

# DFEC Surgical Package



## Introduction

This training will provide an overview of the DFEC Surgical Package Authorizations and Bill Adjudication process.

The training is in response to Provider feedback and the resulting enhancements effective 07/09.

The training is intended for Providers of all skills levels. New Providers will benefit from step by step details of the existing surgical package processes and existing Providers will be able to refresh their knowledge while learning about the enhancements made in the WCMBP system.



## Objectives

After completing this training, you should be able to:

- \* Submit a Surgical Package Authorization
- \* Submit a Surgical Package Authorization Correction
- \* View the Surgical Package Authorization Utilization screen
- \* View the Surgical Package Bill History screen
- \* Have awareness of the Surgical Package Bill adjudication process



# Overview

## **Authorizations**

The DFEC program uses Surgical Package (SP) Authorizations to facilitate an umbrella authorization for all parties involved in providing the surgical procedure.

Any Provider with a valid category of service can submit a Surgical Package Authorization. A single authorization is used for all Professional Types: Facility, Surgeon, Co-surgeon, Assistant Surgeon, CRNA, Anesthesiologist and Physician's Assistant for the same surgery and date of service.



## Overview

When a Surgical Package Authorization is approved, the WCMBP System automatically assigns the approved units/amount to the following Professional Types:

- Facility
- Surgeon
- Co-Surgeon
- Asst Surgeon
- Physician Asst

**Note:** CRNA and Anesthesiologist will utilize the same authorization for the same surgery and date of service but will not be limited by the approved units/amount as they are billed using time increments.



# Overview

## **Billing**

When a Surgical Package Authorization Bill is submitted by any Professional Type, the bill is matched by Surgical Package Authorizations using the Case Number, Procedure Code and Date of Service.

The system checks the available units and updates the utilization. If a matching authorization is not found or units are not available, the appropriate edits are posted.



## System Changes

Effective 07/09,

- A new Professional Type Co-Surgeon has been added to the Professional Types.
- The system will default to selecting all Professional Types when submitting a DFEC Surgical Package Authorization.
- When a Surgical Package Authorization is approved, the System will assign Approved Units/Amount to all Professional Types except CRNA and Anesthesiologist.
- New fields have been added to the Surgical Package Authorization Utilization screen and Bill History screen.



## System Changes

Effective 07/09,

- Filter By search option has been added to the Surgical Package Authorization Utilization screen and Bill History screen.
- Bills will not be limited to the facility selected in the authorization when the system searches for a matching authorization during bill adjudication.



# Submitting a Surgical Package Authorization



## How to Submit a Surgical Package Authorization

DFEC Surgical Package Authorizations can be submitted:

- Via Paper
- Via DDE (Direct Data Entry)



# Submitting a Surgical Package Authorization Via Paper

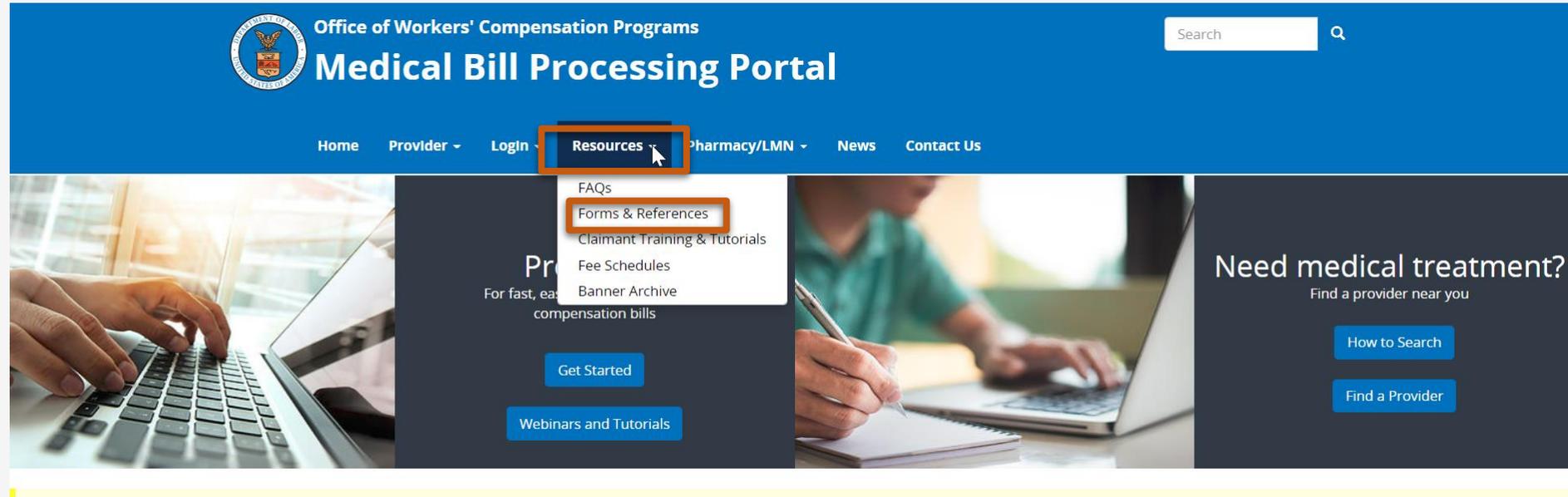
WCMBP System



# Locating the Surgical Package Authorization Request Form

Go to the **Medical Bill Processing Portal** <https://owcpmed.dol.gov/portal>

Select the **Resources tab** and **select Forms and References**

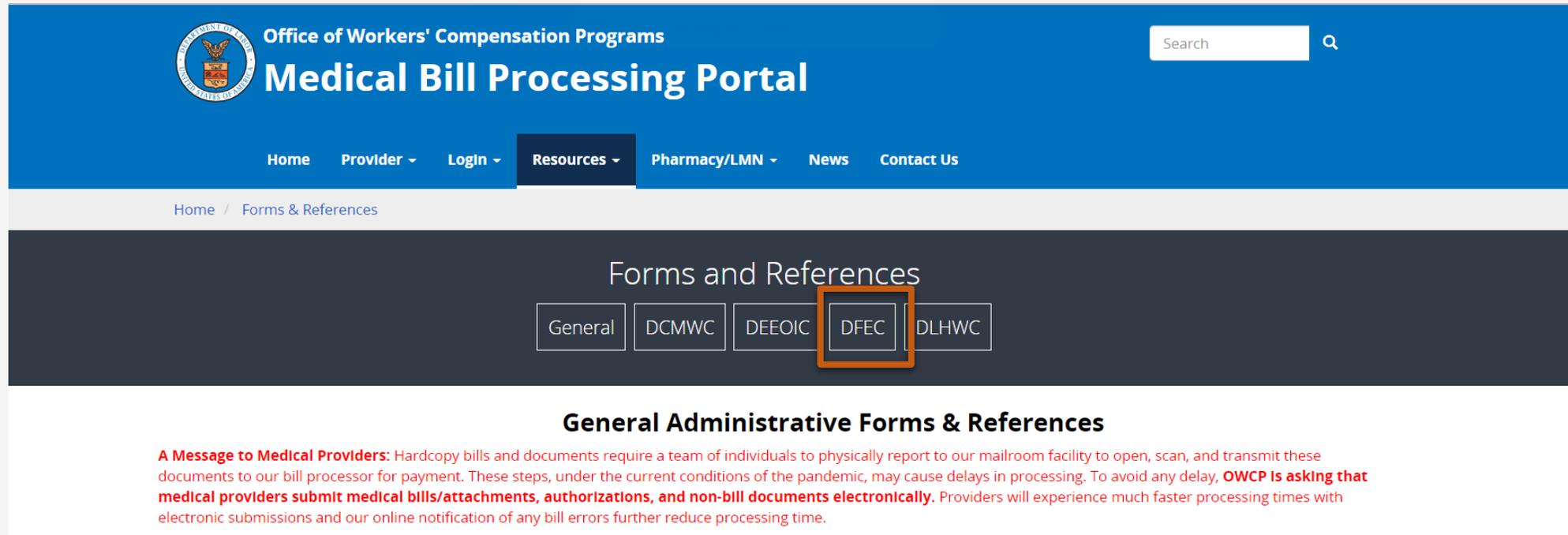


The screenshot displays the top section of the Medical Bill Processing Portal. The header is blue and contains the Department of Labor logo, the text "Office of Workers' Compensation Programs", and the main title "Medical Bill Processing Portal". A search bar is located in the top right corner. Below the header is a navigation menu with the following items: Home, Provider, Login, Resources, Pharmacy/LMN, News, and Contact Us. The "Resources" item is highlighted with an orange box, and a dropdown menu is open below it, showing the following options: FAQs, Forms & References, Claimant Training & Tutorials, Fee Schedules, and Banner Archive. The "Forms & References" option is also highlighted with an orange box. Below the navigation menu, there are three main content areas. The left area shows a person's hands typing on a laptop keyboard. The middle area is a dark blue box with the text "Pro" and "For fast, easy compensation bills" and buttons for "Get Started" and "Webinars and Tutorials". The right area is a dark blue box with the text "Need medical treatment? Find a provider near you" and buttons for "How to Search" and "Find a Provider".

