DFEC Authorization
Introduction

The WCMBP System allows providers to submit authorization requests via Direct Data Entry (DDE) - on line submission. This tutorial provides instructions for providers to submit requests via the DDE process for:

• Durable Medical Equipment (DME)
• General Medical
• Home Health
• Physical Therapy/Occupational Therapy (PT/OT)
• Surgical Package
• Unspecified J-Code

The tutorial will also provide instructions on how providers can check the status of submitted authorization requests.
Accessing Authorizations in the WCMBP System

How it works:

1. Log in to the WCMBP System. The system will display the default “Select a provider ID Number” page. Select the appropriate profile “Ext Provider Bills Submitter” from the drop-down.

2. Click on the “On-line Authorization Submission” tab in the column on the left, under Authorization.
Adding a New Request

1. To submit a new authorization request, click the “Add New Request” button.

2. Select the DFEC program from the “Program” drop-down.

3. Select one of the following authorization types from the “Authorization Type” drop-down.
Durable Medical Equipment (DME)
Adding a New Request: DME

1. Enter the required (*) Requestor Information for an “Initial Request”.

2. Enter the required (*) Requestor Information for a “Correction” request to an existing authorization number.
   
   **Note:** The original authorization number is required.

3. Enter the required (*) Claimant Information.
   
   Claimant Case ID, Date of Birth (DOB), First/Last Name, and Date of Injury (DOI).
Adding a New Request: DME

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

2. Select from the drop-down to state if you are providing care for a family member.

3. If yes in step 2, you must provide your relationship to the claimant.
   
   **Note:** Entering Fax # is optional.
Adding a New Request: DME

Enter the Required Service Line Information

1. Enter Specific Body Part to be treated.
2. Enter up to four Diagnosis (DX) Codes.
3. Five Service Lines are displayed.

**Note:** Click “Add New Line” if additional lines are needed.

4. Enter From-To Date.
5. Select the alpha character that represents the DX from the Diagnosis Codes field you want to point to.

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

*6-14 are covered on the next two slides.*
Adding a New Request: DME

Enter the Required Service Line Information – Continued.

6. Select the Code Type from the drop-down.
7. Enter the Procedure Code (HCPCS or CPT).
8. A Body Part Modifier is required (RT, LT or 50).

**Note:** If the body part does not have a side, select 50.
9. Enter the number of units you are requesting.
10. You must identify if the DME is a rental or purchased new/used.

*11-14 are covered on the next slide.*
Adding a New Request: DME

Enter the Required Service Line Information – Continued.

11. Enter the cost.

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

12. Enter the duration (Ex. 2 months).

**Note:** Required for Rentals.

13. If you want to remove a service line, select ○ under Action.

14. If adding any additional notes or remarks, please type them in the Remarks field.
1. Once all information is entered, you must scroll back to the top of the page and click “Save Authorization”.

   **Note:** If any information keyed in is invalid or missing, an error message will populate below the Close-Submit Authorization buttons (errors may vary). Correct the error and click “Save Authorization”.

2. Your 9-digit authorization number will populate.

3. DME authorizations require a prescription from the attending physician and a treatment plan. This supporting documentation can be uploaded. Please refer to the next slide for the “Upload” dialogue box explanation.

   **Note:** Authorizations cannot be submitted without an attachment.

4. Once the attachments are uploaded, click “Submit Authorization”.
Adding a New Request: DME

1. Select the “Document Type” you want to upload from the drop-down.

2. Click the “Browse” button. The system will display the Open window. Locate and select the file from your local drive that you need to upload and click the “Open” button. The system will update the “File Name” field.

