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:

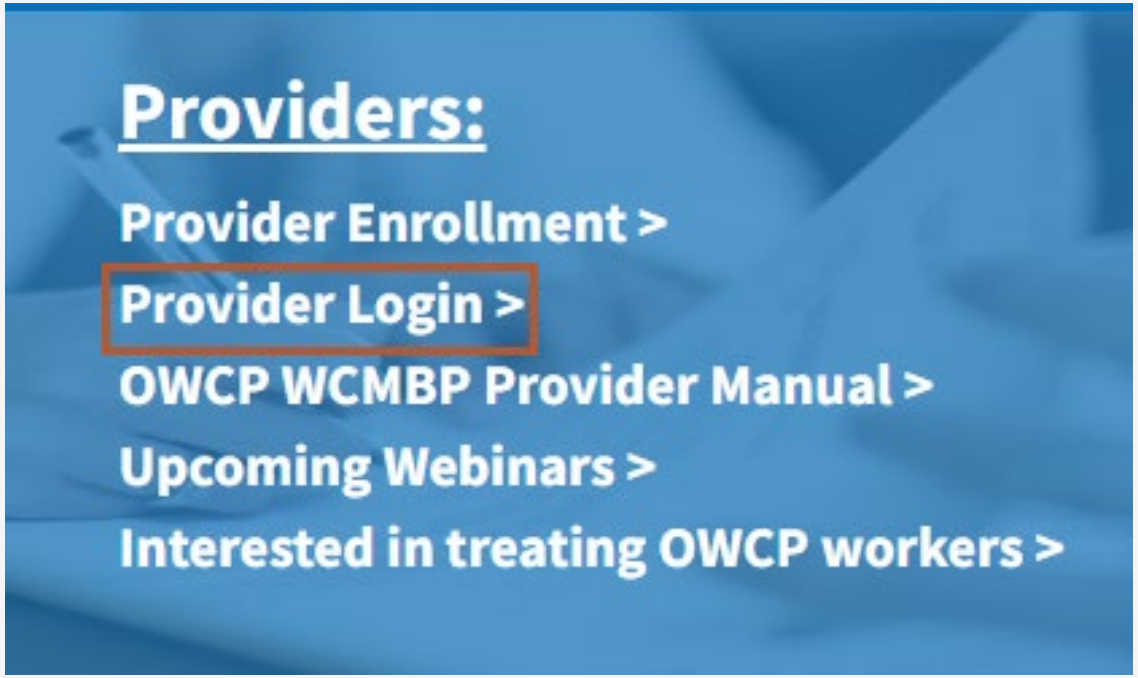
- Durable Medical Equipment (DME)
- General Medical
- Home Health
- Physical Therapy/Occupational Therapy (PT/OT)
- Surgical Package
- Unspecified J-Code

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)

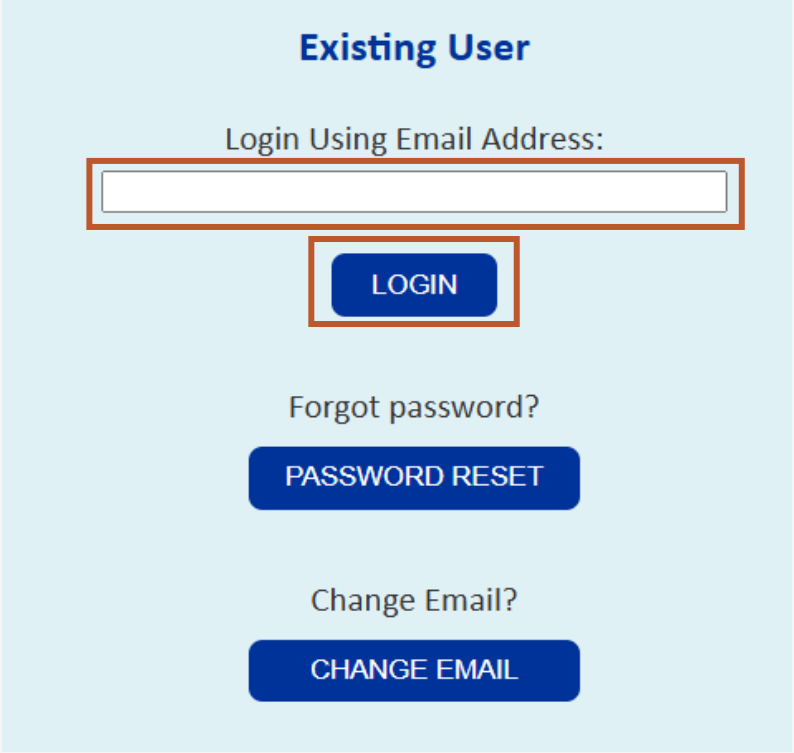
How It Works:

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



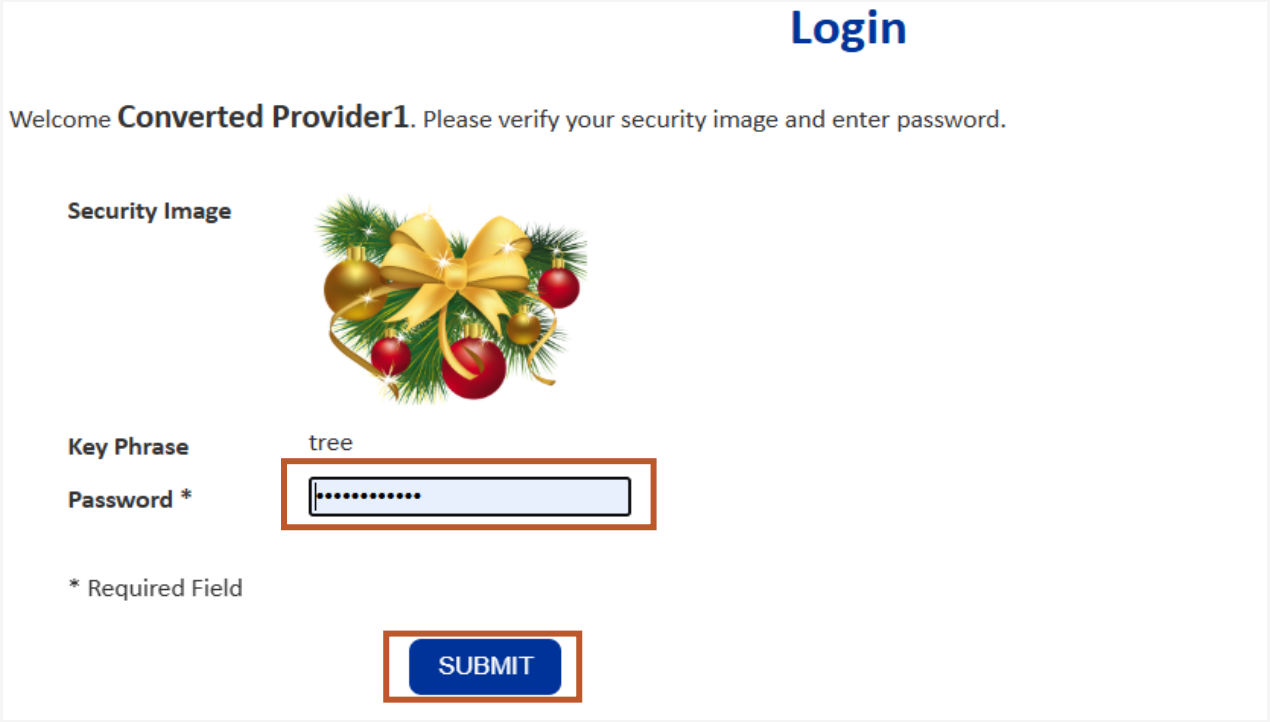
Accessing DFEC Authorizations in the WCMBP System (2 of 5)

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



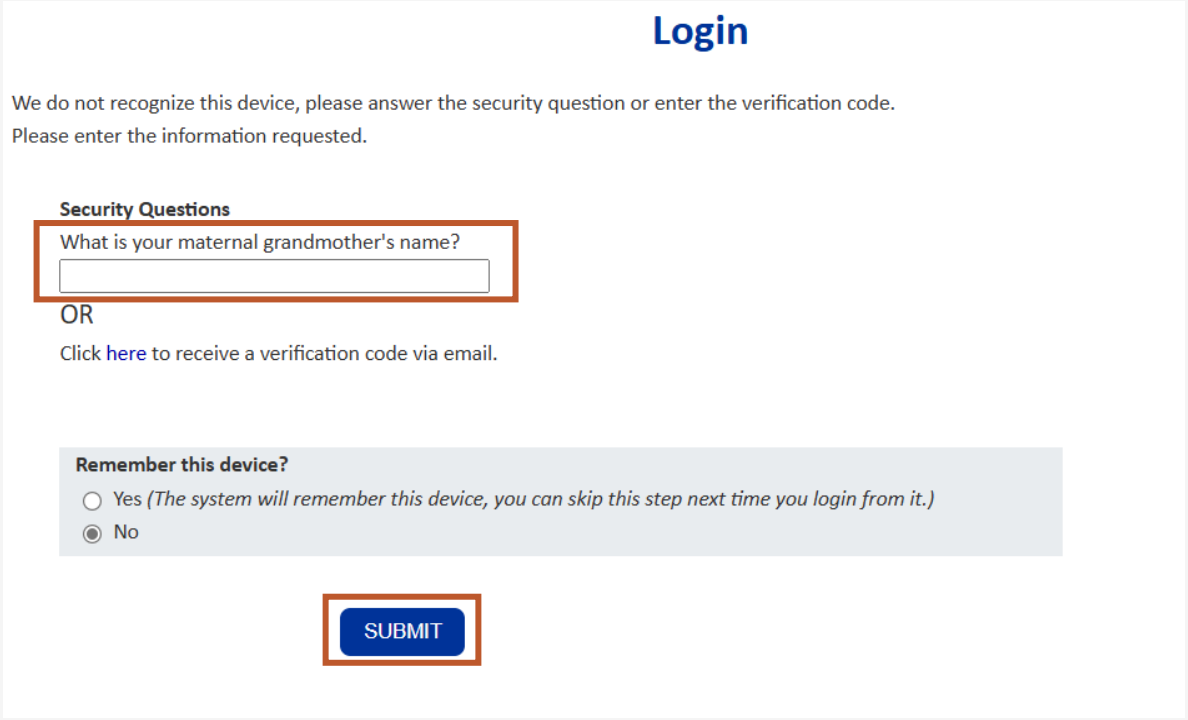
Accessing DFEC Authorizations in the WCMBP System (3 of 5)

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



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

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

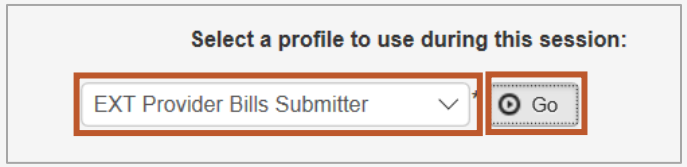


Accessing DFEC Authorizations in the WCMBP System (5 of 5)

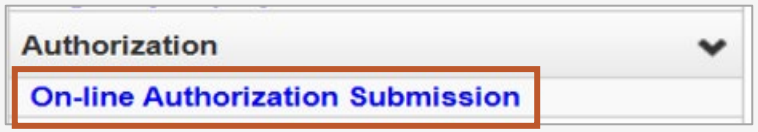
How it works:

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

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



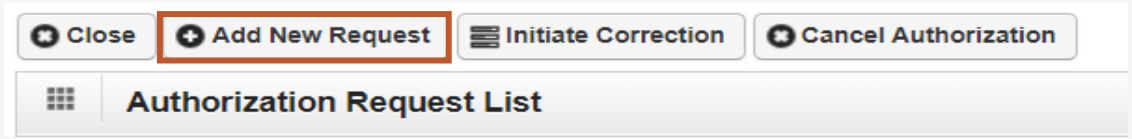
3. Select the **On-line Authorization Submission** link in the column on the left under **Authorization**.



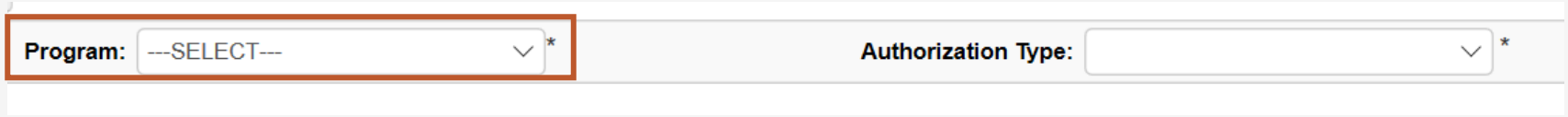
Note: Accessible profiles include Provider Bills Submitter, Provider Eligibility Checker- Claims Submitter, and Provider Super User.

Adding a New Request

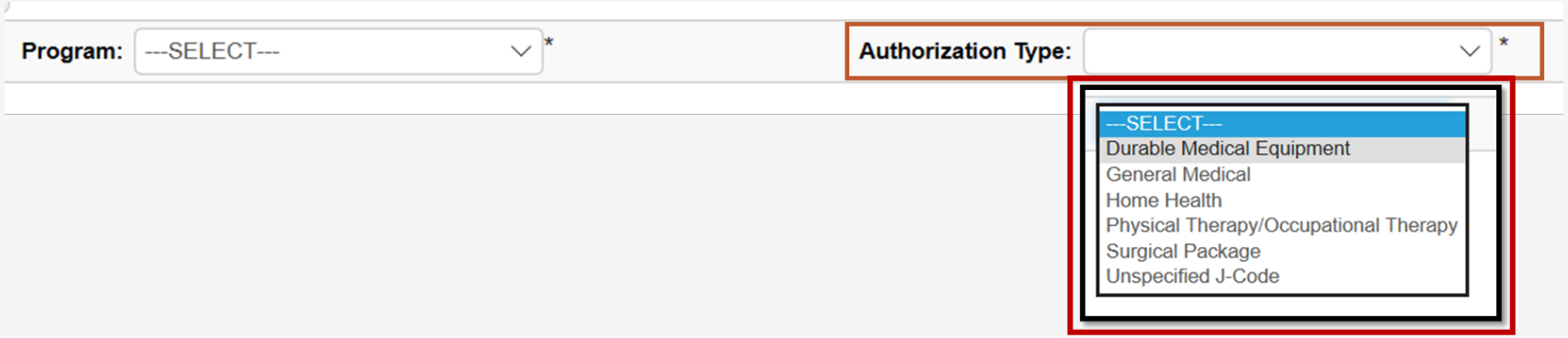
1. To submit a new authorization request, select **Add New Request**.



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



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

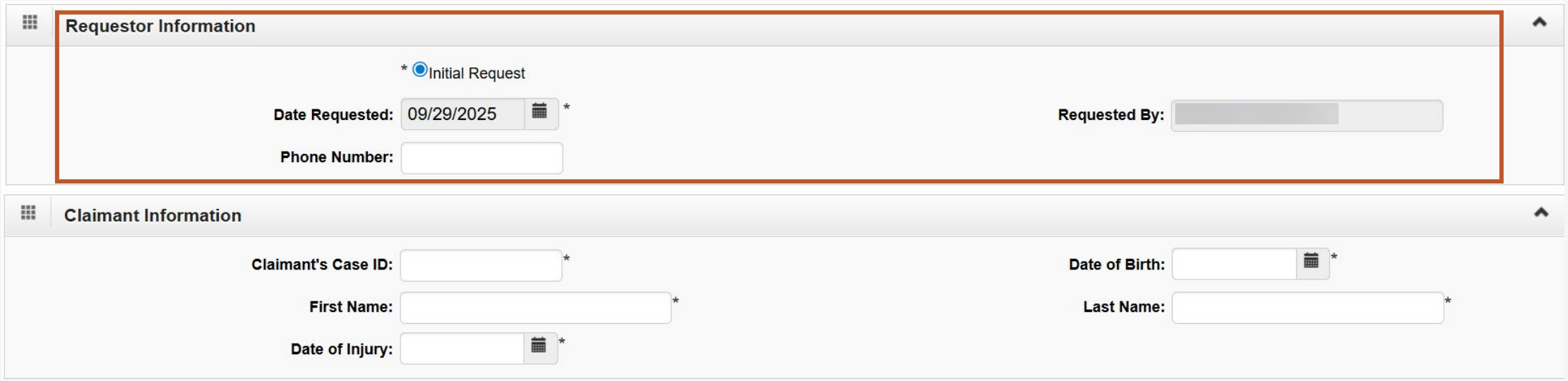


Note: Available authorization types are based on the provider type associated with the OWCP Provider ID.

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."

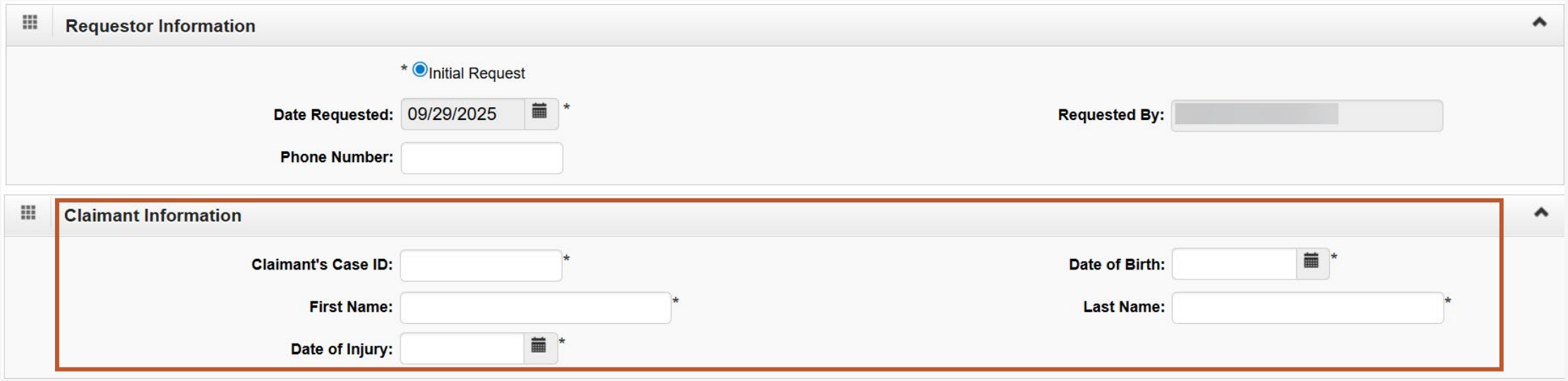


DME: Requestor and Claimant Information (2 of 2)

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**).

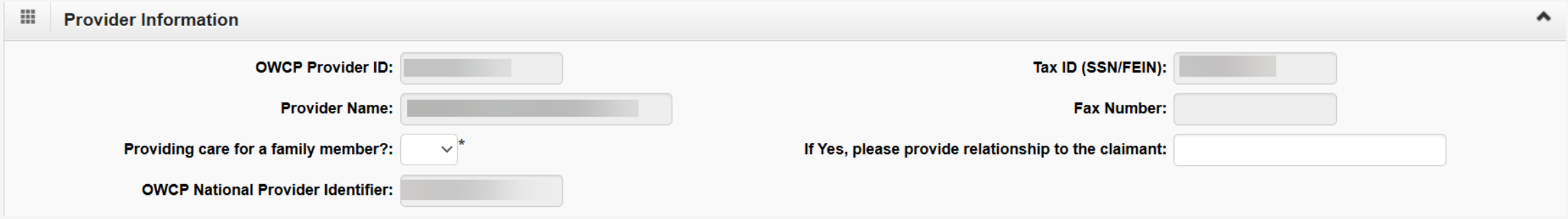
- If the claimant's case ID is associated with the program, the system will auto-populate the claimant information.
- If the claimant's case ID is not associated with the program, the system will display the alert *"Claimant is not associated with the program."* Select **OK** to close the window and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

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



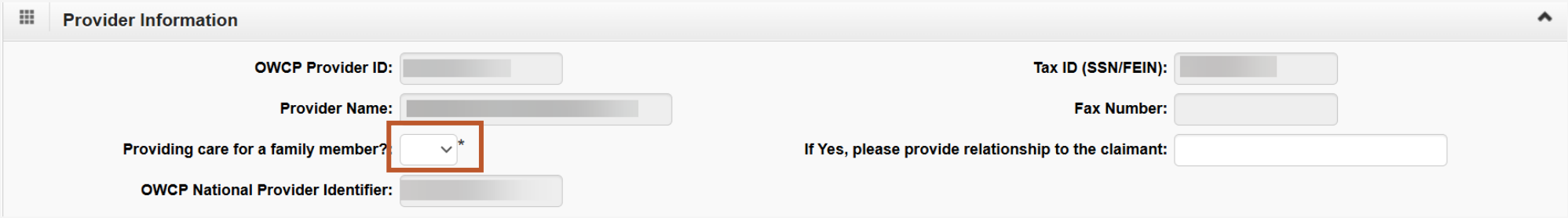
DME: Entering Provider Information (1 of 2)

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



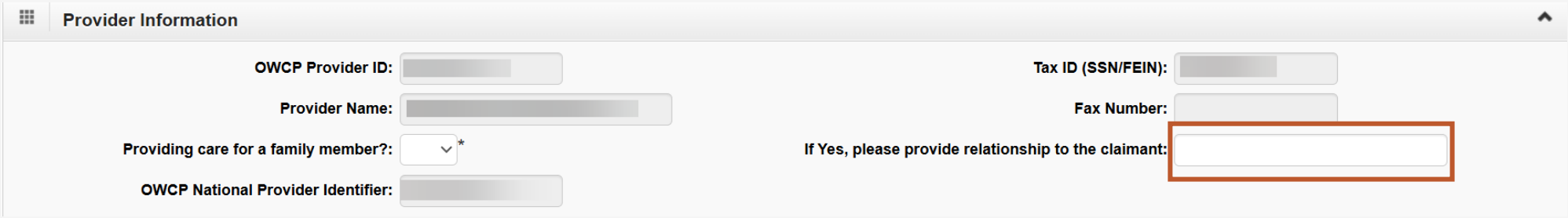
DME: Entering Provider Information (2 of 2)

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



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.

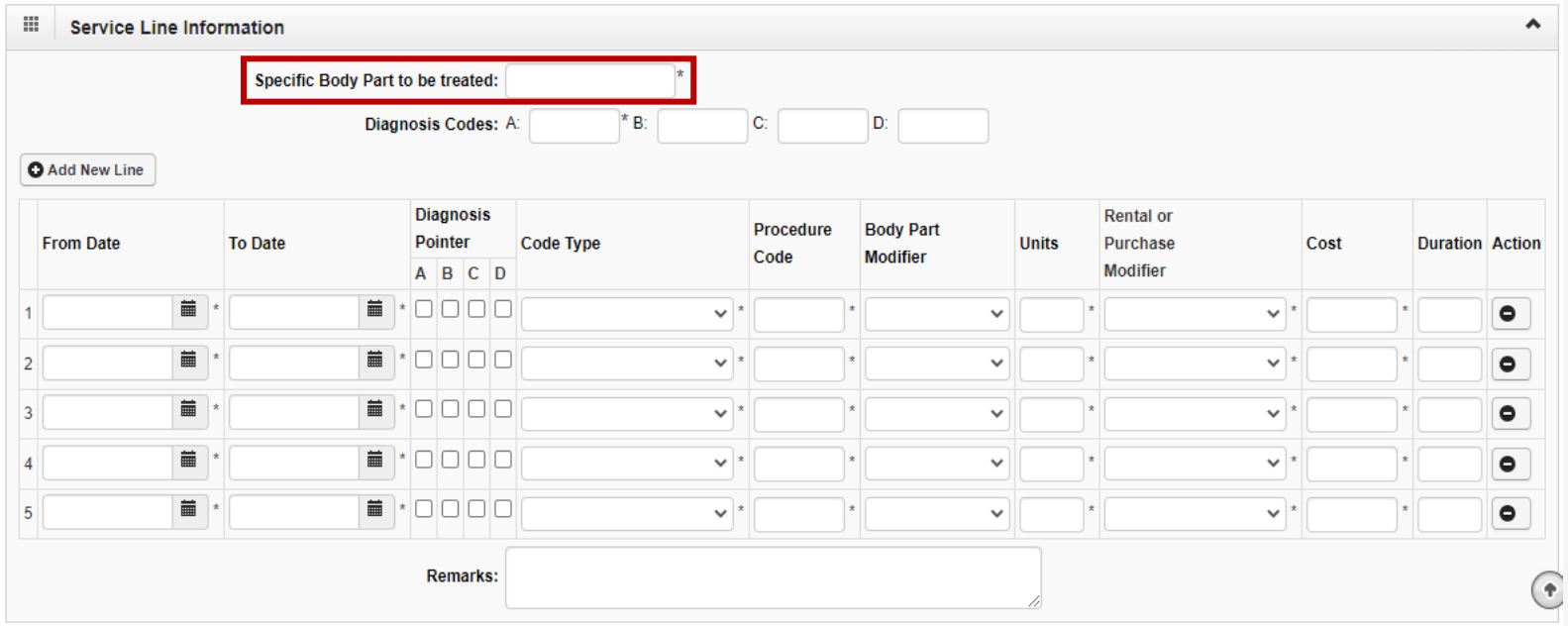


DME: Entering Service Line Information (1 of 14)

Enter the Required Service Line Information

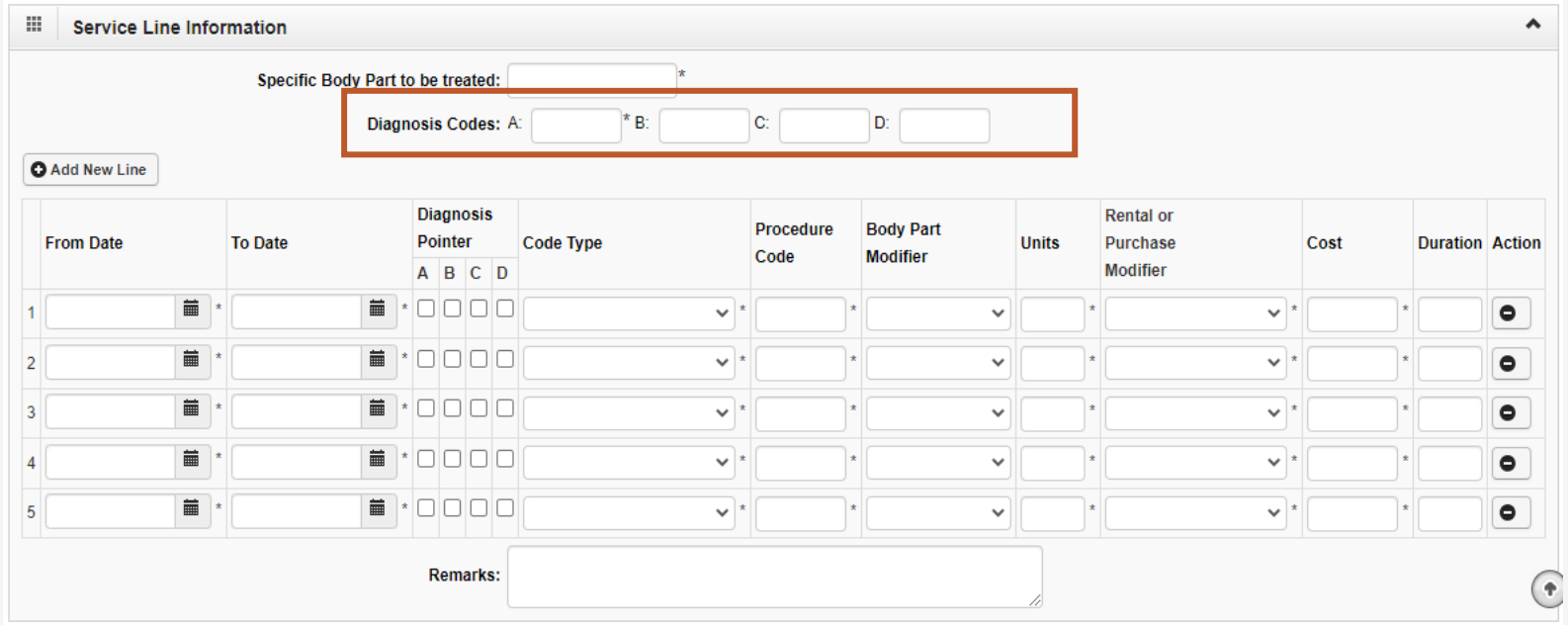
1. Enter the specific body part to be treated.

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



DME: Entering Service Line Information (2 of 14)

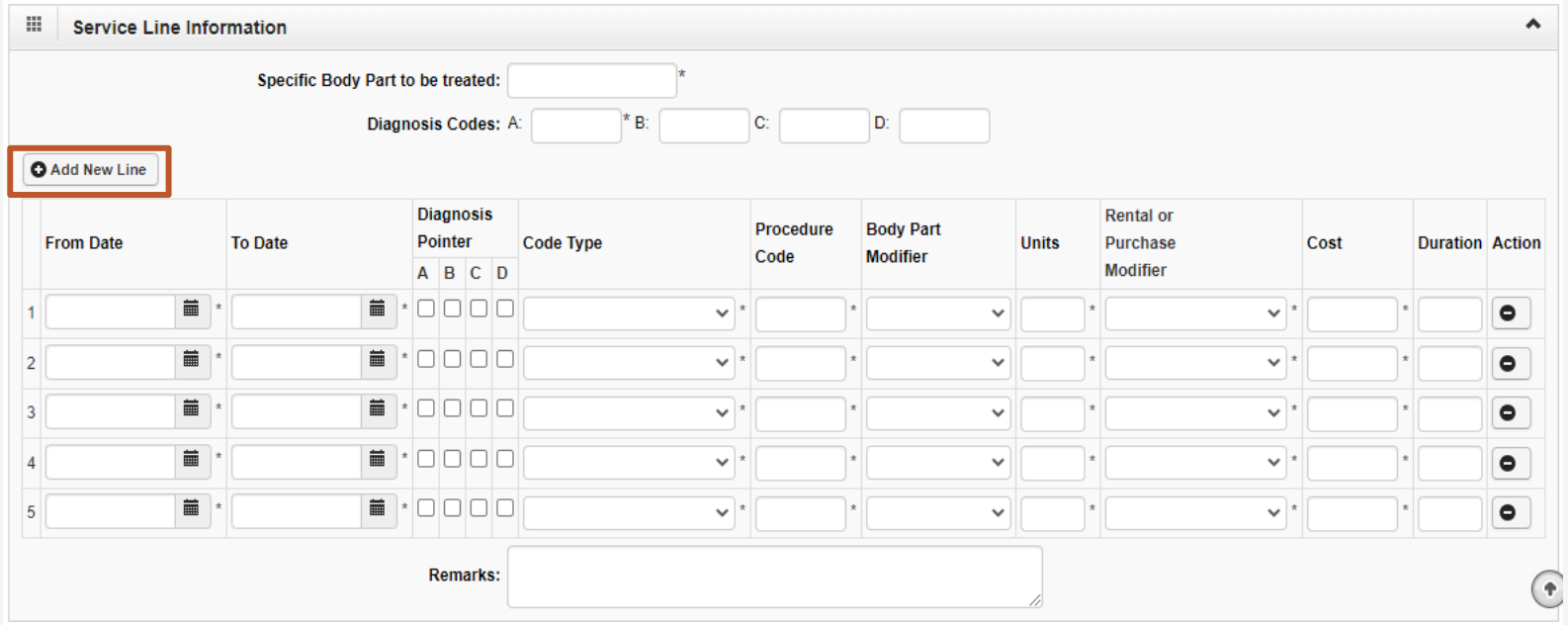
2. Enter at least one DX Code, as required.



DME: Entering Service Line Information (3 of 14)

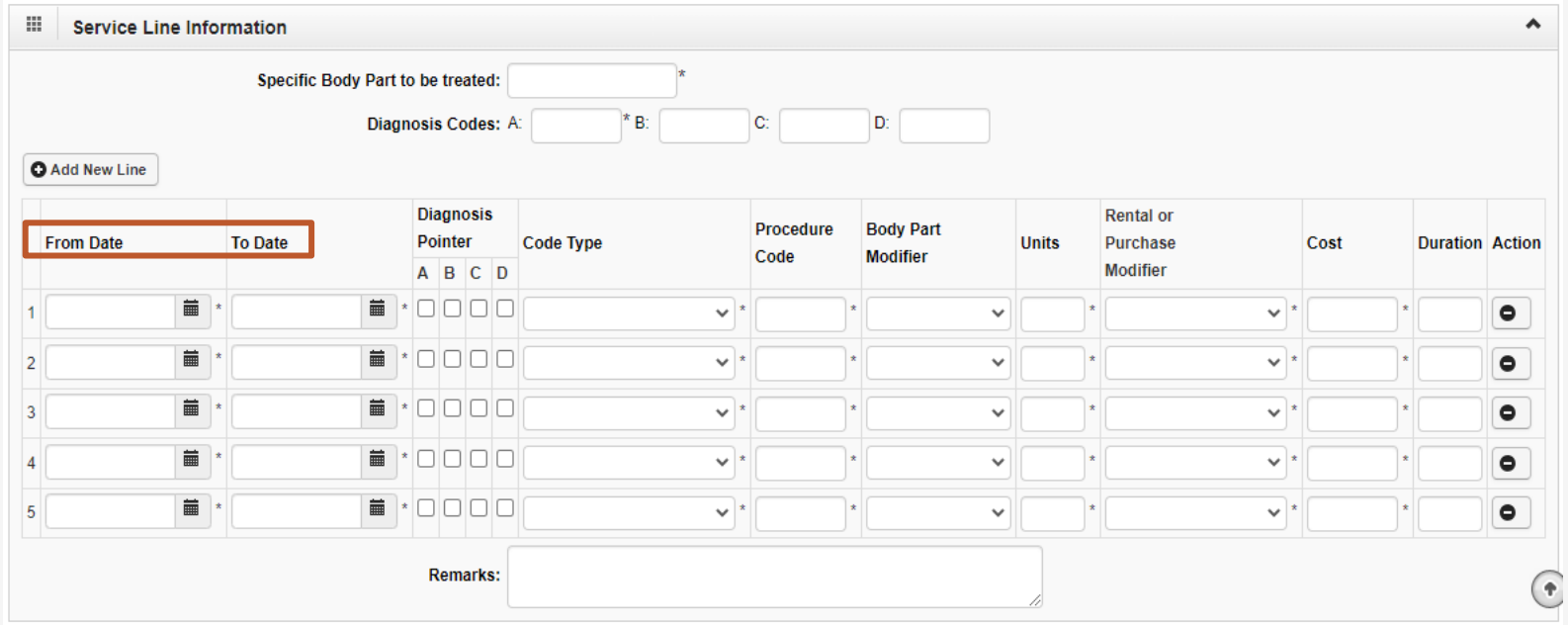
Note: Five service lines display.

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



DME: Entering Service Line Information (4 of 14)

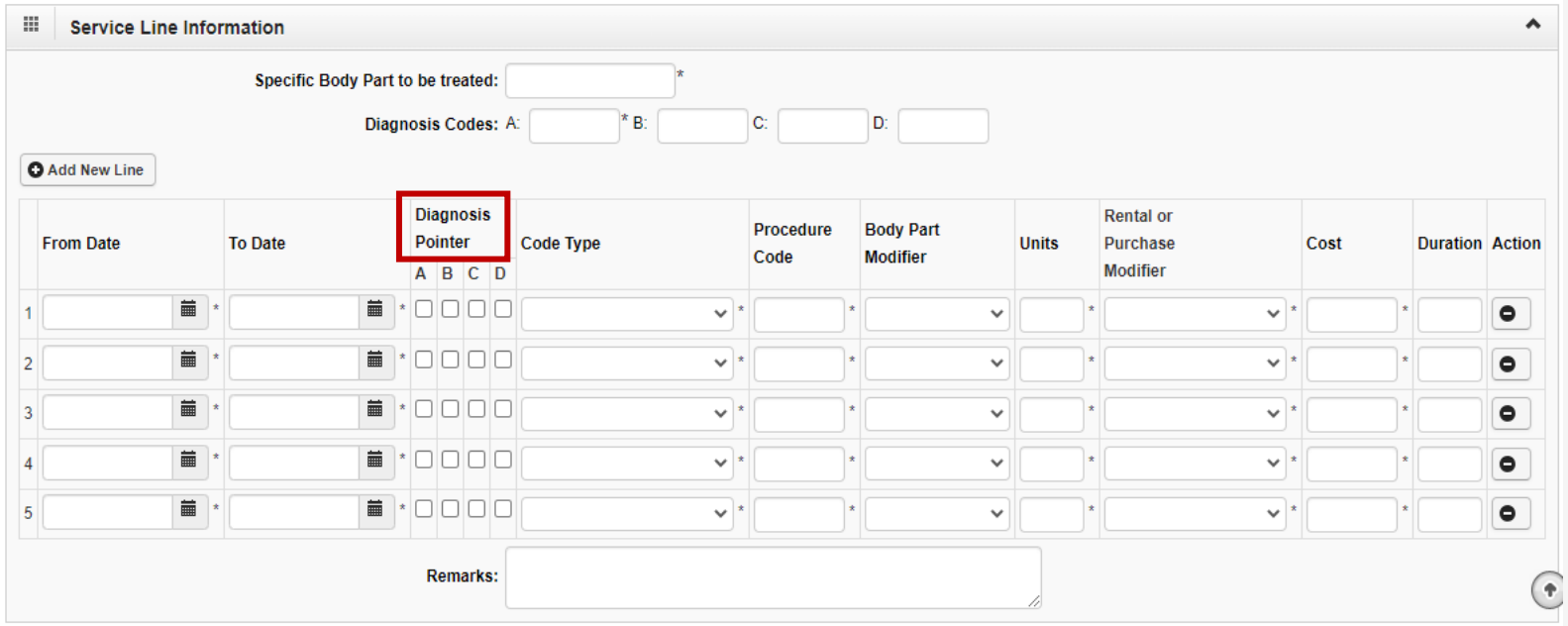
4. Complete the **From Date** and **To Date** fields.



DME: Entering Service Line Information (5 of 14)

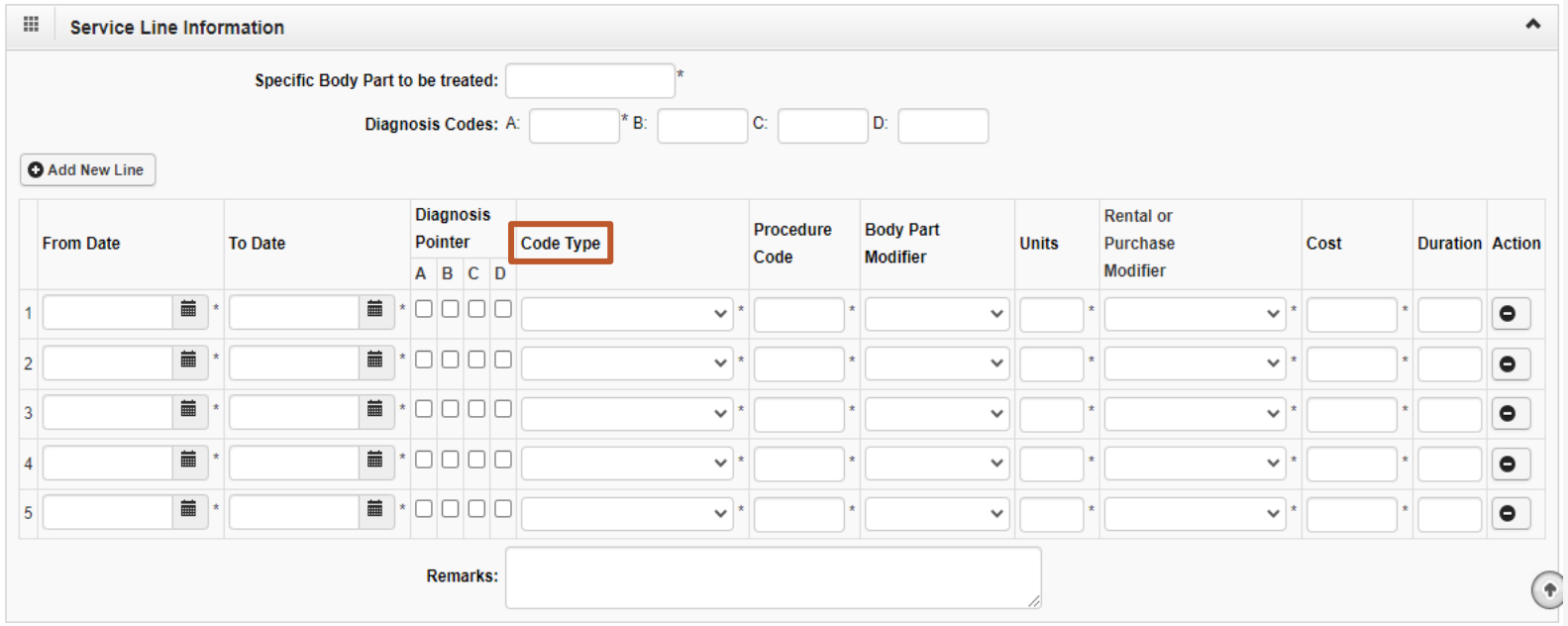
5. Select the alpha characters under the **Diagnosis Pointer** that reflect the DX Codes entered in the **Diagnosis Codes** fields.

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



DME: Entering Service Line Information (6 of 14)

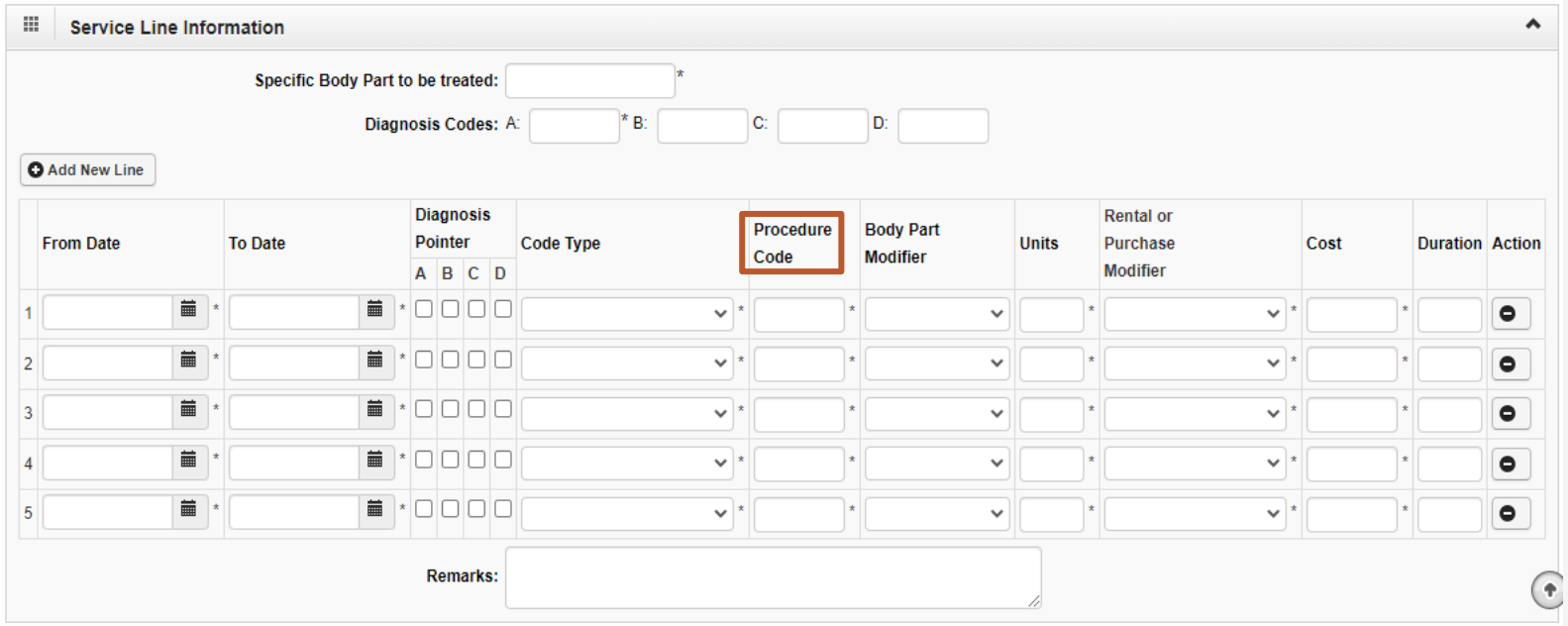
6. Select the code type from the **Code Type** drop-down list.



DME: Entering Service Line Information (7 of 14)

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

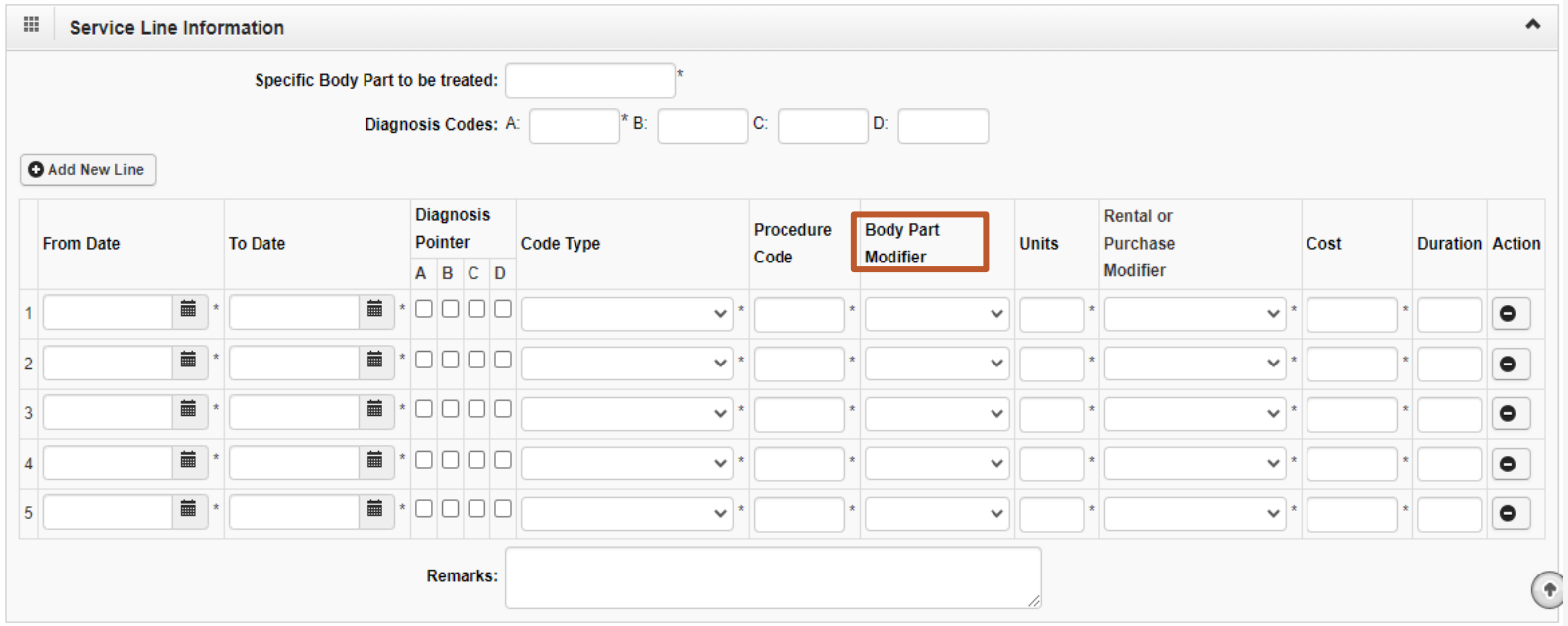
Note: The WCMBP System only accepts procedure codes that are valid for the specific authorization type being submitted.



DME: Entering Service Line Information (8 of 14)

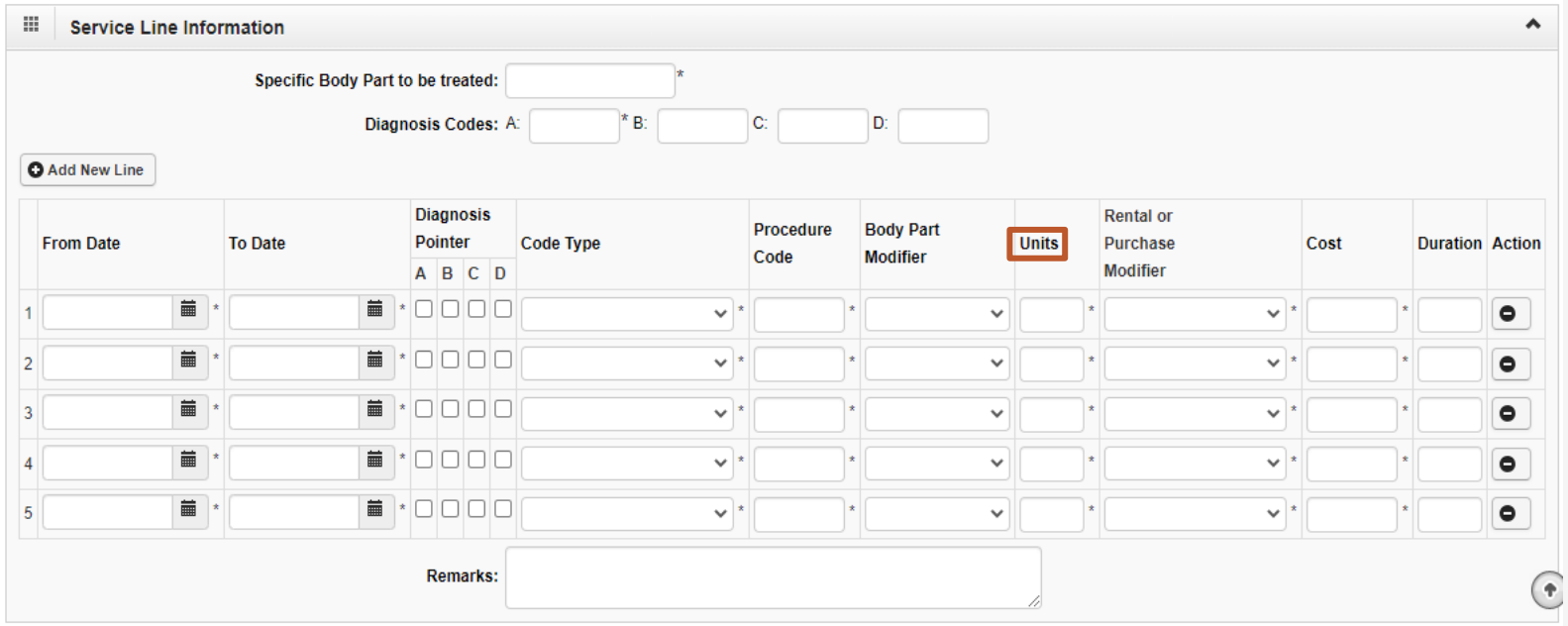
8. Enter the body part modifier (*optional* - effective 11/12/22).

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.