# Locating the Surgical Package Authorization Request Form

The Forms and References page displays.

Select **DFEC** under Forms and References.



The screenshot shows the 'Medical Bill Processing Portal' website. The header includes the Department of Labor logo, the text 'Office of Workers' Compensation Programs', and a search bar. The main navigation menu contains 'Home', 'Provider', 'Login', 'Resources', 'Pharmacy/LMN', 'News', and 'Contact Us'. The breadcrumb trail shows 'Home / Forms & References'. The 'Forms and References' section features a row of buttons: 'General', 'DCMWC', 'DEEOIC', 'DFEC', and 'DLHWC'. The 'DFEC' button is highlighted with an orange border. Below this section is a heading 'General Administrative Forms & References' followed by a red text message: 'A Message to Medical Providers: Hardcopy bills and documents require a team of individuals to physically report to our mailroom facility to open, scan, and transmit these documents to our bill processor for payment. These steps, under the current conditions of the pandemic, may cause delays in processing. To avoid any delay, OWCP is asking that medical providers submit medical bills/attachments, authorizations, and non-bill documents electronically. Providers will experience much faster processing times with electronic submissions and our online notification of any bill errors further reduce processing time.'

# Locating the Surgical Package Authorization Request Paper Form

The DFEC Forms and References page displays.

## Select **Medical Authorization – Surgical Package**

Forms and References

General DCMWC DEEOIC DFEC DLHWC

### DFEC Forms and References

**A Message to Medical Providers:** Hardcopy bills and documents require a team of individuals to physically report to our mailroom facility to open, scan, and transmit these documents to our bill processor for payment. These steps, under the current conditions of the pandemic, may cause delays in processing. To avoid any delay, **OWCP is asking that medical providers submit medical bills/attachments, authorizations, and non-bill documents electronically.** Providers will experience much faster processing times with electronic submissions and our online notification of any bill errors further reduce processing time.

If you need assistance with submitting electronically, please call:

- DFEC: 1-844-493-1966

Select Option 2 (for Provider) and then select 3.

#### Provider Bills

- Health Insurance Claim Form (OWCP-1500)
- Uniform Health Insurance Claim Form (OWCP-04)
- ADA Dental Claim Form

#### Authorization Templates

- Medical Authorization - Durable Medical Equipment
- Medical Authorization - General Medical
- Medical Authorization - Physical Therapy/Occupational Therapy
- Medical Authorization - Transportation and Travel
- Medical Authorization - HCPCS J-Code Unspecified/Unclassified
- Medical Authorization - Surgical Package**
- Medical Authorization - Home Health



# Surgical Package Authorization Request Paper Form

Enter **Requestor**, **Claimant** and **Provider** information in the respective parts.

PART A: Requestor Information	
A1. <input type="checkbox"/> Initial Request	<input type="checkbox"/> Correction
A2. Original Authorization Number (For Correction): [Redacted]	
A3. Date Requested: [Redacted]	
A4. Requested By: [Redacted]	A5. Phone Number: [Redacted]
PART B: Claimant Information	
B1. Claimant's Case ID: [Redacted]	B2. Date of Birth: [Redacted]
B3. First Name: [Redacted]	B4. Last Name: [Redacted]
B5. Date of Injury: [Redacted]	
PART C: Provider Information	
C1. Are you the Primary Surgeon?: [Redacted] <input type="checkbox"/>	
C2. OWCP Provider ID: [Redacted]	C3. Tax ID (SSN/FEIN): [Redacted]
C4. Name: [Redacted]	C5. Fax Number: [Redacted]

# Surgical Package Authorization Request Paper Form

Enter **Surgery Information** in part D.

**PART D: Surgery Information**

D1. Date of Surgery:

D2.  INPATIENT SURGERY (More than 24 hours) – Include all Proposed Professionals in the Operating Room.  
 OUTPATIENT (Less than 24 hours) – Include all Proposed Professionals in the Operating Room.  
 ASC SURGERY – Include all Proposed Professionals in the Operating Room.  
 OFFICE SURGERY (Less than 8 hours) – Include all Proposed Professional present during surgical procedure.

D3. Check the location/professional requiring authorization for this surgery, to include the Surgeon submitting this form.

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

**Bills will not be limited to the facility type selected in section D2 when matching authorizations to bills.**

**Even if all Professional Types are not selected in this Authorization Request, the authorization will default to select all Professional Types when entered into the system.**

# Surgical Package Authorization Request Paper Form

Enter **Service Line Information** in part E

**PART E: Service Line Information**

E1. Specific Body Part to be treated:

E2. Diagnosis Codes:    A.     B.     C.     D.

E3. Has this surgery been performed previously on the same anatomical site?:

E4. Will this claimant require Home Health Services after surgery?:

E5. Will this claimant require Physical/Occupational Therapy Services after surgery?:

E6.

From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	Units/Days Requested
		A	B	C	D					

E7. Remarks:

Note: To request Prior Authorization for Home Health Services or Physical Therapy Services after Surgery, these professionals must use the **Home Health Services or Physical Therapy/Occupational Therapy Authorization Request Form.**

# Submitting Surgical Package Authorization Request Paper Form

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**PART F: Supporting Documents**

All supporting documents must be attached to the request. Please refer to the instructions for required documents. Please ensure to include Claimant ID on each page.

Fax the completed form and supporting documents (including Claimant ID on all pages) to  
**1-800-215-4901**

# Submitting a Surgical Package Authorization Via DDE

WCMBP System



## Submitting a Surgical Package Authorization Via DDE

This section includes:

- Submitting a Surgical Package Authorization
- Submitting a Surgical Package Authorization Correction



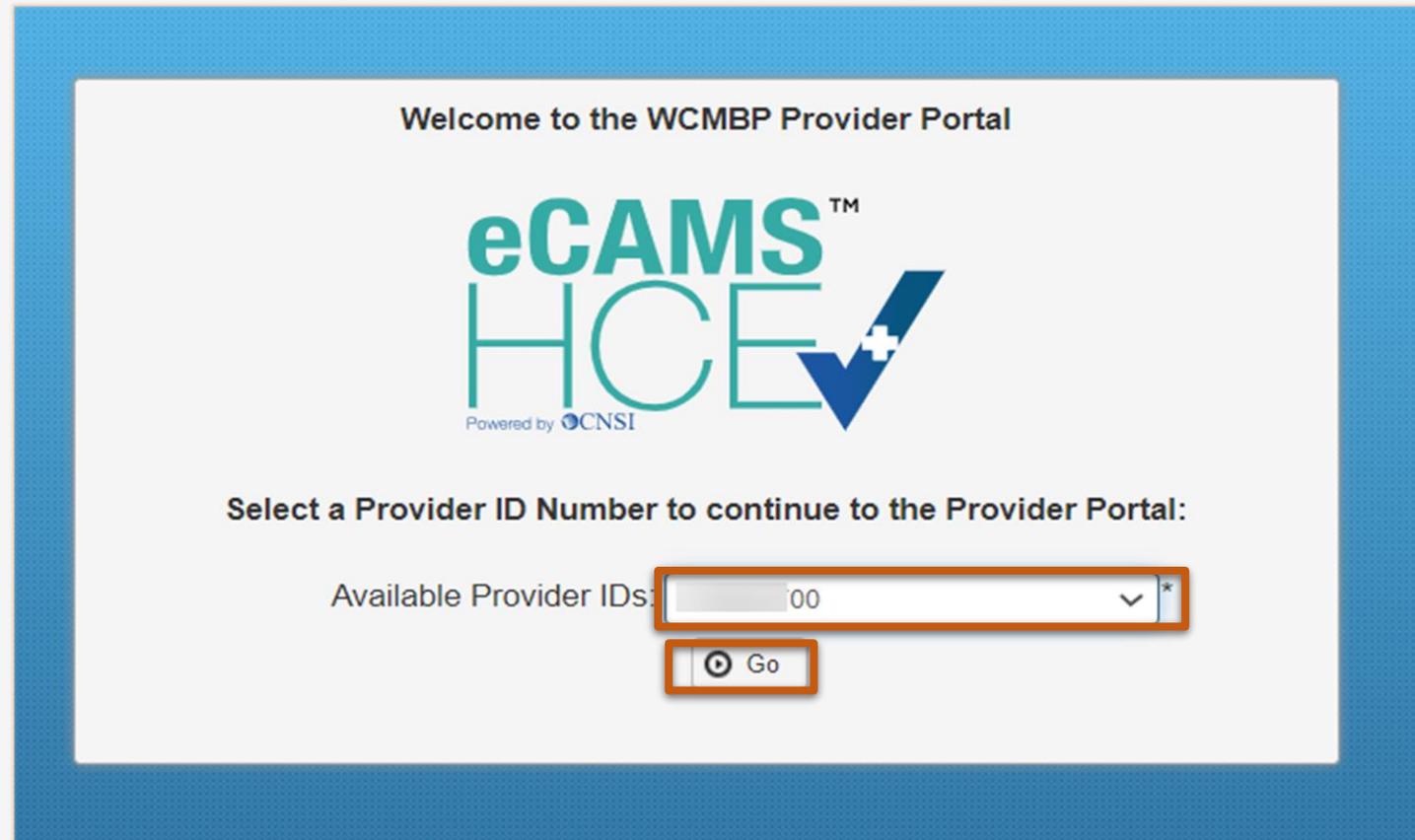
# Submitting a Surgical Package Authorization

WCMBP System



## Logging in and Selecting Provider ID

Select the Provider ID from the **Available Provider IDs** drop-down list. Select **Go**.



