

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.

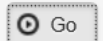
Select a Provider ID Number to continue to the Provider Portal:


Available Provider IDs: 

 Go

Select a profile to use during this session:



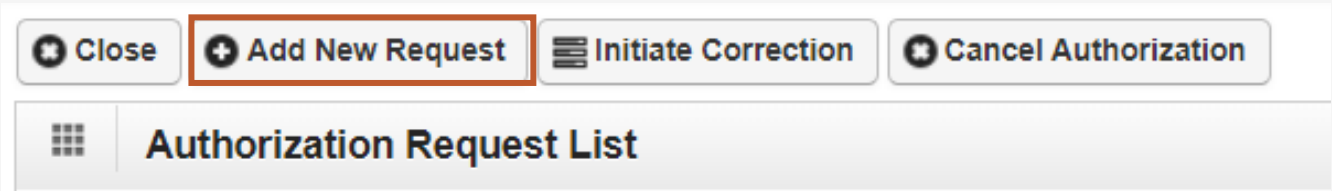
 Go

Authorization 

On-line Authorization Submission

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.

Program: *

Authorization Type: *

3 Select one the following authorization types from the "Authorization Type" drop-down.

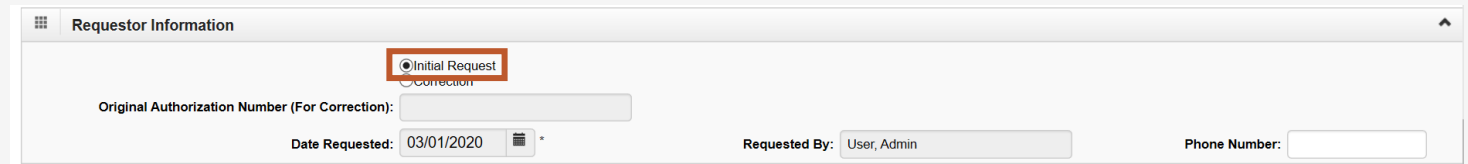
- SELECT--
- Durable Medical Equipment
- General Medical
- Home Health
- Physical Therapy/Occupational Therapy
- Surgical Package
- Unspecified J-Code

Durable Medical Equipment (DME)

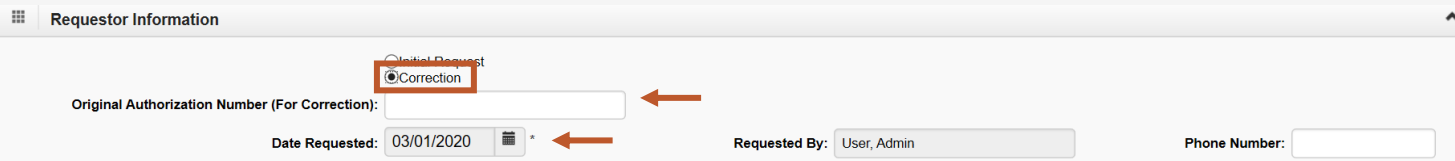


Adding a New Request: DME

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



The screenshot shows the 'Requestor Information' form. The 'Initial Request' radio button is selected and highlighted with a red box. The 'Original Authorization Number (For Correction)' field is empty. The 'Date Requested' is set to 03/01/2020. The 'Requested By' is 'User, Admin' and the 'Phone Number' field is empty.



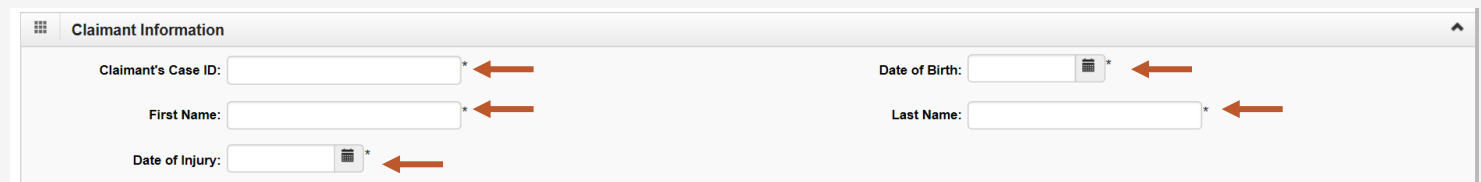
The screenshot shows the 'Requestor Information' form. The 'Correction' radio button is selected and highlighted with a red box. The 'Original Authorization Number (For Correction)' field is empty and has a red arrow pointing to it. The 'Date Requested' is set to 03/01/2020 and has a red arrow pointing to it. The 'Requested By' is 'User, Admin' and the 'Phone Number' field is empty.

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).



The screenshot shows the 'Claimant Information' form. Red arrows point to the following fields: 'Claimant's Case ID', 'Date of Birth', 'First Name', 'Last Name', and 'Date of Injury'. All these fields are currently empty.

Adding a New Request: DME

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

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

- OWCP Provider ID: [Auto-filled]
- Provider Name: [Auto-filled: KENTUCKY MEDICAL SCVS FOUND]
- OWCP National Provider Identifier: [Auto-filled]
- Tax ID (SSN/FEIN): [Auto-filled]
- Fax Number: [Empty]
- Providing care for a family member?: [Dropdown menu]
- If Yes, please provide relationship to the claimant: [Empty text box]

Red boxes highlight the OWCP Provider ID, Tax ID (SSN/FEIN), Provider Name, and OWCP National Provider Identifier fields. A red arrow points to the dropdown menu for "Providing care for a family member?".

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

- 3 If yes is selected 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.

The screenshot shows the 'Service Line Information' form with the following fields and callouts:

- 1: Specific Body Part to be treated: *
- 2: Diagnosis Codes: A: * B: * C: * D: *
- 3: Add New Line button
- 4: From Date and To Date fields
- 5: Diagnosis Pointer (A, B, C, D)
- 6: Code Type
- 7: Procedure Code
- 8: Body Part Modifier
- 9: Units
- 10: Rental or Purchase Modifier
- 11: Cost
- 12: Duration
- 13: Action
- 14: Remarks field

	From Date	To Date	A	B	C	D	Code Type	Procedure Code	Body Part Modifier	Units	Rental or Purchase Modifier	Cost	Duration	Action
1														
2														
3														
4														
5														

*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. Enter Body Part Modifier (Optional - effective 11/12/22, body part modifier is no longer a required field).

Note: RT, LT or 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.

The screenshot shows the 'Service Line Information' form with the following fields and callouts:

- 1: Specific Body Part to be treated: *
- 2: Diagnosis Codes: A: * B: C: D: *
- 3: Add New Line button
- 4: From Date and To Date fields
- 5: Diagnosis Pointer (A, B, C, D)
- 6: Code Type
- 7: Procedure Code
- 8: Body Part Modifier
- 9: Units
- 10: Rental or Purchase Modifier
- 11: Cost
- 12: Duration
- 13: Action
- 14: Remarks field

	From Date	To Date	Diagnosis Pointer	Code Type	Procedure Code	Body Part Modifier	Units	Rental or Purchase Modifier	Cost	Duration	Action
1			A B C D								
2			A B C D								
3			A B C D								
4			A B C D								
5			A B C D								

*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.

The screenshot shows the 'Service Line Information' form with the following fields and callouts:

- 1: Specific Body Part to be treated: *
- 2: Diagnosis Codes: A: * B: * C: * D: *
- 3: Add New Line button
- 4: From Date and To Date fields
- 5: Diagnosis Pointer (A, B, C, D)
- 6: Code Type
- 7: Procedure Code
- 8: Body Part Modifier
- 9: Units
- 10: Rental or Purchase Modifier
- 11: Cost
- 12: Duration
- 13: Action (radio buttons)
- 14: Remarks field

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

Adding a New Request: DME

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.

The screenshot displays a web interface for adding a new request. At the top, a text field shows "Auth Request Number : 10" followed by a masked area. Below this are four buttons: "Close", "Upload/Retrieve Attachment", "Save Authorization", and "Submit Authorization". The "Save Authorization" button is highlighted with a dashed border. Below the buttons, a red error message box reads "Errors: CPT Code is not valid in Service Line # 1". Orange arrows point from the text in the numbered steps to the corresponding elements in the interface: from step 1 to the "Save Authorization" button, from step 2 to the "Auth Request Number" field, from step 3 to the "Upload/Retrieve Attachment" button, and from step 4 to the "Submit Authorization" button.

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 list.

The screenshot shows a dialog box titled "Attachment". It contains the following elements:

- A header bar with a grid icon and the title "Attachment".
- A prompt: "Please select the file to be uploaded :".
- A "Document Type" dropdown menu with a downward arrow and an asterisk. A dropdown list is open, showing options: "--SELECT--", "Invoice for Implant Service", "J-Code Prescription", "Medical Documentation", "Prescription from Physician", and "Treatment Plan".
- A "Filename" text input field with a "Browse..." button to its right and an asterisk.
- A note at the bottom: "The acceptable file extensions for the upload are .doc, .docx, .gif, .htm, .html, .jpeg, .jpg, .tif, .tiff, .tst, .txt, .bmp, .pdf" and "Filename cannot be longer than 50 characters".
- Buttons for "Ok" and "Close" at the bottom right.

Orange arrows point from the text instructions to the "Document Type" dropdown, the "Browse..." button, and the "Ok" button.

2 Select **Browse**. The system displays the Open window. Locate and select the file from your local drive needed to upload and select **Open**. The system updates the "File Name" field.

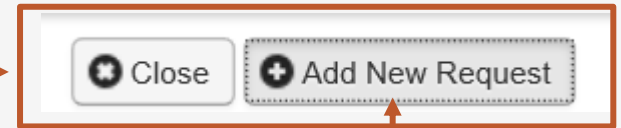
Note: The attachment requirements are shown in the screenshot.

