



Submitting an Authorization Correction Quick Reference Guide

Providers can submit a correction to a previously submitted authorization request in the WCMBP System to amend any errors. This process reduces time and effort while preventing duplicate authorizations. The primary use of correction by Providers is either for changing the number of units or for changing to the service dates. This QRG explains the steps performed by Providers in the WCMBP System to submit a correction to an authorization.

Submitting an Authorization Correction in the WCMBP System

1. Log in to the WCMBP System.
2. Select the Provider ID used to submit the initial authorization from the **Available Provider IDs** drop-down list.
3. Select **Go**.

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

Available Provider IDs: 700

Go

4. Select the appropriate profile **EXT Provider Bills Submitter** from the **Profile** drop-down list.
5. Select **Go**.

Select a profile to use during this session:

EXT Provider Bills Submitter

Go

6. On the menu under Authorization, select the **On-line Authorization Submission** link. The **Authorization Request List** page displays all Authorization Requests that have been initiated or submitted.

Authorization

On-line Authorization Submission

7. To initiate a correction to an authorization request, select the checkbox next to the applicable authorization request.
8. Select **Initiate Correction**. The Authorization Request displays with the selected **Correction** radio button.

Requestor Information

Original Authorization Number (For Correction): 45

Date Requested: 01/07/2022

Initiate Correction

| Auth Request # | Claimant Case ID | Status | Auth Type | Last Updated | Submitted Date | Level | Program | Auth Request Type | Source |
|----------------|------------------|-----------------|---------------------------|--------------|----------------|-------|---------|-------------------|--------|
| 05 | | Entering | Durable Medical Equipment | 01/07/2022 | | 3 | DFEC | Correction | DDE |
| 41 | | Cancelled | Durable Medical Equipment | 01/07/2022 | 01/05/2022 | 3 | DFEC | Correction | DDE |
| 40 | | Entering | Durable Medical Equipment | 01/05/2022 | | 3 | DFEC | Correction | DDE |
| 29 | | Entering | Durable Medical Equipment | 01/05/2022 | | 3 | DFEC | Correction | DDE |
| 45 | | Approved | Durable Medical Equipment | 09/03/2021 | 09/03/2021 | 3 | DFEC | Initial Request | DDE |
| 06 | | Approved | Durable Medical Equipment | 09/01/2021 | 08/31/2021 | 3 | DFEC | Initial Request | DDE |
| 74 | | Approved/Denied | Durable Medical Equipment | 01/05/2022 | 08/31/2021 | 3 | DFEC | Initial Request | DDE |

Note: If any of the following occurs, the system displays errors:

- Multiple authorizations are selected for correction
- A correction authorization with an In-Review or Entering status
- A selected authorization does not have a Service Line with an Approved status
- A correction is initiated for DEEOIC program authorization types General Medicine, Medical Transport, Durable Medical Equipment, or Transplant



Submitting an Authorization Correction in the WCMBP System, Continued

Note: The **Claimant Information** and **Provider Information** are pre-populated and non-editable from the original authorization in the Authorization Request that displays.

Claimant Information

Claimant's Case ID: [] Date of Birth: []

First Name: [] Last Name: []

Date of Injury: []

Provider Information

OWCP Provider ID: [] Tax ID (SSN/FEIN): []

Name: [] Fax Number: []

Providing care for a family member?: No [v] If Yes, please provide relationship to the claimant: []

9. Scroll down to make a correction to the **Service Line Information** section.

Service Line Information

Specific Body Part to be treated: []

Diagnosis Codes: A: [] B: [] C: [] D: []

Add New Line

| From Date | To Date | Diagnosis Pointer | Code Type | Procedure Code | Body Part Modifier | Units | Rental or Purchase Modifier | Cost | Duration | Action | |
|-----------|------------|-------------------|--|----------------------|--------------------|----------------|-----------------------------|------------------|------------|--------|--|
| | | A B C D | | | | | | | | | |
| 1 | 09/03/2021 | 09/03/2021 | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | HCPSC Procedure Code | V5261 | 50 - Bilateral | 1 | NU-Purchased New | \$6,600.00 | | |
| 2 | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | |
| 3 | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | |
| 4 | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | |
| 5 | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | |

Remarks: []

10. Make corrections to the services lines as required.

Note: While making corrections, keep the following in mind:

- **Units, Cost, Duration:** Cannot be less than original authorization
- **From Date:** Date cannot be greater than or equal to minimum Bill Paid date
- **To Date:** Date cannot be less than or equal to maximum Bill Paid date

Add New Line

| From Date | To Date | Diagnosis Pointer | Code Type | Procedure Code | Body Part Modifier | Units | Rental or Purchase Modifier | Cost | Duration | Action |
|-----------|------------|-------------------|--|----------------------|--------------------|----------------|-----------------------------|------------------|------------|--------|
| | | A B C D | | | | | | | | |
| 1 | 09/03/2021 | 09/03/2021 | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | HCPSC Procedure Code | V5261 | 50 - Bilateral | 1 | NU-Purchased New | \$6,600.00 | |
| 2 | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | |
| 3 | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | |
| 4 | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | |
| 5 | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | |

Remarks: []

Note: Lines can be added and deleted until the correction is submitted.

Note: If there are no changes required on a Service Line, be sure the line gets deleted before submitting the correction. This does not change the Service Line on the original approved authorization.

Note: **Procedure Code** is not an editable field. If needed, a new line can be added for a new procedure code for the same dates of service.



