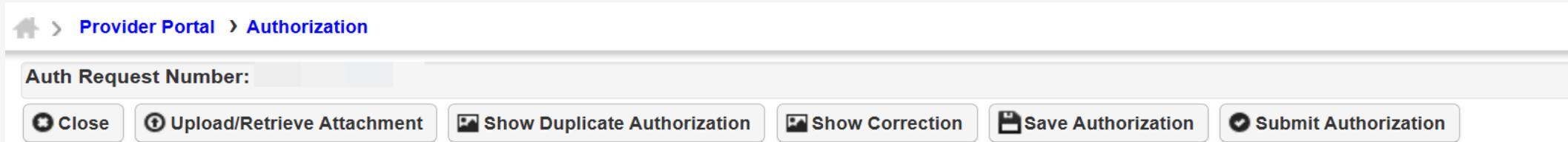
Attachment List

<input type="checkbox"/>	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
<input type="checkbox"/>	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
<input type="checkbox"/>	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

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

Submitting a DME Authorization

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

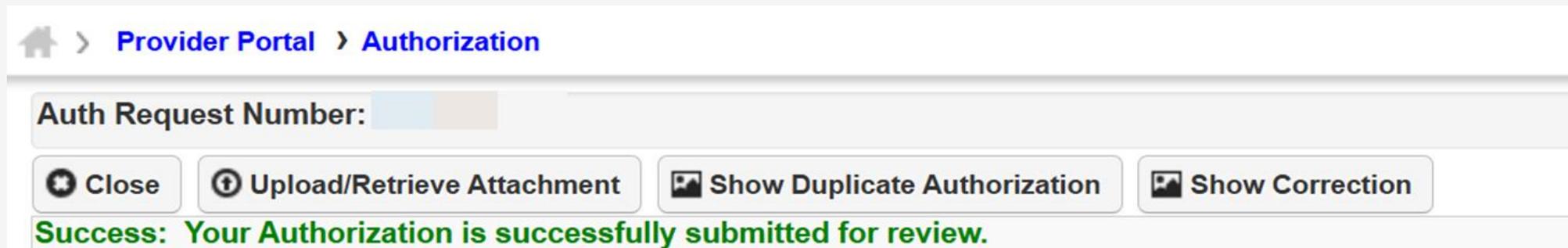


Home > Provider Portal > Authorization

Auth Request Number:

Note: After selecting **Submit Authorization** the WCMBP System confirms the authorization is successfully submitted for review, updates the Header Status to **In Review**, and determines the Authorization Level.

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



Home > Provider Portal > Authorization

Auth Request Number:

Success: Your Authorization is successfully submitted for review.

Viewing DME 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 homepage, select **Close**.
2. To submit additional authorization requests, select **Add New Request**.

The screenshot shows the 'Authorization Request List' interface. At the top, there is a breadcrumb trail: 'Provider Portal > Authorization'. Below this is a toolbar with buttons: 'Close', 'Add New Request', 'Initiate Correction', 'Cancel Authorization', and 'Copy Authorization'. The main section is titled 'Authorization Request List' and contains a filter section with multiple dropdown menus and a 'Go' button. Below the filter is a table with the following columns: 'Auth Request #', 'Claimant Case ID', 'Header Status', 'Auth Type', 'Last Updated', 'Submitted Date', 'Header From Date', 'Header To Date', 'Program', 'Auth Request Type', and 'Source'. A single row is visible in the table with the following data: 'In Review', 'Durable Medical Equipment', '10/03/2025', '09/17/2025', '07/16/2025', '07/16/2025', 'DEEOIC', 'Initial Request', and 'DDE'. There is also a 'My Filters' dropdown menu at the bottom right of the filter section.

	Auth Request #	Claimant Case ID	Header Status	Auth Type	Last Updated	Submitted Date	Header From Date	Header To Date	Program	Auth Request Type	Source
<input type="checkbox"/>			In Review	Durable Medical Equipment	10/03/2025	09/17/2025	07/16/2025	07/16/2025	DEEOIC	Initial Request	DDE

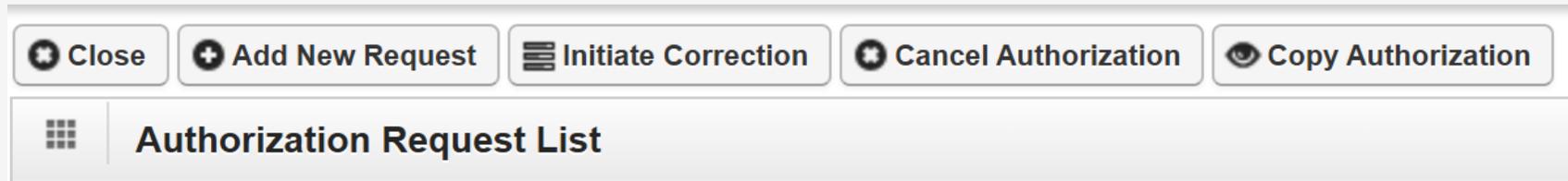
General Medical Overview



Adding a New General Medical Authorization (1 of 2)

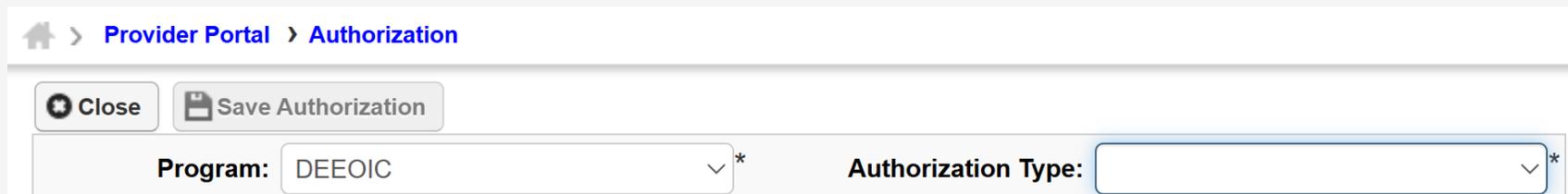
To begin adding a new general medical authorization request:

1. Select **Add New Request**.



A screenshot of a software toolbar for the 'Authorization Request List'. The toolbar contains five buttons: 'Close', 'Add New Request', 'Initiate Correction', 'Cancel Authorization', and 'Copy Authorization'. Below the buttons is a tab labeled 'Authorization Request List' with a grid icon on the left.

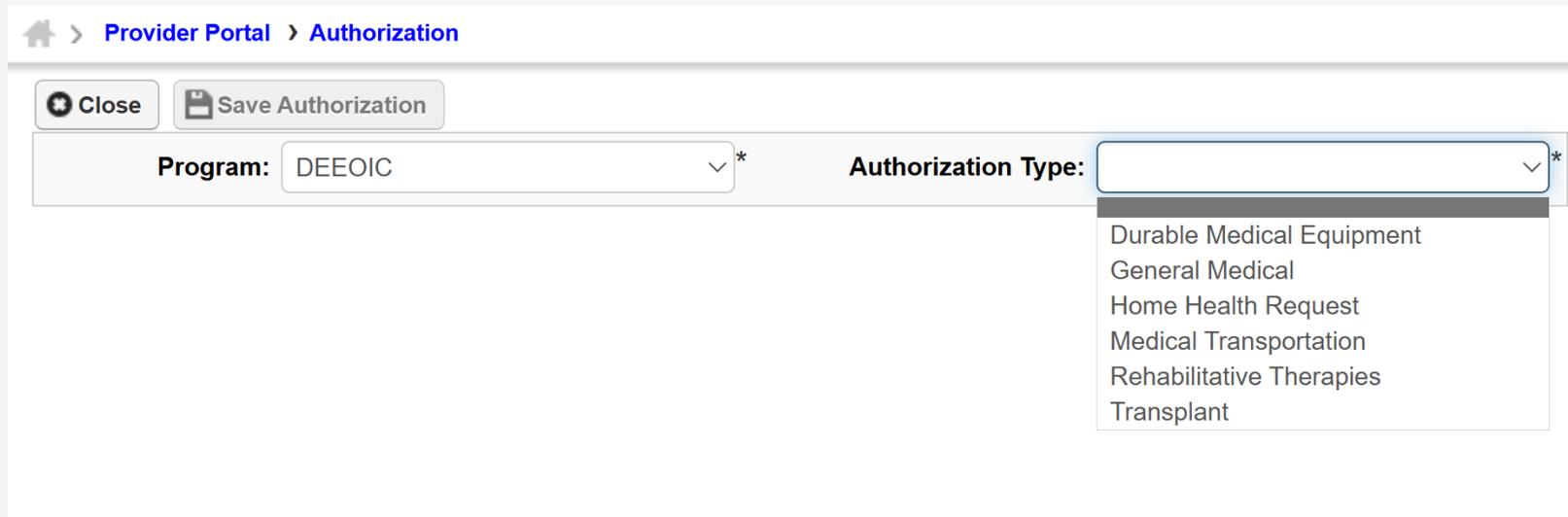
2. From the **Program** drop-down list, select **DEEOIC**.



A screenshot of the 'Authorization' form in the 'Provider Portal'. The breadcrumb trail shows 'Provider Portal > Authorization'. The form has two buttons: 'Close' and 'Save Authorization'. Below the buttons are two drop-down menus. The first is labeled 'Program:' and has 'DEEOIC' selected. The second is labeled 'Authorization Type:' and is empty. Both drop-down menus have an asterisk (*) next to them.

Adding a New General Medical Authorization (2 of 2)

- From the **Authorization Type** drop-down list, select **General Medical**. The **Authorization** page will display.

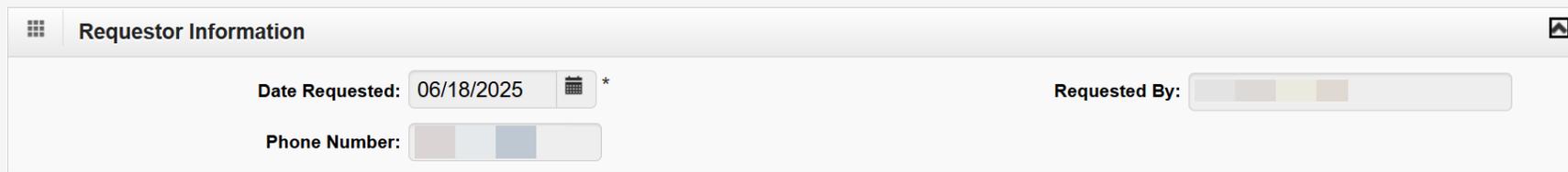


The screenshot shows a web interface for adding a new authorization. At the top, there is a breadcrumb trail: [Provider Portal](#) > [Authorization](#). Below this, there are two buttons: **Close** and **Save Authorization**. The main form area contains two fields: **Program:** with a dropdown menu showing "DEEOIC" and a downward arrow, and **Authorization Type:** with a dropdown menu that is currently open. The open dropdown menu lists the following options: Durable Medical Equipment, General Medical, Home Health Request, Medical Transportation, Rehabilitative Therapies, and Transplant. Both fields have an asterisk (*) next to them, indicating they are required.

