

Submitting New Authorization
Requests Online for the Division
of Federal Employees
Compensation (DFEC) Program



Introduction

The WCMBP System allows providers to submit authorization requests electronically using the Direct Data Entry (DDE), the online submission feature. This tutorial describes how to submit authorization requests through DDE:

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

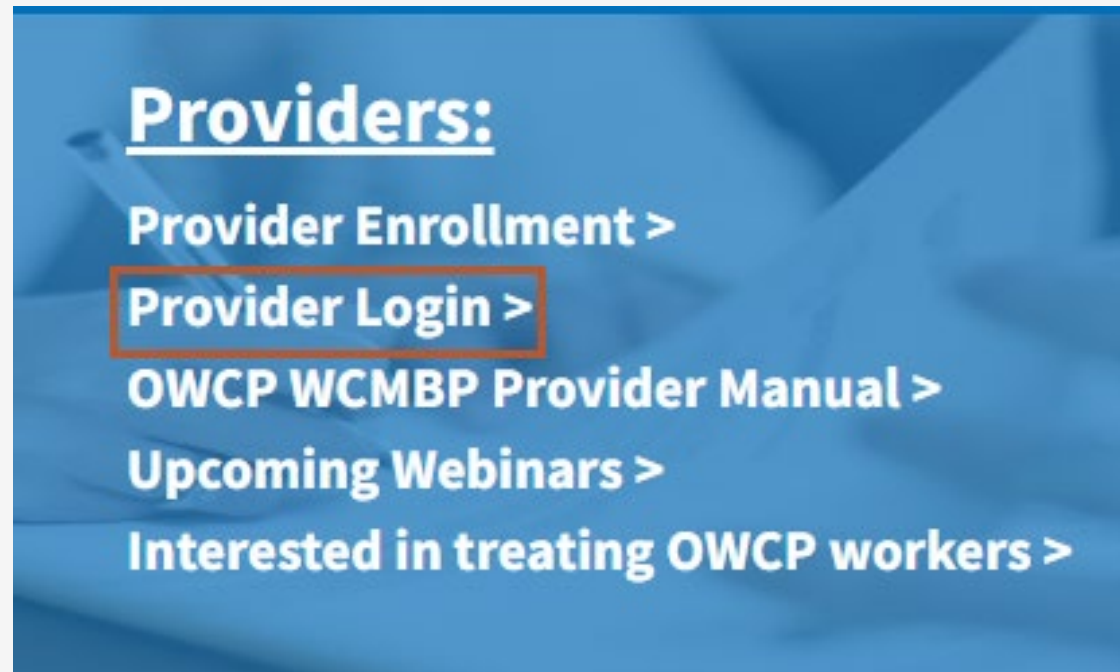
The tutorial also includes instructions for providers to check the status of submitted authorization requests.



Accessing DFEC Authorizations in the WCMBP System (1 of 5)

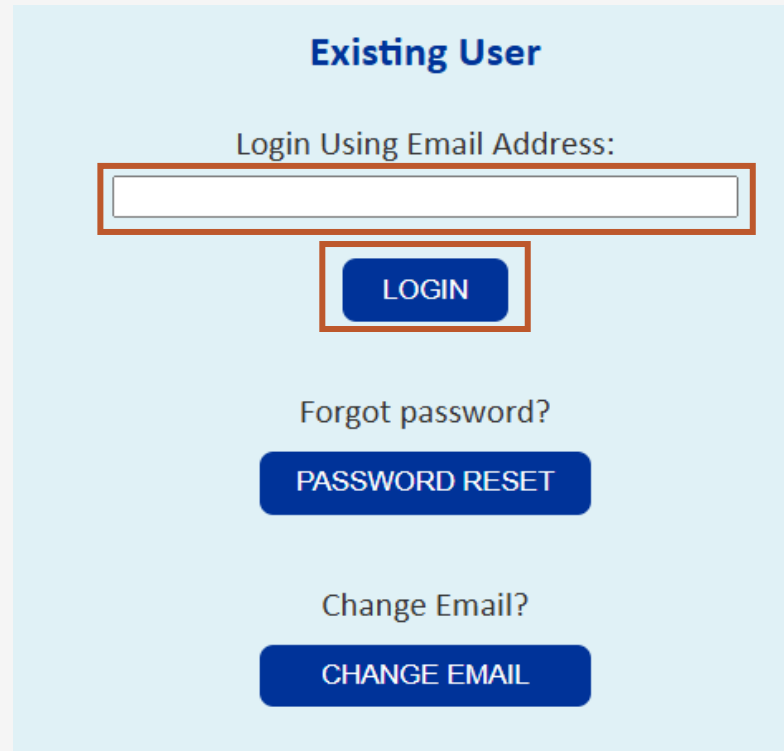
How It Works:

1. Go to the [Medical Bill Processing Portal \(https://owcpmed.dol.gov\)](https://owcpmed.dol.gov) and select **Provider Login**.



Accessing DFEC Authorizations in the WCMBP System (2 of 5)

2. In the **Existing User** section, log in to OWCP Connect with the email address used for OWCP Connect registration and select **LOGIN**.



The screenshot shows a light blue rectangular box containing the 'Existing User' login interface. At the top, the text 'Existing User' is displayed in a bold, dark blue font. Below this, the text 'Login Using Email Address:' is centered. Underneath is a white text input field with a thin orange border. Below the input field is a blue button with the word 'LOGIN' in white, also with an orange border. Further down, the text 'Forgot password?' is centered, followed by a blue button labeled 'PASSWORD RESET'. At the bottom, the text 'Change Email?' is centered, followed by a blue button labeled 'CHANGE EMAIL'.

Accessing DFEC Authorizations in the WCMBP System (3 of 5)

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

Login

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

Security Image



Key Phrase tree

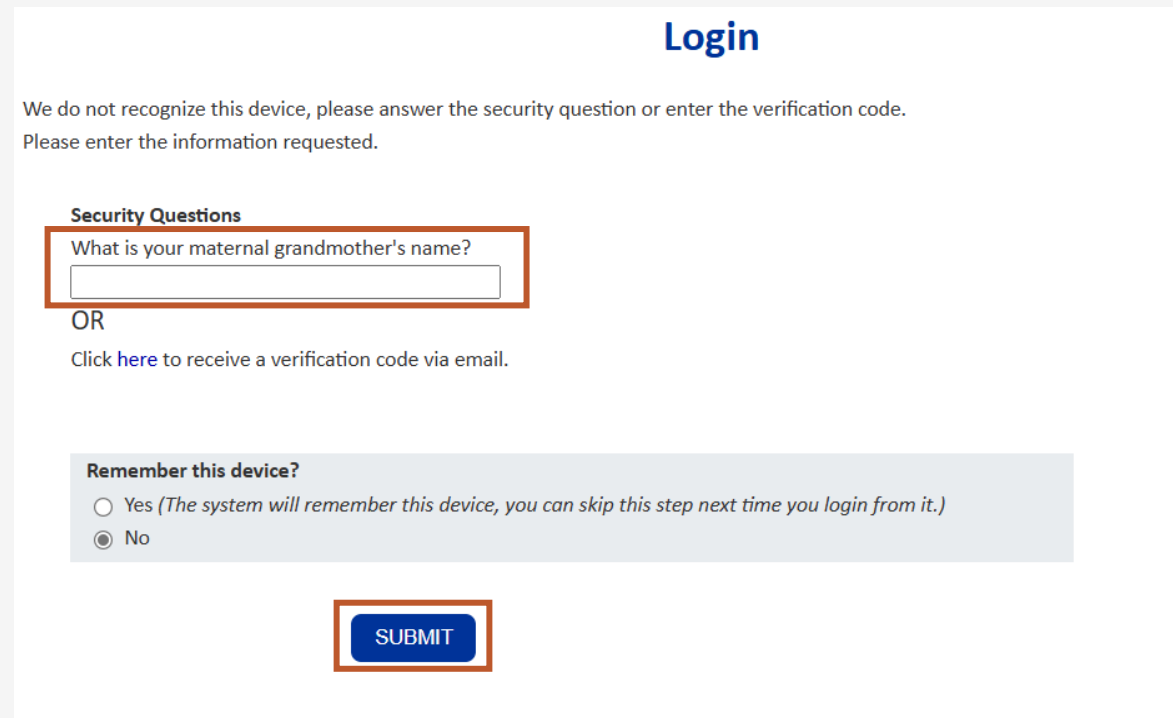
Password *

* Required Field

SUBMIT

Accessing DFEC Authorizations in the WCMBP System (4 of 5)

4. Answer the **Security Questions** created during OWCP Connect registration, then select **SUBMIT**.



The screenshot displays the 'Login' page of the WCMBP System. At the top, the word 'Login' is centered in blue. Below it, a message states: 'We do not recognize this device, please answer the security question or enter the verification code. Please enter the information requested.' The 'Security Questions' section is highlighted with a red box and contains the question 'What is your maternal grandmother's name?' followed by a text input field. Below this, the word 'OR' is displayed, followed by a link: 'Click [here](#) to receive a verification code via email.' A grey box contains the 'Remember this device?' section with two radio buttons: 'Yes (The system will remember this device, you can skip this step next time you login from it.)' and 'No' (which is selected). At the bottom, a blue 'SUBMIT' button is highlighted with a red box.

Login

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

Security Questions

What is your maternal grandmother's name?

OR

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

Remember this device?

☐ Yes (The system will remember this device, you can skip this step next time you login from it.)

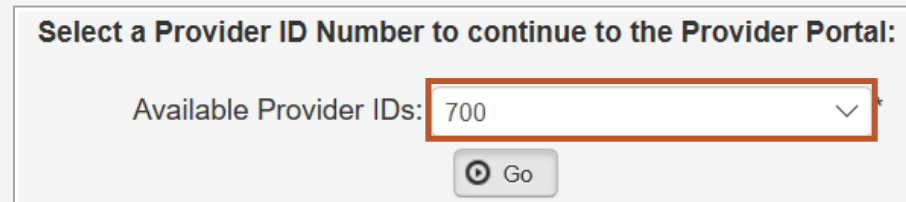
☒ No

SUBMIT

Accessing DFEC Authorizations in the WCMBP System (5 of 5)

How it works:

1. Log in to the WCMBP System. The system will display the default **Select a Provider ID Number** page.

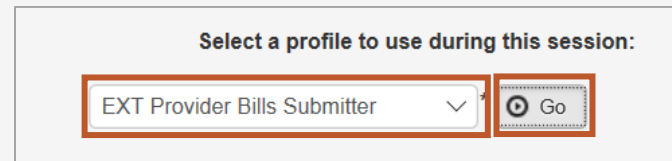


Select a Provider ID Number to continue to the Provider Portal:

Available Provider IDs: 700

Go

2. Select the appropriate profile, **Ext Provider Bills Submitter**, from the drop-down list and select **Go**.



Select a profile to use during this session:

EXT Provider Bills Submitter

Go

3. Select the **On-line Authorization Submission** link in the column on the left under **Authorization**.



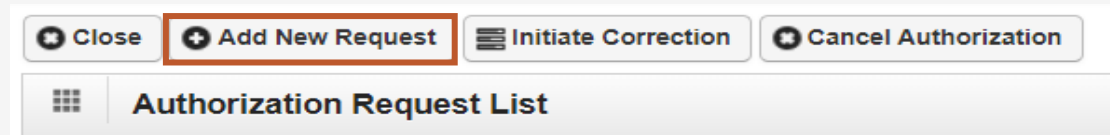
Authorization

On-line Authorization Submission

Note: Accessible profiles include Provider Bills Submitter, Provider Eligibility Checker- Claims Submitter, and Provider Super User.

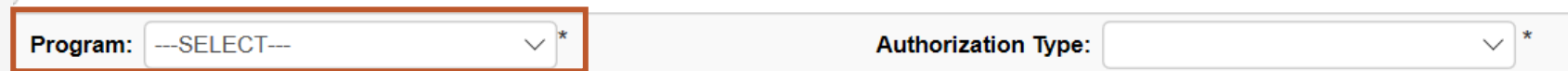
Adding a New Request

1. To submit a new authorization request, select **Add New Request**.



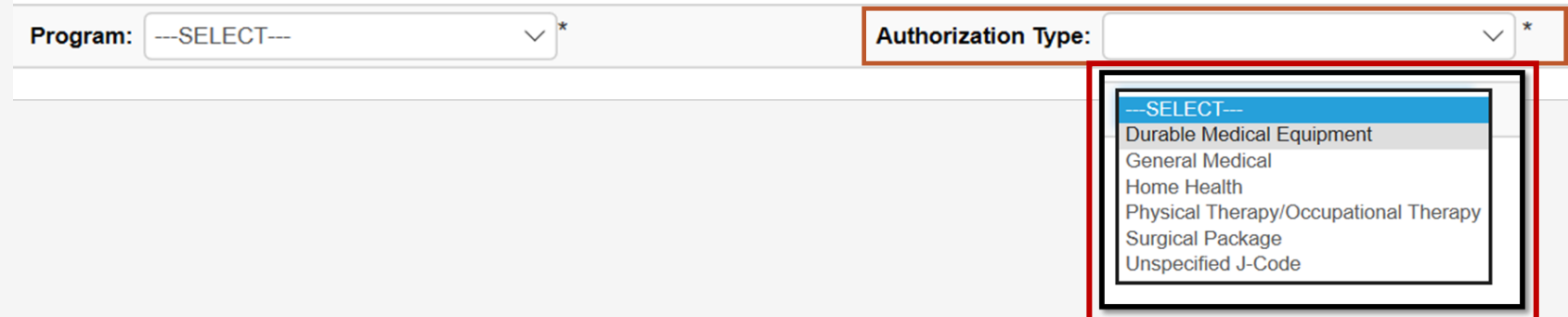
The screenshot shows a horizontal bar with four buttons: 'Close', 'Add New Request' (highlighted with a red box), 'Initiate Correction', and 'Cancel Authorization'. Below this bar is a tab labeled 'Authorization Request List'.

2. Select the **DFEC** program from the **Program** drop-down list.



The screenshot shows two drop-down menus. The 'Program' menu is highlighted with a red box and shows '--SELECT--' as the selected option. The 'Authorization Type' menu is also visible but not highlighted.

3. Select one of the following authorization types from the **Authorization Type** drop-down list.



The screenshot shows the 'Authorization Type' drop-down menu with the list of options visible. The options are: '--SELECT--', 'Durable Medical Equipment', 'General Medical', 'Home Health', 'Physical Therapy/Occupational Therapy', 'Surgical Package', and 'Unspecified J-Code'. The entire menu is highlighted with a red box.

Note: Available authorization types are based on the provider type associated with the OWCP Provider ID.

Durable Medical Equipment (DME)



DME: Requestor and Claimant Information (1 of 2)

1. Enter the required **Requestor Information**, as indicated by an asterisk icon, for an "Initial Request."

 Requestor Information 	
* ☒ Initial Request	
Date Requested: 09/29/2025  *	Requested By:
Phone Number:	

 Claimant Information 	
Claimant's Case ID: *	Date of Birth:  *
First Name: *	Last Name: *
Date of Injury:  *	

DME: Requestor and Claimant Information (2 of 2)

2. Enter the required **Claimant Information**, as indicated by an asterisk icon (**Claimant's Case ID, Date of Birth, First Name, Last Name, and Date of Injury**).
 - If the claimant's case ID is associated with the program, the system will auto-populate the claimant information.
 - If the claimant's case ID is not associated with the program, the system will display the alert *"Claimant is not associated with the program."* Select **OK** to close the window and enter a valid claimant case ID.

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

Requestor Information

Initial Request

Date Requested:

09/29/2025

Requested By:

Phone Number:

Claimant Information

Claimant's Case ID:

*

Date of Birth:

*

First Name:

*

Last Name:

*

Date of Injury:

*

DME: Entering Provider Information (1 of 2)

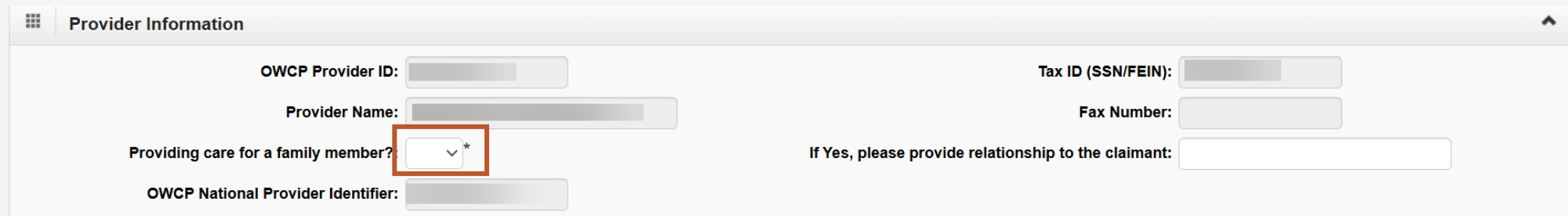
Note: Provider Information "OWCP Provider ID," "Tax ID," "Name," and "OWCP National Provider Identifier" are auto-filled.

 **Provider Information** 

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

DME: Entering Provider Information (2 of 2)

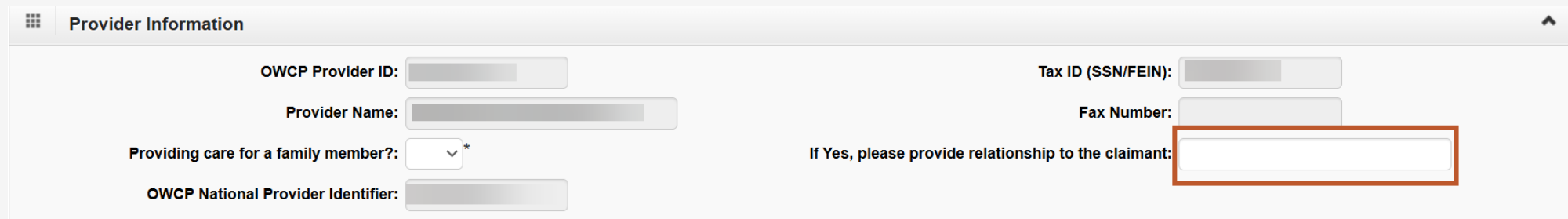
1. Select either **Yes** or **No** from the **Providing care for a family member** drop-down list.



The screenshot shows a form titled "Provider Information". It contains several input fields: "OWCP Provider ID:", "Provider Name:", "OWCP National Provider Identifier:", "Tax ID (SSN/FEIN):", "Fax Number:", and "If Yes, please provide relationship to the claimant:". The "Providing care for a family member?" dropdown menu is highlighted with a red box and has a small asterisk next to it.

2. If yes is selected in the **Providing care for a family member** drop-down list, provide the relationship to the claimant.
This step is required when Yes is selected.

Note: Entering the Fax # is optional.



The screenshot shows the same "Provider Information" form. In this view, the "Providing care for a family member?" dropdown is set to "Yes", and the "If Yes, please provide relationship to the claimant:" text box is highlighted with a red box.

DME: Entering Service Line Information (1 of 14)

Enter the Required Service Line Information

1. Enter the specific body part to be treated.

Note: Providers may enter up to four Diagnosis (DX) Codes.

Service Line Information

Specific Body Part to be treated: *

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

Add New Line

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

Remarks:

DME: Entering Service Line Information (2 of 14)

2. Enter at least one DX Code, as required.

Service Line Information

Specific Body Part to be treated:

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

Add New Line

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

Remarks:

DME: Entering Service Line Information (3 of 14)

Note: Five service lines display.