Welcome to the WCMBP Provider Portal

**eCAMS<sup>TM</sup>**  
**HCE** ✓  
Powered by CNSI

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

Available Provider IDs:  \*

## Selecting Profile

Select the Profile **EXT Provider Bills Submitter**. Select **Go**.

Welcome to the Workers' Compensation Medical Bill Process System



Select a profile to use during this session:

Profile:

Other profiles that can be used to submit an authorization are:

- EXT Provider Eligibility Checker- Auth Submitter
- EXT Provider Eligibility Checker- Claims Submitter
- EXT Provider Super User

# Provider Portal Homepage

From the Provider Portal home page, **select** the **On-line Authorization Submission** hyperlink.

The screenshot displays the Provider Portal homepage for a user with the profile 'EXT Provider Bills Submitter'. The interface includes a top navigation bar with 'External Links' and 'Help' options. The main content area is divided into several sections:

- Online Services:** A sidebar menu on the left containing categories like 'Bills', 'Claimant', 'Authorization', 'Provider', 'HIPAA', 'Admin', and 'My Interactions'. The 'On-line Authorization Submission' link under the 'Authorization' category is highlighted with a red box.
- ManageAlerts:** A button located at the top of the main content area.
- My Reminders:** A section with a filter interface (Filter By, Read Status, Go) and a table with columns for Alert Type, Alert Message, Alert Date, Due Date, and Read. The table currently displays 'No Records Found!'.
- Your Recent Online Activities:** A section listing recent user actions, such as 'You have logged in with PrvdrUser018020700 Account with IP Address 208.49.247.6', 'Previous Site Visit: 01/04/2022 04:37:32 PM', and 'Last login failed attempt:'.

# View Authorization Requests

The system displays the **Authorization Request List** page, showing all the authorization requests that have been initiated or submitted.

100
Profile: EXT Provider Bills Submitter
External Links Help

Provider Portal > Authorization

Close Add New Request Initiate Correction

### Authorization Request List

Filter By :

And


Go
Clear Filter
Save Filter
My Filters

☐	📄	Auth Request # ▲▼	Claimant Case ID ▲▼	Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Level ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
☐	📄			In Review	Durable Medical Equipment	01/11/2022	01/11/2022	3	DFEC	Correction	DDE
☐	📄			Entering	Durable Medical Equipment	01/10/2022		3	DFEC	Correction	DDE
☐	📄			Entering	Durable Medical Equipment	01/07/2022		3	DFEC	Correction	DDE
☐	📄			Cancelled	Durable Medical Equipment	01/07/2022	01/05/2022	3	DFEC	Correction	DDE
☐	📄			Entering	Durable Medical Equipment	01/05/2022		3	DFEC	Correction	DDE
☐	📄			Entering	Durable Medical Equipment	01/05/2022		3	DFEC	Correction	DDE
☐	📄			Entering	Durable Medical Equipment	12/21/2021		3	DFEC	Correction	DDE
☐	📄			Approved	Durable Medical Equipment	09/03/2021	09/03/2021	3	DFEC	Initial Request	DDE
☐	📄			Approved	Durable Medical Equipment	09/01/2021	08/31/2021	3	DFEC	Initial Request	DDE

# Select Add New Request

Select the **Add New Request** button.

100 Profile: EXT Provider Bills Submitter External Links Help

Provider Portal > Authorization

Close **Add New Request** Initiate Correction

### Authorization Request List

Filter By: [ ] And [ ] [ ] Go Clear Filter Save Filter My Filters

<input type="checkbox"/>		Auth Request # ▲▼	Claimant Case ID ▲▼	Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Level ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
<input type="checkbox"/>				In Review	Durable Medical Equipment	01/11/2022	01/11/2022	3	DFEC	Correction	DDE
<input type="checkbox"/>				Entering	Durable Medical Equipment	01/10/2022		3	DFEC	Correction	DDE
<input type="checkbox"/>				Entering	Durable Medical Equipment	01/07/2022		3	DFEC	Correction	DDE
<input type="checkbox"/>				Cancelled	Durable Medical Equipment	01/07/2022	01/05/2022	3	DFEC	Correction	DDE
<input type="checkbox"/>				Entering	Durable Medical Equipment	01/05/2022		3	DFEC	Correction	DDE
<input type="checkbox"/>				Entering	Durable Medical Equipment	01/05/2022		3	DFEC	Correction	DDE
<input type="checkbox"/>				Entering	Durable Medical Equipment	12/21/2021		3	DFEC	Correction	DDE
<input type="checkbox"/>				Approved	Durable Medical Equipment	09/03/2021	09/03/2021	3	DFEC	Initial Request	DDE
<input type="checkbox"/>				Approved	Durable Medical Equipment	09/01/2021	08/31/2021	3	DFEC	Initial Request	DDE

# Select Program

Use the drop-down lists to **select** the program **DFEC**.

The screenshot shows the eGAMS HCE web application interface. At the top left is the logo for eGAMS HCE. Below it is a dark blue navigation bar with a power icon, the text "Profile: EXT Provider Bills Submitter", and links for "External Links" and "Help". Below the navigation bar is a breadcrumb trail: "Provider Portal > Authorization".

The main content area contains two buttons: "Close" and "Save Authorization". Below these buttons are two dropdown menus. The first is labeled "Program:" and has a value of "---SELECT---". The second is labeled "Authorization Type:" and is currently empty. Both dropdown menus have an asterisk (\*) next to them, indicating they are required fields. The "Program:" dropdown menu is open, showing a list of options. The option "DFEC" is highlighted with an orange rectangular box.

# Select Authorization Type

Use the drop-down lists to **select Authorization Type Surgical Package**.

The screenshot shows the eCAMS HCE web application interface. At the top left is the logo for eCAMS HCE. Below it is a dark blue navigation bar containing a power icon, the number 613001700, a user icon labeled 'Provider, Test', and a profile dropdown labeled 'Profile: EXT Provider Bills Submitter'. On the right side of this bar are 'External Links' and 'Help' icons. Below the navigation bar is a breadcrumb trail: 'Home > Provider Portal > Authorization'. The main content area features two buttons: 'Close' and 'Save Authorization'. Below these are two dropdown menus. The first is labeled 'Program:' and has 'DFEC' selected. The second is labeled 'Authorization Type:' and has '---SELECT---' selected. A dropdown menu is open for the 'Authorization Type' field, listing the following options: '---SELECT---', 'Durable Medical Equipment', 'General Medical', 'Home Health', 'Physical Therapy/Occupational Therapy', 'Surgical Package' (highlighted with an orange box), and 'Unspecified J-Code'.

# Enter Claimant Information

The **Authorization** page displays. **Program, Authorization Type, Source, Requestor Information** and **Provider Information** are pre-populated.

The screenshot shows a web application interface for entering claimant information. The top navigation bar includes a profile dropdown for 'EXT Provider Bills Submitter', 'External Links', and 'Help'. The breadcrumb trail shows 'Provider Portal > Authorization'. Below this are 'Close' and 'Save Authorization' buttons. The main form is divided into several sections:

- Program:** DFEC (dropdown)
- Authorization Type:** Surgical Package (dropdown)
- Source:** DDE
- Requestor Information:**
  - Radio button for 'Initial Request' (selected)
  - Date Requested:** 05/12/2022 (calendar icon)
  - Requested By:** Provider, Test
  - Phone Number:** (empty text field)
- Claimant Information:**
  - Claimant's Case ID:** (empty text field)
  - Date of Birth:** (empty text field with calendar icon)
  - First Name:** (empty text field)
  - Last Name:** (empty text field)
  - Date of Injury:** (empty text field with calendar icon)
- Provider Information:**
  - Are you the Primary Surgeon?:** (dropdown)
  - OWCP Provider ID:** 613001700
  - Tax ID (SSN/FEIN):** 100035555
  - Name:** NEUROSCIENCE VA
  - Fax Number:** (empty text field)

## Enter Claimant Information

All fields under the **Claimant Information** section are mandatory. Enter Claimant Information.