Adding New General Medical Requestor and Claimant Information

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

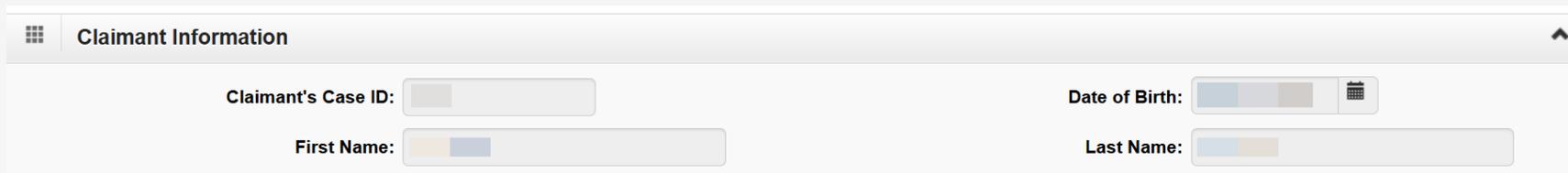
1. If applicable, enter a phone number in the **Phone Number** field of the **Requestor Information** section. This field is optional.



The screenshot shows a form titled "Requestor Information". It contains the following fields: "Date Requested" with the value "06/18/2025" and a calendar icon; "Requested By" with a dropdown menu; and "Phone Number" with a text input field.

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 shows a form titled "Claimant Information". It contains the following fields: "Claimant's Case ID" with a text input field and an asterisk; "Date of Birth" with a date picker; "First Name" with a text input field; and "Last Name" with a text input field.

Adding New General Medical 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 is selected, continue to the next step.

The screenshot shows a form titled "Provider Information" with a grid icon on the left and an upward arrow on the right. The form contains the following fields:

- OWCP Provider ID:** A text input field.
- Tax ID (SSN/FEIN):** A text input field.
- Provider Name:** A text input field.
- Fax Number:** A text input field.
- Providing care for a family member?:** A dropdown menu with a downward arrow.
- OWCP National Provider Identifier:** A text input field.
- If Yes, please provide relationship to the claimant:** A text input field, positioned to the right of the dropdown menu.

Adding New General Medical Service Line Information (1 of 6)

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.

Service Line Information
▲

Diagnosis Codes: A: * B: C: D:

Is this an implant?: *

Cost of Implant:

Place of Service (Select one)

Ambulatory Surgery Center (ASC)

Home

Office

Outpatient

➕ Add New Line

	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="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	
2	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	
3	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	
4	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	
5	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	

Remarks:

Adding New General Medical Service Line Information (2 of 6)

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

- Ambulatory Surgery Center
- Home
- Office
- Outpatient

Note: Five service lines display.

Service Line Information
▲

Diagnosis Codes: A: * B: C: D:

Is this an implant?: *

Cost of Implant:

Place of Service (Select one)

Ambulatory Surgery Center (ASC)

Home

Office

Outpatient

➕ Add New Line

	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="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	
2	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	
3	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	
4	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	
5	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	

Remarks:

Adding New General Medical Service Line Information (3 of 6)

- 4. Select **Add New Line**, if additional lines are needed.
- 5. Enter the **From Date** and **To Date** for each line.

Note: Providers may request authorization retroactively.

Service Line Information
▲

Diagnosis Codes: A: * B: C: D:

Is this an implant?: *

Cost of Implant:

Place of Service (Select one)

Ambulatory Surgery Center (ASC)

Home

Office

Outpatient

+ Add New Line

	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="text"/> <input type="calendar"/> *	<input type="text"/> <input type="calendar"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> ▼ *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	<input type="button" value="⊖"/>
2	<input type="text"/> <input type="calendar"/> *	<input type="text"/> <input type="calendar"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> ▼ *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	<input type="button" value="⊖"/>
3	<input type="text"/> <input type="calendar"/> *	<input type="text"/> <input type="calendar"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> ▼ *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	<input type="button" value="⊖"/>
4	<input type="text"/> <input type="calendar"/> *	<input type="text"/> <input type="calendar"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> ▼ *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	<input type="button" value="⊖"/>
5	<input type="text"/> <input type="calendar"/> *	<input type="text"/> <input type="calendar"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> ▼ *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	<input type="button" value="⊖"/>

Remarks:

Adding New General Medical Service Line Information (4 of 6)

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).

Service Line Information
▲

Diagnosis Codes: A: * B: C: D:

Is this an implant?: *

Cost of Implant:

Place of Service (Select one)

Ambulatory Surgery Center (ASC)

Home

Office

Outpatient

➕ Add New Line

	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="text"/> <input type="calendar"/> *	<input type="text"/> <input type="calendar"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> ▼ *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	<input type="button" value="⊖"/>
2	<input type="text"/> <input type="calendar"/> *	<input type="text"/> <input type="calendar"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> ▼ *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	<input type="button" value="⊖"/>
3	<input type="text"/> <input type="calendar"/> *	<input type="text"/> <input type="calendar"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> ▼ *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	<input type="button" value="⊖"/>
4	<input type="text"/> <input type="calendar"/> *	<input type="text"/> <input type="calendar"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> ▼ *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	<input type="button" value="⊖"/>
5	<input type="text"/> <input type="calendar"/> *	<input type="text"/> <input type="calendar"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> ▼ *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	<input type="button" value="⊖"/>

Remarks:

Adding New General Medical Service Line Information (5 of 6)

8. Either enter the revenue code in the **Revenue Code/NDC** field or
9. Enter the procedure code in the **Procedure code** field (HCPCS, CPT, CDT)

Note: The WCMBP System only accepts procedure codes that are valid for the specific authorization type being submitted.

10. Enter the procedure code **Modifier**, if applicable. (RT – Right Side, LT – Left Side, or 50 – Bilateral).

Service Line Information
▲

Diagnosis Codes: A: * B: C: D:

Is this an implant?: *

Cost of Implant:

Place of Service (Select one)

Ambulatory Surgery Center (ASC)

Home

Office

Outpatient

➕ Add New Line

	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="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	
2	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	
3	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	
4	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	
5	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	

Remarks:

Adding New General Medical Service Line Information (6 of 6)

11. Enter the number of **Units/Days Requested**.
12. To remove a service line, under the **Action** column select the **minus** icon.
13. Enter any additional notes or remarks in the **Remarks** field.

Service Line Information

Diagnosis Codes: A: * B: C: D:

Is this an implant?: *

Cost of Implant:

Place of Service (Select one)
 Ambulatory Surgery Center (ASC)
 Home
 Office
 Outpatient

	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="text"/> <input type="button" value="📅"/> *	<input type="text"/> <input type="button" value="📅"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="button" value="v"/> *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	<input type="button" value="⊖"/>
2	<input type="text"/> <input type="button" value="📅"/> *	<input type="text"/> <input type="button" value="📅"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="button" value="v"/> *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	<input type="button" value="⊖"/>
3	<input type="text"/> <input type="button" value="📅"/> *	<input type="text"/> <input type="button" value="📅"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="button" value="v"/> *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	<input type="button" value="⊖"/>
4	<input type="text"/> <input type="button" value="📅"/> *	<input type="text"/> <input type="button" value="📅"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="button" value="v"/> *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	<input type="button" value="⊖"/>
5	<input type="text"/> <input type="button" value="📅"/> *	<input type="text"/> <input type="button" value="📅"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="button" value="v"/> *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> *	<input type="button" value="⊖"/>

Remarks:

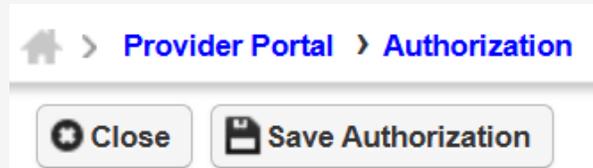
Saving a New General Medical Authorization Request

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.

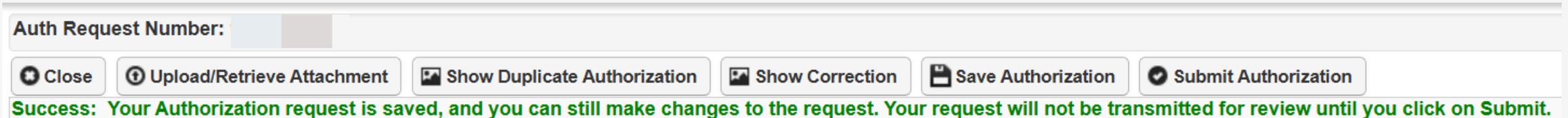
Note: Supporting documentation can be uploaded. General Medical authorizations require documents supporting the need for the service as it relates to the accepted conditions, such as letter of medical necessity (LMN), medical records, treatment plan, and so on.



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.



Uploading a New General Medical Document (1 of 2)

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

Attachment

Please select the file to be uploaded

Document Type : Auth Supporting Documents ▾

Filename : Test.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"/>	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
<input type="checkbox"/>	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

View Page: Viewing Page: 1

Uploading a New General Medical Document (2 of 2)

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.

Attachment

Please select the file to be uploaded

Document Type : Auth Supporting Documents ▾

Filename : Test.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.

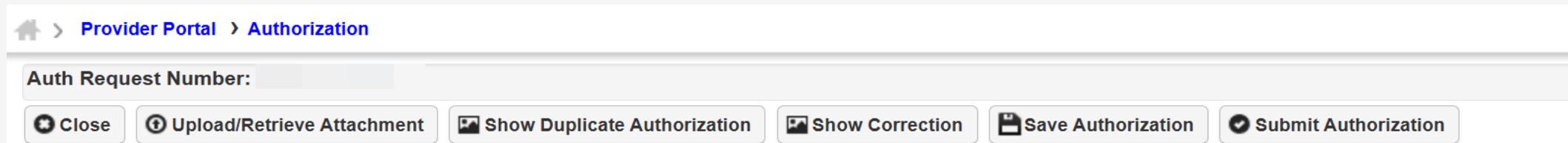
Attachment List

<input type="checkbox"/>	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
<input type="checkbox"/>	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
<input type="checkbox"/>	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

View Page: Viewing Page: 1

Submitting a New General Medical Authorization

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

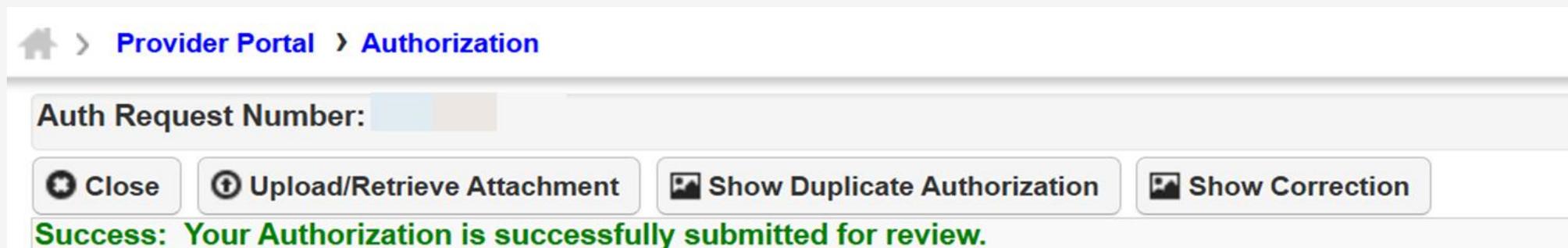


Home > Provider Portal > Authorization

Auth Request Number:

Note: After selecting **Submit Authorization** the WCMBP System confirms the authorization is successfully submitted for review, updates the Header Status to **In Review**, and determines the Authorization Level.

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



Home > Provider Portal > Authorization

Auth Request Number:

Success: Your Authorization is successfully submitted for review.

Viewing New General Medical 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 homepage, select **Close**.
2. To submit additional authorization requests, select **Add New Request**.