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

Service Line Information

Specific Body Part to be treated:

Diagnosis Codes: A: B: C: D:

Add New Line

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

Remarks:

DME: Entering Service Line Information (4 of 14)

4. Complete the **From Date** and **To Date** fields.

Service Line Information

Specific Body Part to be treated:

Diagnosis Codes: A: B: C: D:

Add New Line

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

Remarks:

DME: Entering Service Line Information (5 of 14)

5. Select the alpha characters under the **Diagnosis Pointer** that reflect the DX Codes entered in the **Diagnosis Codes** fields.

Note: *One alpha character is required*, but providers can select multiple alpha characters.

Service Line Information

Specific Body Part to be treated:

Diagnosis Codes: A: B: C: D:

Add New Line

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

Remarks:

DME: Entering Service Line Information (6 of 14)

6. Select the code type from the **Code Type** drop-down list.

Service Line Information

Specific Body Part to be treated:

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

Add New Line

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

Remarks:

DME: Entering Service Line Information (7 of 14)

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

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

Service Line Information

Specific Body Part to be treated: *

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

Add New Line

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

Remarks:

DME: Entering Service Line Information (8 of 14)

8. Enter the body part modifier (*optional* - effective 11/12/22).

Note: Within the **Body Part Modifier** field, the provider can select either RT for right side, LT for left side, or modifier 50 if the body part does not have a side modifier or they are treating for both sides. All three options are listed.

Service Line Information

Specific Body Part to be treated: *

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

Add New Line

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

Remarks:

DME: Entering Service Line Information (9 of 14)

- Enter the number of units requested for authorization.

Service Line Information

Specific Body Part to be treated:

Diagnosis Codes: A: B: C: D:

Add New Line

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

Remarks:

DME: Entering Service Line Information (10 of 14)

10. Identify the DME as a rental, purchased new, or purchased used.

Service Line Information

Specific Body Part to be treated:

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

Add New Line

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

Remarks:

DME: Entering Service Line Information (11 of 14)

11. Enter the cost.

Note: If a DME is a rental, include the rental charges in the total cost for the date range entered.

Service Line Information

Specific Body Part to be treated:

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

Add New Line

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

Remarks:

DME: Entering Service Line Information (12 of 14)

12. Enter the duration (for example, 2 months).

Note: Duration is required for rentals.

Service Line Information

Specific Body Part to be treated:

Diagnosis Codes: A: B: C: D:

Add New Line

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

Remarks:

DME: Entering Service Line Information (13 of 14)

13. If necessary, to remove a service line, select the corresponding minus icon under the **Action** column.

Service Line Information

Specific Body Part to be treated:

Diagnosis Codes: A:

* B:

C:

D:

+

Add New Line

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

Remarks:

DME: Entering Service Line Information (14 of 14)

14. Enter any notes or remarks in the **Remarks** field.

Service Line Information

Specific Body Part to be treated:

Diagnosis Codes: A: B: C: D:

Add New Line

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

Remarks:

DME: Saving the Authorization Request (1 of 2)

1. Once all the information is entered, scroll to the top of the page and select **Save Authorization**.

Auth Request Number : 106

Close

Upload/Retrieve Attachment

Save Authorization

Submit Authorization

Note: If any information is missing or invalid, an error message will display the reason below the **Close** through **Submit Authorization** buttons. Correct the error and select **Save Authorization**.

Auth Request Number : 10

Close

Upload/Retrieve Attachment

Save Authorization

Submit Authorization

Errors:

CPT Code is not valid in Service Line # 1

Note: The 9-digit authorization request number will populate.

Auth Request Number : 10

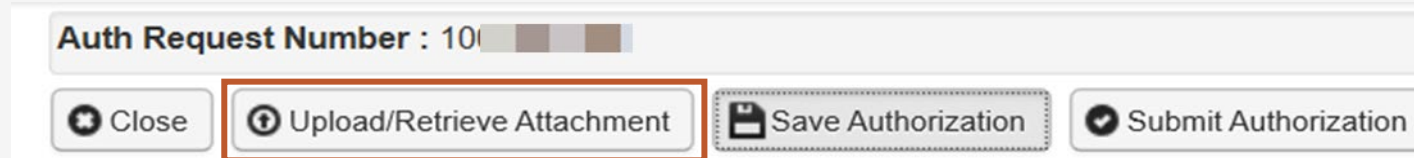
 Close
  Upload/Retrieve Attachment
  Save Authorization
  Submit Authorization

Note: DME authorizations require a signed prescription from a MD, DO, DPM, or PHD and an authorized treatment plan.

DME: Saving the Authorization Request (2 of 2)

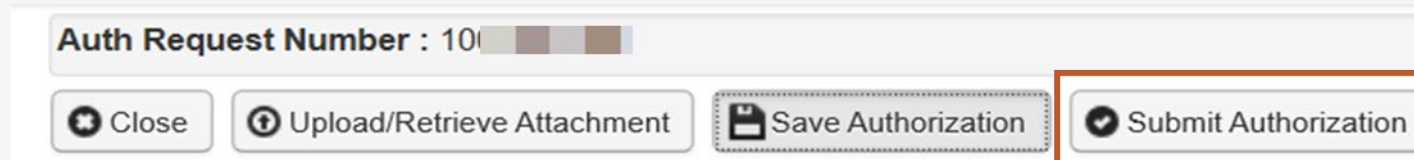
2. Select **Upload/Retrieve Attachment** to upload this supporting documentation.

Refer to the next slide for the **Upload** dialogue box explanation.



A screenshot of a web interface for saving an authorization request. At the top, there is a text field labeled "Auth Request Number : 10" followed by a progress bar. Below this, there are four buttons: "Close", "Upload/Retrieve Attachment", "Save Authorization", and "Submit Authorization". The "Upload/Retrieve Attachment" button is highlighted with a red rectangular border.

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



A screenshot of the same web interface as above. The "Submit Authorization" button is now highlighted with a red rectangular border, indicating the next step in the process.

DME: Uploading Attachment (1 of 4)

1. Select the document type to be uploaded from the **Document Type** drop-down list.

Attachment

Please select the file to be uploaded

Document Type : Auth Supporting Documents *

Filename : Choose File Test.pdf *

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

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

Ok

Close

Attachment List

☐	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
☐	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
☐	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

Delete

View Page: 1

Go

+ Page Count

SaveToCSV

Viewing Page: 1

<< First

< Prev

Next >

>> Last

DME: Uploading Attachment (2 of 4)

2. Select **Choose File** from the **Filename** field.

- Locate and select the file to upload from the local drive.
- Select **Open**. The system updates the **Filename** field.

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

Attachment

Please select the file to be uploaded

Document Type : Auth Supporting Documents *

Filename :

Choose File

 test.pdf *

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

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

Ok Close

Attachment List

☐	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
☐	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
☐	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

Delete

View Page: 1

Go

+ Page Count

SaveToCSV

Viewing Page: 1

<< First

< Prev

> Next

>> Last

DME: Uploading Attachment (3 of 4)

3. Select **OK**. The Image ID (attachment) will display in the **Attachment List** section at the bottom of the window.

Attachment

Please select the file to be uploaded

Document Type : Auth Supporting Documents *

Filename : Choose File Test.pdf *

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

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

Ok Close

Attachment List

☐	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
☐	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
☐	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

Delete

View Page: 1

Go

+ Page Count

SaveToCSV

Viewing Page: 1

<< First

< Prev

Next >

>> Last

DME: Uploading Attachment (4 of 4)

- Once all attachments are uploaded, select **Close** to return to the previous page to submit the authorization.

Attachment

Please select the file to be uploaded

Document Type : Auth Supporting Documents *

Filename : Test.pdf *

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

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

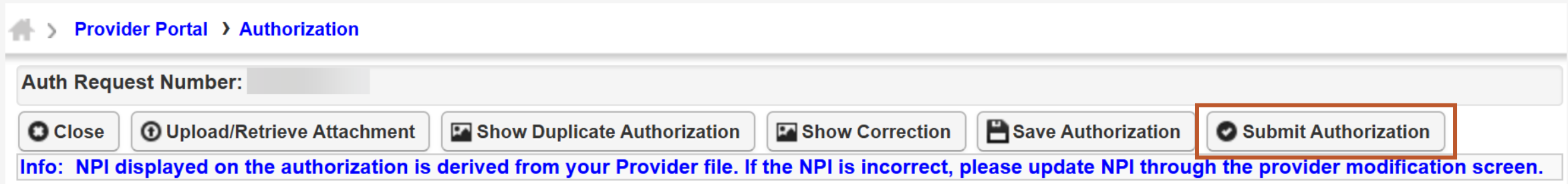
Attachment List

☐	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
☐	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
☐	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

View Page: Viewing Page: 1

DME: Submitting the Authorization Request

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



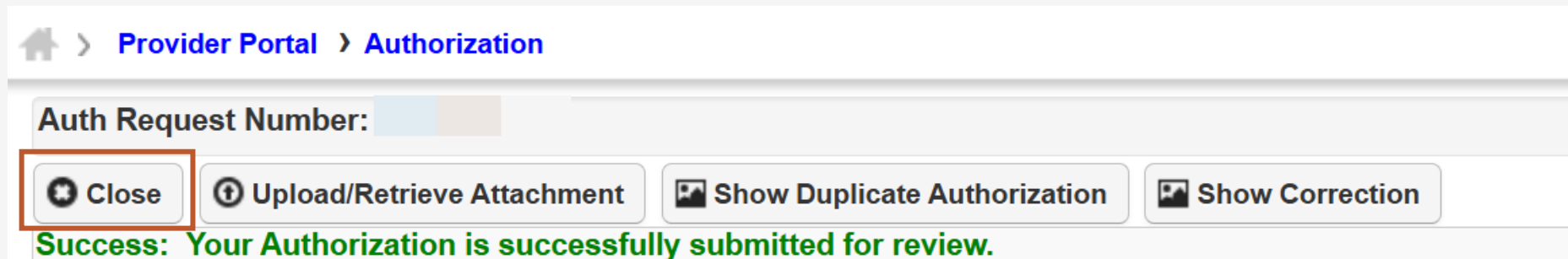
Home > Provider Portal > Authorization

Auth Request Number:

Info: NPI displayed on the authorization is derived from your Provider file. If the NPI is incorrect, please update NPI through the provider modification screen.

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

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



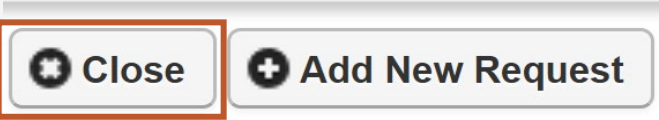
Home > Provider Portal > Authorization

Auth Request Number:

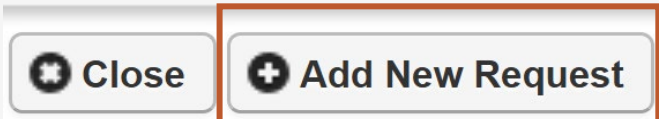
Success: Your Authorization is successfully submitted for review.

DME: Viewing Authorization Information

1. To return to the portal homepage, select **Close**.



2. To submit each additional authorization request, select **Add New Request**.



Note: This information is located on the **Authorization Request List** page.

Note: The system displays the Authorization Request with a Header Status of **"In Review"** as confirmation that the request was successfully submitted.

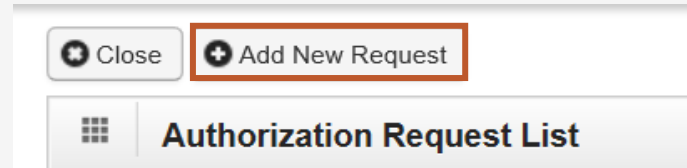
☐		Auth Request # ▲▼	Claimant Case ID ▲▼	Header Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Header From Date ▲▼	Header To Date ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
☐		 	 	In Review	Durable Medical Equipment	09/30/2025	09/30/2025	09/03/2024	10/03/2024	DFEC	Initial Request	DDE

General Medical



General Medical: Adding a New Authorization Request

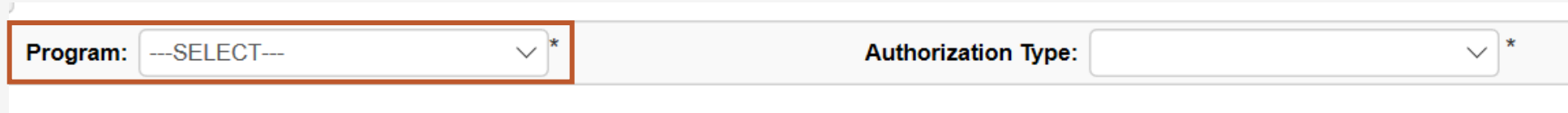
1. To submit a new authorization request, select **Add New Request**.



Close Add New Request

Authorization Request List

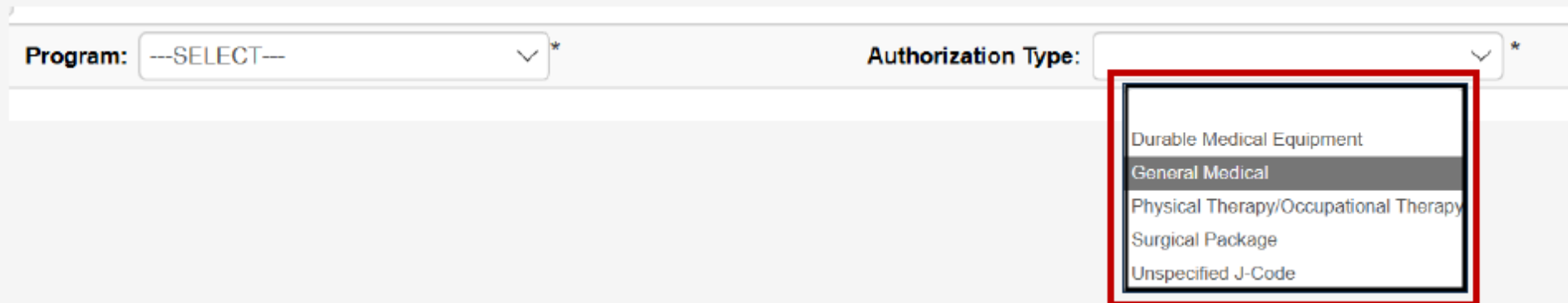
2. Select the DFEC program from the **Program** drop-down list.



Program: --SELECT-- *

Authorization Type: *

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



Program: --SELECT-- *

Authorization Type: *

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

General Medical: Requestor and Claimant Information (1 of 2)

1. Enter the required **Requestor Information**, as denoted by an asterisk icon, for an "Initial Request."

Requestor Information

* ☒ Initial Request

Date Requested: 09/29/2025 *

Phone Number: *

Requested By: *

Claimant Information

Claimant's Case ID: *

First Name: *

Date of Injury: *

Date of Birth: *

Last Name: *

General Medical: Requestor and Claimant Information (2 of 2)

2. Enter the required **Claimant Information**, as indicated by an asterisk icon (**Claimant's Case ID**, **Date of Birth**, **First Name**, **Last Name**, and **Date of Injury**).
 - If the Claimant's Case ID is associated with the Program, the system will auto-populate the claimant information.
 - If the Claimant's Case ID is not associated with the Program, the system will display the alert "Claimant is not associated with the program." Select **OK** to close the window and enter a valid claimant case ID.

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

The screenshot displays a software interface with two main sections: 'Requestor Information' and 'Claimant Information'. The 'Requestor Information' section includes a radio button for 'Initial Request', a 'Date Requested' field with the value '09/29/2025', a 'Phone Number' field, and a 'Requested By' field. The 'Claimant Information' section, which is highlighted with a red border, includes fields for 'Claimant's Case ID', 'Date of Birth', 'First Name', 'Last Name', and 'Date of Injury'. Asterisks (*) indicate required fields. The 'Date of Birth' and 'Date of Injury' fields include calendar icons.

General Medical: Entering Provider Information (1 of 2)

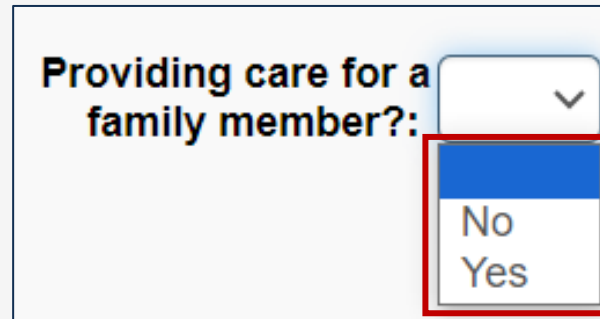
Note: When entering the provider information, "OWCP Provider ID," the "Tax ID," "Name," and "OWCP National Provider Identifier" will be auto-populated. Entering the Fax # is optional.

 **Provider Information** 

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

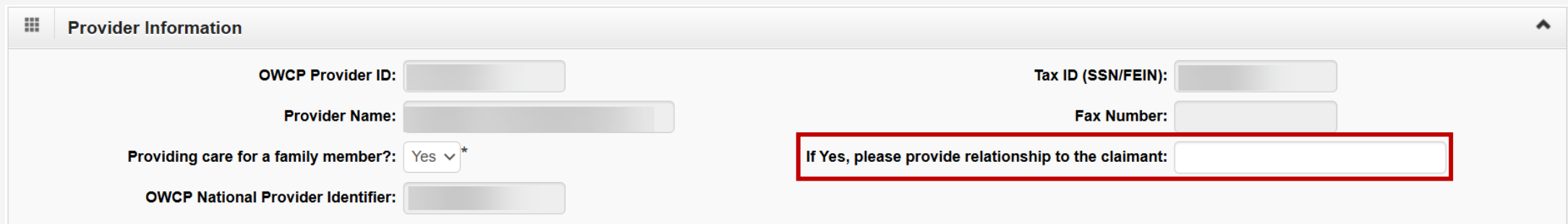
General Medical: Entering Provider Information (2 of 2)

1. Select either **Yes** or **No** from the **Providing care for a family member** drop-down list.



A close-up of a dropdown menu for the label "Providing care for a family member?:". The menu is open, showing two options: "No" and "Yes". The "No" option is highlighted with a blue background. A red rectangular box is drawn around the "No" and "Yes" options.

2. If yes is selected in the **Providing care for a family member** drop-down list, provide the relationship to the claimant.
This step is required when Yes is selected.



A screenshot of a web form titled "Provider Information". The form contains several input fields: "OWCP Provider ID:", "Provider Name:", "OWCP National Provider Identifier:", "Tax ID (SSN/FEIN):", "Fax Number:", and "Providing care for a family member?:". The "Providing care for a family member?:" dropdown menu is set to "Yes". A red rectangular box highlights the text "If Yes, please provide relationship to the claimant:" followed by an empty text input field.

General Medical: Entering Service Line Information (1 of 13)

Enter the Required Service Line Information

1. Enter the specific body part to be treated.

Service Line Information

Specific Body Part to be treated: *

Is this a second surgery on the same body part?: *

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

Is this an implant?: * Cost of Implant: *

+ Add New Line

	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			☐	☐	☐	☐	*				*		
2			☐	☐	☐	☐	*				*		
3			☐	☐	☐	☐	*				*		
4			☐	☐	☐	☐	*				*		
5			☐	☐	☐	☐	*				*		

Remarks:

General Medical: Entering Service Line Information (2 of 13)

- To identify if this is a second surgery on the same body part, select either **Yes** or **No**.