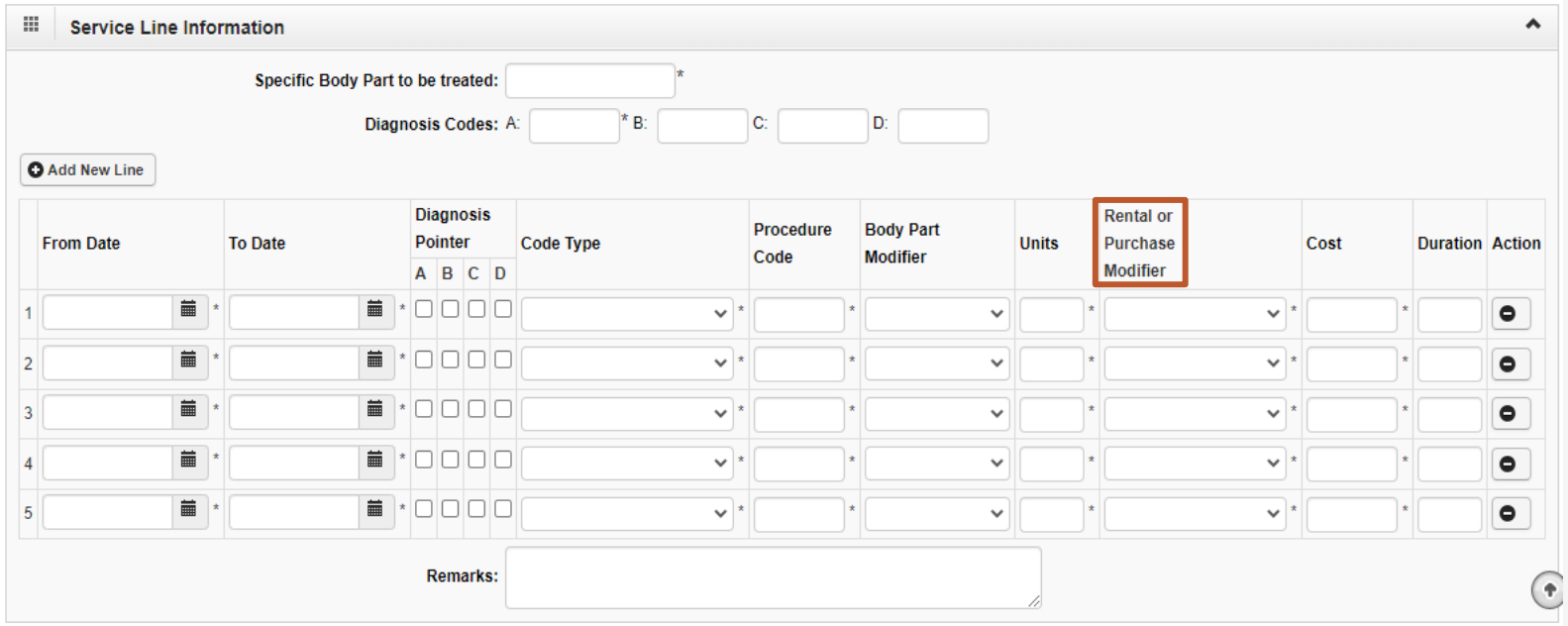
DME: Entering Service Line Information (9 of 14)

9. Enter the number of units requested for authorization.



DME: Entering Service Line Information (10 of 14)

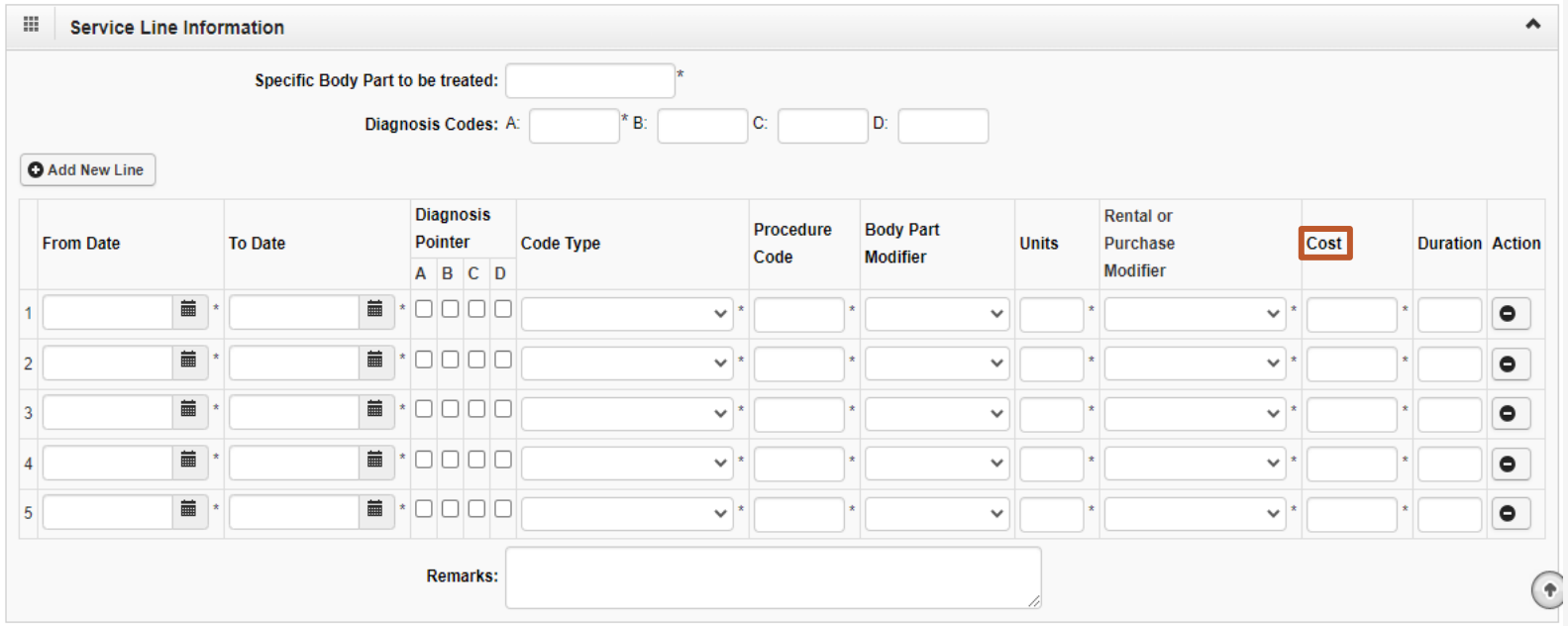
10. Identify the DME as a rental, purchased new, or purchased used.



DME: Entering Service Line Information (11 of 14)

11. Enter the cost.

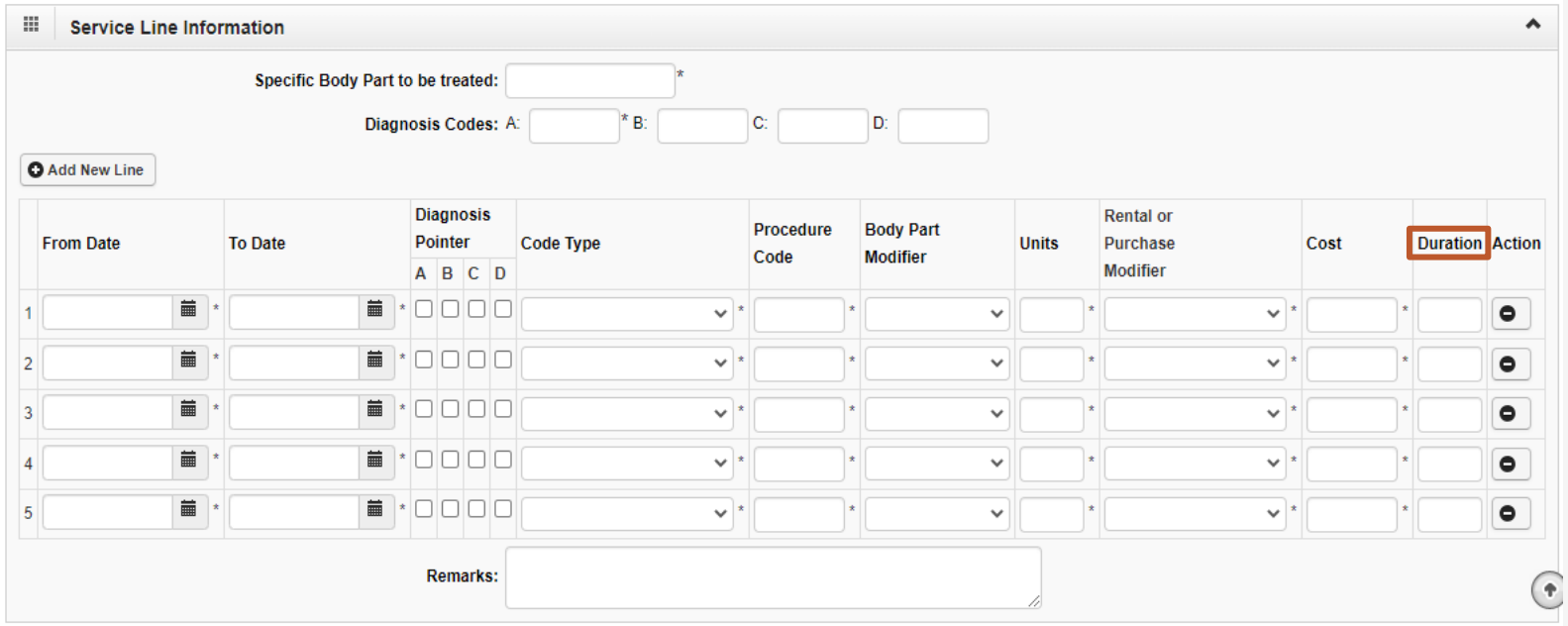
Note: If a DME is a rental, include the rental charges in the total cost for the date range entered.



DME: Entering Service Line Information (12 of 14)

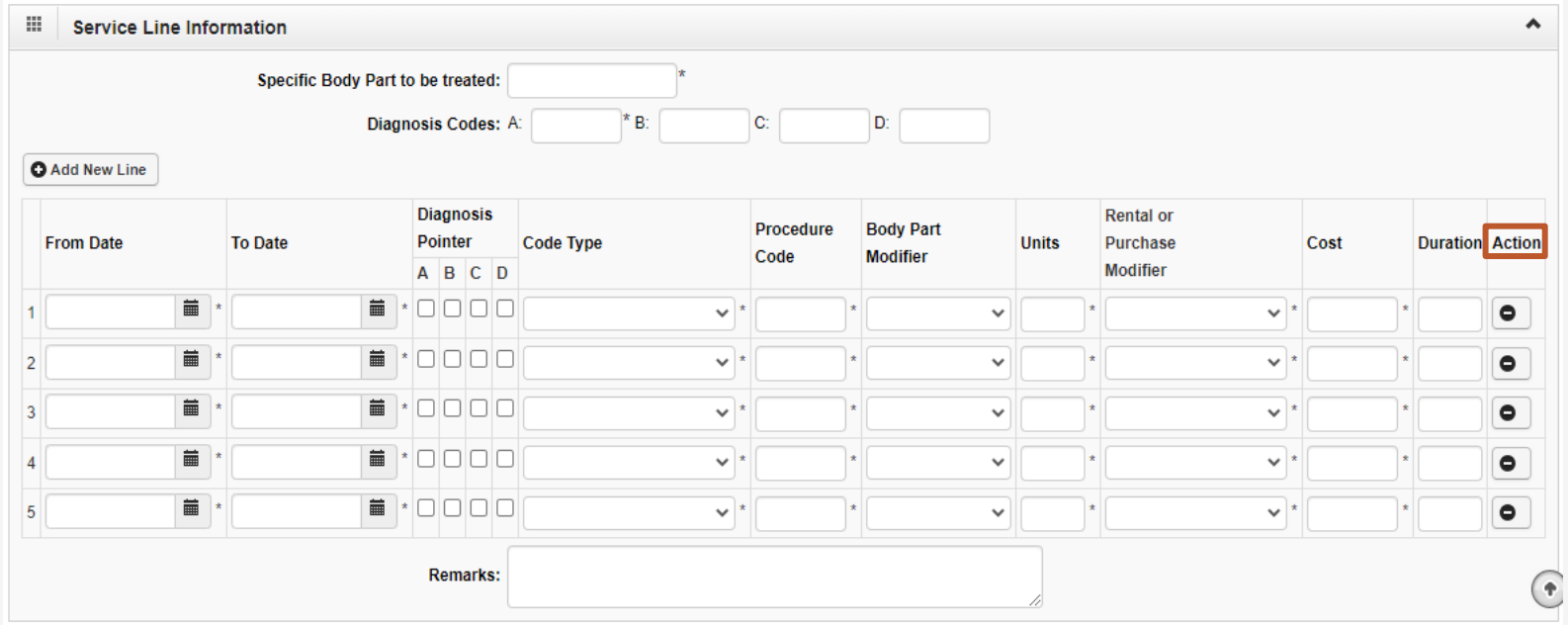
12. Enter the duration (for example, 2 months).

Note: Duration is required for rentals.



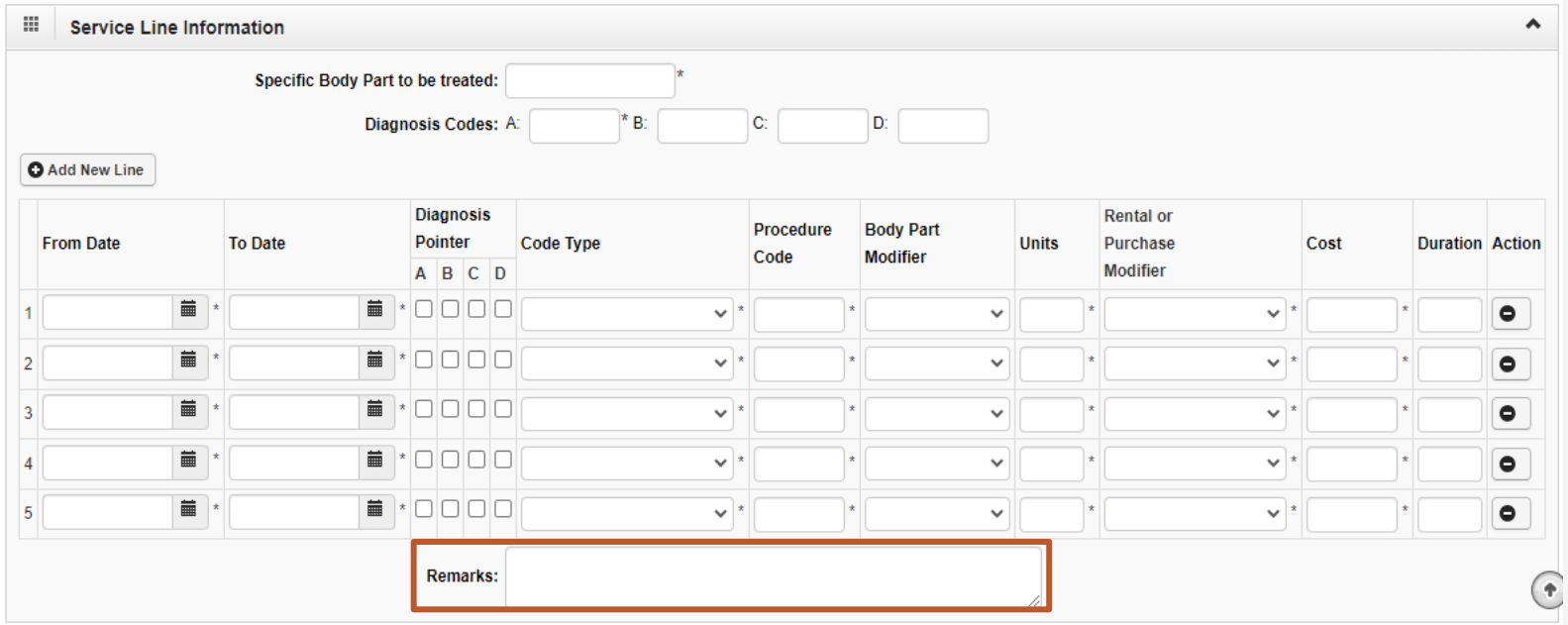
DME: Entering Service Line Information (13 of 14)

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



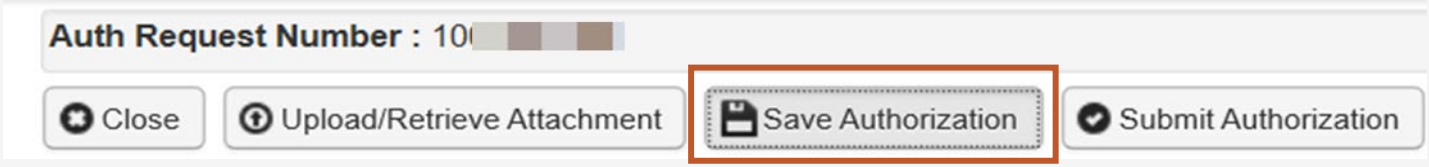
DME: Entering Service Line Information (14 of 14)

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

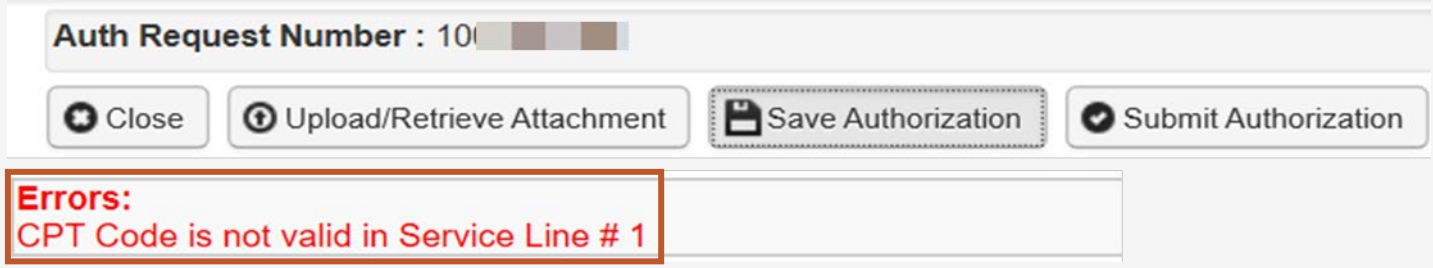


DME: Saving the Authorization Request (1 of 2)

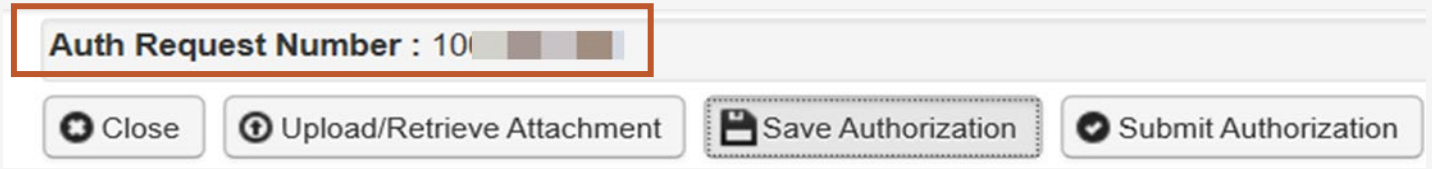
1. Once all the information is entered, scroll to the top of the page and select **Save Authorization**.



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**.



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

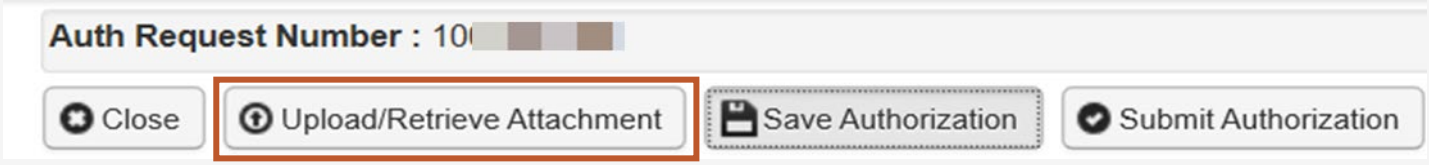


Note: DME authorizations require a signed prescription from a MD, DO, DPM, or PHD and an authorized treatment plan.

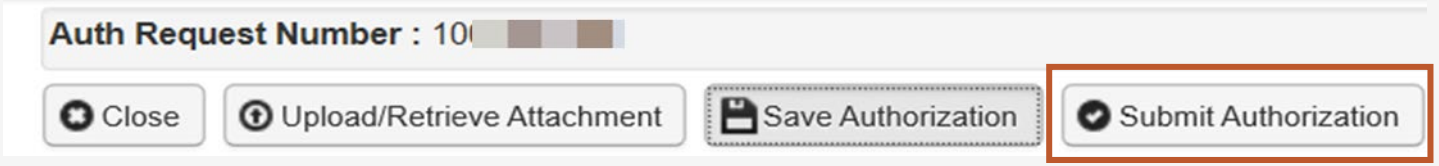
DME: Saving the Authorization Request (2 of 2)

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

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

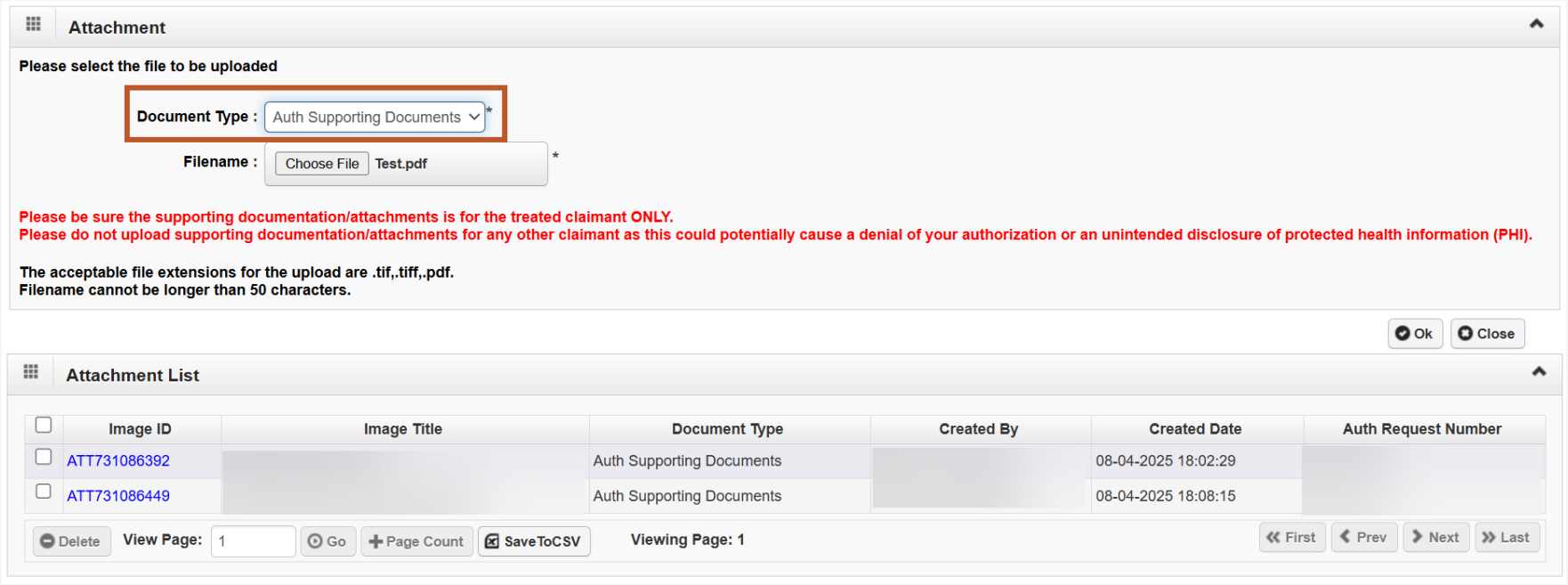


3. Once the attachments are uploaded, select **Submit Authorization**.



DME: Uploading Attachment (1 of 4)

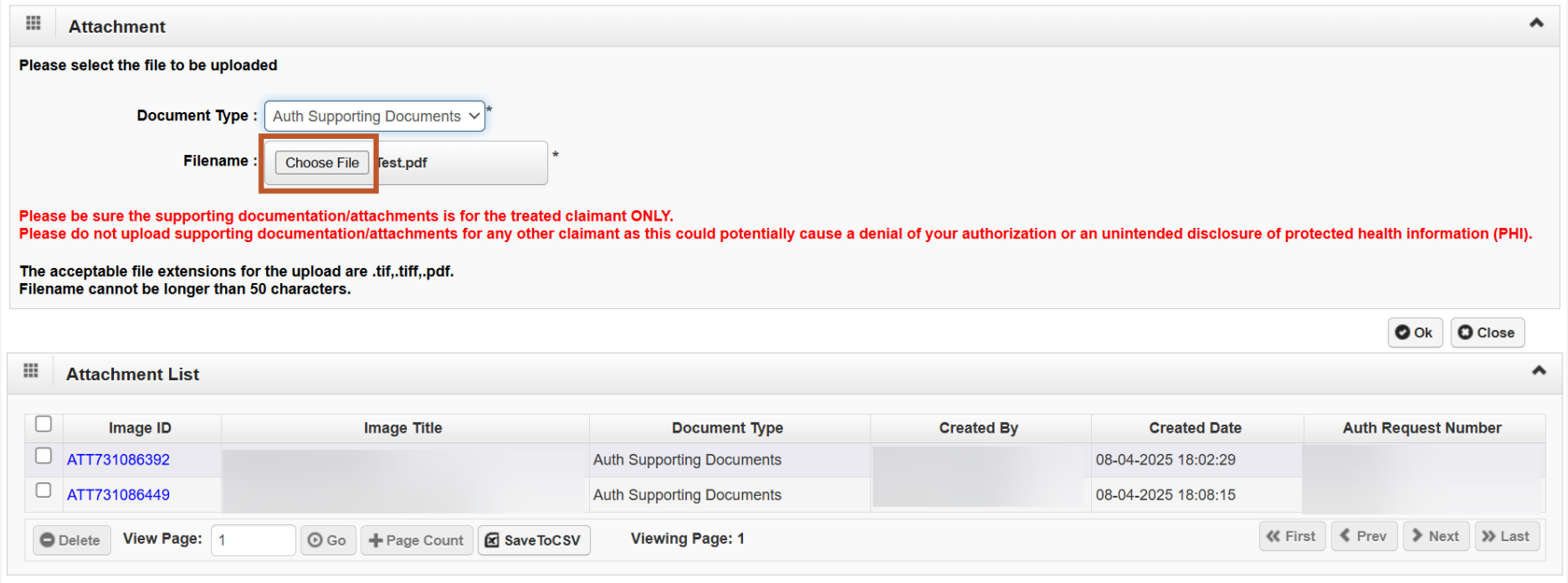
1. Select the document type to be uploaded from the **Document Type** drop-down list.



DME: Uploading Attachment (2 of 4)

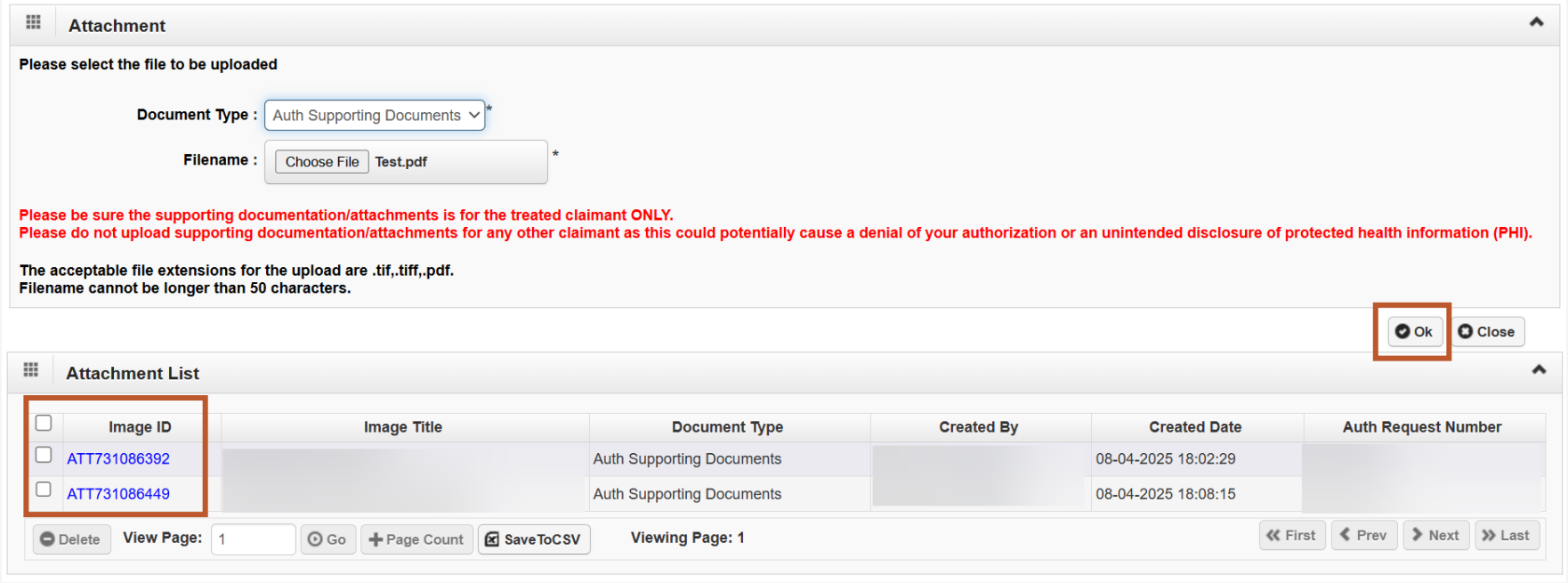
2. Select **Choose File** from the **Filename** field.
   - Locate and select the file to upload from the local drive.
   - Select **Open**. The system updates the **Filename** field.

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



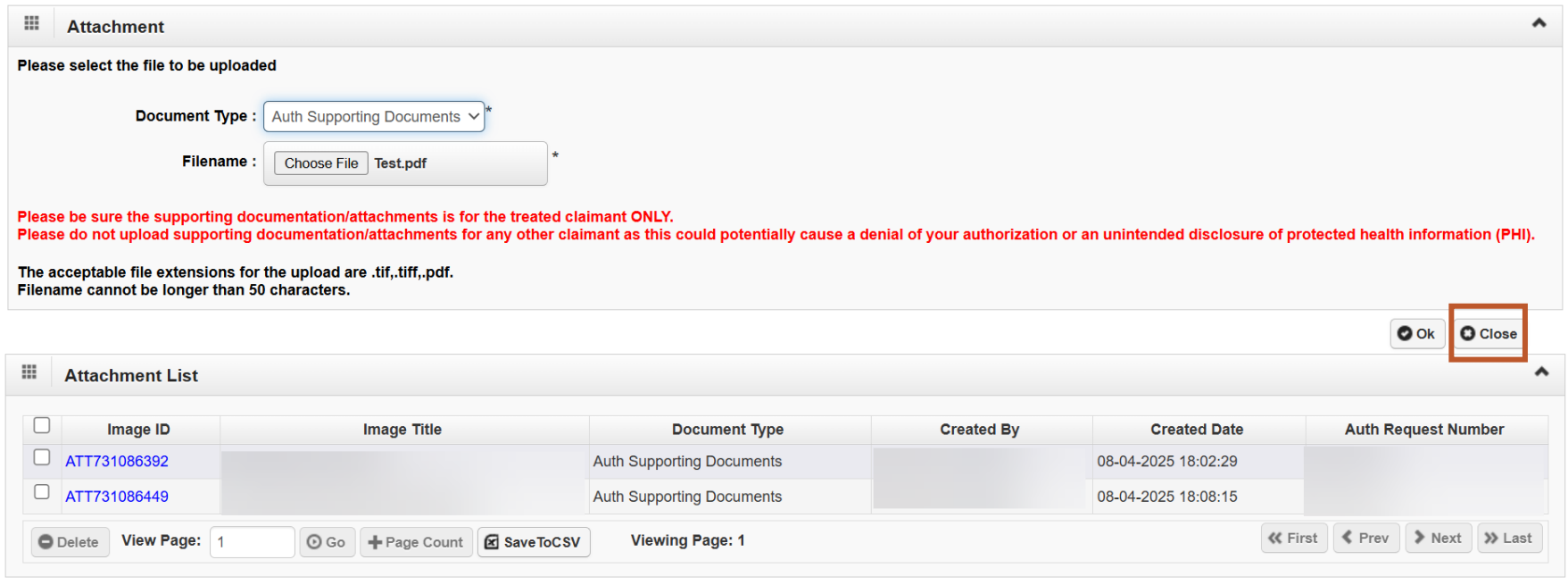
DME: Uploading Attachment (3 of 4)

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



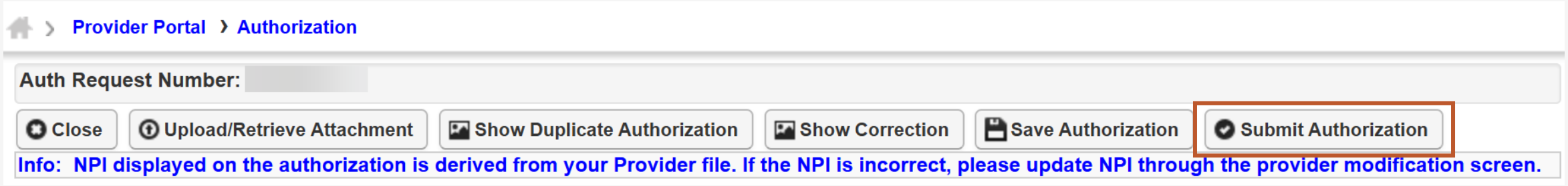
DME: Uploading Attachment (4 of 4)

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



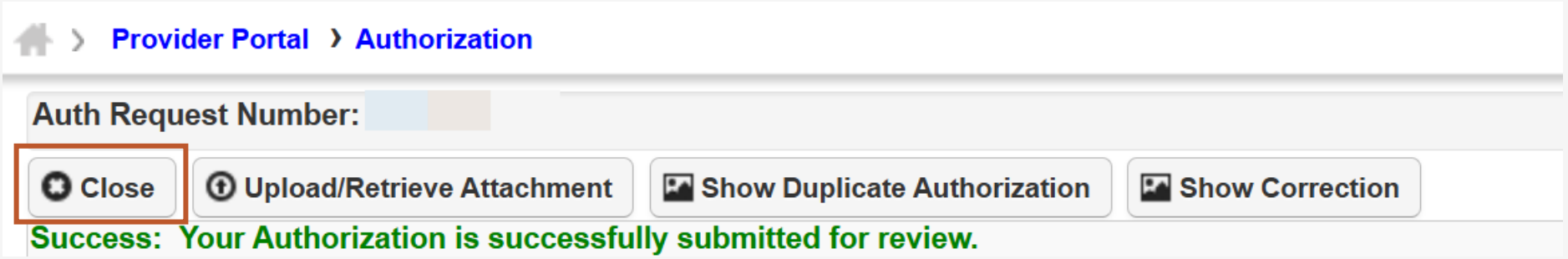
DME: Submitting the Authorization Request

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



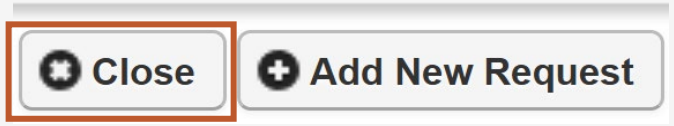
Note: After selecting **Submit Authorization** the WCMBP System confirms the authorization is successfully submitted for review, updates the Header Status to **In Review**, and determines the Authorization Level.

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

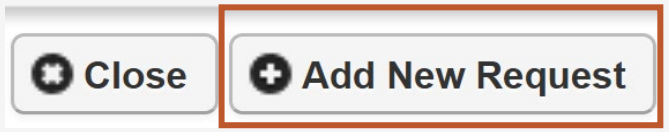


DME: Viewing Authorization Information

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.

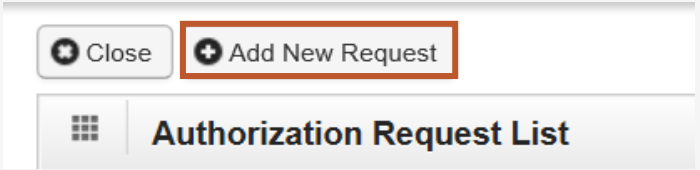
Note: The system displays the Authorization Request with a Header Status of "**In Review**" as confirmation that the request was successfully submitted.

		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

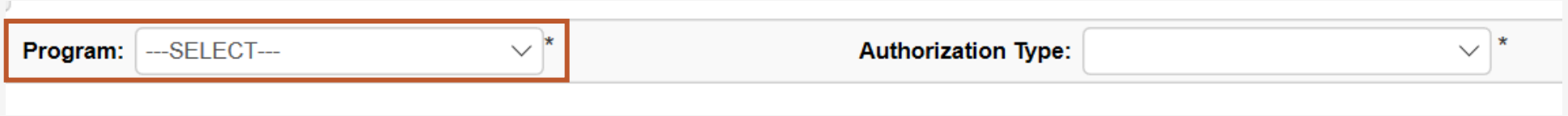
General Medical

General Medical: Adding a New Authorization Request

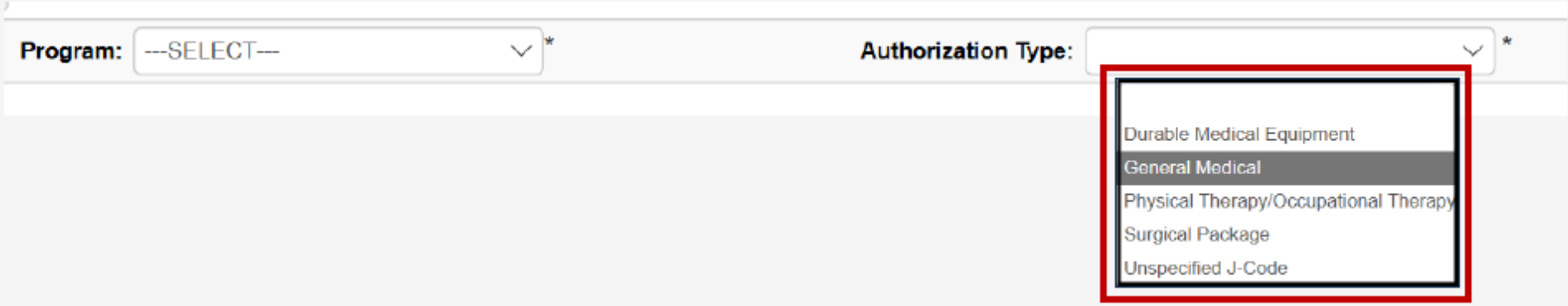
1. To submit a new authorization request, select **Add New Request**.



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

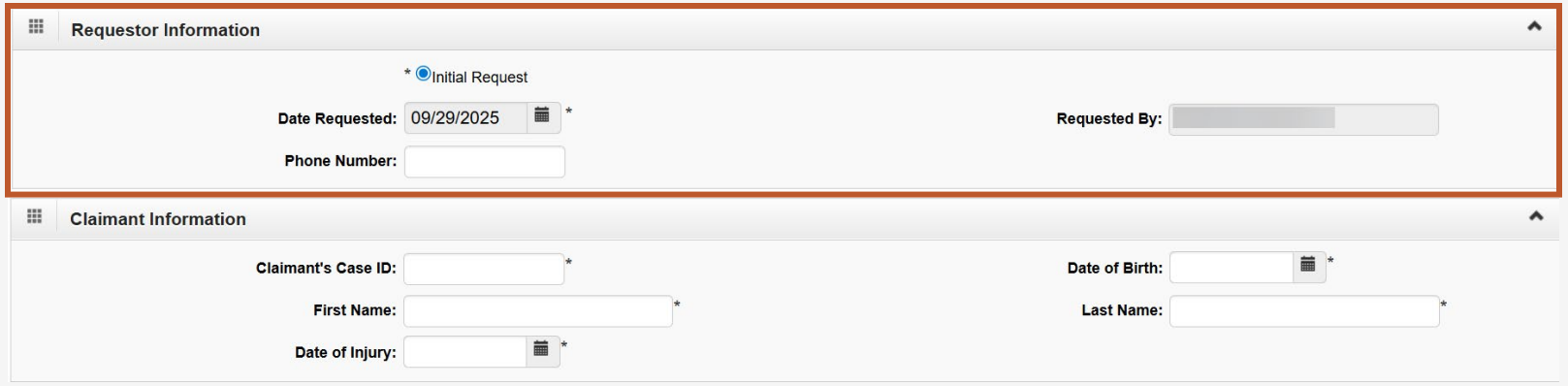


3. Select one the following authorization types from the **Authorization Type** drop-down list.



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.”

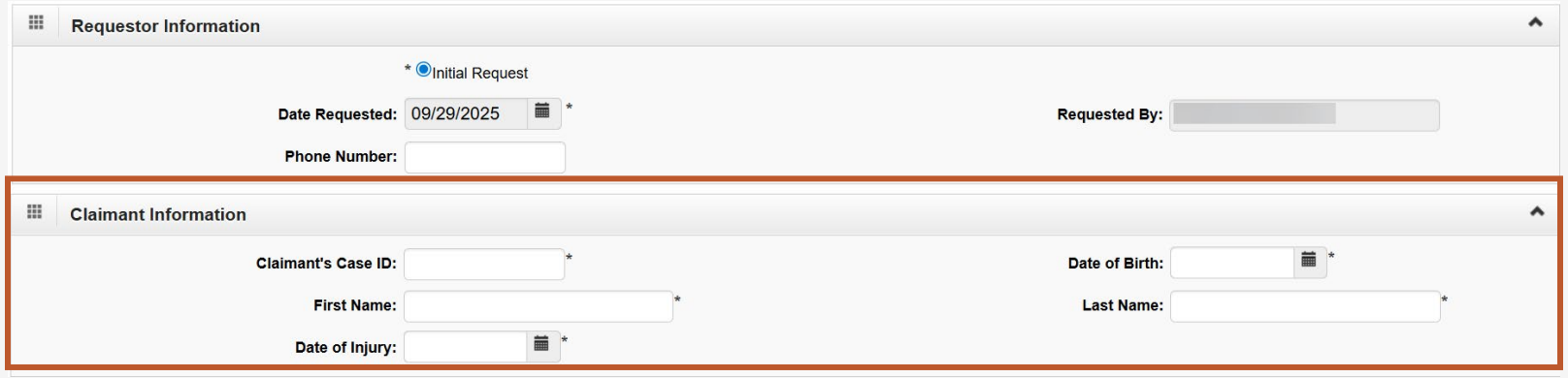


General Medical: Requestor and Claimant Information (2 of 2)

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**).

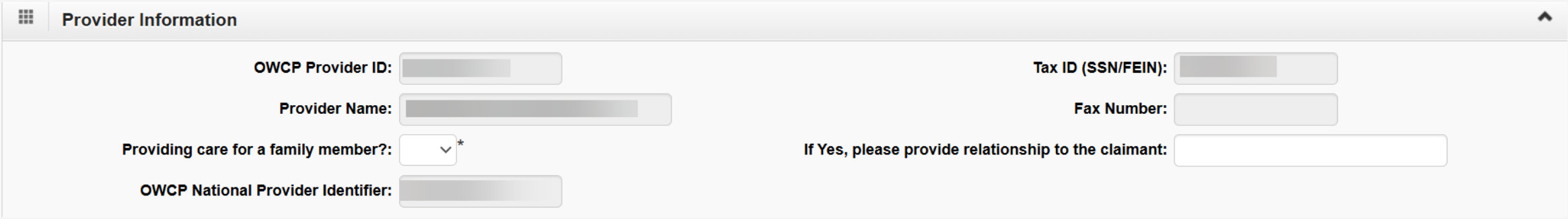
- If the Claimant's Case ID is associated with the Program, the system will auto-populate the claimant information.
- If the Claimant's Case ID is not associated with the Program, the system will display the alert "Claimant is not associated with the program." Select **OK** to close the window and enter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

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



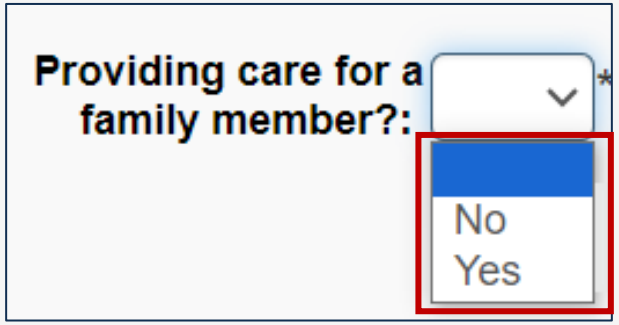
General Medical: Entering Provider Information (1 of 2)

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.

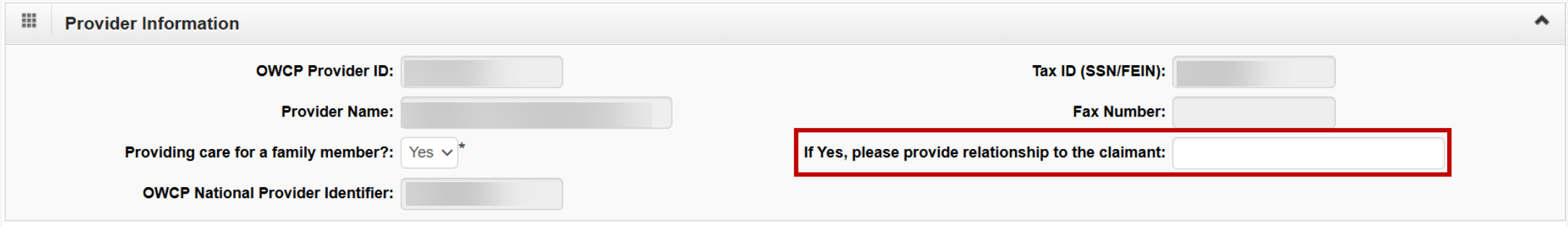


General Medical: Entering Provider Information (2 of 2)

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



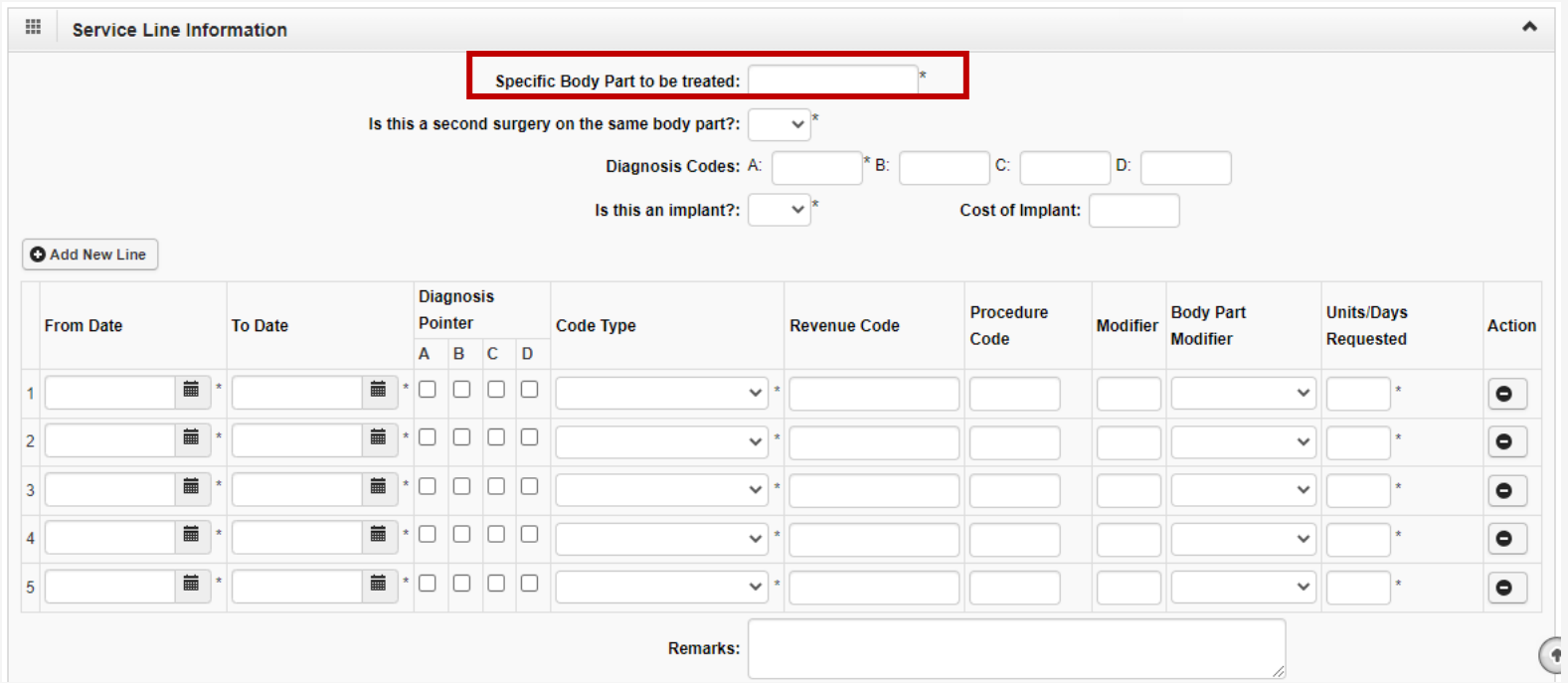
2. If yes is selected in the **Providing care for a family member** drop-down list, provide the relationship to the claimant.
   This step is required when Yes is selected.



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

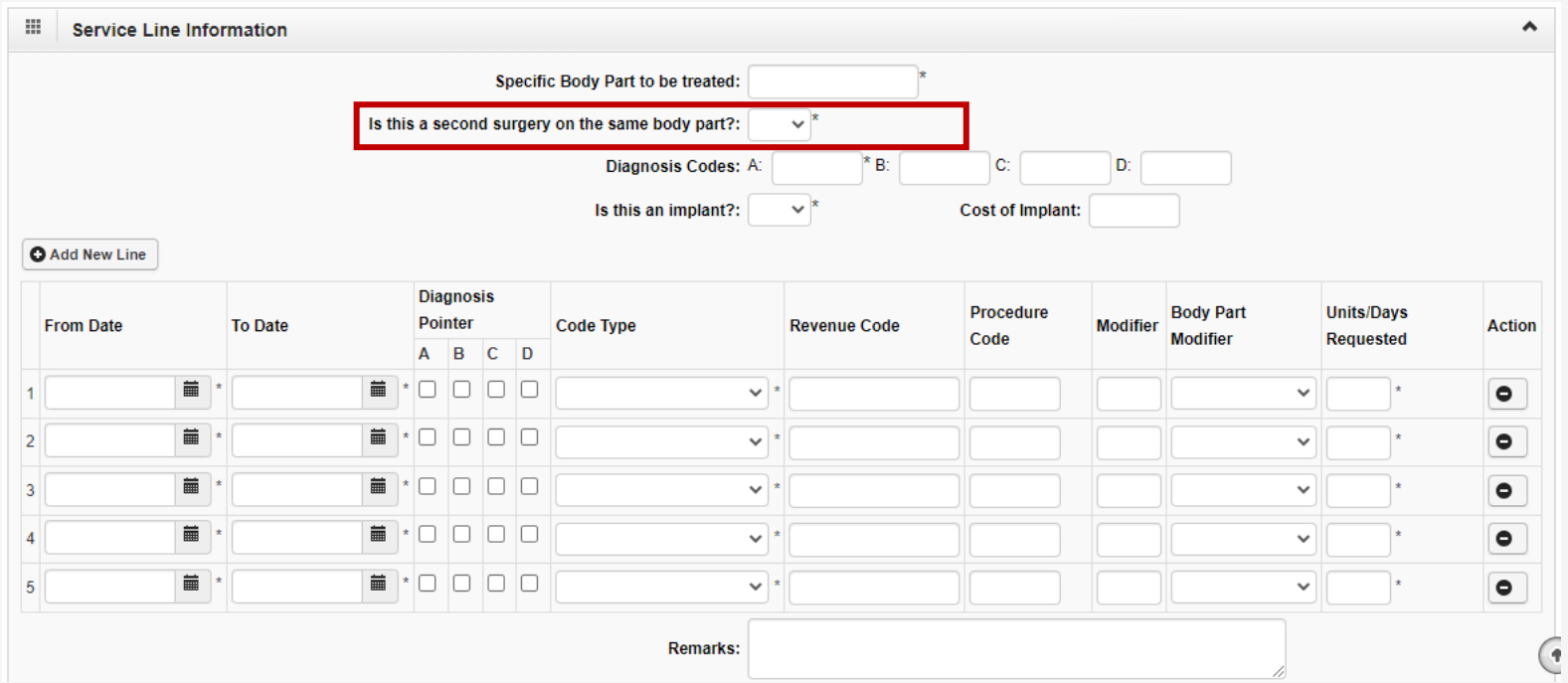
Enter the Required Service Line Information

1. Enter the specific body part to be treated.



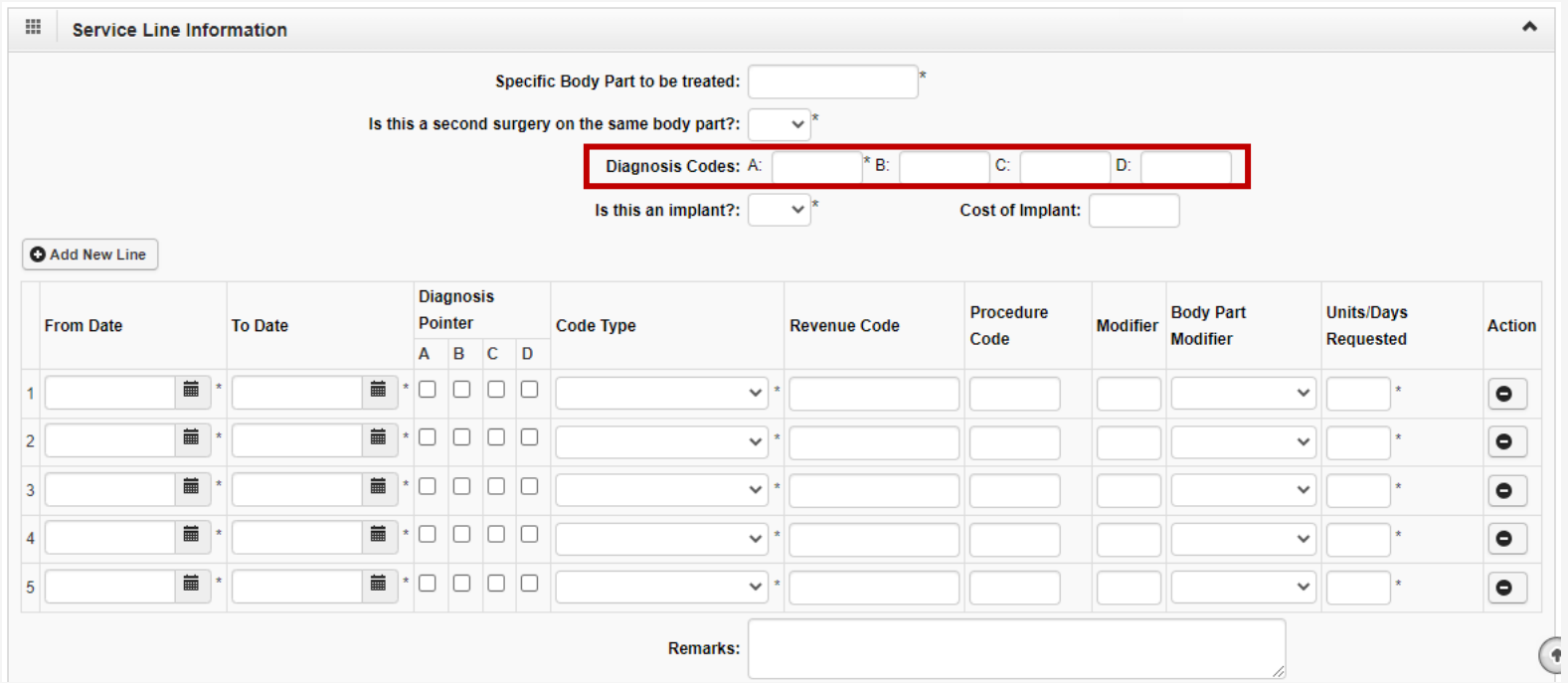
General Medical: Entering Service Line Information (2 of 13)

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



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

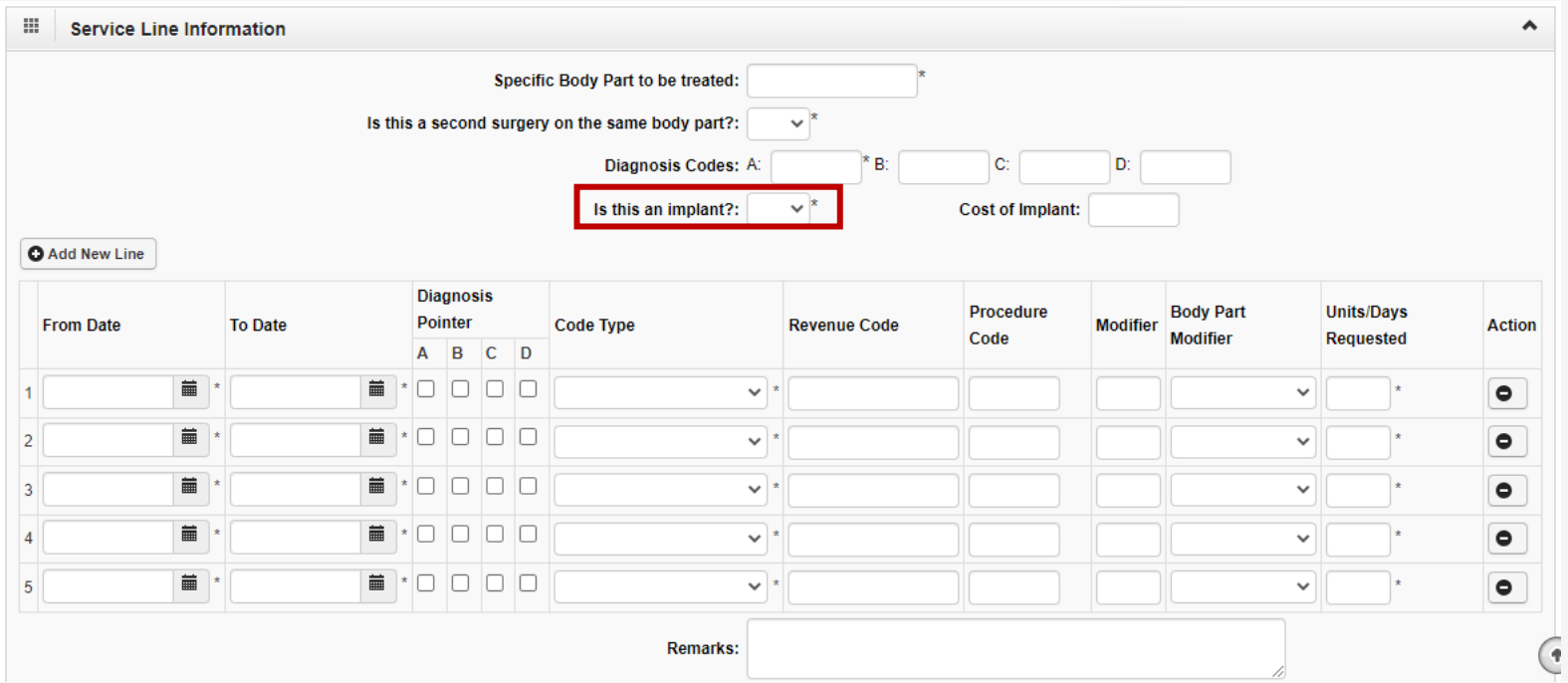
3. Enter up to four Diagnosis (DX) Codes.