**Note:** When the Claimant Case ID is entered, the remainder of the claimant information is populated automatically.

The screenshot shows a web application interface for an 'EXT Provider Bills Submitter'. The page title is 'Provider Portal > Authorization'. At the top, there are navigation links for 'External Links' and 'Help'. Below the title, there are buttons for 'Close' and 'Save Authorization'. The form contains several sections:

- Program:** DFEC (dropdown menu)
- Authorization Type:** Surgical Package (dropdown menu)
- Source:** DDE
- Requestor Information:**
  - Initial Request:** (radio button)
  - Date Requested:** 05/12/2022 (calendar icon)
  - Requested By:** Provider, Test
  - Phone Number:** (text input)
- Claimant Information:** (highlighted with an orange border)
  - Claimant's Case ID:** (text input)
  - Date of Birth:** (calendar icon)
  - First Name:** (text input)
  - Last Name:** (text input)
  - Date of Injury:** (calendar icon)
- Provider Information:**
  - Are you the Primary Surgeon?:** (dropdown menu)
  - OWCP Provider ID:** 613001700
  - Tax ID (SSN/FEIN):** 100035555
  - Name:** NEUROSCIENCE VA
  - Fax Number:** (text input)

# Enter Surgery Information and Service Line Information

Scroll down to **Surgery Information**. Enter **Date of Surgery** and select **Facility Type**.

The facility types available are :

- Inpatient Surgery
- Outpatient (less than 24 hours)
- ASC Surgery
- Office Surgery (less than 8 hours)

**Surgery Information**

Date of Surgery:  \*

\*
 

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

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

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

**Bills will not be limited to the facility type selected when matching authorizations to bills.**

**Date of Surgery can be estimated if unknown. Once the authorization is approved, the date of surgery can be changed by submitting an authorization correction.**

## Enter Surgery Information and Service Line Information

All Professional Types will be selected by default.

The Professional Types available are :

- Facility
- Surgeon
- Co-Surgeon
- Asst Surgeon
- Anesthesiologist
- CRNA
- Physician Asst

**Surgery Information**

Date of Surgery:  \*

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

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

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

**After the Surgical Package Authorization is approved, the WCMBP System will assign the approved units/amount to all Professional Types except CRNA and Anesthesiologist. CRNA and Anesthesiologist will utilize the same authorization for the same surgery and date of service but will not be limited by the approved units/amount as they are billed using time increments.**

# Enter Surgery Information and Service Line Information

Enter information in the **Service Line Information** section. Mandatory fields are marked with an asterisk (\*).

Service Line Information
^

Specific Body Part to be treated:

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

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

Will this claimant require Home Health Services after surgery?:

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

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	Units/Days Requested	Action
			A	B	C	D						
1	<input style="border: 1px solid #ccc;" type="text" value=""/> <input style="width: 15px; height: 15px; border: 1px solid #ccc;" type="button" value="📅"/> *	<input style="border: 1px solid #ccc;" type="text" value=""/> <input style="width: 15px; height: 15px; border: 1px solid #ccc;" type="button" value="📅"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="border: 1px solid #ccc;" type="text" value=""/> *	<input style="border: 1px solid #ccc;" type="text" value=""/> *	<input style="border: 1px solid #ccc;" type="text" value=""/>	<input style="border: 1px solid #ccc;" type="text" value=""/> *	<input style="border: 1px solid #ccc;" type="text" value=""/> *	<input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="button" value="⊖"/>
2	<input style="border: 1px solid #ccc;" type="text" value=""/> <input style="width: 15px; height: 15px; border: 1px solid #ccc;" type="button" value="📅"/> *	<input style="border: 1px solid #ccc;" type="text" value=""/> <input style="width: 15px; height: 15px; border: 1px solid #ccc;" type="button" value="📅"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="border: 1px solid #ccc;" type="text" value=""/> *	<input style="border: 1px solid #ccc;" type="text" value=""/> *	<input style="border: 1px solid #ccc;" type="text" value=""/>	<input style="border: 1px solid #ccc;" type="text" value=""/> *	<input style="border: 1px solid #ccc;" type="text" value=""/> *	<input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="button" value="⊖"/>
3	<input style="border: 1px solid #ccc;" type="text" value=""/> <input style="width: 15px; height: 15px; border: 1px solid #ccc;" type="button" value="📅"/> *	<input style="border: 1px solid #ccc;" type="text" value=""/> <input style="width: 15px; height: 15px; border: 1px solid #ccc;" type="button" value="📅"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="border: 1px solid #ccc;" type="text" value=""/> *	<input style="border: 1px solid #ccc;" type="text" value=""/> *	<input style="border: 1px solid #ccc;" type="text" value=""/>	<input style="border: 1px solid #ccc;" type="text" value=""/> *	<input style="border: 1px solid #ccc;" type="text" value=""/> *	<input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="button" value="⊖"/>
4	<input style="border: 1px solid #ccc;" type="text" value=""/> <input style="width: 15px; height: 15px; border: 1px solid #ccc;" type="button" value="📅"/> *	<input style="border: 1px solid #ccc;" type="text" value=""/> <input style="width: 15px; height: 15px; border: 1px solid #ccc;" type="button" value="📅"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="border: 1px solid #ccc;" type="text" value=""/> *	<input style="border: 1px solid #ccc;" type="text" value=""/> *	<input style="border: 1px solid #ccc;" type="text" value=""/>	<input style="border: 1px solid #ccc;" type="text" value=""/> *	<input style="border: 1px solid #ccc;" type="text" value=""/> *	<input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="button" value="⊖"/>
5	<input style="border: 1px solid #ccc;" type="text" value=""/> <input style="width: 15px; height: 15px; border: 1px solid #ccc;" type="button" value="📅"/> *	<input style="border: 1px solid #ccc;" type="text" value=""/> <input style="width: 15px; height: 15px; border: 1px solid #ccc;" type="button" value="📅"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="border: 1px solid #ccc;" type="text" value=""/> *	<input style="border: 1px solid #ccc;" type="text" value=""/> *	<input style="border: 1px solid #ccc;" type="text" value=""/>	<input style="border: 1px solid #ccc;" type="text" value=""/> *	<input style="border: 1px solid #ccc;" type="text" value=""/> *	<input style="width: 20px; height: 20px; border: 1px solid #ccc;" type="button" value="⊖"/>

Remarks:

Note: To request Prior Authorization for Home Health Services or Physical Therapy Services after Surgery, these professionals must use the [Home Health Services or Physical Therapy/Occupational Therapy Authorization Request Form](#).

## Save Authorization

After all information has been entered, **select Save Authorization** in the top left corner to save the authorization.

The screenshot shows a web interface for a provider portal. At the top, there is a dark blue header with a power icon, a profile name 'Profile: EXT Provider Bills Submitter', and a dropdown arrow. Below the header is a breadcrumb trail: 'Provider Portal > Authorization'. The main content area contains a 'Close' button and a 'Save Authorization' button, which is highlighted with a red rectangular box. Below these buttons are two dropdown menus: 'Program: DFEC' and 'Authorization Type: Surgical Package', both with asterisks indicating they are required fields. Below the 'Program' dropdown, the text 'Source: DDE' is displayed.

System displays a success message that the authorization has been saved but not submitted.

The screenshot shows the same web interface as the previous one, but with a success message displayed. The message is enclosed in a red rectangular box and reads: 'Success: Your Authorization request is saved, and you can still make changes to the request. Your request will not be transmitted for review until you click on Submit.' Above the message, there is a text field containing 'Auth Request Number : 1006'. Below the message, the 'Save Authorization' button is still visible, along with other buttons like 'Close', 'Upload/Retrieve Attachment', 'Show Duplicate Authorization', 'Show Correction', and 'Submit Authorization'. The 'Program: DFEC' and 'Authorization Type: Surgical Package' dropdowns are also visible, along with 'Source: DDE'.

# Submit Authorization

Use the **Upload/Retrieve Attachment** button to **upload** any required documents and **select Submit Authorization** to submit the authorization.

Profile: EXT Provider Bills Submitter

External Links Help

Provider Portal > Authorization

Auth Request Number : 1006

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

**Success:**  
Your Authorization request is saved, and you can still make changes to the request. Your request will not be transmitted for review until you click on Submit.

Program: DFEC \* Authorization Type: Surgical Package \*

Source: DDE

# Submit Authorization

System displays a success message that the authorization has been successfully submitted for review.

Select **Close** to return to the Authorization Request List page.

The screenshot shows the 'Provider Portal > Authorization' page. At the top, there is a navigation bar with 'Profile: EXT Provider Bills Submitter', 'External Links', and 'Help'. Below the navigation bar, the breadcrumb 'Provider Portal > Authorization' is visible. The main content area displays 'Auth Request Number : 100'. Below this, there are four buttons: 'Close', 'Upload/Retrieve Attachment', 'Show Duplicate Authorization', and 'Show Correction'. A green success message is displayed: 'Success: Your Authorization is successfully submitted for review.' Below the message, there are two dropdown menus: 'Program: DFEC' and 'Authorization Type: Surgical Package'.