Service Line Information

Specific Body Part to be treated:

Is this a second surgery on the same body part?:

Diagnosis Codes: A: B: C: D:

Is this an implant?: Cost of Implant:

Add New Line

	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			☐	☐	☐	☐							⊖
2			☐	☐	☐	☐							⊖
3			☐	☐	☐	☐							⊖
4			☐	☐	☐	☐							⊖
5			☐	☐	☐	☐							⊖

Remarks:

General Medical: Entering Service Line Information (3 of 13)

- Enter up to four Diagnosis (DX) Codes.

Service Line Information

Specific Body Part to be treated:

*

Is this a second surgery on the same body part?:

*

Diagnosis Codes: A:

*

B:

C:

D:

Is this an implant?:

*

Cost of Implant:

+ Add New Line

	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			*	☐	☐	☐							
2			*	☐	☐	☐							
3			*	☐	☐	☐							
4			*	☐	☐	☐							
5			*	☐	☐	☐							

Remarks:

General Medical: Entering Service Line Information (4 of 13)

4. Identify if this request is for an implant:
- If yes, select **Yes** and enter the cost of the implant.
 - If no, select **No**.

Note: An invoice is required for implant service and can be uploaded as an attachment with the authorization request.

Service Line Information

Specific Body Part to be treated: *

Is this a second surgery on the same body part?: *

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

Is this an implant?: *

Cost of Implant: *

+ Add New Line

	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			☐	☐	☐	☐	*					*	
2			☐	☐	☐	☐	*					*	
3			☐	☐	☐	☐	*					*	
4			☐	☐	☐	☐	*					*	
5			☐	☐	☐	☐	*					*	

Remarks:

General Medical: Entering Service Line Information (5 of 13)

Note: Five service lines display.

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

Service Line Information

Specific Body Part to be treated:

*

Is this a second surgery on the same body part?:

*

Diagnosis Codes: A:

*

B:

C:

D:

Is this an implant?:

*

Cost of Implant:

+

Add New Line

	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													
2													
3													
4													
5													

Remarks:

General Medical: Entering Service Line Information (6 of 13)

6. Complete the **From Date** and **To Date** for each service line used.

Service Line Information

Specific Body Part to be treated: *

Is this a second surgery on the same body part?: *

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

Is this an implant?: * Cost of Implant: *

+ Add New Line

	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			*	☐	☐	☐	☐	*				*	
2			*	☐	☐	☐	☐	*				*	
3			*	☐	☐	☐	☐	*				*	
4			*	☐	☐	☐	☐	*				*	
5			*	☐	☐	☐	☐	*				*	

Remarks:

General Medical: Entering Service Line Information (7 of 13)

7. Select the alpha characters under the **Diagnosis Pointer** that reflect the DX Codes entered in the **Diagnosis Codes** fields.

Note: *One alpha character is required*, but providers can select multiple alpha characters.

Service Line Information

Specific Body Part to be treated:

Is this a second surgery on the same body part?:

Diagnosis Codes: A: B: C: D:

Is this an implant?: Cost of Implant:

+ Add New Line

	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			☐	☐	☐	☐							
2			☐	☐	☐	☐							
3			☐	☐	☐	☐							
4			☐	☐	☐	☐							
5			☐	☐	☐	☐							

Remarks:

General Medical: Entering Service Line Information (8 of 13)

8. Select the code type from the **Code Type** drop-down list.

Service Line Information

Specific Body Part to be treated: *

Is this a second surgery on the same body part?: *

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

Is this an implant?: * Cost of Implant:

+ Add New Line

	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			*	☐	☐	☐	☐							
2			*	☐	☐	☐	☐							
3			*	☐	☐	☐	☐							
4			*	☐	☐	☐	☐							
5			*	☐	☐	☐	☐							

Remarks:

General Medical: Entering Service Line Information (9 of 13)

Note: For inpatient room and board service, or for outpatient facility services, providers must select "Revenue Code."

9. Enter a revenue code, a procedure code, or both.

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

Service Line Information

Specific Body Part to be treated:

Is this a second surgery on the same body part?:

Diagnosis Codes: A: B: C: D:

Is this an implant?: Cost of Implant:

+ Add New Line

	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			☐	☐	☐	☐							
2			☐	☐	☐	☐							
3			☐	☐	☐	☐							
4			☐	☐	☐	☐							
5			☐	☐	☐	☐							

Remarks:

General Medical: Entering Service Line Information (10 of 13)

10. Enter the procedure code modifier (optional).

Note: The **Body Part Modifier** field is optional and no longer required.

Note: Within the **Body Part Modifier** field, the provider can select either RT for right side, LT for left side, or modifier 50 if the body part does not have a side modifier or they are treating for both sides. All three options are listed.

Service Line Information

Specific Body Part to be treated: *

Is this a second surgery on the same body part?: *

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

Is this an implant?: * Cost of Implant:

Add New Line

	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			☐	☐	☐	☐							
2			☐	☐	☐	☐							
3			☐	☐	☐	☐							
4			☐	☐	☐	☐							
5			☐	☐	☐	☐							

Remarks:

General Medical: Entering Service Line Information (11 of 13)

11. Enter the number of units or days being requested.

Service Line Information

Specific Body Part to be treated: *

Is this a second surgery on the same body part?: *

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

Is this an implant?: * Cost of Implant: *

+ Add New Line

	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			*	☐	☐	☐	☐							
2			*	☐	☐	☐	☐							
3			*	☐	☐	☐	☐							
4			*	☐	☐	☐	☐							
5			*	☐	☐	☐	☐							

Remarks:

General Medical: Entering Service Line Information (12 of 13)

12. If necessary, to remove a service line, select the corresponding minus icon under the **Action** column.

Service Line Information

Specific Body Part to be treated: *

Is this a second surgery on the same body part?: *

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

Is this an implant?: * Cost of Implant: *

+ Add New Line

	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			*	☐	☐	☐	☐	*				*	
2			*	☐	☐	☐	☐	*				*	
3			*	☐	☐	☐	☐	*				*	
4			*	☐	☐	☐	☐	*				*	
5			*	☐	☐	☐	☐	*				*	

Remarks:

General Medical: Entering Service Line Information (13 of 13)

13. Enter added notes or remarks in the **Remarks** field located at the bottom of the page.

Service Line Information

Specific Body Part to be treated:

Is this a second surgery on the same body part?:

Diagnosis Codes: A: B: C: D:

Is this an implant?: Cost of Implant:

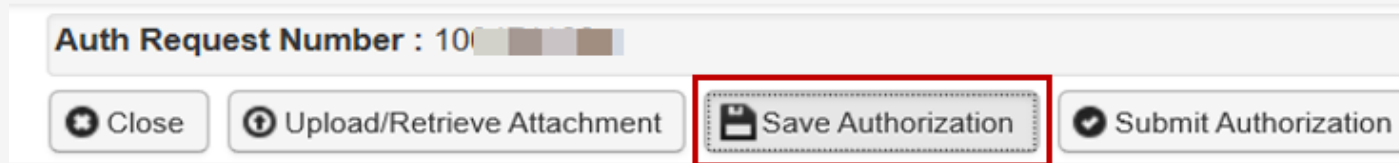
+ Add New Line

	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			☐	☐	☐	☐							
2			☐	☐	☐	☐							
3			☐	☐	☐	☐							
4			☐	☐	☐	☐							
5			☐	☐	☐	☐							

Remarks:

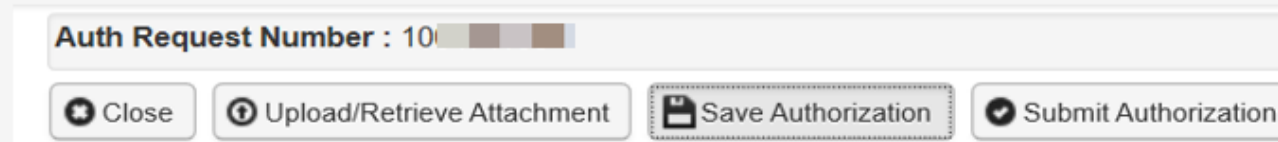
General Medical: Saving the Authorization Request (1 of 2)

1. When all the information has been entered, scroll to the top of the page and select **Save Authorization**.



A screenshot of a web form for saving an authorization request. At the top, there is a text input field labeled "Auth Request Number : 10" followed by a masked input field. Below this, there are four buttons: "Close", "Upload/Retrieve Attachment", "Save Authorization", and "Submit Authorization". The "Save Authorization" button, which features a floppy disk icon, is highlighted with a red rectangular border.

Note: If any information is missing or invalid, an error message will display the reason below the **Close** through **Submit Authorization** buttons. Correct the error and select **Save Authorization**.



A screenshot of the same web form as above. Below the buttons, a red-bordered box contains the following text: "Errors: CPT Code is not valid in Service Line # 1".

Note: The 9-digit authorization number will populate.

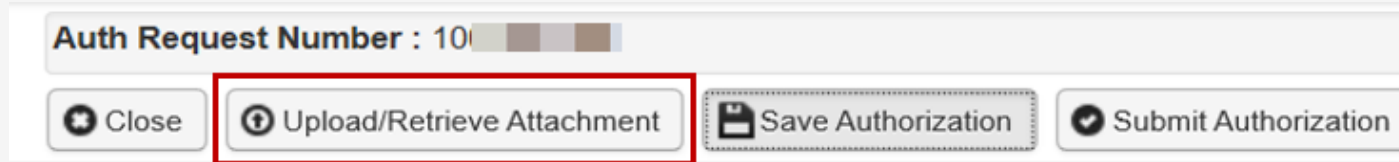


A screenshot of the web form. The "Auth Request Number : 10" text input field is now highlighted with a red rectangular border. The buttons below remain the same.

General Medical: Saving the Authorization Request (2 of 2)

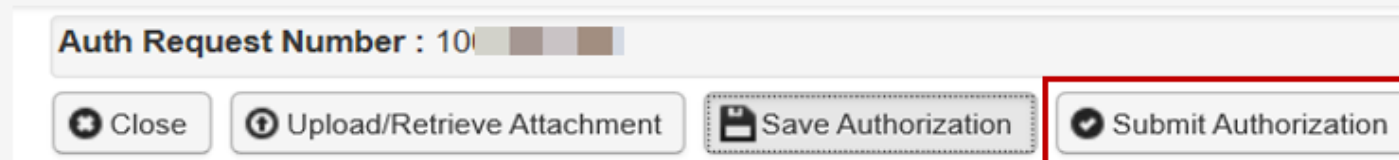
Note: General Medical authorizations require the submission of a manufacturer's invoice for implants.

2. Select **Upload/Retrieve Attachment** to upload this and other supporting documentation. Refer to the next slide for the **Upload** dialogue box explanation.



A screenshot of a web interface for managing authorization requests. At the top, there is a text field labeled "Auth Request Number : 10" followed by a series of colored squares. Below this, there are four buttons: "Close", "Upload/Retrieve Attachment", "Save Authorization", and "Submit Authorization". The "Upload/Retrieve Attachment" button is highlighted with a red rectangular border.

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



A screenshot of the same web interface as above. The "Submit Authorization" button is now highlighted with a red rectangular border, indicating the next step in the process.

General Medical: Uploading Attachment (1 of 4)

1. Select the document type to be uploaded from the **Document Type** drop-down list.

Attachment

Please select the file to be uploaded

Document Type : Auth Supporting Documents *

Filename :

Choose File Test.pdf

 *

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

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

Ok

Close

Attachment List

☐	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
☐	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
☐	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

Delete

View Page: 1

Go

+ Page Count

Save To CSV

Viewing Page: 1

<< First

< Prev

Next >

>> Last

General Medical: Uploading Attachment (2 of 4)

2. Select **Choose File** from the **Filename** field.
 - Locate and select the file to upload from the local drive.
 - Select **Open**. The system updates the **Filename** field.

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

Attachment

Please select the file to be uploaded

Document Type : Auth Supporting Documents *

Filename :

Choose File

 test.pdf *

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

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

Ok Close

Attachment List

☐	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
☐	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
☐	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

Delete

View Page: 1

Go

+ Page Count

SaveToCSV

Viewing Page: 1

<< First

< Prev

Next >

>> Last

General Medical: Uploading Attachment (3 of 4)

3. Select **OK**. The Image ID (attachment) will display in the **Attachment List** section at the bottom of the window.

The screenshot shows a web application window titled 'Attachment'. It contains a form for uploading a file. The 'Document Type' is set to 'Auth Supporting Documents'. The 'Filename' field shows 'Test.pdf'. Below the form, there is a red warning message: 'Please be sure the supporting documentation/attachments is for the treated claimant ONLY. Please do not upload supporting documentation/attachments for any other claimant as this could potentially cause a denial of your authorization or an unintended disclosure of protected health information (PHI). The acceptable file extensions for the upload are .tif,.tiff,.pdf. Filename cannot be longer than 50 characters.' At the bottom right of the form, there are 'Ok' and 'Close' buttons. The 'Ok' button is highlighted with a red box. Below the form is the 'Attachment List' section, which contains a table with columns: Image ID, Image Title, Document Type, Created By, Created Date, and Auth Request Number. The table has two rows of data. The first row has 'ATT731086392' as the Image ID, and the second row has 'ATT731086449'. Both Image IDs are highlighted with a red box. At the bottom of the window, there are navigation controls including 'Delete', 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', 'Viewing Page: 1', and 'First', 'Prev', 'Next', 'Last' buttons.

Attachment

Please select the file to be uploaded

Document Type : Auth Supporting Documents *

Filename : Choose File Test.pdf *

Please be sure the supporting documentation/attachments is for the treated claimant ONLY.
Please do not upload supporting documentation/attachments for any other claimant as this could potentially cause a denial of your authorization or an unintended disclosure of protected health information (PHI).
The acceptable file extensions for the upload are .tif,.tiff,.pdf.
Filename cannot be longer than 50 characters.

Ok Close

Attachment List

☐	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
☐	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
☐	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

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

General Medical: Uploading Attachment (4 of 4)

- Once all attachments are uploaded, select **Close** to return to the previous page to submit the authorization.

Attachment

Please select the file to be uploaded

Document Type : Auth Supporting Documents *

Filename : Test.pdf *

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

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

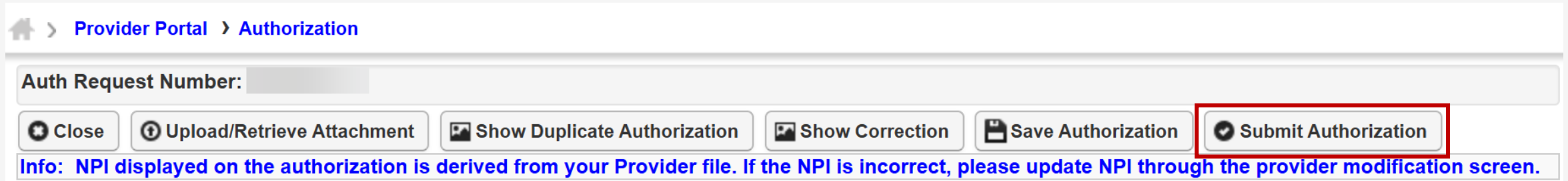
Attachment List

☐	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
☐	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
☐	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

View Page: Viewing Page: 1

General Medical: Submitting the Authorization Request

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



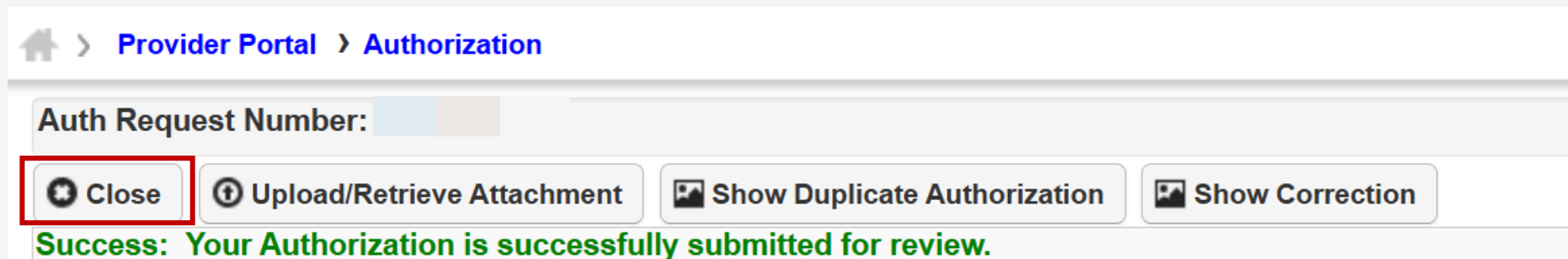
Home > Provider Portal > Authorization

Auth Request Number:

Info: NPI displayed on the authorization is derived from your Provider file. If the NPI is incorrect, please update NPI through the provider modification screen.

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

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



Home > Provider Portal > Authorization

Auth Request Number:

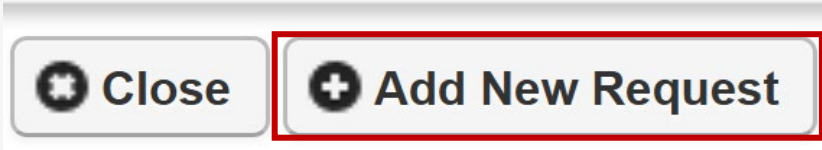
Success: Your Authorization is successfully submitted for review.

General Medical: Viewing Authorization Information

1. To return to the portal homepage, select **Close**.

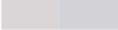


2. To submit additional authorization requests, select **Add New Request**.



Note: This information is located on the **Authorization Request List** page.

Note: The system displays the Authorization Request with a Header Status of **"In Review"** as confirmation that the request was successfully submitted.

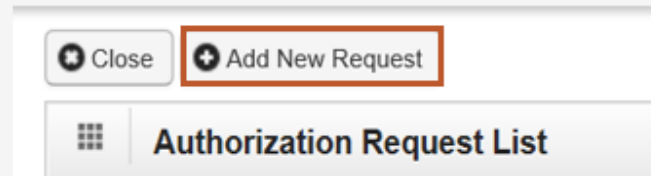
☐	Auth Request # ▲▼	Claimant Case ID ▲▼	Header Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Header From Date ▲▼	Header To Date ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
☐			 In Review	Durable Medical Equipment	09/30/2025	09/30/2025	09/03/2024	10/03/2024	DFEC	Initial Request	DDE

Home Health



Home Health: Adding a New Request

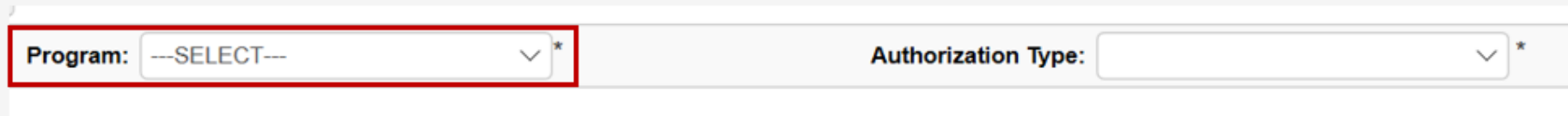
1. To submit a new authorization request, select **Add New Request**.