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**.

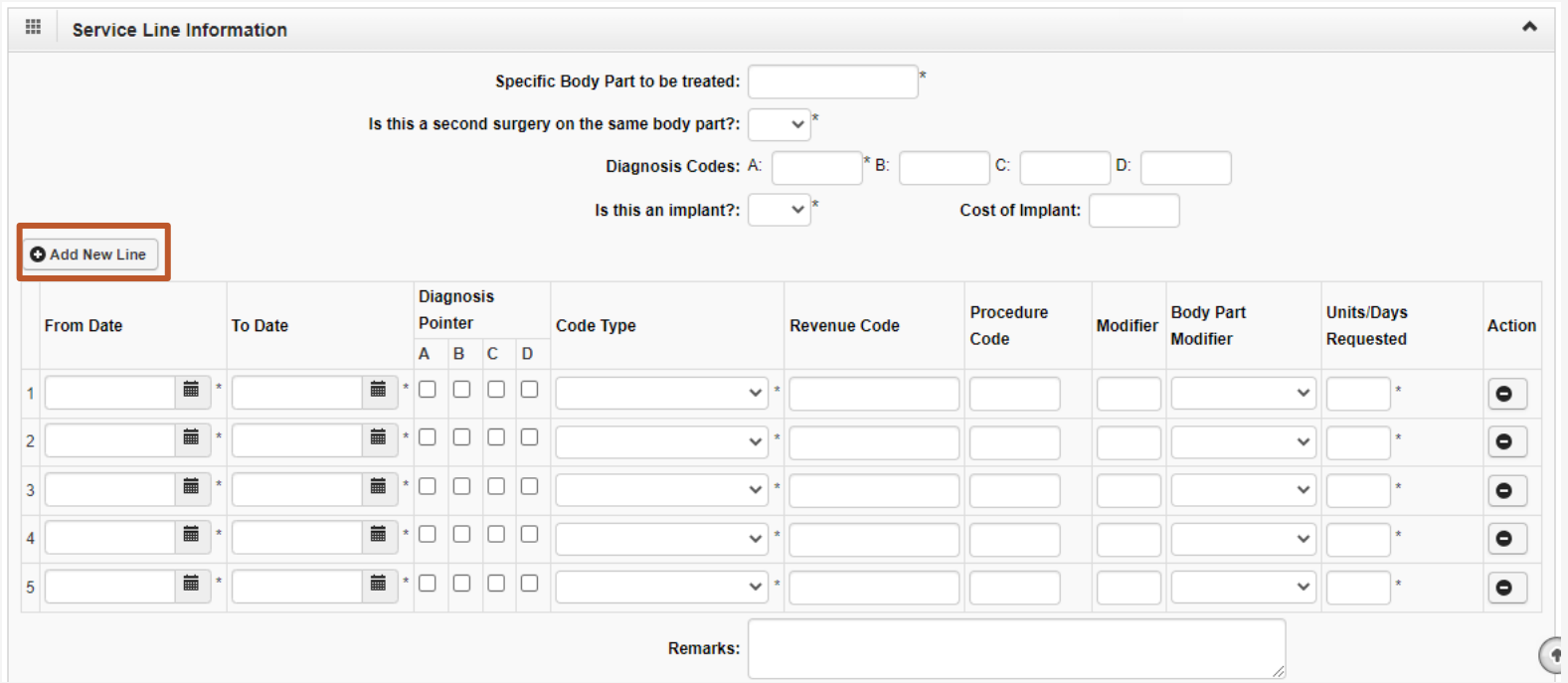
Note: An invoice is required for implant service and can be uploaded as an attachment with the authorization request.



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

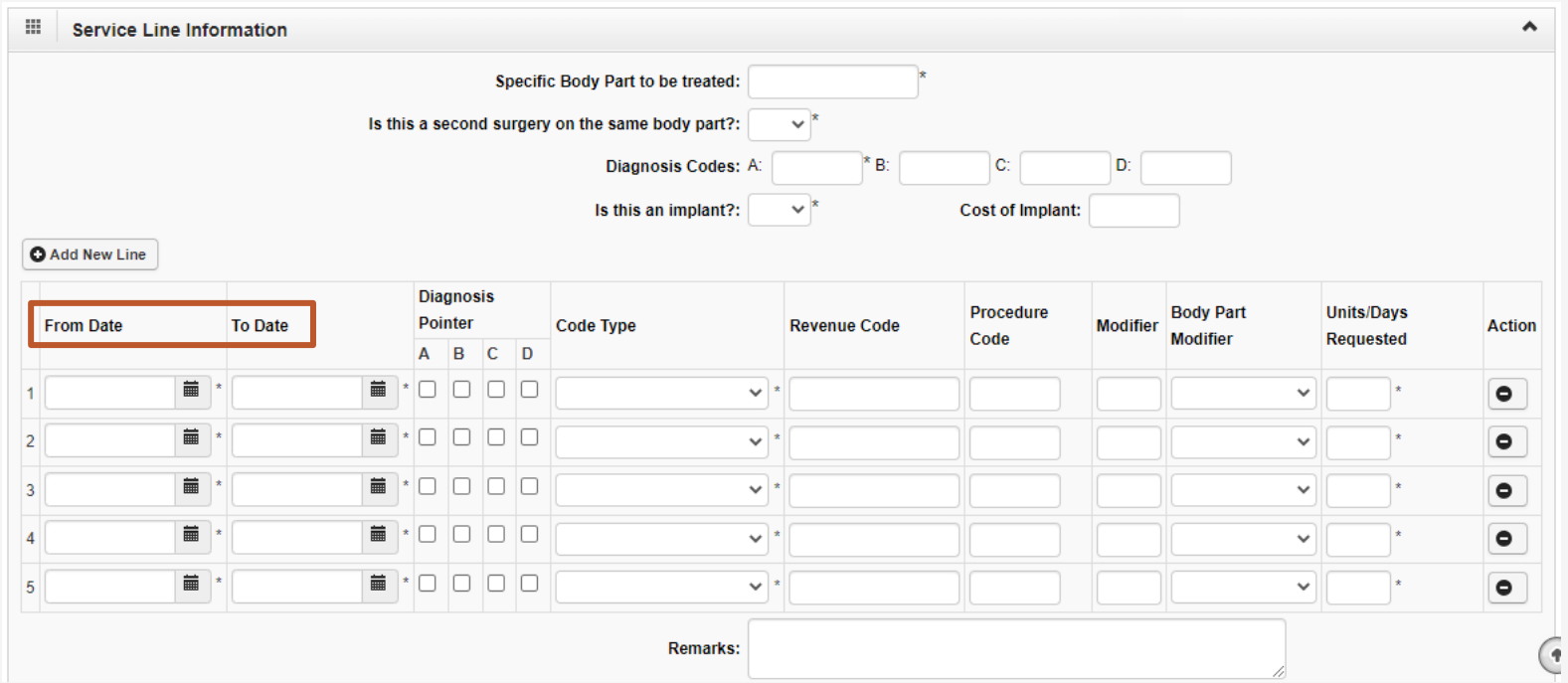
Note: Five service lines display.

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



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

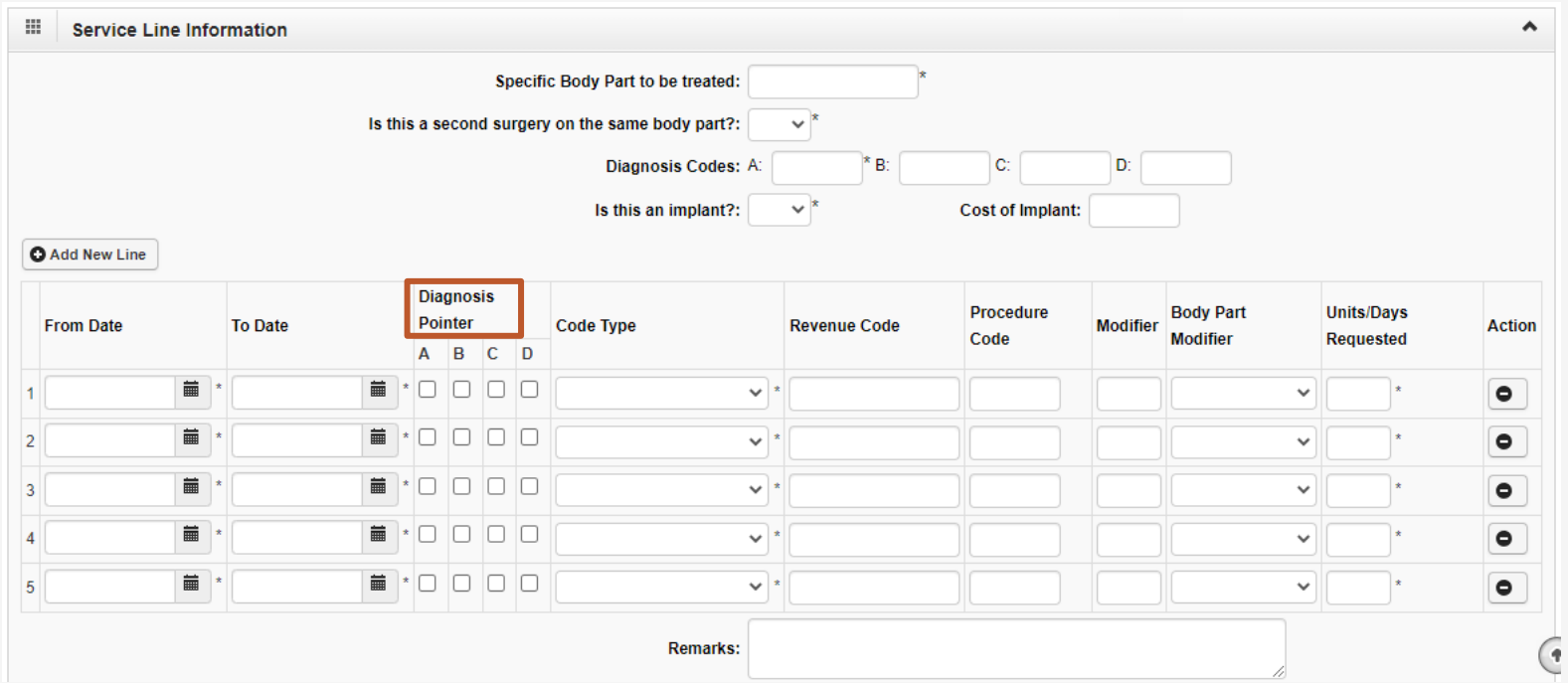
6. Complete the **From Date** and **To Date** for each service line used.



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

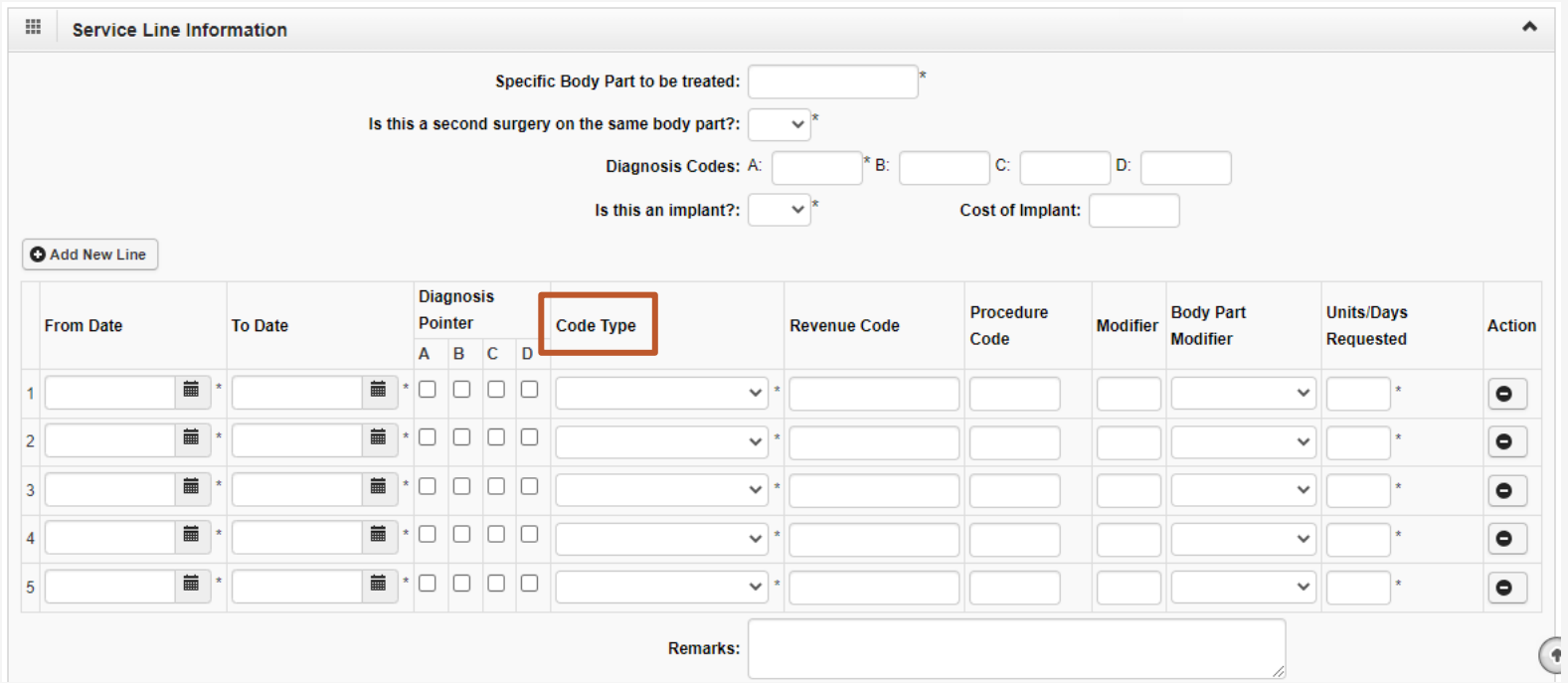
7. Select the alpha characters under the **Diagnosis Pointer** that reflect the DX Codes entered in the **Diagnosis Codes** fields.

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



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

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

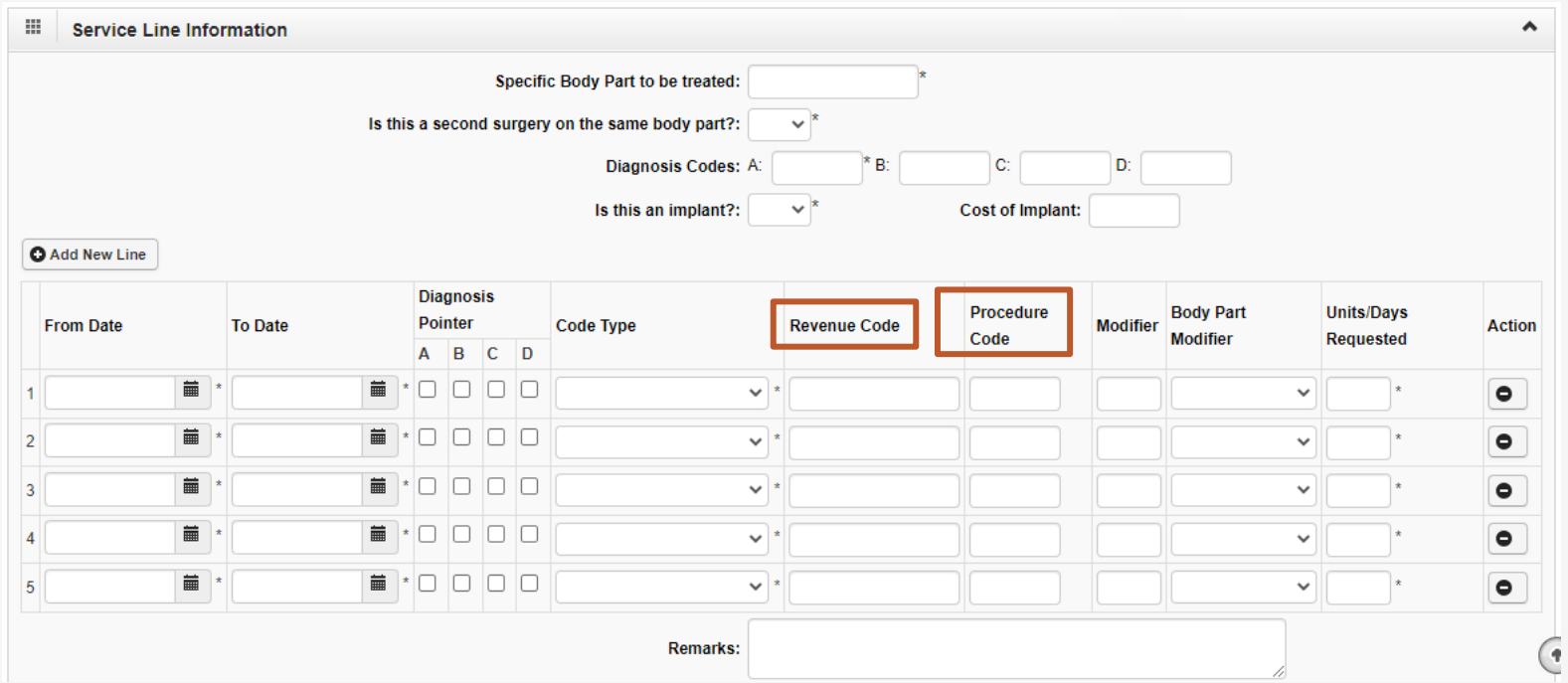


General Medical: Entering Service Line Information (9 of 13)

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.

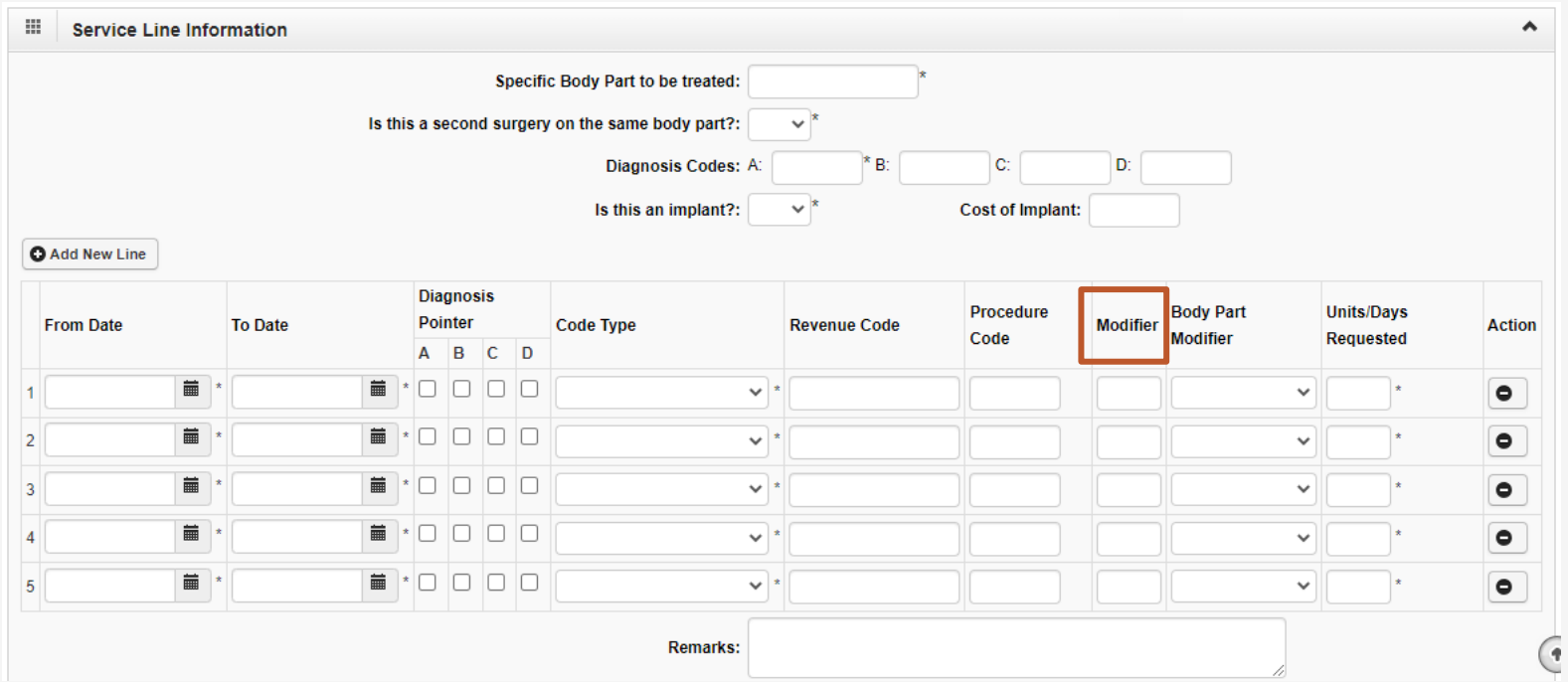


General Medical: Entering Service Line Information (10 of 13)

10. Enter the procedure code modifier (optional).

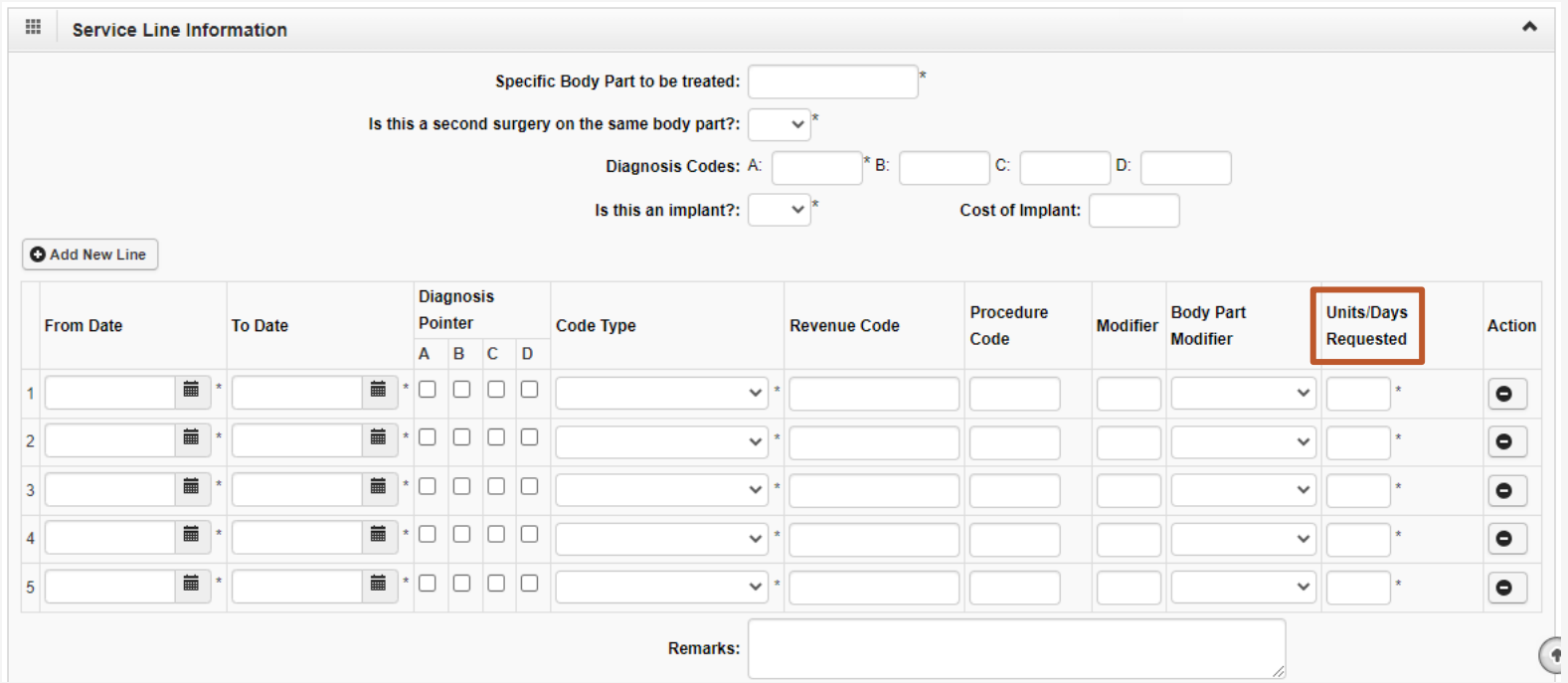
Note: The **Body Part Modifier** field is optional and no longer required.

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.



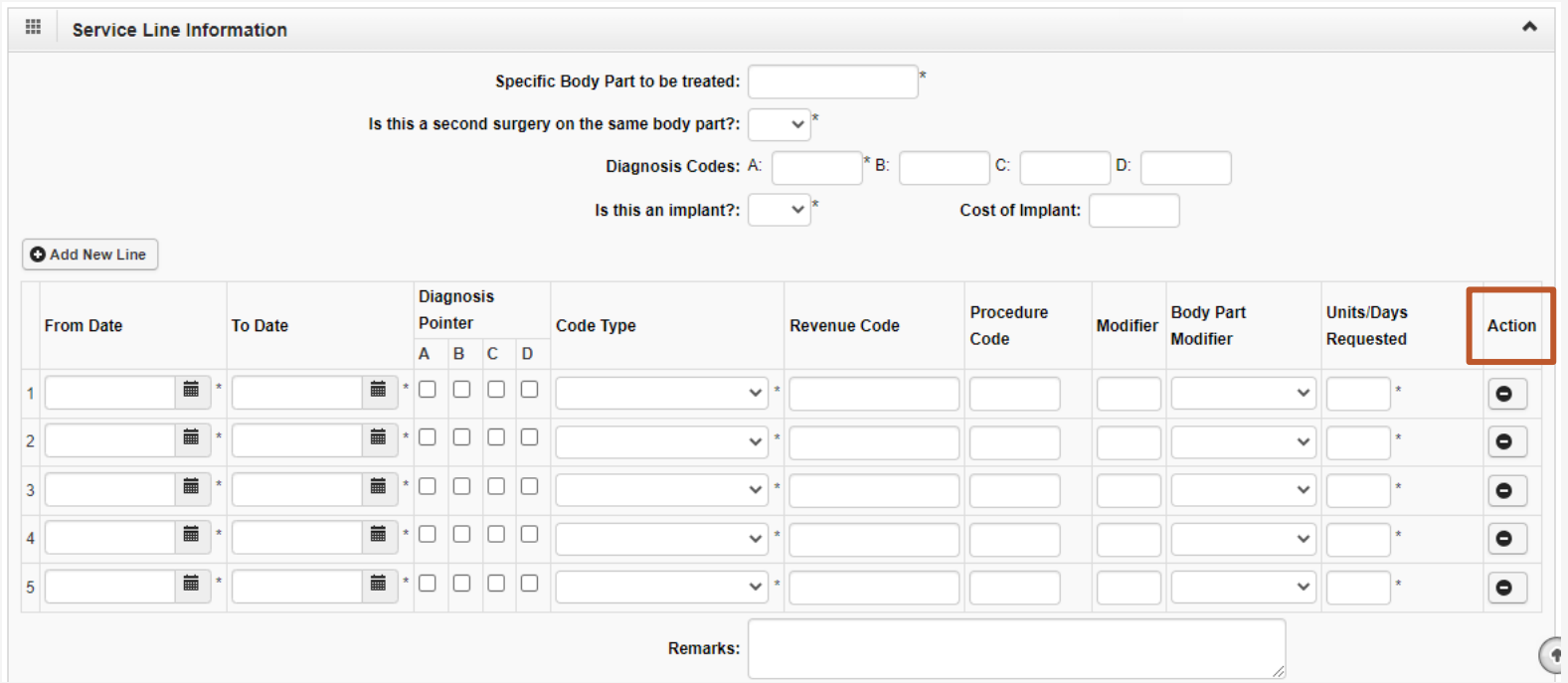
General Medical: Entering Service Line Information (11 of 13)

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



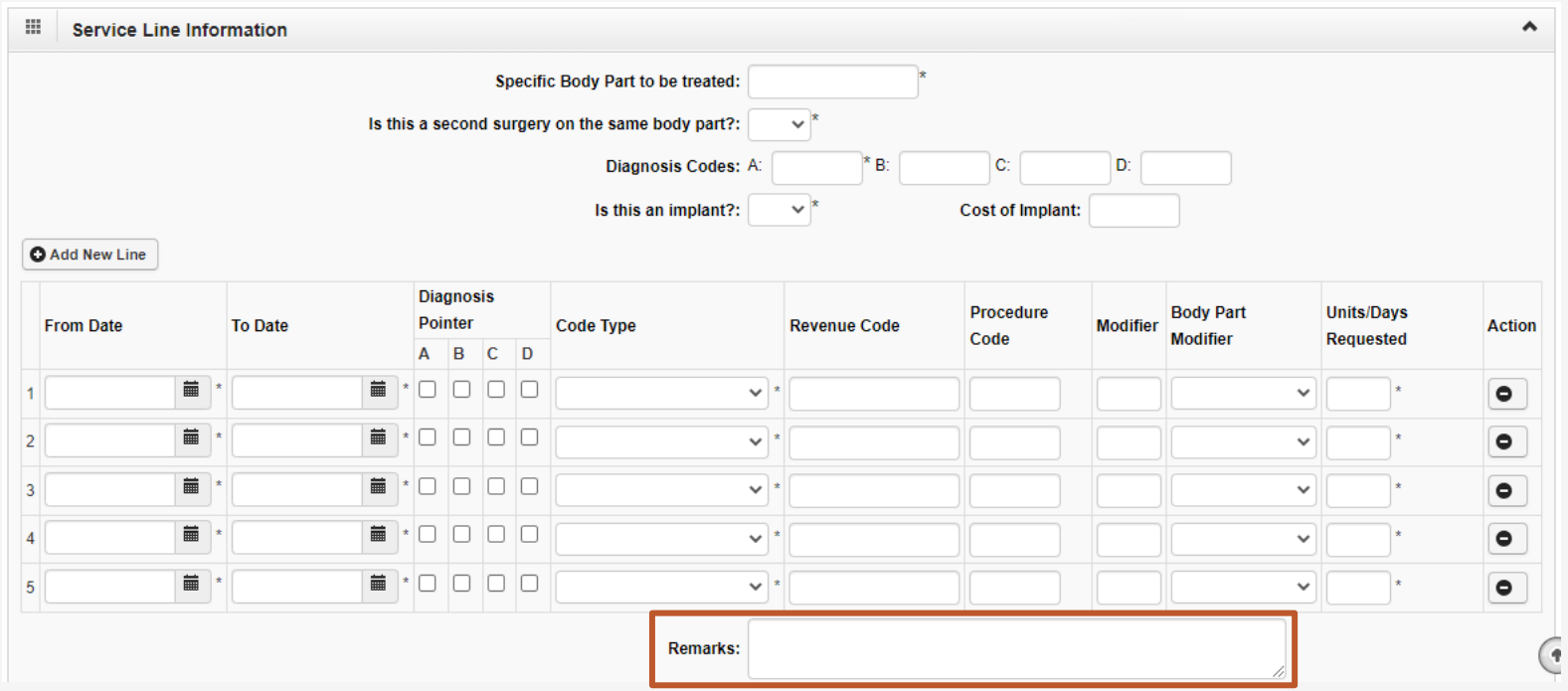
General Medical: Entering Service Line Information (12 of 13)

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



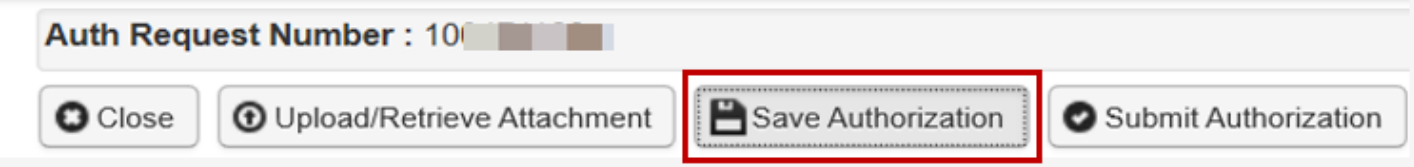
General Medical: Entering Service Line Information (13 of 13)

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



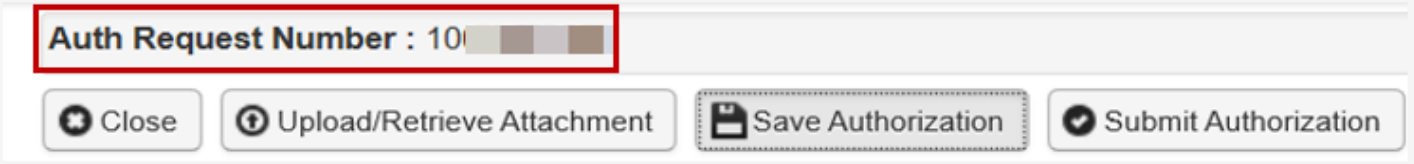
General Medical: Saving the Authorization Request (1 of 2)

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



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**.

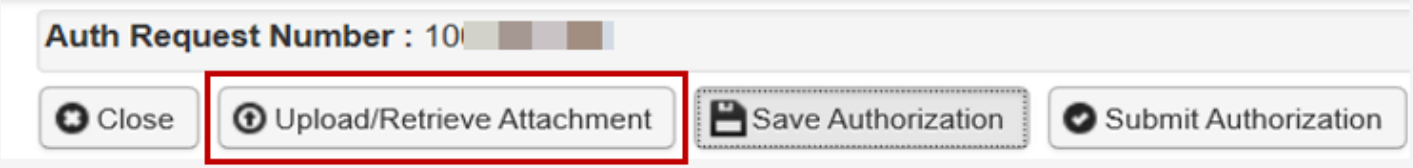
Note: The 9-digit authorization number will populate.



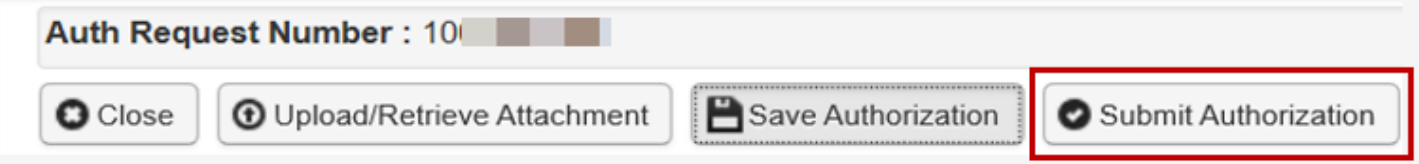
General Medical: Saving the Authorization Request (2 of 2)

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.

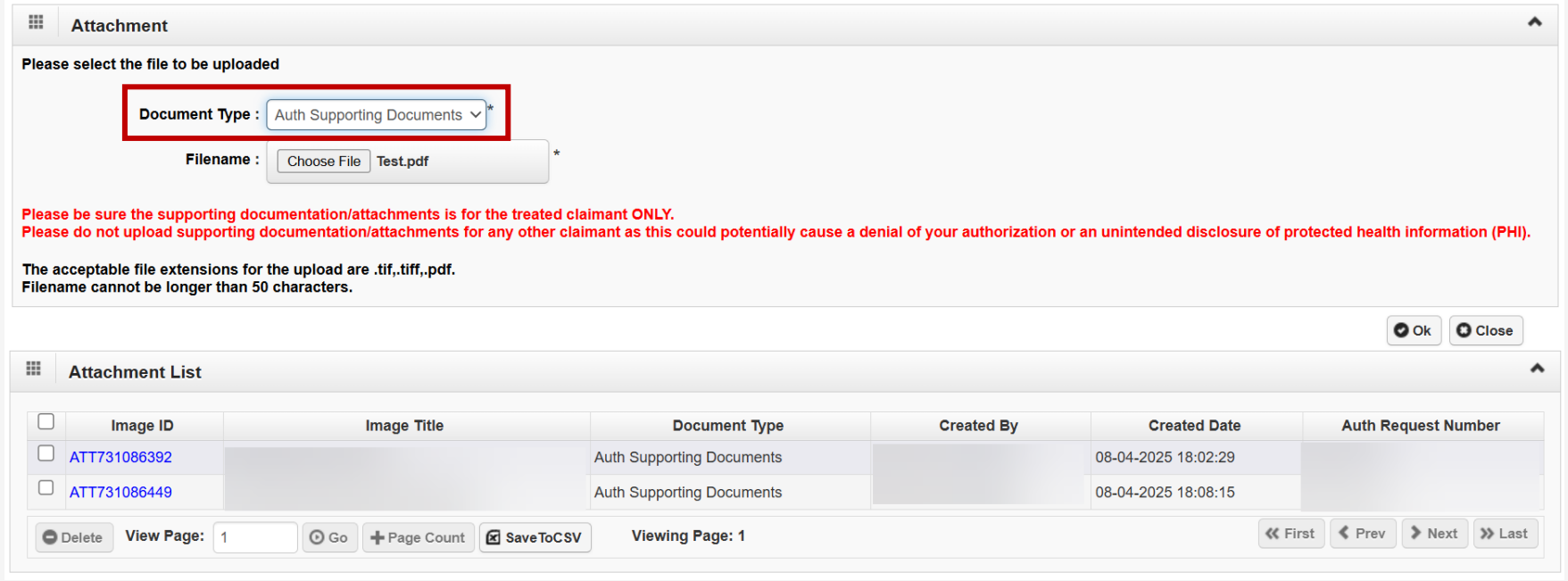


3. Once the attachments are uploaded, select **Submit Authorization**.



General Medical: Uploading Attachment (1 of 4)

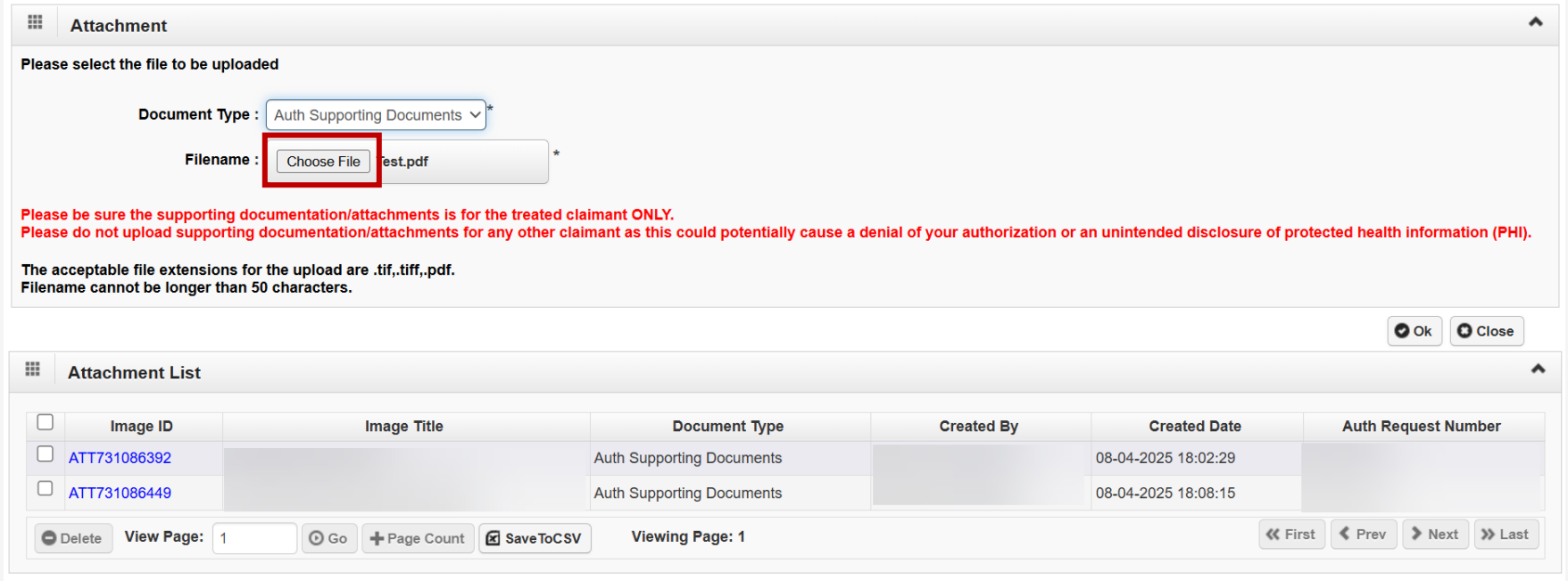
1. Select the document type to be uploaded from the **Document Type** drop-down list.



General Medical: Uploading Attachment (2 of 4)

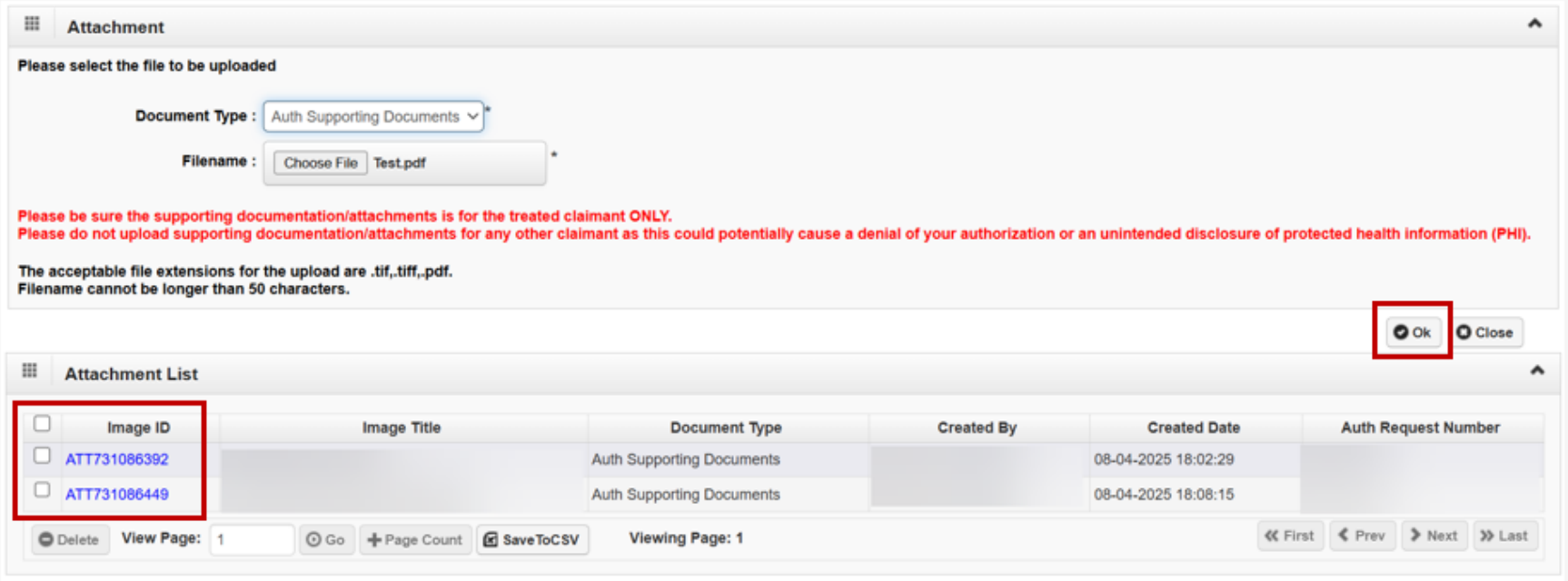
2. Select **Choose File** from the **Filename** field.
   - Locate and select the file to upload from the local drive.
   - Select **Open**. The system updates the **Filename** field.

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



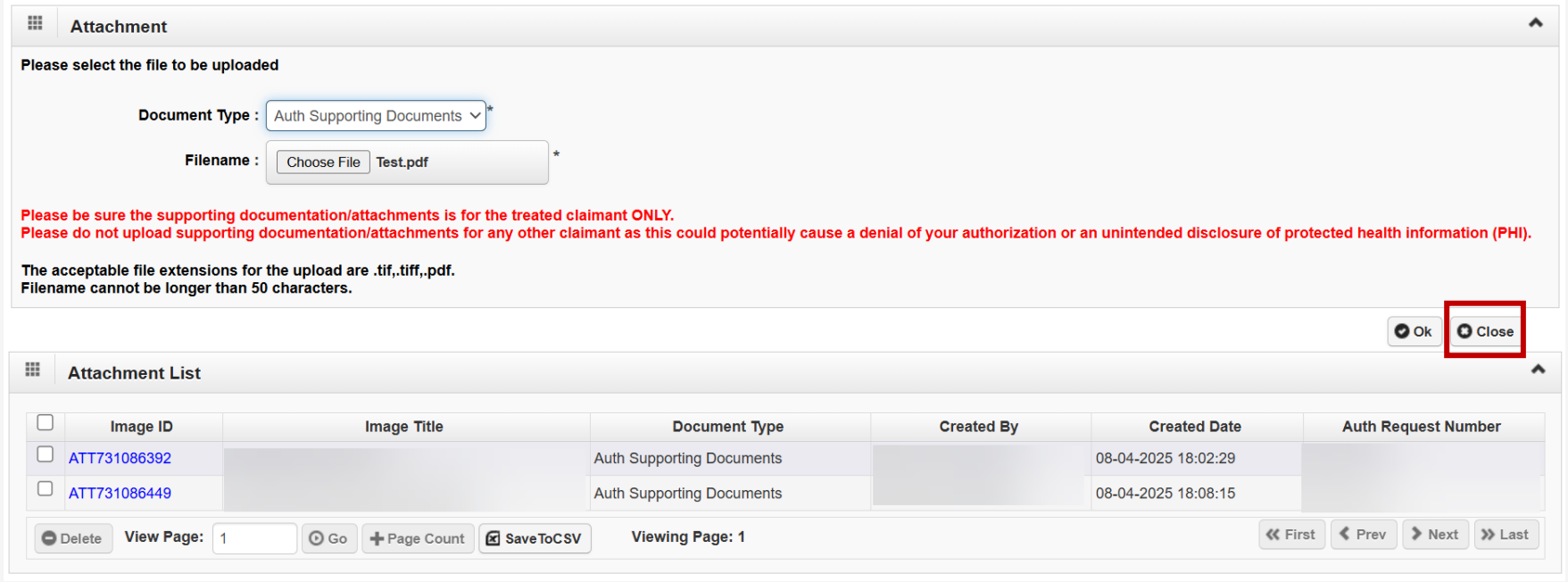
General Medical: Uploading Attachment (3 of 4)

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



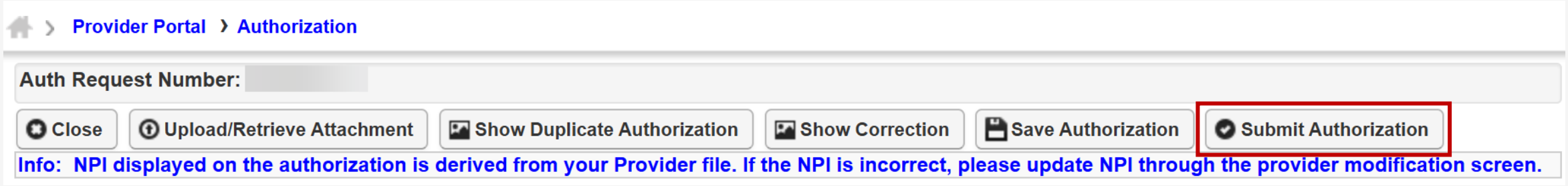
General Medical: Uploading Attachment (4 of 4)

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



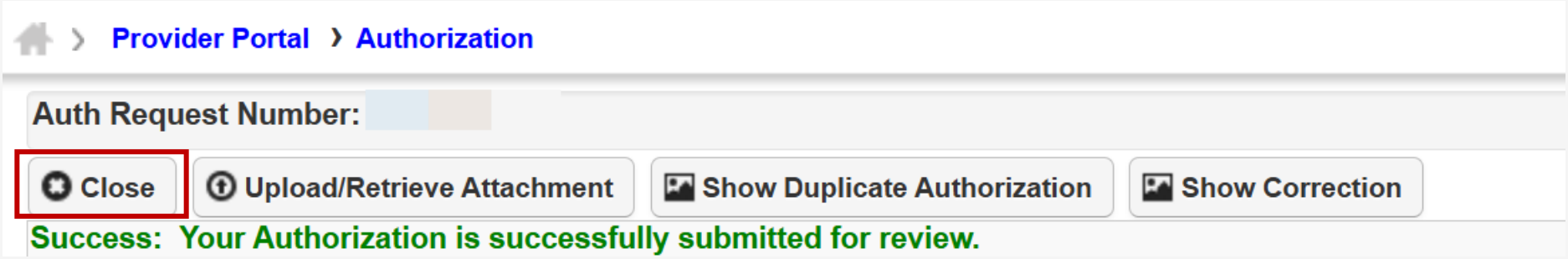
General Medical: Submitting the Authorization Request

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



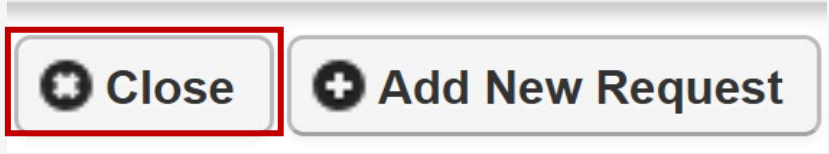
Note: After selecting **Submit Authorization** the WCMBP System confirms the authorization is successfully submitted for review, updates the Header Status to **In Review**, and determines the Authorization Level.

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

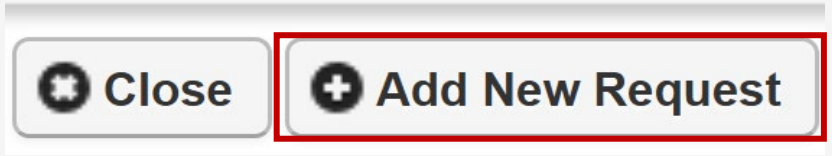


General Medical: Viewing Authorization Information

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.

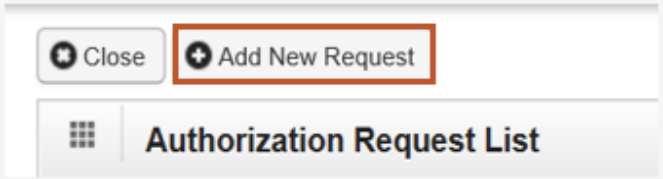
Note: The system displays the Authorization Request with a Header Status of "**In Review**" as confirmation that the request was successfully submitted.