The Authorization Request List page shows that the authorization is **“In Review”** status.

	Auth Request #	Claimant Case ID	OWCP Provider ID	Status	Auth Type	Last Updated	Submitted Date	Level	Organization	District Office	CNSI Reviewer	Program	Claim Examiner/MBE	Auth Request Type	Source	Assigned Date
<input type="checkbox"/>	100			In Review	Surgical Package	05/19/2022	05/19/2022	3	OWCP	FECA - National Office	Not Assigned	DFEC		Initial Request	DDE	

# Submitting a Surgical Package Authorization Correction

## Surgical Package Authorization Correction Overview

- Surgical Package Authorization Corrections can only be submitted by the original submitter.
- Corrections can be initiated via paper or via DDE.
- Corrections can only be made for authorizations with at least one service line in the approved status.



# Submitting a Surgical Package Authorization Correction Via Paper

## Submitting Authorization Corrections Via Paper

The process for submitting an Authorization Correction via paper is the same as submitting an Initial Authorization via paper as discussed earlier in the training session.

For Authorization Corrections, the **Correction** box needs to be checked in A1 and the **Original Authorization Number** mentioned in A2.

PART A: Requestor Information	
A1. <input type="checkbox"/> Initial Request	<input checked="" type="checkbox"/> Correction
A2. Original Authorization Number (For Correction):	
A3. Date Requested:	A5. Phone Number:
A4. Requested By:	

# Submitting a Surgical Package Authorization Correction Via DDE

## Submitting a Surgical Package Authorization Correction via DDE

This section includes:

- Searching for a Surgical Package Authorization to initiate a correction
- Viewing Surgical Package Authorization Utilization Screen
- Viewing Bill History Screen
- Submitting a Surgical Package Authorization Correction



# Searching For a Surgical Package Authorization

WCMBP System



## Search for Surgical Package Auth Type

Use the **Filter By** search drop-down list and **select** the desired filter.

Use the second **Filter By** search drop-down list and **select** an additional filter if needed.

Select **Go**.

The screenshot shows the 'Authorization Request List' interface. At the top, there are navigation links for 'Close', 'Add New Request', and 'Initiate Correction'. Below this, the 'Filter By' section is highlighted with a red box. It contains two filter criteria: 'Status' with a dropdown menu set to 'Approved', and 'Claimant Case ID' with a dropdown menu set to '012640995'. A 'Go' button is also highlighted with a red box. Other filter options include 'Submitted In' (Last 1 Month), 'Clear Filter', 'Save Filter', and 'My Filters'. Below the filters is a table with the following columns: Auth Request #, Claimant Case ID, Status, Auth Type, Last Updated, Submitted Date, Level, Program, Auth Request Type, and Source.

	Auth Request #	Claimant Case ID	Status	Auth Type	Last Updated	Submitted Date	Level	Program	Auth Request Type	Source
<input type="checkbox"/>			In Review	Surgical Package	07/06/2022	07/06/2022	3	DFEC	Correction	DDE
<input type="checkbox"/>			In Review	Surgical Package	07/06/2022	07/06/2022	3	DFEC	Initial Request	DDE
<input type="checkbox"/>			Approved	Surgical Package	07/06/2022	07/06/2022	3	DFEC	Initial Request	DDE
<input type="checkbox"/>			In Review	Surgical Package	07/05/2022	07/05/2022	3	DFEC	Correction	DDE
<input type="checkbox"/>			Approved	Surgical Package	07/05/2022	07/05/2022	3	DFEC	Initial Request	DDE

# Search for Surgical Package Auth Type

The system displays all **Approved** Authorizations associated with that **Claimant Case ID**.

Profile: EXT Provider Bills Submitter

External Links Help

Provider Portal > Authorization

Close Add New Request Initiate Correction

Authorization Request List

Filter By: Status Approved \* And Claimant Case ID 012640995 \* Submitted In Last 1 Month Go

Clear Filter Save Filter My Filters

<input type="checkbox"/>	Auth Request #	Claimant Case ID	Status	Auth Type	Last Updated	Submitted Date	Level	Program	Auth Request Type	Source
<input type="checkbox"/>		012640995	Approved	Surgical Package	07/06/2022	07/06/2022	3	DFEC	Initial Request	DDE
<input type="checkbox"/>		012640995	Approved	Surgical Package	07/05/2022	07/05/2022	3	DFEC	Initial Request	DDE
<input type="checkbox"/>		012640995	Approved	Surgical Package	07/05/2022	07/05/2022	3	DFEC	Initial Request	DDE
<input type="checkbox"/>		012640995	Approved	Surgical Package	07/05/2022	07/05/2022	3	DFEC	Initial Request	DDE
<input type="checkbox"/>		012640995	Approved	Surgical Package	06/28/2022	06/22/2022	3	DFEC	Initial Request	DDE

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

# Viewing Surgical Package Authorization Utilization Screen

WCMBP System



## View Surgical Package Authorization Utilization Screen

The **Authorization Utilization** Screen can be used to view Utilized Units/Amount for each Professional Type. This is useful when submitting a correction as requested units can not be less than the used units by any Professional Type.

To view the **Authorization Utilization** screen, on the Authorization Request List page **select** the **notepad icon** next to the Auth Request #.

<input type="checkbox"/>	Auth Request #	Claimant Case ID	Status	Auth Type	Last Updated	Submitted Date	Level	Program	Auth Request Type	Source
<input type="checkbox"/>	100		Approved	Surgical Package	08/09/2021	08/05/2021	3	DFEC	Initial Request	DDE
<input type="checkbox"/>	100		Cancelled	Surgical Package	05/28/2021	05/28/2021	3	DFEC	Initial Request	DDE
<input type="checkbox"/>	100		Cancelled	Surgical Package	05/19/2021	05/19/2021		DFEC	Initial Request	DDE

# View Surgical Package Authorization Utilization Screen

The system displays the **Authorization Utilization** screen where the utilized units/amount are shown.

Close
Bill History

Authorization Utilization
▲

Auth Request #: [Redacted]

Claimant's Case ID: [Redacted]

Program: [Redacted]

Request Date: [Redacted]

OWCP Provider ID: [Redacted]

Provider Name: [Redacted]

Authorization Status: Approved

Claimant Name: [Redacted]

Auth Type: Surgical Package

Last Updated Date: 06/21/2022

Requestor Name: test

Service List
▲

Filter By:    And:    Go

Sequence # ▲▼	Code Type ▲▼	Professional Type ▲▼	Code ▲▼	Modifier ▲▼	Level ▲▼	From Date ▲▼	To Date ▲▼	Requested Units ▲▼	Auth Units ▲▼	Used Units ▲▼	Requested Amount ▲▼	Auth Amount ▲▼	Used Amount ▲▼
1	CPT Procedure Code	Co-Surgeon	63047		3	06/01/2022	06/12/2022	15	15	12		\$3,500.00	\$2,500.00
2	CPT Procedure Code	Surgeon	63047		3	06/01/2022	06/12/2022	15	15	12		\$3,500.00	\$2,250.00

View Page:  Go + Page Count SaveToCSV

Viewing Page: 1

« First
« Prev
Next »
Last »

# Surgical Package Authorization Utilization Screen

The first section of the Surgical Package Authorization screen provides information about the authorization such as **Authorization Request Number, Authorization Status, Claimant Case ID, Claimant Name, Program, Auth Type, Request Date, Last Updated Date, OWCP Provider ID, Requestor Name and Provider Name.**

The screenshot displays the 'Authorization Utilization' section of the software interface. It features two summary boxes with orange borders. The left box contains the following fields: Auth Request #, Claimant's Case ID, Program, Request Date, OWCP Provider ID, and Provider Name. The right box contains: Authorization Status (Approved), Claimant Name, Auth Type (Surgical Package), Last Updated Date (06/21/2022), and Requestor Name (test). Below these is the 'Service List' section, which includes a filter bar and a table with 13 columns: Sequence #, Code Type, Professional Type, Code, Modifier, Level, From Date, To Date, Requested Units, Auth Units, Used Units, Requested Amount, Auth Amount, and Used Amount. The table contains two rows of data. At the bottom, there are navigation controls for 'View Page: 1', 'Page Count', 'Save To CSV', and 'Viewing Page: 1'.

Sequence #	Code Type	Professional Type	Code	Modifier	Level	From Date	To Date	Requested Units	Auth Units	Used Units	Requested Amount	Auth Amount	Used Amount
1	CPT Procedure Code	Co-Surgeon	63047		3	06/01/2022	06/12/2022	15	15	12		\$3,500.00	\$2,500.00
2	CPT Procedure Code	Surgeon	63047		3	06/01/2022	06/12/2022	15	15	12		\$3,500.00	\$2,250.00

# Viewing Information on Surgical Package Authorization Utilization Screen

The **Service List** section provides details about **Authorized Units** and **Used Units** for each **Professional Type**.