Close Add New Request

Authorization Request List

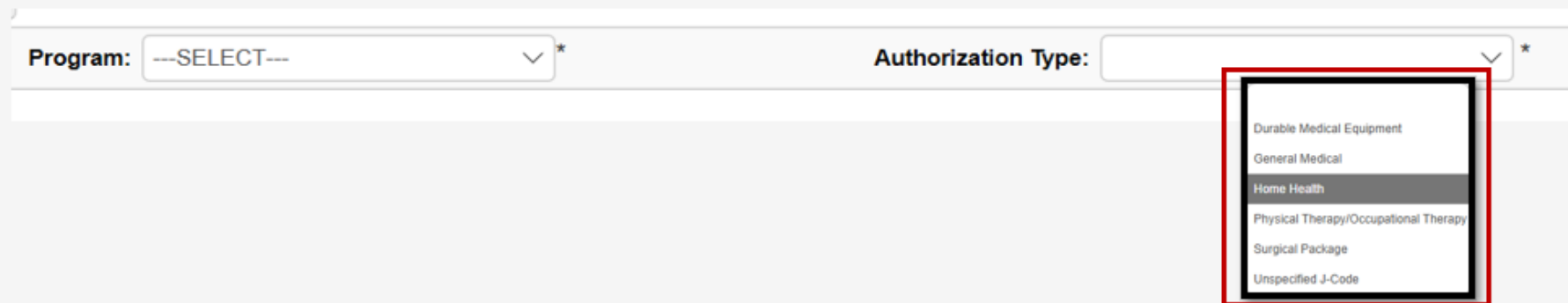
2. Select the DFEC program from the **Program** drop-down list.



Program: ---SELECT--- *

Authorization Type: *

3. Select **Home Health** from the **Authorization Type** drop-down list.



Program: ---SELECT--- *

Authorization Type: *

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

(1 of 2)

1. Enter the required **Requestor Information**, as denoted by an asterisk icon, for an "Initial Request."

Requestor Information

* ☒ Initial Request

Date Requested:

*

Requested By:

Phone Number:

Claimant Information

Claimant's Case ID:

*

Date of Birth:

*

First Name:

*

Last Name:

*

Date of Injury:

*

Home Health: Requestor and Claimant Information (2 of 2)

2. Enter the required **Claimant Information**, as indicated by an asterisk icon (**Claimant's Case ID**, **Date of Birth**, **First Name**, **Last Name**, and **Date of Injury**).
 - If the Claimant's Case ID is associated with the Program, the system will auto-populate the claimant information.
 - If the Claimant's Case ID is not associated with the Program, the system will display the alert "Claimant is not associated with the program." Select **OK** to close the window and enter a valid claimant case ID.

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

The screenshot displays a software interface with two main sections: 'Requestor Information' and 'Claimant Information'. The 'Requestor Information' section includes a radio button for 'Initial Request', a 'Date Requested' field with the value '09/29/2025', a 'Phone Number' field, and a 'Requested By' dropdown menu. The 'Claimant Information' section, which is highlighted with a red border, contains five required fields marked with asterisks: 'Claimant's Case ID', 'Date of Birth', 'First Name', 'Last Name', and 'Date of Injury'. Each field has a corresponding input box or calendar icon.

Home Health: Entering Provider Information (1 of 2)

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

 **Provider Information** 

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

Home Health: Entering Provider Information (2 of 2)

1. Select either **Yes** or **No** from the **Providing care for a family member** drop-down list.

Note: Only forms related to provider type will be eligible for selection.

The screenshot shows a form titled "Provider Information". It contains several input fields: "OWCP Provider ID:", "Provider Name:", "OWCP National Provider Identifier:", "Tax ID (SSN/FEIN):", "Fax Number:", and "If Yes, please provide relationship to the claimant:". A dropdown menu labeled "Providing care for a family member?:" with a downward arrow and an asterisk is highlighted with a red box.

2. If yes is selected in the **Providing care for a family member** drop-down list, provide the relationship to the claimant.
This step is required when Yes is selected.

Note: Entering the Fax # is optional.

The screenshot shows the same "Provider Information" form. In this view, the dropdown menu "Providing care for a family member?:" is set to "Yes". The text input field "If Yes, please provide relationship to the claimant:" is highlighted with a red box.

Home Health: Entering Service Line Information (1 of 11)

Enter the Required Service Line Information

1. Enter specific body part to be treated.

Service Plan Information

Specific Body Part to be treated: *

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

Add New Line

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

Remarks:

Home Health: Entering Service Line Information (2 of 11)

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

Note: Five service lines display.

Service Plan Information

Specific Body Part to be treated:

Diagnosis Codes: A: B: C: D:

Add New Line

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

Remarks:

Home Health: Entering Service Line Information (3 of 11)

- To add a service line, select **Add New Line** above the date fields.

Service Plan Information

Specific Body Part to be treated:

Diagnosis Codes: A: B: C: D:

Add New Line

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

Remarks:

Home Health: Entering Service Line Information (4 of 11)

4. Enter the **From Date** and **To Date** fields for each line.

Service Plan Information

Specific Body Part to be treated:

Diagnosis Codes: A: B: C: D:

Add New Line

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

Remarks:

Home Health: Entering Service Line Information (5 of 11)

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

Note: One alpha character is required, but providers can select multiple alpha characters.

Service Plan Information

Specific Body Part to be treated:

Diagnosis Codes: A: B: C: D:

Add New Line

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

Remarks:

Home Health: Entering Service Line Information (6 of 11)

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

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

Note: The **Body Part Modifier** field is optional and no longer required.

Note: Within the **Body Part Modifier** field, the provider selects either RT for right side, LT for left side, or modifier 50 if the body part does not have a side modifier or they are treating for both sides. All three options are listed.

Service Plan Information

Specific Body Part to be treated:

Diagnosis Codes: A: B: C: D:

Add New Line

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

Remarks:

Home Health: Entering Service Line Information (7 of 11)

- Enter the number of times the provider will see the claimant a week in the **Frequency** field.

Service Plan Information

Specific Body Part to be treated:

Diagnosis Codes: A: B: C: D:

Add New Line

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

Remarks:

Home Health: Entering Service Line Information (8 of 11)

8. Enter the number of weeks the provider will see the claimant in the **Duration** field.

Service Plan Information

Specific Body Part to be treated:

Diagnosis Codes: A: B: C: D:

Add New Line

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

Remarks:

Home Health: Entering Service Line Information (9 of 11)

9. Complete the **Total Units Requested** field (Frequency x Duration = Total Units Requested).

Service Plan Information

Specific Body Part to be treated:

Diagnosis Codes: A: B: C: D:

Add New Line

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

Remarks:

Home Health: Entering Service Line Information

(10 of 11)

10. If necessary, to remove a service line, select the corresponding minus icon under the **Action** column.

Service Plan Information

Specific Body Part to be treated:

Diagnosis Codes: A:

* B:

C:

D:

+

Add New Line

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

Remarks:

Home Health: Entering Service Line Information (11 of 11)

11. Enter added notes or remarks in the **Remarks** field located at the bottom of the page.

Service Plan Information

Specific Body Part to be treated:

Diagnosis Codes:

A:

B:

C:

D:

+

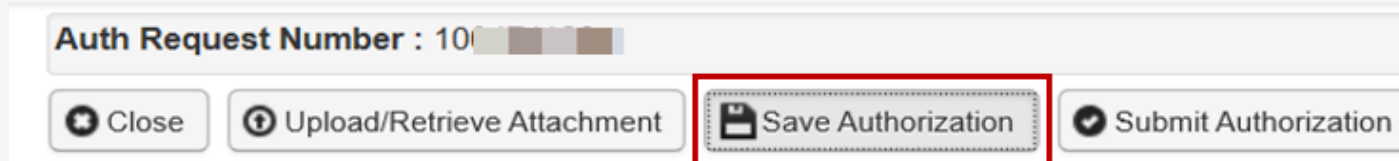
Add New Line

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

Remarks:

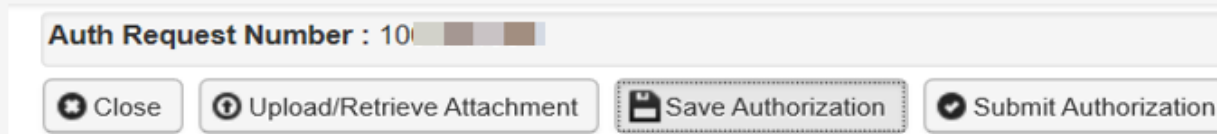
Home Health: Saving the Authorization Request (1 of 2)

1. Once all information is entered, scroll to the top of the page and select **Save Authorization**.



A screenshot of a web form for Home Health authorization. At the top, there is a text input field labeled 'Auth Request Number : 10' followed by four colored squares (green, yellow, red, and grey). Below this field are four buttons: 'Close' (with a star icon), 'Upload/Retrieve Attachment' (with a document icon), 'Save Authorization' (with a floppy disk icon and highlighted by a red rectangular box), and 'Submit Authorization' (with a checkmark icon).

Note: If any information is missing or invalid, an error message will display the reason below the **Close** through **Submit Authorization** buttons. Correct the error and select **Save Authorization**.



A screenshot of the same web form as above. The 'Auth Request Number' field is populated with '10' and the four colored squares. The 'Save Authorization' button is highlighted with a red rectangular box.

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

Note: The 9-digit authorization number will populate.



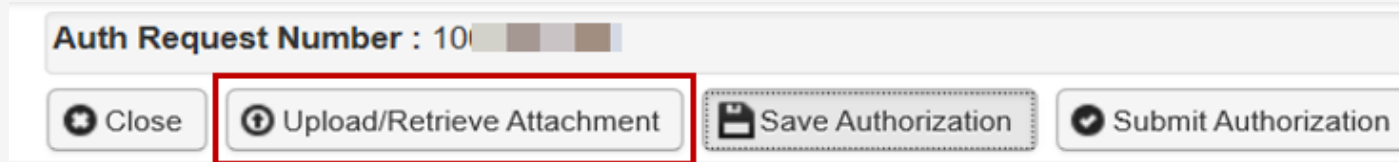
A screenshot of the web form. The 'Auth Request Number' field is highlighted with a red rectangular box. Below the field are the same four buttons: 'Close', 'Upload/Retrieve Attachment', 'Save Authorization', and 'Submit Authorization'.

Note: Home Health authorization requests need an attached treatment plan (Progress notes or Nurse Notes).

Home Health: Saving the Authorization Request (2 of 2)

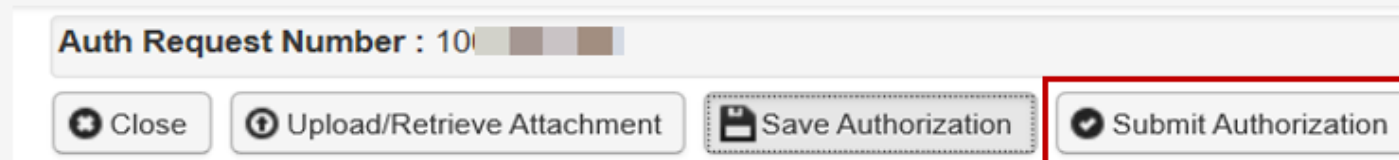
2. Select **Upload/Retrieve Attachment** to upload this and other supporting documentation.

Refer to the next slide for the **Upload** dialogue box explanation.



A screenshot of a software interface. At the top, there is a text field labeled 'Auth Request Number : 10' followed by a color-coded bar. Below this, there are four buttons: 'Close', 'Upload/Retrieve Attachment', 'Save Authorization', and 'Submit Authorization'. The 'Upload/Retrieve Attachment' button is highlighted with a red rectangular box.

3. When the attachments have been uploaded, select **Submit Authorization**.



A screenshot of the same software interface as above. The 'Submit Authorization' button is now highlighted with a red rectangular box, while the 'Upload/Retrieve Attachment' button is no longer highlighted.

Home Health: Uploading Attachments (1 of 4)

1. Select the document type to be uploaded from the **Document Type** drop-down list.

Attachment

Please select the file to be uploaded

Document Type : Auth Supporting Documents

Filename : Test.pdf

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

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

Attachment List

☐	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
☐	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
☐	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

View Page: Viewing Page: 1

Home Health: Uploading Attachments (2 of 4)

2. Select **Choose File** from the **Filename** field.

- Locate and select the file to upload from the local drive.
- Select **Open**. The system updates the **Filename** field.

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

Attachment

Please select the file to be uploaded

Document Type : Auth Supporting Documents

Filename : Choose File test.pdf

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

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

Ok Close

Attachment List

☐	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
☐	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
☐	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

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

First Prev Next Last

Home Health: Uploading Attachments (3 of 4)

3. Select **OK**. The Image ID (attachment) will display in the **Attachment List** section at the bottom of the window.

Attachment

Please select the file to be uploaded

Document Type : Auth Supporting Documents ▾

Filename : Choose File Test.pdf *

Please be sure the supporting documentation/attachments is for the treated claimant ONLY.
Please do not upload supporting documentation/attachments for any other claimant as this could potentially cause a denial of your authorization or an unintended disclosure of protected health information (PHI).
The acceptable file extensions for the upload are .tif,.tiff,.pdf.
Filename cannot be longer than 50 characters.

Ok Close

Attachment List

☐	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
☐	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
☐	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

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

Home Health: Uploading Attachments (4 of 4)

- Once all attachments are uploaded, select **Close** to return to the previous page to submit the authorization.

Attachment

Please select the file to be uploaded

Document Type : Auth Supporting Documents

Filename : Test.pdf

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

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

Attachment List

☐	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
☐	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
☐	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

View Page: Viewing Page: 1

Home Health: Submitting the Authorization Request

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



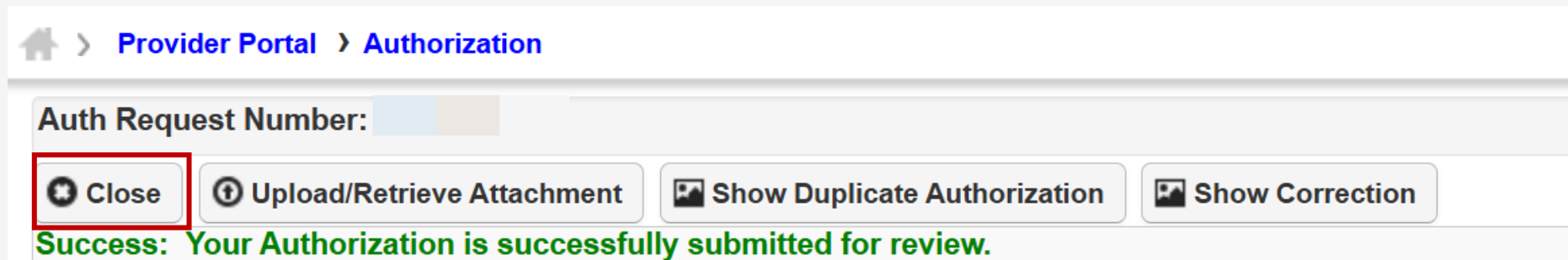
Home > Provider Portal > Authorization

Auth Request Number:

Info: NPI displayed on the authorization is derived from your Provider file. If the NPI is incorrect, please update NPI through the provider modification screen.

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

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



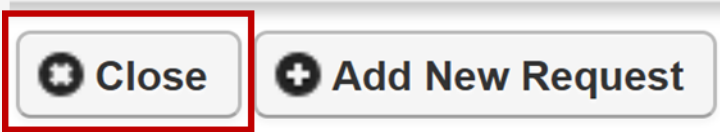
Home > Provider Portal > Authorization

Auth Request Number:

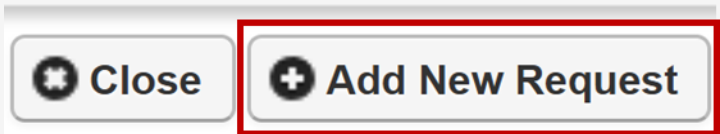
Success: Your Authorization is successfully submitted for review.

Home Health: Viewing Authorization Information

1. To return to the portal homepage, select **Close**.



2. To submit additional authorization requests, select **Add New Request**.



Note: This information is located on the **Authorization Request List** page.

Note: The system displays the Authorization Request with a Header Status of **"In Review"** as confirmation that the request was successfully submitted.

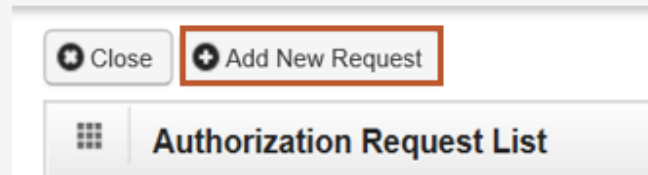
☐		Auth Request # ▲▼	Claimant Case ID ▲▼	Header Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Header From Date ▲▼	Header To Date ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
☐				In Review	Home Health	10/15/2025	10/15/2025	10/14/2025	10/14/2025	DFEC	Correction	DDE

Physical Therapy/Occupational Therapy (PT/OT)



PT/OT: Adding a New Authorization Request

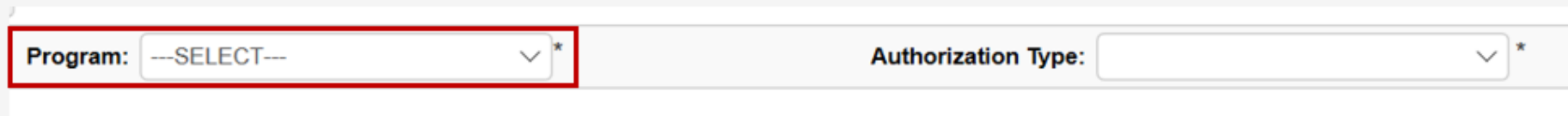
1. To submit a new authorization request, select **Add New Request**.



Close Add New Request

Authorization Request List

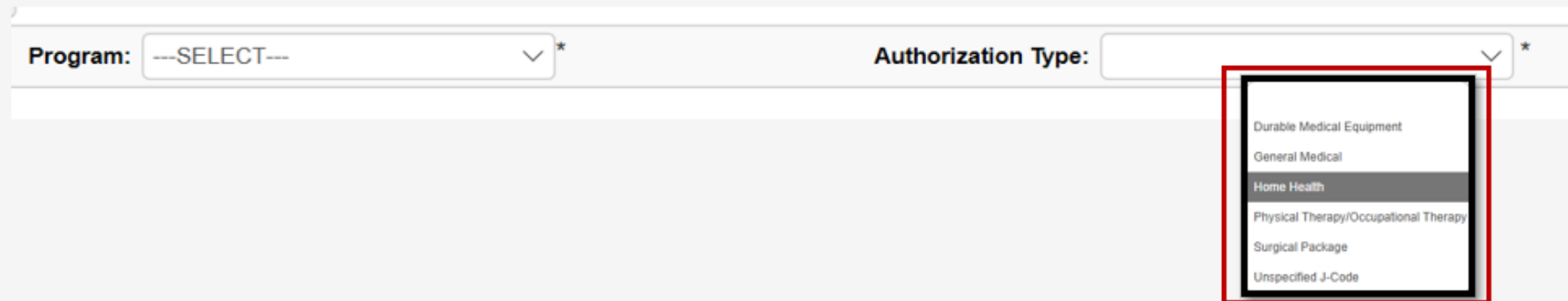
2. Select the DFEC program from the **Program** drop-down list.