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

3. Once the attachment is uploaded, Click “Ok” to return to the previous page to Submit Authorization.
Adding a New Request: DME

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

2. Click “Close” to return to the Portal home page.

   **Note:** Click “Add New Request” to submit additional authorization requests.
General Medical
Adding a New Request: General Medical

1. To submit a new authorization request, click the “Add New Request” button.

2. Select the DFEC program from the “Program” drop-down.

3. Select one of the following authorization types from the “Authorization Type” drop-down.
General Medical – Requestor and Claimant Information

1. Enter the required (*) Requestor Information for an “Initial Request”.

2. Enter the required (*) Requestor Information for a “Correction” request to an existing authorization number.

   **Note:** The original authorization number is required.

3. Enter the required (*) Claimant Information.
   
   Claimant Case ID, Date of Birth (DOB), First/Last Name and Date of Injury (DOI).
General Medical – Provider Information

1. Provider Information “OWCP Provider ID,” “Tax ID” and “Name”, are auto-filled.

2. Select from the drop-down to state if you are providing care for a family member.

3. If yes in step 2, you must provide your relationship to the claimant.
   
   **Note**: Entering Fax # is optional.
General Medical – Service Line Information

Enter the Required Service Line Information

1. Enter Specific Body Part to be treated.

2. Is this a 2nd surgery on the same body part (Select “Yes” or “No” from the drop-down).

3. Enter up to four Diagnosis (DX) Codes.

4. If this request is for an implant, enter the cost of the implant.

Note: An invoice is required for implant service.

5. Up to five Service Lines will display.

Note: Click “Add New Line” if additional lines are needed.

*6-14 are covered on the next two slides.
Enter the Required Service Line Information – Continued

6. Enter From-To Date.

7. Select the alpha character that represents the DX from the Diagnosis Codes field that you want to point to.

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

8. Select the Code Type from the drop-down.

9. Enter the Code (Revenue Code or Procedure Code).

**Note:** Select “Revenue Code” for Inpatient Room and Board Service or for Outpatient Facility Services.

*10-14 are covered on the next slide.*
Enter the Required Service Line Information – Continued

10. Enter procedure code Modifier.

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

Note: If the body part does not have a side, select 50.

12. Enter the number of units or days you are requesting.

13. If you want to remove a service line, select under Action.

14. If adding any additional notes or remarks, please type them in the Remarks field.
Once all information is entered, you must scroll back to the top of the page and click “Save Authorization”.

**Note:** If any information keyed in is invalid or missing, an error message will populate below the Close-Submit Authorization buttons (errors may vary). Correct the error and click “Save Authorization”.

2. Your 9-digit authorization number will populate.

3. General Medical authorizations require a manufacture invoice for implants. This supporting documentation can be uploaded. Please refer to the next slide for the “Upload” dialogue box explanation.

**Note:** Authorizations cannot be submitted without an attachment.

4. Once the attachments are uploaded, click “Submit Authorization”.

Errors:
CPT Code is not valid in Service Line # 1
General Medical – Uploading Attachment

1. Select the “Document Type” you want to upload from the drop-down.

2. Click the “Browse” button. The system will display the Open window. Locate and select the file from your local drive that you need to upload and click the “Open” button. The system will update the “File Name” field.

Note: The guidelines for the attached document are present.

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

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

2. Click “Close” to return to the Portal home page.

Note: Click “Add New Request” to submit additional authorization requests.
Home Health
Adding a New Request: Home Health

1. To submit a new authorization request, click the “Add New Request” button.

2. Select the DFEC program from the “Program” drop-down.

3. Select one of the following authorization types from the “Authorization Type” drop-down.
Home Health– Requestor and Claimant Information

1. Enter the required (*) Requestor Information for an “Initial Request”.

2. Enter the required (*) Requestor Information for a “Correction” request to an existing authorization number.

   **Note:** The original authorization number is required.

3. Enter the required (*) Claimant Information.

   Claimant Case ID, Date of Birth (DOB), First/Last Name and Date of Injury (DOI).
Home Health – Provider Information

1. Provider Information “OWCP Provider ID,” “Tax ID” and “Name”, are auto-filled.

2. Select from the drop-down to state if you are providing care for a family member.

3. If yes in step 2, you must provide your relationship to the claimant.

   **Note:** Entering Fax # is optional.
Enter the Required Service Line Information

1. Enter Specific Body Part to be treated.
2. Enter up to four Diagnosis(DX) Codes.
3. Up to five Service Lines will display.

