

DEEOIC Authorization



Introduction

Providers render services to claimants related to their accepted conditions. Certain services must be pre-authorized before payment can be made. The updated Workers' Compensation Medical Bill Process (WCMBP) authorization templates include:

- [Durable Medical Equipment \(DME\)](#)
- [General Medical](#) (certain medical services, such as surgery and unlisted drugs)
- [Home Health](#)
- [Medical Transportation](#)
- [Rehabilitative Therapies](#)
- [Transplant](#)



Accessing Authorizations in the WCMBP System

How It Works:

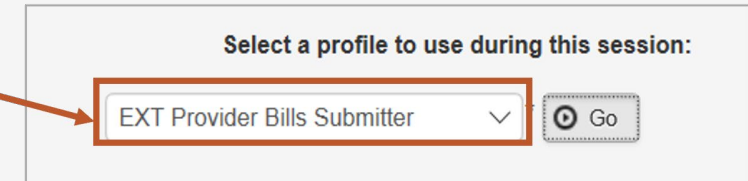
1. Log in to the WCMBP System.
The default "Select a Provider ID Number" page opens.
2. Select the appropriate profile, **EXT Provider Bills Submitter**, from the drop-down list and select **Go**.
3. Select **On-line Authorization Submission** in the column on the left under Authorization.



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

Available Provider IDs: 700

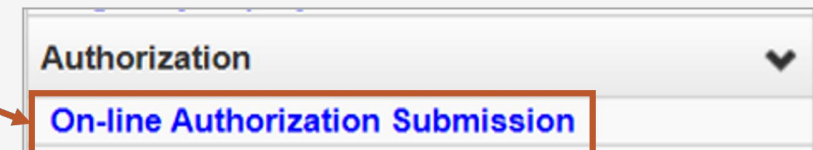
Go



Select a profile to use during this session:

EXT Provider Bills Submitter

Go



Authorization

On-line Authorization Submission

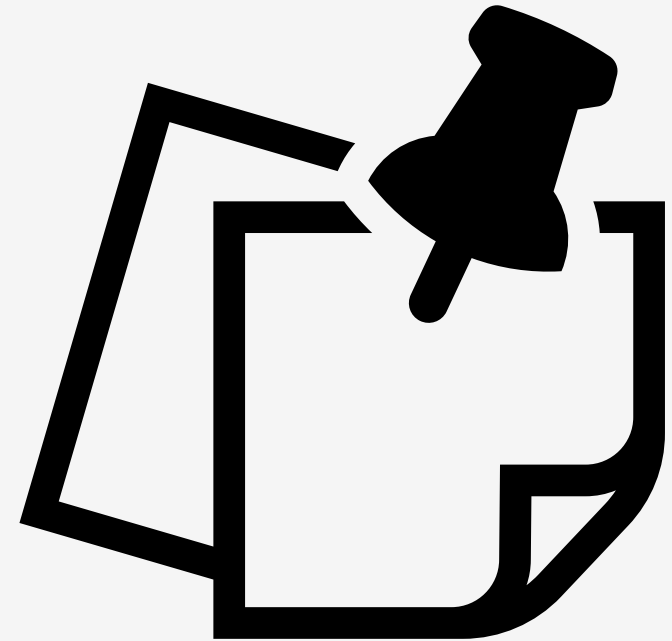
Durable Medical Equipment (DME)



DME Authorization - Note

Effective 06/24/2023, a separate DEEOIC DME supplies and accessories authorization is not required if:

- a rental authorization is approved for the related DME and service dates are within the rental period.
- a purchase authorization is approved for the related DME and service dates are within three (3) years of the purchase period.



Adding a New Request

1. To submit a new authorization request, select **Add New Request**.
2. From the **Program** drop-down list, select the program the claimant is enrolled under.
3. From the **Authorization Type** drop-down list, select the applicable authorization type.

The screenshot shows a web interface for adding a new authorization request. At the top, there are two buttons: 'Close' and 'Add New Request'. The 'Add New Request' button is highlighted with a red box and a blue circle containing the number '1'. Below the buttons is a section titled 'Authorization Request List'. Underneath this, there are two drop-down menus. The first is labeled 'Program:' and has a red box around it with a blue circle containing the number '2'. The second is labeled 'Authorization Type:' and has a red box around it with a blue circle containing the number '3'. The 'Authorization Type' menu is open, showing a list of options: '--SELECT--', 'Durable Medical Equipment', 'General Medical', 'Home Health Request', 'Medical Transportation', 'Rehabilitative Therapies', and 'Transplant'. The '--SELECT--' option is highlighted in blue.

Adding a New Request: DME

Requestor and Claimant Info

Note: The Requestor Information populates. A phone number can be added.