The screenshot shows the 'Authorization Request List' section of the Provider Portal. At the top, there is a breadcrumb trail: 'Provider Portal > Authorization'. Below this, a toolbar contains five buttons: 'Close', 'Add New Request', 'Initiate Correction', 'Cancel Authorization', and 'Copy Authorization'. The main area is titled 'Authorization Request List' and features a filter section with multiple dropdown menus and a 'Submitted In' dropdown set to 'Last 1 Month'. Below the filters is a table with the following columns: 'Auth Request #', 'Claimant Case ID', 'Header Status', 'Auth Type', 'Last Updated', 'Submitted Date', 'Header From Date', 'Header To Date', 'Program', 'Auth Request Type', and 'Source'. A single row is visible in the table with the following data: 'Auth Request #' (redacted), 'Claimant Case ID' (redacted), 'Header Status' (In Review), 'Auth Type' (General Medical), 'Last Updated' (10/07/2025), 'Submitted Date' (10/06/2025), 'Header From Date' (10/01/2025), 'Header To Date' (10/01/2025), 'Program' (DEEOIC), 'Auth Request Type' (Initial Request), and 'Source' (DDE).

	Auth Request #	Claimant Case ID	Header Status	Auth Type	Last Updated	Submitted Date	Header From Date	Header To Date	Program	Auth Request Type	Source
<input type="checkbox"/>			In Review	General Medical	10/07/2025	10/06/2025	10/01/2025	10/01/2025	DEEOIC	Initial Request	DDE

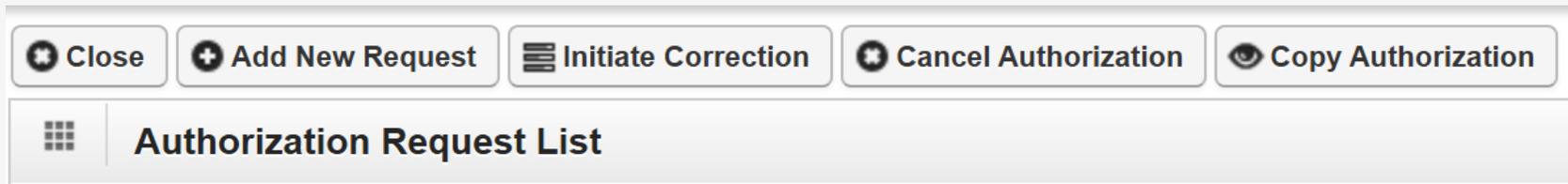
Home Health Overview



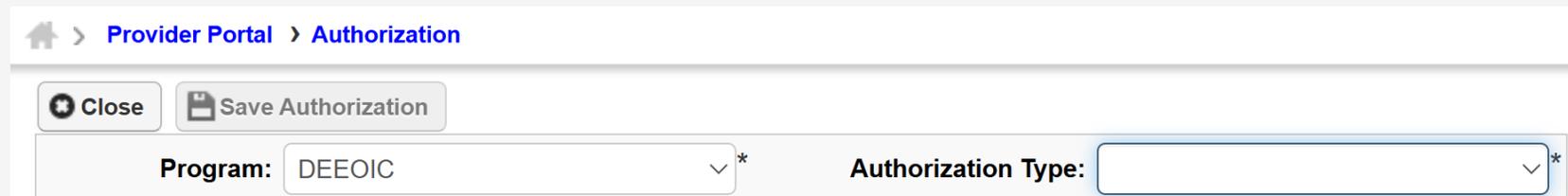
Adding a New Home Health Authorization (1 of 2)

To begin adding a new authorization request:

1. Select **Add New Request**.

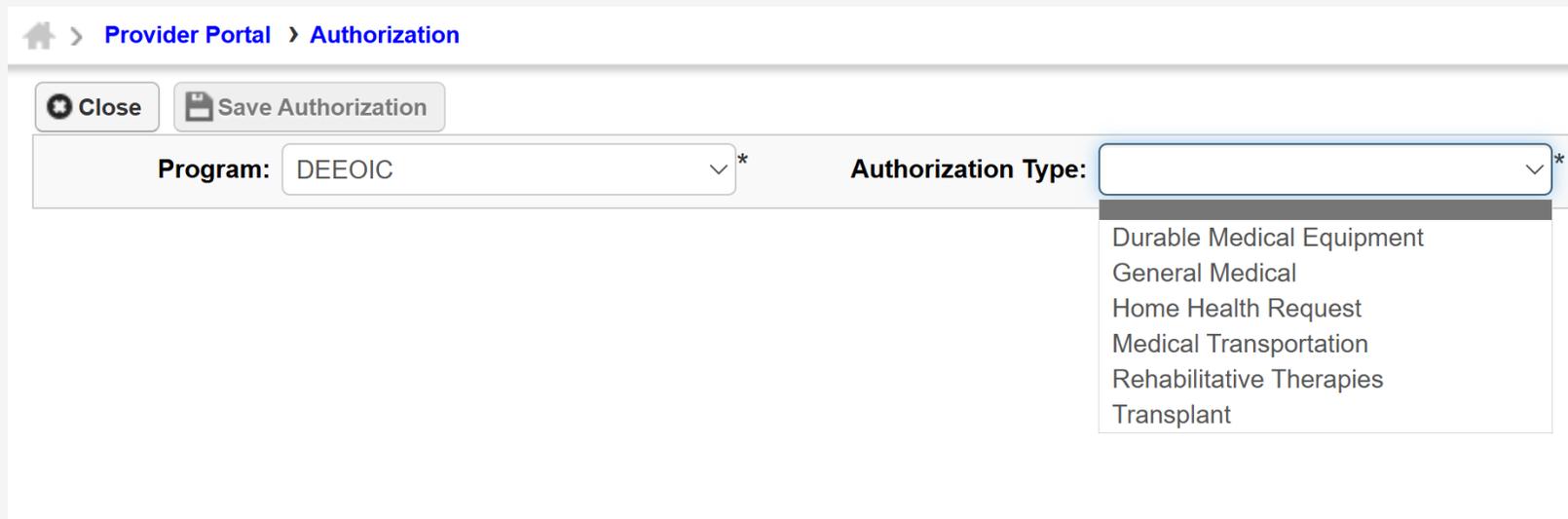


2. From the **Program** drop-down list, select **DEEOIC**.

A screenshot of a web form titled 'Provider Portal > Authorization'. The form has a toolbar with 'Close' and 'Save Authorization' buttons. Below the toolbar, there are two dropdown menus. The first is labeled 'Program:' and has 'DEEOIC' selected. The second is labeled 'Authorization Type:' and is currently empty. Both dropdown menus have an asterisk (*) next to them, indicating they are required fields.

Adding a New Home Health Authorization (2 of 2)

- From the **Authorization Type** drop-down list, select **Home Health Request**. The **Authorization** page will display.



The screenshot shows a web interface for adding a new home health authorization. At the top, there is a breadcrumb trail: "Provider Portal > Authorization". Below this, there are two buttons: "Close" and "Save Authorization". The main form area contains two dropdown menus. The first is labeled "Program:" and has "DEEOIC" selected. The second is labeled "Authorization Type:" and is currently open, showing a list of options: "Durable Medical Equipment", "General Medical", "Home Health Request", "Medical Transportation", "Rehabilitative Therapies", and "Transplant". The "Home Health Request" option is highlighted in blue, indicating it is the selected item.

Adding New Requestor and Claimant Information (1 of 2)

Note: The **Date Requested** and **Requested By** fields automatically populate 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)

The screenshot shows a form titled "Requestor Information". It contains three radio button options: "Initial Request" (selected), "Re-Authorization", and "Amendment". Below these are three input fields: "Date Requested" with the value "10/02/2025" and a calendar icon, "Requested By" with a greyed-out text box, and "Phone Number" with an empty text box. The "Date Requested" field has an asterisk next to it.

Adding New 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.



The screenshot shows a web form titled "Claimant Information". It contains four input fields, each with an asterisk indicating it is required:

- Claimant's Case ID:** A text input field with an asterisk to its right.
- Date of Birth:** A date picker input field with a calendar icon and an asterisk to its right.
- First Name:** A text input field with an asterisk below it.
- Last Name:** A text input field with an asterisk to its right.

Adding New Home Health 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 form titled "Provider Information" with the following fields:

- OWCP Provider ID:** A text input field.
- Tax ID (SSN/FEIN):** A text input field.
- Provider Name:** A text input field.
- Fax Number:** A text input field.
- Providing care for a family member?:** A drop-down menu with a downward arrow.
- OWCP National Provider Identifier:** A text input field.
- If Yes, please provide relationship to the claimant:** A text input field, which is only visible when the "Providing care for a family member?" field is set to "Yes".

Adding New Home Health Service Line Information (1 of 5)

Enter the Required Service Line Information

1. Select the **Service Type** from the drop-down list.

Service Plan Information

Service Type: *

Diagnosis Codes: C: D:

	From Date	To Date	Diagnosis Pointer				Code	Frequency	Duration	Total Units Requested	Action
			A	B	C	D					
1	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="button" value=""/>	
2	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="button" value=""/>	
3	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="button" value=""/>	
4	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="button" value=""/>	
5	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="button" value=""/>	

Remarks:

Adding New Home Health Service Line Information (2 of 5)

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

Note: Five service lines display below.

Service Plan Information

Service Type: *
Diagnosis Codes: C: D:

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

Remarks:

Adding New Home Health Service Line Information (3 of 5)

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.

Service Plan Information

Service Type: *

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" value=""/> *	<input type="text" value=""/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> *	<input type="button" value="⊖"/>			
2	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> *	<input type="button" value="⊖"/>			
3	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> *	<input type="button" value="⊖"/>			
4	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> *	<input type="button" value="⊖"/>			
5	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> *	<input type="button" value="⊖"/>			

Remarks:

Adding New Home Health Service Line Information (4 of 5)

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

Note: The WCMBP System only accepts procedure codes that are valid for the specific authorization type being submitted.

☰ Service Plan Information ^

Service Type: *

Diagnosis Codes: A: * B: C: D:

+ Add New Line

	From Date	To Date	Diagnosis Pointer				Procedure Code	Frequency	Duration	Total Units Requested	Action
			A	B	C	D					
1	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> *	-			
2	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> *	-			
3	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> *	-			
4	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> *	-			
5	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> *	-			

Remarks:

Adding New Home Health Service Line Information (5 of 5)

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: *

Diagnosis Codes: A: * B: C: D:

+ Add New Line

	From Date	To Date	Diagnosis Pointer				Procedure Code	Frequency	Duration	Total Units Requested	Action
			A	B	C	D					
1	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> *	-			
2	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> *	-			
3	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> *	-			
4	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> *	-			
5	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=""/> *	-			

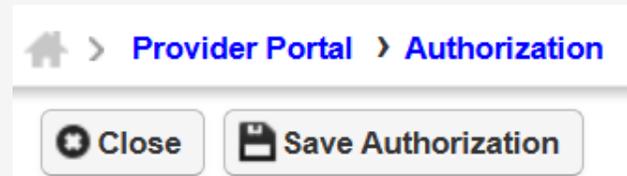
Remarks:

Saving a New Home Health Authorization Request

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.

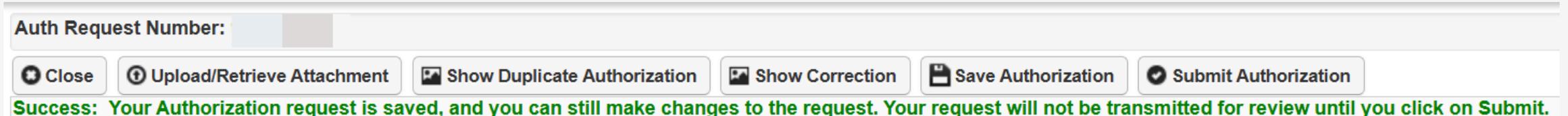


2. To upload supporting documentation, select **Upload/Retrieve Attachment**.

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.