**Note:** Click “Add New Line” if additional lines are needed.

4. Enter From-To Date.

5. Select the Alpha character that represents the DX from the Diagnosis Codes field that you want to point to.

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

*6-13 are covered on the next two slides.*
Enter the Required Service Line Information – Continued

6. Select the Code Type from the drop-down.
7. Enter the Procedure Code (HCPCS or CPT).
8. A Body Part Modifier is required (RT, LT or 50).

**Note:** If the body part does not have a side, select 50.

9. Enter the Frequency (how many times you will see the claimant a week).
10. Enter the Duration (how many weeks you will see the claimant).

*11-13 are covered on the next slide.*
Enter the Required Service Line Information – Continued

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

12. If you want to remove a service line, select under action.

13. If adding any additional notes or remarks, please type them in the Remarks field.
Once all information is entered, you must scroll back to the top of the page and click “Save Authorization”.

**Note:** If any information keyed in is invalid or missing, an error message will populate below the Close-Submit Authorization buttons (errors may vary). Correct the error and click “Save Authorization”.

2 Your 9-digit authorization number will populate.

3 Home Health authorizations need a treatment plan (Progress notes/Nurse Notes). This supporting documentation can be uploaded. Please refer to the next slide for the “Upload” dialogue box explanation.

**Note:** Authorization cannot be submitted without an attachment.

4 Once the attachments are uploaded, click “Submit Authorization”.

Errors:
CPT Code is not valid in Service Line # 1
Home Health – Uploading Attachment

1. Select the “Document Type” you want to upload from the drop-down.

2. Click the “Browse” button. The system will display the Open window. Locate and select the file from your local drive that you need to upload and click the “Open” button. The system will update the “File Name” field.

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

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

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

2. Click “Close” to return to the Portal home page.

   **Note:** Click “Add New Request” to submit additional authorization requests.
Physical Therapy/Occupational Therapy (PT/OT)
Adding a New Request: PT/OT

1. To submit a new authorization request, click the “Add New Request” button.

2. Select the DFEC program from the “Program” drop-down.

3. Select one of the following authorization types from the “Authorization Type” drop-down.
PT/OT—Requestor and Claimant Information

1. Enter the required (*) Requestor Information for an “Initial Request”.

2. Enter the required (*) Requestor Information for a “Correction” request to an existing authorization number. 
   **Note:** The original authorization number is required.

3. Enter the required (*) Claimant Information.
   Claimant Case ID, Date of Birth (DOB), First/Last Name and Date of Injury (DOI).
PT/OT– Provider Information

1. Provider Information “OWCP Provider ID,” “Tax ID” and “Name”, are auto-filled.

2. Select from the drop-down to state if you are providing care for a family member.

3. If yes in step 2, you must provide your relationship to the claimant.
   
   **Note:** Entering Fax # is optional.
Enter the Required Service Line Information

1. Enter Specific Body Part to be treated.
2. Enter up to four Diagnosis (DX) Codes.
3. Is this therapy related to a post-op treatment within 60 days of a surgery?
4. Up to five Service Lines will display
   **Note:** Click “Add New Line” if additional lines are needed.
5. Enter From-To Date.

*6-16 are covered on the next two slides.*
Enter the Required Service Line Information – Continued

6. Select the alpha character that represents the DX from the Diagnosis Codes field that you want to point to.

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

7. Select the Code Type from the drop-down.

8. Enter the Procedure Code (HCPCS or CPT).

9. Enter the Procedure Code Modifier.

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

**Note:** If the body part does not have a side, select 50.

*11-16 are covered on the next slide.*
Enter the Required Service Line Information – Continued

11. Enter the # of Units Per Procedure
(1 Unit = 15 minutes).

12. Enter the Frequency (how many times you will see the claimant a week).

13. Enter the Duration (how many weeks you will see the claimant).

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

15. If you want to remove a service line, select under action.

16. If adding any additional notes or remarks, please type them in the Remarks field.
Once all information is entered, you must scroll back to the top of the page and click “Save Authorization”.