		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

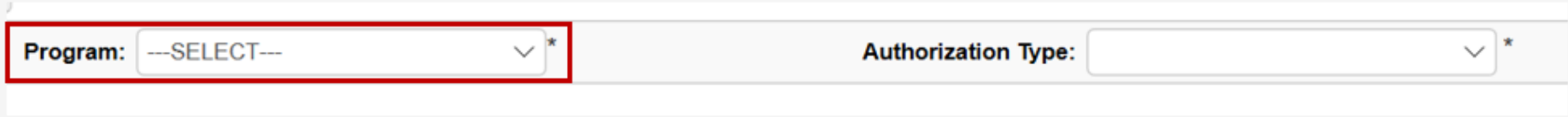
Home Health

Home Health: Adding a New Request

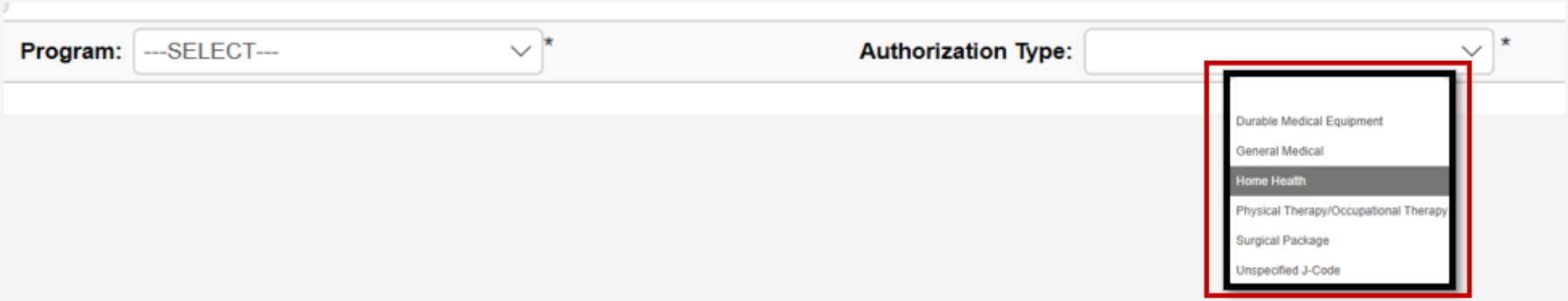
1. To submit a new authorization request, select **Add New Request**.



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

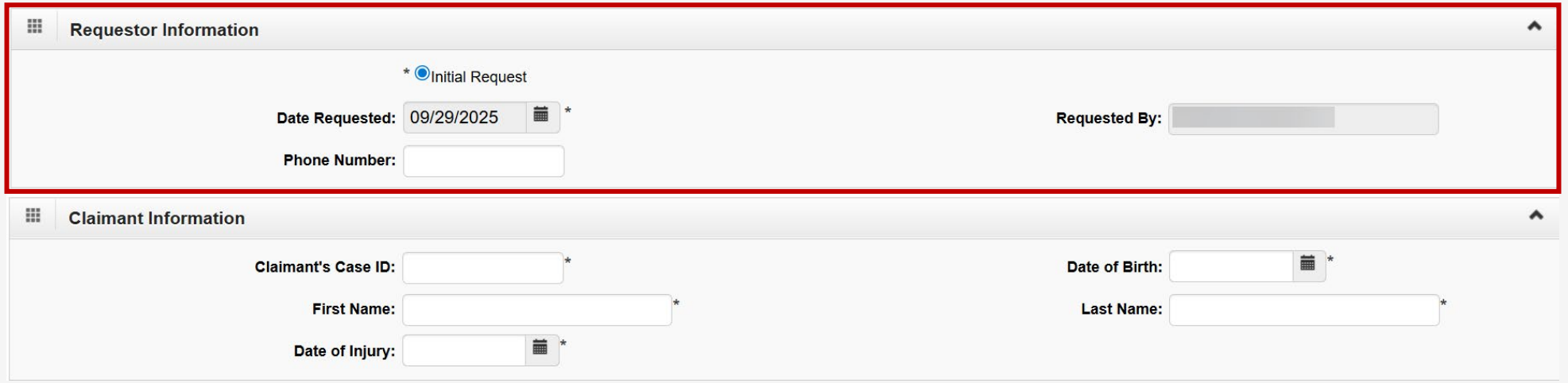


3. Select **Home Health** from the **Authorization Type** drop-down list.



Home Health: Requestor and Claimant Information (1 of 2)

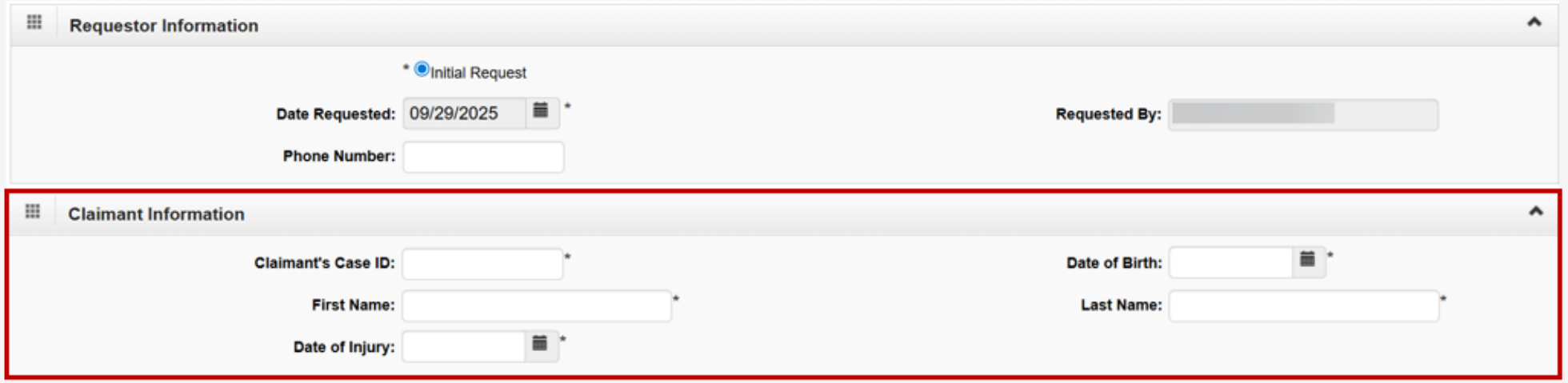
1. Enter the required **Requestor Information**, as denoted by an asterisk icon, for an "Initial Request."



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

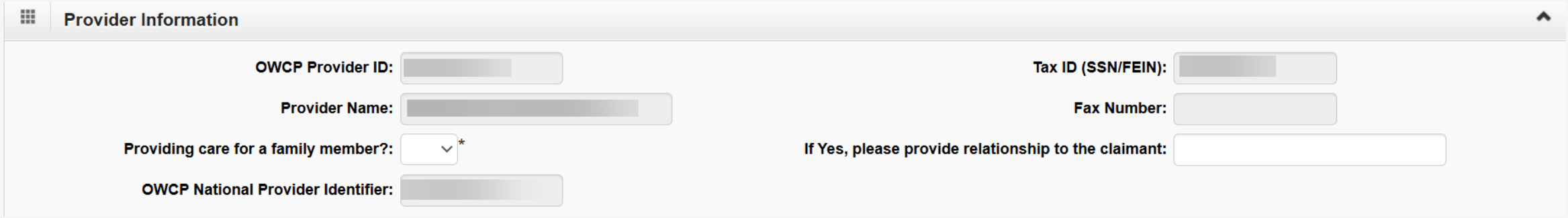
2. Enter the required **Claimant Information**, as indicated by an asterisk icon (**Claimant's Case ID**, **Date of Birth**, **First Name**, **Last Name**, and **Date of Injury**).
   - If the Claimant's Case ID is associated with the Program, the system will auto-populate the claimant information.
   - 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.



Home Health: Entering Provider Information (1 of 2)

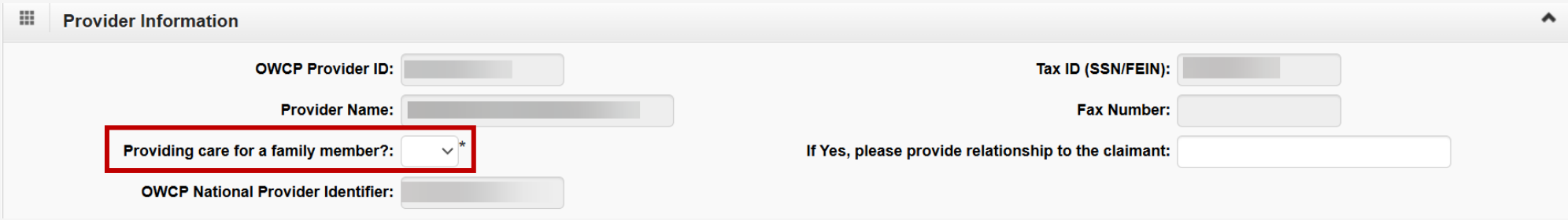
Note: Provider Information "OWCP Provider ID," "Tax ID," "Name," and "OWCP National Provider Identifier" are auto-filled.



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.



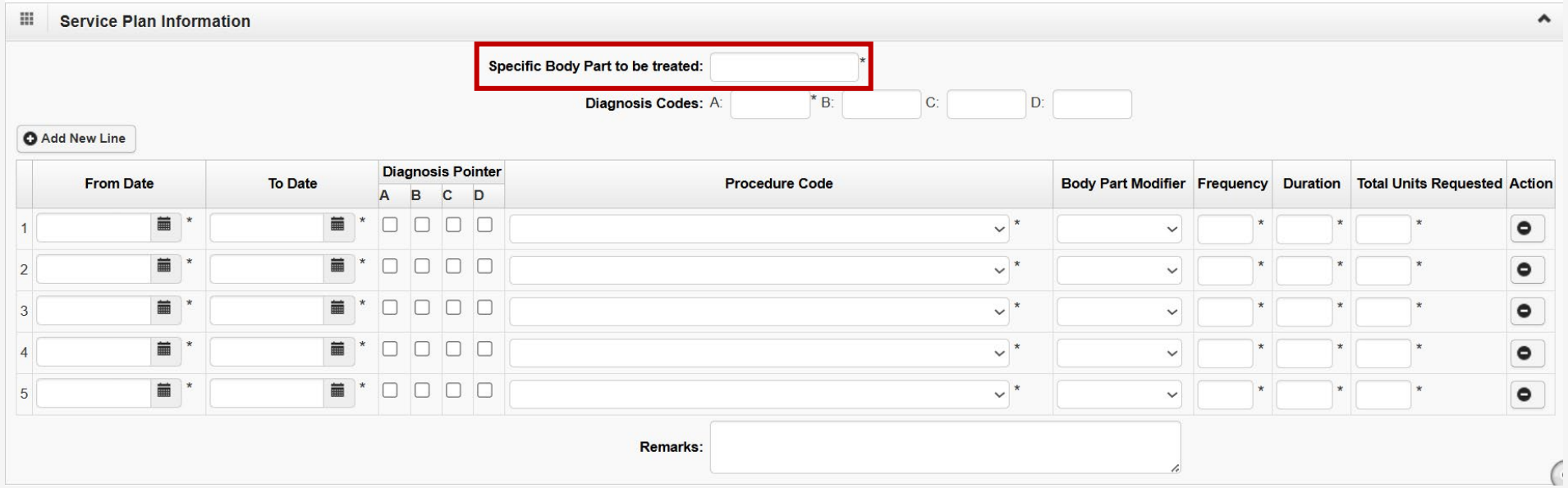
2. If yes is selected in the **Providing care for a family member** drop-down list, provide the relationship to the claimant. *This step is required when Yes is selected.*

Note: Entering the Fax # is optional.

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

Enter the Required Service Line Information

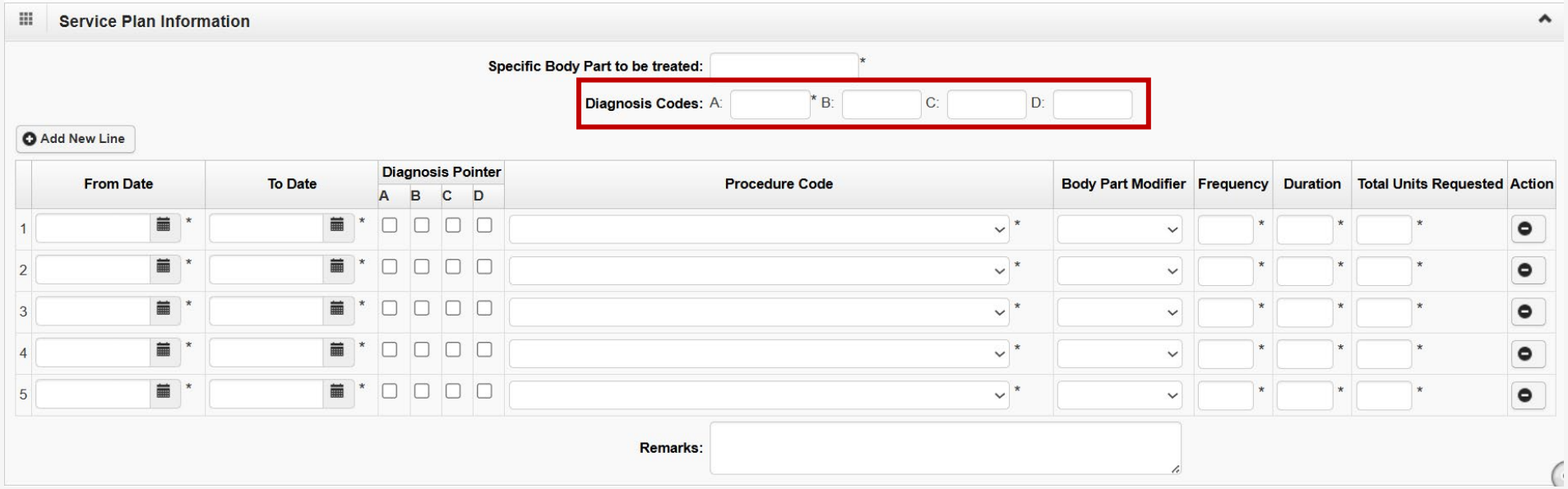
1. Enter specific body part to be treated.



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

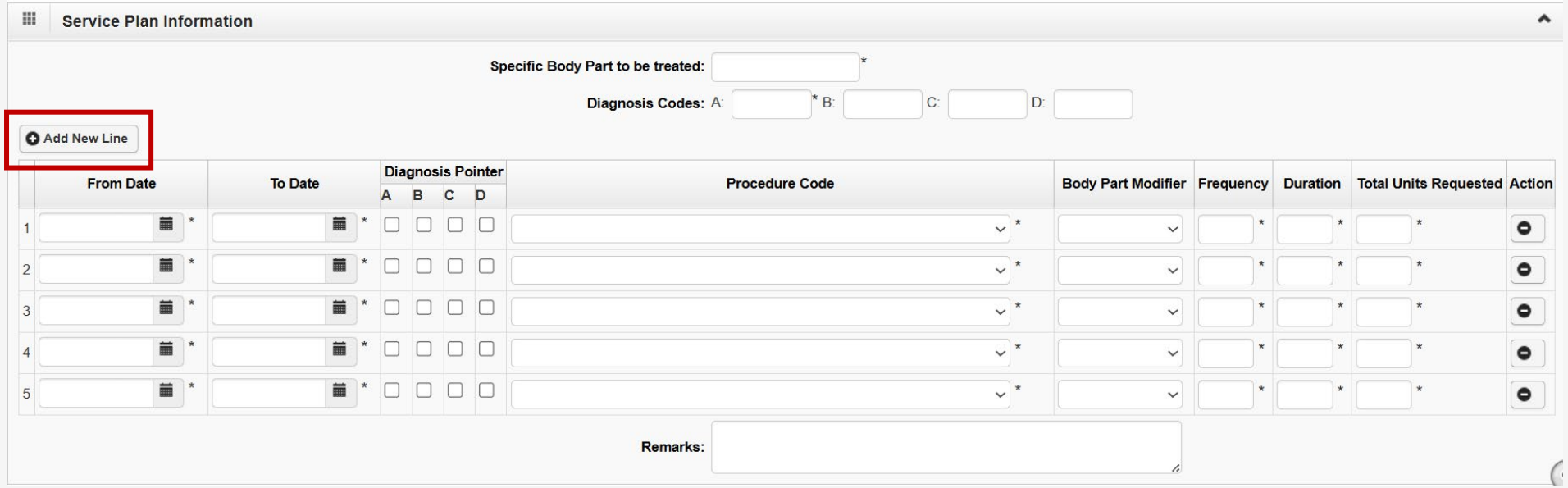
2. Enter up to four Diagnosis (DX) Codes.

Note: Five service lines display.



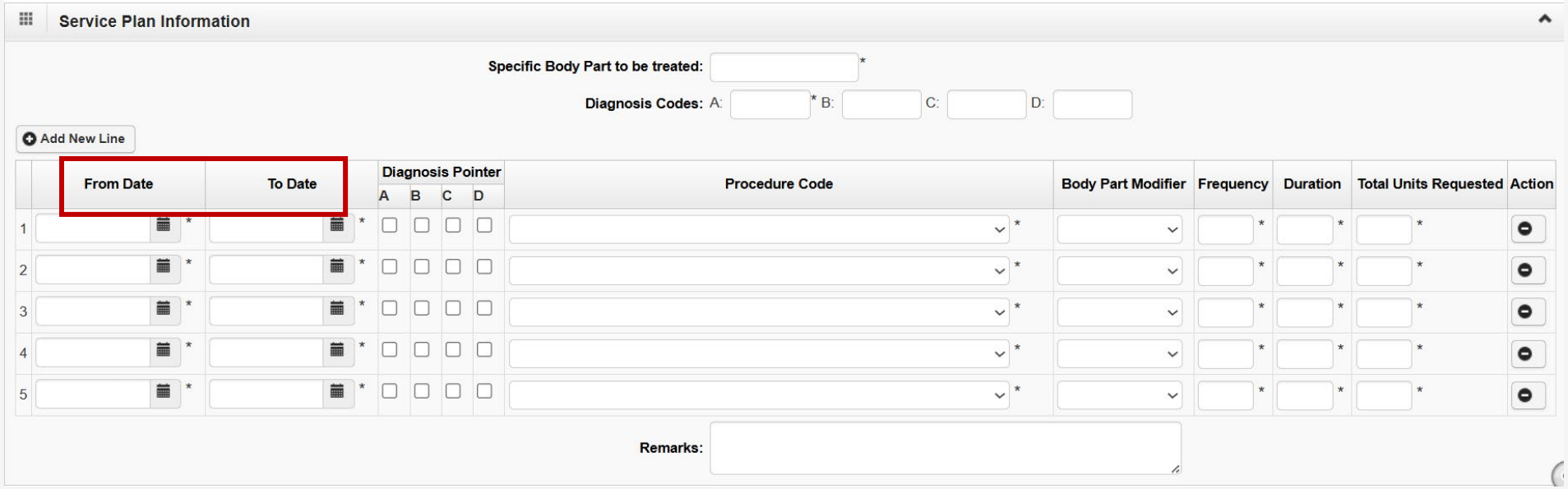
Home Health: Entering Service Line Information (3 of 11)

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



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

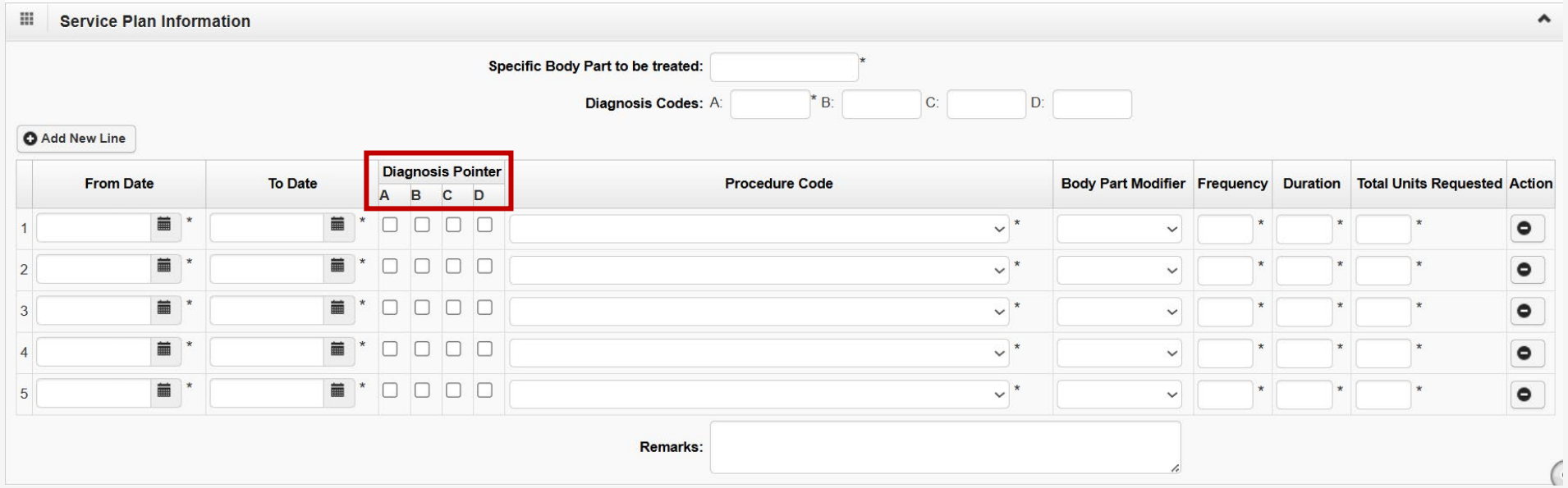
4. Enter the **From Date** and **To Date** fields for each line.



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.



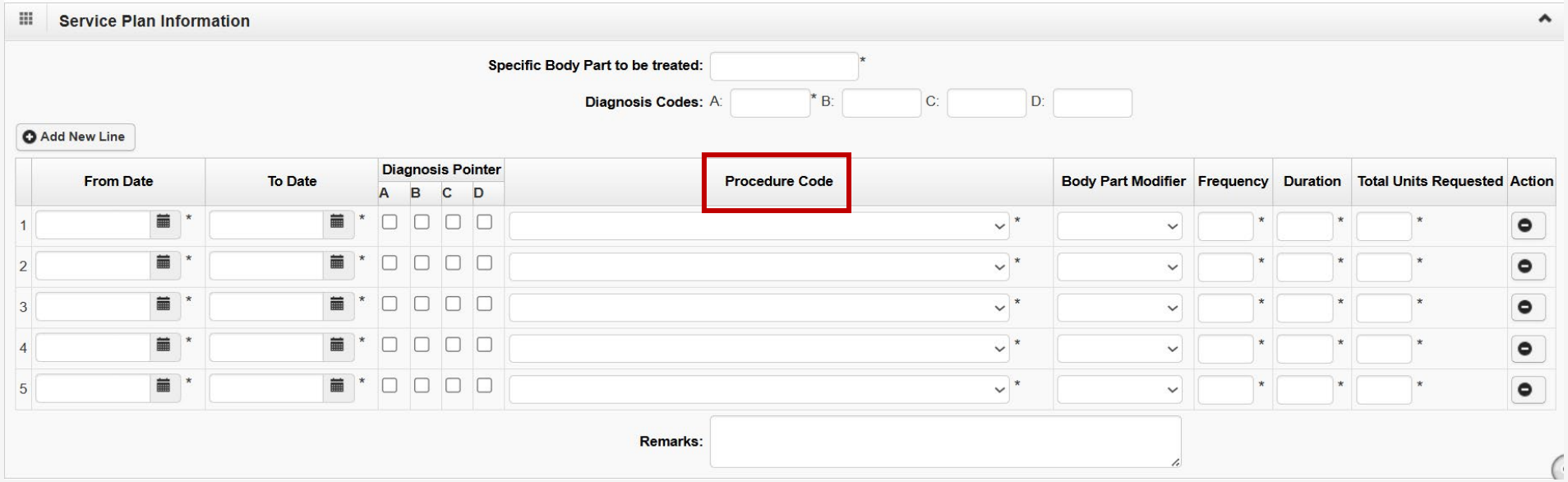
Home Health: Entering Service Line Information (6 of 11)

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.

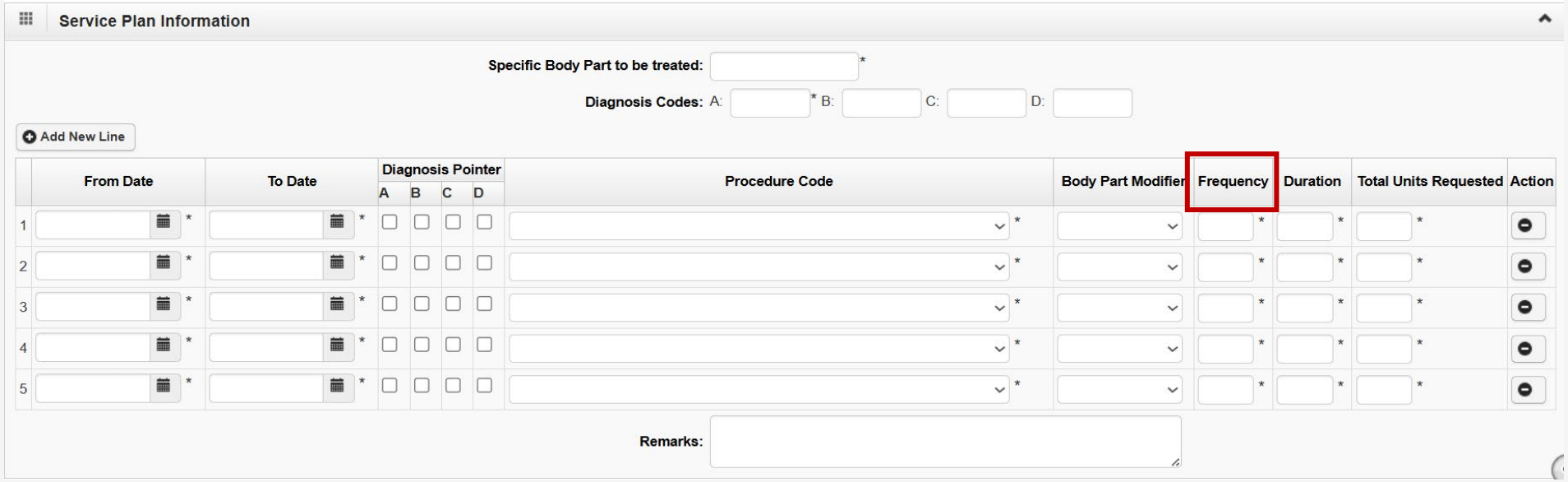
Note: The **Body Part Modifier** field is optional and no longer required.

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.



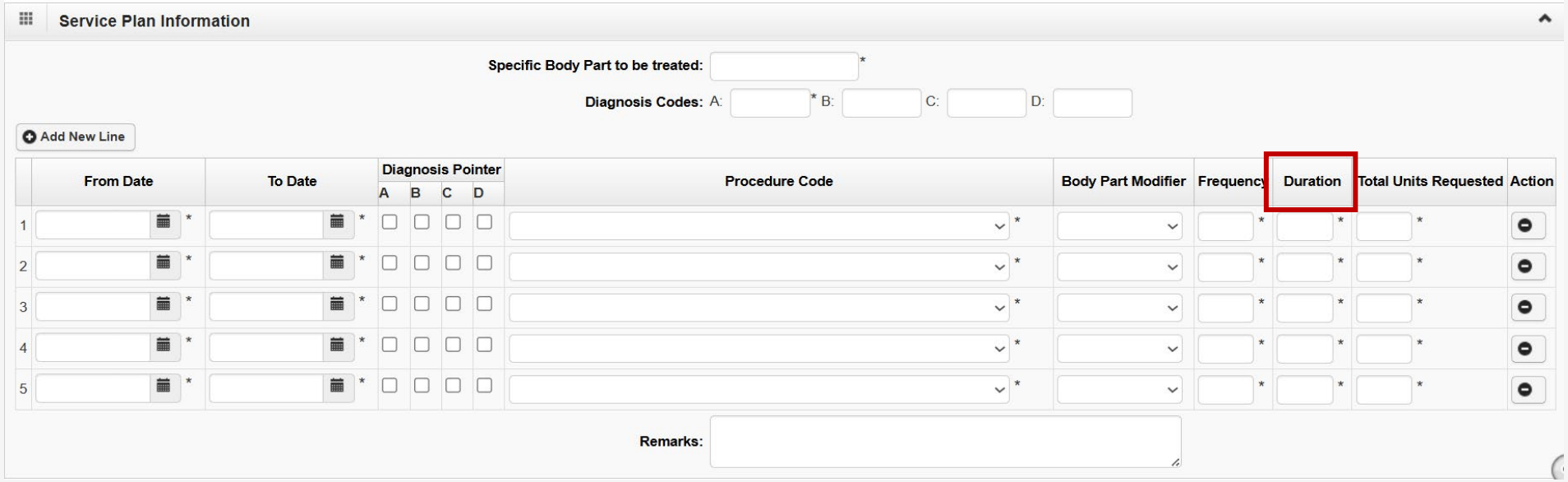
Home Health: Entering Service Line Information (7 of 11)

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



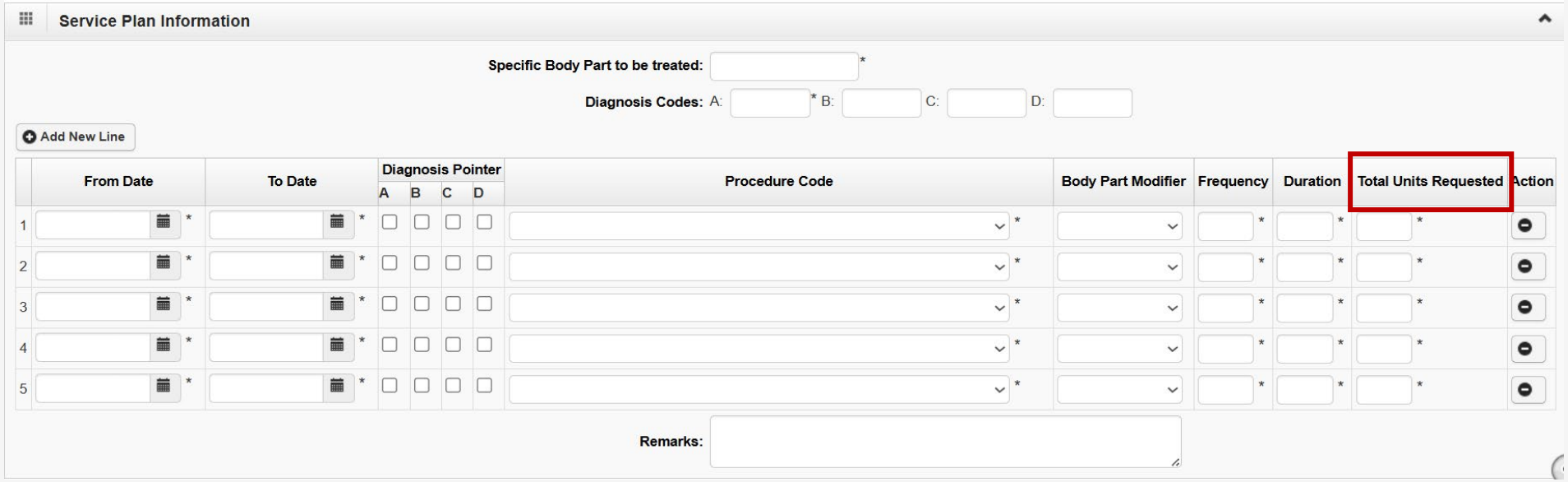
Home Health: Entering Service Line Information (8 of 11)

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



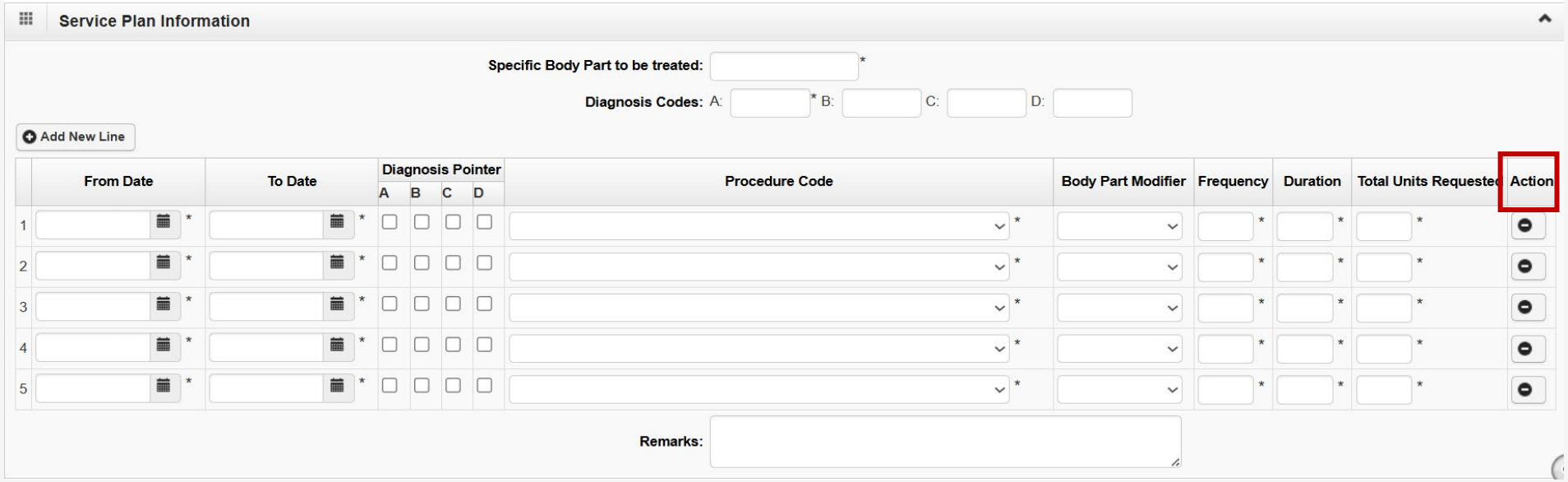
Home Health: Entering Service Line Information (9 of 11)

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



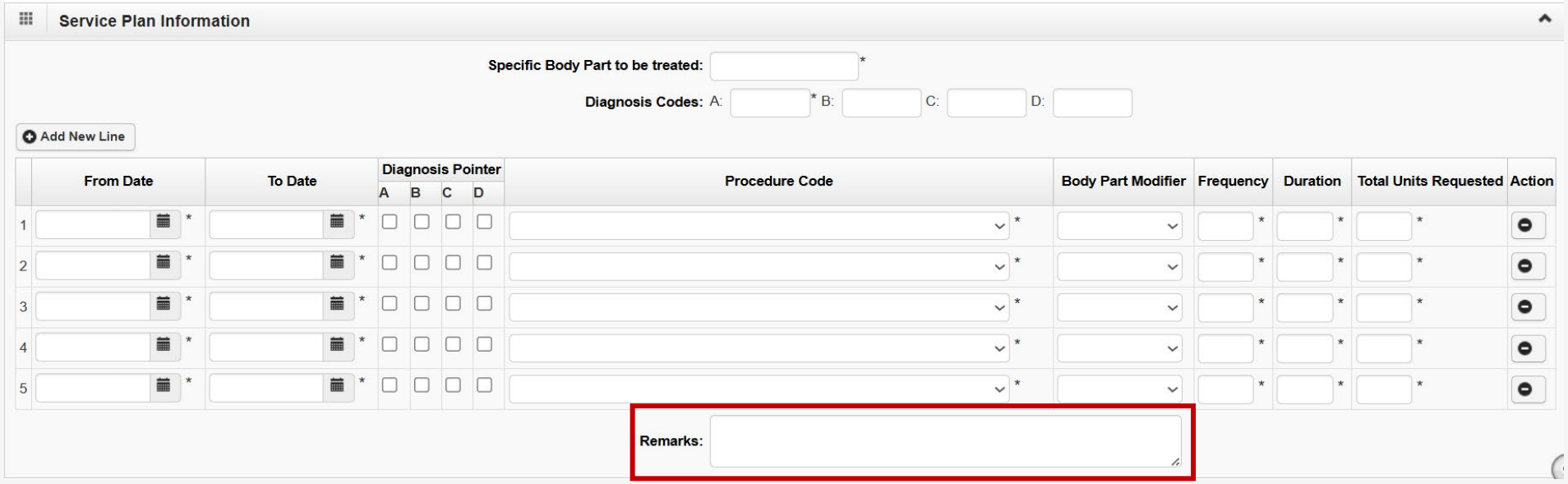
Home Health: Entering Service Line Information (10 of 11)

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



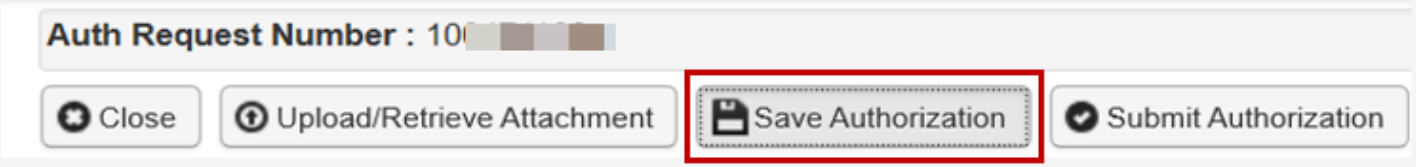
Home Health: Entering Service Line Information (11 of 11)

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



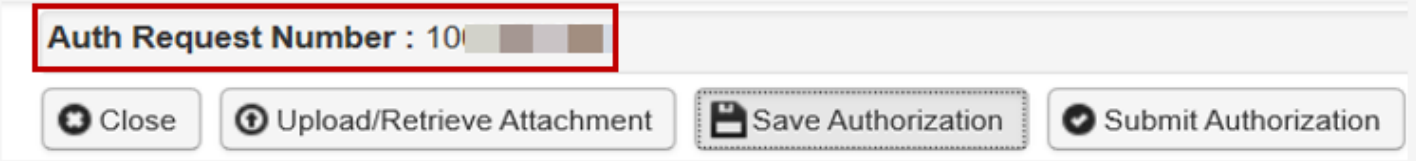
Home Health: Saving the Authorization Request (1 of 2)

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



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**.

Note: The 9-digit authorization number will populate.

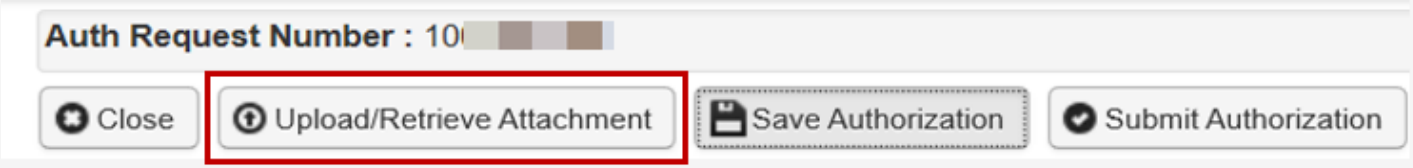


Note: Home Health authorization requests need an attached treatment plan (Progress notes or Nurse Notes).

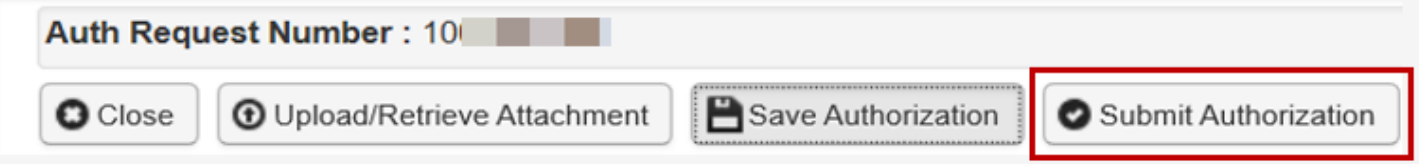
Home Health: Saving the Authorization Request (2 of 2)

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

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

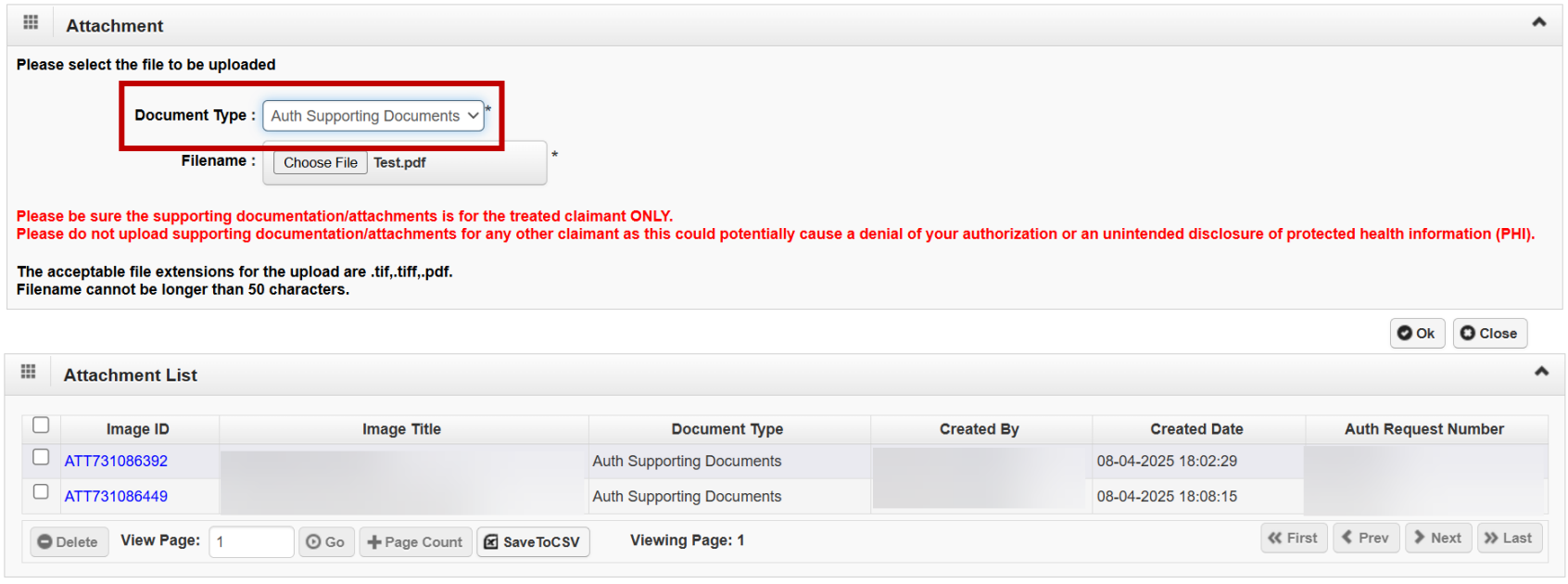


3. When the attachments have been uploaded, select **Submit Authorization.**



Home Health: Uploading Attachments (1 of 4)

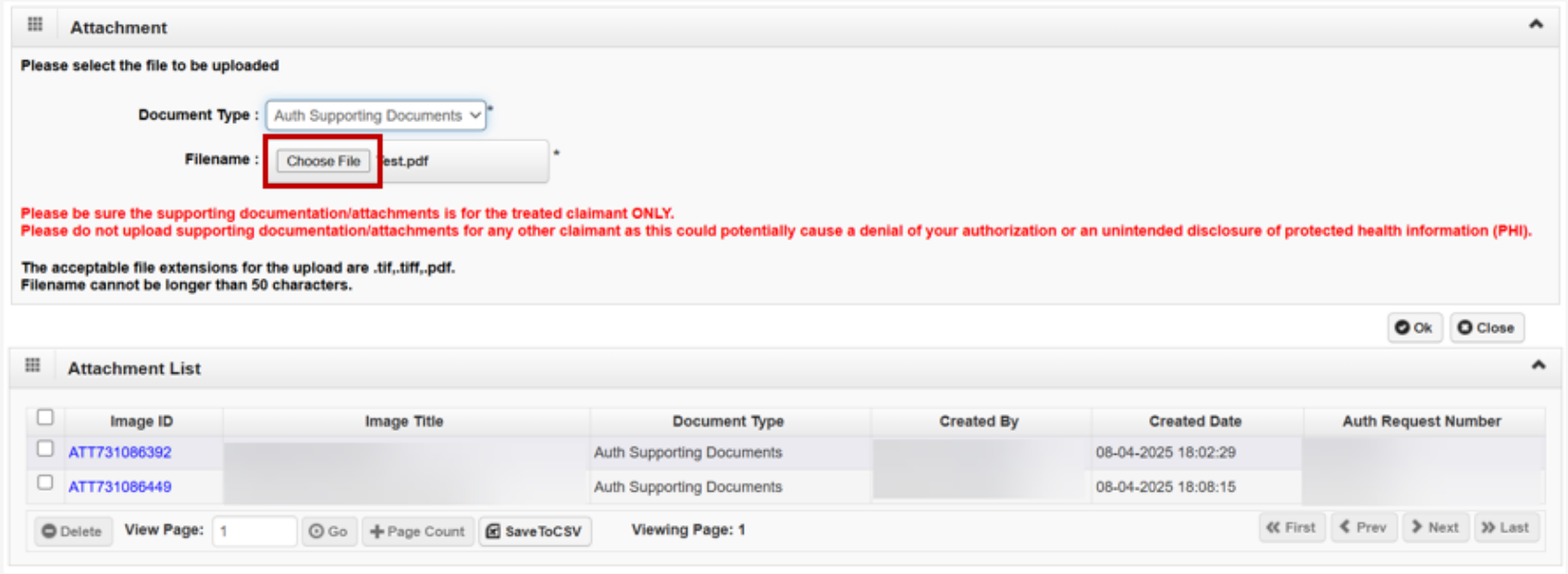
1. Select the document type to be uploaded from the **Document Type** drop-down list.



Home Health: Uploading Attachments (2 of 4)

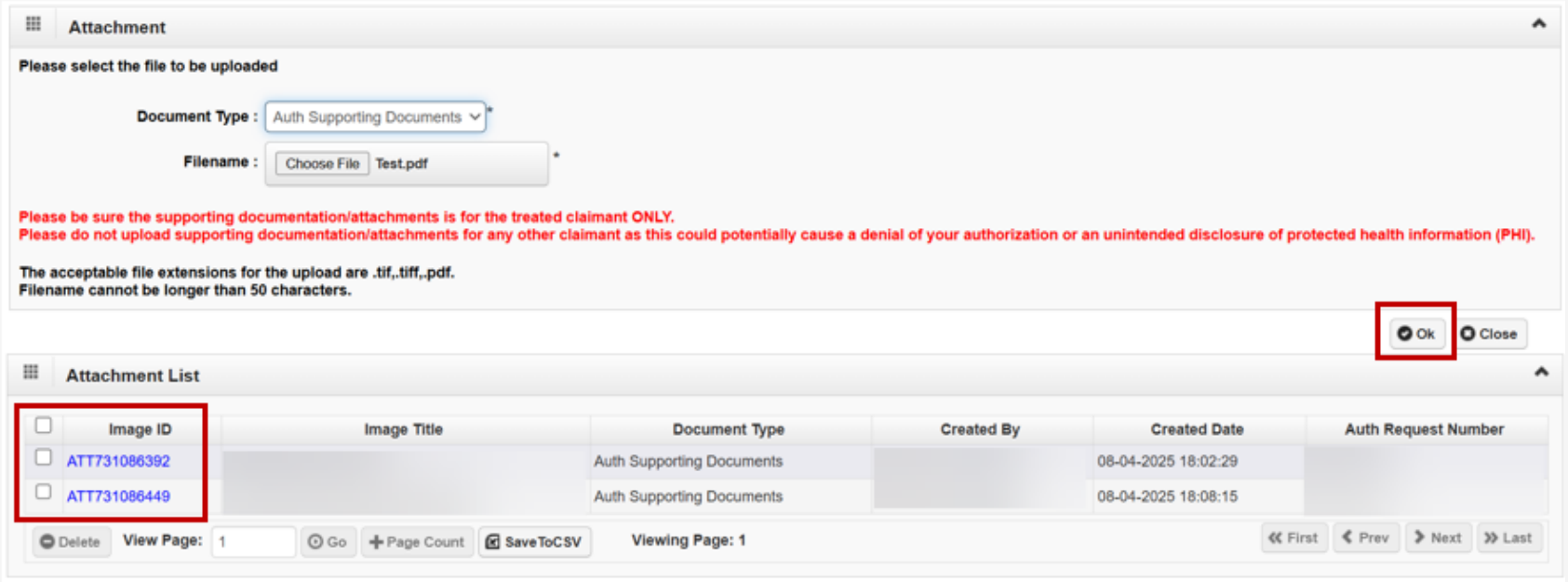
2. Select **Choose File** from the **Filename** field.
   - Locate and select the file to upload from the local drive.
   - Select **Open**. The system updates the **Filename** field.

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



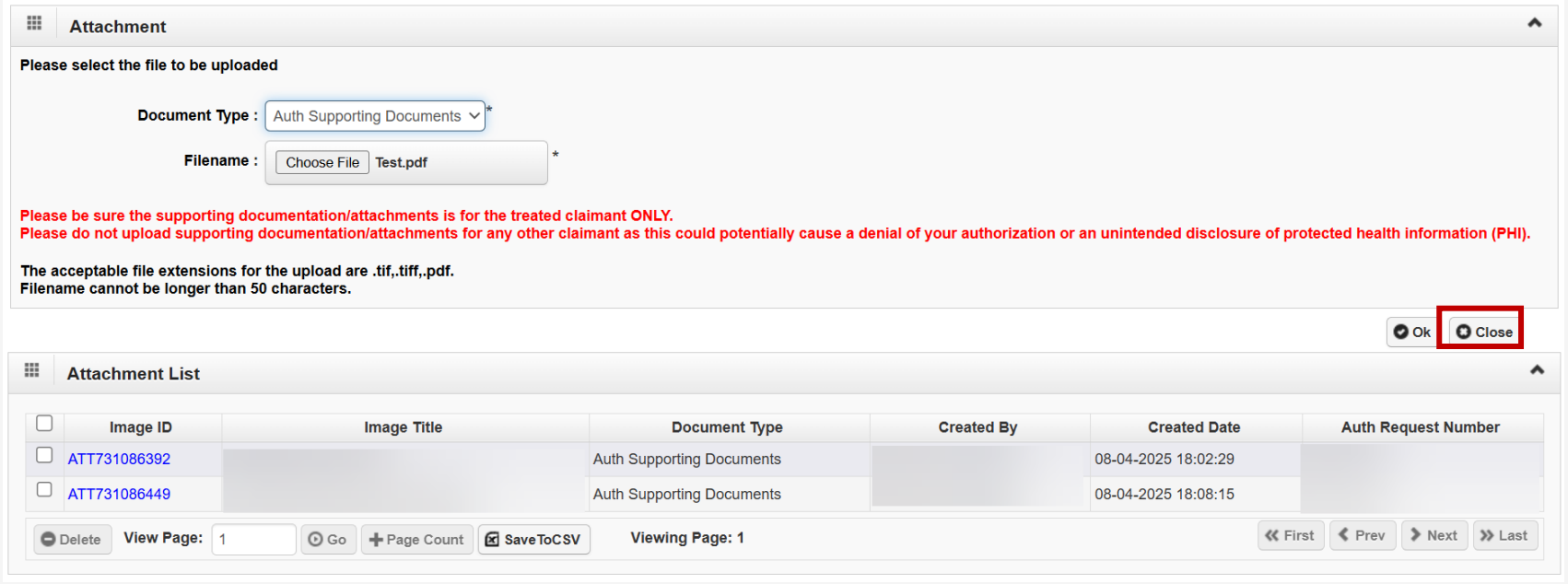
Home Health: Uploading Attachments (3 of 4)

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



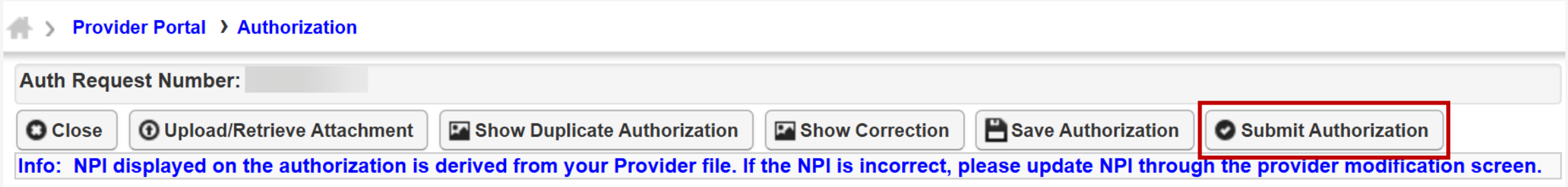
Home Health: Uploading Attachments (4 of 4)

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



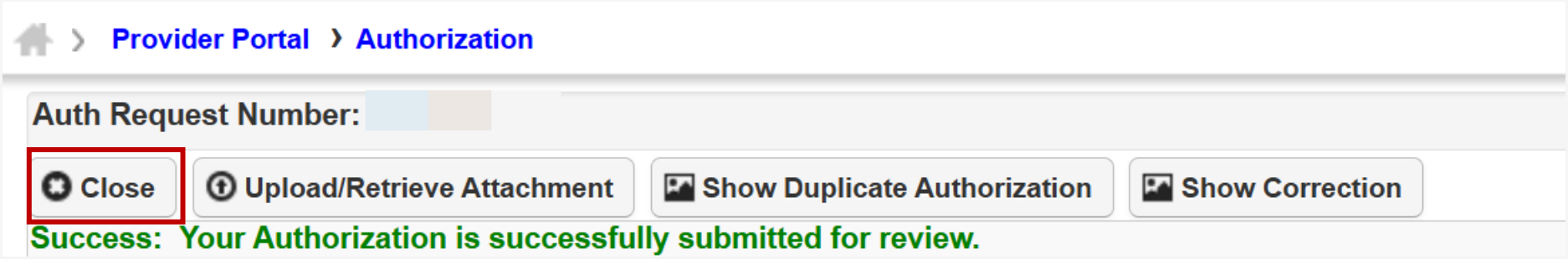
Home Health: Submitting the Authorization Request

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



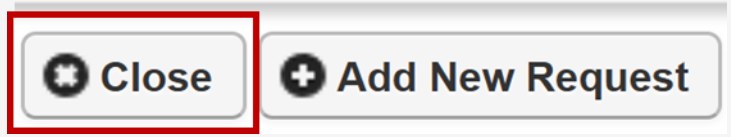
Note: After selecting **Submit Authorization** the WCMBP System confirms the authorization is successfully submitted for review, updates the Header Status to **In Review**, and determines the Authorization Level.