A screenshot of a web form. At the top, there is a label 'Auth Request Number:' followed by a text input field. Below the input field is a row of six buttons: 'Close', 'Upload/Retrieve Attachment', 'Show Duplicate Authorization', 'Show Correction', 'Save Authorization', and 'Submit Authorization'. Below the buttons, a green success message is displayed: '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.'

Uploading a New Home Health Document (1 of 2)

1. Select the document type to upload from the **Document Type** drop-down list.
2. Select **Choose File** from the **Filename** field.
 - A. Locate and select the file to upload from the local drive.
 - B. 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.

The screenshot displays a web interface for uploading documents. The top section is titled 'Attachment' and contains a form with the following elements:

- A heading: "Please select the file to be uploaded"
- A "Document Type" dropdown menu currently set to "Auth Supporting Documents".
- A "Filename" field with a "Choose File" button and the text "Test.pdf".
- Red text instructions: "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)."
- Text: "The acceptable file extensions for the upload are .tif,.tiff,.pdf. Filename cannot be longer than 50 characters."
- "Ok" and "Close" buttons.

The bottom section is titled 'Attachment List' and contains a table with the following data:

<input type="checkbox"/>	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
<input type="checkbox"/>	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
<input type="checkbox"/>	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

Below the table are navigation controls: "Delete", "View Page: 1", "Go", "Page Count", "SaveToCSV", "Viewing Page: 1", and "First", "Prev", "Next", "Last" buttons.

Uploading a New Home Health Document (2 of 2)

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.

The screenshot displays a web interface for uploading documents. It is divided into two main sections: 'Attachment' and 'Attachment List'.

Attachment Section:

- Header: Attachment
- Instruction: Please select the file to be uploaded
- Document Type: Auth Supporting Documents (dropdown menu)
- Filename: Choose File Test.pdf (input field with a file selection button)
- Warning: 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).
- Notes: The acceptable file extensions for the upload are .tif,.tiff,.pdf. Filename cannot be longer than 50 characters.
- Buttons: Ok, Close

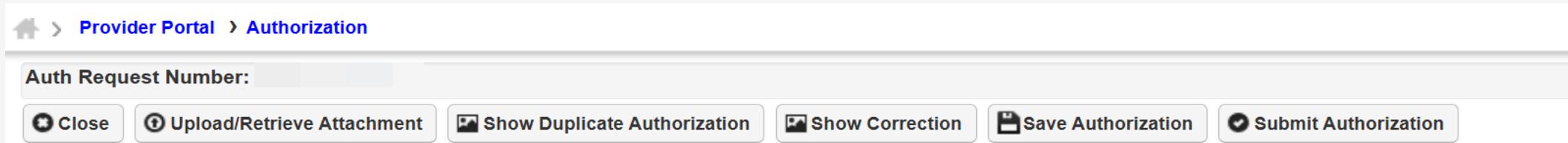
Attachment List Section:

<input type="checkbox"/>	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
<input type="checkbox"/>	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
<input type="checkbox"/>	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

Below the table are navigation controls: Delete, View Page: 1, Go, Page Count, SaveToCSV, Viewing Page: 1, and navigation arrows (First, Prev, Next, Last).

Submitting a New Home Health Authorization

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

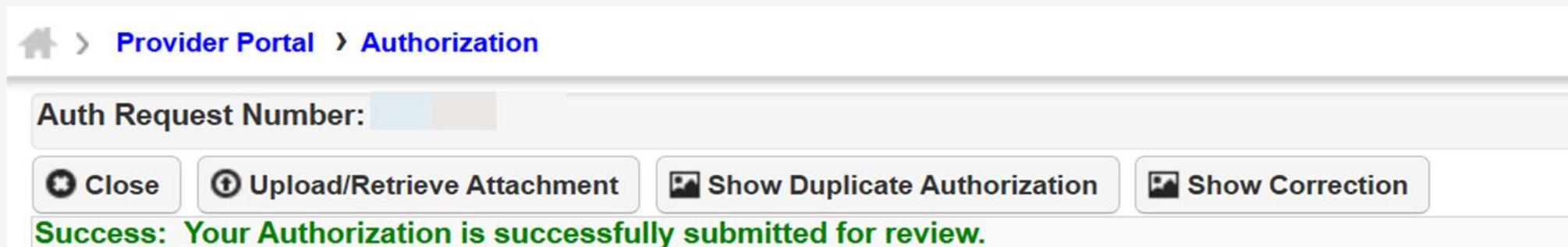


Home > Provider Portal > Authorization

Auth Request Number:

Note: After selecting **Submit Authorization** the WCMBP System confirms the authorization is successfully submitted for review, updates the Header Status to **In Review**, and determines the Authorization Level.

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



Home > Provider Portal > Authorization

Auth Request Number:

Success: Your Authorization is successfully submitted for review.

Viewing New Home Health 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 homepage, select **Close**.
2. To submit additional authorization requests, select **Add New Request**.

The screenshot shows the 'Authorization Request List' interface. At the top, there is a breadcrumb trail: 'Provider Portal > Authorization'. Below this is a toolbar with buttons: 'Close', 'Add New Request', 'Initiate Correction', 'Cancel Authorization', and 'Copy Authorization'. The main section is titled 'Authorization Request List' and contains a filter section with multiple dropdown menus and a 'Go' button. The filter section includes 'Submitted In' set to 'Last 1 Month' and 'And Header Status'. Below the filter section is a table with the following columns: 'Auth Request #', 'Claimant Case ID', 'Header Status', 'Auth Type', 'Last Updated', 'Submitted Date', 'Header From Date', 'Header To Date', 'Program', 'Auth Request Type', and 'Source'. The table contains one row with the following data: 'Auth Request #' (redacted), 'Claimant Case ID' (redacted), 'Header Status' (In Review), 'Auth Type' (Home Health Request), 'Last Updated' (10/03/2025), 'Submitted Date' (09/29/2025), 'Header From Date' (09/20/2025), 'Header To Date' (09/20/2025), 'Program' (DEEOIC), 'Auth Request Type' (Initial Request), and 'Source' (DDE).

	Auth Request #	Claimant Case ID	Header Status	Auth Type	Last Updated	Submitted Date	Header From Date	Header To Date	Program	Auth Request Type	Source
<input type="checkbox"/>	[Redacted]	[Redacted]	In Review	Home Health Request	10/03/2025	09/29/2025	09/20/2025	09/20/2025	DEEOIC	Initial Request	DDE

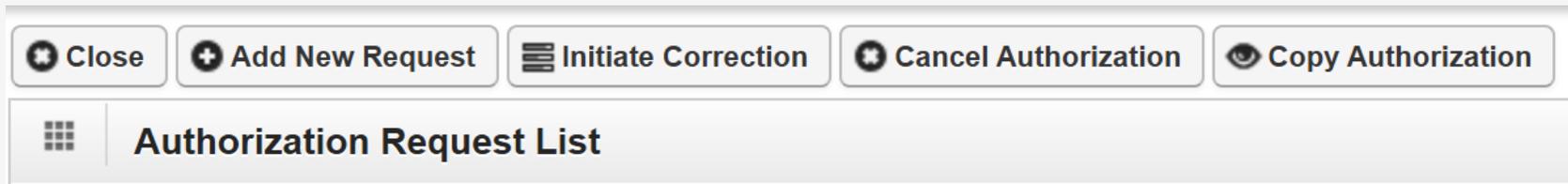
Medical Transportation Overview



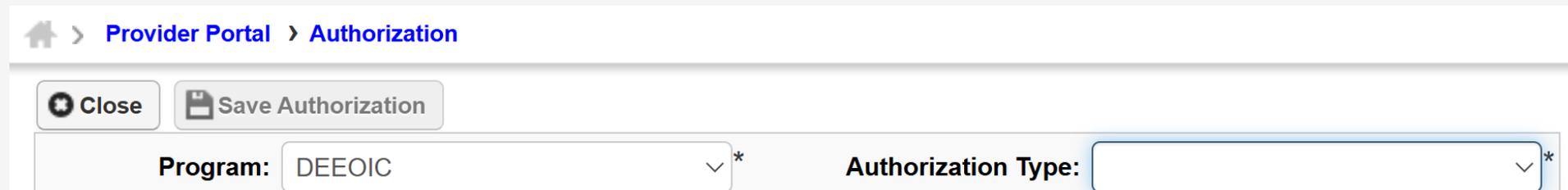
Adding New Medical Transportation Authorization (1 of 2)

To begin adding a new authorization request:

1. Select **Add New Request**.



2. From the **Program** drop-down list, select **DEEOIC**.



Adding New Medical Transportation Authorization (2 of 2)

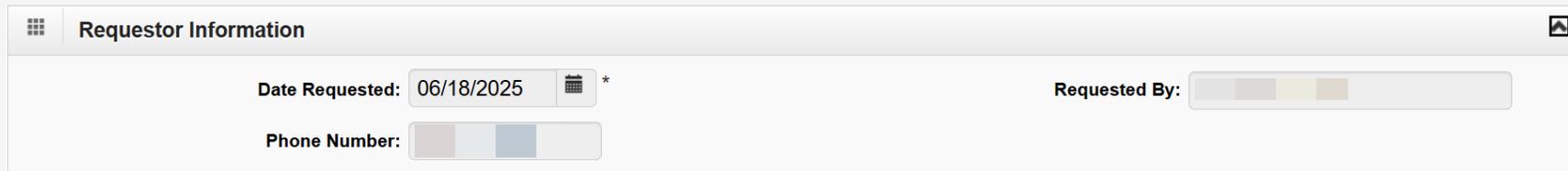
- From the **Authorization Type** drop-down list, select **Medical Transportation**. The **Authorization** page will display.

The screenshot shows a web interface for adding a new medical transportation authorization. At the top, there is a breadcrumb trail: "Provider Portal > Authorization". Below this, there are two buttons: "Close" and "Save Authorization". The form contains two main fields: "Program:" with a dropdown menu showing "DEEOIC" and an asterisk, and "Authorization Type:" with a dropdown menu that is currently open. The open dropdown menu lists the following options: "Durable Medical Equipment", "General Medical", "Home Health Request", "Medical Transportation", "Rehabilitative Therapies", and "Transplant".

Adding New Medical Transportation Requestor and Claimant Information

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

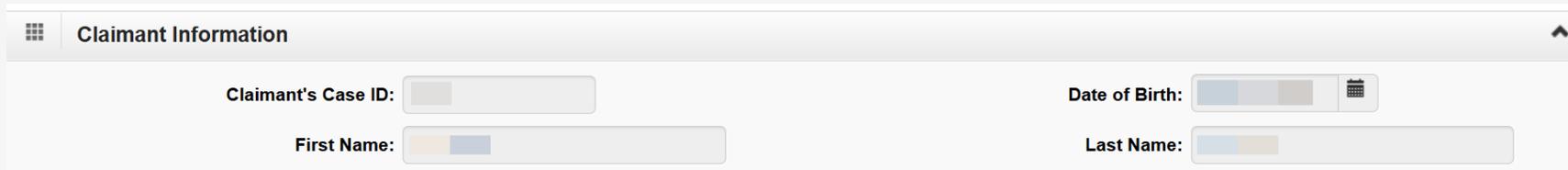
1. If applicable, enter a phone number in the **Phone Number** field of the **Requestor Information** section.