**Code Type, Modifier, Level, From and To Date of Service** and **Requested Units** are also displayed on this screen.

The screenshot displays the 'Authorization Utilization' screen. At the top, there are buttons for 'Close' and 'Bill History'. Below this is the 'Authorization Utilization' section, which includes fields for 'Auth Request #', 'Claimant's Case ID', 'Program', 'Request Date', 'OWCP Provider ID', and 'Provider Name'. To the right, it shows 'Authorization Status: Approved', 'Claimant Name', 'Auth Type: Surgical Package', 'Last Updated Date: 06/21/2022', and 'Requestor Name: test'. Below this is the 'Service List' section, which has a filter bar and a table. The table has 13 columns: Sequence #, Code Type, Professional Type, Code, Modifier, Level, From Date, To Date, Requested Units, Auth Units, Used Units, Requested Amount, Auth Amount, and Used Amount. The table contains two rows of data. The first row shows a CPT Procedure Code (63047) for a Co-Surgeon at Level 3, with 15 requested units, 15 authorized units, and 12 used units. The second row shows the same CPT Procedure Code (63047) for a Surgeon at Level 3, with 15 requested units, 15 authorized units, and 12 used units. Below the table are navigation controls for 'View Page: 1', 'Page Count', 'Save To CSV', and 'Viewing Page: 1', along with 'First', 'Prev', 'Next', and 'Last' buttons.

Sequence #	Code Type	Professional Type	Code	Modifier	Level	From Date	To Date	Requested Units	Auth Units	Used Units	Requested Amount	Auth Amount	Used Amount
1	CPT Procedure Code	Co-Surgeon	63047		3	06/01/2022	06/12/2022	15	15	12		\$3,500.00	\$2,500.00
2	CPT Procedure Code	Surgeon	63047		3	06/01/2022	06/12/2022	15	15	12		\$3,500.00	\$2,250.00

When an authorization is approved, by default each Professional Type is assigned the approved units/amount.

# Viewing Information on Surgical Package Authorization Utilization Screen

**Filter By** option can be used to filter by:

- Code Type
- Code
- Modifier
- Professional Type
- From and To Date

The screenshot shows the 'Authorization Utilization' screen. At the top, there are buttons for 'Close' and 'Bill History'. Below that, the 'Authorization Utilization' section displays details for an authorization request, including 'Auth Request #', 'Claimant's Case ID', 'Program', 'Request Date', 'OWCP Provider ID', 'Provider Name', 'Authorization Status' (Approved), 'Claimant Name', 'Auth Type' (Surgical Package), 'Last Updated Date' (06/21/2022), and 'Requestor Name' (test).

The 'Service List' section contains a table with columns: Professional Type, Code, Modifier, Level, From Date, To Date, Requested Units, Auth Units, Used Units, Requested Amount, Auth Amount, and Used Amount. Two rows of data are visible, both for 'Surgeon' with code '63047' and level '3', from '06/01/2022' to '06/12/2022'. The first row shows 15 requested units, 15 auth units, and 12 used units, with a requested amount of \$3,500.00 and an auth amount of \$2,500.00. The second row shows 15 requested units, 15 auth units, and 12 used units, with a requested amount of \$3,500.00 and an auth amount of \$2,250.00.

Filtering options are highlighted with orange boxes. The 'Filter By' dropdown is open, showing options: Code, Code Type, From Date, Modifier, Professional Type, and To Date. The 'And:' dropdown is also highlighted, and a 'Go' button is visible next to it.

At the bottom, there are navigation controls: 'View Page: 1', 'Go', '+ Page Count', 'SaveToCSV', 'Viewing Page: 1', and navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

**Search can be narrowed down by searching using two filters.**

**When an authorization is approved, by default each Professional Type is assigned the approved units/amount.**

# Viewing Information on Surgical Package Authorization Utilization Screen

**For CRNA or Anesthesiologist professional types, the Procedure Code, Modifier, Requested Units, and Approved Units will be blank.**

**CRNA and Anesthesiologist will utilize the same authorization for the same surgery and date of service but will not be limited by the approved units/amount as they are billed using time increments.**

Close Bill History

### Authorization Utilization

Auth Request #: [Redacted] Authorization Status: Approved  
Claimant's Case ID: [Redacted] Claimant Name: [Redacted]  
Program: [Redacted] Auth Type: Surgical Package  
Request Date: [Redacted] Last Updated Date: 06/17/2022  
OWCP Provider ID: [Redacted] Requestor Name: TestteamForANST  
Provider Name: [Redacted]

### Service List

Filter By: [Dropdown] [Input] And: [Dropdown] [Input] Go

Sequence #	Code Type	Professional Type	Code	Modifier	Level	From Date	To Date	Requested Units	Auth Units	Used Units	Requested Amount	Auth Amount	Used Amount
1	CPT Procedure Code	Asst Surgeon	63042		3	06/01/2022	06/30/2022	8	8	1	\$30,000.00	\$30,000.00	\$441.84
2	CPT Procedure Code	Co-Surgeon	63042		3	06/01/2022	06/30/2022	8	8	1	\$30,000.00	\$30,000.00	\$1,700.00
3	CPT Procedure Code	Physicians Asst	63042		3	06/01/2022	06/30/2022	8	8	1	\$30,000.00	\$30,000.00	\$375.56
4	CPT Procedure Code	Surgeon	63042		3	06/01/2022	06/30/2022	8	8	1	\$30,000.00	\$30,000.00	\$1,700.00
5		Anesthesiologist								1			\$597.03

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

# Viewing the Bill History Screen

## Viewing the Bill History Screen

The **Bill History** Screen can be used to view details about the bills utilizing the authorization. On the **Authorization Utilization** screen, **select** the **Bill History** button.

The screenshot shows a web interface with a 'Close' button and a 'Bill History' button highlighted with an orange box. Below this is the 'Authorization Utilization' section, which contains two columns of metadata:

- Left Column:** Auth Request #, Claimant's Case ID, Program, Request Date, OWCP Provider ID, Provider Name.
- Right Column:** Authorization Status: Approved, Claimant Name, Auth Type: Surgical Package, Last Updated Date: 06/17/2022, Requestor Name: TestteamForANST.

Below the metadata is the 'Service List' section, which includes a filter area with 'Filter By:' and 'And:' dropdowns, and a 'Go' button. The main part of the screen is a table with the following data:

Sequence # ▲▼	Code Type ▲▼	Professional Type ▲▼	Code ▲▼	Modifier ▲▼	Level ▲▼	From Date ▲▼	To Date ▲▼	Requested Units ▲▼	Auth Units ▲▼	Used Units ▲▼	Requested Amount ▲▼	Auth Amount ▲▼	Used Amount ▲▼
<a href="#">1</a>	CPT Procedure Code	Asst Surgeon	63042		3	06/01/2022	06/30/2022	8	8	1		\$30,000.00	\$441.84
2	CPT Procedure Code	Co-Surgeon	63042		3	06/01/2022	06/30/2022	8	8	1		\$30,000.00	\$1,700.00

The **Sequence #** hyperlink can be used to view details about the bill for a particular Professional Type.

## Viewing the Bill History Screen

The system displays the **Bill History** screen which provides information about the **Billed Units/Amounts** for each **Professional Type**.

**Bill TCN Header, Bill Line TCN, OWCP Provider ID, Procedure Code** and **From** and **To Date of Service** are also displayed on this screen.

Auth Request # :

**Bill History**

Filter By :   And

Bill Header TCN ▲▼	Bill Line TCN ▲▼	Professional Type ▲▼	OWCP Provider ID ▲▼	From Date ▲▼	To Date ▲▼	Procedure Code ▲▼	Billed Amount ▲▼	Billed Units ▲▼	Utilized Amount ▲▼	Utilized Unit ▲▼	Allowed Amount ▲▼	Approved Amount ▲▼
		Surgeon		06/04/2022	06/04/2022	63042	\$1,700.00	1	\$1,700.00	1	\$3,313.77	
		Anesthesiologist		06/08/2022	06/08/2022	01638	\$1,700.00	1	\$597.03	1	\$597.03	
		Co-Surgeon		06/08/2022	06/08/2022	63042	\$1,700.00	1	\$1,700.00	1	\$2,209.18	
		Asst Surgeon		06/09/2022	06/09/2022	63042	\$1,700.00	1	\$441.84	1	\$441.84	
		Physicians Asst		06/11/2022	06/11/2022	63042	\$1,700.00	1	\$375.56	1	\$375.56	

View Page:    Viewing Page: 1

## Viewing the Bill History Page

**Filter By** option can be used to filter by:

- Procedure Code
- Professional Type
- OWCP Provider ID
- From/To Date
- Bill Header TCN
- Bill Line TCN