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

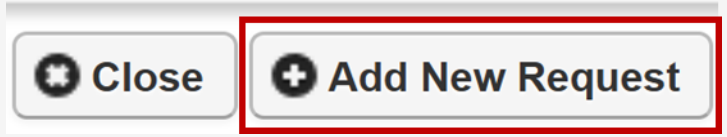


Home Health: Viewing Authorization Information

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.

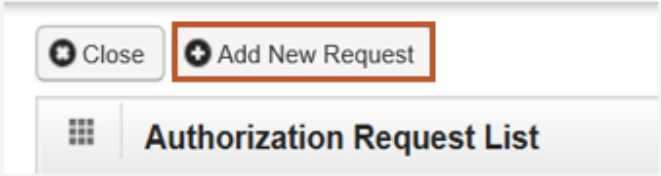
Note: The system displays the Authorization Request with a Header Status of "**In Review**" as confirmation that the request was successfully submitted.

		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

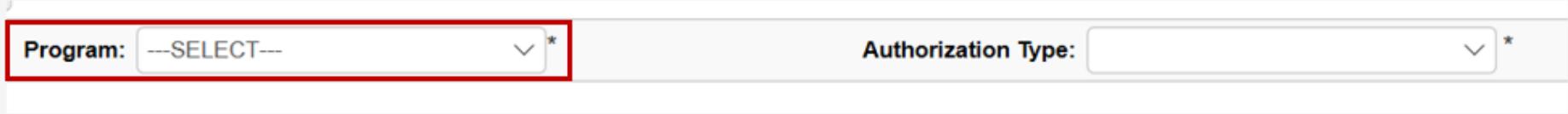
Physical Therapy/Occupational Therapy (PT/OT)

PT/OT: Adding a New Authorization Request

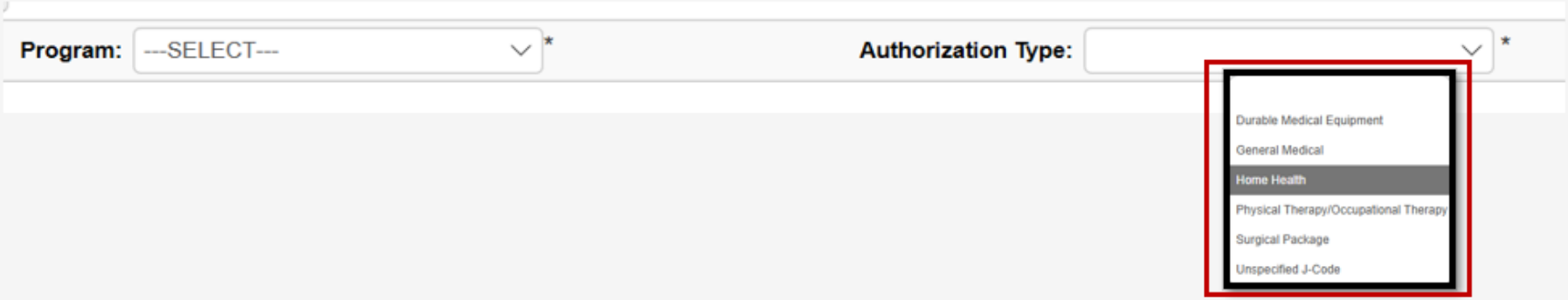
1. To submit a new authorization request, select **Add New Request**.



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

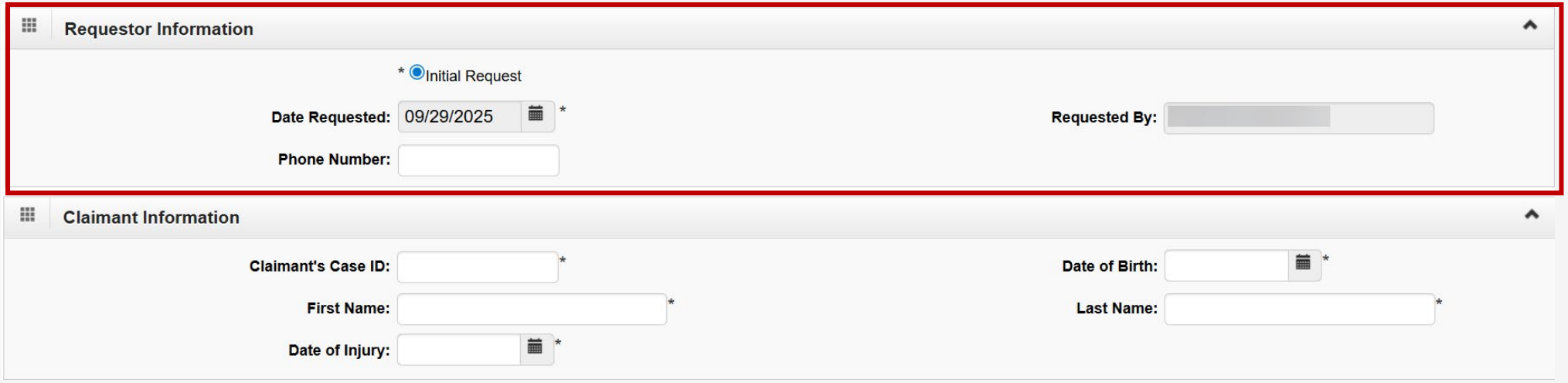


3. Select one the following authorization types from the **Authorization Type** drop-down list.



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."

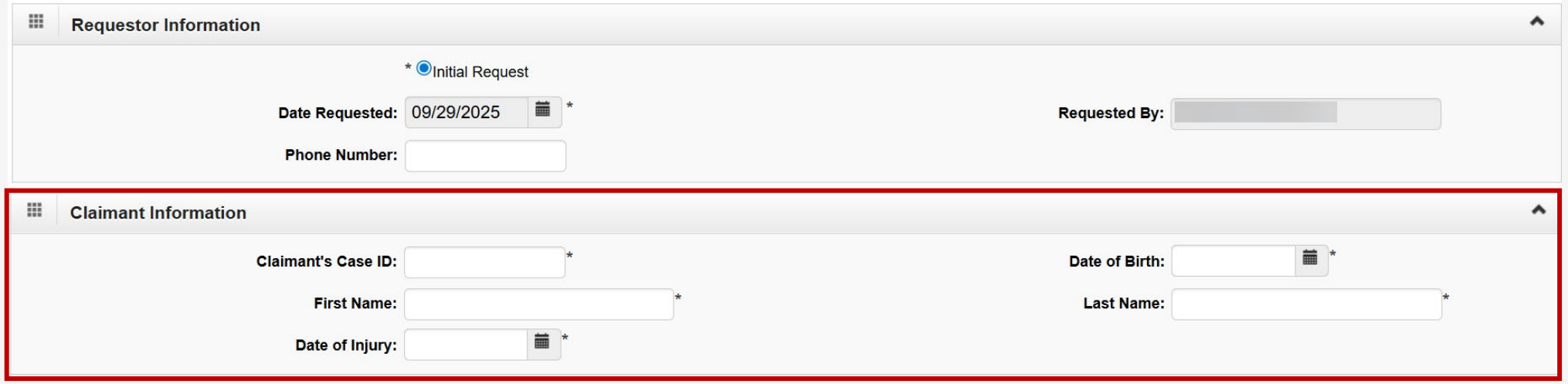


PT/OT: Requestor and Claimant Information (2 of 2)

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**).

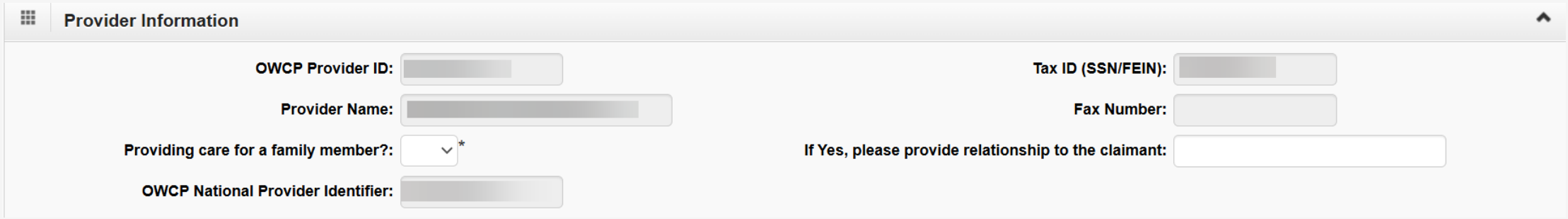
- If the Claimant's Case ID is associated with the Program, the system will auto-populate the claimant information.
- If the Claimant's Case ID is not associated with the Program, the system will display the alert "Claimant is not associated with the program." Select **OK** to close the window and enter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

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



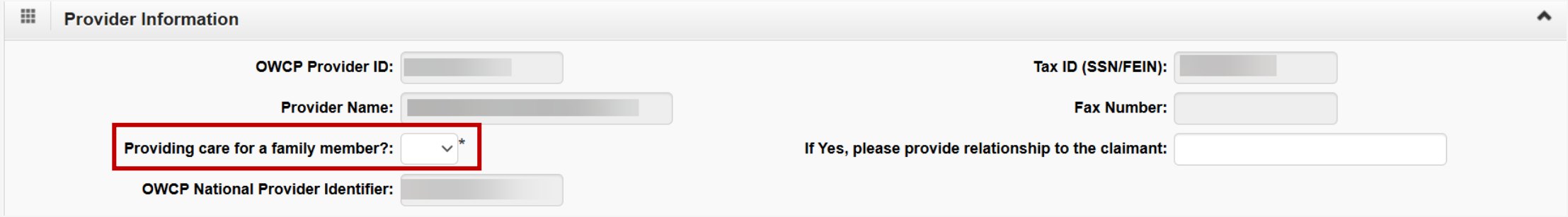
PT/OT: Entering Provider Information (1 of 2)

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



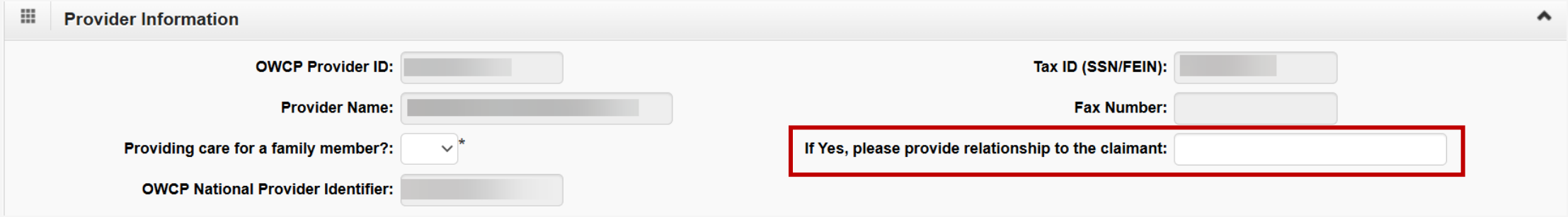
PT/OT: Entering Provider Information (2 of 2)

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



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.*

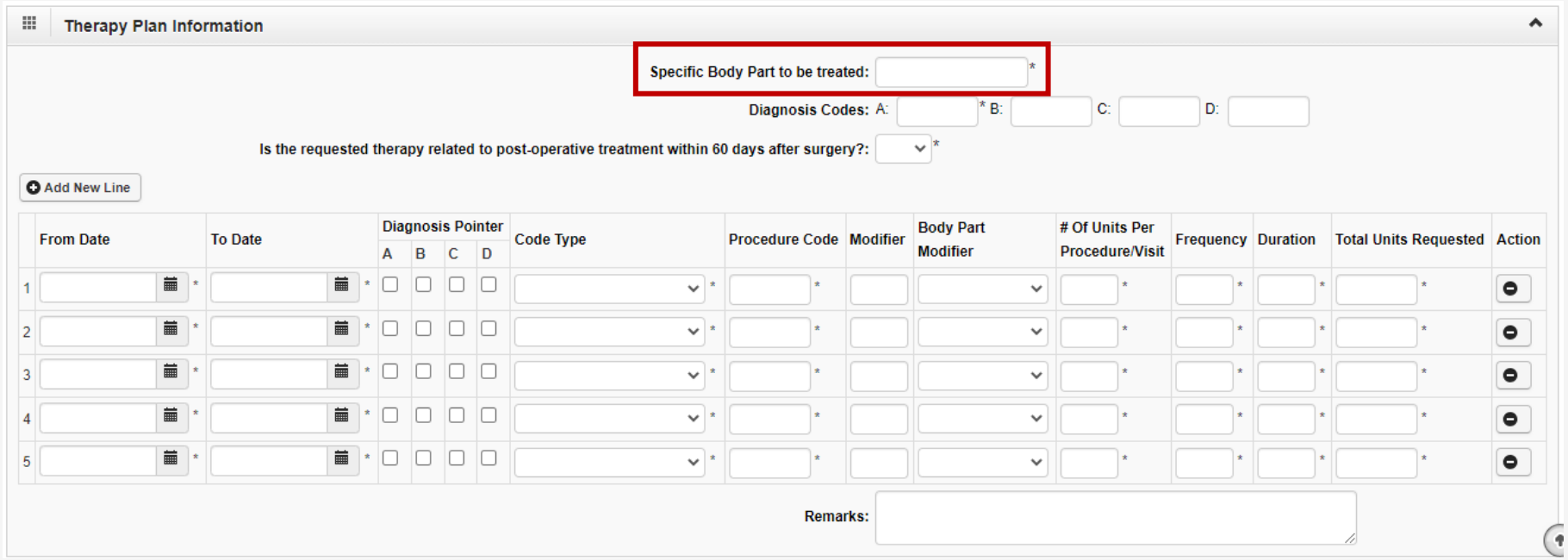
Note: Entering the Fax # is optional.



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

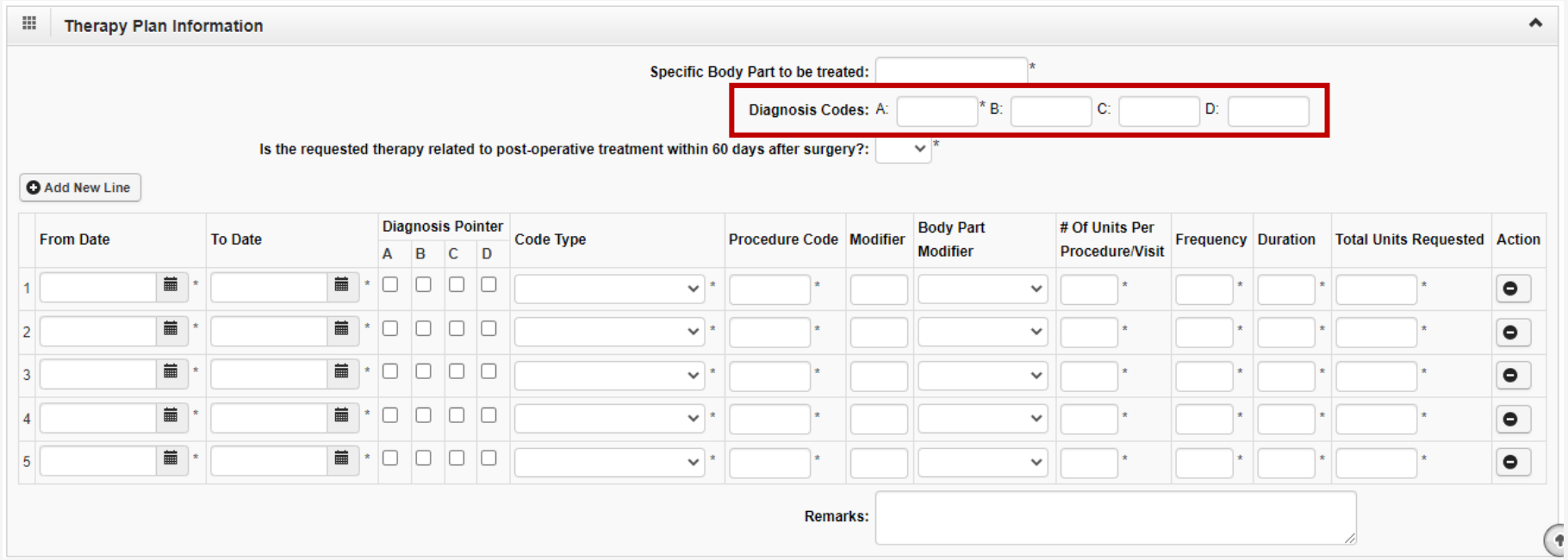
Enter the Required Service Line Information

1. Enter specific body part to be treated.



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

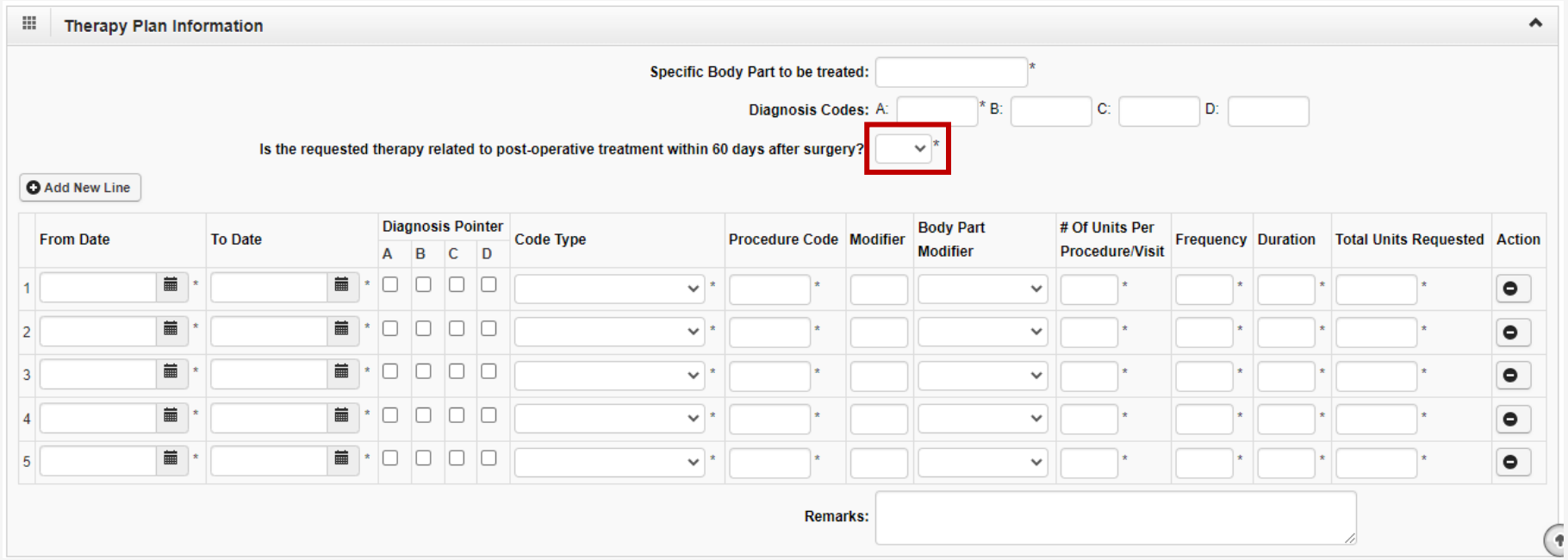
2. Enter up to four Diagnosis (DX) Codes.



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

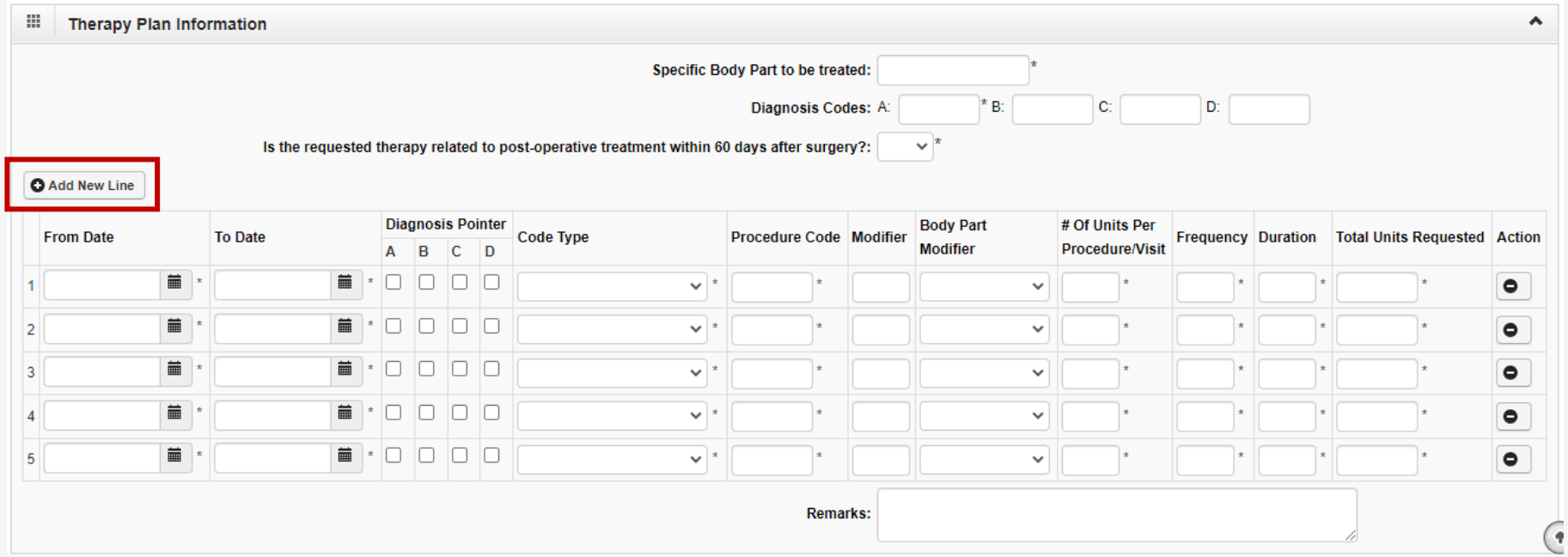
3. To identify if this therapy is related to a post-op treatment within 60 days of a surgery, select either **Yes** or **No**.

Note: Five service lines display.



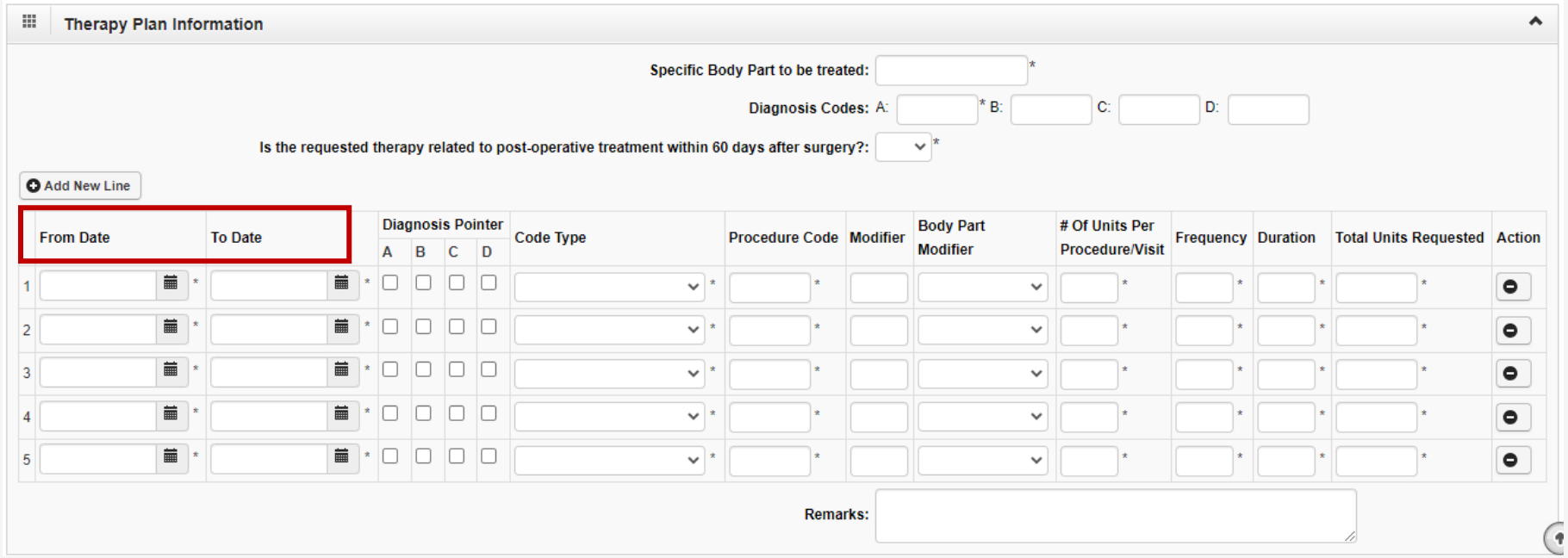
PT/OT: Entering Service Line Information (4 of 15)

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



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

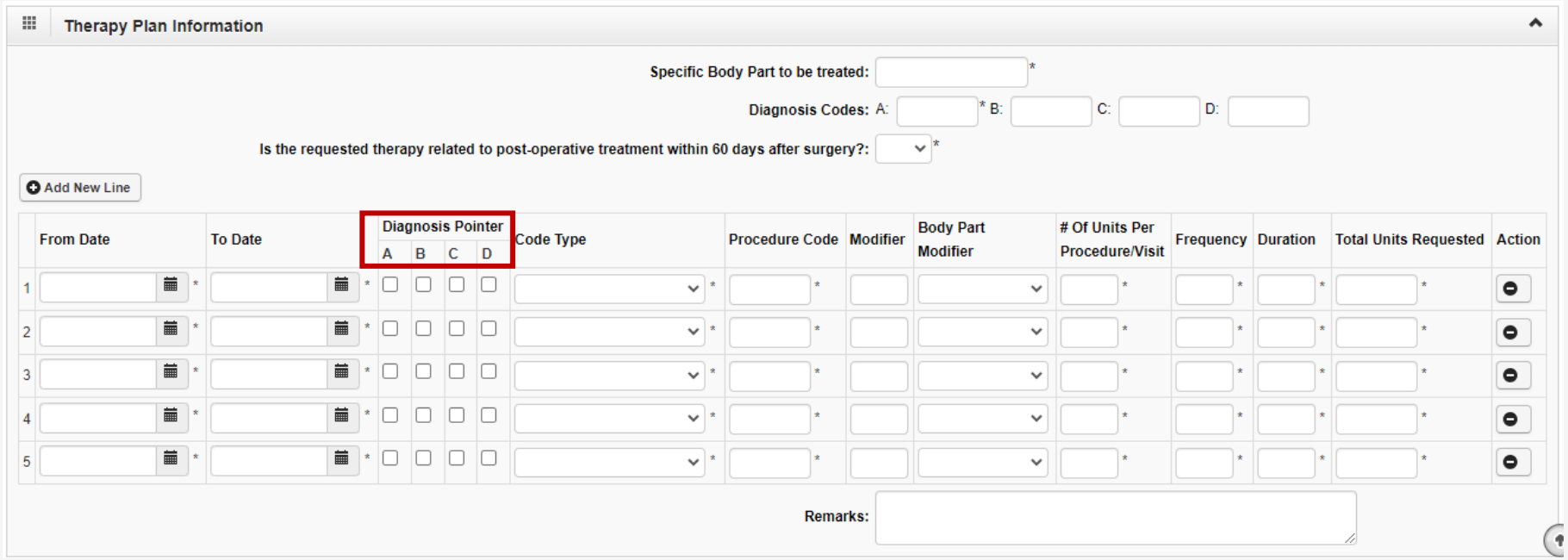
5. Enter the **From Date** and **To Date** fields for each line.



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

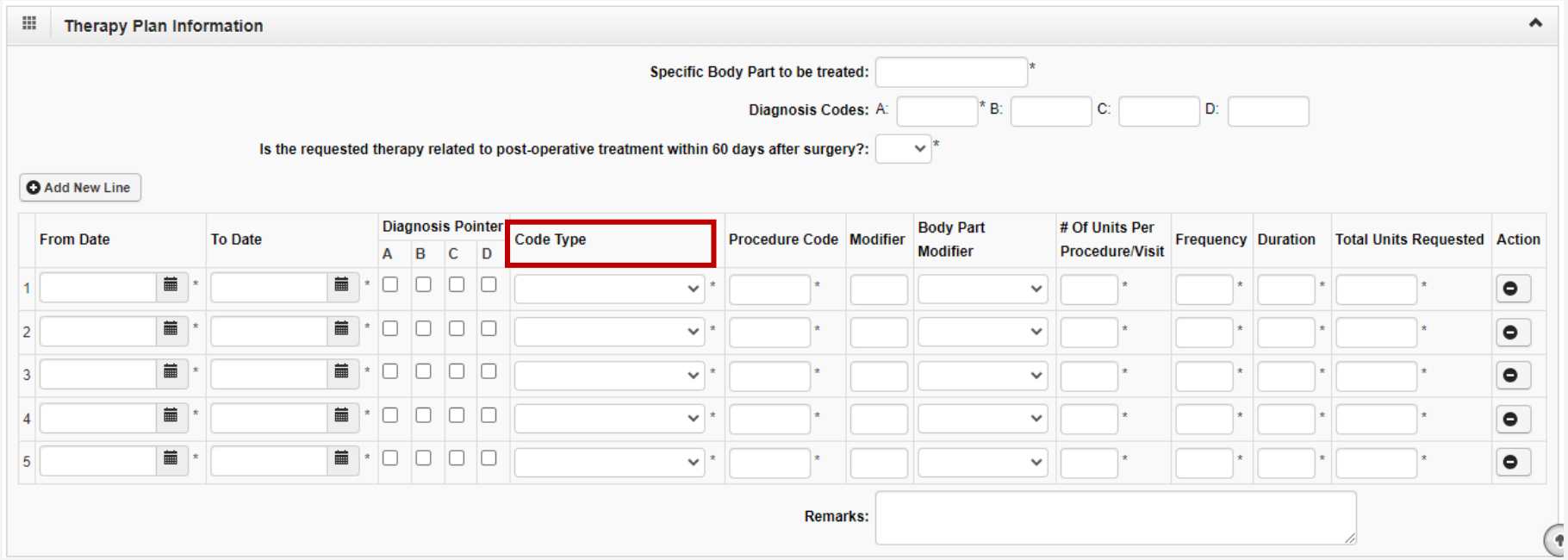
6. Select the alpha character that represents the DX from the **Diagnosis Codes** field to which to point to.

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



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

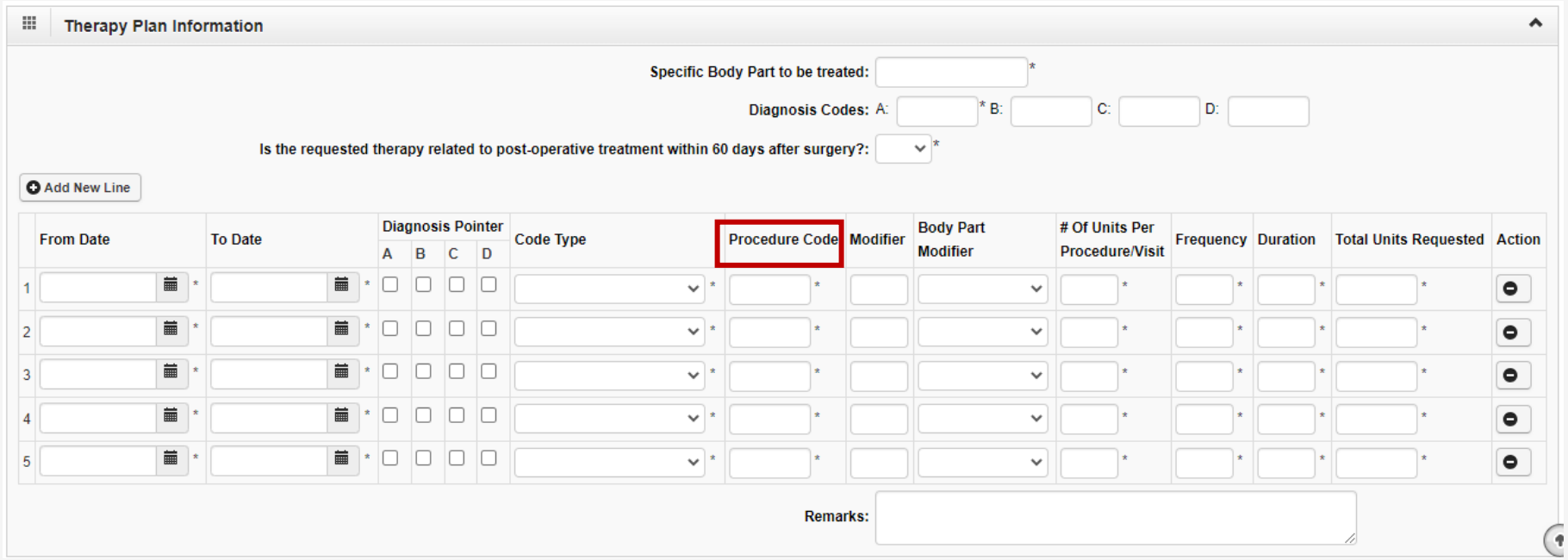
7. Select the code type from the **Code Type** drop-down list.



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

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

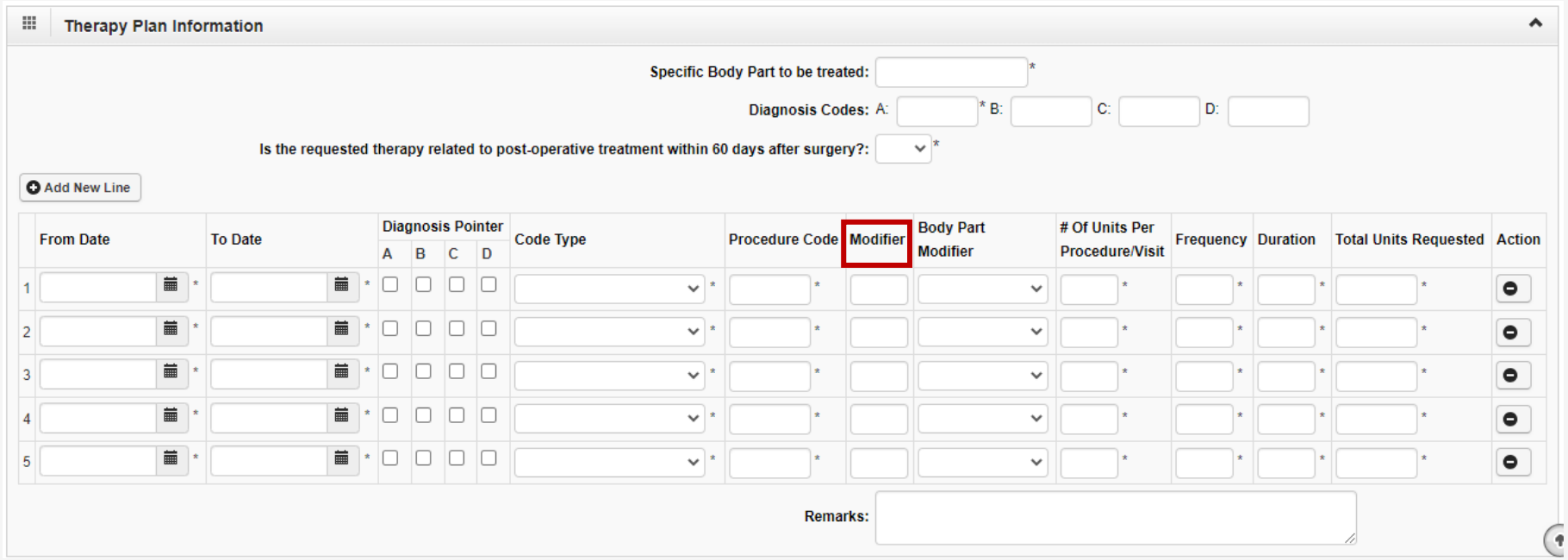
Note: The WCMBP System only accepts procedure codes that are valid for the specific authorization type being submitted.



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

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

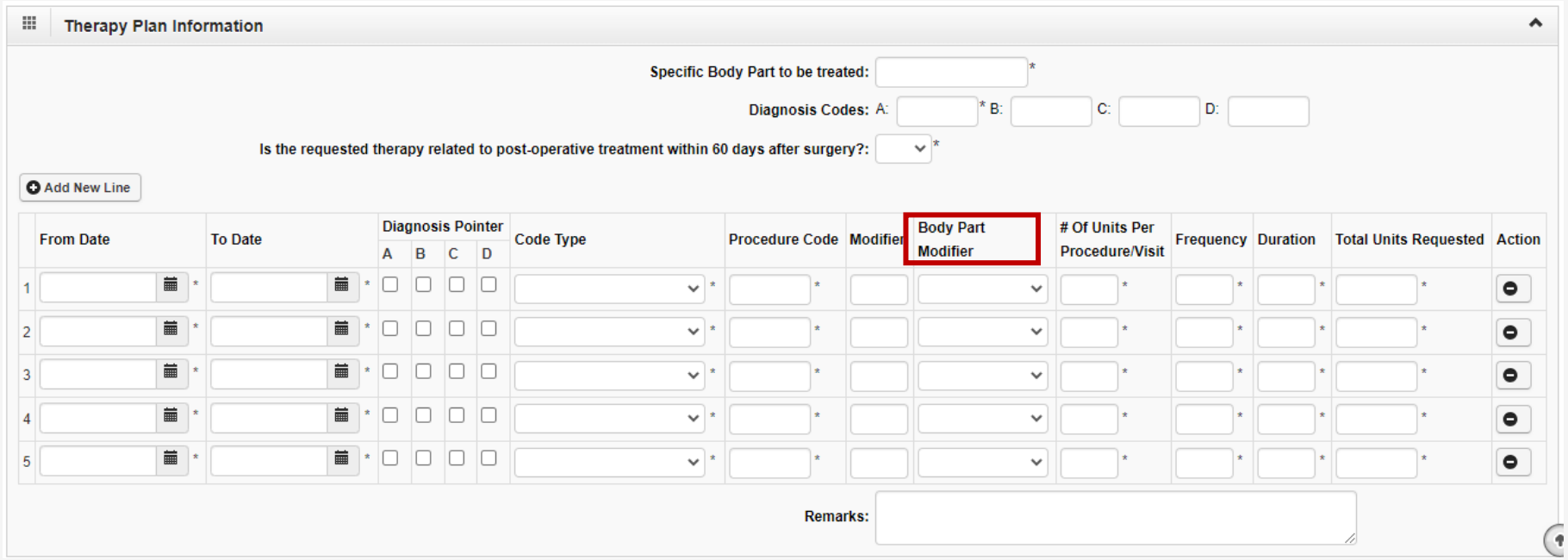
Note: The **Body Part Modifier** field is optional and no longer required.



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

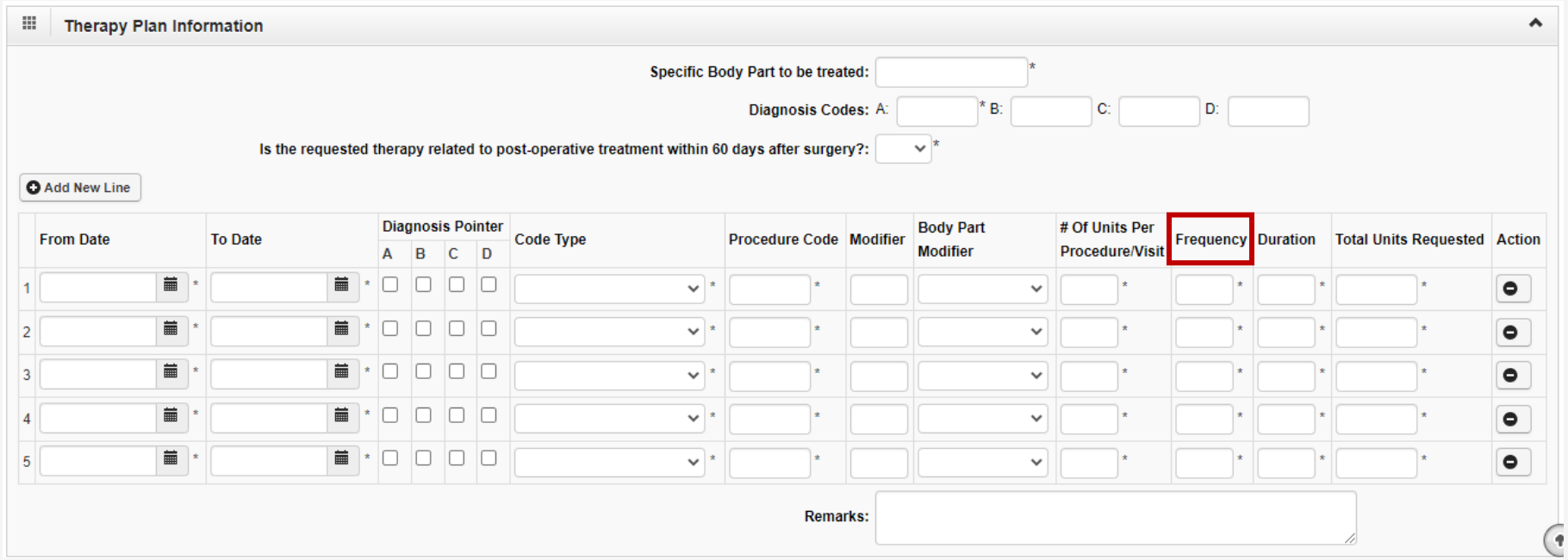
Note: Within the **Body Part Modifier** field, the provider selects either RT for right side, LT for left side, or modifier 50 if the body part does not have a side modifier or they are treating for both sides. All three options are listed.

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



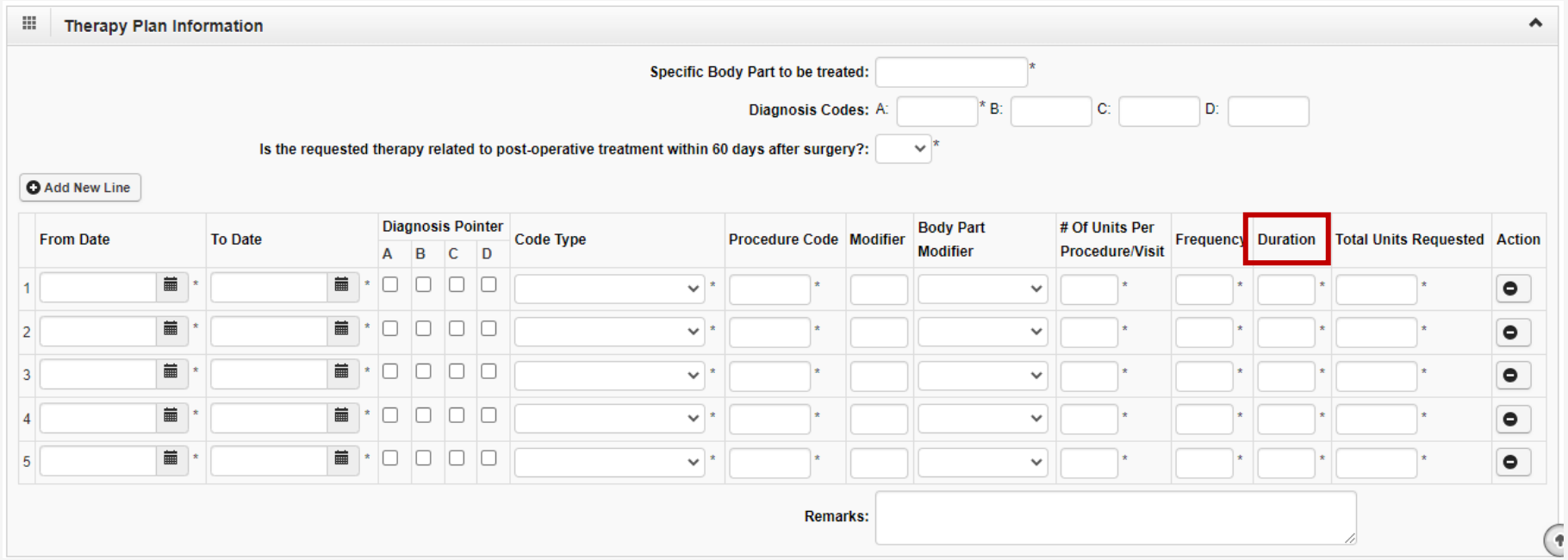
PT/OT: Entering Service Line Information (11 of 15)

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



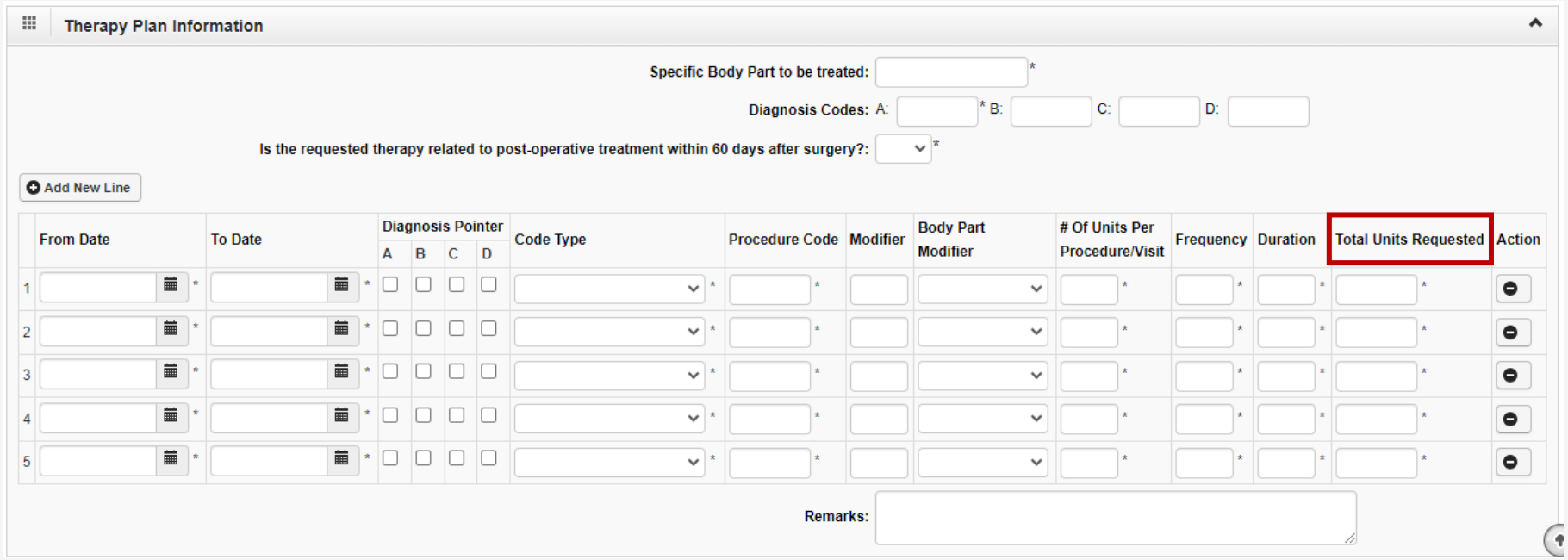
PT/OT: Entering Service Line Information (12 of 15)

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



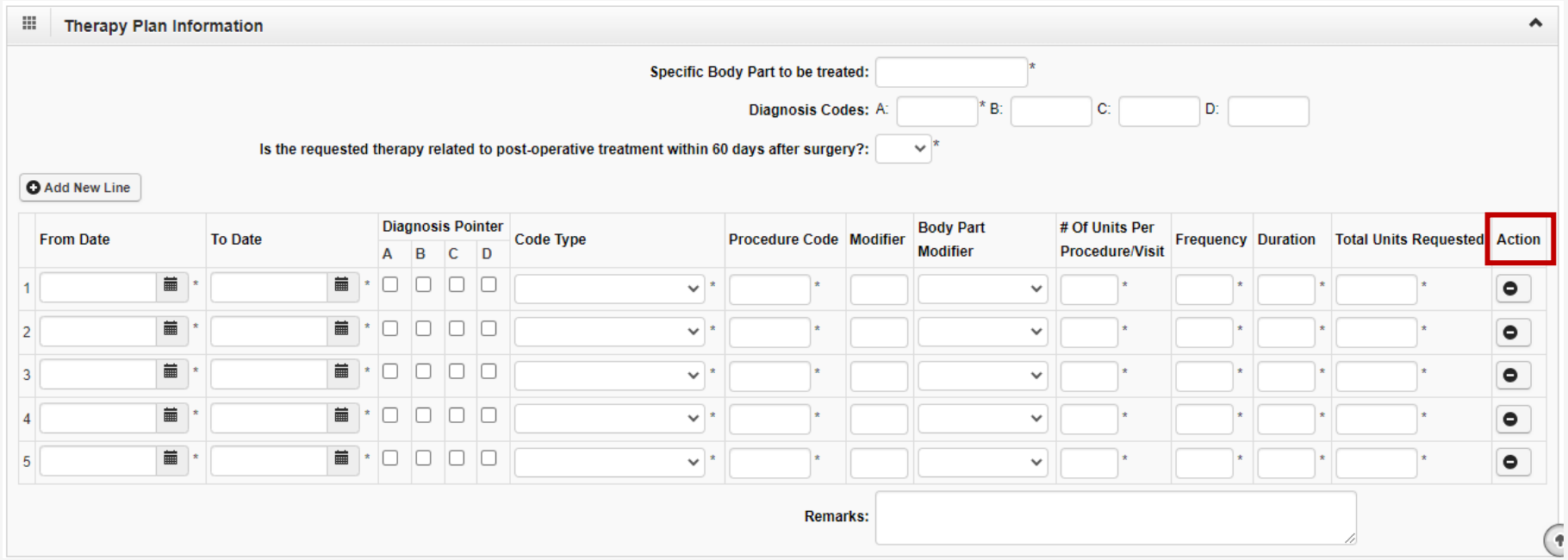
PT/OT: Entering Service Line Information (13 of 15)

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



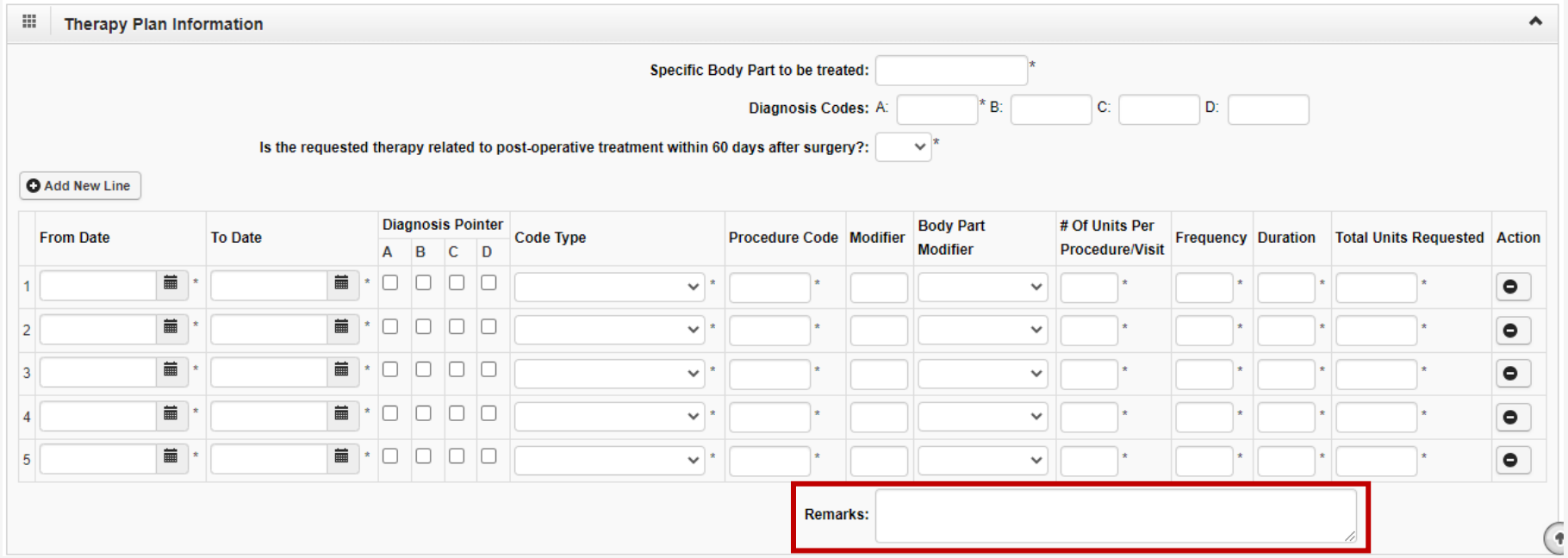
PT/OT: Entering Service Line Information (14 of 15)

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



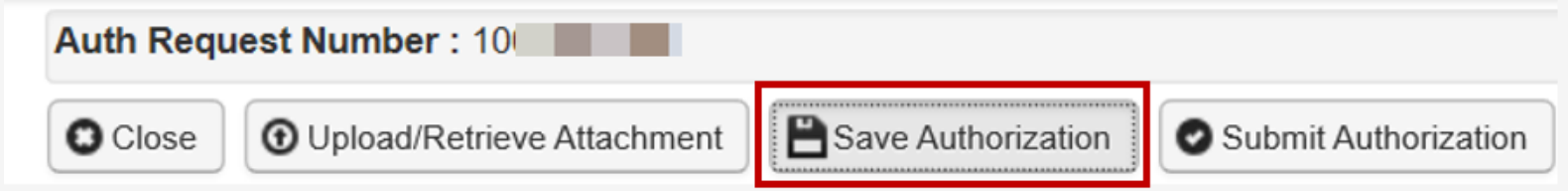
PT/OT: Entering Service Line Information (15 of 15)

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

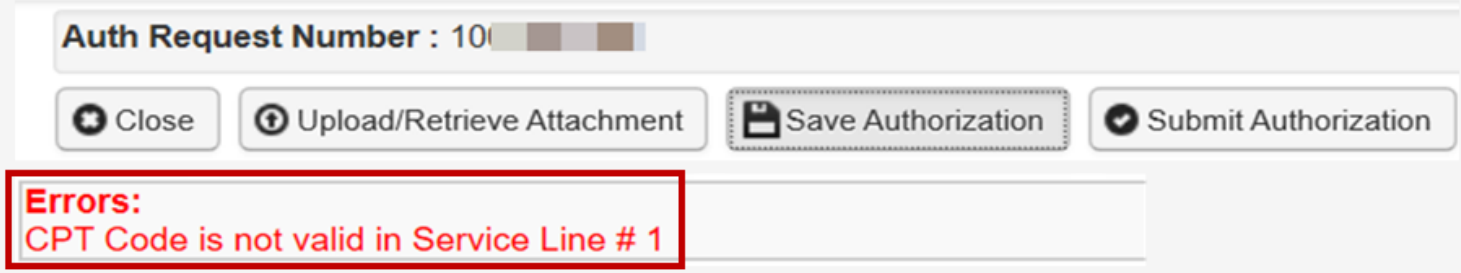


PT/OT: Save the Authorization Request (1 of 2)

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



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**.