The screenshot shows a form titled "Requestor Information". It contains the following fields: "Date Requested" with the value "06/18/2025" and a calendar icon; "Requested By" with a dropdown menu; and "Phone Number" with a text input field.

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 shows a form titled "Claimant Information". It contains the following fields: "Claimant's Case ID" with a text input field; "Date of Birth" with a date picker; "First Name" with a text input field; and "Last Name" with a text input field.

Adding New Medical Transportation 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 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 form titled "Provider Information" with a grid icon on the left and an upward arrow on the right. The form contains the following fields:

- OWCP Provider ID:** A text input field.
- Tax ID (SSN/FEIN):** A text input field.
- Provider Name:** A text input field.
- Fax Number:** A text input field.
- Providing care for a family member?:** A dropdown menu with a downward arrow.
- OWCP National Provider Identifier:** A text input field.
- If Yes, please provide relationship to the claimant:** A text input field, positioned to the right of the dropdown menu.

Adding New Service Line Information (1 of 3)

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.

☰ Transportation Information

Transportation From: ---SELECT--- *

Transportation To: ---SELECT--- *

➕ Add New Line

	From Date	To Date	Transportation Code	Estimated Total Charge	Action
1	<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="text"/> *	<input type="text"/> *	<input type="button" value="⊖"/>
3	<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="text"/> *	<input type="text"/> *	<input type="button" value="⊖"/>
5	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="button" value="⊖"/>

Remarks:

Adding New Service Line Information (2 of 3)

3. Select **Add New Line** if additional lines are needed.
4. Enter the **From Date** and **To Date** for each line.

☰ Transportation Information ^

Transportation From: *

Transportation To: *

	From Date	To Date	Transportation Code	Estimated Total Charge	Action
1	<input type="text"/> <input type="button" value="📅"/> *	<input type="text"/> <input type="button" value="📅"/> *	<input type="text"/> <input type="button" value="v"/> *	<input type="text"/> *	<input type="button" value="⊖"/>
2	<input type="text"/> <input type="button" value="📅"/> *	<input type="text"/> <input type="button" value="📅"/> *	<input type="text"/> <input type="button" value="v"/> *	<input type="text"/> *	<input type="button" value="⊖"/>
3	<input type="text"/> <input type="button" value="📅"/> *	<input type="text"/> <input type="button" value="📅"/> *	<input type="text"/> <input type="button" value="v"/> *	<input type="text"/> *	<input type="button" value="⊖"/>
4	<input type="text"/> <input type="button" value="📅"/> *	<input type="text"/> <input type="button" value="📅"/> *	<input type="text"/> <input type="button" value="v"/> *	<input type="text"/> *	<input type="button" value="⊖"/>
5	<input type="text"/> <input type="button" value="📅"/> *	<input type="text"/> <input type="button" value="📅"/> *	<input type="text"/> <input type="button" value="v"/> *	<input type="text"/> *	<input type="button" value="⊖"/>

Remarks:

Adding New Service Line Information (3 of 3)

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.

☰ Transportation Information ^

Transportation From: *

Transportation To: *

	From Date	To Date	Transportation Code	Estimated Total Charge	Action
1	<input type="text"/> <input type="calendar"/> *	<input type="text"/> <input type="calendar"/> *	<input type="text"/> <input type="dropdown"/> *	<input type="text"/> *	<input type="button" value="⊖"/>
2	<input type="text"/> <input type="calendar"/> *	<input type="text"/> <input type="calendar"/> *	<input type="text"/> <input type="dropdown"/> *	<input type="text"/> *	<input type="button" value="⊖"/>
3	<input type="text"/> <input type="calendar"/> *	<input type="text"/> <input type="calendar"/> *	<input type="text"/> <input type="dropdown"/> *	<input type="text"/> *	<input type="button" value="⊖"/>
4	<input type="text"/> <input type="calendar"/> *	<input type="text"/> <input type="calendar"/> *	<input type="text"/> <input type="dropdown"/> *	<input type="text"/> *	<input type="button" value="⊖"/>
5	<input type="text"/> <input type="calendar"/> *	<input type="text"/> <input type="calendar"/> *	<input type="text"/> <input type="dropdown"/> *	<input type="text"/> *	<input type="button" value="⊖"/>

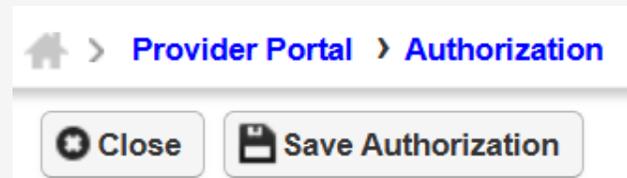
Remarks:

Saving a New Medical Authorization Request

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.

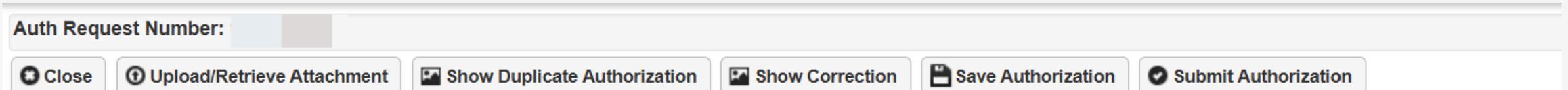


2. To upload supporting documentation, select **Upload/Retrieve Attachment**.

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.

A screenshot of a form interface. At the top, there is a label 'Auth Request Number:' followed by a text input field. Below the input field is a row of six buttons: 'Close', 'Upload/Retrieve Attachment', 'Show Duplicate Authorization', 'Show Correction', 'Save Authorization', and 'Submit Authorization'. Each button has a small icon to its left.

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**.

Uploading a New Medical Transportation Document (1 of 2)

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.

The screenshot shows two parts of a web application interface. The top part is a modal window titled "Attachment" with a close button. It contains a form for uploading a file. The "Document Type" dropdown is set to "Auth Supporting Documents". The "Filename" field has a "Choose File" button and the text "Test.pdf". Below the form, there is a red warning message: "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)." and a note: "The acceptable file extensions for the upload are .tif,.tiff,.pdf. Filename cannot be longer than 50 characters." The bottom part of the screenshot shows an "Attachment List" table with the following data:

<input type="checkbox"/>	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
<input type="checkbox"/>	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
<input type="checkbox"/>	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

Below the table, there are navigation controls: "Delete", "View Page: 1", "Go", "Page Count", "Save To CSV", "Viewing Page: 1", "First", "Prev", "Next", "Last".

Uploading a New Medical Transportation Document (2 of 2)

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.

The screenshot displays two sections of a web application. The top section, titled 'Attachment', contains a form for uploading a document. It includes a 'Document Type' dropdown menu set to 'Auth Supporting Documents' and a 'Filename' field with a 'Choose File' button and the text 'Test.pdf'. Below the form, there are two lines of red text: '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).' and 'The acceptable file extensions for the upload are .tif,.tiff,.pdf. Filename cannot be longer than 50 characters.' At the bottom right of this section are 'Ok' and 'Close' buttons.

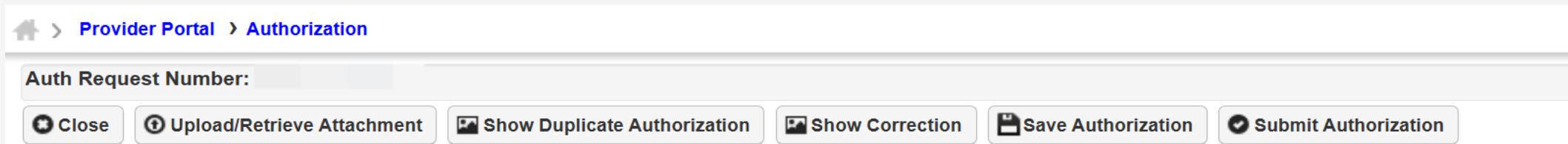
The bottom section, titled 'Attachment List', contains a table with the following data:

<input type="checkbox"/>	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
<input type="checkbox"/>	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
<input type="checkbox"/>	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

Below the table, there are navigation controls: a 'Delete' button, a 'View Page: 1' field, a 'Go' button, a '+ Page Count' button, a 'Save To CSV' button, and a 'Viewing Page: 1' field. On the far right, there are navigation buttons: '<< First', '< Prev', 'Next >', and '>> Last'.

Submitting a New Medical Transportation Authorization

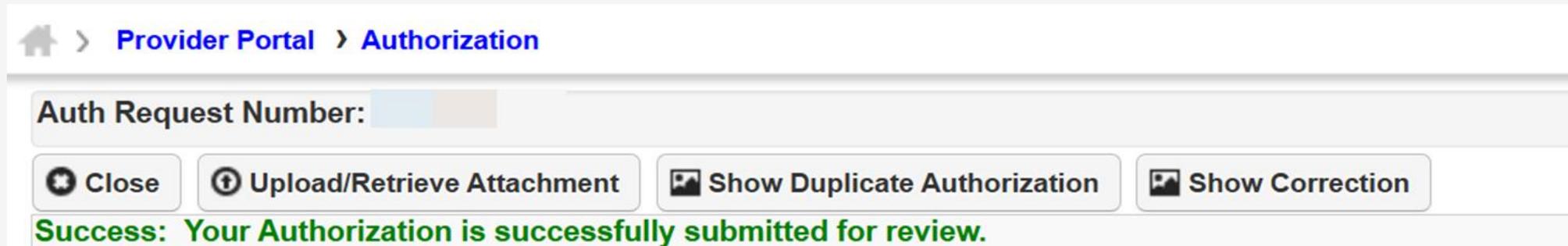
1. Once all attachments are uploaded, select **Submit Authorization**.



Home > Provider Portal > Authorization

Auth Request Number:

Note: After selecting **Submit Authorization** the WCMBP System confirms the authorization is successfully submitted for review, updates the Header Status to **In Review**, and determines the Authorization Level. To display the **Authorization Request List**, select **Close**.



Home > Provider Portal > Authorization

Auth Request Number:

Success: Your Authorization is successfully submitted for review.

Viewing New Medical 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 homepage, select **Close**.
2. To submit additional authorization requests, select **Add New Request**.