3 Once the attachment is uploaded, select **Ok** to return to the previous page to Submit Authorization.

Adding a New Request: DME

2 Click "Close" to return to the Portal home page.

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



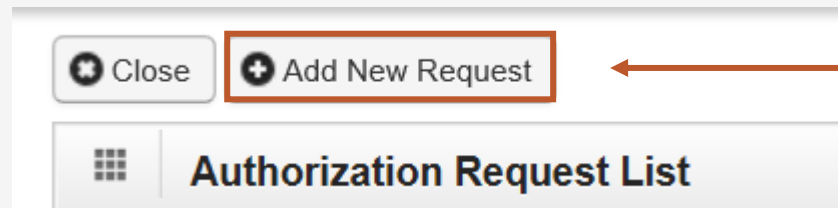
	Auth Request # ▲▼	Claimant Case ID ▲▼	Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Level ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
			In Review	Durable Medical Equipment	03/01/2020	03/01/2020	2	DFEC	Initial Request	DDE

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

General Medical

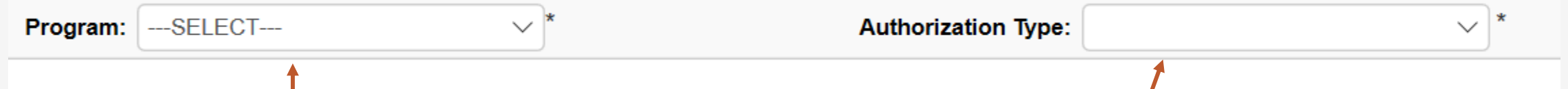


Adding a New Request: General Medical



The screenshot shows a user interface with a 'Close' button and an 'Add New Request' button. The 'Add New Request' button is highlighted with a red box and an arrow pointing to it from the first instruction. Below the buttons is a header for 'Authorization Request List'.

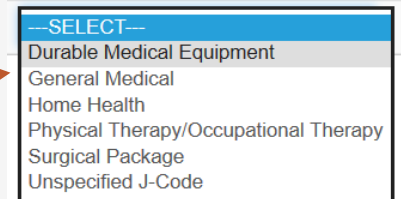
1 To submit a new authorization request, click the "Add New Request" button.



The screenshot shows two drop-down menus. The first is labeled 'Program:' and has a value of '--SELECT--'. The second is labeled 'Authorization Type:' and is empty. Both have a downward arrow and an asterisk. An arrow points from the second instruction to the 'Program' drop-down.

2 Select the DFEC program from the "Program" drop-down.

3 Select one the following authorization types from the "Authorization Type" drop-down.



The screenshot shows the expanded 'Authorization Type' drop-down menu with the following options: --SELECT--, Durable Medical Equipment, General Medical, Home Health, Physical Therapy/Occupational Therapy, Surgical Package, and Unspecified J-Code. An arrow points from the third instruction to this menu.

General Medical – Requestor and Claimant Information

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

The screenshot shows the 'Requestor Information' form. The 'Initial Request' radio button is selected and highlighted with a red box. The 'Original Authorization Number (For Correction):' field is empty. The 'Date Requested:' field contains '03/01/2020' with a calendar icon. The 'Requested By:' dropdown is set to 'User, Admin'. The 'Phone Number:' field is empty.

The screenshot shows the 'Requestor Information' form. The 'Correction' radio button is selected and highlighted with a red box. The 'Original Authorization Number (For Correction):' field is empty, with a red arrow pointing to it. The 'Date Requested:' field contains '03/01/2020' with a calendar icon, also with a red arrow pointing to it. The 'Requested By:' dropdown is set to 'User, Admin'. The 'Phone Number:' field is empty.

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).

The screenshot shows the 'Claimant Information' form. The 'Claimant's Case ID:' field is empty with a red arrow pointing to it. The 'Date of Birth:' field is empty with a calendar icon and a red arrow pointing to it. The 'First Name:' field is empty with a red arrow pointing to it. The 'Last Name:' field is empty with a red arrow pointing to it. The 'Date of Injury:' field is empty with a calendar icon and a red arrow pointing to it.

General Medical – Provider Information

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

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

- OWCP Provider ID: [Auto-filled]
- Provider Name: [Auto-filled: KENNEDY MEDICAL SCVS FOUND]
- Providing care for a family member?: [Dropdown menu]
- OWCP National Provider Identifier: [Auto-filled]
- Tax ID (SSN/FEIN): [Auto-filled]
- Fax Number: [Empty]
- If Yes, please provide relationship to the claimant: [Empty]

A red arrow points from the "Providing care for a family member?" dropdown menu to the "If Yes, please provide relationship to the claimant:" field.

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

The dropdown menu is open, showing the following options:

- No
- Yes

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.

The screenshot shows the 'Service Line Information' form with the following fields and callouts:

- 1: Specific Body Part to be treated: *
- 2: Is this a second surgery on the same body part?: *
- 3: Diagnosis Codes: A: * B: * C: * D: *
- 4: Is this an implant?: * Cost of Implant: *
- 5: Add New Line button
- 6: From Date *
- 7: To Date *
- 8: Diagnosis Pointer (A, B, C, D)
- 9: Code Type *
- 10: Revenue Code *
- 11: Procedure Code *
- 12: Modifier *
- 13: Body Part Modifier *
- 14: Units/Days Requested *
- 15: Action (minus icon)
- 16: Remarks: *

	From Date	To Date	Diagnosis Pointer				Code Type	Revenue Code	Procedure Code	Modifier	Body Part Modifier	Units/Days Requested	Action
			A	B	C	D							
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

*6-14 are covered on the next two slides.

General Medical – Service Line Information

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.

The screenshot shows the 'Service Line Information' form with the following fields and callouts:

- 1: Specific Body Part to be treated: *
- 2: Is this a second surgery on the same body part?: *
- 3: Diagnosis Codes: A: * B: * C: * D: *
- 4: Is this an implant?: *
- 5: Add New Line button
- 6: From Date and To Date fields
- 7: Diagnosis Pointer (A, B, C, D)
- 8: Code Type dropdown
- 9: Revenue Code field
- 10: Procedure Code field
- 11: Modifier field
- 12: Body Part Modifier dropdown
- 13: Units/Days Requested field
- 14: Remarks text area

	From Date	To Date	A	B	C	D	Code Type	Revenue Code	Procedure Code	Modifier	Body Part Modifier	Units/Days Requested	Action
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

*10-14 are covered on the next slide.

General Medical – Service Line Information

Enter the Required Service Line Information – Continued

10. Enter procedure code Modifier.

11. Enter Body Part Modifier (Optional - effective 11/12/22, body part modifier is no longer a required field).

Note: RT, LT or 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.

The screenshot shows the 'Service Line Information' form with the following fields and callouts:

- 1: Specific Body Part to be treated: *
- 2: Is this a second surgery on the same body part?: *
- 3: Diagnosis Codes: A: * B: * C: * D: *
- 4: Is this an implant?: * Cost of Implant: *
- 5: Add New Line button
- 6: From Date *
- 7: To Date *
- 8: Diagnosis Pointer (A, B, C, D)
- 9: Code Type *
- 10: Revenue Code *
- 11: Procedure Code *
- 12: Modifier *
- 13: Body Part Modifier *
- 14: Units/Days Requested *
- 15: Action (radio buttons)
- 16: Remarks field

	From Date *	To Date *	Diagnosis Pointer				Code Type *	Revenue Code *	Procedure Code *	Modifier *	Body Part 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"/>	<input type="radio"/>	
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="radio"/>	
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="radio"/>	
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="radio"/>	
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="radio"/>	

General Medical- Save Authorization

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 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.

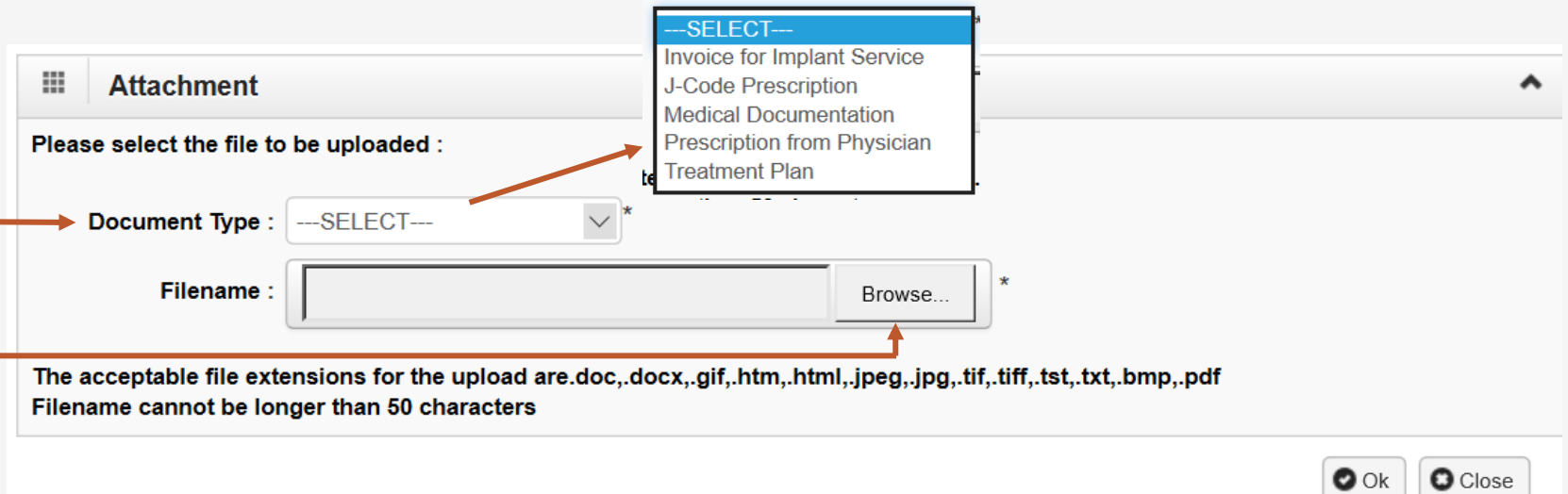
Note: Authorizations cannot be submitted without an attachment.