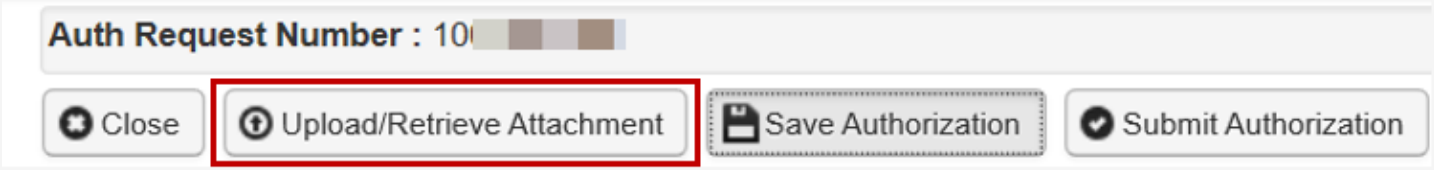
Note: The 9-digit authorization number will populate.

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

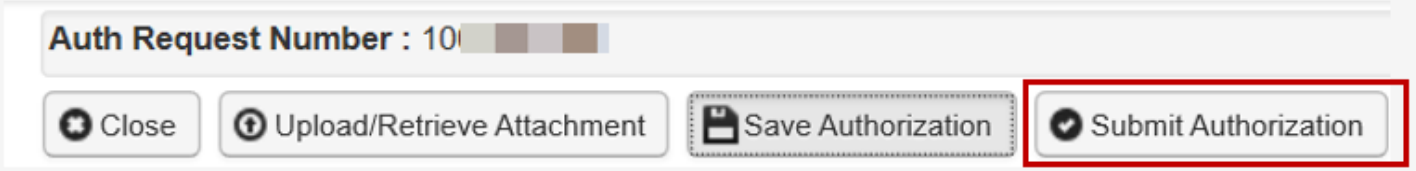
PT/OT: Save the Authorization Request (2 of 2)

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

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

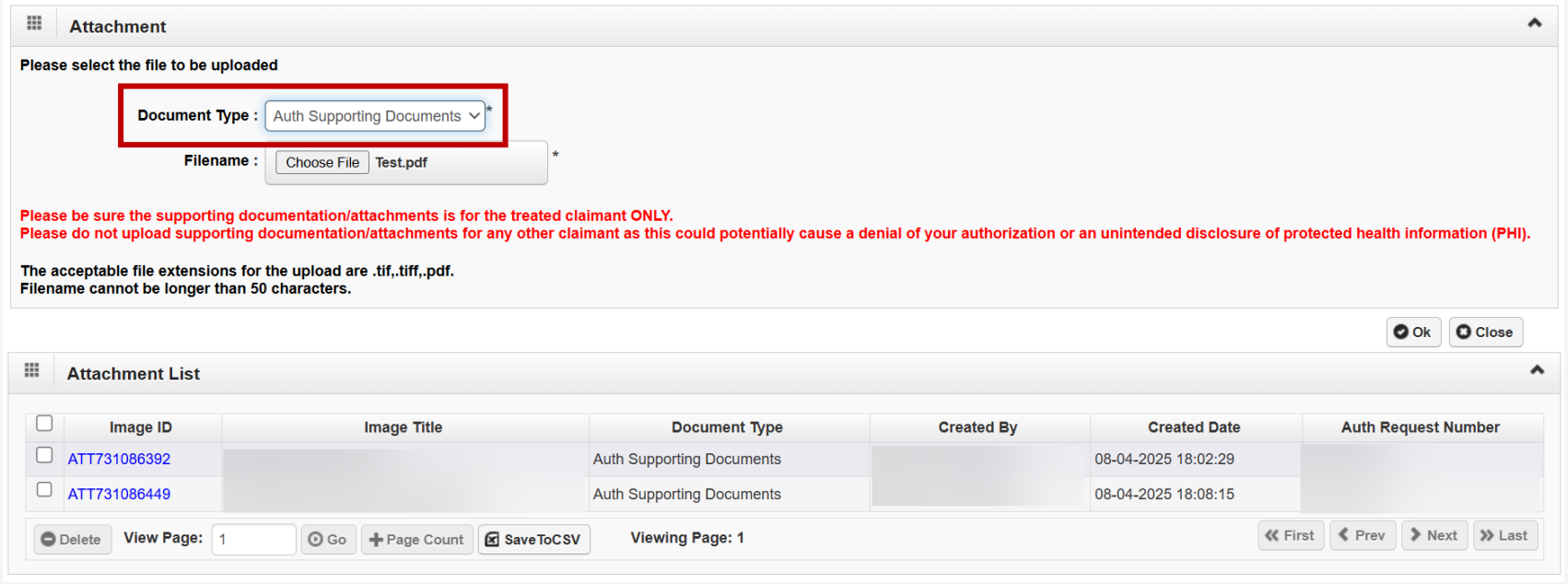


3. When the attachments are uploaded, select **Submit Authorization**.



PT/OT: Uploading Attachments (1 of 4)

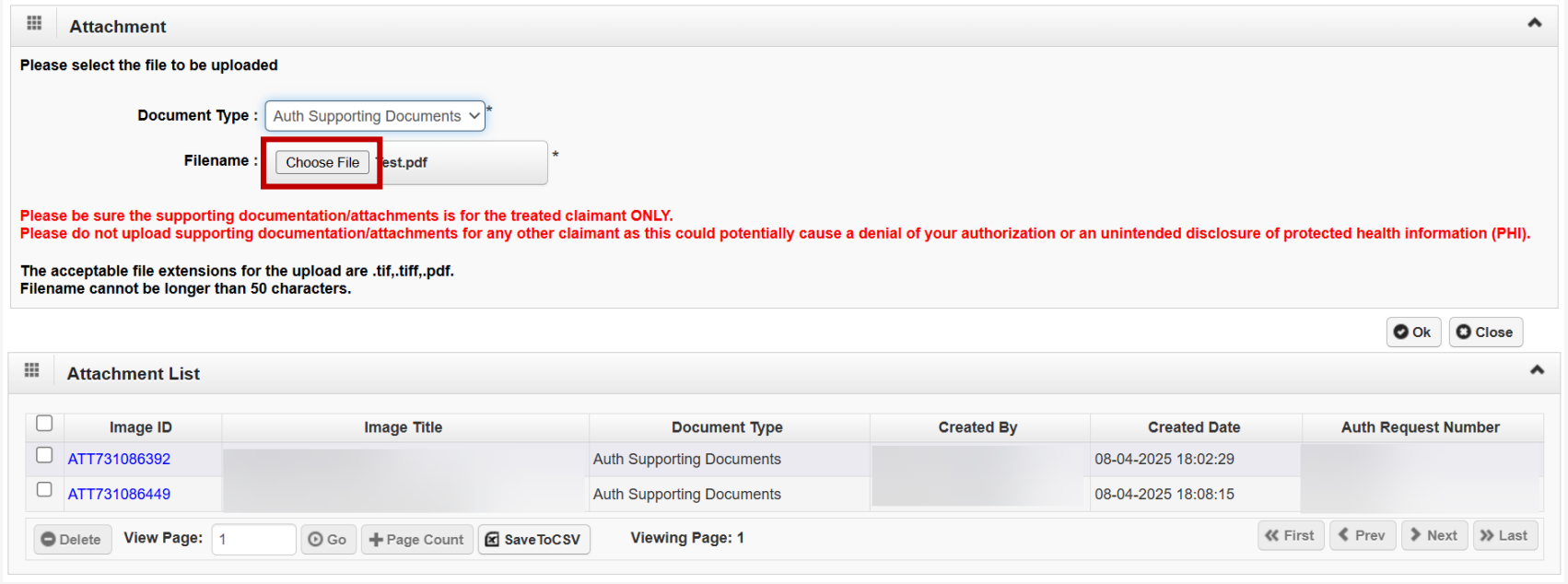
1. Select the document type to be uploaded from the **Document Type** drop-down list.



PT/OT: Uploading Attachments (2 of 4)

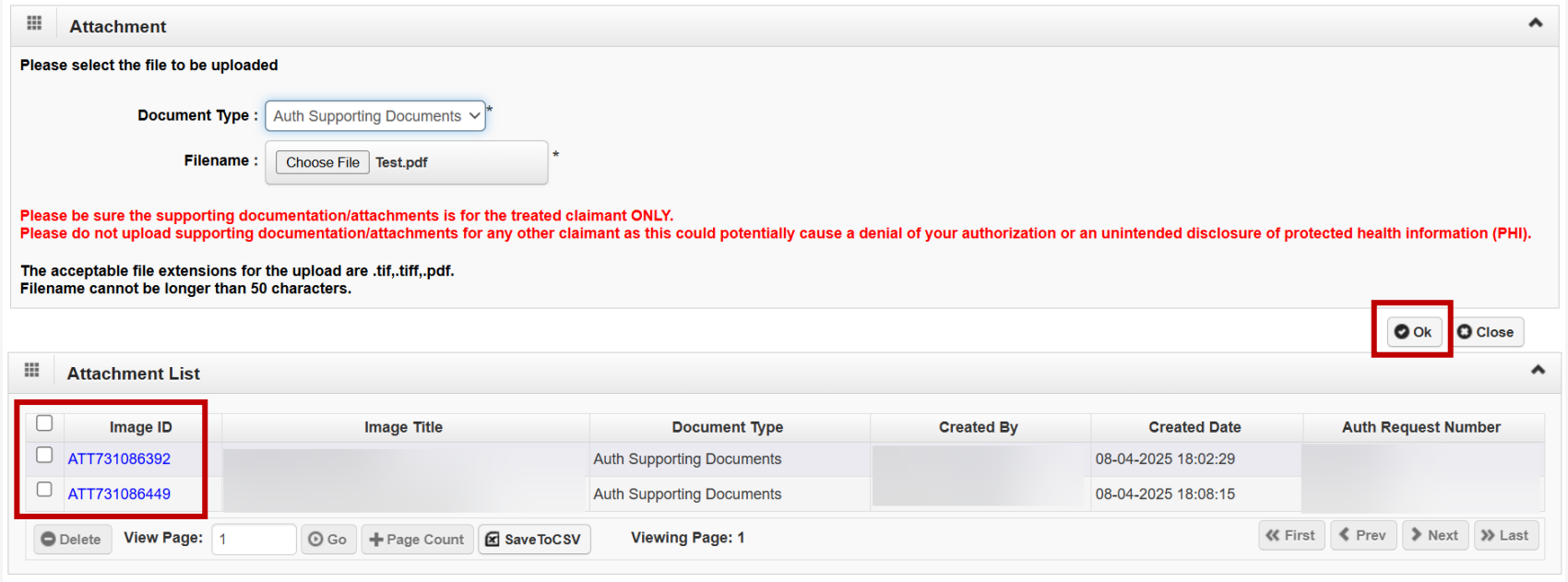
2. Select **Choose File** from the **Filename** field.
   - Locate and select the file to upload from the local drive.
   - Select **Open**. The system updates the **Filename** field.

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



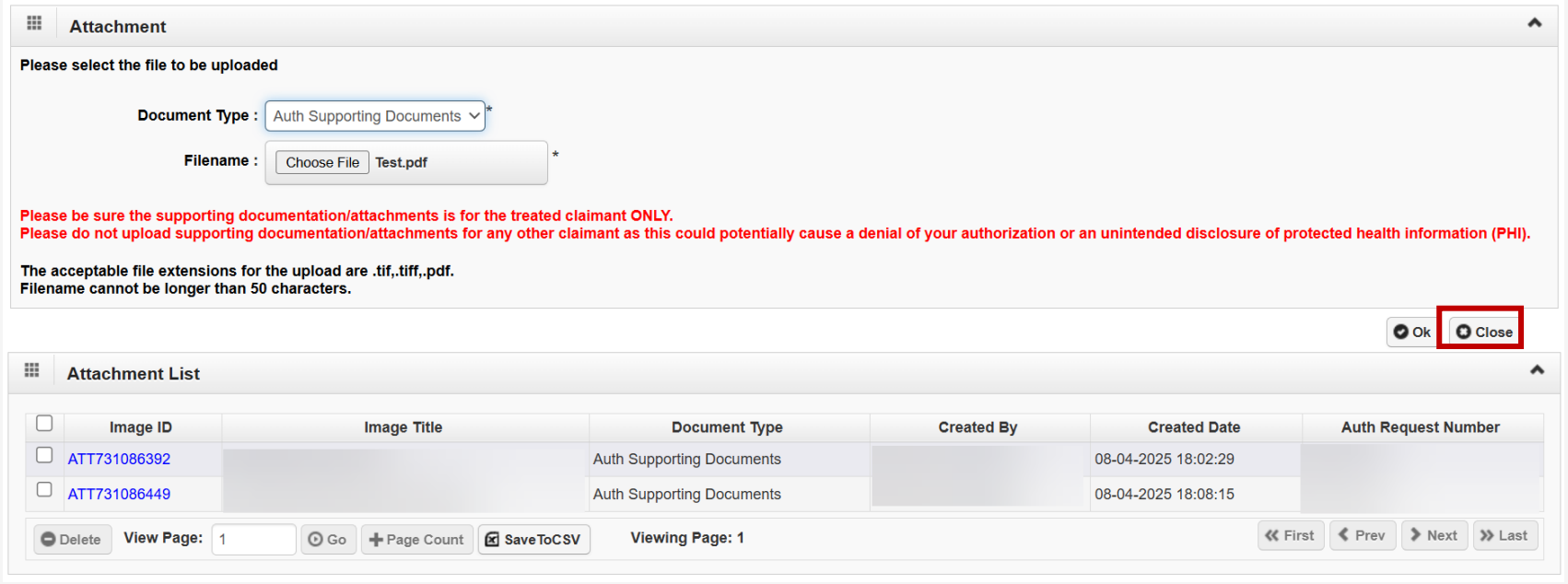
PT/OT: Uploading Attachments (3 of 4)

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



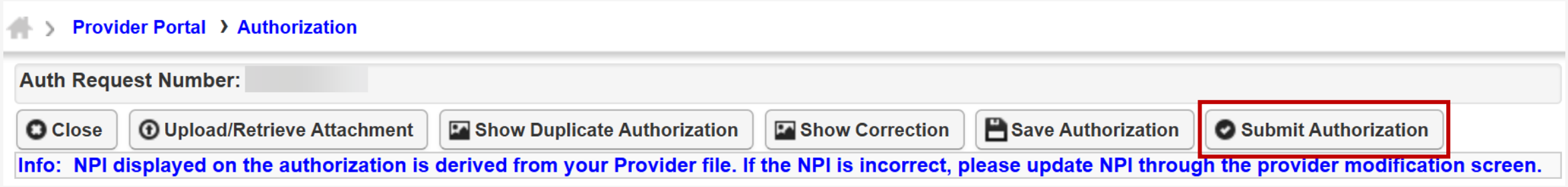
PT/OT: Uploading Attachments (4 of 4)

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



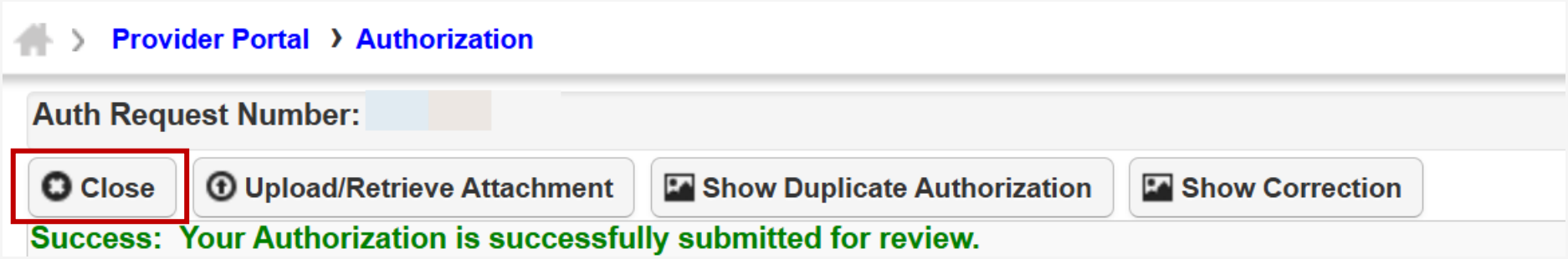
PT/OT: Submitting the Authorization Request

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



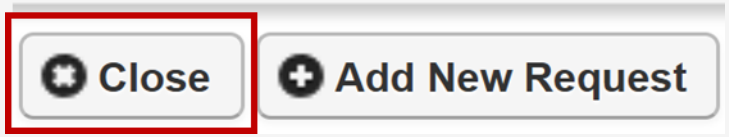
Note: After selecting **Submit Authorization** the WCMBP System confirms the authorization is successfully submitted for review, updates the Header Status to **In Review**, and determines the Authorization Level.

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

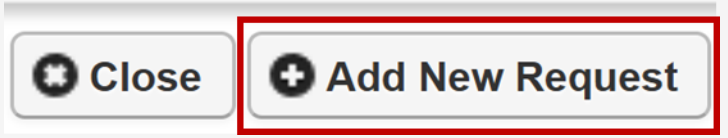


PT/OT: Viewing Authorization Information

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.

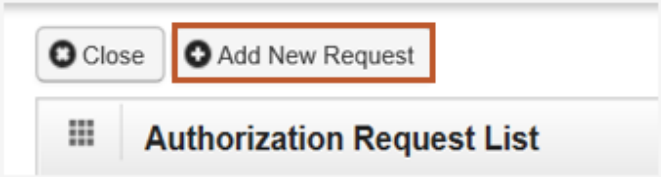
Note: The system displays the Authorization Request with a Header Status of "**In Review**" as confirmation that the request was successfully submitted.

		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

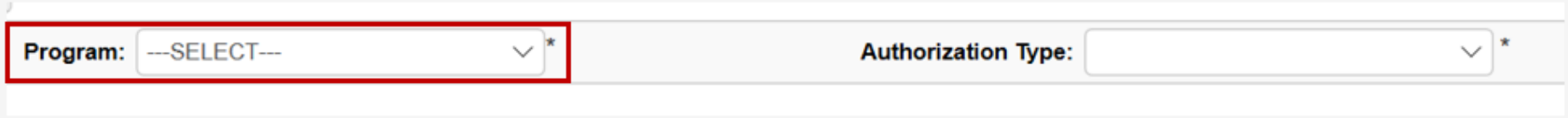
Surgical Package

Surgical Package: Adding a New Authorization Request

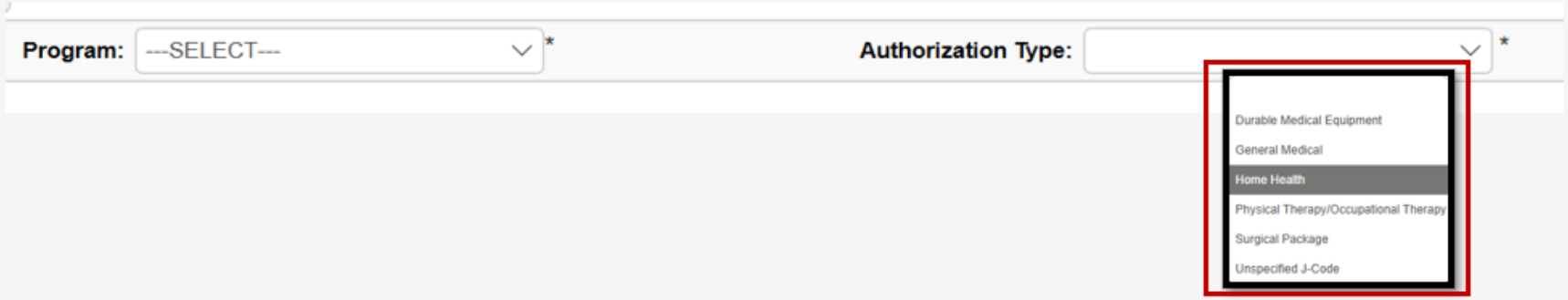
1. To submit a new authorization request, select **Add New Request**.



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



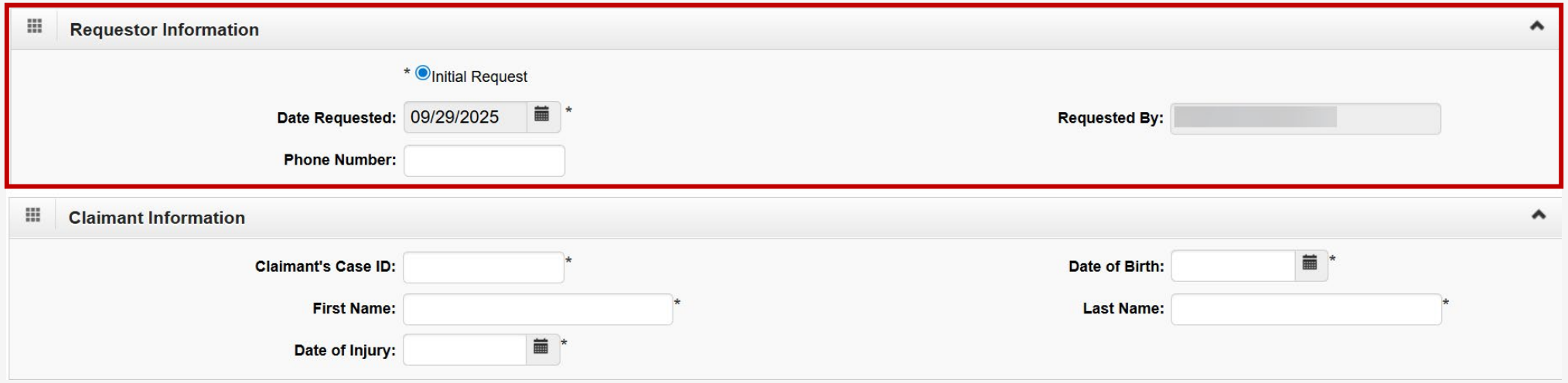
3. Select one the following authorization types from the **Authorization Type** drop-down list.



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”.

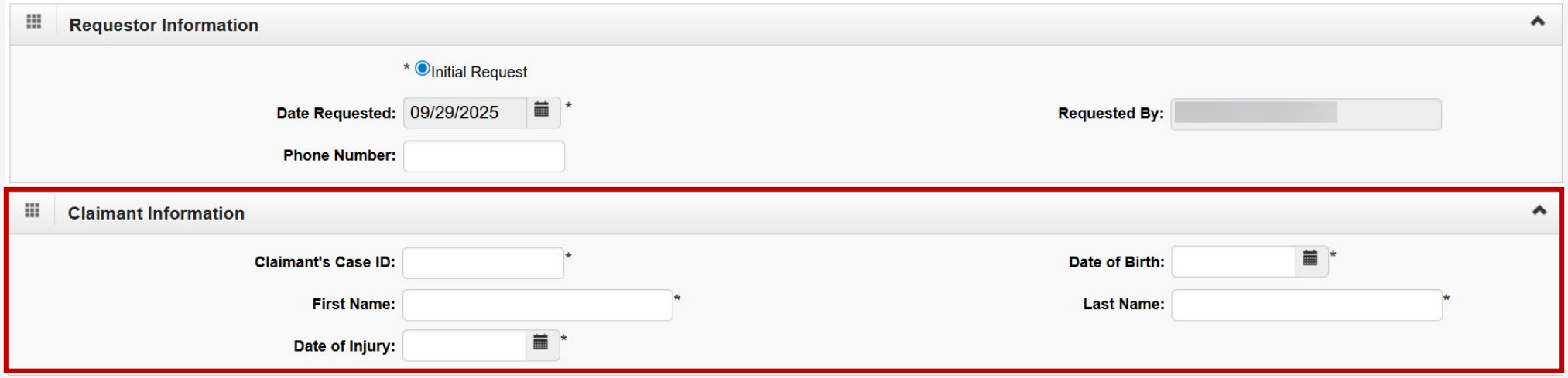


Surgical Package: Requestor and Claimant Information (2 of 2)

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**).

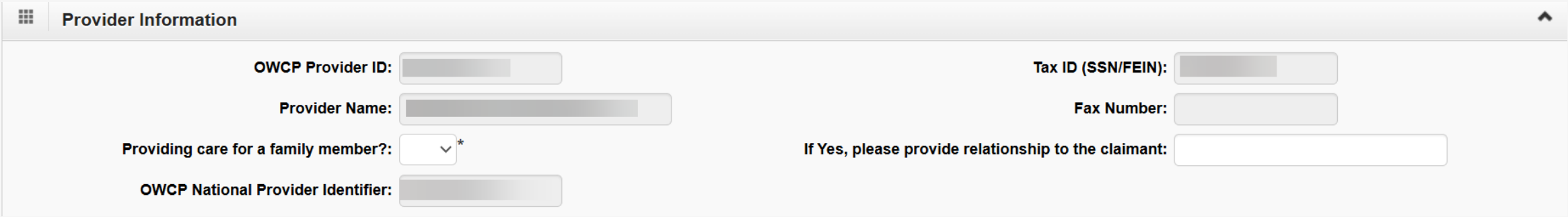
- If the Claimant's Case ID is associated with the Program, the system will auto-populate the claimant information.
- If the Claimant's Case ID is not associated with the Program, the system will display the alert "Claimant is not associated with the program." Select **OK** to close the window and enter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

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



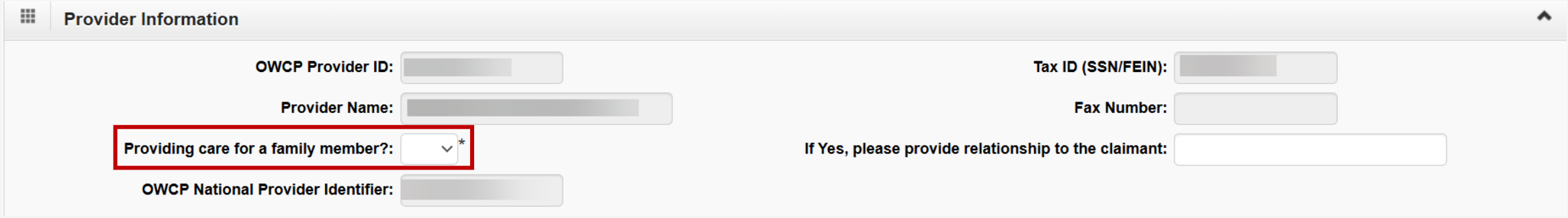
Surgical Package: Provider Information (1 of 2)

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



Surgical Package: Provider Information (2 of 2)

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

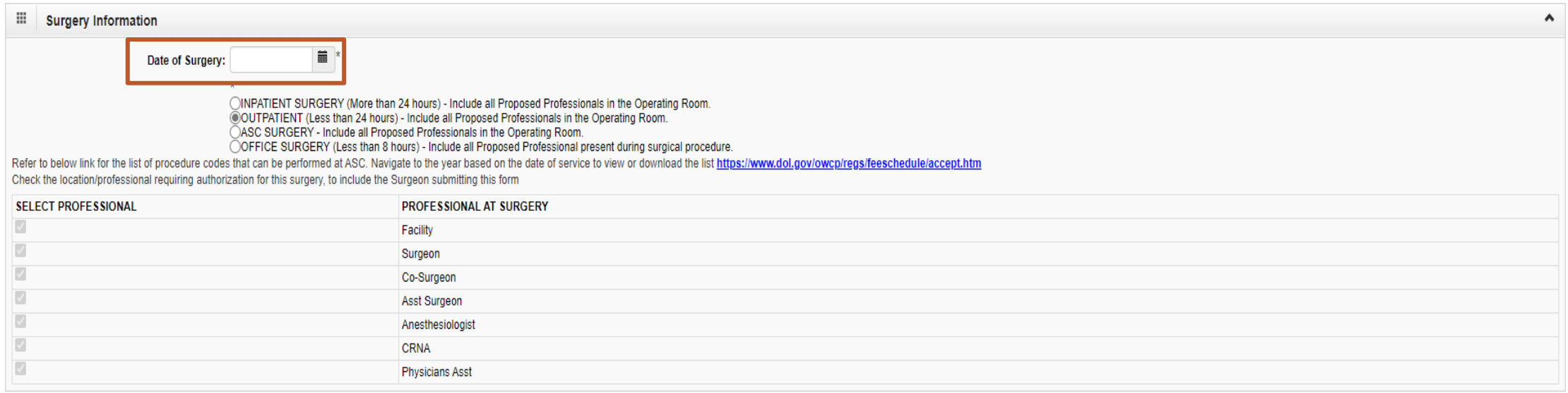


3. If yes is selected in the **Providing care for a family member** drop-down list, provide the relationship to the claimant. *This step is required when Yes is selected.*

Note: Entering the Fax # is optional.

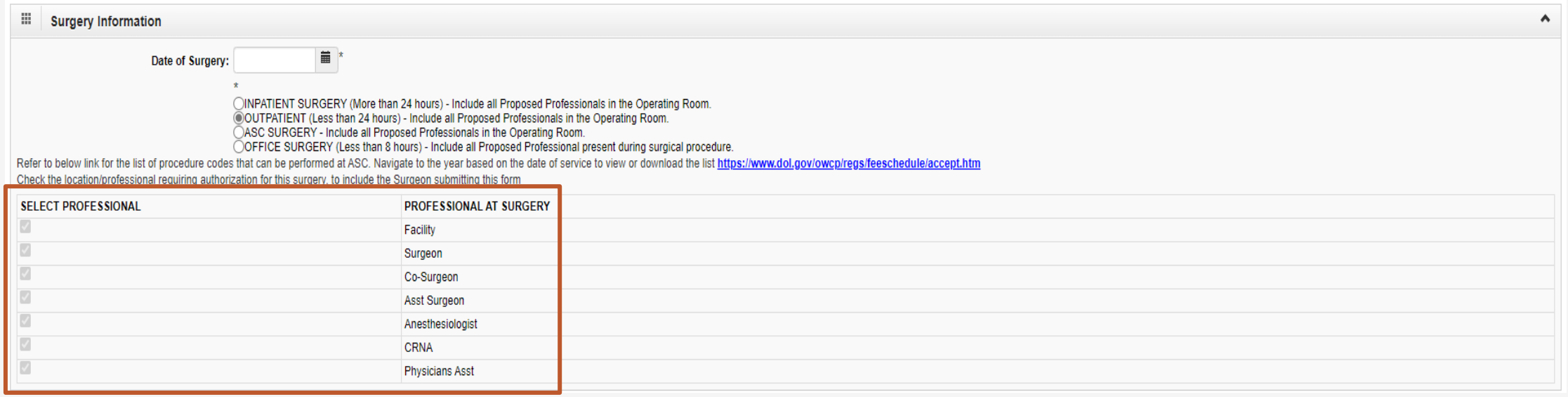
Surgical Package: Surgery Information (1 of 2)

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



Surgical Package: Surgery Information (2 of 2)

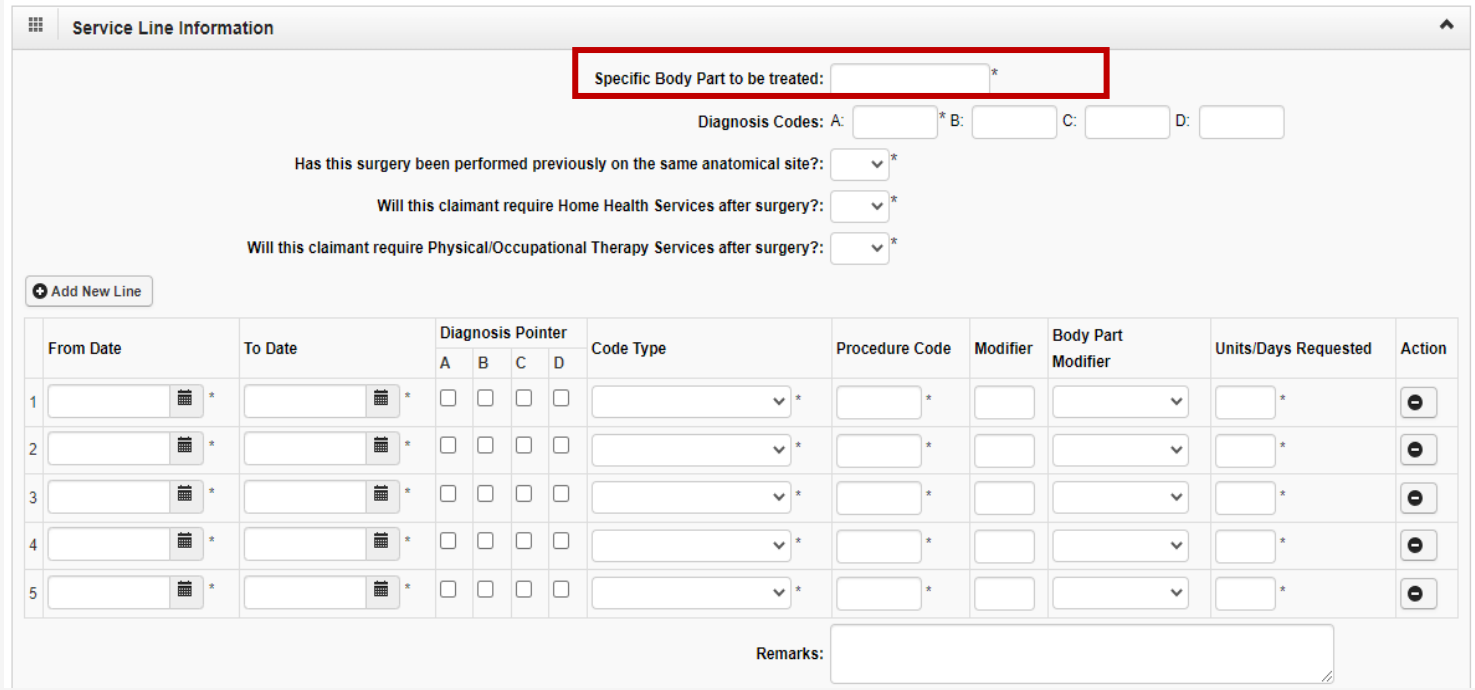
2. Select the appropriate site where the surgery is being performed. All Professional Types will be selected by default.



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

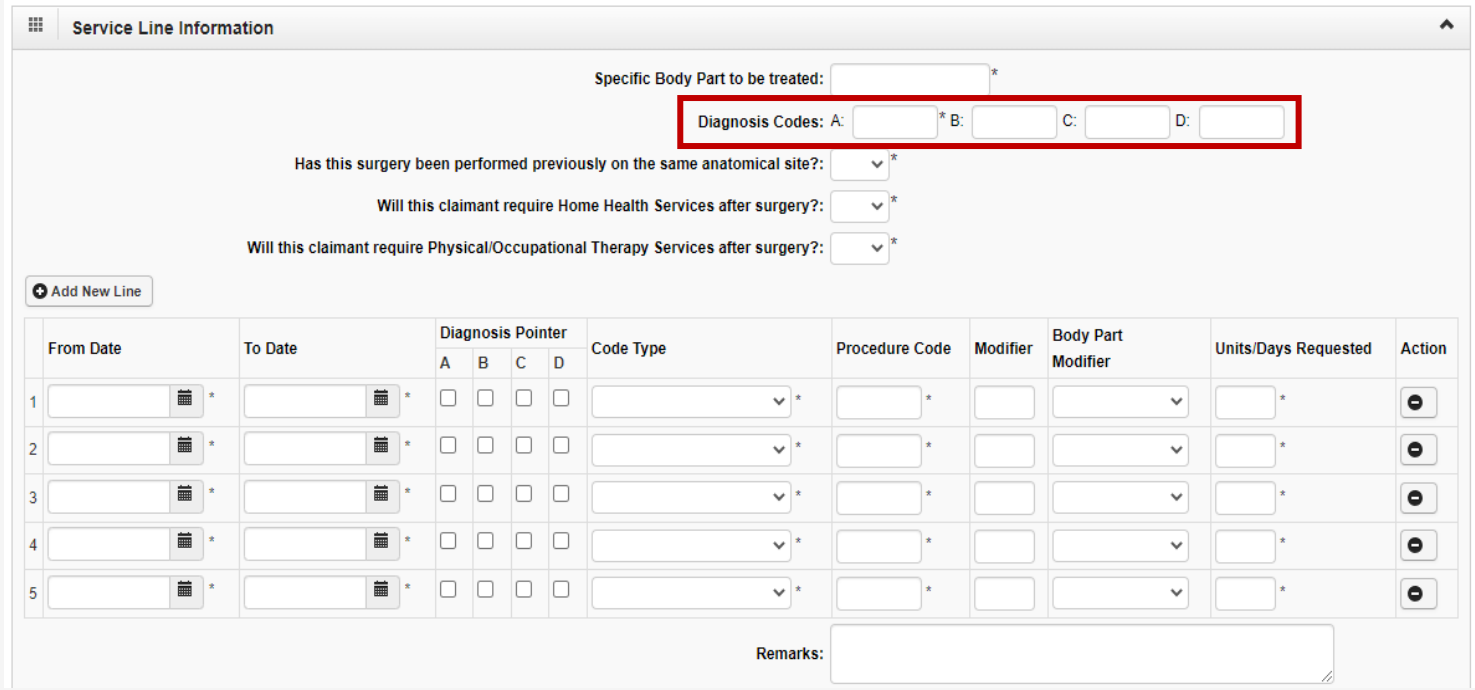
Enter the Required Service Line Information

1. Enter the specific body part to be treated.



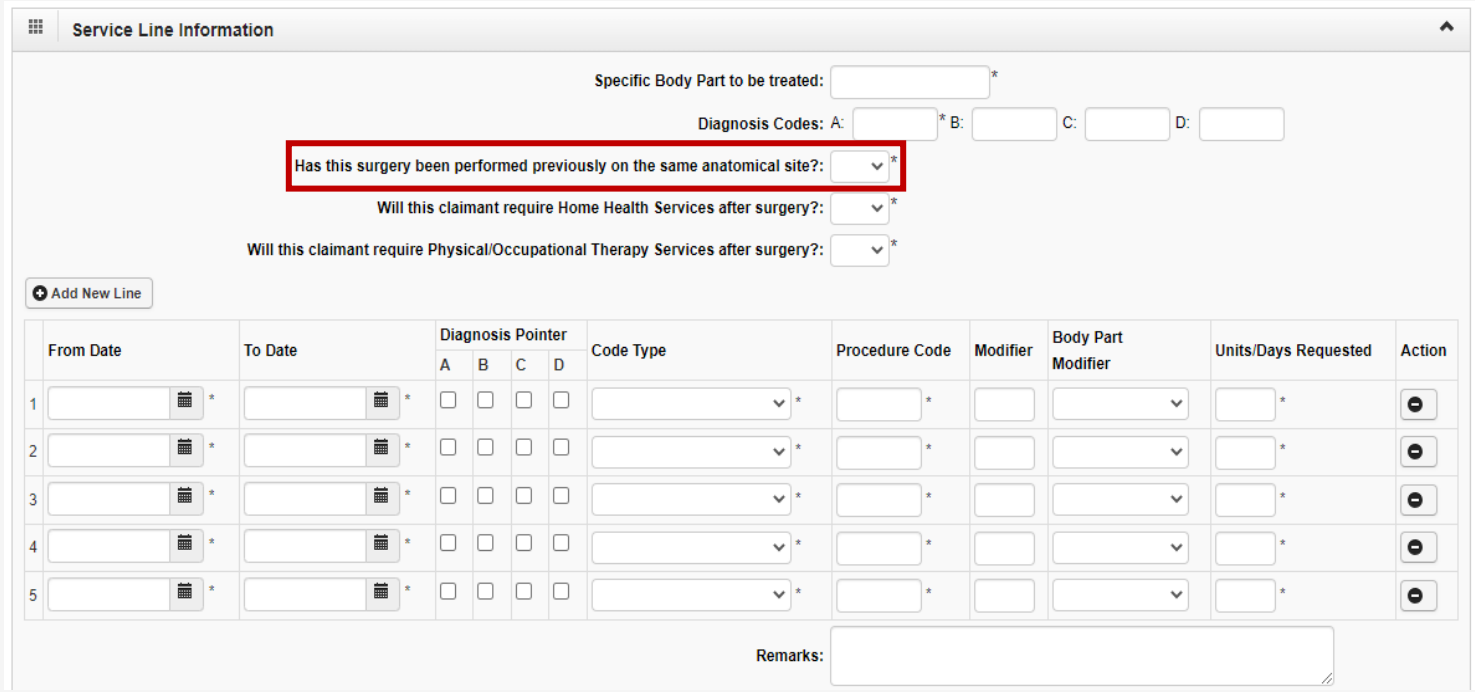
Surgical Package: Entering Service Line Information (2 of 14)

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



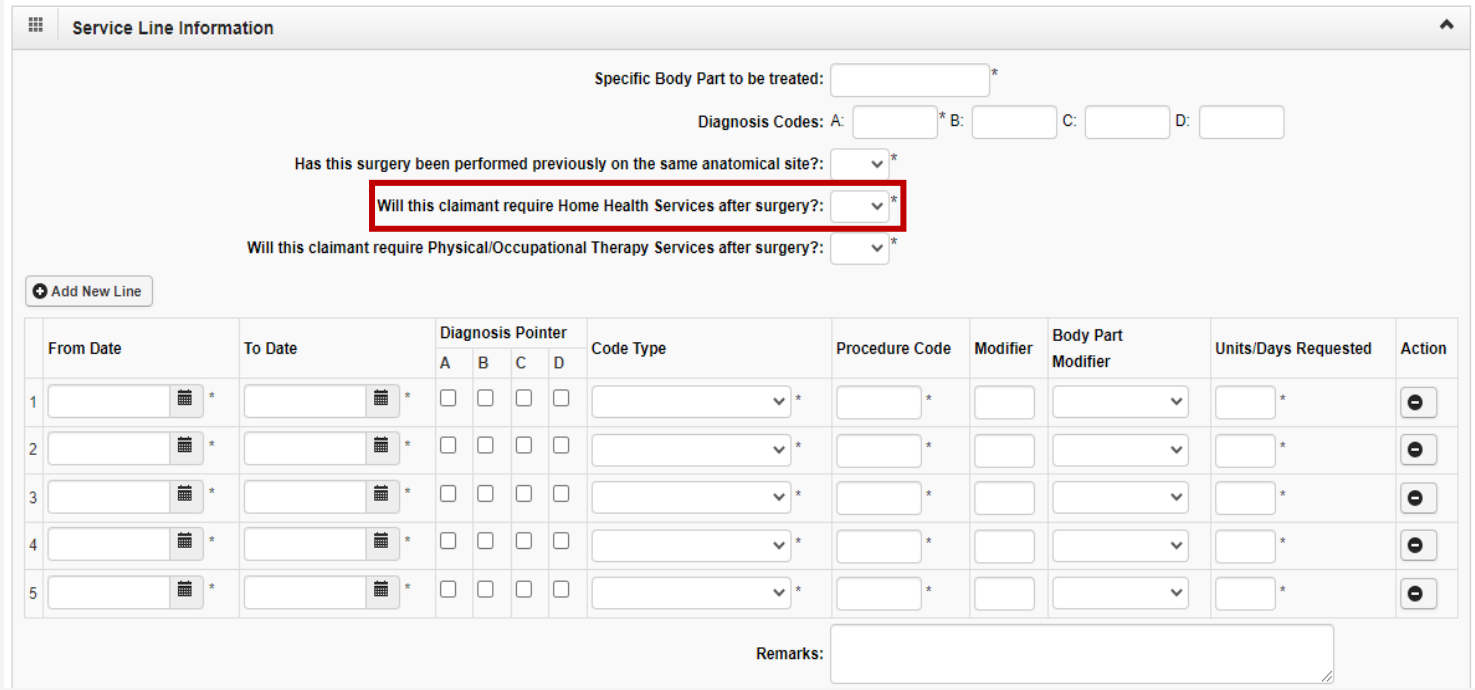
Surgical Package: Entering Service Line Information (3 of 14)

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



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

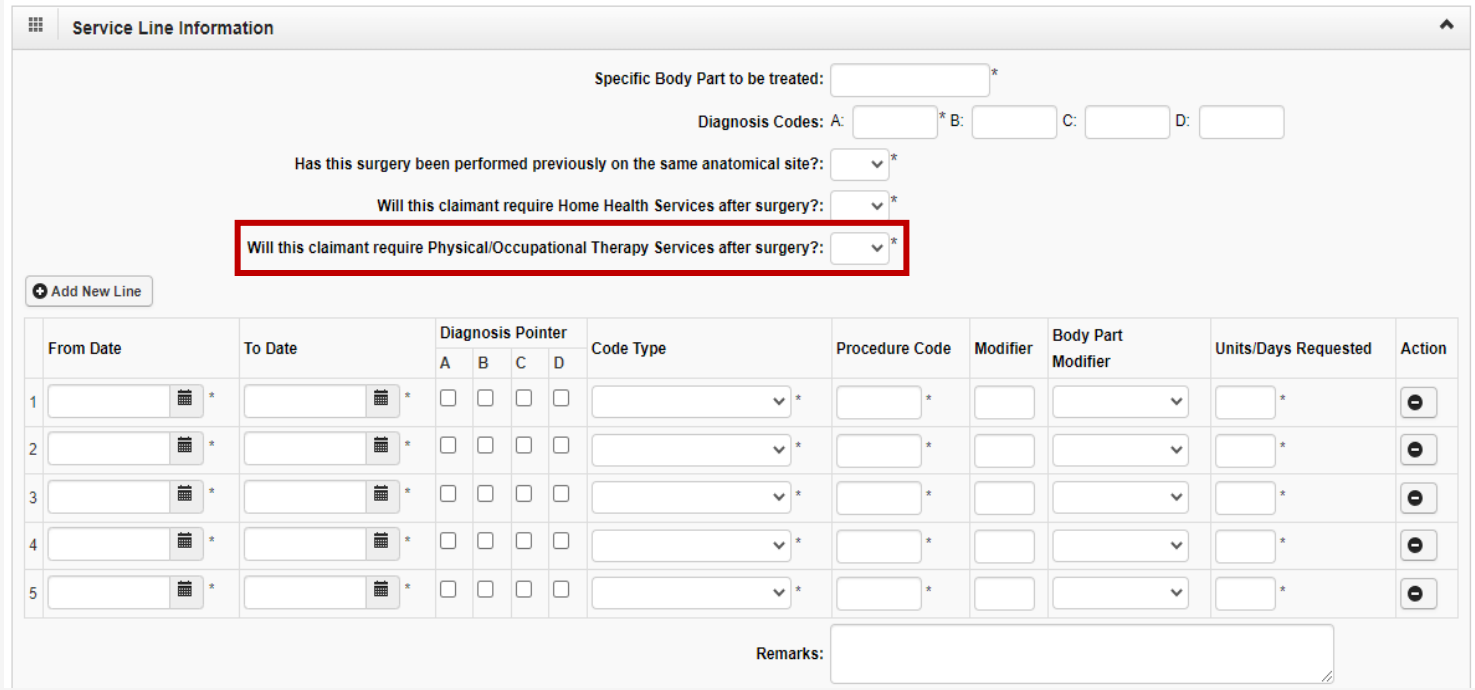
4. To identify if Home Health will be required after surgery, select either **Yes** or **No**.



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

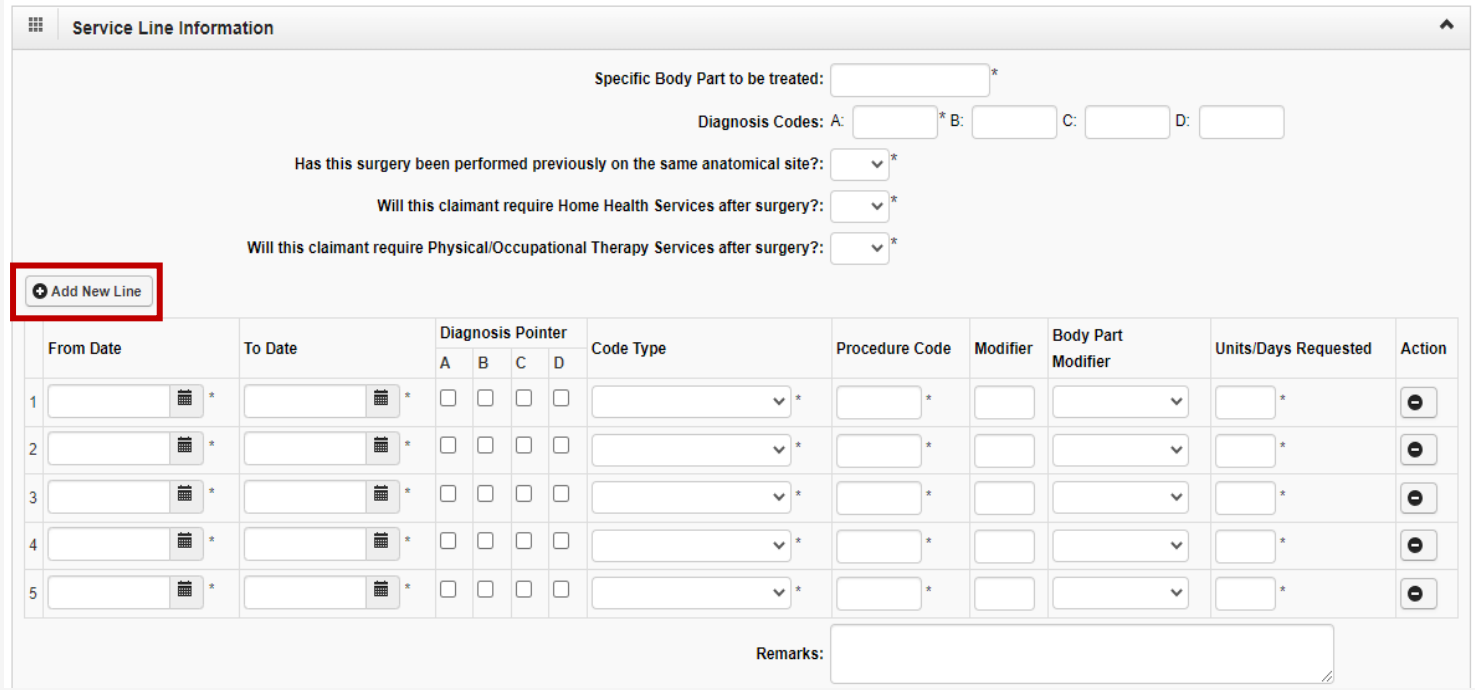
5. To identify if PT or OT will be required after surgery, select either **Yes** or **No**.

Note: Five service lines display.