1. If applicable, in the **Phone Number** field, enter a phone number.
2. Enter the required (*) Claimant Information:
 - Claimant's Case ID
 - Date of Birth
 - First Name
 - Last Name

The screenshot displays a web form with two main sections: "Requestor Information" and "Claimant Information".

Requestor Information: This section contains a "Date Requested" field with the value "03/12/2020" and a calendar icon, a "Requested By" field with a blurred name, and a "Phone Number" field. A red box highlights the "Phone Number" field, and a blue circle with the number "1" is placed next to it.

Claimant Information: This section contains four required fields, each marked with an asterisk (*): "Claimant's Case ID", "Date of Birth" (with a calendar icon), "First Name", and "Last Name". A red box highlights all four fields, and a blue circle with the number "2" is placed to the left of the "Claimant's Case ID" field.

Adding a New Request: DME Provider Info

Note: Provider Information "OWCP Provider ID," "Tax ID," and "Name" auto-populates.

3. If applicable, in the **Fax Number** field, enter a fax number. This field is optional.

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

- If you select Yes, you must provide your relationship to the claimant in the corresponding field.
- If you select No, continue to the next step.

The screenshot shows a form titled "Provider Information" with the following fields and callouts:

- OWCP Provider ID:** A text input field with a blue callout circle '3' pointing to it.
- Name:** A text input field with a blue callout circle '3' pointing to it.
- Tax ID (SSN/FEIN):** A text input field with a blue callout circle '3' pointing to it.
- Fax Number:** A text input field with a blue callout circle '3' pointing to it.
- Providing care for a family member?:** A dropdown menu with a blue callout circle '4' pointing to it.
- If Yes, please provide relationship to the claimant:** A text input field with a blue callout circle '4' pointing to it.

Orange arrows point from a central point above the form to the OWCP Provider ID, Name, and Tax ID fields. A blue double-headed arrow connects the dropdown menu and the relationship field, with a blue callout circle '4' in the center.

DME: Service Line Information

Enter the Required Service Line Information

1. Enter up to four diagnosis (DX) codes in the **Diagnosis Codes** fields.

Note: Five service lines display.

2. Select **Add New Line** If additional lines are needed.
3. Enter the **From Date** and **To Date** for each line.
4. Select the alpha character from the **Diagnosis Pointer** field that represents the DX from the Diagnosis Codes field you want to point to.

Note: Only one is required, but you can select multiple.

5. Select the appropriate **Code Type** from the drop-down list.
6. Enter the applicable **Procedure Code** (HCPCS or CPT).

Note: Effective 08/05/23, an authorization cannot be submitted with the same procedure code on multiple lines even if the dates of service are not overlapping. A new authorization must be submitted for each service date tied to the same procedure code. To submit all details in one (1) authorization, combine dates, amount, and units. The Modifier cannot be combined.

The screenshot shows the 'Service Line Information' form. It includes a header with a menu icon and the title 'Service Line Information'. Below the header are four 'Diagnosis Codes' fields labeled A, B, C, and D. A table with five rows and several columns follows. The columns are: 'From Date', 'To Date', 'Diagnosis Pointer' (with sub-columns A, B, C, D), 'Code Type', 'Procedure Code', 'Units', 'Rental or Purchase Modifier', 'Cost', 'Duration', and 'Action'. A 'Remarks' field is located at the bottom. Numbered callouts (1-12) point to: 1. The title; 2. The 'Add New Line' button; 3. The 'From Date' and 'To Date' fields; 4. The 'Diagnosis Pointer' field; 5. The 'Code Type' drop-down; 6. The 'Procedure Code' field; 7. The 'Units' field; 8. The 'Rental or Purchase Modifier' field; 9. The 'Cost' field; 10. The 'Duration' field; 11. The 'Action' column; 12. The 'Remarks' field.

Note: Steps 8 through 12 are covered on the next slide.

DME: Service Line Information

Continued

Enter the Required Service Line Information

7. Enter the number of **Units** you are requesting.
8. Select from the **Rent or Purchase Modifier** drop-down list to identify the DME as a rental or a new or used purchase.

9. Enter the **Cost**.

Note: If for a rental, enter the total cost of the rental for the date range listed.

10. Enter the **Duration** (for example: 2 months).

Note: Required for rentals.