**Note:** If any information keyed in is invalid or missing, an error message will populate below the Close-Submit Authorization buttons (errors may vary). Correct the error and click “Save Authorization”.

Your 9-digit authorization number will populate.

Physical Therapy/Occupational Therapy authorizations require a prescription and treatment plan. This supporting documentation can be uploaded. Please refer to the next slide for the “Upload” dialogue box explanation.

**Note:** Authorization cannot be submitted without an attachment.

Once the attachments are uploaded, click “Submit Authorization”.
1. Select the “Document Type” you want to upload from the drop-down.

2. Click the “Browse” button. The system will display the Open window. Locate and select the file from your local drive that you need to upload and click the “Open” button. The system will update the “File Name” field.

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

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

2. Click “Close” to return to the Portal home page.

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

The system displays the Authorization information, which confirms your authorization was submitted.
Surgical Package
Adding a New Request: Surgical Package

1. To submit a new authorization request, click the “Add New Request” button.

2. Select the DFEC program from the “Program” drop-down.

3. Select one of the following authorization types from the “Authorization Type” drop-down.

Note: Only one Authorization is required for all Professional Types involved in the surgery.
Surgical Package— Requestor and Claimant Information

1. Enter the required (*) Requestor Information for an “Initial Request”.

2. Enter the required (*) Requestor Information for a “Correction” request to an existing authorization number.

   **Note:** The original authorization number is required.

3. Enter the required (*) Claimant Information.

   Claimant Case ID, Date of Birth (DOB), First/Last Name, and Date of Injury (DOI).
Surgical Package – Provider Information

1. Provider Information “OWCP Provider ID,” “Tax ID,” and “Name” are auto-filled.

2. Select from the drop-down to state if you are the Primary Surgeon.

3. Entering Fax # is optional.
1. Enter the Date of the Surgery.
2. Select an appropriate site where the surgery is being performed.
3. All Professional Types will be selected by default.
Enter the Required Service Line Information

1. Enter Specific Body Part to be treated.
2. Enter up to four Diagnosis (DX) Codes.
3. Has this surgery been performed on the same anatomical site (Part of the body)?
4. Will Home Health be required after surgery?
5. Will PT/OT be required after surgery?
6. Up to five Service Lines will display.

Note: Click Add New Line if additional lines are needed.

*7-15 are covered on the next two slides.
Enter the Required Service Line Information – Continued

7. Enter From-To Date.

8. Select the alpha character that represents the DX from the Diagnosis Codes field that you want to point to.

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

9. Select the Code Type from the drop-down.

10. Enter the Procedure Code (HCPCS or CPT).

11. Enter the Procedure Code Modifier.

*12-15 are covered on the next slide.*
Enter the Required Service Line Information – Continued

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

**Note:** If the body part does not have a side, select 50.

13. Enter the number of units you are requesting.

14. If you want to remove a service line, select under action.

15. If adding any additional notes or remarks, please type them in the Remarks field.
Once all information is entered, you must scroll back to the top of the page and click “Save Authorization”.

**Note:** If any information keyed in is invalid or missing, an error message will populate below the Close-Submit Authorization buttons (errors may vary). Correct the error and click “Save Authorization”.

**2** Your 9-digit authorization number will populate.

**3** Surgical Package does not require any attachments. If you would like to submit supporting documentation, it can be uploaded here. Please refer to the next slide for the “Upload” dialogue box explanation.

**4** Once the attachments are uploaded, click “Submit Authorization”.
Surgical Package – Upload Attachment

1. Select the “Document Type” you want to upload from the drop-down.

2. Click the “Browse” button. The system will display the Open window. Locate and select the file from your local drive that you need to upload and click the “Open” button. The system will update the “File Name” field.