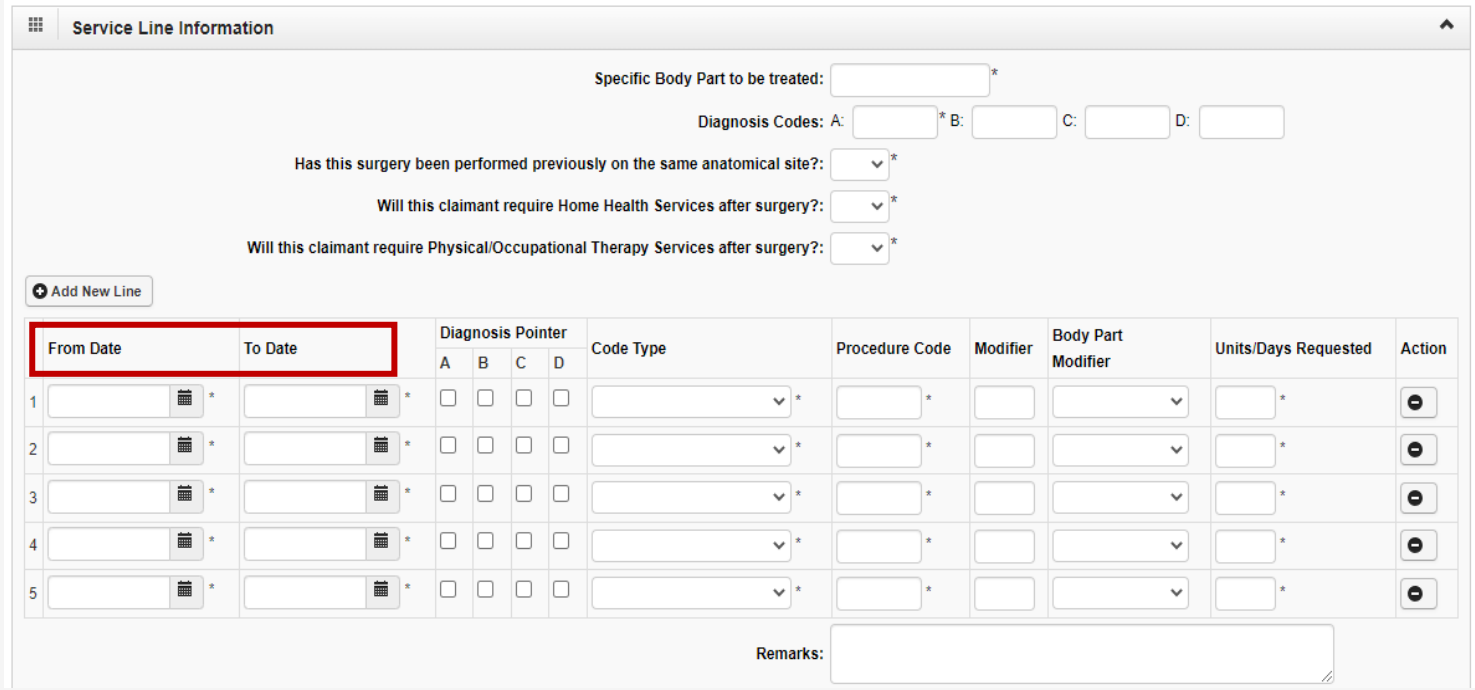
Surgical Package: Entering Service Line Information (6 of 14)

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



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

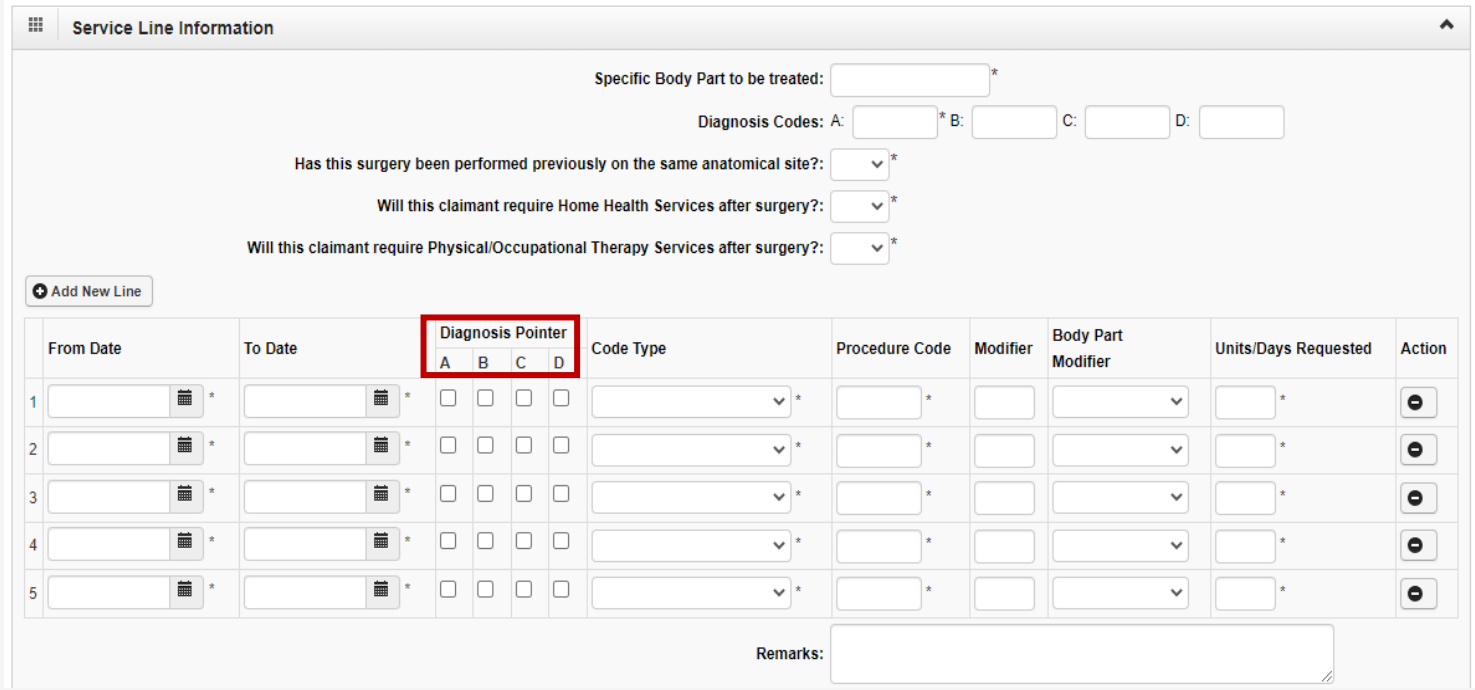
7. Enter the **From Date** and **To Date** fields for each line.



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

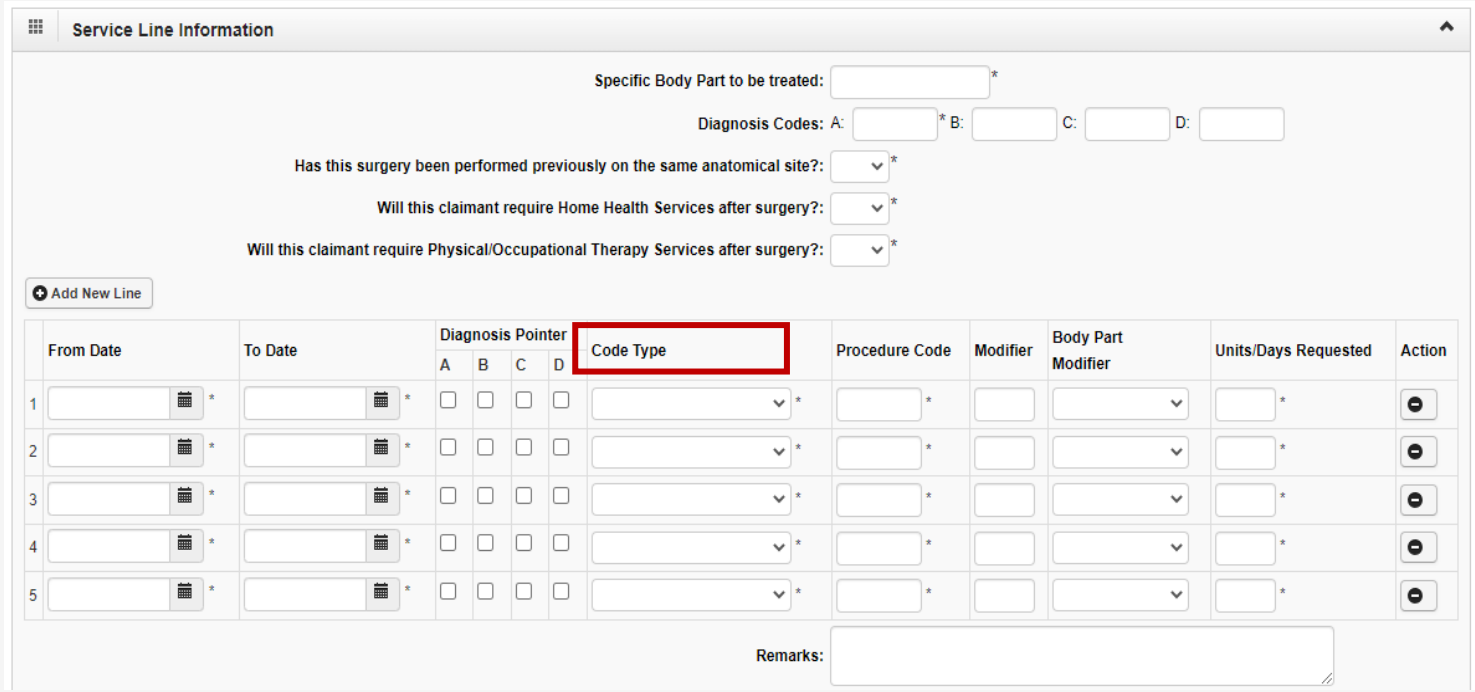
8. Select the alpha character that represents the DX from the **Diagnosis Codes** field to which to point to.

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



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

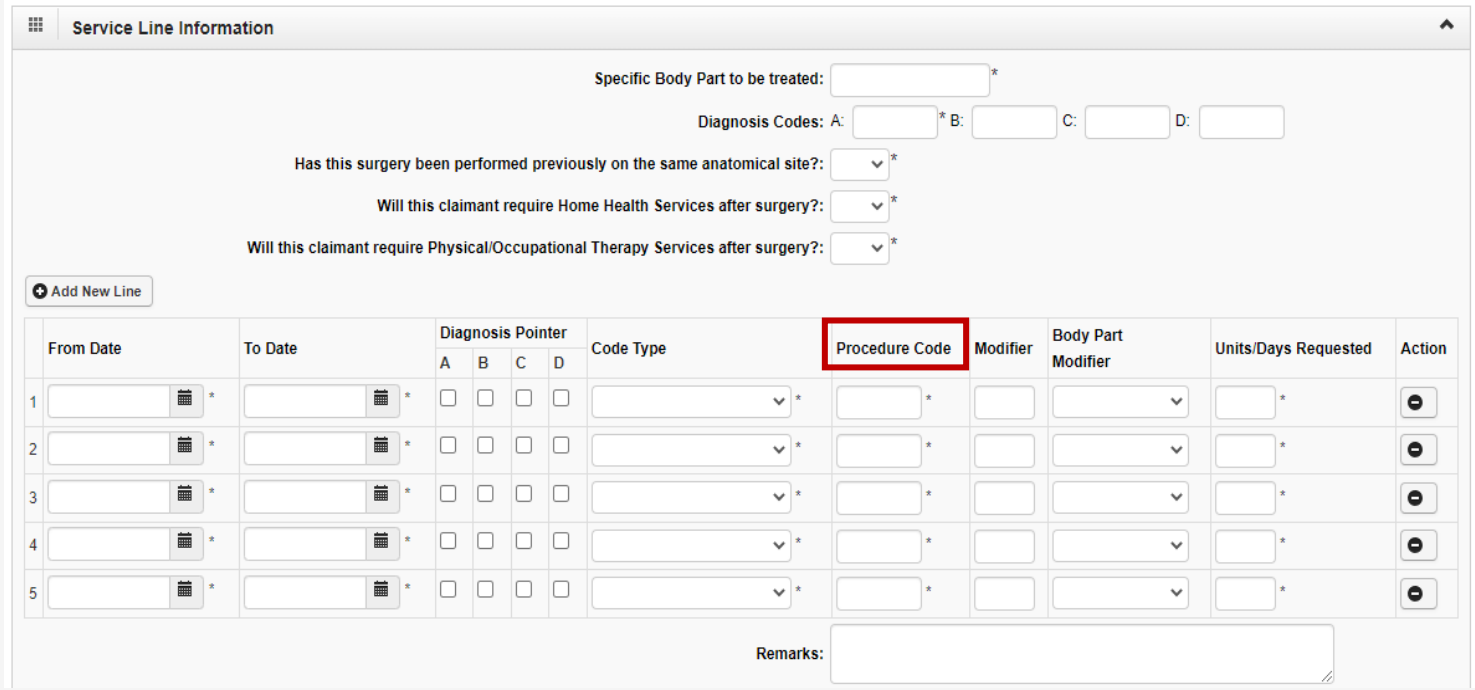
9. Select the code type from the **Code Type** drop-down list.



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.

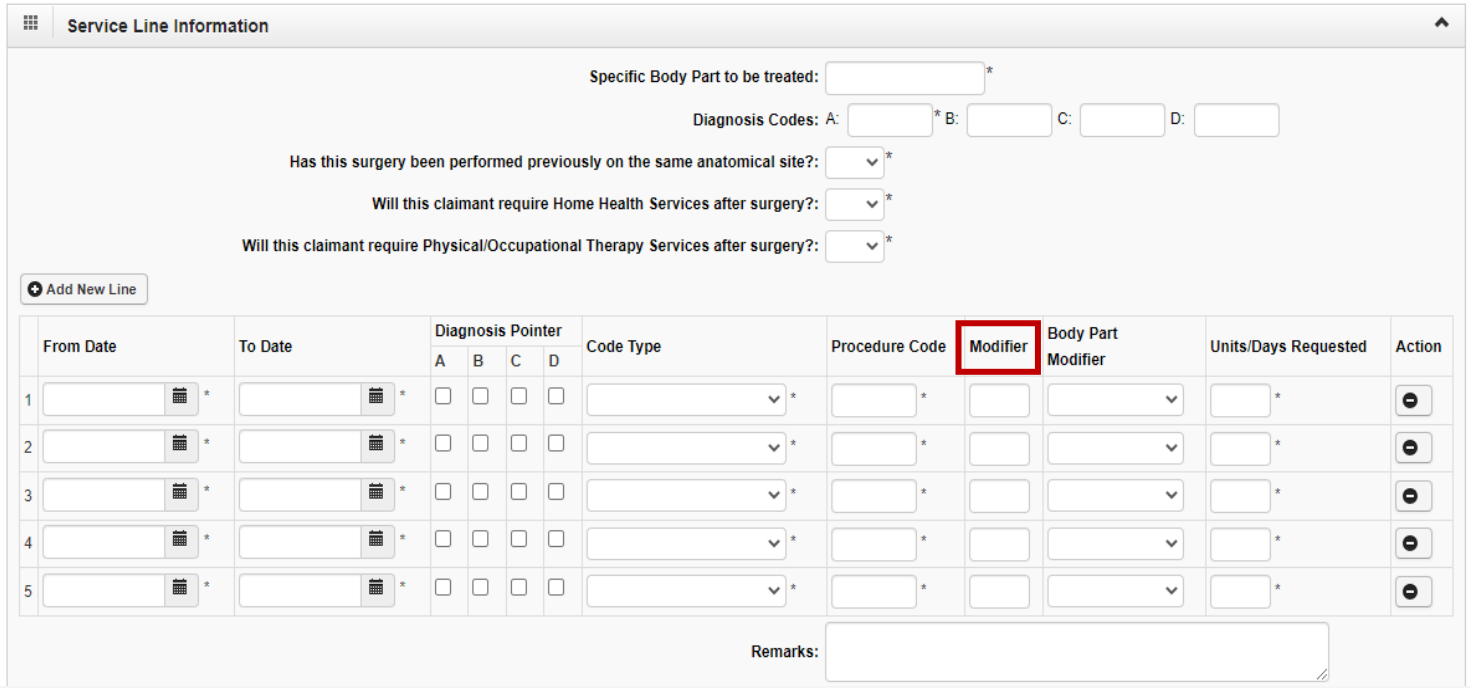


Surgical Package: Entering Service Line Information (11 of 14)

11. Enter procedure code modifier.

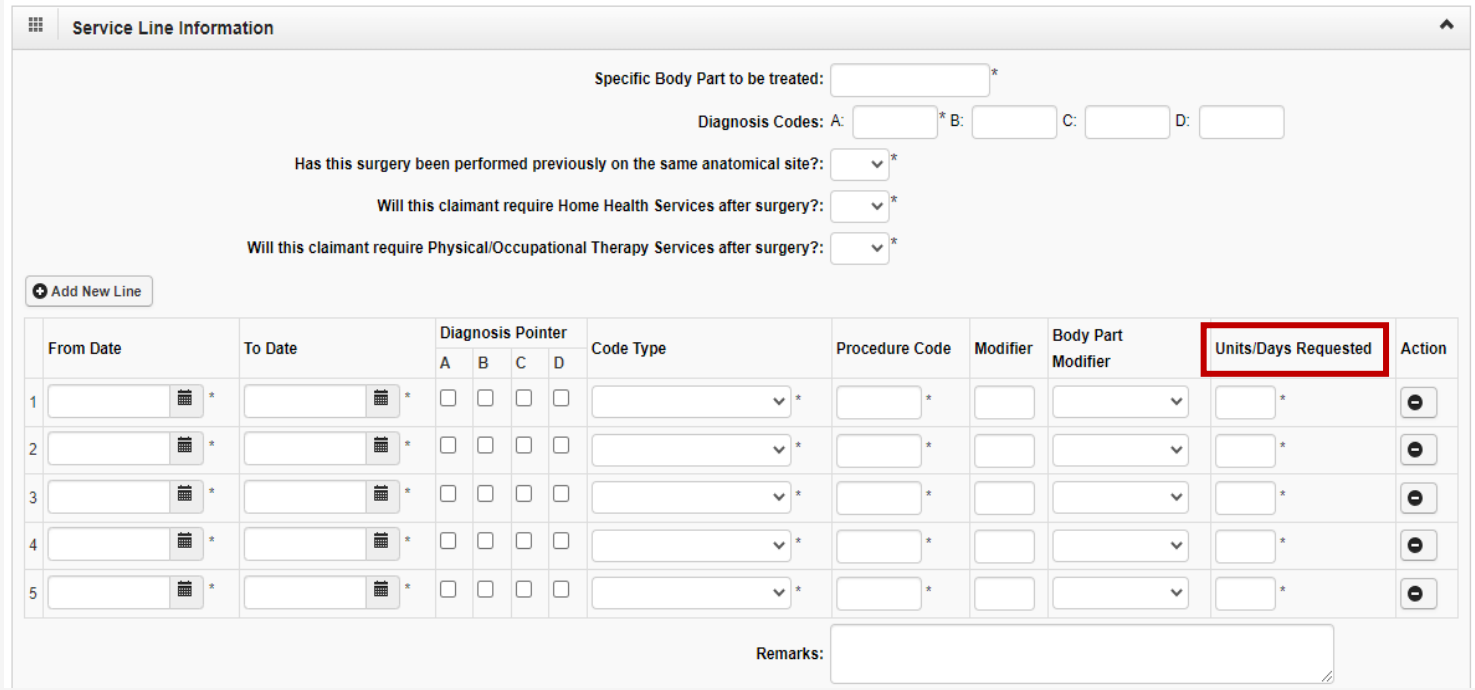
Note: The **Body Part Modifier** field is optional and no longer required.

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.



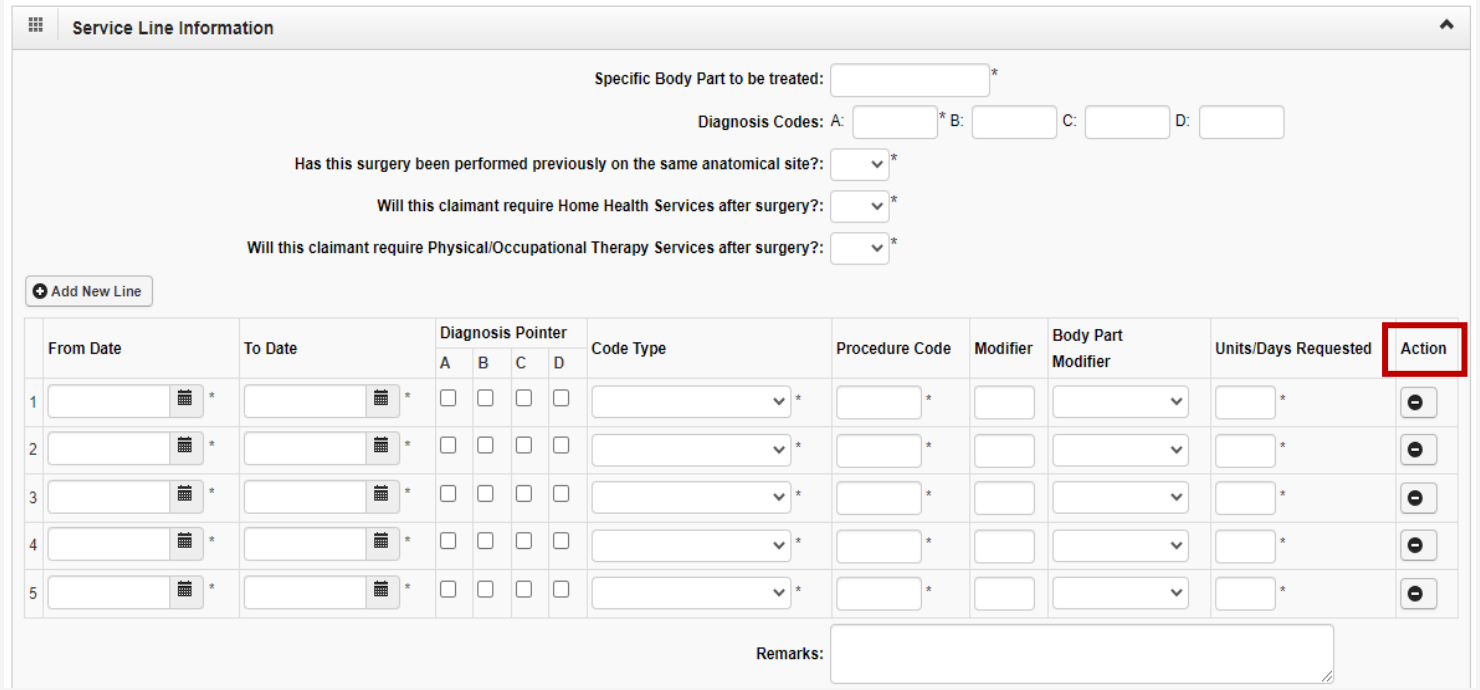
Surgical Package: Entering Service Line Information (12 of 14)

12. Enter the number of units being requested.



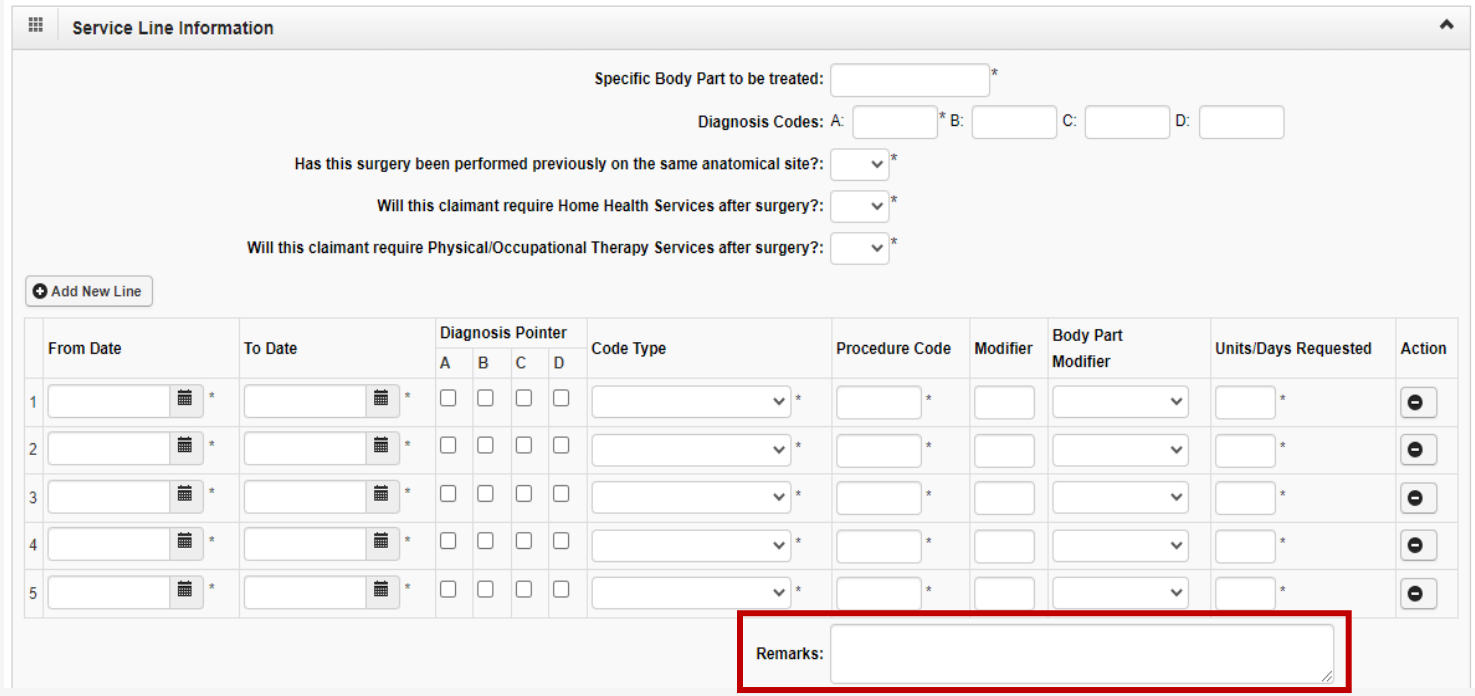
Surgical Package: Entering Service Line Information (13 of 14)

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



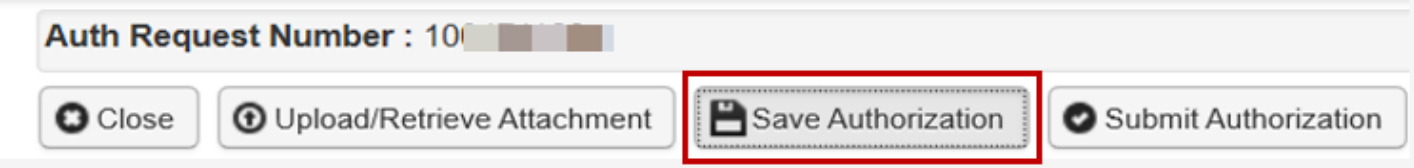
Surgical Package: Entering Service Line Information (14 of 14)

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



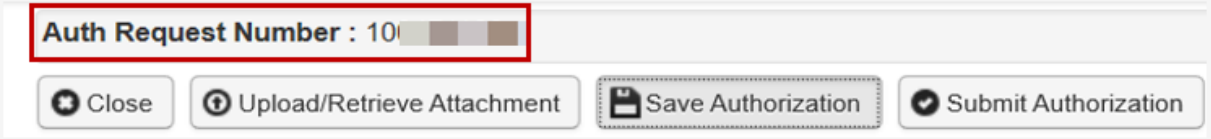
Surgical Package: Save Authorization (1 of 2)

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



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**.

Note: The 9-digit authorization number will populate.

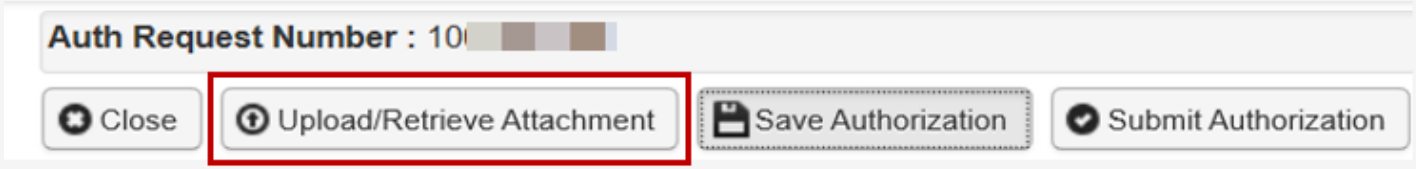


Note: Surgical Package does not require any attachments.

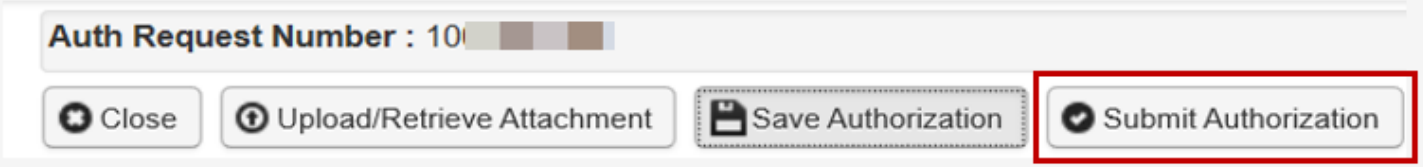
Surgical Package: Save Authorization (2 of 2)

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

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

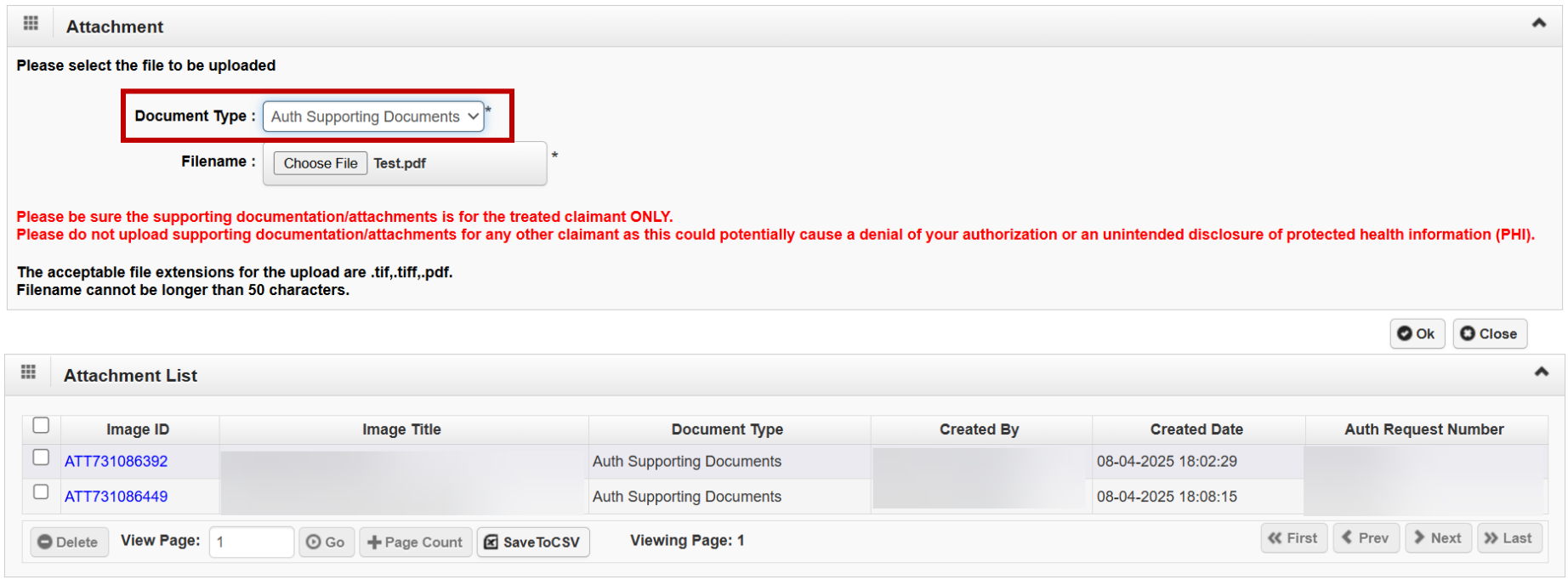


3. Once the attachments are uploaded, select **Submit Authorization**.



Surgical Package: Uploading Attachments (1 of 4)

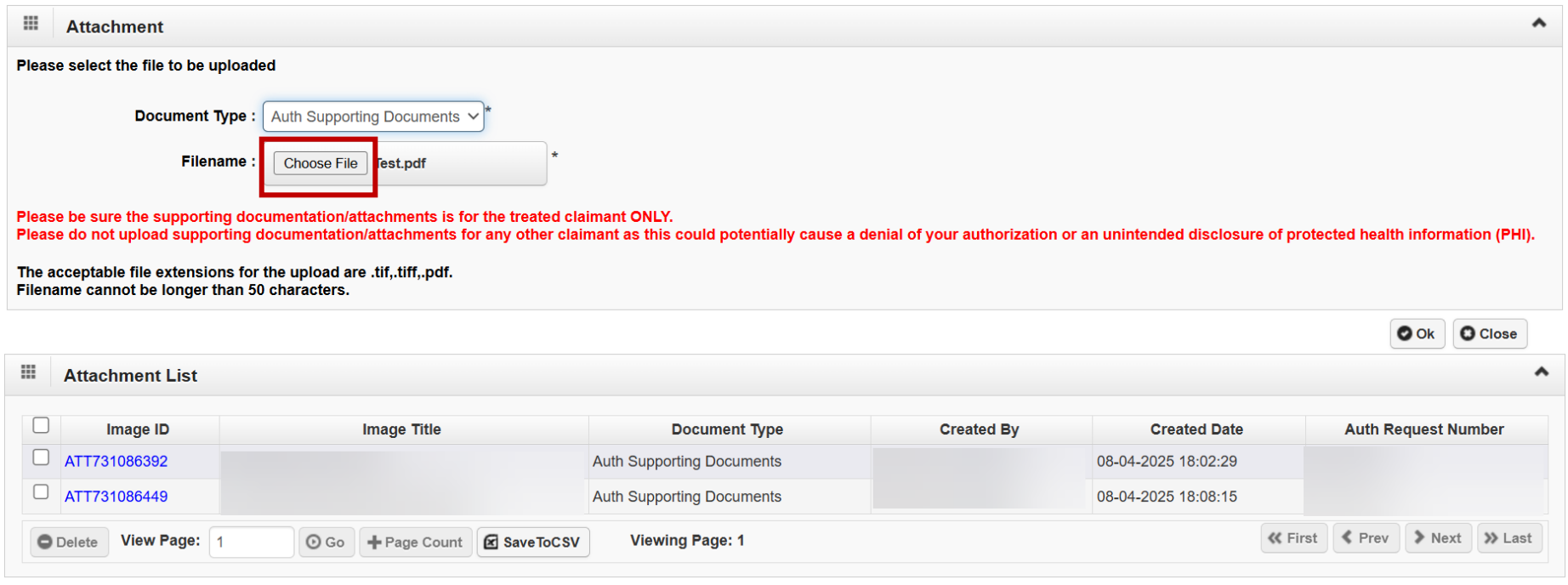
1. Select the document type to be uploaded from the **Document Type** drop-down list. Uploading documentation is optional.



Surgical Package: Uploading Attachments (2 of 4)

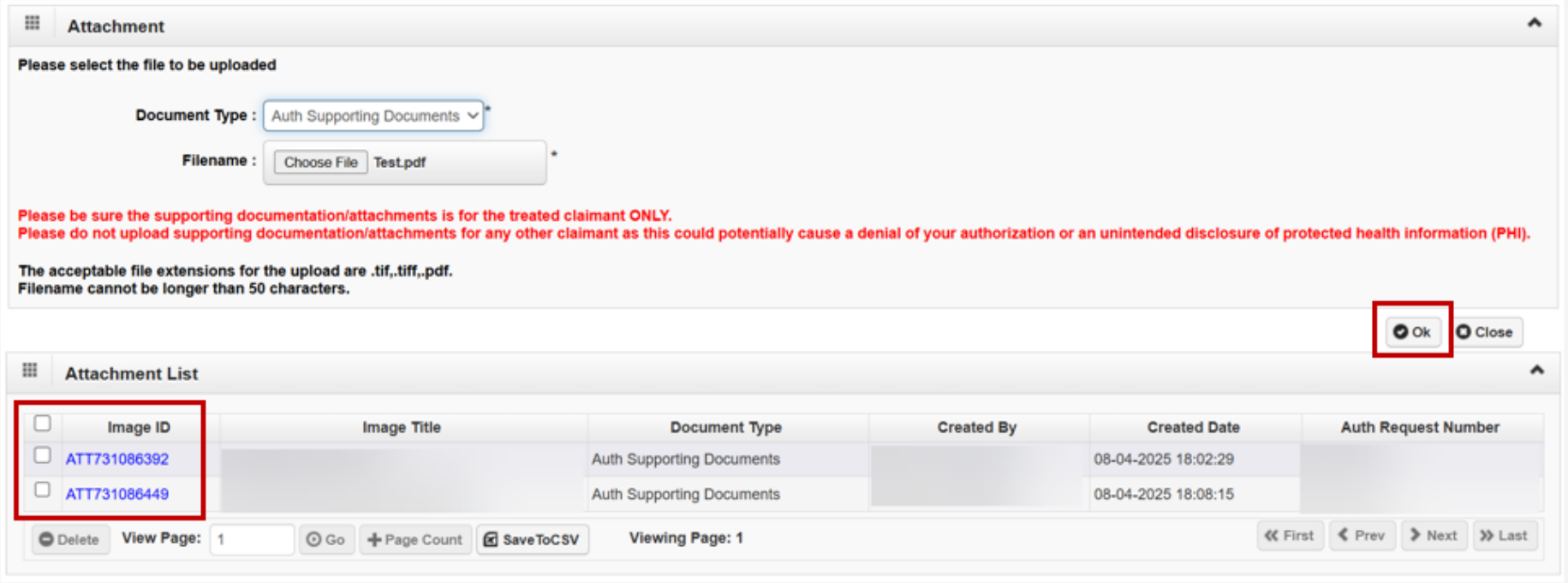
2. Select **Choose File** from the **Filename** field.
   - Locate and select the file to upload from the local drive.
   - Select **Open**. The system updates the **Filename** field.

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



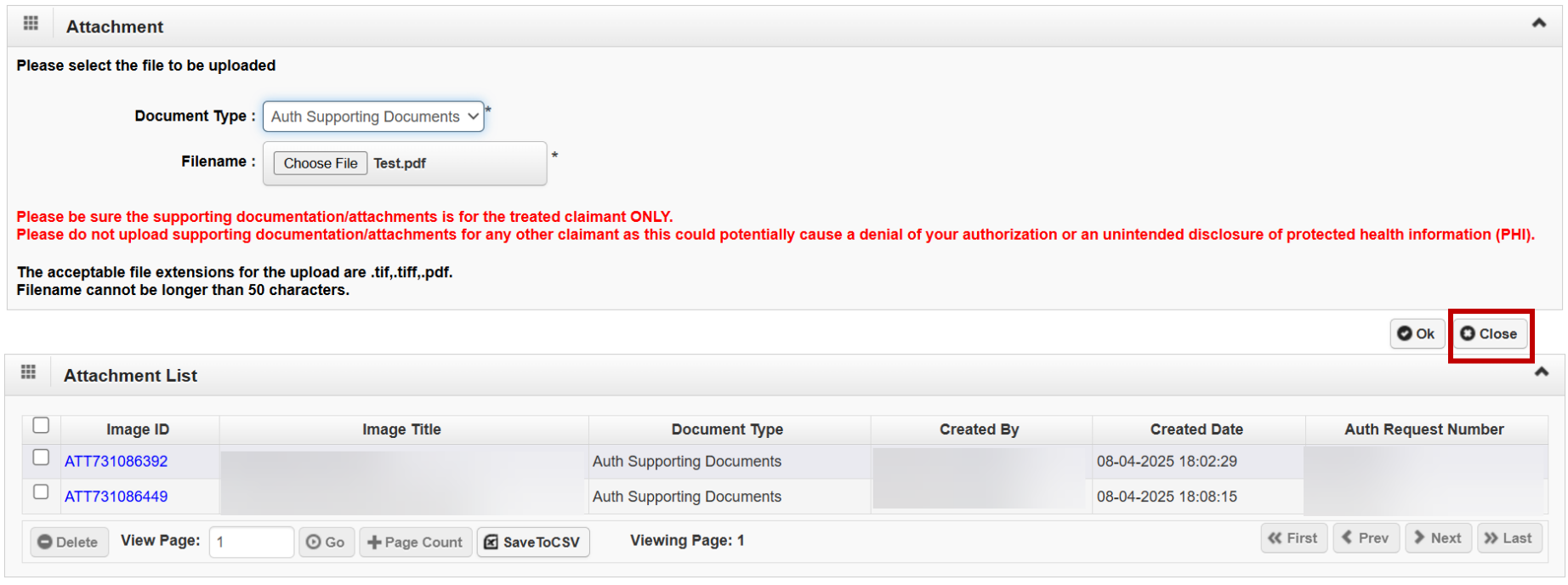
Surgical Package: Uploading Attachments (3 of 4)

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



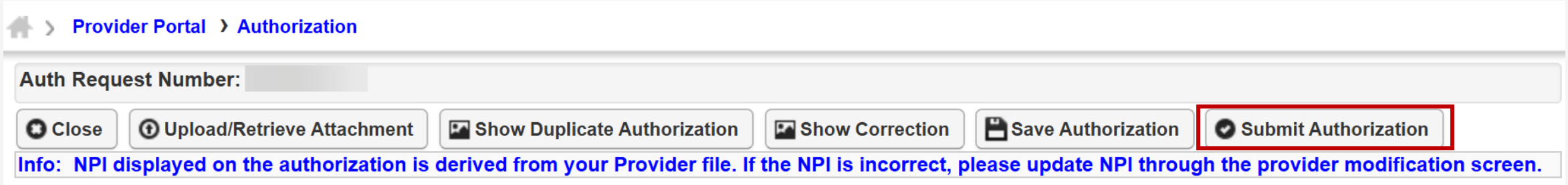
Surgical Package: Uploading Attachments (4 of 4)

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



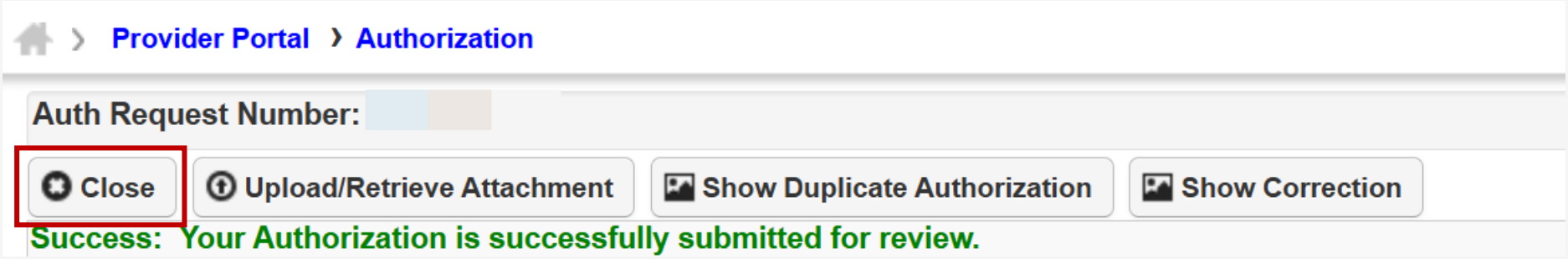
Surgical Package: Submitting the Authorization Request

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



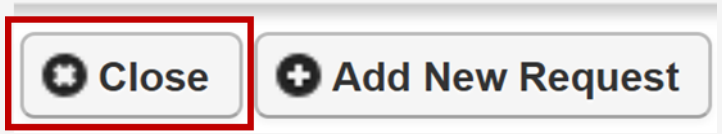
Note: After selecting **Submit Authorization** the WCMBP System confirms the authorization is successfully submitted for review, updates the Header Status to **In Review**, and determines the Authorization Level.

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

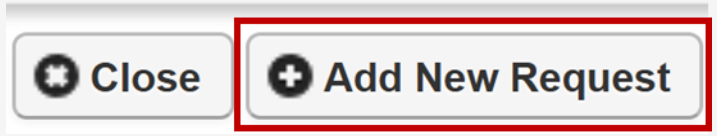


Surgical Package: Viewing Authorization Information

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.

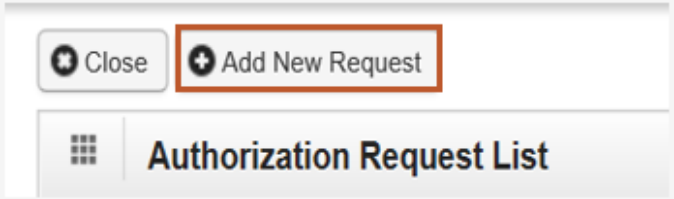
Note: The system displays the Authorization Request with a Header Status of "**In Review**" as confirmation that the request was successfully submitted.

		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

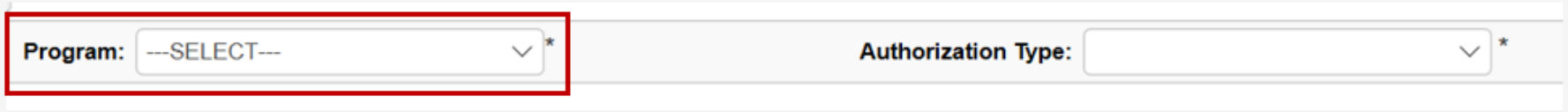
Unspecified J-Code

Unspecified J-Code: Adding a New Authorization Request

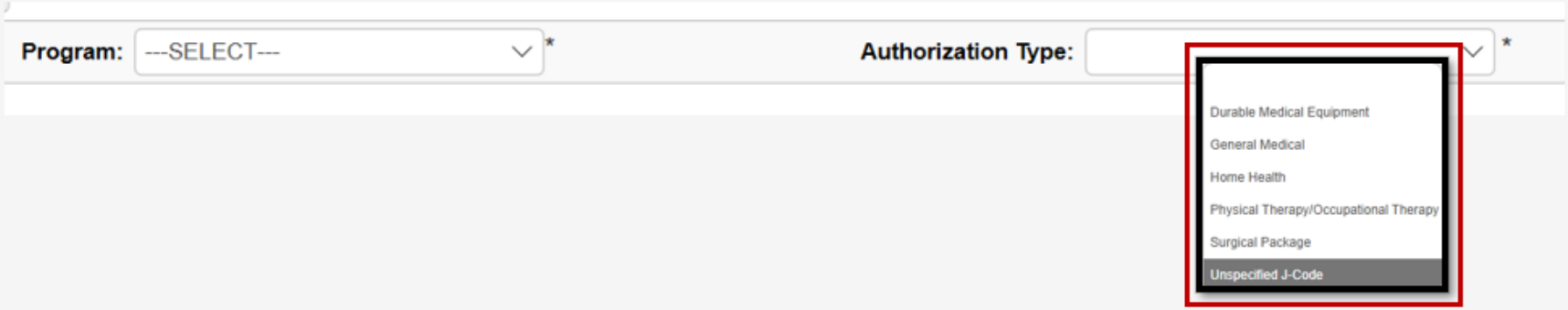
1. To submit a new authorization request, select **Add New Request**.



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

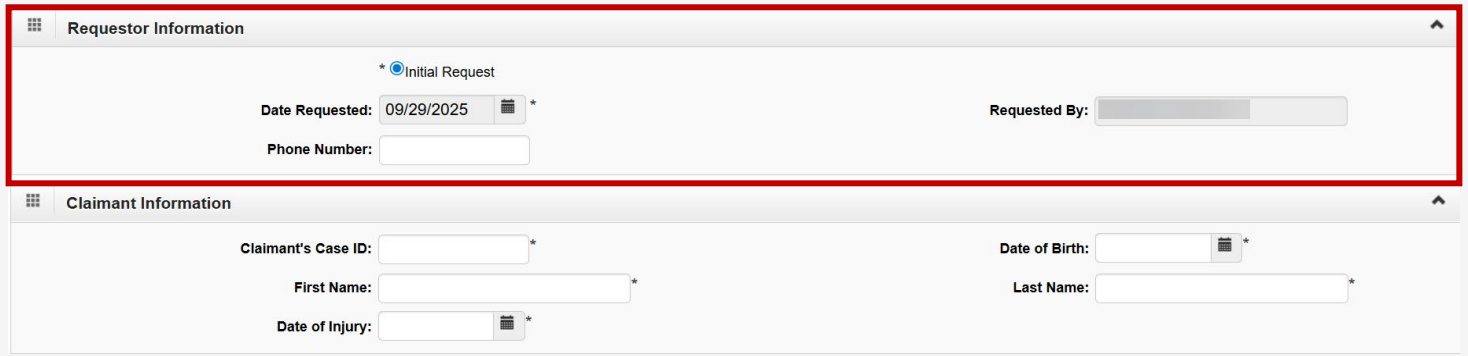


3. Select one the following authorization types from the **Authorization Type** drop-down list.



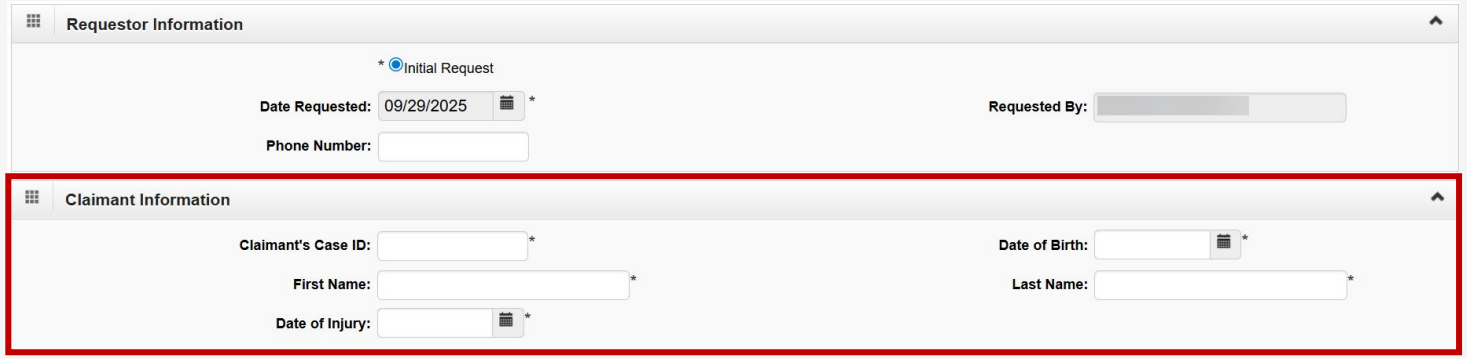
Unspecified J-Code: Requestor and Claimant Information

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



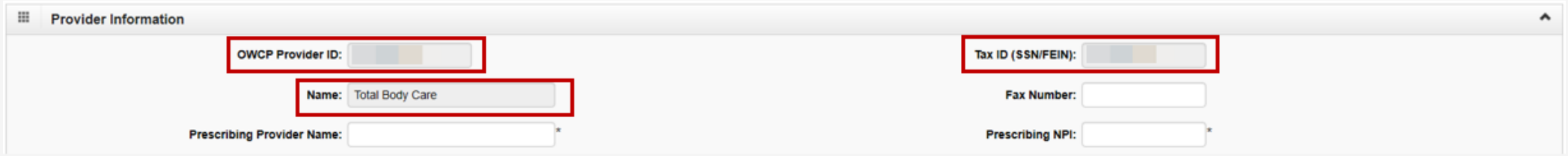
2. Enter the required Claimant Information, as denoted by an asterisk icon (**Claimant’s Case ID**, **Date of Birth**, **First Name**, **Last Name**, and **Date of Injury**).

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

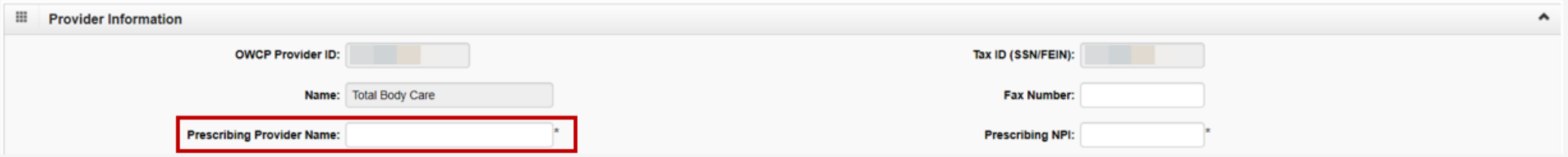


Unspecified J-Code: Provider Information

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



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

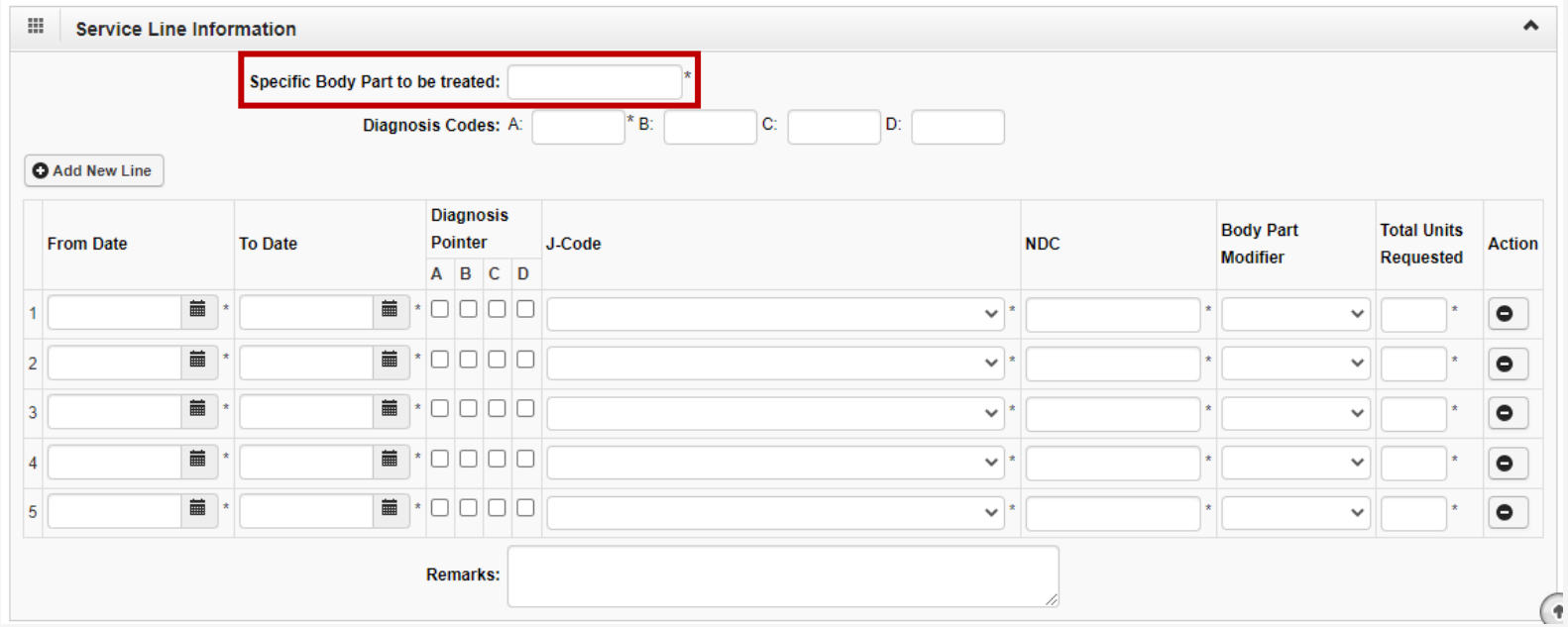


Note: Entering the Fax # is optional.