Program: ---SELECT---*

Authorization Type: *

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



Program: ---SELECT---*

Authorization Type: *

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

PT/OT: Requestor and Claimant Information (1 of 2)

1. Enter the required **Requestor Information**, as denoted by an asterisk icon, for an "Initial Request."

Requestor Information

* ☒ Initial Request

Date Requested:

09/29/2025

*

Phone Number:

Requested By:

Claimant Information

Claimant's Case ID:

*

Date of Birth:

*

First Name:

*

Last Name:

*

Date of Injury:

*

PT/OT: Requestor and Claimant Information (2 of 2)

2. Enter the required Claimant Information, as denoted by an asterisk icon (**Claimant's Case ID, Date of Birth, First Name, Last Name, and Date of Injury**).

 - If the Claimant's Case ID is associated with the Program, the system will auto-populate the claimant information.
 - If the Claimant's Case ID is not associated with the Program, the system will display the alert "Claimant is not associated with the program." Select **OK** to close the window and enter a valid claimant case ID.

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

The screenshot displays a software interface with two main sections: 'Requestor Information' and 'Claimant Information'. The 'Requestor Information' section includes a radio button for 'Initial Request', a 'Date Requested' field with a calendar icon and an asterisk, a 'Phone Number' field, and a 'Requested By' field. The 'Claimant Information' section, which is highlighted with a red border, contains five required fields: 'Claimant's Case ID', 'Date of Birth', 'First Name', 'Last Name', and 'Date of Injury'. Each of these fields is marked with an asterisk to indicate it is required.

PT/OT: Entering Provider Information (1 of 2)

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

 **Provider Information** 

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

PT/OT: Entering Provider Information (2 of 2)

1. Select either **Yes** or **No** from the **Providing care for a family member** drop-down list.

The screenshot shows a form titled "Provider Information" with a grid icon on the left and an upward arrow on the right. The form contains several input fields: "OWCP Provider ID:", "Provider Name:", "OWCP National Provider Identifier:", "Tax ID (SSN/FEIN):", "Fax Number:", and "If Yes, please provide relationship to the claimant:". The dropdown menu for "Providing care for a family member?" is highlighted with a red box and shows a downward arrow and an asterisk.

2. If yes is selected in the **Providing care for a family member** drop-down list, provide the relationship to the claimant. *This step is required when Yes is selected.*

Note: Entering the Fax # is optional.

The screenshot shows the same "Provider Information" form. In this view, the "If Yes, please provide relationship to the claimant:" text input field is highlighted with a red box. The "Providing care for a family member?" dropdown is still visible but not highlighted.

PT/OT: Entering Service Line Information (1 of 15)

Enter the Required Service Line Information

1. Enter specific body part to be treated.

Therapy Plan Information

Specific Body Part to be treated: *

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

Is the requested therapy related to post-operative treatment within 60 days after surgery?: *

Add New Line

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

Remarks:

PT/OT: Entering Service Line Information (2 of 15)

- Enter up to four Diagnosis (DX) Codes.

Therapy Plan Information

Specific Body Part to be treated: *

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

Is the requested therapy related to post-operative treatment within 60 days after surgery?: *

Add New Line

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

Remarks:

PT/OT: Entering Service Line Information (3 of 15)

3. To identify if this therapy is related to a post-op treatment within 60 days of a surgery, select either **Yes** or **No**.

Note: Five service lines display.

Therapy Plan Information

Specific Body Part to be treated: *

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

Is the requested therapy related to post-operative treatment within 60 days after surgery? *

Add New Line

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

Remarks:

PT/OT: Entering Service Line Information (4 of 15)

4. To add a service line, select **Add New Line** above the date fields.

Therapy Plan Information

Specific Body Part to be treated:

Diagnosis Codes: A: B: C: D:

Is the requested therapy related to post-operative treatment within 60 days after surgery?:

Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	# Of Units Per Procedure/Visit	Frequency	Duration	Total Units Requested	Action
			A	B	C	D									
1			☐	☐	☐	☐									⊖
2			☐	☐	☐	☐									⊖
3			☐	☐	☐	☐									⊖
4			☐	☐	☐	☐									⊖
5			☐	☐	☐	☐									⊖

Remarks:

PT/OT: Entering Service Line Information (5 of 15)

5. Enter the **From Date** and **To Date** fields for each line.

Therapy Plan Information

Specific Body Part to be treated: *

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

Is the requested therapy related to post-operative treatment within 60 days after surgery?: *

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	# Of Units Per Procedure/Visit	Frequency	Duration	Total Units Requested	Action
			A	B	C	D									
1	*	*	☐	☐	☐	☐	*	*			*	*	*	*	⊖
2	*	*	☐	☐	☐	☐	*	*			*	*	*	*	⊖
3	*	*	☐	☐	☐	☐	*	*			*	*	*	*	⊖
4	*	*	☐	☐	☐	☐	*	*			*	*	*	*	⊖
5	*	*	☐	☐	☐	☐	*	*			*	*	*	*	⊖

Remarks:

PT/OT: Entering Service Line Information (6 of 15)

6. Select the alpha character that represents the DX from the **Diagnosis Codes** field to which to point to.

Note: *One alpha character is required*, but providers can select multiple alpha characters.

Therapy Plan Information

Specific Body Part to be treated:

Diagnosis Codes: A: B: C: D:

Is the requested therapy related to post-operative treatment within 60 days after surgery?:

Add New Line

	From Date	To Date	Diagnosis Pointer	Code Type	Procedure Code	Modifier	Body Part Modifier	# Of Units Per Procedure/Visit	Frequency	Duration	Total Units Requested	Action
			A B C D									
1			☐ ☐ ☐ ☐									⊖
2			☐ ☐ ☐ ☐									⊖
3			☐ ☐ ☐ ☐									⊖
4			☐ ☐ ☐ ☐									⊖
5			☐ ☐ ☐ ☐									⊖

Remarks:

PT/OT: Entering Service Line Information (7 of 15)

7. Select the code type from the **Code Type** drop-down list.

Therapy Plan Information

Specific Body Part to be treated: *

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

Is the requested therapy related to post-operative treatment within 60 days after surgery?: *

+ Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	# Of Units Per Procedure/Visit	Frequency	Duration	Total Units Requested	Action
			A	B	C	D									
1	*	*	☐	☐	☐	☐	*	*			*	*	*	*	
2	*	*	☐	☐	☐	☐	*	*			*	*	*	*	
3	*	*	☐	☐	☐	☐	*	*			*	*	*	*	
4	*	*	☐	☐	☐	☐	*	*			*	*	*	*	
5	*	*	☐	☐	☐	☐	*	*			*	*	*	*	

Remarks:

PT/OT: Entering Service Line Information (8 of 15)

8. Enter the procedure code (HCPCS or CPT).

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

Therapy Plan Information

Specific Body Part to be treated:

Diagnosis Codes: A: B: C: D:

Is the requested therapy related to post-operative treatment within 60 days after surgery?:

Add New Line

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

Remarks:

PT/OT: Entering Service Line Information (9 of 15)

9. Enter the procedure code modifier (*optional*).

Note: The **Body Part Modifier** field is optional and no longer required.

Therapy Plan Information

Specific Body Part to be treated: *

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

Is the requested therapy related to post-operative treatment within 60 days after surgery?: *

Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	# Of Units Per Procedure/Visit	Frequency	Duration	Total Units Requested	Action	
			A	B	C	D										
1	*	*	☐	☐	☐	☐										
2	*	*	☐	☐	☐	☐										
3	*	*	☐	☐	☐	☐										
4	*	*	☐	☐	☐	☐										
5	*	*	☐	☐	☐	☐										

Remarks:

PT/OT: Entering Service Line Information (10 of 15)

Note: Within the **Body Part Modifier** field, the provider selects either RT for right side, LT for left side, or modifier 50 if the body part does not have a side modifier or they are treating for both sides. All three options are listed.

10. Enter the number of units per procedure (1 Unit = 15 minutes).

Therapy Plan Information

Specific Body Part to be treated: *

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

Is the requested therapy related to post-operative treatment within 60 days after surgery?: *

Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	# Of Units Per Procedure/Visit	Frequency	Duration	Total Units Requested	Action
			A	B	C	D									
1	*	*	☐	☐	☐	☐	*	*			*	*	*	*	
2	*	*	☐	☐	☐	☐	*	*			*	*	*	*	
3	*	*	☐	☐	☐	☐	*	*			*	*	*	*	
4	*	*	☐	☐	☐	☐	*	*			*	*	*	*	
5	*	*	☐	☐	☐	☐	*	*			*	*	*	*	

Remarks:

PT/OT: Entering Service Line Information (11 of 15)

11. Enter the number of times the provider will see the claimant a week in the **Frequency** field.

Therapy Plan Information

Specific Body Part to be treated: *

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

Is the requested therapy related to post-operative treatment within 60 days after surgery?: *

Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	# Of Units Per Procedure/Visit	Frequency	Duration	Total Units Requested	Action
			A	B	C	D									
1	*	*	☐	☐	☐	☐	*	*			*	*	*	*	
2	*	*	☐	☐	☐	☐	*	*			*	*	*	*	
3	*	*	☐	☐	☐	☐	*	*			*	*	*	*	
4	*	*	☐	☐	☐	☐	*	*			*	*	*	*	
5	*	*	☐	☐	☐	☐	*	*			*	*	*	*	

Remarks:

PT/OT: Entering Service Line Information (12 of 15)

12. Enter the number of weeks the provider will see the claimant in the **Duration** field.

Therapy Plan Information

Specific Body Part to be treated: *

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

Is the requested therapy related to post-operative treatment within 60 days after surgery?: *

+ Add New Line

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

Remarks:

PT/OT: Entering Service Line Information (13 of 15)

13. Complete the **Total Units Requested** field (Frequency x Duration = Total Units Requested).

Therapy Plan Information

Specific Body Part to be treated: *

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

Is the requested therapy related to post-operative treatment within 60 days after surgery?: *

+ Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	# Of Units Per Procedure/Visit	Frequency	Duration	Total Units Requested	Action
			A	B	C	D									
1	*	*	☐	☐	☐	☐	*	*			*	*	*	*	
2	*	*	☐	☐	☐	☐	*	*			*	*	*	*	
3	*	*	☐	☐	☐	☐	*	*			*	*	*	*	
4	*	*	☐	☐	☐	☐	*	*			*	*	*	*	
5	*	*	☐	☐	☐	☐	*	*			*	*	*	*	

Remarks:

PT/OT: Entering Service Line Information (14 of 15)

14. If necessary, to remove a service line, select the corresponding minus icon under the **Action** column.

Therapy Plan Information

Specific Body Part to be treated: *

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

Is the requested therapy related to post-operative treatment within 60 days after surgery?: *

+ Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	# Of Units Per Procedure/Visit	Frequency	Duration	Total Units Requested	Action
			A	B	C	D									
1	*	*	☐	☐	☐	☐	▼ *	*		▼	*	*	*	*	
2	*	*	☐	☐	☐	☐	▼ *	*		▼	*	*	*	*	
3	*	*	☐	☐	☐	☐	▼ *	*		▼	*	*	*	*	
4	*	*	☐	☐	☐	☐	▼ *	*		▼	*	*	*	*	
5	*	*	☐	☐	☐	☐	▼ *	*		▼	*	*	*	*	

Remarks:

PT/OT: Entering Service Line Information (15 of 15)

15. Enter added notes or remarks in the **Remarks** field located at the bottom of the page.

Therapy Plan Information

Specific Body Part to be treated: *

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

Is the requested therapy related to post-operative treatment within 60 days after surgery?: *

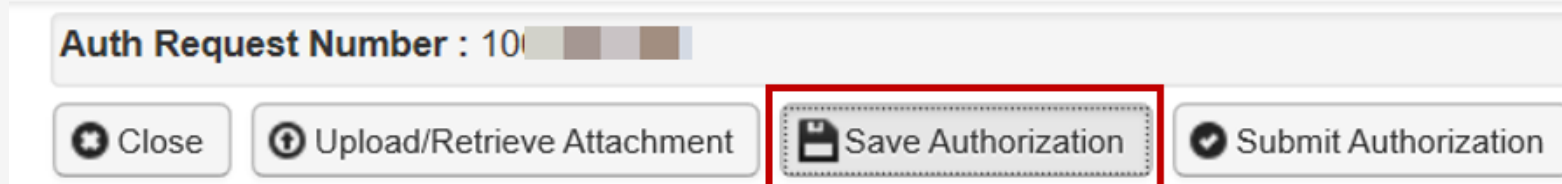
+ Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	# Of Units Per Procedure/Visit	Frequency	Duration	Total Units Requested	Action
			A	B	C	D									
1	*	*	☐	☐	☐	☐	*	*			*	*	*	*	
2	*	*	☐	☐	☐	☐	*	*			*	*	*	*	
3	*	*	☐	☐	☐	☐	*	*			*	*	*	*	
4	*	*	☐	☐	☐	☐	*	*			*	*	*	*	
5	*	*	☐	☐	☐	☐	*	*			*	*	*	*	

Remarks:

PT/OT: Save the Authorization Request (1 of 2)

1. When all the information has been entered, scroll to the top of the page and select **Save Authorization**.



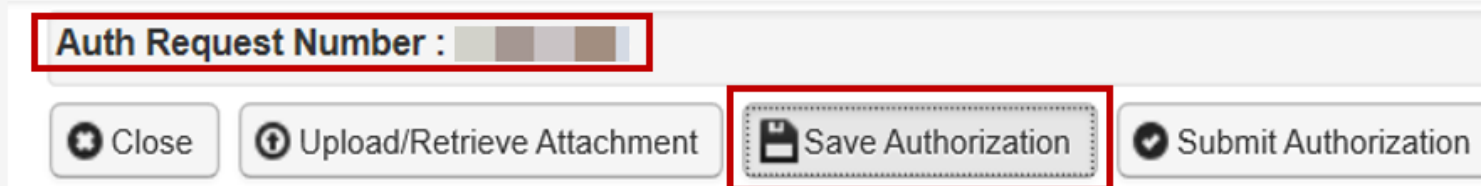
A screenshot of a web form for saving an authorization request. At the top, there is a text field labeled 'Auth Request Number : 10' followed by a color-coded bar. Below this, there are four buttons: 'Close' (with a star icon), 'Upload/Retrieve Attachment' (with an upload icon), 'Save Authorization' (with a floppy disk icon and a red border), and 'Submit Authorization' (with a checkmark icon).

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



A screenshot of the same web form as above, but with an error message displayed. The 'Auth Request Number' field is still at the top. Below the buttons, a red-bordered box contains the text 'Errors: CPT Code is not valid in Service Line # 1'. The 'Save Authorization' button remains highlighted with a red box.

Note: The 9-digit authorization number will populate.



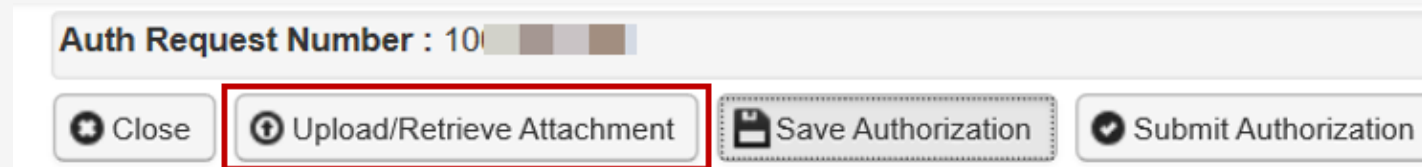
A screenshot of the web form showing the 'Auth Request Number' field now populated with a 9-digit number. The field is highlighted with a red box. The 'Save Authorization' button is also highlighted with a red box. The other buttons and the error message box are no longer visible.

Note: Physical Therapy and Occupational Therapy authorizations require a prescription and treatment plan.

PT/OT: Save the Authorization Request (2 of 2)

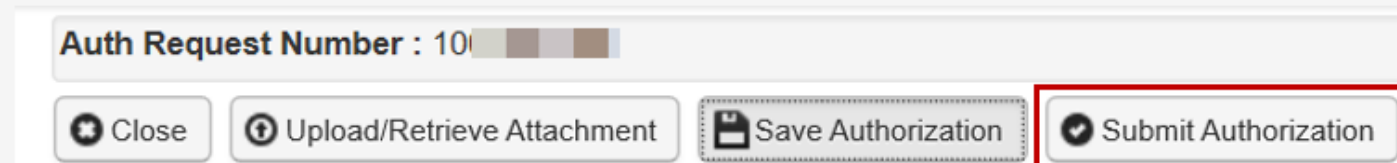
2. Select **Upload/Retrieve Attachment** to upload this and other supporting documentation.

Refer to the next slide for the **Upload** dialogue box explanation.



A screenshot of a web interface for PT/OT authorization. At the top, there is a text field labeled "Auth Request Number : 10" followed by a color-coded bar. Below this, there are four buttons: "Close" (with a star icon), "Upload/Retrieve Attachment" (with an information icon and highlighted by a red box), "Save Authorization" (with a floppy disk icon), and "Submit Authorization" (with a checkmark icon).

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



A screenshot of the same web interface as above. The "Submit Authorization" button, which features a checkmark icon, is now highlighted with a red box. The other elements, including the "Auth Request Number" field and the "Upload/Retrieve Attachment" button, remain unchanged.

PT/OT: Uploading Attachments (1 of 4)

1. Select the document type to be uploaded from the **Document Type** drop-down list.

Attachment

Please select the file to be uploaded

Document Type : Auth Supporting Documents ▾*

Filename : Test.pdf *

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

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

Attachment List

☐	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
☐	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
☐	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

View Page: Viewing Page: 1

PT/OT: Uploading Attachments (2 of 4)

2. Select **Choose File** from the **Filename** field.

- Locate and select the file to upload from the local drive.
- Select **Open**. The system updates the **Filename** field.

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

Attachment

Please select the file to be uploaded

Document Type : Auth Supporting Documents

Filename : Choose File test.pdf

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

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

Ok Close

Attachment List

	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
☐	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
☐	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

Delete

View Page: 1

Go

Page Count

SaveToCSV

Viewing Page: 1

First

Prev

Next

Last

PT/OT: Uploading Attachments (3 of 4)

3. Select **OK**. The Image ID (attachment) will display in the **Attachment List** section at the bottom of the window.

Attachment

Please select the file to be uploaded

Document Type : Auth Supporting Documents

Filename : Choose File Test.pdf

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

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

Ok Close

Attachment List

☐	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
☐	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
☐	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

Delete View Page: 1 Go Page Count Save To CSV Viewing Page: 1 First Prev Next Last

PT/OT: Uploading Attachments (4 of 4)

- Once all attachments are uploaded, select **Close** to return to the previous page to submit the authorization.

