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
Locating the Surgical Package Authorization Request Form

Go to the Medical Bill Processing Portal [https://owcpmed.dol.gov/portal](https://owcpmed.dol.gov/portal)
Select the Resources tab and select Forms and References
Locating the Surgical Package Authorization Request Form

The Forms and References page displays.
Select **DFEC** under Forms and References.
Locating the Surgical Package Authorization Request Paper Form

The DFEC Forms and References page displays.
Select **Medical Authorization – Surgical Package**
The **DFEC Surgical Package Authorization Request** form will download. Read the instructions given on top and at the end of the document before filling out the form.
Surgical Package Authorization Request Paper Form

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

### PART A: Requestor Information

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>A1. Initial Request</td>
<td>Correction</td>
</tr>
<tr>
<td>A2. Original Authorization Number (For Correction):</td>
<td></td>
</tr>
<tr>
<td>A3. Date Requested:</td>
<td></td>
</tr>
<tr>
<td>A4. Requested By:</td>
<td>A5. Phone Number:</td>
</tr>
</tbody>
</table>

### PART B: Claimant Information

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>B1. Claimant's Case ID:</td>
<td>B2. Date of Birth:</td>
</tr>
<tr>
<td>B3. First Name:</td>
<td>B4. Last Name:</td>
</tr>
<tr>
<td>B5. Date of Injury:</td>
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</tbody>
</table>

### PART C: Provider Information

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>C1. Are you the Primary Surgeon?:</td>
<td></td>
</tr>
<tr>
<td>C2. OWCP Provider ID:</td>
<td>C3. Tax ID (SSN/FEIN):</td>
</tr>
<tr>
<td>C4. Name:</td>
<td>C5. Fax Number:</td>
</tr>
</tbody>
</table>
Enter **Surgery Information** in part D.

### PART D: Surgery Information

<table>
<thead>
<tr>
<th>D1. Date of Surgery:</th>
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<tr>
<td></td>
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</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>SELECT PROFESSIONAL</th>
<th>PROFESSIONAL AT SURGERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility</td>
<td></td>
</tr>
<tr>
<td>Surgeon</td>
<td></td>
</tr>
<tr>
<td>Asst Surgeon</td>
<td></td>
</tr>
<tr>
<td>Anesthesiologist</td>
<td></td>
</tr>
<tr>
<td>CRNA</td>
<td></td>
</tr>
<tr>
<td>Physicians Asst</td>
<td></td>
</tr>
</tbody>
</table>

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
Submitting Surgical Package Authorization Request Paper Form

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
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
Logging in and Selecting Provider ID

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

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

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.
View Authorization Requests

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

Select the **Add New Request** button.
Select Program

Use the drop-down lists to select the program DFEC.
Select Authorization Type

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

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

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.

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

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/doc/regs/fileschedule/accept.htm](https://www.doi.gov/doc/regs/fileschedule/accept.htm). Check the location/professional requiring authorization for this surgery, to include the surgeon submitting this form.
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

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 (*).
Save Authorization

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

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

Use the **Upload/Retrieve Attachment** button to **upload** any required documents and **select** **Submit Authorization** to submit the authorization.
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 Authorization Request List page shows that the authorization is **“In Review”** status.
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.

![Diagram of PART A: Requestor Information form with A1 Initial Request and A2 Original Authorization Number fields highlighted.]
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
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.
Search for Surgical Package Auth Type

The system displays all Approved Authorizations associated with that Claimant Case ID.
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 #.
View Surgical Package Authorization Utilization Screen

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

**Demonstration**
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.

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

When an authorization is approved, by default each Professional Type is assigned the approved units/amount.
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.
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 **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.
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.
Submitting a Surgical Package Authorization Correction
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.

Remember corrections can only be initiated for authorizations in approved status.
The System displays the **Authorization Corrections Details** page where data from the initial authorization is pre-populated.
Making a Correction to the Authorization Service Line

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

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.
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.)

**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.

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