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

Enter the Required Service Line Information

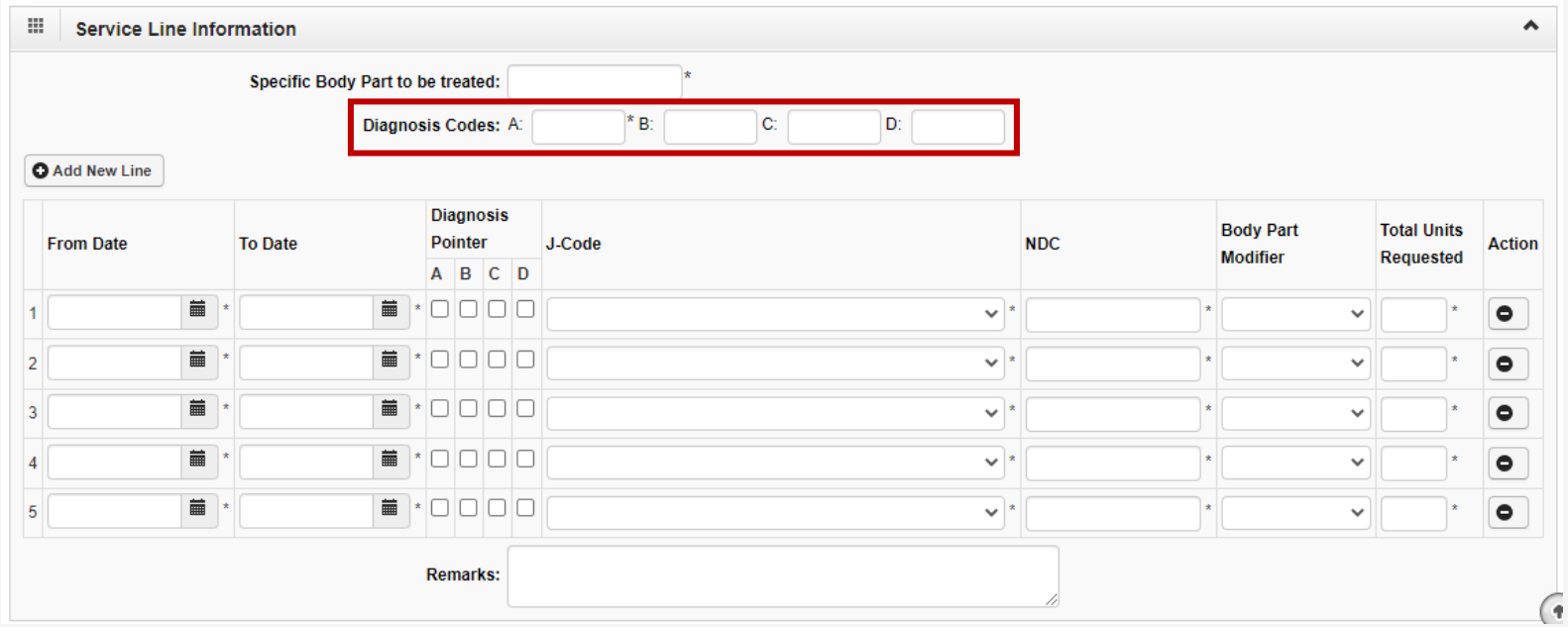
1. Enter the specific body part to be treated.



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

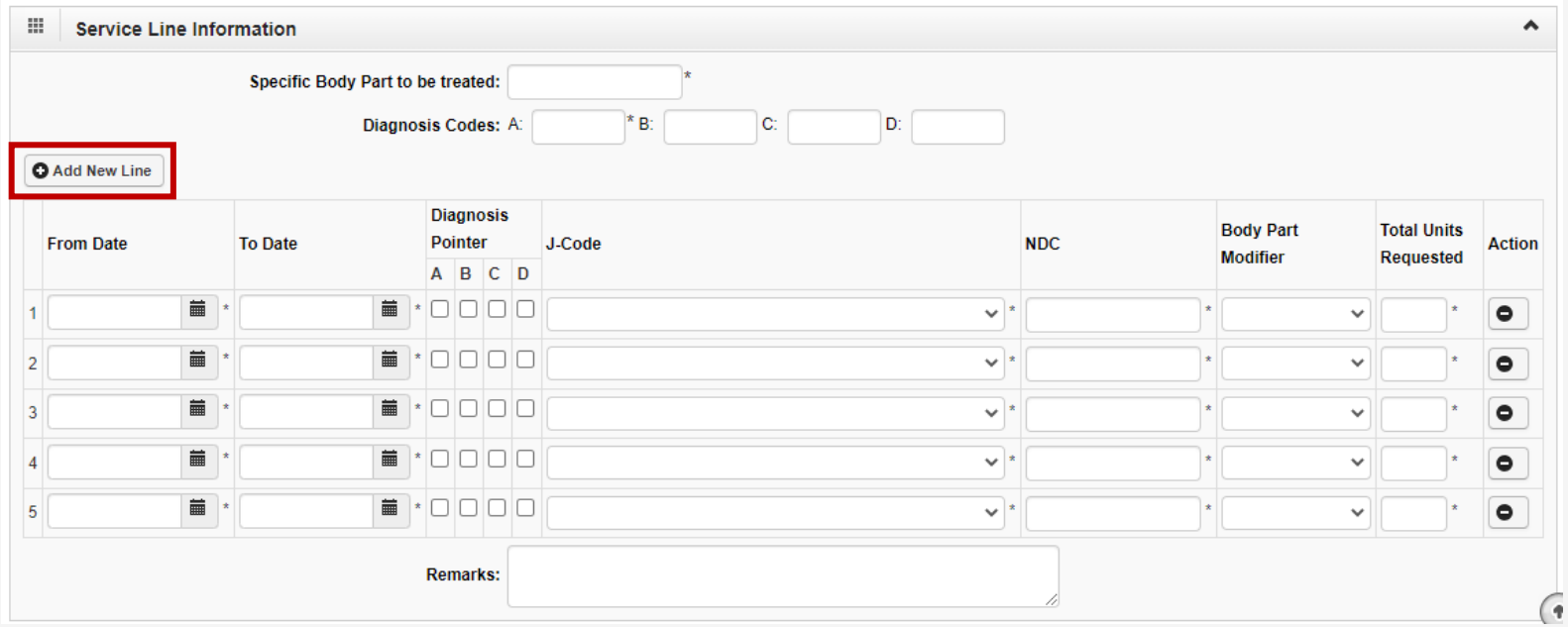
2. Enter up to four Diagnosis (DX) Codes.

Note: Five service lines display.



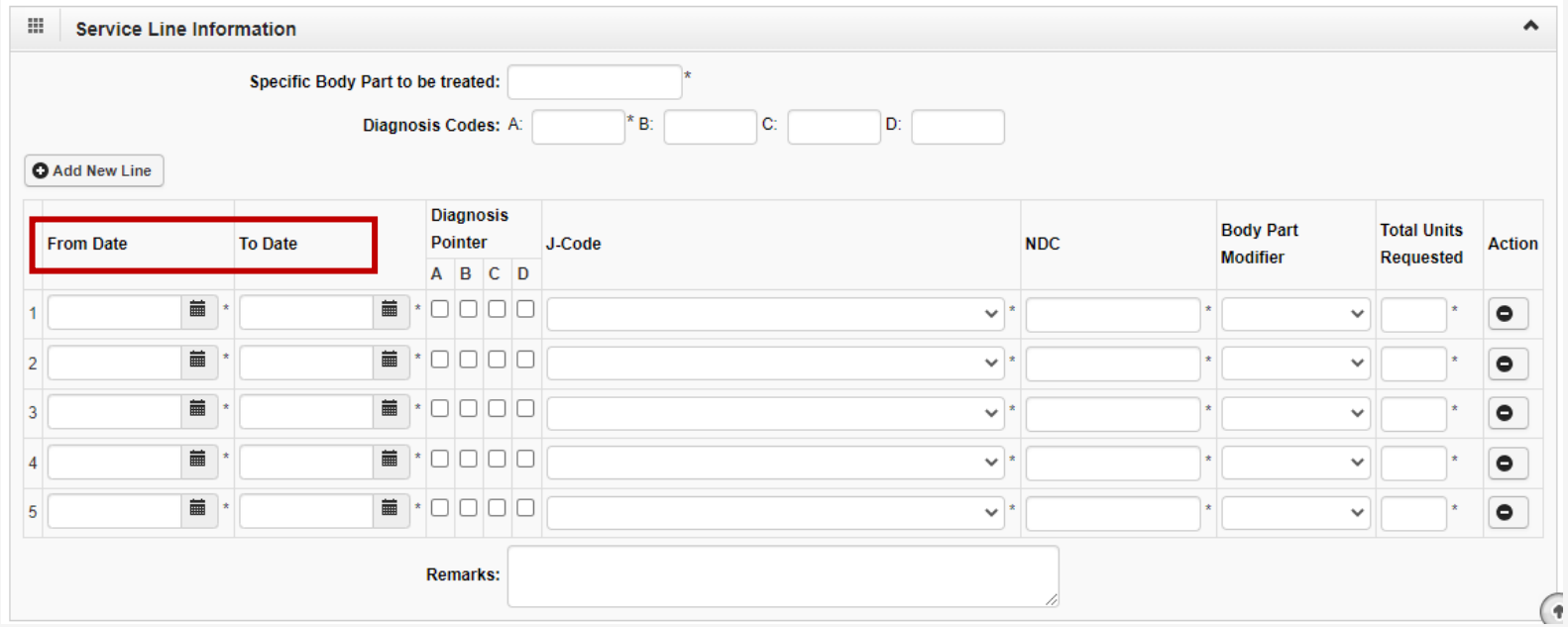
Unspecified J-Code: Entering Service Line Information (3 of 10)

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



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

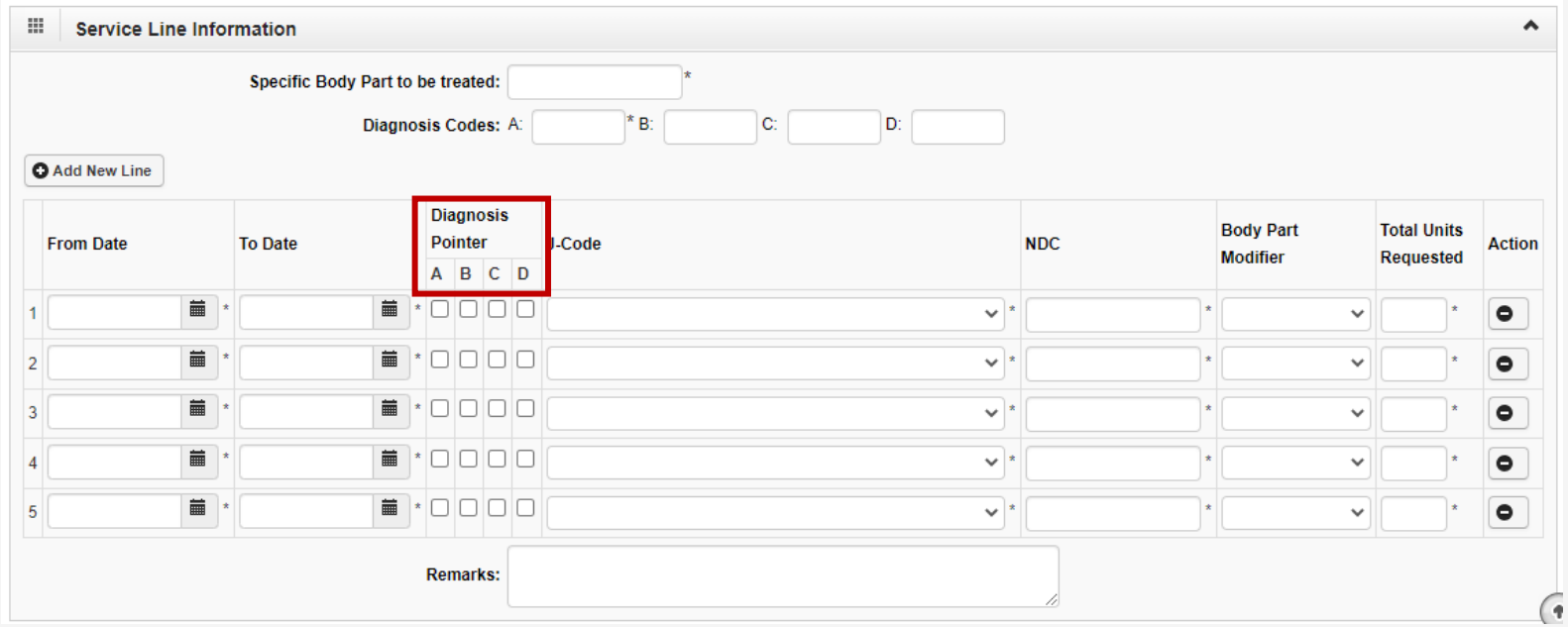
4. Enter the **From Date** and **To Date** fields for each line.



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

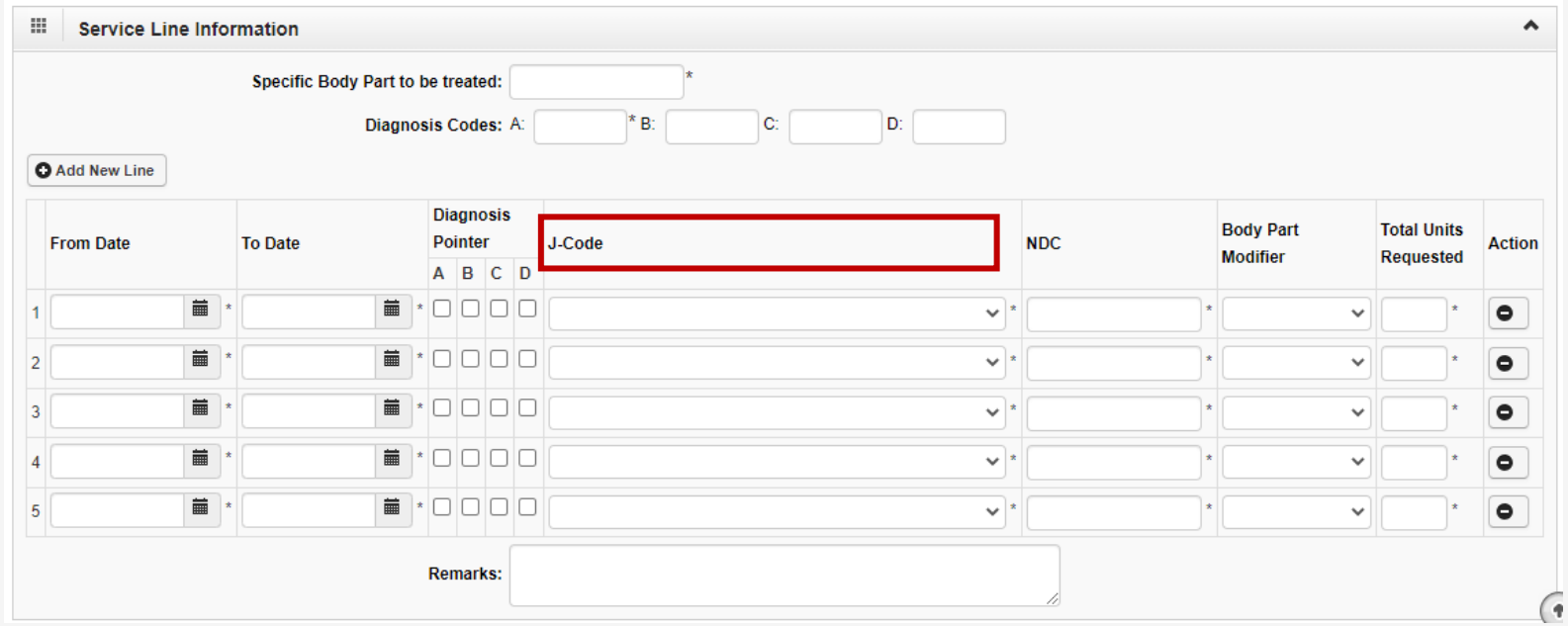
5. Select the alpha character that represents the DX from the **Diagnosis Codes** field to which to point to.

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



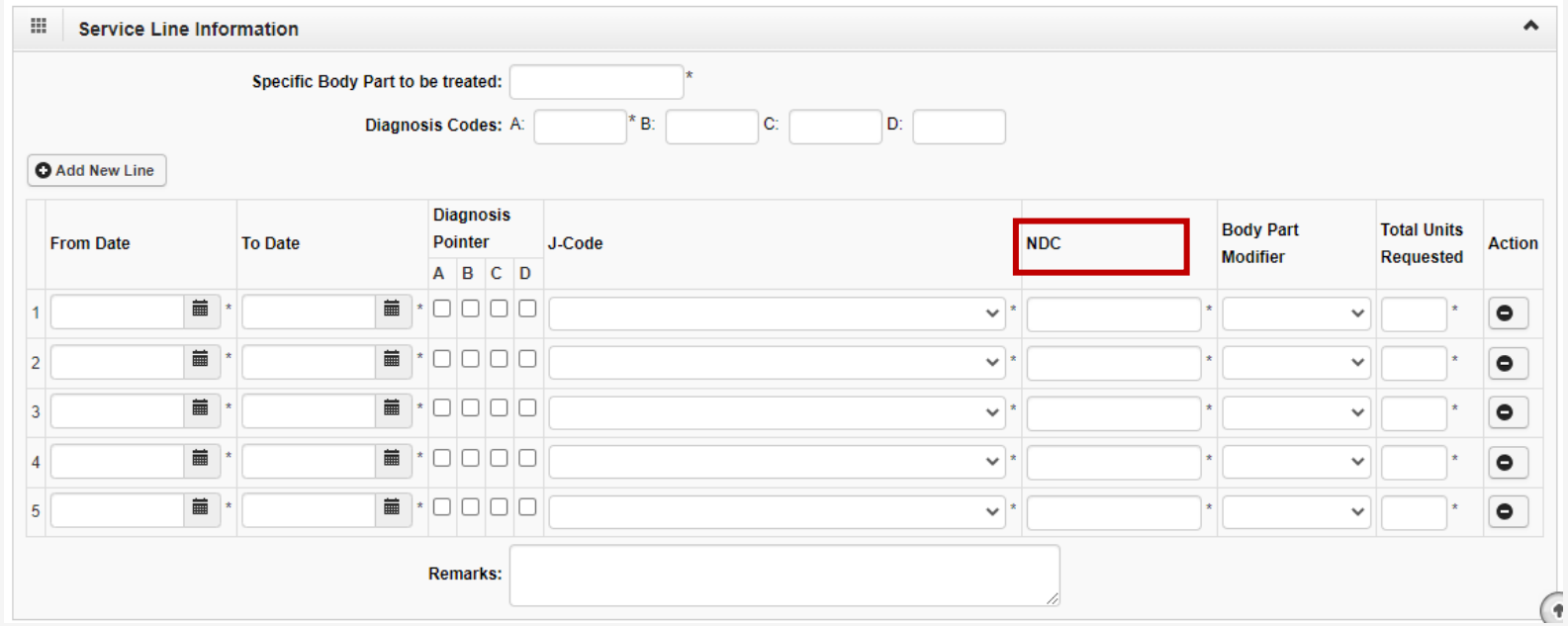
Unspecified J-Code: Entering Service Line Information (6 of 10)

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



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

7. Enter the National Drug Code (NDC).

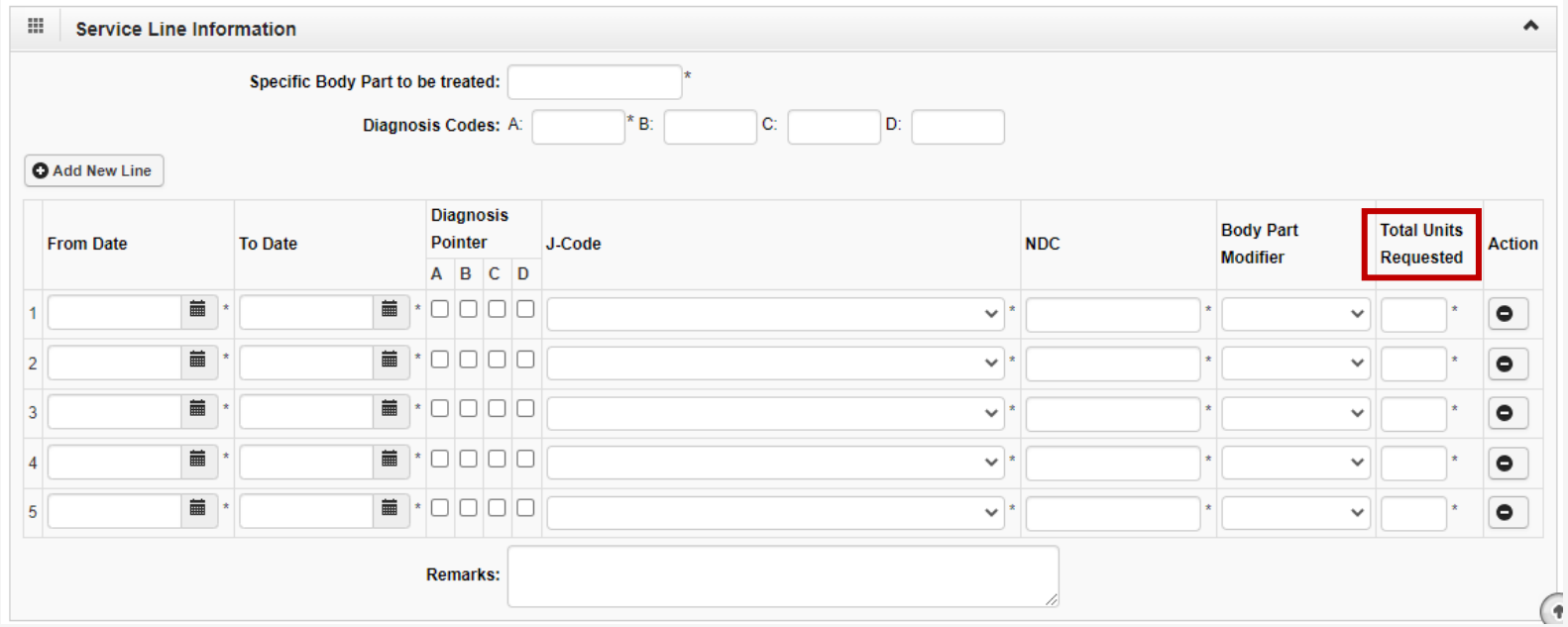


Unspecified J-Code: Entering Service Line Information (8 of 10)

8. Enter the number of units being requested.

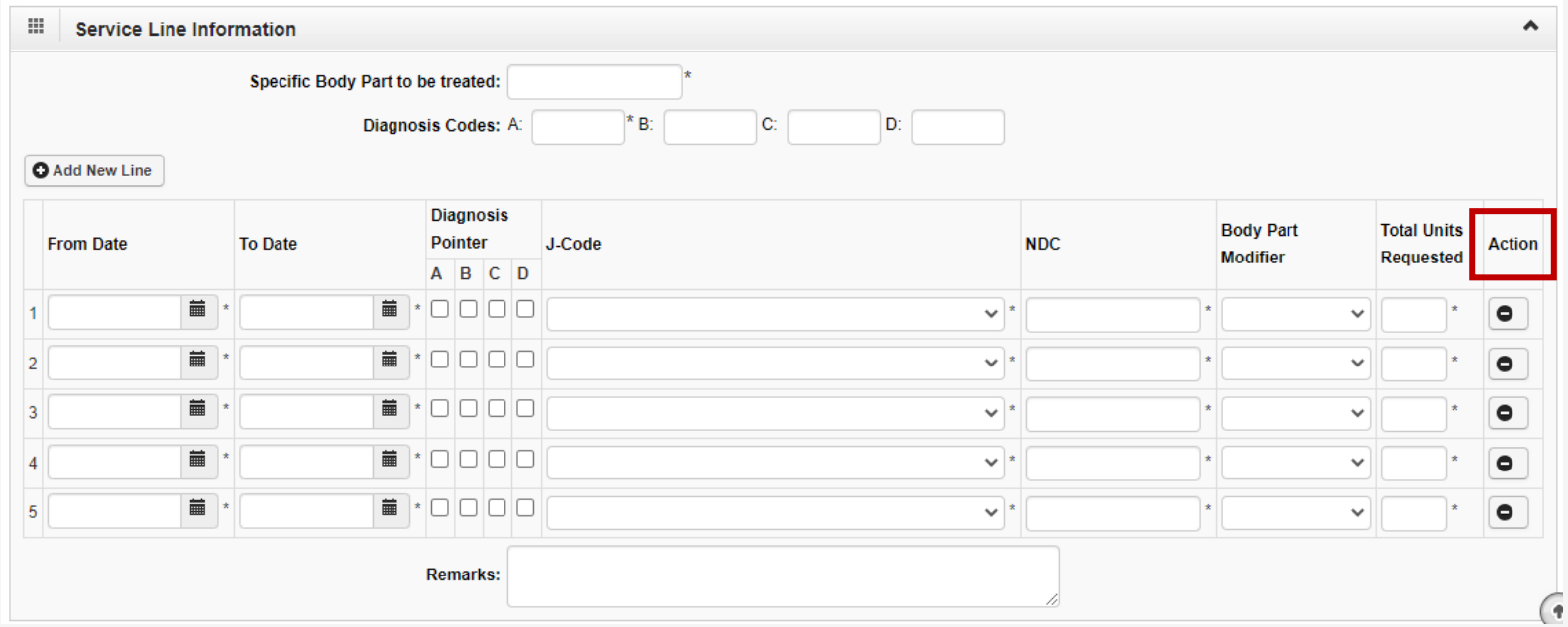
Note: The **Body Part Modifier** field is optional and no longer required.

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.



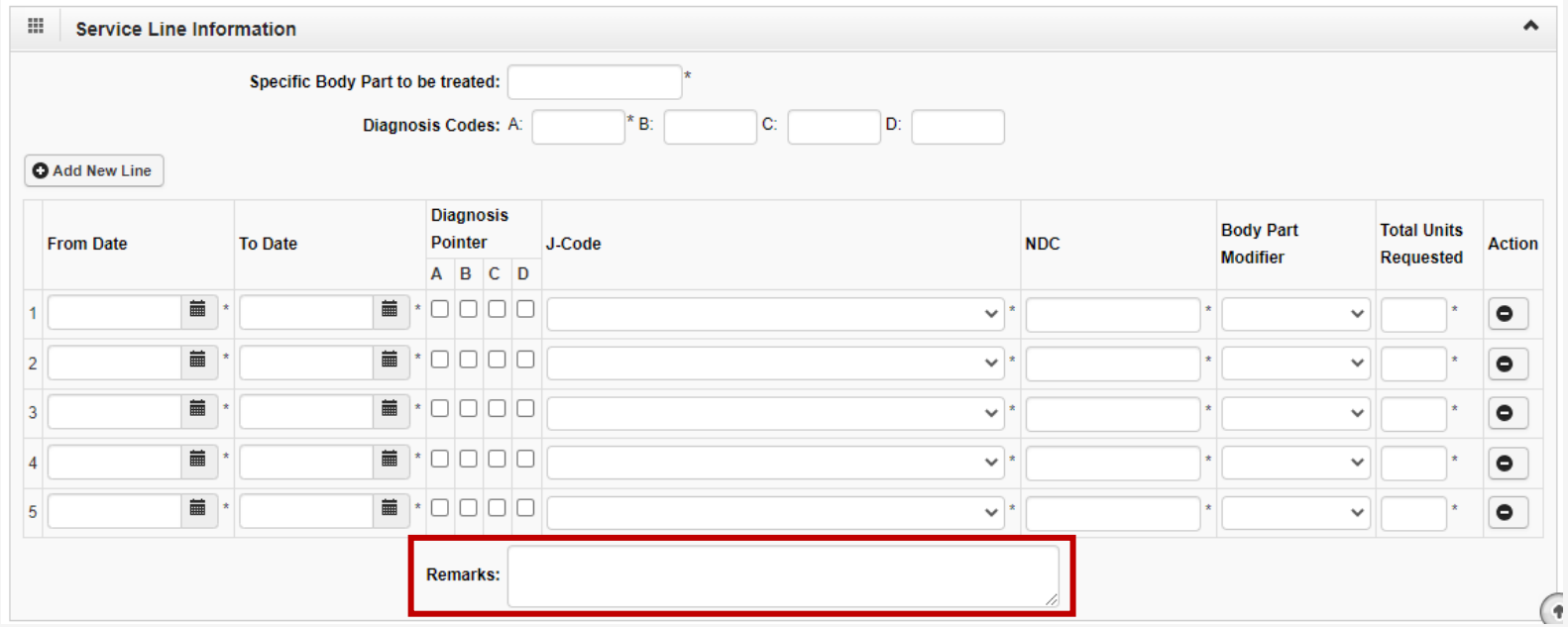
Unspecified J-Code: Entering Service Line Information (9 of 10)

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



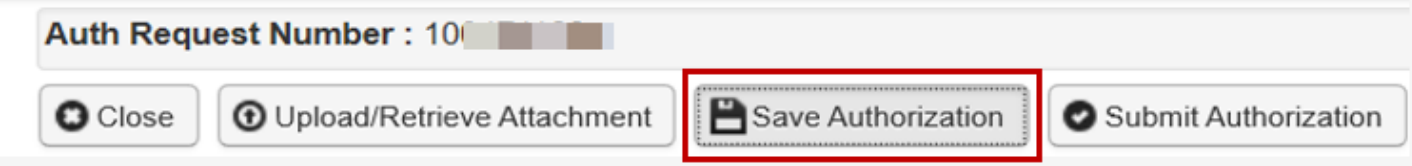
Unspecified J-Code: Entering Service Line Information (10 of 10)

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



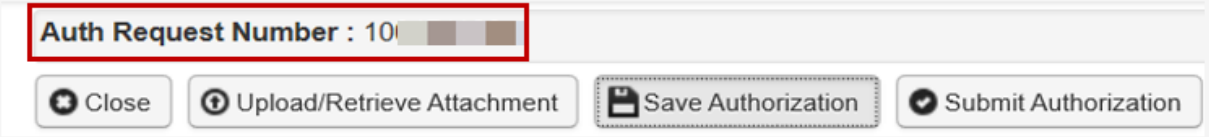
Unspecified J-Code: Save Authorization (1 of 2)

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



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**.

Note: The 9-digit authorization number will populate.

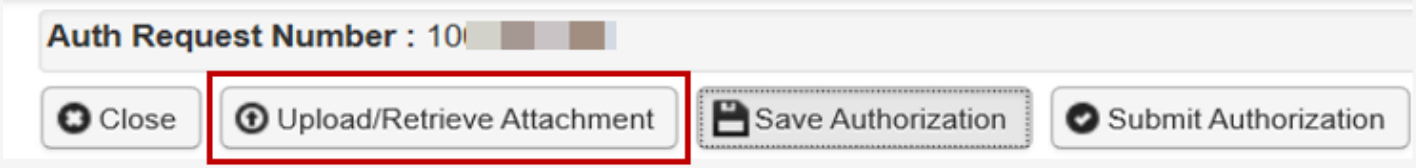


Note: Unspecified J-Codes require a prescription.

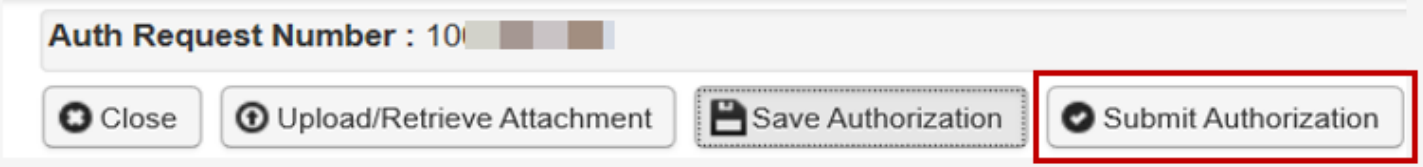
Unspecified J-Code: Save Authorization (2 of 2)

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

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

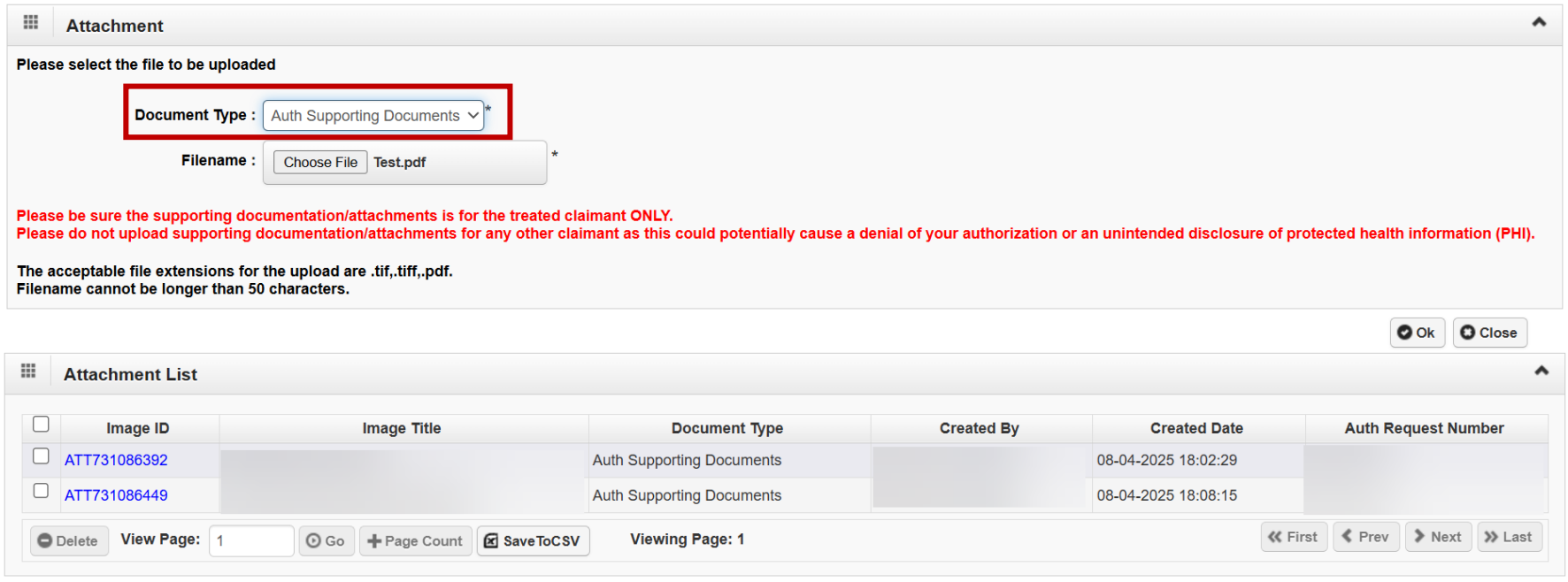


3. Once the attachments are uploaded, select **Submit Authorization**.



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

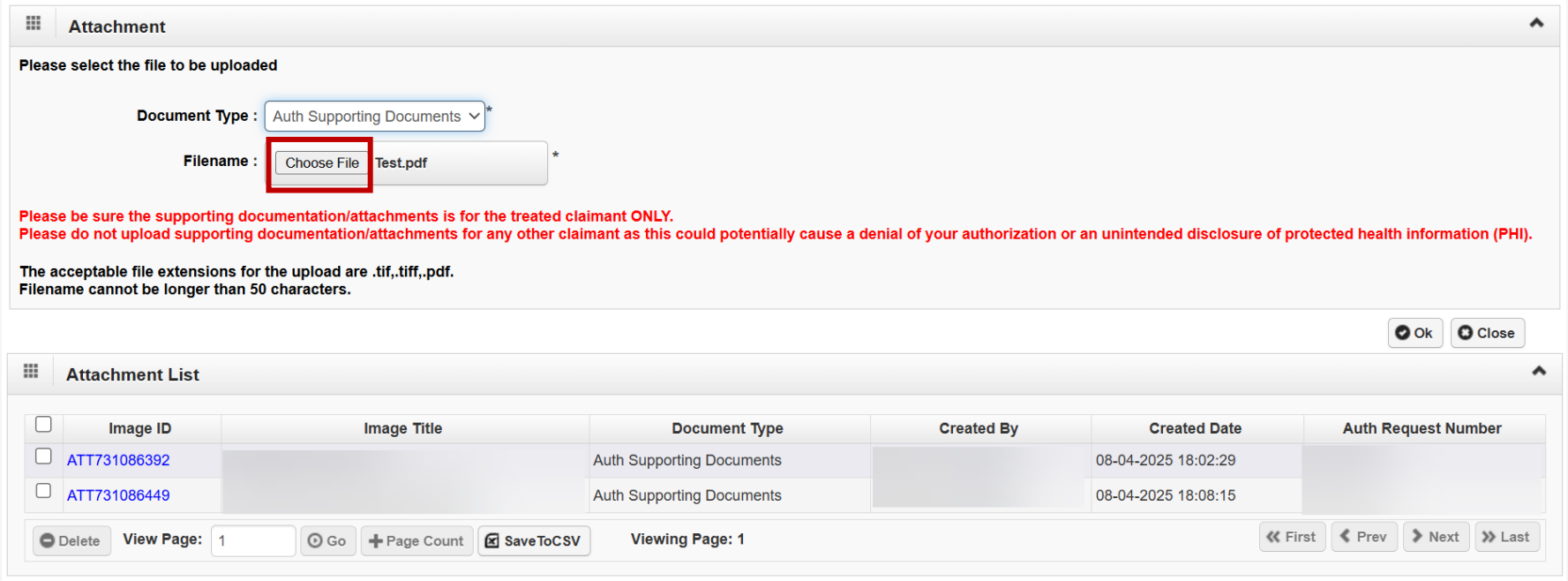
1. Select the document type to be uploaded from the **Document Type** drop-down list. Uploading documentation is optional.



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

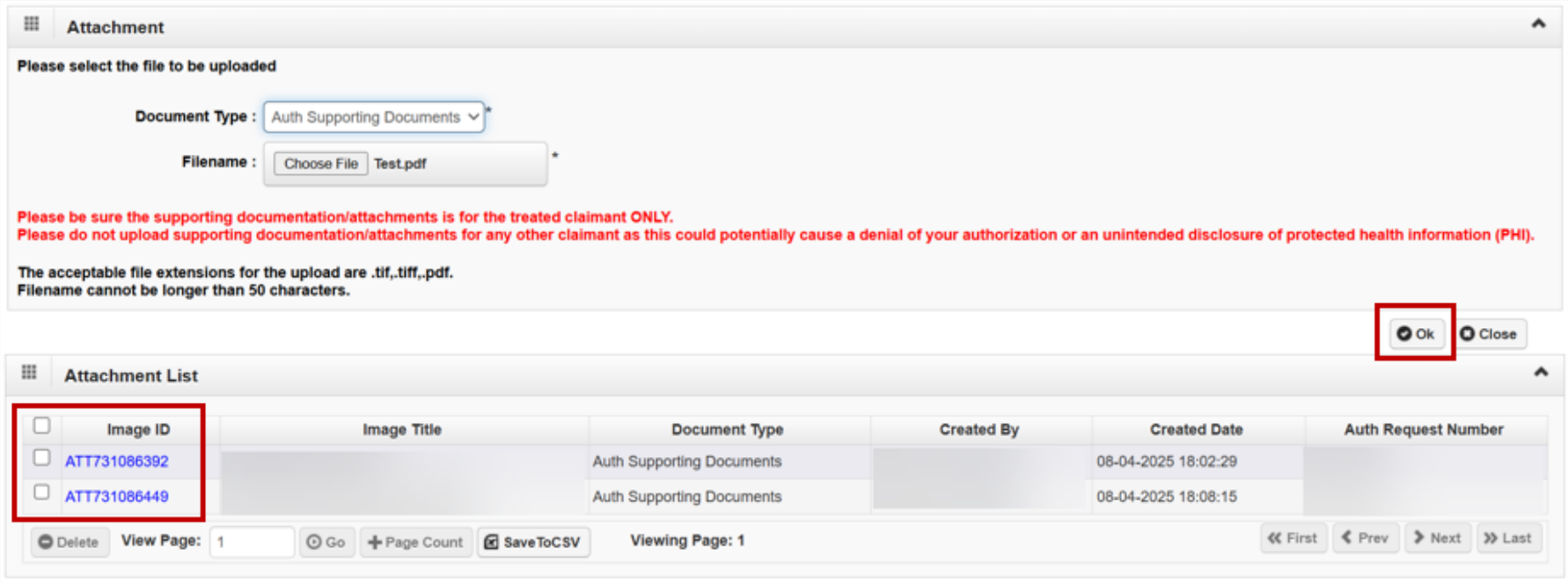
2. Select **Choose File** from the **Filename** field.
   - Locate and select the file to upload from the local drive.
   - Select **Open**. The system updates the **Filename** field.

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



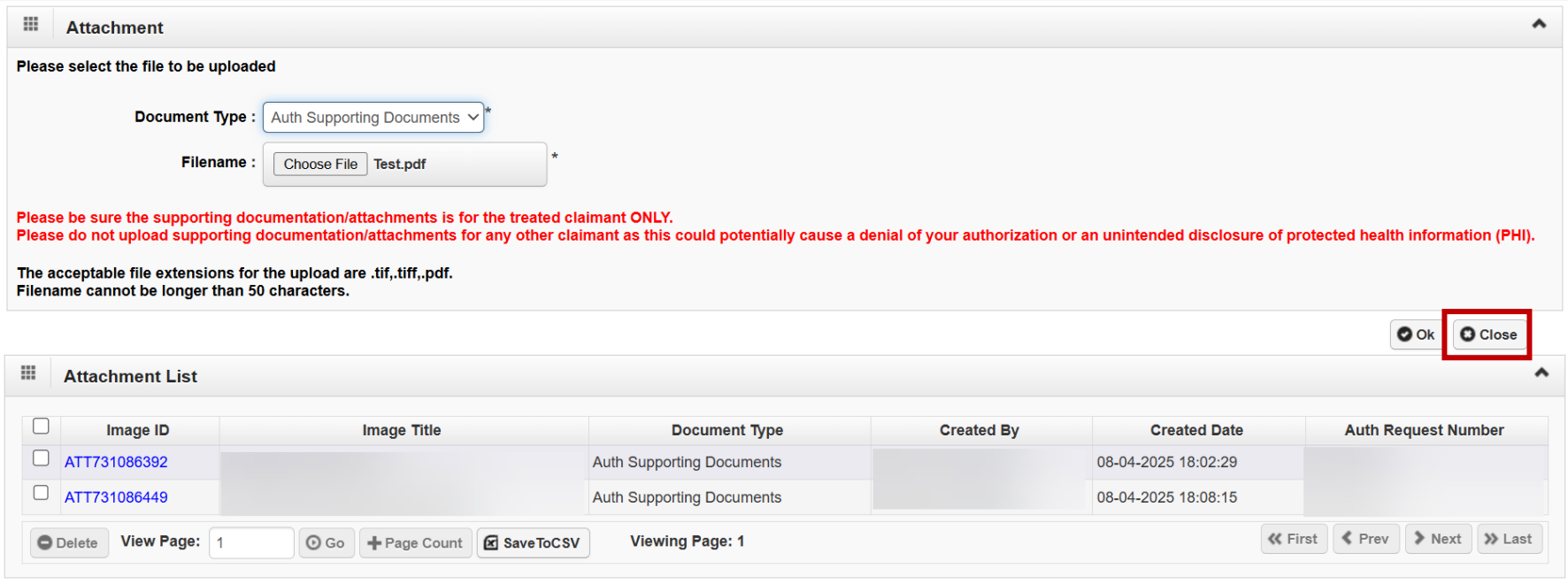
Unspecified J-Code: Uploading Attachment (3 of 4)

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



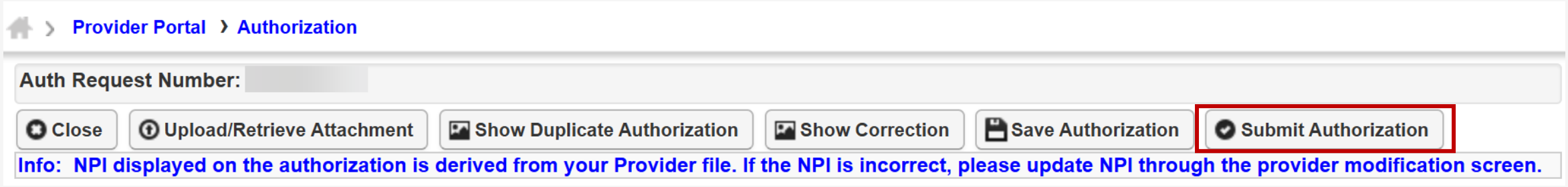
Unspecified J-Code: Uploading Attachment (4 of 4)

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



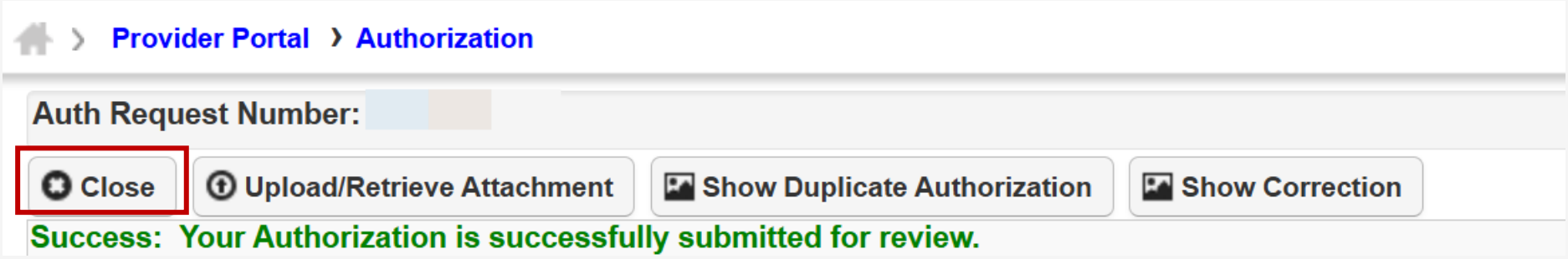
Unspecified J-Code: Submitting the Authorization Request

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



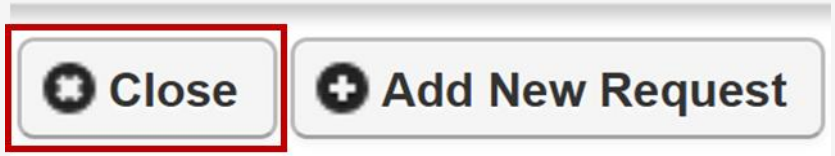
Note: After selecting **Submit Authorization** the WCMBP System confirms the authorization is successfully submitted for review, updates the Header Status to **In Review**, and determines the Authorization Level.

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

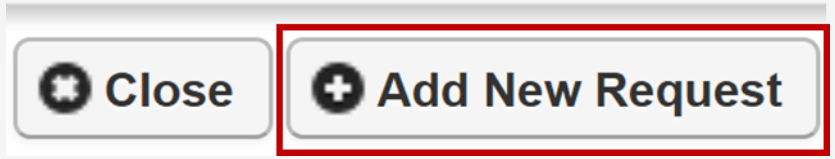


Unspecified J-Code: Viewing Authorization Information

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

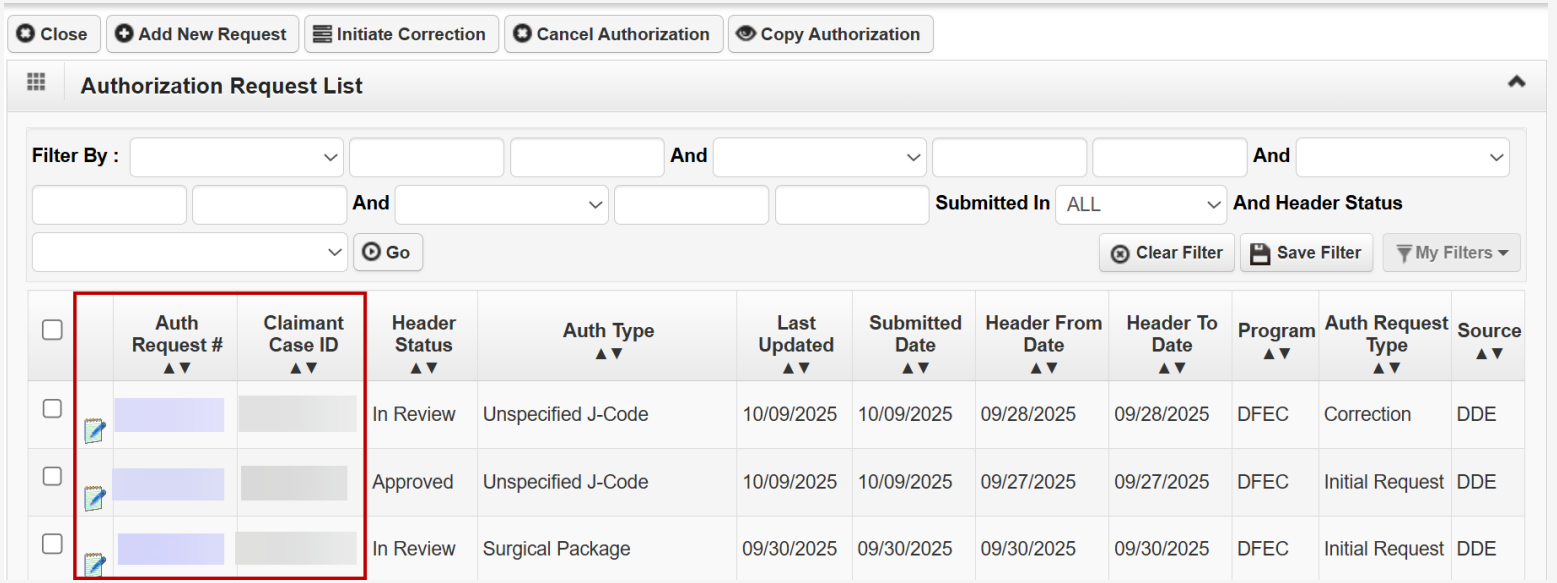
Authorization Inquiry

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



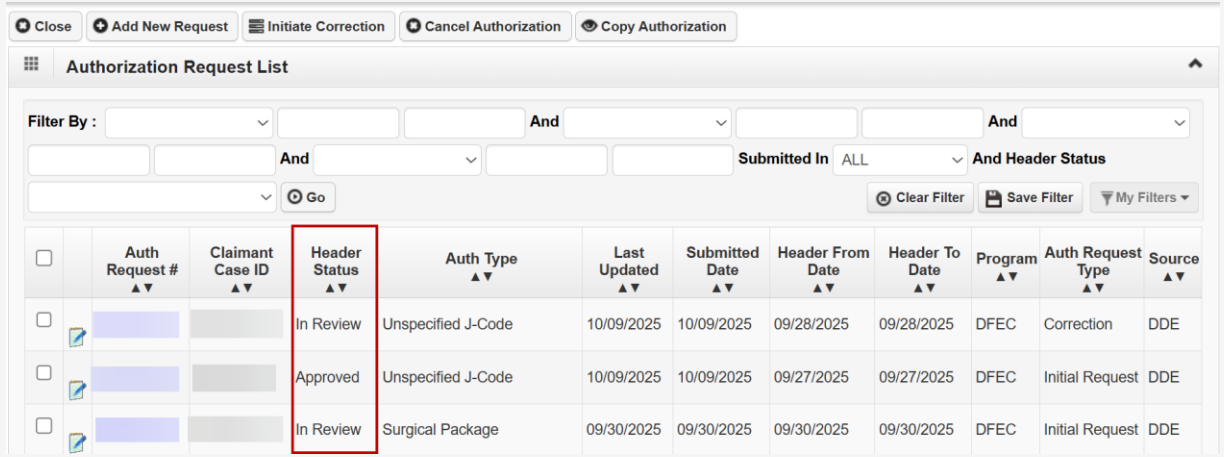
Auth Request #	Claimant Case ID	Header Status	Auth Type	Last Updated	Submitted Date	Header From Date	Header To Date	Program	Auth Request Type	Source
		In Review	Unspecified J-Code	10/09/2025	10/09/2025	09/28/2025	09/28/2025	DFEC	Correction	DDE
		Approved	Unspecified J-Code	10/09/2025	10/09/2025	09/27/2025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

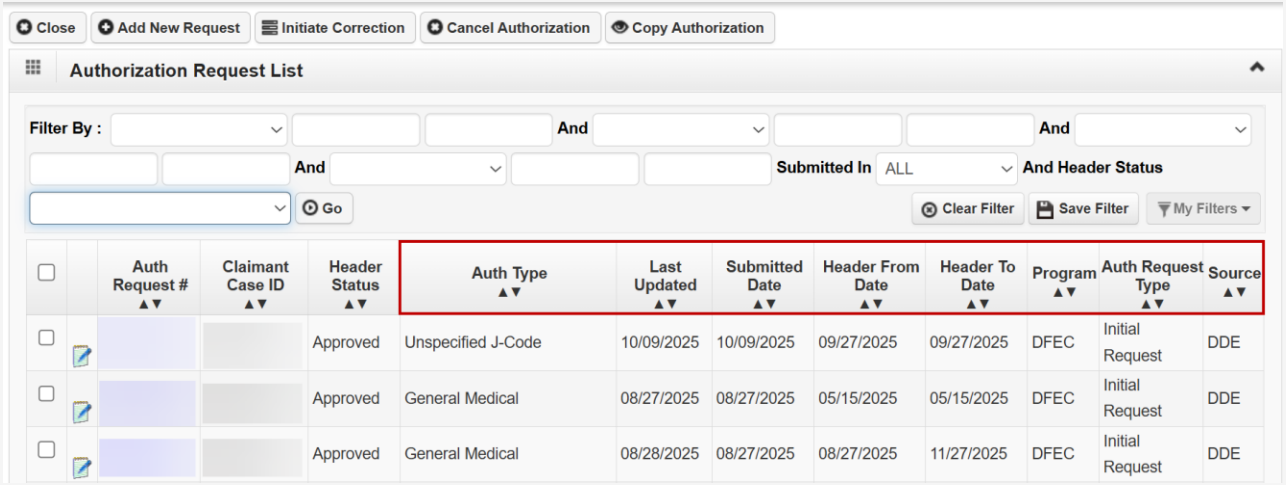
- **Entering:** Auth was started, but has not been submitted
- **In Review:** Auth was submitted
- **Approved**
- **Denied:** Auth was not approved
- **Cancelled:** Services no longer needed
- **Pended Further Development:** Additional information is needed, or medical development is required before 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)



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



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!