The screenshot displays a web form for saving an authorization. At the top, a field labeled "Auth Request Number" contains the value "10" followed by a progress indicator. Below this field are four buttons: "Close", "Upload/Retrieve Attachment", "Save Authorization", and "Submit Authorization". The "Save Authorization" button is highlighted with a dashed border. Below the buttons, a red error message is displayed: "Errors: CPT Code is not valid in Service Line # 1". Orange arrows from the text blocks point to the "Save Authorization" button, the "Upload/Retrieve Attachment" button, and the "Submit Authorization" button.

4 Once the attachments are uploaded, click "Submit Authorization".

General Medical – Uploading Attachment

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



The screenshot shows a dialog box titled "Attachment". At the top, it says "Please select the file to be uploaded :". Below this, there is a "Document Type" dropdown menu with a downward arrow and an asterisk. A dropdown menu is open, showing options: "--SELECT--", "Invoice for Implant Service", "J-Code Prescription", "Medical Documentation", "Prescription from Physician", and "Treatment Plan". Below the dropdown is a "Filename" text input field with a "Browse..." button to its right, also with an asterisk. At the bottom of the dialog, there is a note: "The acceptable file extensions for the upload are .doc, .docx, .gif, .htm, .html, .jpeg, .jpg, .tif, .tiff, .tst, .txt, .bmp, .pdf" and "Filename cannot be longer than 50 characters". In the bottom right corner, there are "Ok" and "Close" buttons.

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.

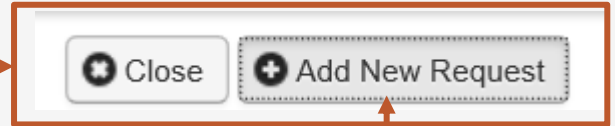
Note: The guidelines for the attached document are present.

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.



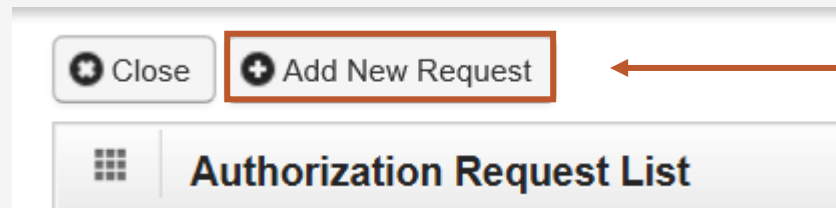
	Auth Request # ▲▼	Claimant Case ID ▲▼	Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Level ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
	[Redacted]	[Redacted]	In Review	General Medical	03/01/2020	03/01/2020	3	DFEC	Initial Request	DDE

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

Home Health

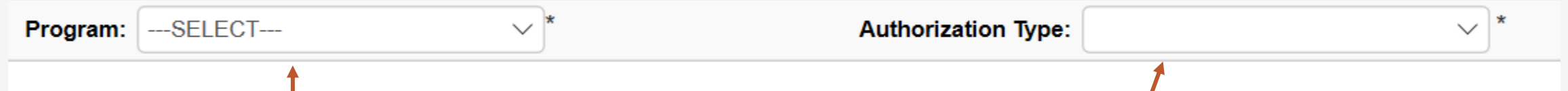


Adding a New Request: Home Health



The screenshot shows a user interface with a 'Close' button and an 'Add New Request' button. The 'Add New Request' button is highlighted with a red border and a red arrow pointing to it from the first instruction. Below the buttons is a header for 'Authorization Request List'.

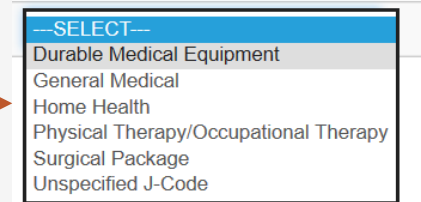
1 To submit a new authorization request, click the "Add New Request" button.



The screenshot shows two drop-down menus. The first is labeled 'Program:' and has a value of '--SELECT--'. The second is labeled 'Authorization Type:' and is currently empty. Both menus have a downward arrow and an asterisk. A red arrow points from the second instruction to the 'Program' menu, and another red arrow points from the third instruction to the 'Authorization Type' menu.

2 Select the DFEC program from the "Program" drop-down.

3 Select one the following authorization types from the "Authorization Type" drop-down.



The screenshot shows the expanded 'Authorization Type' drop-down menu. The options are: --SELECT--, Durable Medical Equipment, General Medical, Home Health, Physical Therapy/Occupational Therapy, Surgical Package, and Unspecified J-Code. The 'Home Health' option is highlighted with a blue background.

Home Health– Requestor and Claimant Information

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

The screenshot shows the 'Requestor Information' form. The 'Initial Request' radio button is selected and highlighted with a red box. The 'Original Authorization Number (For Correction):' field is empty. The 'Date Requested:' field contains '03/01/2020' with a calendar icon. The 'Requested By:' dropdown is set to 'User, Admin'. The 'Phone Number:' field is empty.

The screenshot shows the 'Requestor Information' form. The 'Correction' radio button is selected and highlighted with a red box. The 'Original Authorization Number (For Correction):' field is empty, with a red arrow pointing to it. The 'Date Requested:' field contains '03/01/2020' with a calendar icon, also with a red arrow pointing to it. The 'Requested By:' dropdown is set to 'User, Admin'. The 'Phone Number:' field is empty.

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).

The screenshot shows the 'Claimant Information' form. The 'Claimant's Case ID:' field is empty with a red arrow pointing to it. The 'Date of Birth:' field is empty with a calendar icon and a red arrow pointing to it. The 'First Name:' field is empty with a red arrow pointing to it. The 'Last Name:' field is empty with a red arrow pointing to it. The 'Date of Injury:' field is empty with a calendar icon and a red arrow pointing to it.

Home Health– Provider Information

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

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

- OWCP Provider ID: [Auto-filled]
- Provider Name: [Auto-filled: KENNEDY MEDICAL SCVS FOUND]
- OWCP National Provider Identifier: [Auto-filled]
- Tax ID (SSN/FEIN): [Auto-filled]
- Fax Number: [Empty]
- Providing care for a family member?: [Dropdown menu]
- If Yes, please provide relationship to the claimant: [Empty text box]

A red arrow points from the dropdown menu to step 2. Another red arrow points from the relationship text box to step 3.

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.

Home Health – Service Line Information

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.

The screenshot shows the 'Service Plan Information' form. At the top, there is a field for 'Specific Body Part to be treated:' (1) and four fields for 'Diagnosis Codes: A:', 'B:', 'C:', and 'D:' (2). Below these is an 'Add New Line' button (3). The main table has columns for 'From Date' (4), 'To Date' (4), 'Diagnosis Pointer' (5) with sub-columns A, B, C, D, 'Code Type' (6), 'Procedure Code' (7), 'Body Part Modifier' (8), 'Frequency' (9), 'Duration' (10), 'Total Units Requested' (11), and 'Action' (12). A 'Remarks:' field is at the bottom (13). The table contains five rows of data.

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Body Part Modifier	Frequency	Duration	Total Units Requested	Action
			A	B	C	D							
1													
2													
3													
4													
5													

*6-13 are covered on the next two slides.

Home Health – Service Line Information

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. Enter Body Part Modifier (Optional - effective 11/12/22, body part modifier is no longer a required field).

Note: RT, LT or 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).

The screenshot shows the 'Service Plan Information' form. At the top, there is a field for 'Specific Body Part to be treated:' with a callout 1. Below it are 'Diagnosis Codes: A:', 'B:', 'C:', and 'D:' with a callout 2. A table with 5 rows and several columns is shown. The columns are: 'From Date', 'To Date', 'Diagnosis Pointer' (with sub-columns A, B, C, D), 'Code Type' (callout 6), 'Procedure Code' (callout 7), 'Body Part Modifier' (callout 8), 'Frequency' (callout 9), 'Duration' (callout 10), 'Total Units Requested' (callout 11), and 'Action' (callout 12). A callout 3 points to the 'Add New Line' button. A callout 4 points to the 'From Date' field. A callout 5 points to the 'Diagnosis Pointer' header. A callout 13 points to the 'Remarks' field at the bottom.


	From Date	To Date	Diagnosis Pointer	Code Type	Procedure Code	Body Part Modifier	Frequency	Duration	Total Units Requested	Action
			A B C D							
1										
2										
3										
4										
5										

*11-13 are covered on the next slide.