Attachment

Please select the file to be uploaded

Document Type : Auth Supporting Documents

Filename : Choose File Test.pdf

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

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

Ok Close

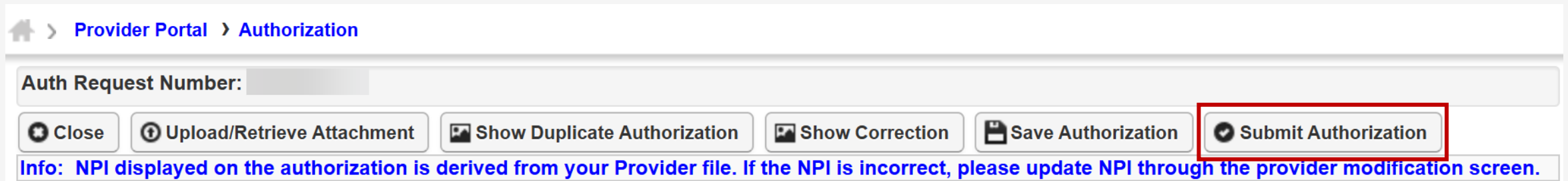
Attachment List

	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
☐	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
☐	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

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

PT/OT: Submitting the Authorization Request

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



Home > Provider Portal > Authorization

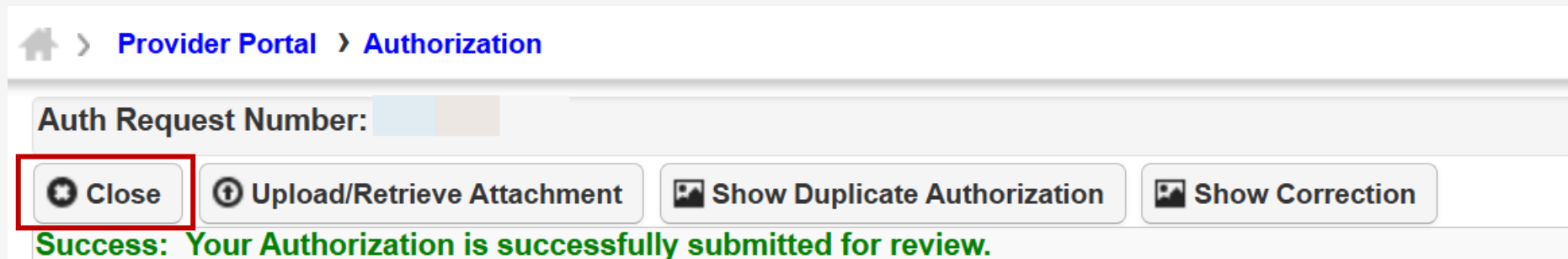
Auth Request Number:

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

Info: NPI displayed on the authorization is derived from your Provider file. If the NPI is incorrect, please update NPI through the provider modification screen.

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

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



Home > Provider Portal > Authorization

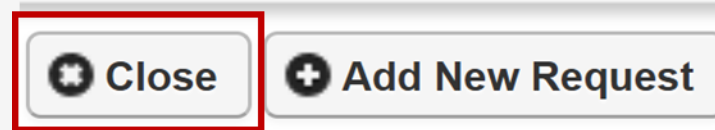
Auth Request Number:

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

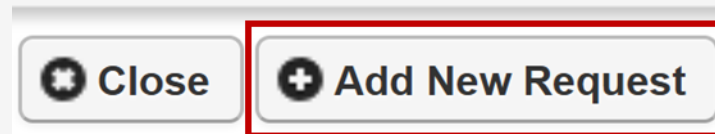
Success: Your Authorization is successfully submitted for review.

PT/OT: Viewing Authorization Information

1. To return to the portal homepage, select **Close**.



2. To submit additional authorization requests, select **Add New Request**.



Note: This information is located on the **Authorization Request List** page.

Note: The system displays the Authorization Request with a Header Status of **"In Review"** as confirmation that the request was successfully submitted.

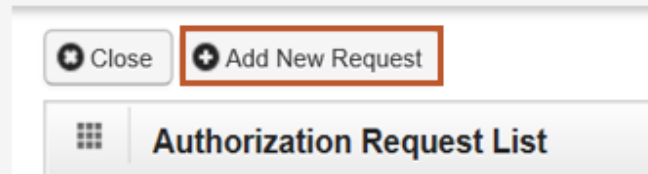
☐	Auth Request # ▲▼	Claimant Case ID ▲▼	Header Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Header From Date ▲▼	Header To Date ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
☐			In Review	Physical Therapy/Occupational Therapy	10/21/2025	10/21/2025	09/18/2025	09/18/2025	DFEC	Initial Request	DDE

Surgical Package



Surgical Package: Adding a New Authorization Request

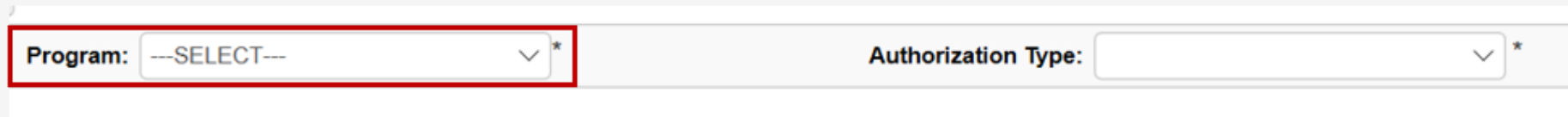
1. To submit a new authorization request, select **Add New Request**.



Close Add New Request

Authorization Request List

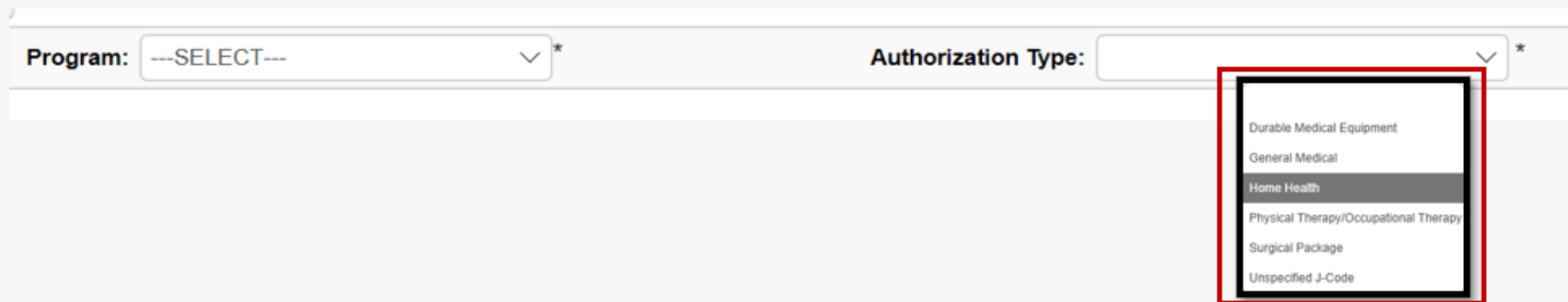
2. Select the DFEC program from the **Program** drop-down list.



Program: --SELECT-- *

Authorization Type: *

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



Program: --SELECT-- *

Authorization Type: *

- 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 of 2)

1. Enter the required **Requestor Information**, as denoted by an asterisk icon, for an "Initial Request".

Requestor Information

☒ Initial Request

Date Requested:

09/29/2025

*

Requested By:

Phone Number:

Claimant Information

Claimant's Case ID:

*

Date of Birth:

*

First Name:

*

Last Name:

*

Date of Injury:

*

Surgical Package: Requestor and Claimant Information (2 of 2)

2. Enter the required **Claimant Information**, as denoted by an asterisk icon (**Claimant's Case ID**, **Date of Birth**, **First Name**, **Last Name**, and **Date of Injury**).
- If the Claimant's Case ID is associated with the Program, the system will auto-populate the claimant information.
 - If the Claimant's Case ID is not associated with the Program, the system will display the alert "Claimant is not associated with the program." Select **OK** to close the window and enter a valid claimant case ID.

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

Requestor Information

* ☒ Initial Request

Date Requested: 09/29/2025 *

Phone Number:

Requested By:

Claimant Information

Claimant's Case ID: *

First Name: *

Date of Birth: *

Last Name: *

Date of Injury: *

Surgical Package: Provider Information (1 of 2)

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

 **Provider Information** 

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

Surgical Package: Provider Information (2 of 2)

2. Select either **Yes** or **No** from the **Providing care for a family member** drop-down list.

Provider Information

OWCP Provider ID:

Tax ID (SSN/FEIN):

Provider Name:

Fax Number:

Providing care for a family member?:

▼

*

If Yes, please provide relationship to the claimant:

OWCP National Provider Identifier:

3. If yes is selected in the **Providing care for a family member** drop-down list, provide the relationship to the claimant. *This step is required when Yes is selected.*

Note: Entering the Fax # is optional.

Provider Information

OWCP Provider ID:

Tax ID (SSN/FEIN):

Provider Name:

Fax Number:

Providing care for a family member?:

▼

*

If Yes, please provide relationship to the claimant:

OWCP National Provider Identifier:

Surgical Package: Surgery Information (1 of 2)

1. In the **Date of Surgery** field, enter the date of the surgery.

Surgery Information

Date of Surgery:

☐ 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.

Refer to below link for the list of procedure codes that can be performed at ASC. Navigate to the year based on the date of service to view or download the list <https://www.dol.gov/owcp/regs/feeschedule/accept.htm>
Check the location/professional requiring authorization for this surgery, to include the Surgeon submitting this form

SELECT PROFESSIONAL	PROFESSIONAL AT SURGERY
☒	Facility
☒	Surgeon
☒	Co-Surgeon
☒	Asst Surgeon
☒	Anesthesiologist
☒	CRNA
☒	Physicians Asst

Surgical Package: Surgery Information (2 of 2)

2. Select the appropriate site where the surgery is being performed. All Professional Types will be selected by default.

Surgery Information

Date of Surgery: 

☐ 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.

Refer to below link for the list of procedure codes that can be performed at ASC. Navigate to the year based on the date of service to view or download the list <https://www.dol.gov/owcp/regs/feeschedule/accept.htm>

Check the location/professional requiring authorization for this surgery, to include the Surgeon submitting this form

SELECT PROFESSIONAL	PROFESSIONAL AT SURGERY
☒	Facility
☒	Surgeon
☒	Co-Surgeon
☒	Asst Surgeon
☒	Anesthesiologist
☒	CRNA
☒	Physicians Asst

Surgical Package: Entering Service Line Information (1 of 14)

Enter the Required Service Line Information

1. Enter the specific body part to be treated.

Service Line Information

Specific Body Part to be treated:

Diagnosis Codes: A: B: C: D:

Has this surgery been performed previously on the same anatomical site?:

Will this claimant require Home Health Services after surgery?:

Will this claimant require Physical/Occupational Therapy Services after surgery?:

Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	Units/Days Requested	Action
			A	B	C	D						
1			☐	☐	☐	☐						
2			☐	☐	☐	☐						
3			☐	☐	☐	☐						
4			☐	☐	☐	☐						
5			☐	☐	☐	☐						

Remarks:

Surgical Package: Entering Service Line Information (2 of 14)

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

Service Line Information

Specific Body Part to be treated:

*

Diagnosis Codes: A:

*

B:

*

C:

*

D:

*

Has this surgery been performed previously on the same anatomical site?:

*

Will this claimant require Home Health Services after surgery?:

*

Will this claimant require Physical/Occupational Therapy Services after surgery?:

*

+

Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	Units/Days Requested	Action
			A	B	C	D						
1	*	*	☐	☐	☐	☐	*	*		*	*	
2	*	*	☐	☐	☐	☐	*	*		*	*	
3	*	*	☐	☐	☐	☐	*	*		*	*	
4	*	*	☐	☐	☐	☐	*	*		*	*	
5	*	*	☐	☐	☐	☐	*	*		*	*	

Remarks:

Surgical Package: Entering Service Line Information (3 of 14)

3. To identify if this surgery been performed on the same anatomical site (Part of the body), select either **Yes** or **No**.

Service Line Information

Specific Body Part to be treated: *

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

Has this surgery been performed previously on the same anatomical site?: *

Will this claimant require Home Health Services after surgery?: *

Will this claimant require Physical/Occupational Therapy Services after surgery?: *

Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	Units/Days Requested	Action
			A	B	C	D						
1			☐	☐	☐	☐						
2			☐	☐	☐	☐						
3			☐	☐	☐	☐						
4			☐	☐	☐	☐						
5			☐	☐	☐	☐						

Remarks:

Surgical Package: Entering Service Line Information (4 of 14)

4. To identify if Home Health will be required after surgery, select either **Yes** or **No**.

Service Line Information

Specific Body Part to be treated: *

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

Has this surgery been performed previously on the same anatomical site?: *

Will this claimant require Home Health Services after surgery?: *

Will this claimant require Physical/Occupational Therapy Services after surgery?: *

Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	Units/Days Requested	Action
			A	B	C	D						
1	*	*	☐	☐	☐	☐	*	*			*	⊖
2	*	*	☐	☐	☐	☐	*	*			*	⊖
3	*	*	☐	☐	☐	☐	*	*			*	⊖
4	*	*	☐	☐	☐	☐	*	*			*	⊖
5	*	*	☐	☐	☐	☐	*	*			*	⊖

Remarks:

Surgical Package: Entering Service Line Information (5 of 14)

5. To identify if PT or OT will be required after surgery, select either **Yes** or **No**.

Note: Five service lines display.

Service Line Information

Specific Body Part to be treated:

Diagnosis Codes: A: B: C: D:

Has this surgery been performed previously on the same anatomical site?:

Will this claimant require Home Health Services after surgery?:

Will this claimant require Physical/Occupational Therapy Services after surgery?:

Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	Units/Days Requested	Action
			A	B	C	D						
1			☐	☐	☐	☐						
2			☐	☐	☐	☐						
3			☐	☐	☐	☐						
4			☐	☐	☐	☐						
5			☐	☐	☐	☐						

Remarks:

Surgical Package: Entering Service Line Information (6 of 14)

6. To add a service line, select **Add New Line** above the date fields.

Service Line Information

Specific Body Part to be treated: *

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

Has this surgery been performed previously on the same anatomical site?: *

Will this claimant require Home Health Services after surgery?: *

Will this claimant require Physical/Occupational Therapy Services after surgery?: *

Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	Units/Days Requested	Action
			A	B	C	D						
1	*	*	☐	☐	☐	☐	*	*			*	⊖
2	*	*	☐	☐	☐	☐	*	*			*	⊖
3	*	*	☐	☐	☐	☐	*	*			*	⊖
4	*	*	☐	☐	☐	☐	*	*			*	⊖
5	*	*	☐	☐	☐	☐	*	*			*	⊖

Remarks:

Surgical Package: Entering Service Line Information (7 of 14)

7. Enter the **From Date** and **To Date** fields for each line.

Service Line Information

Specific Body Part to be treated: *

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

Has this surgery been performed previously on the same anatomical site?: *

Will this claimant require Home Health Services after surgery?: *

Will this claimant require Physical/Occupational Therapy Services after surgery?: *

Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	Units/Days Requested	Action
			A	B	C	D						
1	*	*	☐	☐	☐	☐	*	*			*	⊖
2	*	*	☐	☐	☐	☐	*	*			*	⊖
3	*	*	☐	☐	☐	☐	*	*			*	⊖
4	*	*	☐	☐	☐	☐	*	*			*	⊖
5	*	*	☐	☐	☐	☐	*	*			*	⊖

Remarks:

Surgical Package: Entering Service Line Information (8 of 14)

8. Select the alpha character that represents the DX from the **Diagnosis Codes** field to which to point to.

Note: *One alpha character is required*, but providers can select multiple alpha characters.

Service Line Information

Specific Body Part to be treated: *

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

Has this surgery been performed previously on the same anatomical site?: *

Will this claimant require Home Health Services after surgery?: *

Will this claimant require Physical/Occupational Therapy Services after surgery?: *

Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	Units/Days Requested	Action
			A	B	C	D						
1			☐	☐	☐	☐						
2			☐	☐	☐	☐						
3			☐	☐	☐	☐						
4			☐	☐	☐	☐						
5			☐	☐	☐	☐						

Remarks:

Surgical Package: Entering Service Line Information (9 of 14)

9. Select the code type from the **Code Type** drop-down list.

Service Line Information

Specific Body Part to be treated: *

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

Has this surgery been performed previously on the same anatomical site?: *

Will this claimant require Home Health Services after surgery?: *

Will this claimant require Physical/Occupational Therapy Services after surgery?: *

[+ Add New Line](#)

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	Units/Days Requested	Action
			A	B	C	D						
1	*	*	☐	☐	☐	☐	*	*			*	⊖
2	*	*	☐	☐	☐	☐	*	*			*	⊖
3	*	*	☐	☐	☐	☐	*	*			*	⊖
4	*	*	☐	☐	☐	☐	*	*			*	⊖
5	*	*	☐	☐	☐	☐	*	*			*	⊖

Remarks:

Surgical Package: Entering Service Line Information (10 of 14)

10. Enter the procedure code (HCPCS or CPT).

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

Service Line Information

Specific Body Part to be treated:

Diagnosis Codes: A: B: C: D:

Has this surgery been performed previously on the same anatomical site?:

Will this claimant require Home Health Services after surgery?:

Will this claimant require Physical/Occupational Therapy Services after surgery?:

Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	Units/Days Requested	Action
			A	B	C	D						
1			☐	☐	☐	☐						
2			☐	☐	☐	☐						
3			☐	☐	☐	☐						
4			☐	☐	☐	☐						
5			☐	☐	☐	☐						

Remarks:

Surgical Package: Entering Service Line Information (11 of 14)

11. Enter procedure code modifier.

Note: The **Body Part Modifier** field is optional and no longer required.

Note: Within the **Body Part Modifier** field, the provider selects either RT for right side, LT for left side, or modifier 50 if the body part does not have a side modifier or they are treating for both sides. All three options are listed.