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

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

2 Click “Close” to return to the Portal home page.

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

1 The system displays the Authorization information which confirms your authorization was submitted.
Unspecified J-Code
Adding a New Request: Unspecified J-Code

1. To submit a new authorization request, click the “Add New Request” button.

2. Select the DFEC program from the “Program” drop-down.

3. Select one of the following authorization types from the “Authorization Type” drop-down.
1. Enter the required (*) Requestor Information for an “Initial Request”.

2. Enter the required (*) Requestor Information for a “Correction” request to an existing authorization number.

   **Note:** The original authorization number is required.

3. Enter the required (*) Claimant Information.
   - Claimant Case ID, Date of Birth (DOB), First/Last Name and Date of Injury (DOI).
Unspecified J-Code: Provider Information

1. Provider Information “OWCP Provider ID,” “Tax ID”, and “Name” are auto-filled.

2. Enter the Prescribing Provider Name and NPI.

3. Entering Fax # is optional.
Enter the Required Service Line Information

1. Enter Specific Body Part to be treated.
2. Enter up to four Diagnosis (DX) Codes.
3. Up to five Service Lines will display.

**Note:** Click “Add New Line” if additional lines are needed.

4. Enter From-To Date.

5. Select the alpha character that represents the DX from the Diagnosis Codes field that you want to point to.

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

*6-11 are covered on the next two slides.*
Enter the Required Service Line Information – Continued

6. Select the J-Code from the drop-down.

7. Enter the National Drug Code (NDC).

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

Note: If the body part does not have a side, select 50.

9. Enter the number of units you are requesting.

*10-11 are covered on the next slide.
Unspecified J-Code - Service Line Information

Enter the Required Service Line Information – Continued

10. If you want to remove a service line, select under action.

11. If adding any additional notes or remarks, please type them in the Remarks field.
Once all information is entered, you must scroll back to the top of the page and click “Save Authorization”.

**Note:** If any information keyed in is invalid or missing, an error message will populate below the Close-Submit Authorization buttons (errors may vary). Correct the error and click “Save Authorization”.

2. Your 9-digit authorization number will populate.

3. Unspecified J-Codes requires a prescription. Please refer to the next slide for the “Upload” dialogue box explanation.

**Note:** Authorization cannot be submitted without an attachment.

4. Once the attachments are uploaded, click “Submit Authorization”.
Unspecified J-Code: Upload Attachment

1. Select the "Document Type" you want to upload from the drop-down.

2. Click the "Browse" button. The system will display the Open window. Locate and select the file from your local drive that you need to upload and click the "Open" button. The system will update the "File Name" field.

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

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

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

2. Click “Close” to return to the Portal home page.

Note: Click “Add New Request” to submit additional authorization requests.
Checking Authorization Status
Authorization Status

1. Dialogue box opens to display auth details.
2. Displays the Auth Request #.
3. Displays the Claimant Case ID.

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

*4-12 are covered on the next two slides.
Authorization Status

4. Auth Status Displays.
   • Entering (started auth but did not submit).
   • In Review (auth submitted).
   • Approved.
   • Denied (not approved).
   • Cancelled (services no longer needed).
   • Pending Further Development (additional information is needed or medical development is required before a determination can be made).

5. Auth Type.

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

*6-12 are covered on the next slide.
6. Last time the Auth was updated.
7. Date the Auth was submitted.
8. Auth Level.
9. OWCP Program the claimant is under.
10. Auth Request Type.
11. Source (How the authorization was submitted).
12. Click “Close” to return to the Portal Home Page.

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

- Check Claimant Eligibility to see if an Authorization is required.
- Submit Authorization before submitting bill.
- Check Authorization Status – Submit bill once Authorization is in an Approved status.
- Authorization does not guarantee payment.
- Allow 2 business days for Authorization process. If Authorization must be reviewed by a Claims Examiner (CE), it may take longer than normal.
- Authorizations can also be faxed to 800.215.4901 or mailed to P.O. Box 8300 London, KY 40742-8300.
- Travel Authorizations must be submitted via fax or mail only.
THANK YOU!