🏠 > [Provider Portal](#) > [Authorization](#)

Authorization Request List

Filter By : And And

And Submitted In And Header Status

<input type="checkbox"/>	Auth Request # ▲▼	Claimant Case ID ▲▼	Header Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Header From Date ▲▼	Header To Date ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
<input type="checkbox"/>			In Review	Medical Transportation	10/03/2025	06/12/2025	09/28/2022	09/28/2022	DEEOIC	Initial Request	DDE

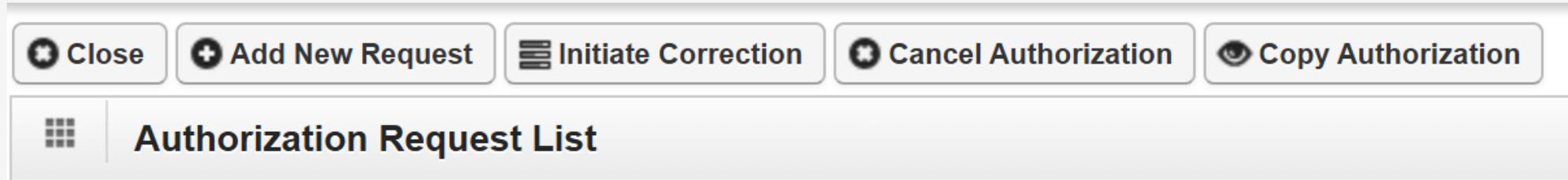
Rehabilitative Therapies Overview



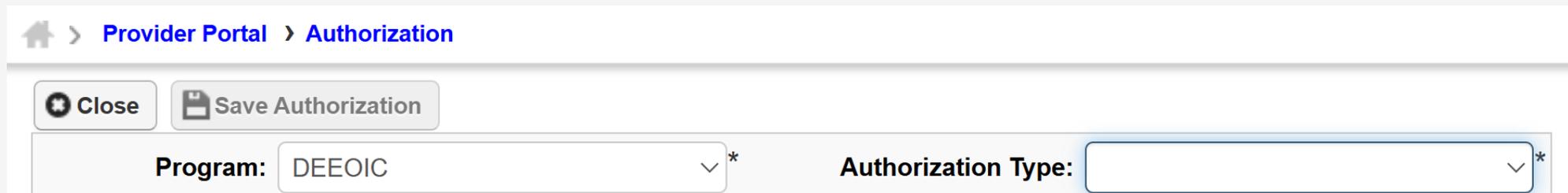
Adding a New Rehabilitative Therapies Authorization (1 of 2)

To begin adding a new authorization request:

1. Select **Add New Request**.

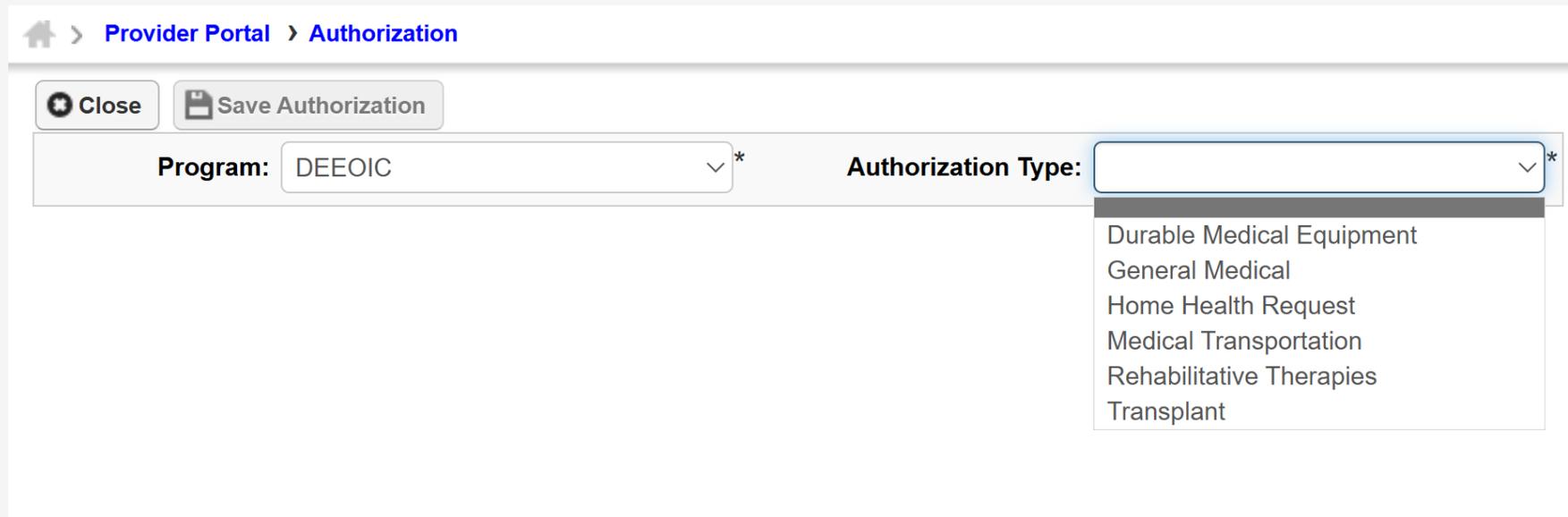


2. From the **Program** drop-down list, select **DEEOIC**.



Adding a New Rehabilitative Therapies Authorization (2 of 2)

- From the **Authorization Type** drop-down list, select **Rehabilitative Therapies**. The **Authorization** page will display.



The screenshot shows a web interface for adding a new authorization. At the top, there is a breadcrumb trail: Home > Provider Portal > Authorization. Below this, there are two buttons: "Close" and "Save Authorization". The main form area contains two dropdown menus. The first is labeled "Program:" and has "DEEOIC" selected. The second is labeled "Authorization Type:" and is currently open, showing a list of options: Durable Medical Equipment, General Medical, Home Health Request, Medical Transportation, Rehabilitative Therapies, and Transplant. The "Rehabilitative Therapies" option is highlighted in the list.

Adding New Requestor and Claimant Information (1 of 3)

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)

 Requestor Information 

* Initial Request
 Re-Authorization
 Amendment

Date Requested: 10/02/2025  *

Requested By:

Phone Number:

Adding New Requestor and Claimant Information (2 of 3)

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 window titled "Claimant Information" with a grid icon on the left and an upward arrow on the right. The form contains four input fields:

- Claimant's Case ID:** A text input field with an asterisk (*) to its right.
- Date of Birth:** A date picker input field with a calendar icon and an asterisk (*) to its right.
- First Name:** A text input field with an asterisk (*) below it.
- Last Name:** A text input field with an asterisk (*) to its right.

Adding New Requestor and Claimant Information (3 of 3)

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 going to the next step.
 - If No, continue to the next step.

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

- OWCP Provider ID: [Text input field]
- Provider Name: [Text input field]
- Providing care for a family member?: [Drop-down menu]
- OWCP National Provider Identifier: [Text input field]
- Tax ID (SSN/FEIN): [Text input field]
- Fax Number: [Text input field]
- If Yes, please provide relationship to the claimant: [Text input field]

Adding Rehabilitative Therapies Service Line Information (1 of 5)

Enter the Required Service Line Information

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

- Home
- Facility
- Office
- Outpatient

Therapy Plan Information
^

Place of Service (Select one)

* Home
 Facility
 Office
 Outpatient

Diagnosis Codes: A: * B: C: D:

+ Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	# Of Units Per Procedure/Visit	Frequency	Duration	Total Units Requested	Action
			A	B	C	D							
1	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	
2	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	
3	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	
4	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	
5	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	

Remarks:

Adding Rehabilitative Therapies Service Line Information (2 of 5)

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.

☰ Therapy Plan Information
▲

Place of Service (Select one)

* Home
 Facility
 Office
 Outpatient

Diagnosis Codes: A: * B: C: D:

➕ Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	# Of Units Per Procedure/Visit	Frequency	Duration	Total Units Requested	Action
			A	B	C	D							
1	<input type="text"/> 📅 *	<input type="text"/> 📅 *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> ▼ *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	⊖
2	<input type="text"/> 📅 *	<input type="text"/> 📅 *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> ▼ *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	⊖
3	<input type="text"/> 📅 *	<input type="text"/> 📅 *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> ▼ *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	⊖
4	<input type="text"/> 📅 *	<input type="text"/> 📅 *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> ▼ *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	⊖
5	<input type="text"/> 📅 *	<input type="text"/> 📅 *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> ▼ *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	⊖

Remarks:

Adding Rehabilitative Therapies Service Line Information (3 of 5)

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.

Therapy Plan Information
^

Place of Service (Select one)

Home
 Facility
 Office
 Outpatient

Diagnosis Codes: A: * B: C: D:

➕ Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	# Of Units Per Procedure/Visit	Frequency	Duration	Total Units Requested	Action
			A	B	C	D							
1	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	
2	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	
3	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	
4	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	
5	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	

Remarks:

Adding Rehabilitative Therapies Service Line Information (4 of 5)

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).

Note: The WCMBP System only accepts procedure codes that are valid for the specific authorization type being submitted.

☰ Therapy Plan Information
▲

Place of Service (Select one)

* Home
 Facility
 Office
 Outpatient

Diagnosis Codes: A: * B: C: D:

➕ Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	# Of Units Per Procedure/Visit	Frequency	Duration	Total Units Requested	Action	
			A	B	C	D								
1	<input type="text"/> 🗓️ *	<input type="text"/> 🗓️ *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> ▼ *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	⊖	
2	<input type="text"/> 🗓️ *	<input type="text"/> 🗓️ *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> ▼ *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	⊖
3	<input type="text"/> 🗓️ *	<input type="text"/> 🗓️ *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> ▼ *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	⊖
4	<input type="text"/> 🗓️ *	<input type="text"/> 🗓️ *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> ▼ *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	⊖
5	<input type="text"/> 🗓️ *	<input type="text"/> 🗓️ *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> ▼ *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	⊖

Remarks:

Adding Rehabilitative Therapies Service Line Information (5 of 5)

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.

Therapy Plan Information
^

Place of Service (Select one)

Home
 Facility
 Office
 Outpatient

Diagnosis Codes: A: * B: C: D:

➕ Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	# Of Units Per Procedure/Visit	Frequency	Duration	Total Units Requested	Action
			A	B	C	D							
1	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	
2	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	
3	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	
4	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	
5	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	

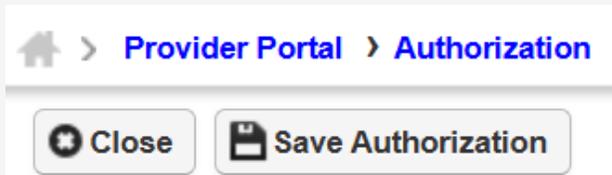
Remarks:

Saving a New Rehabilitative Therapies 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.

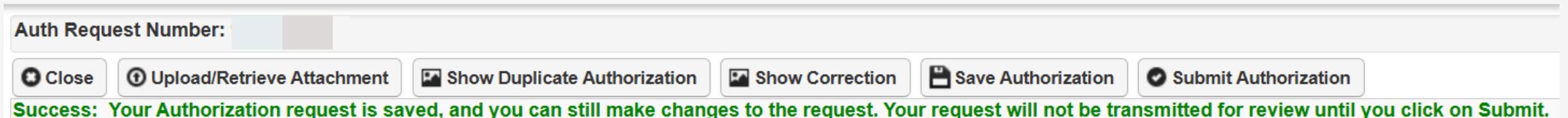


2. To upload supporting documentation, select **Upload/Retrieve Attachment**.

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.



Uploading a New Rehabilitative Therapies Document (1 of 2)

1. Select the document type to upload from the **Document Type** drop-down list.
2. Select **Choose File** from the **Filename** field.
 - A. Locate and select the file to upload from the local drive.
 - B. 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.

The screenshot shows a web interface for uploading attachments. It consists of two main sections: an upload form and an attachment list.

Attachment Form:

- Title: Attachment
- Instruction: Please select the file to be uploaded
- Document Type: Auth Supporting Documents (dropdown menu)
- Filename: Choose File Test.pdf (input field with a "Choose File" button)
- Red warning text: 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).
- Text: The acceptable file extensions for the upload are .tif,.tiff,.pdf. Filename cannot be longer than 50 characters.
- Buttons: Ok, Close

Attachment List:

<input type="checkbox"/>	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
<input type="checkbox"/>	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
<input type="checkbox"/>	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

Below the table are navigation controls: Delete, View Page: 1, Go, Page Count, SaveToCSV, Viewing Page: 1, First, Prev, Next, Last.

Uploading a New Rehabilitative Therapies Document (2 of 2)

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.