Service Line Information

Specific Body Part to be treated: *

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

Has this surgery been performed previously on the same anatomical site?: *

Will this claimant require Home Health Services after surgery?: *

Will this claimant require Physical/Occupational Therapy Services after surgery?: *

Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	Units/Days Requested	Action
			A	B	C	D						
1	*	*	☐	☐	☐	☐	*	*			*	⊖
2	*	*	☐	☐	☐	☐	*	*			*	⊖
3	*	*	☐	☐	☐	☐	*	*			*	⊖
4	*	*	☐	☐	☐	☐	*	*			*	⊖
5	*	*	☐	☐	☐	☐	*	*			*	⊖

Remarks:

Surgical Package: Entering Service Line Information (12 of 14)

12. Enter the number of units being requested.

Service Line Information

Specific Body Part to be treated: *

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

Has this surgery been performed previously on the same anatomical site?: *

Will this claimant require Home Health Services after surgery?: *

Will this claimant require Physical/Occupational Therapy Services after surgery?: *

Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	Units/Days Requested	Action
			A	B	C	D						
1	*	*	☐	☐	☐	☐	*	*			*	⊖
2	*	*	☐	☐	☐	☐	*	*			*	⊖
3	*	*	☐	☐	☐	☐	*	*			*	⊖
4	*	*	☐	☐	☐	☐	*	*			*	⊖
5	*	*	☐	☐	☐	☐	*	*			*	⊖

Remarks:

Surgical Package: Entering Service Line Information (13 of 14)

13. To remove a service line, select the corresponding plus icon under the **Action** column.

Service Line Information

Specific Body Part to be treated:

Diagnosis Codes: A: B: C: D:

Has this surgery been performed previously on the same anatomical site?:

Will this claimant require Home Health Services after surgery?:

Will this claimant require Physical/Occupational Therapy Services after surgery?:

Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	Units/Days Requested	Action
			A	B	C	D						
1			☐	☐	☐	☐						
2			☐	☐	☐	☐						
3			☐	☐	☐	☐						
4			☐	☐	☐	☐						
5			☐	☐	☐	☐						

Remarks:

Surgical Package: Entering Service Line Information (14 of 14)

14. Enter any added notes or remarks in the **Remarks** field, located at the bottom of the page.

Service Line Information

Specific Body Part to be treated: *

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

Has this surgery been performed previously on the same anatomical site?: *

Will this claimant require Home Health Services after surgery?: *

Will this claimant require Physical/Occupational Therapy Services after surgery?: *

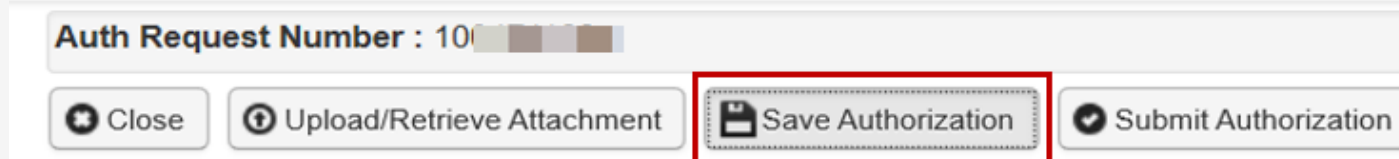
Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	Units/Days Requested	Action
			A	B	C	D						
1			☐	☐	☐	☐						
2			☐	☐	☐	☐						
3			☐	☐	☐	☐						
4			☐	☐	☐	☐						
5			☐	☐	☐	☐						

Remarks:

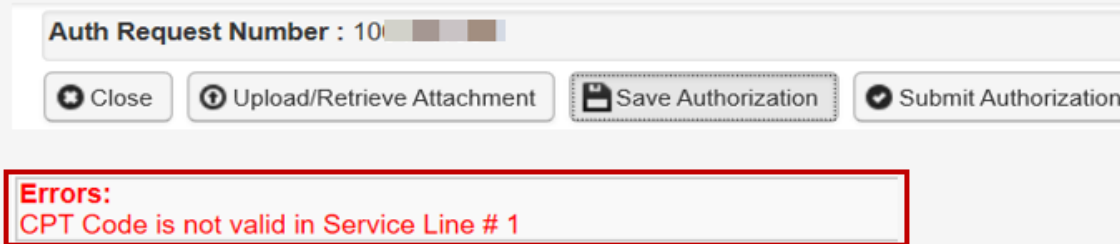
Surgical Package: Save Authorization (1 of 2)

1. Once all information is entered, scroll to the top of the page and select **Save Authorization**.



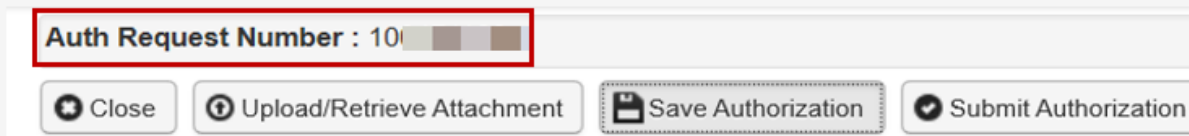
A screenshot of a web form. At the top, there is a text input field labeled 'Auth Request Number : 10' followed by a masked input field. Below this, there are four buttons: 'Close', 'Upload/Retrieve Attachment', 'Save Authorization', and 'Submit Authorization'. The 'Save Authorization' button, which features a floppy disk icon, is highlighted with a red rectangular box.

Note: If any information is missing or invalid, an error message will populate below the **Close** through **Submit Authorization** buttons. Correct the error and select **Save Authorization**.



A screenshot of the same web form as above. Below the row of buttons, an error message is displayed within a red-bordered box. The message reads: 'Errors: CPT Code is not valid in Service Line # 1'.

Note: The 9-digit authorization number will populate.



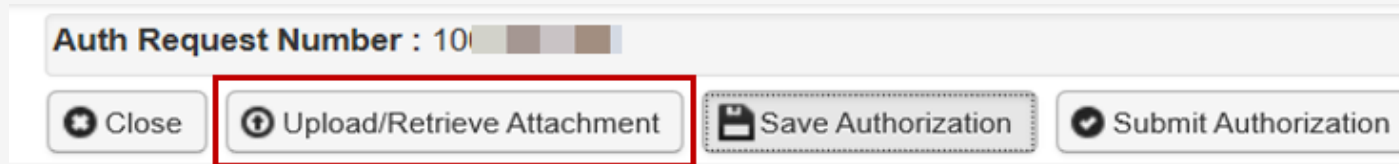
A screenshot of the web form. The 'Auth Request Number : 10' text input field is highlighted with a red rectangular box. The buttons below remain the same.

Note: Surgical Package does not require any attachments.

Surgical Package: Save Authorization (2 of 2)

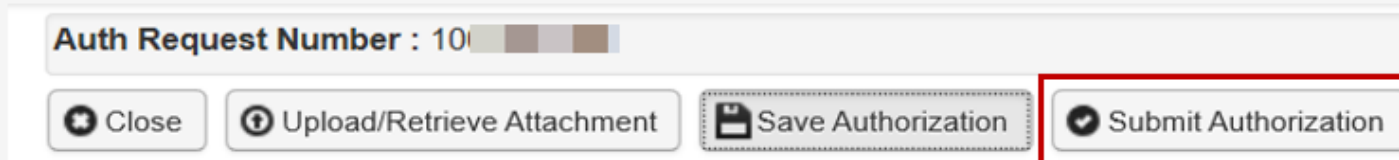
2. Select **Upload/Retrieve Attachment** to upload any supporting documentation.

Refer to the next slide for the **Upload** dialogue box explanation.



A screenshot of a web interface showing a dialog box titled "Auth Request Number : 10". Below the title bar, there are four buttons: "Close", "Upload/Retrieve Attachment", "Save Authorization", and "Submit Authorization". The "Upload/Retrieve Attachment" button is highlighted with a red rectangular border.

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



A screenshot of the same web interface dialog box titled "Auth Request Number : 10". In this state, the "Submit Authorization" button is highlighted with a red rectangular border.

Surgical Package: Uploading Attachments (1 of 4)

1. Select the document type to be uploaded from the **Document Type** drop-down list. Uploading documentation is optional.

Attachment

Please select the file to be uploaded

Document Type : Auth Supporting Documents

Filename : Test.pdf

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

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

Attachment List

☐	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
☐	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
☐	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

View Page: Viewing Page: 1

Surgical Package: Uploading Attachments (2 of 4)

2. Select **Choose File** from the **Filename** field.
 - Locate and select the file to upload from the local drive.
 - Select **Open**. The system updates the **Filename** field.

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

Attachment

Please select the file to be uploaded

Document Type : Auth Supporting Documents

Filename : Choose File test.pdf

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

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

Ok Close

Attachment List

	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
☐	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
☐	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

Delete

View Page: 1

Go

Page Count

SaveToCSV

Viewing Page: 1

First

Prev

Next

Last

Surgical Package: Uploading Attachments (3 of 4)

3. Select **OK**. The Image ID (attachment) will display in the **Attachment List** section at the bottom of the window.

The screenshot displays a web application interface for uploading attachments. The top section, titled "Attachment", contains a form for selecting a file. It includes a "Document Type" dropdown menu set to "Auth Supporting Documents" and a "Filename" field with a "Choose File" button and the text "Test.pdf". Below the form, there are two lines of red text: "Please be sure the supporting documentation/attachments is for the treated claimant ONLY. Please do not upload supporting documentation/attachments for any other claimant as this could potentially cause a denial of your authorization or an unintended disclosure of protected health information (PHI)." and "The acceptable file extensions for the upload are .tif,.tiff,.pdf. Filename cannot be longer than 50 characters." At the bottom right of this section are "Ok" and "Close" buttons, with the "Ok" button highlighted by a red rectangle.

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

☐	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
☐	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
☐	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

Below the table, there is a "Delete" button, a "View Page: 1" field, a "Go" button, a "Page Count" button, a "SaveToCSV" button, and a "Viewing Page: 1" field. At the bottom right, there are navigation buttons: "First", "Prev", "Next", and "Last".

Surgical Package: Uploading Attachments (4 of 4)

4. Once all attachments are uploaded, select **Close** to return to the previous page to submit the authorization.

Attachment

Please select the file to be uploaded

Document Type : Auth Supporting Documents

Filename : Choose File Test.pdf

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

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

Ok Close

Attachment List

	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
☐	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
☐	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

Delete

View Page: 1

Go

Page Count

SaveToCSV

Viewing Page: 1

First

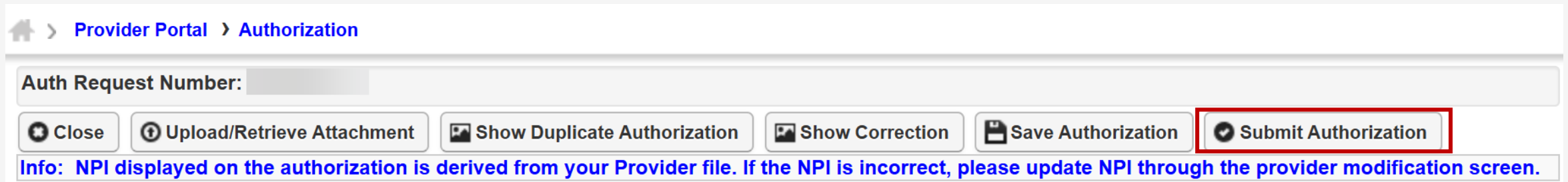
Prev

Next

Last

Surgical Package: Submitting the Authorization Request

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



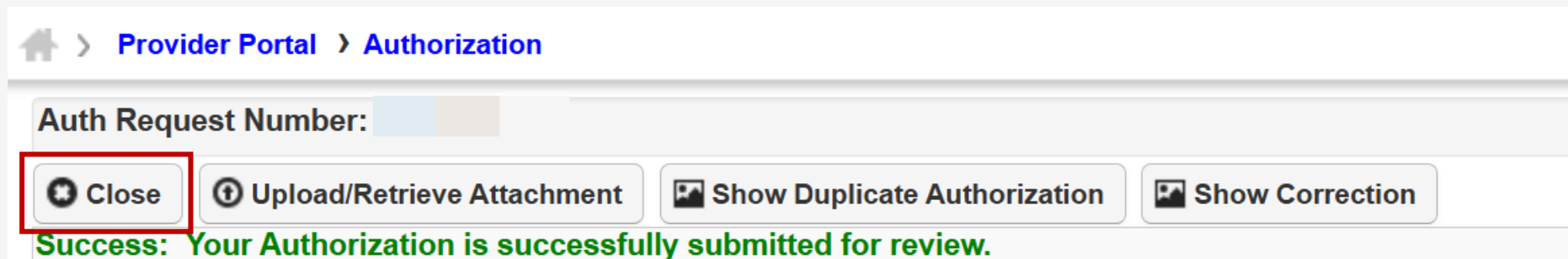
Home > Provider Portal > Authorization

Auth Request Number:

Info: NPI displayed on the authorization is derived from your Provider file. If the NPI is incorrect, please update NPI through the provider modification screen.

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

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



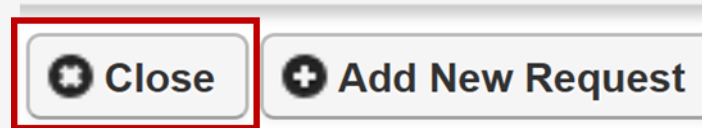
Home > Provider Portal > Authorization

Auth Request Number:

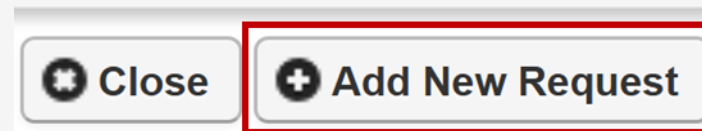
Success: Your Authorization is successfully submitted for review.

Surgical Package: Viewing Authorization Information

1. To return to the portal homepage, select **Close**.



2. To submit additional authorization requests, select **Add New Request**.



Note: This information is located on the **Authorization Request List** page.

Note: The system displays the Authorization Request with a Header Status of **"In Review"** as confirmation that the request was successfully submitted.

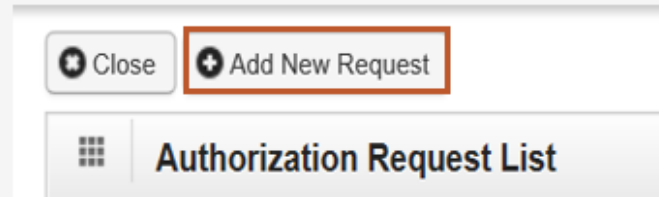
☐		Auth Request # ▲▼	Claimant Case ID ▲▼	Header Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Header From Date ▲▼	Header To Date ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
☐				In Review	Surgical Package	09/30/2025	09/30/2025	09/30/2025	09/30/2025	DFEC	Initial Request	DDE

Unspecified J-Code



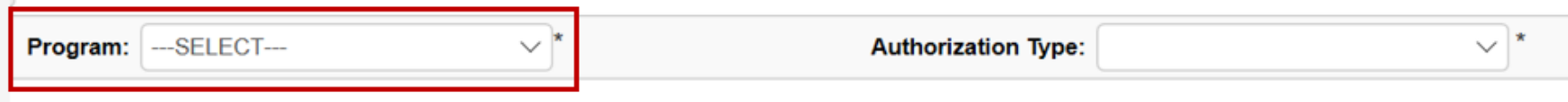
Unspecified J-Code: Adding a New Authorization Request

1. To submit a new authorization request, select **Add New Request**.



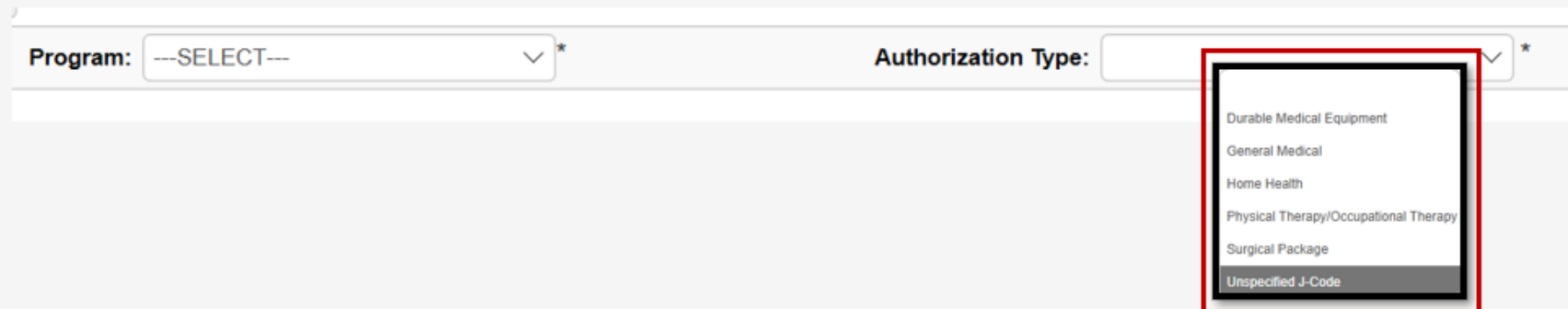
A screenshot of a web interface showing two buttons: 'Close' and 'Add New Request'. The 'Add New Request' button is highlighted with a red rectangular box. Below the buttons is a section titled 'Authorization Request List' with a grid icon to its left.

2. Select the DFEC program from the **Program** drop-down list.



A screenshot of a web form with two drop-down menus. The first menu is labeled 'Program:' and has a red rectangular box around it. The second menu is labeled 'Authorization Type:'. Both menus have a downward arrow and an asterisk.

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



A screenshot of a web form with two drop-down menus. The first menu is labeled 'Program:' and the second is labeled 'Authorization Type:'. The 'Authorization Type' menu is open, showing a list of options: 'Durable Medical Equipment', 'General Medical', 'Home Health', 'Physical Therapy/Occupational Therapy', 'Surgical Package', and 'Unspecified J-Code'. The 'Unspecified J-Code' option is highlighted with a red rectangular box.

Unspecified J-Code: Requestor and Claimant Information

1. Enter the required **Requestor Information**, as denoted by an asterisk icon, for an "Initial Request".

The screenshot shows a web form with two sections: "Requestor Information" and "Claimant Information". The "Requestor Information" section is highlighted with a red border. It contains the following fields: "Date Requested" (09/29/2025), "Requested By" (a dropdown menu), "Phone Number" (a text input), and a radio button for "Initial Request". The "Claimant Information" section is below it and contains fields for "Claimant's Case ID", "Date of Birth", "First Name", "Last Name", and "Date of Injury". All fields in the "Claimant Information" section have an asterisk icon next to them, indicating they are required.

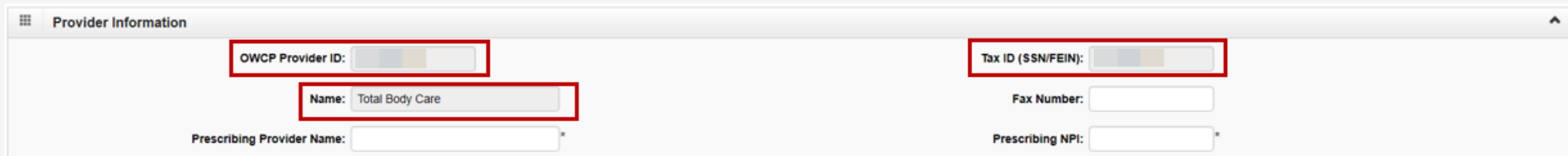
2. Enter the required Claimant Information, as denoted by an asterisk icon (**Claimant's Case ID**, **Date of Birth**, **First Name**, **Last Name**, and **Date of Injury**).

Note: The Requestor and Claimant information will automatically be displayed.

This screenshot is identical to the one above, showing the same form with the "Requestor Information" and "Claimant Information" sections. In this instance, the "Claimant Information" section is highlighted with a red border, indicating the next step in the process.

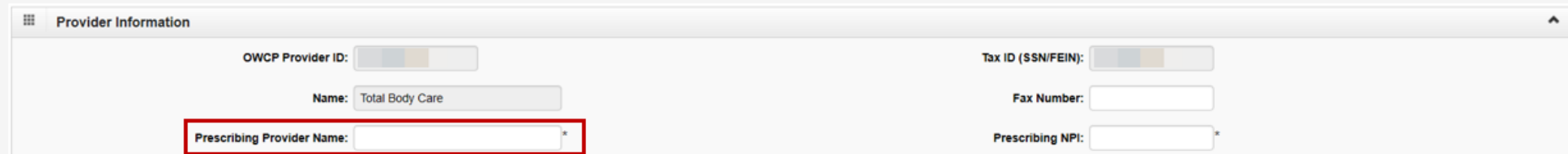
Unspecified J-Code: Provider Information

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



The screenshot shows a form titled "Provider Information". It contains several fields: "OWCP Provider ID:" (auto-filled with a greyed-out value), "Tax ID (SSN/FEIN):" (auto-filled with a greyed-out value), "Name:" (auto-filled with "Total Body Care"), "Prescribing Provider Name:" (empty), "Fax Number:" (empty), and "Prescribing NPI:" (empty). Red boxes highlight the "OWCP Provider ID:", "Tax ID (SSN/FEIN):", and "Name:" fields, indicating they are auto-filled.

2. Complete the **Prescribing Provider Name** and **Prescribing NPI** fields.



The screenshot shows the same "Provider Information" form. The "OWCP Provider ID:", "Tax ID (SSN/FEIN):", and "Name:" fields are still auto-filled. The "Prescribing Provider Name:" field is now highlighted with a red box, indicating it is the field to be completed. The "Prescribing NPI:" field is also highlighted with a red box, indicating it is the field to be completed.

Note: Entering the Fax # is optional.