**Search can be narrowed down by searching using two filters.**

Auth Request #:

[Close](#)

**Bill History**

Filter By:   And   [Go](#)

[Clear Filter](#) [Save Filter](#) [My Filters](#)

Bill Header TCN	Bill Line TCN	Professional Type	OWCP Provider ID	From Date	To Date	Procedure Code	Billed Amount	Billed Units	Utilized Amount	Utilized Unit	Allowed Amount	Approved Amount
		Surgeon		06/04/2022	06/04/2022	63042	\$1,700.00	1	\$1,700.00	1	\$3,313.77	
		Anesthesiologist		06/08/2022	06/08/2022	01638	\$1,700.00	1	\$597.03	1	\$597.03	
		Co-Surgeon		06/08/2022	06/08/2022	63042	\$1,700.00	1	\$1,700.00	1	\$2,209.18	
		Asst Surgeon		06/09/2022	06/09/2022	63042	\$1,700.00	1	\$441.84	1	\$441.84	
		Physicians Asst		06/11/2022	06/11/2022	63042	\$1,700.00	1	\$375.56	1	\$375.56	

View Page:  [Go](#) [+ Page Count](#) Viewing Page: 1 [First](#) [Prev](#) [Next](#) [Last](#)

[SaveToCSV](#)

# Submitting a Surgical Package Authorization Correction

WCMBP System



# Initiating a Surgical Package Authorization Correction

Select the **checkbox** in front of the **Authorization Request** that you want to initiate a correction for.  
 Select the **Initiate Correction** button.

The screenshot shows the 'Provider Portal > Authorization' page. At the top, there is a navigation bar with user information: '118961600', 'Dandridge, Lisa', and 'Profile: EXT Provider Bills Submitter'. On the right are links for 'External Links' and 'Help'. Below the navigation bar, there are three buttons: 'Close', 'Add New Request', and 'Initiate Correction' (highlighted with an orange box). The main content area is titled 'Authorization Request List'. It features a filter section with 'Filter By' set to 'Auth Type', a search field for 'Surgical Package', and a 'Submitted In' dropdown set to 'ALL'. There are also buttons for 'Clear Filter', 'Save Filter', and 'My Filters'. Below the filter section is a table with the following columns: 'Auth Request #', 'Claimant Case ID', 'Status', 'Auth Type', 'Last Updated', 'Submitted Date', 'Level', 'Program', 'Auth Request Type', and 'Source'. The first row of the table has its checkbox selected (highlighted with an orange box) and shows an 'Approved' status for a 'Surgical Package' request.

	Auth Request #	Claimant Case ID	Status	Auth Type	Last Updated	Submitted Date	Level	Program	Auth Request Type	Source
<input checked="" type="checkbox"/>	10		Approved	Surgical Package	08/09/2021	08/05/2021	3	DFEC	Initial Request	DDE
<input type="checkbox"/>	10		Cancelled	Surgical Package	05/28/2021	05/28/2021	3	DFEC	Initial Request	DDE
<input type="checkbox"/>	10		Cancelled	Surgical Package	05/19/2021	05/19/2021		DFEC	Initial Request	DDE
<input type="checkbox"/>	10		Approved	Surgical Package	03/26/2021	03/26/2021	3	DFEC	Initial Request	DDE

**Remember corrections can only be initiated for authorizations in approved status.**

# Viewing Authorization Correction

The System displays the **Authorization Corrections Details** page where data from the initial authorization is pre-populated.

MyInbox > Authorization Request List

Close Save Authorization

Program: DFEC Authorization Type: Surgical Package  
 Source: DDE Emergency/Urgent Request:

**Requestor Information**

Initial Request  
 Correction

Original Authorization Number (For Correction): [Redacted]  
 Date Requested: 06/28/2022 Requested By: test Phone Number: [Redacted]

**Claimant Information**

Claimant's Case ID: [Redacted] Date of Birth: [Redacted]  
 First Name: [Redacted] Last Name: [Redacted]  
 Date of Injury: 06/01/2018

**Provider Information**

Are you the Primary Surgeon?: Yes   
 OWCP Provider ID: [Redacted] Tax ID (SSN/FEIN): [Redacted]  
 Provider Name: [Redacted] Fax Number: [Redacted]

**Surgery Information**

Date of Surgery: 05/01/2022

INPATIENT SURGERY (More than 24 hours) - Include all Proposed Professionals in the Operating Room.  
 OUTPATIENT (Less than 24 hours) - Include all Proposed Professionals in the Operating Room.  
 ASC SURGERY - Include all Proposed Professionals in the Operating Room.  
 OFFICE SURGERY (Less than 9 hours) - Include all Proposed Professional present during surgical procedure.

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

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

# Making a Correction to the Authorization Service Line

Scroll down to the **Service Line Information** section to make changes.

☰ **Service Line Information** ▲

Specific Body Part to be treated:  \*

Diagnosis Codes: A:  B:  C:  D:

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

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

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

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	Units/Days Requested	Action
			A	B	C	D						
1	<input type="text" value="05/01/2022"/> <input type="button" value="📅"/>	<input type="text" value="10/01/2022"/> <input type="button" value="📅"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPT Procedure Code <input type="text" value="22558"/>	<input type="text"/>	<input type="text" value="50 - Bilateral"/>	<input type="text" value="1"/>	<input type="button" value="⊖"/>	
2	<input type="text"/> <input type="button" value="📅"/>	<input type="text"/> <input type="button" value="📅"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>	
3	<input type="text"/> <input type="button" value="📅"/>	<input type="text"/> <input type="button" value="📅"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>	
4	<input type="text"/> <input type="button" value="📅"/>	<input type="text"/> <input type="button" value="📅"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>	
5	<input type="text"/> <input type="button" value="📅"/>	<input type="text"/> <input type="button" value="📅"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>	

Remarks:

Note: To request Prior Authorization for Home Health Services or Physical Therapy Services after Surgery, these professionals must use the [Home Health Services or Physical Therapy/Occupational Therapy Authorization Request Form](#).

**Diagnoses cannot be amended in the correction process.**

# Making a Correction to the Authorization Service Line

Changes can be made to all fields except Procedure Code. A new line can be added for a new Procedure Code.

☰ Service Line Information ^

Specific Body Part to be treated:  \*

Diagnosis Codes: A:  B:  C:  D:

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

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

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

➕ Add New Line

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	Units/Days Requested	Action
			A	B	C	D						
1	<input type="text" value="05/01/2022"/> <input type="text" value="10/01/2022"/>	<input type="text" value="10/01/2022"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPT Procedure Code	<input type="text" value="22558"/>	<input type="text"/>	50 - Bilateral	<input type="text" value="1"/>	<input type="button" value="⊖"/>
2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>
3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>
4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>
5	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>

Remarks:

Note: To request Prior Authorization for Home Health Services or Physical Therapy Services after Surgery, these professionals must use the [Home Health Services or Physical Therapy/Occupational Therapy Authorization Request Form](#).

## Requesting Authorization Units less than Used Units - Error Message

An error message will display if the requested units are less than the used units by any Professional Type. (View the Authorization Utilization page to check for used amount/units for each Professional Type.)

**Errors: Authorized Units should not be less than Utilized unit.**

**Update Service Line**

From Date: 05/01/2022 \* To Date: 10/05/2022 \*

Diagnosis Pointer:  A  B  C  D

Code Type: CPT Procedure Code \*

Procedure Code: 22558 Modifier: \*

Code Description: LUMBAR SPINE FUSION

Body Part Modifier: 50 - Bilateral \* Units/Days Requested : 2 \*

Level: Level 3 \* Denial Reason: \*

Line Status: Approved \* Authorized Units: 1 Authorized Amount: \*

Comments: \*

View History OK Cancel

**Making changes to the requested units/days will affect all Professional Types.**

# Making a Correction to the Authorization Service Line

Make correction to the Service Line.