The screenshot displays a software interface with two main sections. The top section, titled 'Attachment', contains a form for uploading a document. It includes a 'Document Type' dropdown menu set to 'Auth Supporting Documents' and a 'Filename' field with a 'Choose File' button and the text 'Test.pdf'. Below the form, there is a red warning message: '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)'. Underneath the warning, it states: 'The acceptable file extensions for the upload are .tif,.tiff,.pdf. Filename cannot be longer than 50 characters.' At the bottom right of this section are 'Ok' and 'Close' buttons.

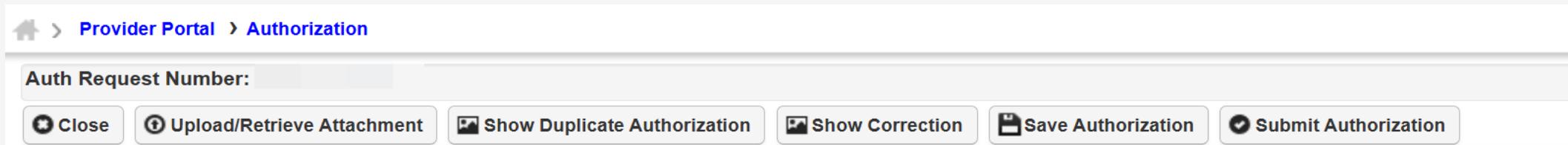
The bottom section, titled 'Attachment List', contains a table with the following data:

<input type="checkbox"/>	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
<input type="checkbox"/>	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
<input type="checkbox"/>	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

Below the table, there are navigation controls: 'Delete', 'View Page: 1', 'Go', '+ Page Count', 'SaveToCSV', 'Viewing Page: 1', and 'First', 'Prev', 'Next', 'Last' buttons.

Submitting a New Rehabilitative Therapies Authorization

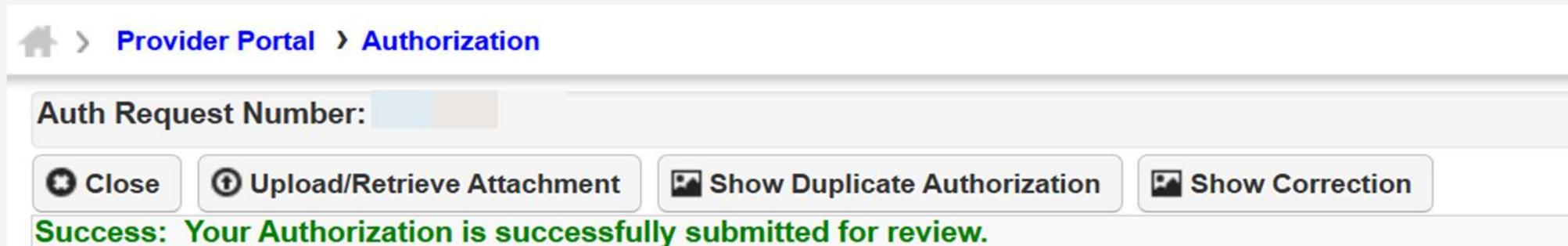
1. Once all attachments are uploaded, select **Submit Authorization**.



Home > Provider Portal > Authorization

Auth Request Number:

Note: After selecting **Submit Authorization** the WCMBP System confirms the authorization is successfully submitted for review, updates the Header Status to **In Review**, and determines the Authorization Level. To display the **Authorization Request List**, select **Close**.



Home > Provider Portal > Authorization

Auth Request Number:

Success: Your Authorization is successfully submitted for review.

Viewing New Rehabilitative Therapies 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 homepage, select **Close**.
2. To submit additional authorization requests, select **Add New Request**.

The screenshot shows the 'Authorization Request List' interface. At the top, there is a breadcrumb trail: 'Provider Portal > Authorization'. Below this is a toolbar with buttons: 'Close', 'Add New Request', 'Initiate Correction', 'Cancel Authorization', and 'Copy Authorization'. The main section is titled 'Authorization Request List' and contains a filter section with multiple dropdown menus and a 'Go' button. Below the filter section is a table with the following columns: 'Auth Request #', 'Claimant Case ID', 'Header Status', 'Auth Type', 'Last Updated', 'Submitted Date', 'Header From Date', 'Header To Date', 'Program', 'Auth Request Type', and 'Source'. The table contains one row of data.

<input type="checkbox"/>	Auth Request #	Claimant Case ID	Header Status	Auth Type	Last Updated	Submitted Date	Header From Date	Header To Date	Program	Auth Request Type	Source
<input type="checkbox"/>			In Review	Rehabilitative Therapies	10/03/2025	10/03/2025	11/30/2024	11/30/2024	DEEOIC	Initial Request	DDE

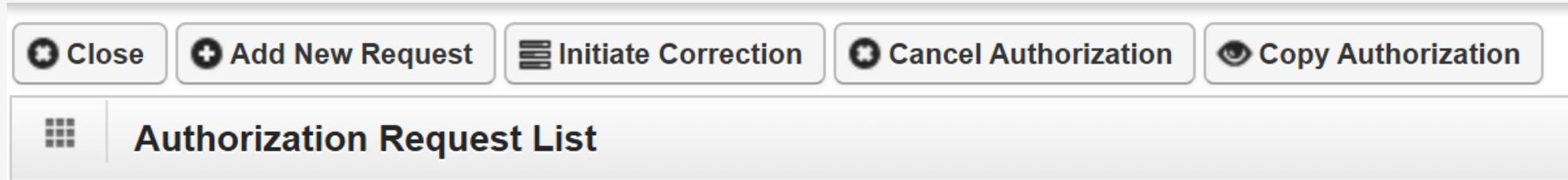
Transplant Overview



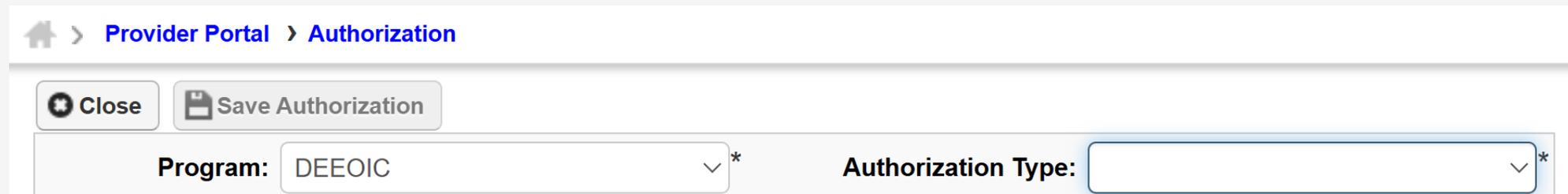
Adding a New Transplant Authorization Request (1 of 2)

To begin adding a new authorization request:

1. Select **Add New Request**.



2. From the **Program** drop-down list, select **DEEOIC** .



Adding a New Transplant Authorization Request (2 of 2)

- From the **Authorization Type** drop-down list, select **Transplant**. The **Authorization** page will display.

The screenshot shows a web interface for the 'Provider Portal' under the 'Authorization' section. At the top left, there is a home icon and the breadcrumb 'Provider Portal > Authorization'. Below this, there are two buttons: 'Close' (with a star icon) and 'Save Authorization' (with a floppy disk icon). The main form area contains two dropdown menus. The first is labeled 'Program:' and has 'DEEOIC' selected. The second is labeled 'Authorization Type:' and is currently open, showing a list of options: 'Durable Medical Equipment', 'General Medical', 'Home Health Request', 'Medical Transportation', 'Rehabilitative Therapies', and 'Transplant'. Both dropdown menus have an asterisk (*) next to them, indicating they are required fields.

Adding Transplant Requestor and Claimant Information (1 of 2)

Note: The **Requestor Information** section auto-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:  *

Requested By:

Phone Number:

Adding Transplant Requestor and Claimant Information (2 of 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: <input type="text"/> *	Date of Birth: <input type="text"/>  *
First Name: <input type="text"/> *	Last Name: <input type="text"/> *
Authorized Representative: <input type="text"/>	Phone Number: <input type="text"/>

Adding New Transplant Authorization 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.

Provider Information	
OWCP Provider ID:	<input type="text"/>
Provider Name:	<input type="text"/>
OWCP National Provider Identifier:	<input type="text"/>
Tax ID (SSN/FEIN):	<input type="text"/>
Fax Number:	<input type="text"/>

Treating Physician Information	
Treating Physician:	<input type="text"/> *
Treating Physician Address:	<input type="text"/> *

Adding New Transplant Service Line Information (1 of 4)

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.

Service Line Information
▲

Diagnosis Codes: A: * B: C: D:

+ Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Action
			A	B	C	D			
1	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> ▼ *	<input type="text"/> *	
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"/> *	
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"/> *	
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"/> *	
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"/> *	

Remarks:

Adding New Transplant Service Line Information (2 of 4)

2. 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 through 7 are covered on the next slide.

3. 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.

☰ Service Line Information
▲

Diagnosis Codes: A: * B: C: D:

+ Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Action
			A	B	C	D			
1	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	
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"/> *	
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"/> *	
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"/> *	
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"/> *	

Remarks:

Adding New Transplant Service Line Information (3 of 4)

4. Select the **Code Type** from the drop-down list (BLANKET is for internal use only).
5. Enter the applicable **Procedure Code** (HCPCS, CPT, or CDT).

Note: The WCMBP System only accepts procedure codes that are valid for the specific authorization type being submitted.

☰ Service Line Information
▲

Diagnosis Codes: A: * B: * C: * D:

+ Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Action
			A	B	C	D			
1	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	
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"/> *	
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"/> *	
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"/> *	
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"/> *	

Remarks:

Adding New Transplant Service Line Information (4 of 4)

6. To remove a service line, under the **Action** column select the **minus** icon.
7. Enter any additional notes or remarks in the **Remarks** field.

Service Line Information
▲

Diagnosis Codes: A: * B: C: D:

+ Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Action
			A	B	C	D			
1	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	
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"/> *	
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"/> *	
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"/> *	
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"/> *	

Remarks:

Adding Transplant Information & Supporting Documents (1 of 2)

1. Enter the **Transplant Facility** name.
2. Select 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**.

 **Transplant Information** 

Transplant Facility: <input type="text"/>	Transplant Type: <input type="text"/>
Transplant Facility Address: <input type="text"/>	Transplant Facility Phone: <input type="text"/>
Organ Transplant Coordinator Name: <input type="text"/>	Phone Number: <input type="text"/>

Adding Transplant Information & Supporting Documents (2 of 2)

Prior to saving the authorization and uploading supporting documents steps, ensure you have access to all required supporting documents. 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.

 **Supporting Documents** 

All supporting documents must be attached to the request. Failure to include supporting documentation may result in a delay in processing or denial. See instructions for required documents. Please ensure to include claimant?s case ID on each page.

Required documentation:

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

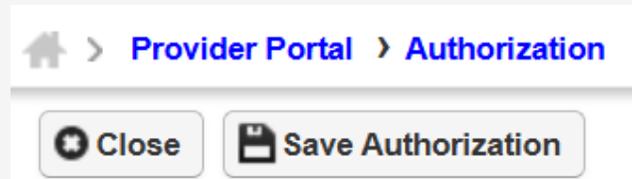


Saving a New Transplant Authorization Request

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.