Unspecified J-Code: Entering Service Line Information (1 of 10)

Enter the Required Service Line Information

1. Enter the specific body part to be treated.

Service Line Information

Specific Body Part to be treated:

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

+

 Add New Line

	From Date	To Date	Diagnosis Pointer				J-Code	NDC	Body Part Modifier	Total Units Requested	Action
			A	B	C	D					
1			☐	☐	☐	☐		*		*	
2			☐	☐	☐	☐		*		*	
3			☐	☐	☐	☐		*		*	
4			☐	☐	☐	☐		*		*	
5			☐	☐	☐	☐		*		*	

Remarks:

Unspecified J-Code: Entering Service Line Information (2 of 10)

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

Note: Five service lines display.

Service Line Information

Specific Body Part to be treated:

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

+

 Add New Line

	From Date	To Date	Diagnosis Pointer				J-Code	NDC	Body Part Modifier	Total Units Requested	Action
			A	B	C	D					
1			☐	☐	☐	☐					
2			☐	☐	☐	☐					
3			☐	☐	☐	☐					
4			☐	☐	☐	☐					
5			☐	☐	☐	☐					

Remarks:

Unspecified J-Code: Entering Service Line Information (3 of 10)

3. To add a service line, select **Add New Line** above the date fields.

Service Line Information

Specific Body Part to be treated:

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

Add New Line

	From Date	To Date	Diagnosis Pointer	J-Code	NDC	Body Part Modifier	Total Units Requested	Action
			A B C D					
1			☐ ☐ ☐ ☐		*		*	
2			☐ ☐ ☐ ☐		*		*	
3			☐ ☐ ☐ ☐		*		*	
4			☐ ☐ ☐ ☐		*		*	
5			☐ ☐ ☐ ☐		*		*	

Remarks:

Unspecified J-Code: Entering Service Line Information (4 of 10)

4. Enter the **From Date** and **To Date** fields for each line.

Service Line Information

Specific Body Part to be treated:

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

Add New Line

	From Date	To Date	Diagnosis Pointer	J-Code	NDC	Body Part Modifier	Total Units Requested	Action
			A B C D					
1			☐ ☐ ☐ ☐					⊖
2			☐ ☐ ☐ ☐					⊖
3			☐ ☐ ☐ ☐					⊖
4			☐ ☐ ☐ ☐					⊖
5			☐ ☐ ☐ ☐					⊖

Remarks:

Unspecified J-Code: Entering Service Line Information (5 of 10)

5. Select the alpha character that represents the DX from the **Diagnosis Codes** field to which to point to.

Note: *One alpha character is required*, but providers can select multiple alpha characters.

Service Line Information

Specific Body Part to be treated:

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

Add New Line

	From Date	To Date	Diagnosis Pointer	J-Code	NDC	Body Part Modifier	Total Units Requested	Action
			A B C D					
1			☐	☐	☐	☐		
2			☐	☐	☐	☐		
3			☐	☐	☐	☐		
4			☐	☐	☐	☐		
5			☐	☐	☐	☐		

Remarks:

Unspecified J-Code: Entering Service Line Information (6 of 10)

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

Service Line Information

Specific Body Part to be treated:

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

+

Add New Line

	From Date	To Date	Diagnosis Pointer	J-Code	NDC	Body Part Modifier	Total Units Requested	Action
			A B C D					
1			☐ ☐ ☐ ☐					
2			☐ ☐ ☐ ☐					
3			☐ ☐ ☐ ☐					
4			☐ ☐ ☐ ☐					
5			☐ ☐ ☐ ☐					

Remarks:

Unspecified J-Code: Entering Service Line Information (7 of 10)

7. Enter the National Drug Code (NDC).

Service Line Information

Specific Body Part to be treated:

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

+

Add New Line

	From Date	To Date	Diagnosis Pointer				J-Code	NDC	Body Part Modifier	Total Units Requested	Action
			A	B	C	D					
1			*	☐	☐	☐					
2			*	☐	☐	☐					
3			*	☐	☐	☐					
4			*	☐	☐	☐					
5			*	☐	☐	☐					

Remarks:

Unspecified J-Code: Entering Service Line Information (8 of 10)

8. Enter the number of units being requested.

Note: The **Body Part Modifier** field is optional and no longer required.

Note: Within the **Body Part Modifier** field, the provider selects either RT for right side, LT for left side, or modifier 50 if the body part does not have a side modifier or they are treating for both sides. All three options are listed.

Service Line Information

Specific Body Part to be treated:

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

Add New Line

	From Date	To Date	Diagnosis Pointer				J-Code	NDC	Body Part Modifier	Total Units Requested	Action
			A	B	C	D					
1			☐	☐	☐	☐					⊖
2			☐	☐	☐	☐					⊖
3			☐	☐	☐	☐					⊖
4			☐	☐	☐	☐					⊖
5			☐	☐	☐	☐					⊖

Remarks:

Unspecified J-Code: Entering Service Line Information (9 of 10)

9. To remove a service line, select the corresponding plus icon under the **Action** column.

Service Line Information

Specific Body Part to be treated:

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

Add New Line

	From Date	To Date	Diagnosis Pointer				J-Code	NDC	Body Part Modifier	Total Units Requested	Action
			A	B	C	D					
1			☐	☐	☐	☐					
2			☐	☐	☐	☐					
3			☐	☐	☐	☐					
4			☐	☐	☐	☐					
5			☐	☐	☐	☐					

Remarks:

Unspecified J-Code: Entering Service Line Information (10 of 10)

10. Enter any added notes or remarks in the **Remarks** field, located at the bottom of the page.

Service Line Information

Specific Body Part to be treated:

Diagnosis Codes: A: B: C: D:

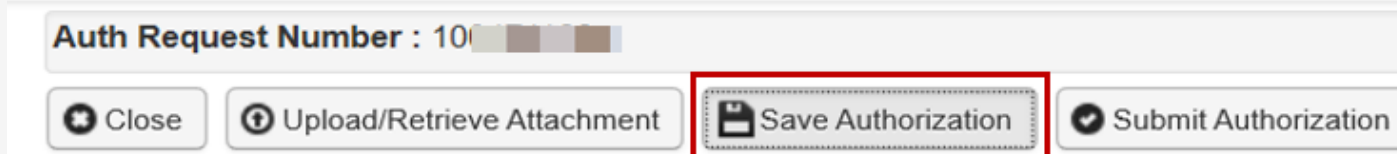
Add New Line

	From Date	To Date	Diagnosis Pointer				J-Code	NDC	Body Part Modifier	Total Units Requested	Action
			A	B	C	D					
1			☐	☐	☐	☐					⊖
2			☐	☐	☐	☐					⊖
3			☐	☐	☐	☐					⊖
4			☐	☐	☐	☐					⊖
5			☐	☐	☐	☐					⊖

Remarks:

Unspecified J-Code: Save Authorization (1 of 2)

1. Once all information is entered, scroll to the top of the page and select **Save Authorization**.



A screenshot of a web form for authorization. At the top, there is a text field labeled "Auth Request Number : 10" followed by four colored squares (brown, grey, brown, brown). Below this field are four buttons: "Close" (with a circular arrow icon), "Upload/Retrieve Attachment" (with a document icon), "Save Authorization" (with a floppy disk icon and a red border), and "Submit Authorization" (with a checkmark icon).

Note: If any information is missing or invalid, an error message will populate below the **Close** through **Submit Authorization** buttons (errors may vary). Correct the error and select **Save Authorization**.



A screenshot of the same web form as above. Below the buttons, a red-bordered box contains the text: "Errors: CPT Code is not valid in Service Line # 1".

Note: The 9-digit authorization number will populate.



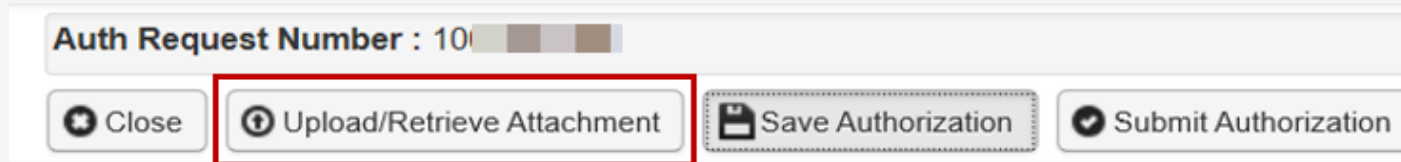
A screenshot of the web form. The "Auth Request Number : 10" field is highlighted with a red border. The buttons below are the same as in the previous screenshots.

Note: Unspecified J-Codes require a prescription.

Unspecified J-Code: Save Authorization (2 of 2)

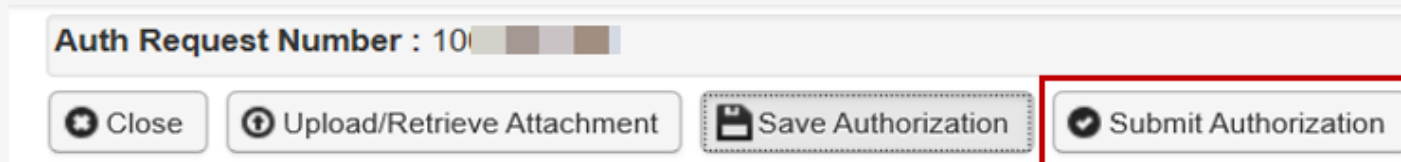
2. Select **Upload/Retrieve Attachment** to upload this and other supporting documentation

Refer to the next slide for the **Upload** dialogue box explanation.



A screenshot of a web interface showing a dialog box titled "Auth Request Number : 10". The dialog box contains four buttons: "Close", "Upload/Retrieve Attachment", "Save Authorization", and "Submit Authorization". The "Upload/Retrieve Attachment" button is highlighted with a red rectangular border.

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



A screenshot of the same web interface dialog box titled "Auth Request Number : 10". The dialog box contains the same four buttons: "Close", "Upload/Retrieve Attachment", "Save Authorization", and "Submit Authorization". The "Submit Authorization" button is highlighted with a red rectangular border.

Unspecified J-Code: Uploading Attachment (1 of 4)

1. Select the document type to be uploaded from the **Document Type** drop-down list. Uploading documentation is optional.

Attachment

Please select the file to be uploaded

Document Type : Auth Supporting Documents

Filename : Test.pdf

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

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

Attachment List

☐	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
☐	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
☐	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

View Page: Viewing Page: 1

Unspecified J-Code: Uploading Attachment (2 of 4)

2. Select **Choose File** from the **Filename** field.

- Locate and select the file to upload from the local drive.
- Select **Open**. The system updates the **Filename** field.

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

Attachment

Please select the file to be uploaded

Document Type : Auth Supporting Documents ▾*

Filename :

Choose File

 Test.pdf *

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

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

Ok Close

Attachment List

☐	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
☐	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
☐	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

Delete

View Page: 1

Go

+ Page Count

SaveToCSV

Viewing Page: 1

« First

◀ Prev

Next ▶

» Last

Unspecified J-Code: Uploading Attachment (3 of 4)

3. Select **OK**. The Image ID (attachment) will display in the **Attachment List** section at the bottom of the window.

Attachment

Please select the file to be uploaded

Document Type : Auth Supporting Documents ▾

Filename : Choose File Test.pdf *

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

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

Ok Close

Attachment List

☐	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
☐	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
☐	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

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

Unspecified J-Code: Uploading Attachment (4 of 4)

- Once all attachments are uploaded, select **Close** to return to the previous page to submit the authorization.

Attachment

Please select the file to be uploaded

Document Type : Auth Supporting Documents ▾*

Filename : Test.pdf *

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

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

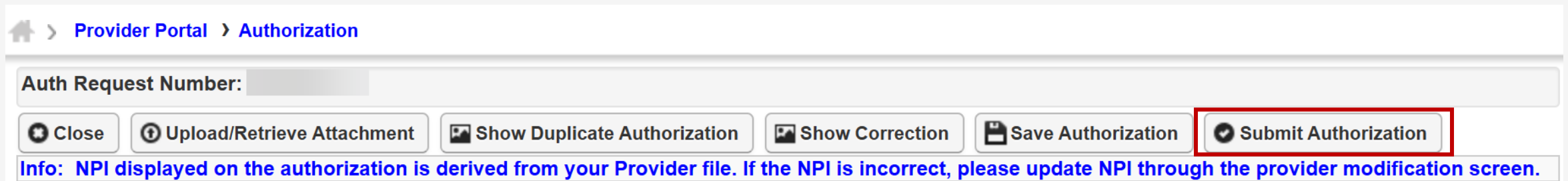
Attachment List

☐	Image ID	Image Title	Document Type	Created By	Created Date	Auth Request Number
☐	ATT731086392		Auth Supporting Documents		08-04-2025 18:02:29	
☐	ATT731086449		Auth Supporting Documents		08-04-2025 18:08:15	

View Page: Viewing Page: 1

Unspecified J-Code: Submitting the Authorization Request

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



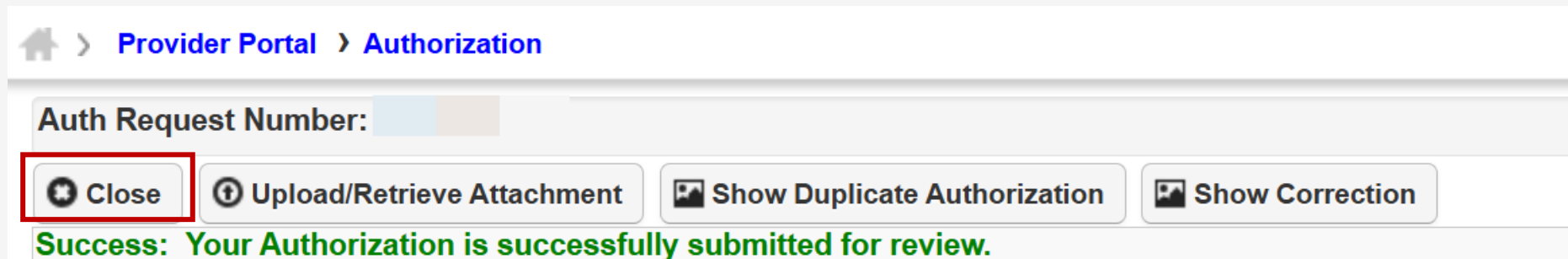
Home > Provider Portal > Authorization

Auth Request Number:

Info: NPI displayed on the authorization is derived from your Provider file. If the NPI is incorrect, please update NPI through the provider modification screen.

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

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



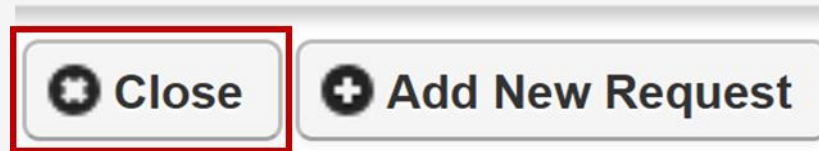
Home > Provider Portal > Authorization

Auth Request Number:

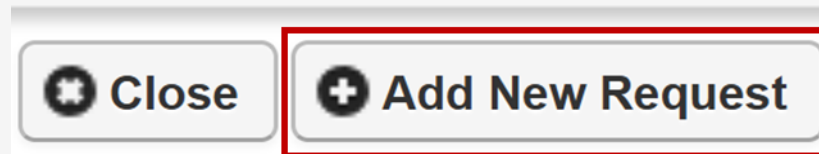
Success: Your Authorization is successfully submitted for review.

Unspecified J-Code: Viewing Authorization Information

1. To return to the portal homepage, select **Close**.



2. To submit additional authorization requests, select **Add New Request**.



Note: This information is located on the **Authorization Request List** page.

Note: The system displays the Authorization Request with a Header Status of **"In Review"** as confirmation that the request was successfully submitted.

☐	Auth Request # ▲▼	Claimant Case ID ▲▼	Header Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Header From Date ▲▼	Header To Date ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
☐			In Review	Unspecified J-Code	10/09/2025	10/09/2025	09/28/2025	09/28/2025	DFEC	Correction	DDE

Authorization Inquiry



Authorization Inquiry (1 of 3)

After the authorization request is submitted, the **Authorization Request List** page displays the submitted information.

The first three columns display the following:

- Authorization Utilization
- Auth Request #
- Claimant Case ID

Close

Add New Request

Initiate Correction

Cancel Authorization

Copy Authorization

Authorization Request List

Filter By :

And

And

And

Submitted In

ALL

And Header Status

Go

Clear Filter

Save Filter

My Filters

☐		Auth Request # ▲▼	Claimant Case ID ▲▼	Header Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Header From Date ▲▼	Header To Date ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
☐				In Review	Unspecified J-Code	10/09/2025	10/09/2025	09/28/2025	09/28/2025	DFEC	Correction	DDE
☐				Approved	Unspecified J-Code	10/09/2025	10/09/2025	09/27/2025	09/27/2025	DFEC	Initial Request	DDE
☐				In Review	Surgical Package	09/30/2025	09/30/2025	09/30/2025	09/30/2025	DFEC	Initial Request	DDE

Note: Providers can use filters to view filtered data.

Authorization Inquiry (2 of 3)

The authorization **Header Status** column can display any of the following statuses:

- **Entering:** Auth was started, but has not been submitted
- **In Review:** Auth was submitted
- **Approved**
- **Denied:** Auth was not approved
- **Cancelled:** Services no longer needed
- **Pended Further Development:** Additional information is needed, or medical development is required before a determination can be made
- **Return to Provider:** Required information or documentation is missing or invalid
- **Corrected:** A correction request has been submitted and approved by the Claims Examiner (CE)

Close
Add New Request
Initiate Correction
Cancel Authorization
Copy Authorization

Authorization Request List

Filter By :

And

And

And

Submitted In

ALL

And Header Status

Go

Clear Filter

Save Filter

My Filters

	Auth Request #	Claimant Case ID	Header Status	Auth Type	Last Updated	Submitted Date	Header From Date	Header To Date	Program	Auth Request Type	Source
☐			In Review	Unspecified J-Code	10/09/2025	10/09/2025	09/28/2025	09/28/2025	DFEC	Correction	DDE
☐			Approved	Unspecified J-Code	10/09/2025	10/09/2025	09/27/2025	09/27/2025	DFEC	Initial Request	DDE
☐			In Review	Surgical Package	09/30/2025	09/30/2025	09/30/2025	09/30/2025	DFEC	Initial Request	DDE

Authorization Inquiry (3 of 3)

The following columns display after the **Header Status** column:

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

Close

Add New Request

Initiate Correction

Cancel Authorization

Copy Authorization

Authorization Request List

Filter By :

And

And

And

Submitted In

ALL

And Header Status

Go

Clear Filter

Save Filter

My Filters

	Auth Request #	Claimant Case ID	Header Status	Auth Type	Last Updated	Submitted Date	Header From Date	Header To Date	Program	Auth Request Type	Source
☐			Approved	Unspecified J-Code	10/09/2025	10/09/2025	09/27/2025	09/27/2025	DFEC	Initial Request	DDE
☐			Approved	General Medical	08/27/2025	08/27/2025	05/15/2025	05/15/2025	DFEC	Initial Request	DDE
☐			Approved	General Medical	08/28/2025	08/27/2025	08/27/2025	11/27/2025	DFEC	Initial Request	DDE

Note: Providers can select **Close** to return to the portal homepage.

Authorization Request Quick Tips for Providers

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 when the requested authorization is in an “Approved” status.
- 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.
- Authorization does not guarantee payment.
- 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 by fax or mail (through postal service).

THANK YOU!