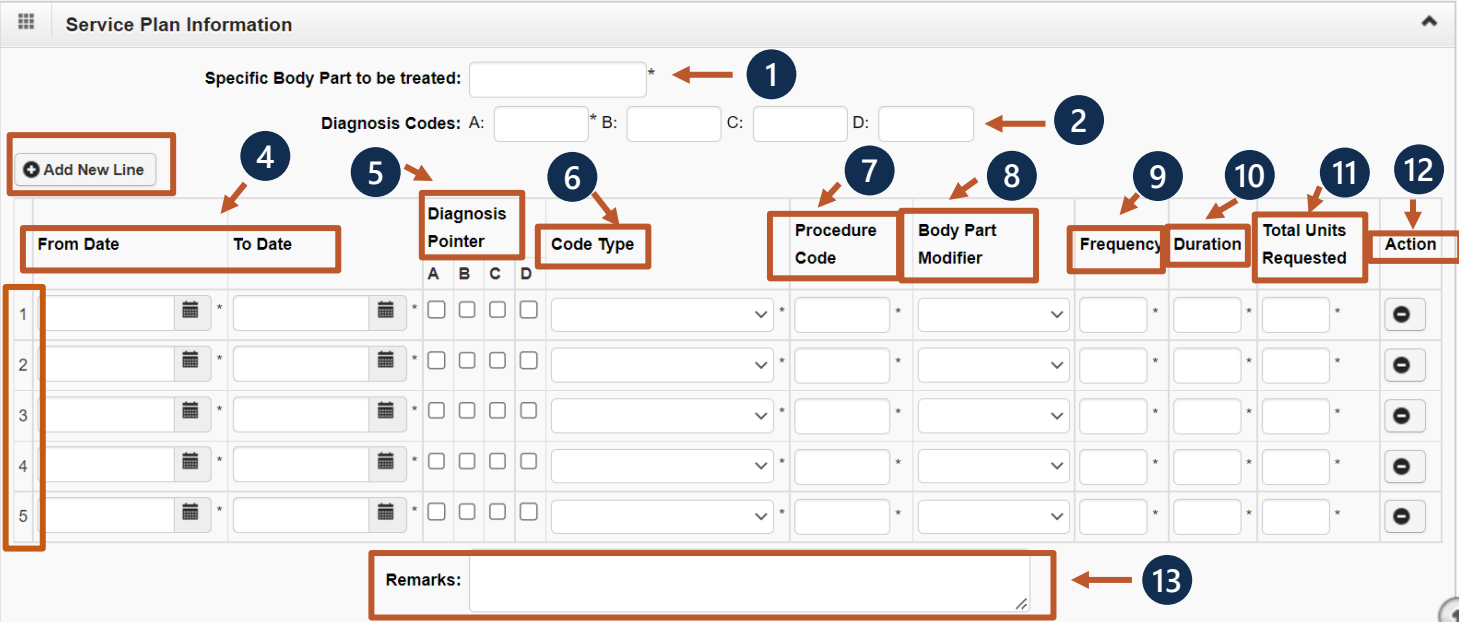
Home Health – Service Line Information

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.



The screenshot shows the 'Service Plan Information' form. At the top, there is a field for 'Specific Body Part to be treated:' (1) and 'Diagnosis Codes: A:' (2), 'B:', 'C:', and 'D:'. Below this is a table with columns: 'From Date' (4), 'To Date' (5), 'Diagnosis Pointer' (6) with sub-columns A, B, C, D, 'Code Type' (7), 'Procedure Code' (8), 'Body Part Modifier' (9), 'Frequency' (10), 'Duration' (11), 'Total Units Requested' (12), and 'Action' (13). A table with 5 rows is shown below the headers. At the bottom, there is a 'Remarks:' field (13). A red box highlights the 'Add New Line' button (3) on the left side of the table.

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Body Part Modifier	Frequency	Duration	Total Units Requested	Action
			A	B	C	D							
1													
2													
3													
4													
5													

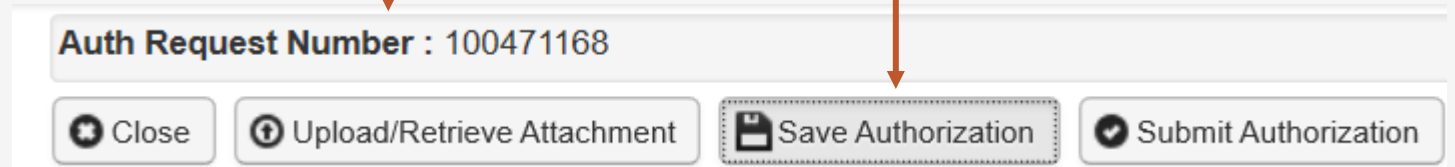
Home Health- Save Authorization

1 Once all information is entered, you must scroll back to the top of the page and select **Save Authorization**. Your 9-digit authorization number populates.

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 select **Save Authorization**.

2 Home Health authorizations need a treatment plan (Progress notes or Nurse Notes). This supporting documentation can be uploaded. Refer to the next slide for the "Upload" dialogue box explanation.

Note: Authorization cannot be submitted without an attachment.



The screenshot shows a form with the following elements:

- A text field containing "Auth Request Number : 100471168".
- A row of four buttons: "Close", "Upload/Retrieve Attachment", "Save Authorization", and "Submit Authorization".

The "Save Authorization" button is highlighted with a dashed border. An orange arrow points from the text in step 1 to this button.



The screenshot shows an error message box with the following text:

Errors:
CPT Code is not valid in Service Line # 1

An orange arrow points from the text in step 2 to this error message.

3 Once the attachments are uploaded, select **Submit Authorization**.

Home Health – Uploading Attachment

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

Attachment

Please select the file to be uploaded :

Document Type : --SELECT--

Filename : Browse...

The acceptable file extensions for the upload are .doc, .docx, .gif, .htm, .html, .jpeg, .jpg, .tif, .tiff, .tst, .txt, .bmp, .pdf
Filename cannot be longer than 50 characters

Ok Close

2 Select **Browse**. The system displays the Open window. Locate and select the file from your local drive needed to upload and select **Open**. The system updates the “File Name” field.

Note: The attachment requirements are shown in the screenshot.

3 Once the attachment is uploaded, select **Ok** to return to the previous page to Submit Authorization.


Authorization Request List

2 Click "Close" to return to the Portal home page.

Close

Add New Request

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

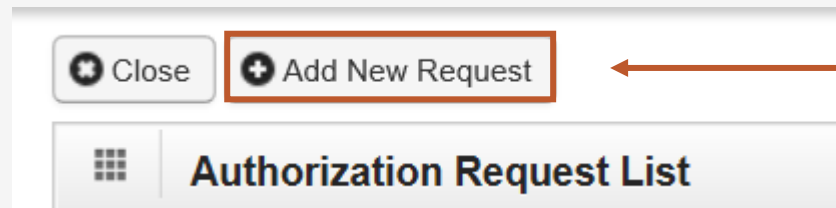
	Auth Request # ▲▼	Claimant Case ID ▲▼	Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Level ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
			In Review	Home Health	03/01/2020	03/01/2020	3	DFEC	Initial Request	DDE

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

Physical
Therapy/Occupational
Therapy (PT/OT)

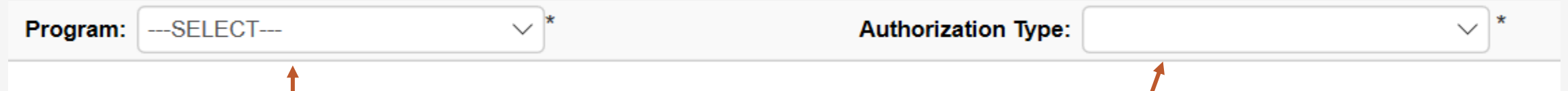


Adding a New Request: PT/OT



The screenshot shows a user interface with a 'Close' button and an 'Add New Request' button. The 'Add New Request' button is highlighted with a red border and a red arrow pointing to it from the first instruction. Below the buttons is a header for 'Authorization Request List'.

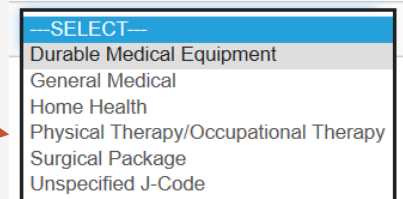
1 To submit a new authorization request, click the "Add New Request" button.



The screenshot shows two drop-down menus. The first is labeled 'Program:' and has a value of '--SELECT--'. The second is labeled 'Authorization Type:' and is empty. Both have a downward arrow and an asterisk. A red arrow points from the second instruction to the 'Program' drop-down, and another red arrow points from the third instruction to the 'Authorization Type' drop-down.

2 Select the DFEC program from the "Program" drop-down.

3 Select one the following authorization types from the "Authorization Type" drop-down.



The screenshot shows the expanded 'Authorization Type' drop-down menu with the following options: --SELECT--, Durable Medical Equipment, General Medical, Home Health, Physical Therapy/Occupational Therapy, Surgical Package, and Unspecified J-Code. A red arrow points from the third instruction to this menu.

PT/OT– Requestor and Claimant Information

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

The screenshot shows the 'Requestor Information' form. The 'Initial Request' radio button is selected and highlighted with a red box. The 'Original Authorization Number (For Correction):' field is empty. The 'Date Requested:' field contains '03/01/2020'. The 'Requested By:' dropdown is set to 'User, Admin'. The 'Phone Number:' field is empty.

The screenshot shows the 'Requestor Information' form. The 'Correction' radio button is selected and highlighted with a red box. The 'Original Authorization Number (For Correction):' field is empty, with a red arrow pointing to it. The 'Date Requested:' field contains '03/01/2020', with a red arrow pointing to it. The 'Requested By:' dropdown is set to 'User, Admin'. The 'Phone Number:' field is empty.

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).

The screenshot shows the 'Claimant Information' form. The 'Claimant's Case ID:', 'Date of Birth:', 'First Name:', and 'Last Name:' fields are empty, each with a red arrow pointing to it. The 'Date of Injury:' field is empty, with a red arrow pointing to it.

PT/OT– Provider Information

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

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

- OWCP Provider ID: [Auto-filled]
- Provider Name: [Auto-filled: KENNEDY MEDICAL SCVS FOUND,]
- Providing care for a family member?: [Dropdown menu with a downward arrow and an asterisk]
- OWCP National Provider Identifier: [Auto-filled]
- Tax ID (SSN/FEIN): [Auto-filled]
- Fax Number: [Empty]
- If Yes, please provide relationship to the claimant: [Empty]

Red boxes highlight the OWCP Provider ID, Tax ID (SSN/FEIN), Provider Name, and OWCP National Provider Identifier fields. A red arrow points from the dropdown menu to the "Providing care for a family member?" label. Another red arrow points from the "If Yes, please provide relationship to the claimant:" label to its corresponding input field.

- 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.

PT/OT – Service Line Information

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.