**Service Line Information**

Specific Body Part to be treated:  \*

Diagnosis Codes: A:  B:  C:  D:

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

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

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

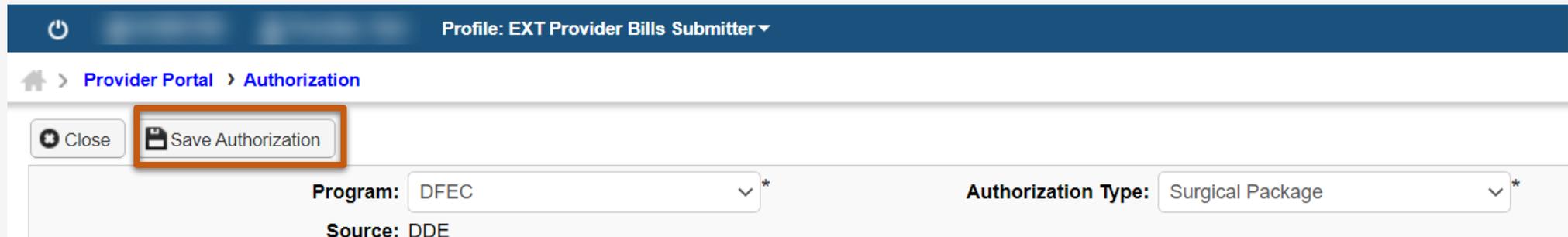
[+ Add New Line](#)

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	Units/Days Requested	Action
			A	B	C	D						
1	<input type="text" value="06/01/2022"/>	<input type="text" value="06/12/2022"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="CPT Procedure Code"/>	<input type="text" value="63047"/>	<input type="text"/>	<input type="text" value="RT - Right Side"/>	<input type="text" value="18"/>	
2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

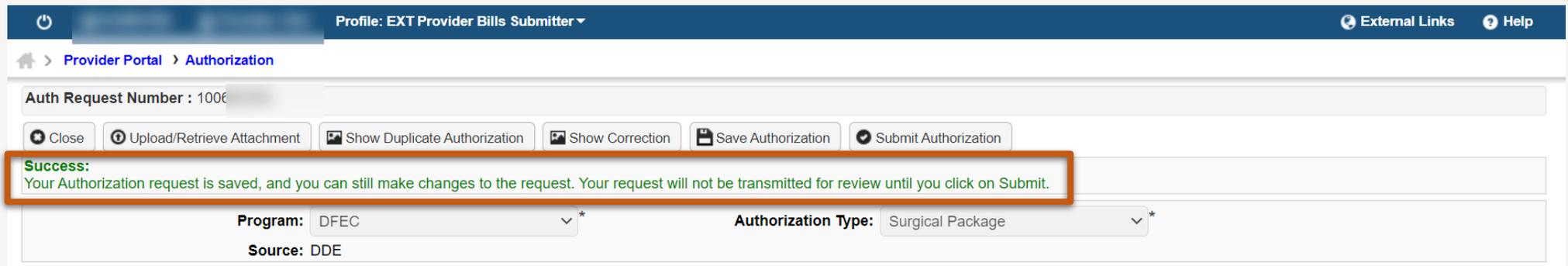
**Remember to delete any service lines that don't require a correction.**

# Save Authorization Correction

Select **Save Authorization** in the top left corner.



System displays a success message that the authorization has been saved but not submitted.



## Submit Authorization Correction

Use the **Upload/Retrieve Attachment** button to upload any documents if required and **select Submit Authorization** to submit the authorization.

Profile: EXT Provider Bills Submitter

External Links Help

Provider Portal > Authorization

Auth Request Number : 1006

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

**Success:**  
Your Authorization request is saved, and you can still make changes to the request. Your request will not be transmitted for review until you click on Submit.

Program: DFEC \* Authorization Type: Surgical Package \*

Source: DDE

## Submit Authorization Correction

The system displays a success message that the authorization has been successfully submitted for review.

Select **Close** to return to the Authorization Request List page.

The screenshot shows the 'Provider Portal > Authorization' page. At the top, the user profile is 'EXT Provider Bills Submitter'. Below the breadcrumb, the 'Auth Request Number' is 100. A row of buttons includes 'Close', 'Upload/Retrieve Attachment', 'Show Duplicate Authorization', and 'Show Correction'. A green success message is displayed: 'Success: Your Authorization is successfully submitted for review.' Below the message, there are dropdown menus for 'Program: DFEC' and 'Authorization Type: Surgical Package'.

The Authorization Request List page shows that the authorization is **"In Review"** status.

	Auth Request #	Claimant Case ID	OWCP Provider ID	Status	Auth Type	Last Updated	Submitted Date	Level	Organization	District Office	CNSI Reviewer	Program	Claim Examiner/MBE	Auth Request Type	Source	Assigned Date
<input type="checkbox"/>	100			In Review	Surgical Package	05/03/2022	02/16/2022	3	OWCP	FECA - National Office	Not Assigned	DFEC		Correction	DDE	

# Surgical Package Bill Adjudication



## Bill Adjudication Process

When a Surgical Package Bill is received, the Professional Type is determined by the WCMBP System based on the Modifier and Procedure Codes.

If the Professional Type is Surgeon, Co-Surgeon, Assistant Surgeon, or Physician's Assistant, the system looks for a matching Surgical Package Authorization using **Case Number, Date of Service** and **Procedure Code**.

The system checks the available units/amount for the authorization and the bill is paid or denied accordingly.

**Note:** CRNA and Anesthesiologists bills will be matched with Surgical Package Authorizations based on Case Number and Date of Service and will not be impacted by the approved number of units.

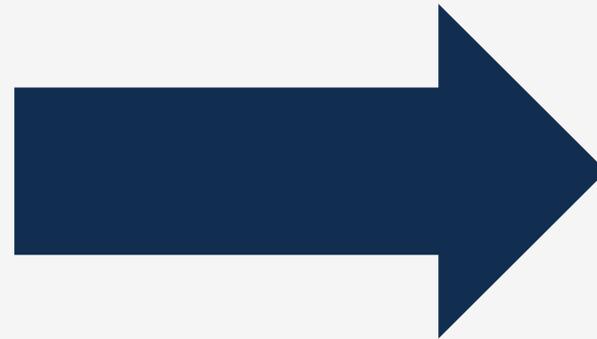


# Scenarios - Edits

## No Authorization Present for Procedure Code

IF

A matching authorization exists for the Case Number and Date of Service, but **NOT** for the Procedure Code



Then

**Edit 20533 Posts  
Auth Mismatch by Svc Code**

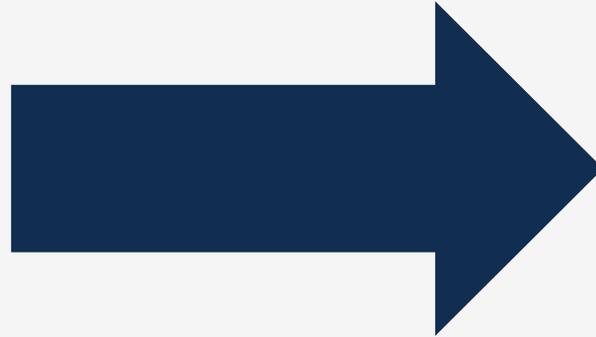
**Bill is denied  
EOB Message: Auth for Claimant,  
Provider and DOS; Not for Procedure.  
Authorization Required**

**Submit a new Authorization for the correct Procedure Code or original submitters of the initial authorization can submit an authorization correction with the correct Procedure code.**

## No Authorization Present for Procedure Code

IF

Available Units are less  
than Billed Units



Then

**Edit 20733 Posts  
Bill Line Exceeds Auth Limit**

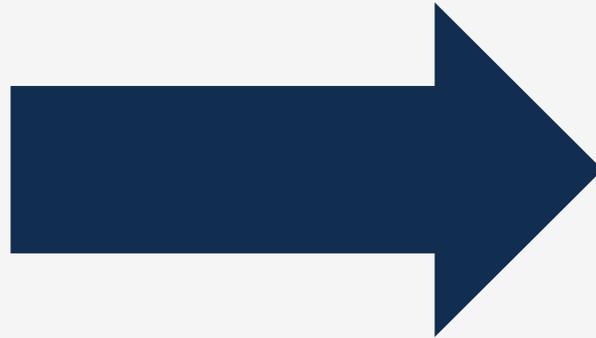
**Bill is paid to the maximum allowable  
amount  
EOB Message: Line item units or dollars  
exceed the authorized amount**

**Original submitters of the initial authorization can submit an Authorization Correction to request more units.**

## No Authorization Present for Procedure Code

IF

All Authorized units have  
been used



Then

**Edit 22733 Posts  
Authorized Units Already Used**

**Bill is denied  
EOB Message: Line item units or dollars  
exceed the authorized amount on file.  
Please request authorization for  
service.**

**Original submitters of the initial authorization can submit an Authorization Correction to request more units.**

# Summary

## Key Points:

- Any Provider with a valid category of service can submit a Surgical Package Authorization. A single authorization is used for all Professional Types involved in a surgical procedure.
- When the Surgical Package Authorization is approved, the WCMBP System automatically assigns the approved units/amount to all Professional Types except CRNA and Anesthesiologist. CRNA and Anesthesiologist will utilize the same authorization for the same surgery and date of service but will not be limited by the approved units/amount as they are billed using time increments.
- The Surgical Package Utilization screen can be used to view Authorized Units/Amount and Used Units/Amount for each Professional Type.



# Summary

## Key Points:

- The Bill History screen can be used to view Billed Units/Amount for each Professional Type.
- When a Surgical Package Authorization Bill is submitted by any Professional Type, the bill is matched to the Surgical Package Authorizations based on Case Number, Date of Service, and Procedure code.
- Bills will not be limited to the facility selected in the authorization when the system searches for a matching authorization during bill adjudication.
- Available units/amount for the authorization are checked for each Professional Type and the bill is paid or denied accordingly.