Submitting an Authorization Correction in the WCMBP System, Continued (3 of 4)

11. Once all information is entered, select **Save Authorization** at the top of the Authorization Request. The system validates the changes.

Note: If the changes are successful, the system displays a Success message along with a link to the **Original Authorization Number (For Correction)**.

12. To open the Attachment window (if the Authorization Type requires), select **Upload/Retrieve Attachment**.

13. From the Attachment window, select the applicable document type from the **Document Type** drop-down list.

14. Select **Choose File**.

15. Select the corresponding file, then select **Open**. The file name displays in the **File name** field.

16. Select **OK** to confirm the upload. The file displays in the **Attachment List**.

17. Repeat Steps 12-14 for all attachments that need to be added.

18. Once complete, select **Close**.



Submitting an Authorization Correction in the WCMBP System, Continued (4 of 4)

19. To submit the correction, select **Submit Authorization**. The system validates the information.

Note: Upon successful system validation, the system displays a success message.

20. Select **Close**. The **Authorization Request List** displays the submitted correction in the **In Review** status.

| Auth Request # | Claimant Case ID | Status | Auth Type | Last Updated | Submitted Date | Level | Program | Auth Request Type | Source |
|----------------|------------------|-----------|---------------------------|--------------|----------------|-------|---------|-------------------|--------|
| 69 | | In Review | Durable Medical Equipment | 01/11/2022 | | 3 | DFEC | Correction | DDE |

Authorization Correction Status After Review

Note: For Approved service lines, the Authorization Correction displays a **Cancelled** status since the changes are incorporated into the Original Authorization.

| Line # | From Date | To Date | Diagnosis Pointer | Code Type | Code | Body Part Modifier | Level | Requested Units | Auth Units | Requested Amount | Auth Amount | Duration | Rental or Purchase Modifier | Status | Comments |
|--------|------------|------------|-------------------|----------------------|-------|--------------------|-------|-----------------|------------|------------------|-------------|----------|-----------------------------|-----------|----------|
| 1 | 08/31/2021 | 08/31/2021 | A | HCPCS Procedure Code | V5261 | 50 | 3 | 1 | 1 | \$7,600.00 | \$7,600.00 | NU | | Cancelled | |

Note: The **Original Authorization** is updated to reflect the Authorization Correction changes.

| Line # | From Date | To Date | Diagnosis Pointer | Code Type | Code | Body Part Modifier | Level | Requested Units | Auth Units | Requested Amount | Auth Amount | Duration | Rental or Purchase Modifier | Status | Comments |
|--------|------------|------------|-------------------|----------------------|-------|--------------------|-------|-----------------|------------|------------------|-------------|----------|-----------------------------|----------|----------|
| 1 | 08/31/2021 | 08/31/2021 | A | HCPCS Procedure Code | V5261 | 50 | 3 | 1 | 1 | \$7,600.00 | \$7,600.00 | NU | | Approved | |



Authorization Correction Status After Review, Continued

Note: For Denied service lines, the **Denied** status displays on the Authorization Corrections Details page. *The Original Authorization is not updated.*

The screenshot shows a 'Service Plan Information' interface. At the top, it says 'Specific Body Part to be treated: head' and 'Diagnosis Codes: A: 169354 B: C: D:'. Below this is a table with columns: Line #, From Date, To Date, Diagnosis Pointer, Code Type, Code, Body Part Modifier, Level, Requested Units, Auth Units, Requested Amount, Auth Amount, Frequency, Duration, Status, and Comments. An arrow points to the 'Status' column for line 1, which contains the text 'Denied'. There is also an 'Add Comments' link next to it.

| Line # | From Date | To Date | Diagnosis Pointer | Code Type | Code | Body Part Modifier | Level | Requested Units | Auth Units | Requested Amount | Auth Amount | Frequency | Duration | Status | Comments |
|--------|------------|------------|-------------------|----------------------|-------|--------------------|-------|-----------------|------------|------------------|-------------|-----------|----------|--------|--------------|
| 1 | 12/11/2021 | 12/30/2021 | A | HCPCS Procedure Code | G0156 | 50 | 3 | 3 | | | | 3 | 3 | Denied | Add Comments |

Note: For Pended Further Development service lines, the **Pended Further Development** status displays on the Authorization Corrections Details page. *The Original Authorization is not updated.*

The screenshot shows a 'Service Plan Information' interface. At the top, it says 'Specific Body Part to be treated: head' and 'Diagnosis Codes: A: 169354 B: C: D:'. Below this is a table with columns: Line #, From Date, To Date, Diagnosis Pointer, Code Type, Code, Body Part Modifier, Level, Requested Units, Auth Units, Requested Amount, Auth Amount, Frequency, Duration, Status, and Comments. An arrow points to the 'Status' column for line 1, which contains the text 'Pended Further Development'. There is also an 'Add Comments' link next to it.

| Line # | From Date | To Date | Diagnosis Pointer | Code Type | Code | Body Part Modifier | Level | Requested Units | Auth Units | Requested Amount | Auth Amount | Frequency | Duration | Status | Comments |
|--------|------------|------------|-------------------|----------------------|-------|--------------------|-------|-----------------|------------|------------------|-------------|-----------|----------|----------------------------|--------------|
| 1 | 12/21/2021 | 12/30/2021 | A | HCPCS Procedure Code | G0156 | 50 | 3 | 6 | | | | 6 | 6 | Pended Further Development | Add Comments |