The screenshot shows the 'Therapy Plan Information' form. It includes a header with a menu icon and a title. Below the header are several input fields: 'Specific Body Part to be treated:' (1), 'Diagnosis Codes: A: * B: * C: * D: *' (2), and a dropdown menu for 'Is the requested therapy related to post-operative treatment within 60 days after surgery?: *' (3). Below these is a table with 5 rows and several columns. The columns are: 'From Date' (5), 'To Date' (5), 'Diagnosis Pointer' (6) with sub-columns A, B, C, D, 'Code Type' (7), 'Procedure Code' (8), 'Modifier' (9), 'Body Part Modifier' (10), '# Of Units Per Procedure/Visit' (11), 'Frequency' (12), 'Duration' (13), 'Total Units Requested' (14), and 'Action' (15). An 'Add New Line' button (4) is located to the left of the table. At the bottom right, there is a 'Remarks:' text area (16).

*6-16 are covered on the next two slides.

PT/OT – Service Line Information

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. Enter Body Part Modifier (Optional - effective 11/12/22, body part modifier is no longer a required field).

Note: RT, LT or if the body part does not have a side, select 50.

The screenshot shows the 'Therapy Plan Information' form. At the top, there are fields for 'Specific Body Part to be treated:' (1), 'Diagnosis Codes: A:' (2), 'B:', 'C:', and 'D:'. Below these is a checkbox for 'Is the requested therapy related to post-operative treatment within 60 days after surgery?'. The main table has columns: 'From Date', 'To Date', 'Diagnosis Pointer' (with sub-columns A, B, C, D), 'Code Type', 'Procedure Code', 'Modifier', 'Body Part Modifier', '# Of Units Per Procedure/Visit', 'Frequency', 'Duration', 'Total Units Requested', and 'Action'. A 'Remarks' field is at the bottom right. Numbered callouts 1-16 point to these fields: 1 (Specific Body Part), 2 (Diagnosis Codes), 3 (Add New Line button), 4 (From Date), 5 (To Date), 6 (Diagnosis Pointer), 7 (Code Type), 8 (Procedure Code), 9 (Modifier), 10 (Body Part Modifier), 11 (# Of Units Per Procedure/Visit), 12 (Frequency), 13 (Duration), 14 (Total Units Requested), 15 (Action), and 16 (Remarks).

*11-16 are covered on the next slide.

PT/OT – Service Line Information

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.

The screenshot shows the 'Therapy Plan Information' form. At the top, there are fields for 'Specific Body Part to be treated:' (1), 'Diagnosis Codes: A:' (2), 'B:', 'C:', and 'D:'. Below these is a dropdown menu for 'Is the requested therapy related to post-operative treatment within 60 days after surgery?'. A table with 5 rows and columns for 'From Date', 'To Date', 'Diagnosis Pointer' (A, B, C, D), 'Code Type', 'Procedure Code', 'Modifier', 'Body Part Modifier', '# Of Units Per Procedure/Visit', 'Frequency', 'Duration', 'Total Units Requested', and 'Action' is shown. A 'Remarks' field is at the bottom. Numbered callouts 1-16 point to these elements: 1 (Specific Body Part), 2 (Diagnosis Codes), 3 (Add New Line button), 4 (Table rows), 5 (From Date), 6 (To Date), 7 (Diagnosis Pointer), 8 (Code Type), 9 (Procedure Code), 10 (Modifier), 11 (Body Part Modifier), 12 (# Of Units Per Procedure/Visit), 13 (Frequency), 14 (Duration), 15 (Total Units Requested), and 16 (Remarks field).

PT/OT – Save Authorization

- 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 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.

The screenshot shows a form with the following elements:

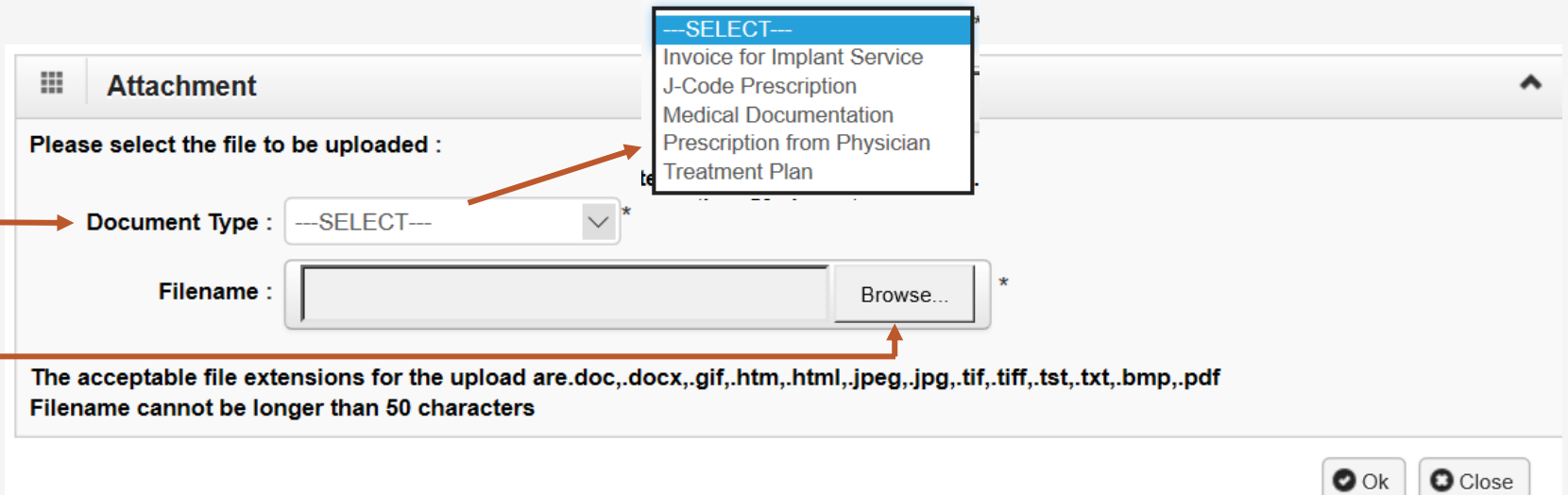
- A text field labeled "Auth Request Number : 10" followed by a masked 9-digit number.
- A row of four buttons: "Close", "Upload/Retrieve Attachment", "Save Authorization", and "Submit Authorization".
- An error message box below the buttons: "Errors: CPT Code is not valid in Service Line # 1".

Orange arrows indicate the flow: from step 1 to the "Save Authorization" button, from step 2 to the "Auth Request Number" field, from step 3 to the "Upload/Retrieve Attachment" button, and from step 4 to the "Submit Authorization" button.

- 4 Once the attachments are uploaded, click "Submit Authorization".

PT/OT – Upload Attachment

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



The screenshot shows a dialog box titled "Attachment". It contains a "Document Type" dropdown menu with a list of options: "--SELECT--", "Invoice for Implant Service", "J-Code Prescription", "Medical Documentation", "Prescription from Physician", and "Treatment Plan". Below the dropdown is a "Filename" text field and a "Browse..." button. At the bottom of the dialog, there is a note: "The acceptable file extensions for the upload are .doc, .docx, .gif, .htm, .html, .jpeg, .jpg, .tif, .tiff, .tst, .txt, .bmp, .pdf" and "Filename cannot be longer than 50 characters". At the bottom right, there are "Ok" and "Close" buttons.

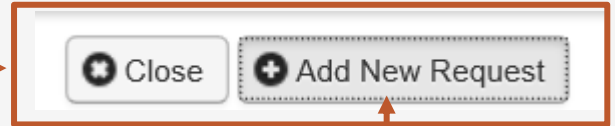
2 Click the “Browse” button. The system will display the Open window. Locate and select the file from your local drive that you need to upload and click the “Open” button. The system will update the “File Name” field.

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 To return to the Portal home page, select **Close**.
- Note:** **Add New Request** can be used to submit additional authorization requests.

A screenshot of the 'Authorization Request List' interface. It features a filter bar at the top with 'Filter By:' and 'And' dropdowns, a 'Go' button, and 'Clear Filter', 'Save Filter', and 'My Filters' options. Below the filter bar is a table with the following data:

	Auth Request #	Claimant Case ID	Status	Auth Type	Last Updated	Submitted Date	Level	Program	Auth Request Type	Source
	[Redacted]	[Redacted]	In Review	Physical Therapy/Occupational Therapy	03/01/2020	03/01/2020	2	DFEC	Initial Request	DDE

An orange arrow points from the text 'The system displays the Authorization information to confirm your authorization was submitted.' to the first row of the table.

The system displays the Authorization information to confirm your authorization was submitted.

Surgical Package



Adding a New Request: Surgical Package

The screenshot shows a web interface for adding a new authorization request. At the top, there are two buttons: 'Close' and 'Add New Request'. Below them is a header for 'Authorization Request List'. The main form has two dropdown menus: 'Program' and 'Authorization Type'. The 'Program' dropdown is currently set to '--SELECT--'. The 'Authorization Type' dropdown is also set to '--SELECT--'. A callout box shows the options for the 'Authorization Type' dropdown: '--SELECT--', Durable Medical Equipment, General Medical, Home Health, Physical Therapy/Occupational Therapy, Surgical Package, and 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 the following authorization types from the "Authorization Type" drop-down.

- SELECT--
- Durable Medical Equipment
- General Medical
- Home Health
- Physical Therapy/Occupational Therapy
- Surgical Package
- Unspecified J-Code

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”.

The screenshot shows the 'Requestor Information' form. The 'Initial Request' radio button is selected and highlighted with a red box. The 'Original Authorization Number (For Correction):' field is empty. The 'Date Requested:' field contains '03/01/2020'. The 'Requested By:' dropdown is set to 'User, Admin'. The 'Phone Number:' field is empty.

The screenshot shows the 'Requestor Information' form. The 'Correction' radio button is selected and highlighted with a red box. The 'Original Authorization Number (For Correction):' field is empty, with a red arrow pointing to it. The 'Date Requested:' field contains '03/01/2020', with a red arrow pointing to it. The 'Requested By:' dropdown is set to 'User, Admin'. The 'Phone Number:' field is empty.