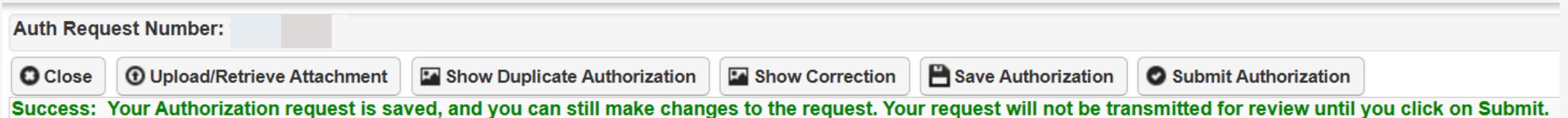


2. Select **Upload/Retrieve Attachment** to upload supporting documentation.

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.



Uploading a New Transplant Authorization Document (1 of 2)

1. Select the document type to upload from the **Document Type** drop-down list.
2. Select **Choose File** from the **Filename** field.
 - A. Locate and select the file to upload from the local drive.
 - B. 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.

The screenshot shows a web interface for uploading attachments. The top section is titled "Attachment" and contains a form with the following elements:

- A heading: "Please select the file to be uploaded"
- A "Document Type" dropdown menu currently set to "Auth Supporting Documents".
- A "Filename" field with a "Choose File" button and the text "Test.pdf".
- Red text instructions: "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)."
- Text: "The acceptable file extensions for the upload are .tif,.tiff,.pdf. Filename cannot be longer than 50 characters."
- "Ok" and "Close" buttons.

The bottom section is titled "Attachment List" and displays a table with the following data:

<input type="checkbox"/>	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
<input type="checkbox"/>	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
<input type="checkbox"/>	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

Below the table are navigation controls: "Delete", "View Page: 1", "Go", "Page Count", "SaveToCSV", "Viewing Page: 1", and "First", "Prev", "Next", "Last" buttons.

Uploading a New Transplant Authorization Document (2 of 2)

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.

Attachment

Please select the file to be uploaded

Document Type : Auth Supporting Documents

Filename : Choose File Test.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.

Ok Close

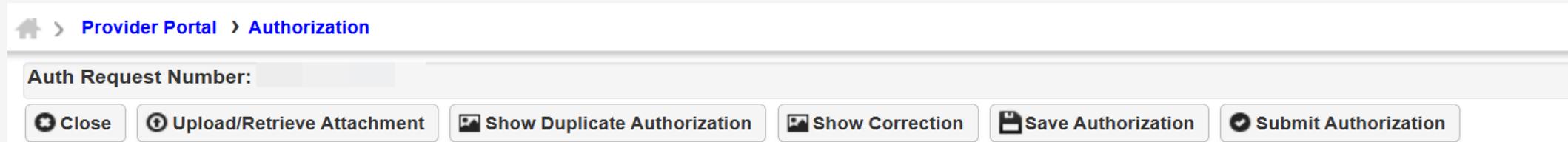
Attachment List

<input type="checkbox"/>	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
<input type="checkbox"/>	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
<input type="checkbox"/>	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

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

Submitting a New Transplant Authorization Request

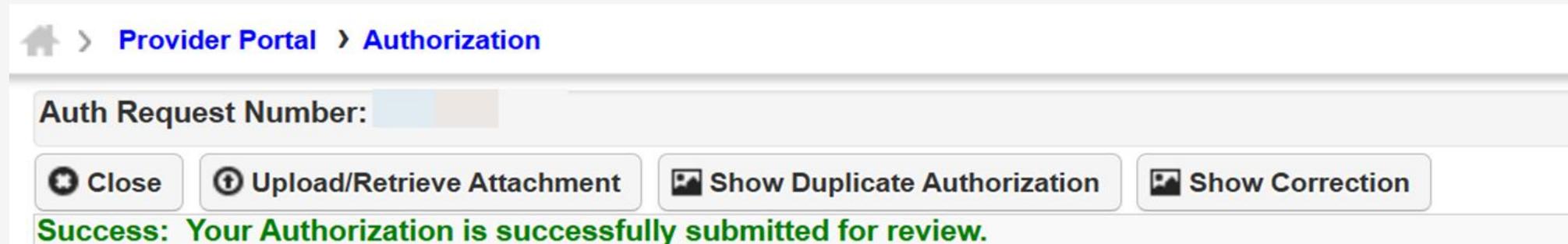
1. Once all attachments are uploaded, select **Submit Authorization**.



Home > Provider Portal > Authorization

Auth Request Number:

Note: After selecting **Submit Authorization**, the WCMBP System confirms the authorization is successfully submitted for review, updates the Header Status to **In Review**, and determines the Authorization Level. To display the **Authorization Request List**, select **Close**.



Home > Provider Portal > Authorization

Auth Request Number:

Success: Your Authorization is successfully submitted for review.

Viewing New Transplant 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 is a breadcrumb trail: 'Provider Portal > Authorization'. Below this is a toolbar with buttons: 'Close', 'Add New Request', 'Initiate Correction', 'Cancel Authorization', and 'Copy Authorization'. The main section is titled 'Authorization Request List' and contains a filter section with multiple dropdown menus and a 'Go' button. Below the filter is a table with the following columns: 'Auth Request #', 'Claimant Case ID', 'Header Status', 'Auth Type', 'Last Updated', 'Submitted Date', 'Header From Date', 'Header To Date', 'Program', 'Auth Request Type', and 'Source'. A single row is visible in the table with the following values: a checkbox, a blue icon, a blue bar, a grey bar, 'In Review', 'Transplant', '10/03/2025', '09/25/2025', '02/25/2025', '02/25/2025', 'DEEOIC', 'Initial Request', and 'DDE'.

<input type="checkbox"/>		Auth Request # ▲▼	Claimant Case ID ▲▼	Header Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Header From Date ▲▼	Header To Date ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
<input type="checkbox"/>		<div style="background-color: #4a7ebb; height: 15px; width: 100%;"></div>	<div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	In Review	Transplant	10/03/2025	09/25/2025	02/25/2025	02/25/2025	DEEOIC	Initial Request	DDE

Checking Authorization Status and Quick Tips



Checking Authorization Status (1 of 4)

1. To open the dialogue box to show authorization details, select the **Notepad and Pencil** icon.

Home > Provider Portal > Authorization

Close Add New Request Initiate Correction Cancel Authorization Copy Authorization

Authorization Request List

<input type="checkbox"/>	Auth Request # ▲▼	Claimant Case ID ▲▼	Header Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Header From Date ▲▼	Header To Date ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
<input type="checkbox"/>			In Review	Transplant	10/03/2025	09/25/2025	02/25/2025	02/25/2025	DEEOIC	Initial Request	DDE
<input type="checkbox"/>			In Review	Rehabilitative Therapies	10/03/2025	10/03/2025	11/30/2024	11/30/2024	DEEOIC	Initial Request	DDE

Checking Authorization Status (2 of 4)

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
- **Header 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

The screenshot shows the 'Provider Portal' interface for 'Authorization'. It features a navigation bar with a home icon, 'Provider Portal', and 'Authorization'. Below the navigation bar are five action buttons: 'Close', 'Add New Request', 'Initiate Correction', 'Cancel Authorization', and 'Copy Authorization'. The main content area is titled 'Authorization Request List' and contains a table with the following data:

<input type="checkbox"/>	Auth Request # ▲▼	Claimant Case ID ▲▼	Header Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Header From Date ▲▼	Header To Date ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
<input type="checkbox"/>	[Redacted]	[Redacted]	In Review	Transplant	10/03/2025	09/25/2025	02/25/2025	02/25/2025	DEEOIC	Initial Request	DDE
<input type="checkbox"/>	[Redacted]	[Redacted]	In Review	Rehabilitative Therapies	10/03/2025	10/03/2025	11/30/2024	11/30/2024	DEEOIC	Initial Request	DDE

Checking Authorization Status (3 of 4)

Continued from previous page:

- **Auth Type:** Authorization Type
- **Last Updated:** Last time the Authorization was updated
- **Submitted Date:** Date the Authorization was submitted
- **Header From Date:** Maximum from date of all authorization lines
- **Header To Date:** Minimum from date of all authorization lines
- **Program:** OWCP Program the Claimant is under
- **Auth Request Type:** Authorization Request Type
- **Source:** How the Authorization was submitted

	Auth Request #	Claimant Case ID	Header Status	Auth Type	Last Updated	Submitted Date	Header From Date	Header To Date	Program	Auth Request Type	Source
<input type="checkbox"/>			In Review	Transplant	10/03/2025	09/25/2025	02/25/2025	02/25/2025	DEEOIC	Initial Request	DDE
<input type="checkbox"/>			In Review	Rehabilitative Therapies	10/03/2025	10/03/2025	11/30/2024	11/30/2024	DEEOIC	Initial Request	DDE

Checking Authorization Status (4 of 4)

2. To return to the portal homepage, 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**.

The screenshot shows the 'Authorization Request List' interface in the Provider Portal. At the top, there are navigation links for 'Provider Portal' and 'Authorization'. Below this is a toolbar with buttons for 'Close', 'Add New Request', 'Initiate Correction', 'Cancel Authorization', and 'Copy Authorization'. The main area is titled 'Authorization Request List' and contains a filter section with 'Filter By' fields, 'Submitted In' dropdown, and 'ALL' and 'And Header Status' dropdowns. A 'Go' button is next to the 'In Review' status. There are also 'Clear Filter', 'Save Filter', and 'My Filters' buttons. Below the filter section is a table with the following columns: Auth Request #, Claimant Case ID, Header Status, Auth Type, Last Updated, Submitted Date, Header From Date, Header To Date, Program, Auth Request Type, and Source. Two rows of data are visible, both with 'In Review' status and 'DDE' source.

<input type="checkbox"/>	Auth Request #	Claimant Case ID	Header Status	Auth Type	Last Updated	Submitted Date	Header From Date	Header To Date	Program	Auth Request Type	Source
<input type="checkbox"/>	[Redacted]	[Redacted]	In Review	Transplant	10/03/2025	09/25/2025	02/25/2025	02/25/2025	DEEOIC	Initial Request	DDE
<input type="checkbox"/>	[Redacted]	[Redacted]	In Review	Rehabilitative Therapies	10/03/2025	10/03/2025	11/30/2024	11/30/2024	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 (1 of 2)

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

1. To open the **Duplicate Auth** window, select **Show Duplicate Authorization**.

The screenshot shows the 'Provider Portal > Authorization' interface. At the top, there is a breadcrumb trail and a search bar labeled 'Auth Request Number:'. Below the search bar is a row of buttons: 'Close', 'Upload/Retrieve Attachment', 'Show Duplicate Authorization', 'Show Correction', 'Save Authorization', and 'Submit Authorization'. The 'Save Authorization' button is highlighted. Below the buttons, there are three message boxes: a green 'Success' message, a blue 'Warning' message, and a blue 'Info' message. The 'Warning' message states: '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.'

Checking for Duplicate Authorization (2 of 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.

Help

Close

Duplicate Auth

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 ▲▼	Requested Unit ▲▼	Auth Unit ▲▼	Requested Amount ▲▼	Auth Amount ▲▼
██████	██████	██████████	██████	██████	██████████	Transplant	Initial Request	CPT Procedure Code	32854	02/25/2025	02/25/2025	In Review	1				
██████	██████	██████████	██████	██████	██████████	Transplant	Initial Request	CPT Procedure Code	33935	02/25/2025	02/25/2025	In Review	2				

View Page: 1
Go
+ Page Count

Viewing Page: 1

<< First
< Prev
Next >
>> Last

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.
- If an emergency, the timeline is within 24 business hours.
- Authorizations can also be faxed to 800-882-6147 or mailed to P.O. Box 8304, London, KY 40742-8304.
- Claimant Transportation authorization forms are not required for claimant travel.

THANK YOU!