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).

The screenshot shows the 'Claimant Information' form. The 'Claimant's Case ID:', 'Date of Birth:', 'First Name:', and 'Last Name:' fields are empty, each with a red arrow pointing to it. The 'Date of Injury:' field is empty, with a red arrow pointing to it.

Surgical Package – Provider Information

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

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

- OWCP Provider ID: [Auto-filled]
- Provider Name: [Auto-filled: KENNEDY MEDICAL SCVS FOUND]
- Providing care for a family member?: [Dropdown menu]
- OWCP National Provider Identifier: [Auto-filled]
- Tax ID (SSN/FEIN): [Auto-filled]
- Fax Number: [Empty]
- If Yes, please provide relationship to the claimant: [Empty]

A red arrow points from the dropdown menu to step 2. Another red arrow points from the relationship field to step 3.

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.

Surgical Package – Surgery Information

1. In the “Date of Surgery” field, enter the date of the surgery.
2. Select the appropriate site where the surgery is being performed. All Professional Types will be selected by default.

The screenshot shows a web form titled "Surgery Information".

Annotation 1 points to the "Date of Surgery:" field, which includes a calendar icon.

Annotation 2 points to a radio button selection area with the following options:

- INPATIENT SURGERY (More than 24 hours) - Include all Proposed Professionals in the Operating Room.
- OUTPATIENT (Less than 24 hours) - Include all Proposed Professionals in the Operating Room.
- ASC SURGERY - Include all Proposed Professionals in the Operating Room.
- OFFICE SURGERY (Less than 8 hours) - Include all Proposed Professional present during surgical procedure.

Below the radio buttons, there is a link: <https://www.doi.gov/owcp/regs/feeschedule/accept.htm> and a note: "Check the location/professional requiring authorization for this surgery, to include the Surgeon submitting this form".

Annotation 3 points to a table of professional types, all of which have their checkboxes selected.

SELECT PROFESSIONAL	PROFESSIONAL AT SURGERY
<input checked="" type="checkbox"/>	Facility
<input checked="" type="checkbox"/>	Surgeon
<input checked="" type="checkbox"/>	Co-Surgeon
<input checked="" type="checkbox"/>	Asst Surgeon
<input checked="" type="checkbox"/>	Anesthesiologist
<input checked="" type="checkbox"/>	CRNA
<input checked="" type="checkbox"/>	Physicians Asst

Surgical Package – Service Line Information

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.

The screenshot shows the 'Service Line Information' form with the following elements and callouts:

- 1: Specific Body Part to be treated:
- 2: Diagnosis Codes: A: * B: C: D:
- 3: Has this surgery been performed previously on the same anatomical site?:
- 4: Will this claimant require Home Health Services after surgery?:
- 5: Will this claimant require Physical/Occupational Therapy Services after surgery?:
- 6: Add New Line button
- 7: From Date
- 8: To Date
- 9: Diagnosis Pointer (A, B, C, D)
- 10: Code Type
- 11: Procedure Code
- 12: Modifier
- 13: Body Part Modifier
- 14: Units/Days Requested
- 15: Remarks:

	From Date	To Date	Diagnosis Pointer	Code Type	Procedure Code	Modifier	Body Part 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"/>
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"/>
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"/>
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"/>
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"/>

*7-15 are covered on the next two slides.

Surgical Package – Service Line Information

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.

The screenshot shows the 'Service Line Information' form with the following elements and callouts:

- 1: Specific Body Part to be treated:
- 2: Diagnosis Codes: A: * B: C: D:
- 3: Has this surgery been performed previously on the same anatomical site?:
- 4: Will this claimant require Home Health Services after surgery?:
- 5: Will this claimant require Physical/Occupational Therapy Services after surgery?:
- 6: Add New Line button
- 7: From Date and To Date fields
- 8: Diagnosis Pointer (A, B, C, D) fields
- 9: Code Type dropdown
- 10: Procedure Code field
- 11: Modifier field
- 12: Body Part Modifier dropdown
- 13: Units/Days Requested field
- 14: Action button
- 15: Remarks text area

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part 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"/>	<input type="button"/>
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="button"/>
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="button"/>
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="button"/>
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="button"/>

*12-15 are covered on the next slide.


Surgical Package – Service Line Information

Enter the Required Service Line Information – Continued

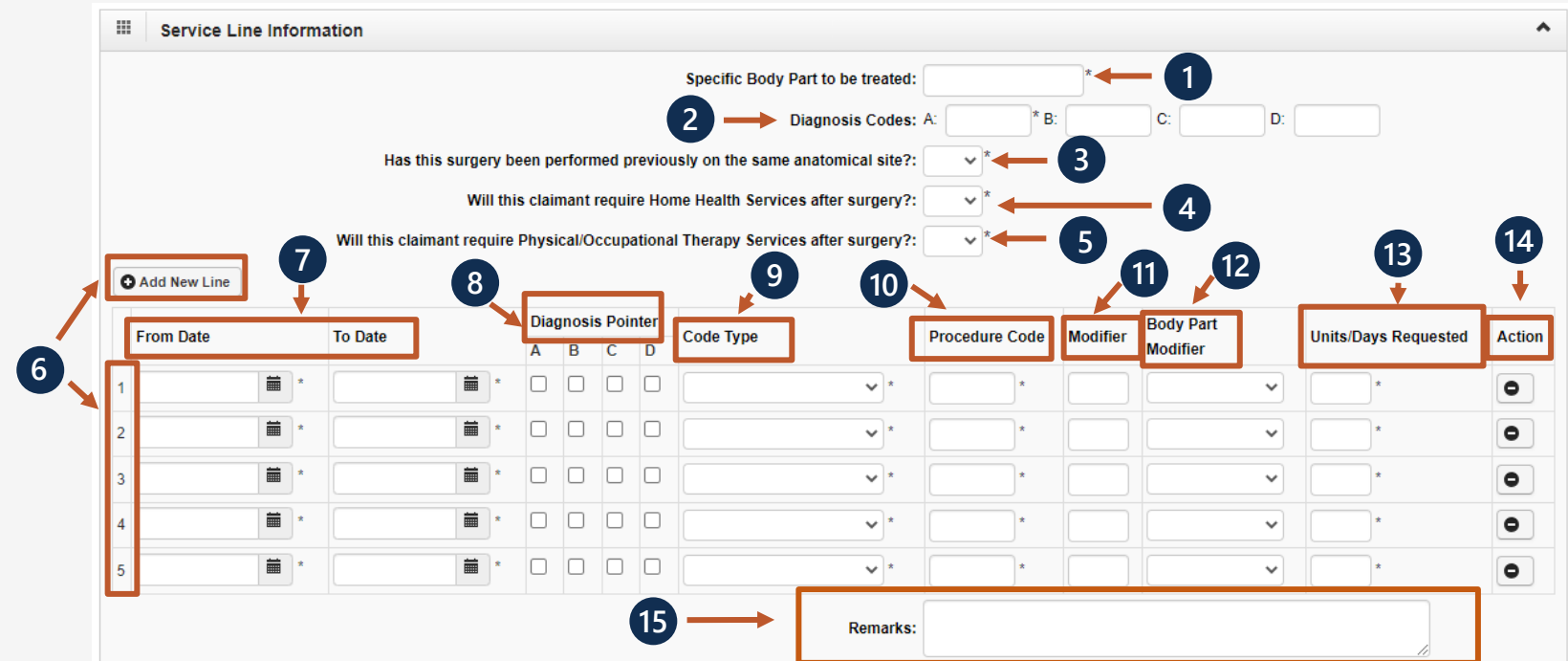
12. Enter Body Part Modifier (Optional - effective 11/12/22, body part modifier is no longer a required field).

Note: RT, LT or 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.



The screenshot shows the 'Service Line Information' form with the following fields and callouts:

- 1: Specific Body Part to be treated: *
- 2: Diagnosis Codes: A: * B: * C: * D: *
- 3: Has this surgery been performed previously on the same anatomical site?: *
- 4: Will this claimant require Home Health Services after surgery?: *
- 5: Will this claimant require Physical/Occupational Therapy Services after surgery?: *
- 6: Add New Line button
- 7: From Date
- 8: To Date
- 9: Diagnosis Pointer (A, B, C, D)
- 10: Code Type
- 11: Procedure Code
- 12: Modifier
- 13: Body Part Modifier
- 14: Units/Days Requested
- 15: Action (minus icon)
- 16: Remarks field

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part 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"/>	<input type="button" value="⊖"/>
2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>
3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>
4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>
5	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>

Surgical Package – Save Authorization

- 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.

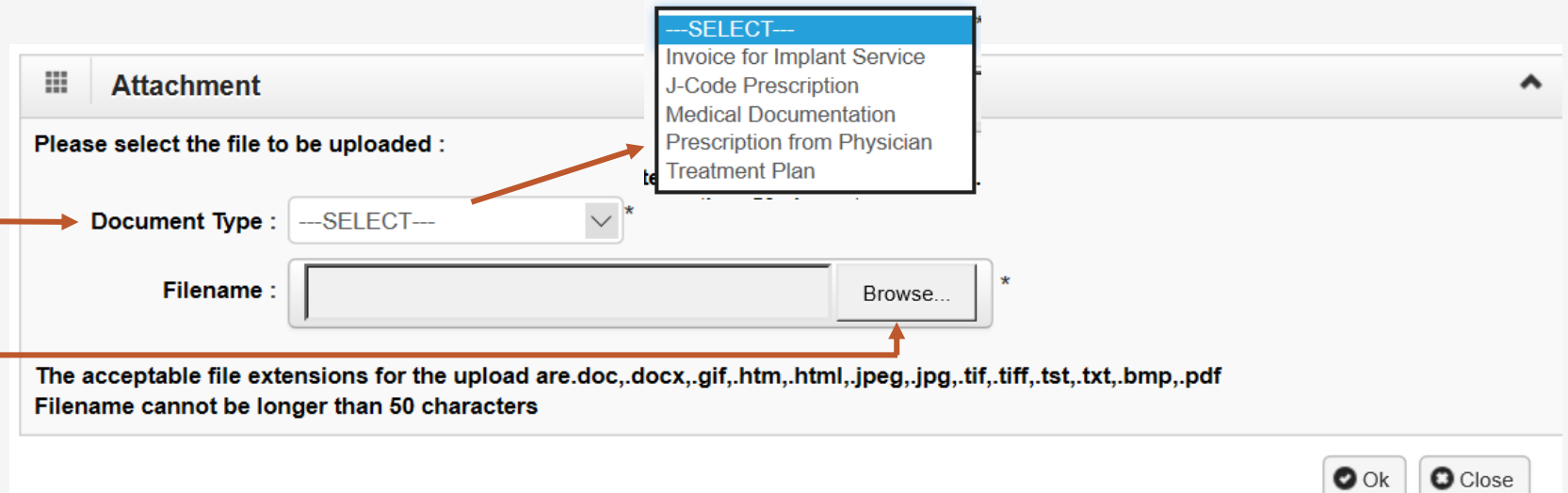
- 3 Surgical Package does not require any attachments. If you would like to submit supporting documentation, it can be uploaded here. Please refer to the next slide for the "Upload" dialogue box explanation.

The screenshot displays a web form for saving an authorization. At the top, there is a text input field labeled "Auth Request Number : 10" followed by a masked area. Below this field are four buttons: "Close", "Upload/Retrieve Attachment", "Save Authorization", and "Submit Authorization". The "Save Authorization" button is highlighted with a dashed border. Below the buttons, a red error message is displayed: "Errors: CPT Code is not valid in Service Line # 1". Orange arrows from the text blocks point to the "Auth Request Number" field, the "Save Authorization" button, and the "Submit Authorization" button.

- 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.



The screenshot shows a web form titled "Attachment". At the top, it says "Please select the file to be uploaded:". Below this, there is a "Document Type" dropdown menu with a downward arrow and an asterisk. A dropdown menu is open, showing options: "--SELECT--", "Invoice for Implant Service", "J-Code Prescription", "Medical Documentation", "Prescription from Physician", and "Treatment Plan". Below the dropdown is a "Filename:" text input field with a "Browse..." button to its right, also marked with an asterisk. At the bottom of the form, there is a note: "The acceptable file extensions for the upload are .doc, .docx, .gif, .htm, .html, .jpeg, .jpg, .tif, .tiff, .tst, .txt, .bmp, .pdf" and "Filename cannot be longer than 50 characters". In the bottom right corner, there are "Ok" and "Close" buttons.

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

To return to the Portal home page, select **Close**.

Close

Add New Request

Note: Add New Request can be used to submit additional authorization requests.

Auth Request #	Claimant Case ID	Status	Auth Type	Last Updated	Submitted Date	Level	Program	Auth Request Type	Source
		In Review	Surgical Package	03/01/2020	03/01/2020	3	DFEC	Initial Request	DDE

The system displays the Authorization information to confirm 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.

- SELECT--
- Durable Medical Equipment
- General Medical
- Home Health
- Physical Therapy/Occupational Therapy
- Surgical Package
- Unspecified J-Code

Unspecified J-Code: Requestor and Claimant Information

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

The screenshot shows the 'Requestor Information' form. The 'Initial Request' radio button is selected and highlighted with a red box. The 'Original Authorization Number (For Correction)' field is empty. The 'Date Requested' is set to 03/01/2020. The 'Requested By' field contains 'User, Admin' and the 'Phone Number' field is empty.

The screenshot shows the 'Requestor Information' form. The 'Correction' radio button is selected and highlighted with a red box. The 'Original Authorization Number (For Correction)' field is empty, with a red arrow pointing to it. The 'Date Requested' is set to 03/01/2020, with a red arrow pointing to it. The 'Requested By' field contains 'User, Admin' and the 'Phone Number' field is empty.

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).

The screenshot shows the 'Claimant Information' form. The 'Claimant's Case ID' field is empty, with a red arrow pointing to it. The 'Date of Birth' field is empty, with a red arrow pointing to it. The 'First Name' field is empty, with a red arrow pointing to it. The 'Last Name' field is empty, with a red arrow pointing to it. The 'Date of Injury' field is empty, with a red arrow pointing to it.

Unspecified J-Code: Provider Information

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

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

- OWCP Provider ID: [Auto-filled]
- Name: Total Body Care
- OWCP Provider ID: [Auto-filled]
- Tax ID (SSN/FEIN): [Auto-filled]
- Fax Number: [Empty]
- Prescribing Provider Name: [Empty] *
- Prescribing NPI: [Empty] *

Orange arrows point from a central point to the OWCP Provider ID, Tax ID, and Name fields, indicating they are auto-filled. Another arrow points from the Prescribing Provider Name field to the Prescribing NPI field. A third arrow points from the Fax Number field to the right, indicating it is optional.

- 2 Enter the Prescribing Provider Name and NPI.

- 3 Entering Fax # is optional.

Unspecified J-Code - Service Line Information

Enter the Required Service Line Information

1. Enter specific body part to be treated.
2. Enter up to four Diagnosis (DX) Codes.
3. If applicable, to insert additional Service Lines, select **Add New Line**. to five Service Lines will display.

Note: As default, up to five Service Lines display.

4. In the "From Date" and "To Date" fields, enter the 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.

The screenshot shows the 'Service Line Information' form. At the top, there is a field for 'Specific Body Part to be treated:' (1). Below it are four fields for 'Diagnosis Codes: A:', 'B:', 'C:', and 'D:' (2). A table with five rows is shown, each with 'From Date' and 'To Date' fields (4). A 'Diagnosis Pointer' section (5) has four columns labeled A, B, C, and D. A 'J-Code' field (6) is to the right. An 'NDC' field (7) is below the J-Code. A 'Body Part Modifier' field (8) is to the right of the NDC. A 'Total Units Requested' field (9) is to the right of the Body Part Modifier. An 'Action' field (10) is to the right of the Total Units Requested. A 'Remarks' field (11) is at the bottom. A '+ Add New Line' button (3) is on the left side of the table.

*6-11 are covered on the next two slides.

Unspecified J-Code - Service Line Information

Enter the Required Service Line Information – Continued

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

7. Enter the National Drug Code (NDC).

8. Enter Body Part Modifier (Optional - effective 11/12/22, body part modifier is no longer a required field).

Note: RT, LT or if the body part does not have a side, select 50.


9. Enter the number of units you are requesting.

The screenshot shows the 'Service Line Information' form. At the top, there is a field for 'Specific Body Part to be treated:' with a red box and callout 1. Below it are 'Diagnosis Codes: A:', 'B:', 'C:', and 'D:' with a red box and callout 2. A table with 5 rows and columns for 'From Date', 'To Date', 'Diagnosis Pointer' (A, B, C, D), 'J-Code', 'NDC', 'Body Part Modifier', 'Total Units Requested', and 'Action' is shown. A red box and callout 3 points to the table's first column. A red box and callout 4 points to the 'Add New Line' button. A red box and callout 5 points to the 'Diagnosis Pointer' header. A red box and callout 6 points to the 'J-Code' column. A red box and callout 7 points to the 'NDC' column. A red box and callout 8 points to the 'Body Part Modifier' column. A red box and callout 9 points to the 'Total Units Requested' column. A red box and callout 10 points to the 'Action' column. At the bottom, a 'Remarks:' text area is highlighted with a red box and callout 11.

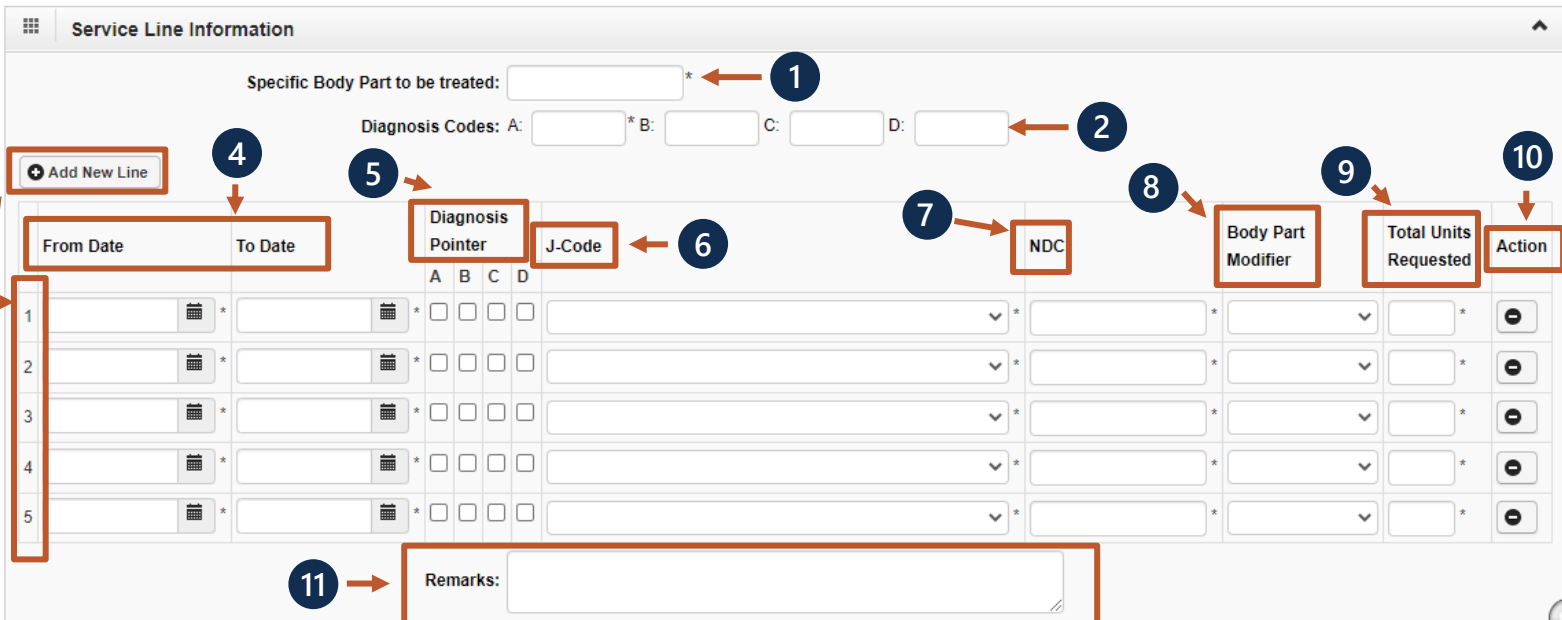
*10-11 are covered on the next slide.

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.



The screenshot shows the 'Service Line Information' form. At the top, there are fields for 'Specific Body Part to be treated:' (1), 'Diagnosis Codes: A:' (2), 'B:', 'C:', and 'D:'. Below these are several rows of data. Each row has a 'From Date' (4) and 'To Date' field, followed by a 'Diagnosis Pointer' (5) with sub-fields A, B, C, and D. The 'J-Code' (6) is a dropdown menu. The 'NDC' (7) is another dropdown. The 'Body Part Modifier' (8) is a dropdown. The 'Total Units Requested' (9) is a numeric field. The 'Action' (10) column contains minus icons. A 'Remarks' field (11) is located at the bottom of the form. An 'Add New Line' button (3) is on the left side of the table.

	From Date	To Date	Diagnosis Pointer	J-Code	NDC	Body Part Modifier	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"/>
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"/>

Unspecified J-Code – Save Authorization

- 1 Once all information is entered, scroll back to the top of the page and select **Save Authorization**. *Your 9-digit authorization number populates.*

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 select **Save Authorization**.

- 2 Unspecified J-Codes require a prescription. Refer to the next slide for the "Upload" dialogue box explanation.

Note: Authorization cannot be submitted without an attachment.



The screenshot shows a form with the following elements:

- A text field containing "Auth Request Number : 10" followed by a masked area.
- A row of four buttons: "Close", "Upload/Retrieve Attachment", "Save Authorization", and "Submit Authorization".

The "Save Authorization" button is highlighted with a dashed border, and an orange arrow points to it from the text above.

Errors:
CPT Code is not valid in Service Line # 1

- 3 Once the attachments are uploaded, select **Submit Authorization**.

Unspecified J-Code: Upload Attachment

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

Attachment

Please select the file to be uploaded :

Document Type : ---SELECT---

Filename : Browse...

The acceptable file extensions for the upload are .doc, .docx, .gif, .htm, .html, .jpeg, .jpg, .tif, .tiff, .tst, .txt, .bmp, .pdf
Filename cannot be longer than 50 characters

Ok Close

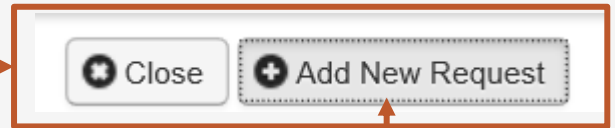
2 Select **Browse**. The system displays the Open window. Locate and select the file from your local drive needed to upload and select **Open**. The system update the "File Name" field.

Note: The guidelines for the attached document are present.

3 Once the attachment is uploaded, select **Ok** to return to the previous page to Submit Authorization.

Authorization Request List

- 1 To return to the Portal home page, select **Close**.
Note: **Add New Request** can be used to submit additional authorization requests.

A screenshot of the 'Authorization Request List' interface. It features a search filter section at the top with 'Filter By' dropdowns, an 'And' connector, and a 'Go' button. To the right are 'Clear Filter', 'Save Filter', and 'My Filters' buttons. Below the filter is a table with columns for 'Auth Request #', 'Claimant Case ID', 'Status', 'Auth Type', 'Last Updated', 'Submitted Date', 'Level', 'Program', 'Auth Request Type', and 'Source'. A single row is visible with the following data: '1' (with a blue highlight), a greyed-out 'Claimant Case ID', 'In Review', 'Unspecified J-Code', '03/01/2020', '03/01/2020', '3', 'DFEC', 'Initial Request', and 'DDE'. An orange arrow points from the text 'The system displays the Authorization information to confirm your authorization was submitted.' to the 'Status' column of the table row.

Auth Request #	Claimant Case ID	Status	Auth Type	Last Updated	Submitted Date	Level	Program	Auth Request Type	Source
1		In Review	Unspecified J-Code	03/01/2020	03/01/2020	3	DFEC	Initial Request	DDE

The system displays the Authorization information to confirm your authorization was submitted.

Checking Authorization Status



Authorization Status

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

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

The screenshot shows the 'Authorization Request List' interface. At the top, there are buttons for 'Close', 'Add New Request', 'Initiate Correction', and 'Cancel Authorization'. Below these are search filters for 'Submitted In' and 'Header Status'. The main table has columns for 'Auth Request #', 'Claimant Case ID', 'Header Status', 'Auth Type', 'Last Updated', 'Submitted Date', 'Level', 'Program', 'Auth Request Type', and 'Source'. Three rows of data are visible. At the bottom, there are pagination controls including 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'. Numbered callouts (1-12) are placed over the interface: 1 points to a search filter, 2 to the 'Auth Request #' column, 3 to the 'Claimant Case ID' column, 4 to the 'Header Status' column, 5 to the 'Auth Type' column, 6 to the 'Last Updated' column, 7 to the 'Submitted Date' column, 8 to the 'Level' column, 9 to the 'Program' column, 10 to the 'Auth Request Type' column, 11 to the 'Source' column, and 12 to the 'Close' button.

	Auth Request #	Claimant Case ID	Header Status	Auth Type	Last Updated	Submitted Date	Level	Program	Auth Request Type	Source
<input type="checkbox"/>	00988011	062399939	Returned To Provider	General Medical	04/18/2022	04/18/2022	3	DFEC	Initial Request	Fax
<input type="checkbox"/>	00536614	B9672-1978285	Denied	Certificate of Medical Necessity	05/10/2021	05/10/2021	3	DCMWC		DDE
<input type="checkbox"/>	931611900303	50011961	Corrected	General Medical		11/12/2019	3	DEEOIC		Data migration

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

Authorization Status

4. Auth Header Status displays.

- Entering (started auth but did not submit).
- In Review (auth submitted).
- Approved.
- Denied (not approved).
- Cancelled (services no longer needed).
- Corrected (correction authorization is approved).
- Pended Further Development (additional information is needed or medical development is required before a determination can be made).

The screenshot shows the 'Authorization Request List' interface. It includes a toolbar with buttons for 'Close', 'Add New Request', 'Initiate Correction', and 'Cancel Authorization'. Below the toolbar is a search and filter section with various dropdown menus and input fields. The main part of the interface is a table with columns for 'Auth Request #', 'Claimant Case ID', 'Header Status', 'Auth Type', 'Last Updated', 'Submitted Date', 'Level', 'Program', 'Auth Request Type', and 'Source'. The table contains three rows of data. At the bottom, there are pagination controls including 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'. Numbered callouts (1-12) are placed over the interface to highlight specific elements: 1 points to the search filters, 2 to the 'Auth Request #' column, 3 to the 'Claimant Case ID' column, 4 to the 'Header Status' column, 5 to the 'Auth Type' column, 6 to the 'Last Updated' column, 7 to the 'Submitted Date' column, 8 to the 'Level' column, 9 to the 'Program' column, 10 to the 'Auth Request Type' column, 11 to the 'Source' column, and 12 to the 'Close' button in the toolbar.

Auth Request #	Claimant Case ID	Header Status	Auth Type	Last Updated	Submitted Date	Level	Program	Auth Request Type	Source
00988011	062399939	Returned To Provider	General Medical	04/18/2022	04/18/2022	3	DFEC	Initial Request	Fax
00536614	B9672-1978285	Denied	Certificate of Medical Necessity	05/10/2021	05/10/2021	3	DCMWC		DDE
931611900303	50011961	Corrected	General Medical		11/12/2019	3	DEEOIC		Data migration

*5-12 are covered on the next two slides.

Authorization Status

5. Auth Type.
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.

The screenshot shows the 'Authorization Request List' interface. At the top, there are buttons for 'Close', 'Add New Request', 'Initiate Correction', and 'Cancel Authorization'. Below these are search filters for 'Submitted In' and 'Header Status'. The main table has columns for 'Auth Request #', 'Claimant Case ID', 'Header Status', 'Auth Type', 'Last Updated', 'Submitted Date', 'Level', 'Program', 'Auth Request Type', and 'Source'. The table contains three rows of data. At the bottom, there are navigation controls including 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', 'Viewing Page: 1', and 'First', 'Prev', 'Next', 'Last' buttons.

Auth Request #	Claimant Case ID	Header Status	Auth Type	Last Updated	Submitted Date	Level	Program	Auth Request Type	Source
00988011	62399939	Returned To Provider	General Medical	04/18/2022	04/18/2022	3	DFEC	Initial Request	Fax
00536614	89672-1978285	Denied	Certificate of Medical Necessity	05/10/2021	05/10/2021	3	DCMWC		DDE
931611900303	40011961	Denied	General Medical		11/12/2019	3	DEEOIC		Data migration

*5-12 are covered on the next two slides.

Authorization

Authorization Quick Tips:

- Check Claimant Eligibility to see if an Authorization is required.
- Submit the Authorization before submitting a bill.
- Check Authorization Status – Submit the bill once the Authorization is in an Approved status.
- Authorization does not guarantee payment.
- Allow two business days for the Authorization process. If the 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 only be submitted via fax or mail.

THANK YOU!