11. To remove a service line, under the **Action** column select the minus (-) icon.

12. Enter any additional notes or remarks in the **Remarks** field.

The screenshot shows the 'Service Line Information' form. It includes a header with a menu icon and the title 'Service Line Information'. Below the header are four 'Diagnosis Codes' input fields labeled A, B, C, and D. A table with five rows and several columns follows. The columns are: 'From Date', 'To Date', 'Diagnosis Pointer' (with sub-columns A, B, C, D), 'Code Type', 'Procedure Code', 'Units', 'Rental or Purchase Modifier', 'Cost', 'Duration', and 'Action'. The 'Action' column contains minus icons. Below the table is a 'Remarks' text area. Numbered callouts (1-12) point to: 1. Title; 2. 'Add New Line' button; 3. 'Diagnosis Codes' fields; 4. 'From Date' and 'To Date' fields; 5. 'Code Type' dropdown; 6. 'Procedure Code' field; 7. 'Units' field; 8. 'Rental or Purchase Modifier' dropdown; 9. 'Cost' field; 10. 'Duration' field; 11. 'Action' column; 12. 'Remarks' field.

Note: Steps 1 through 7 are covered on the previous slide.

Adding a New Request: DME

Saving the Authorization

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

Note: If any information entered is invalid or missing, an error message populates below the Close through Submit Authorization buttons (errors may vary). *All errors must be corrected and saved.*

Note: Your 9-digit authorization number populates in the **Auth Request Number** field.

Note: DME authorizations require a prescription from the attending physician and a treatment plan, which can be uploaded (supporting documentation).

14. Select **Upload/Retrieve Attachment** to upload supporting documentation. Refer to the next slide for further instruction on how to upload and save attachments.

Important! Authorizations cannot be submitted without an attachment.

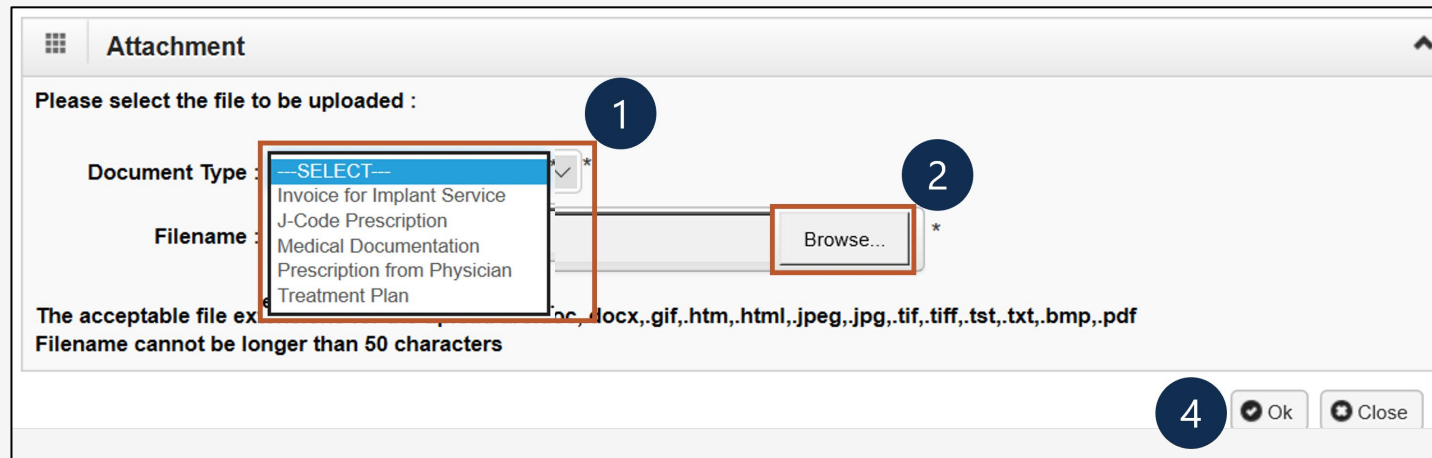
15. Once all attachments are uploaded, select **Submit Authorization**.

The screenshot shows a web form interface for adding a new request. At the top, there is a text input field labeled "Auth Request Number" with a blue circular callout "13" above it. Below this field are four buttons: "Close", "Upload/Retrieve Attachment" (with a blue circular callout "14" above it), "Save Authorization" (with a blue circular callout "13" above it), and "Submit Authorization" (with a blue circular callout "15" above it). Below the buttons, there is an "Errors:" section with a red circular callout "14" above it, displaying the message "CPT Code is not valid in Service Line # 1".

Adding a New Request: DME

Uploading a Document

1. Select the **Document Type** you want to upload from the drop-down list.
 2. Select **Browse**. The system displays the Open window.
 3. Locate and select the file from your local drive that you want to upload, then select **Open**. The system updates the Filename field.
- Note:** The guidelines for the attached document are present.
4. Once the attachment is uploaded, select **Ok** to return to the previous page to submit the authorization.



The screenshot shows a web form titled "Attachment". The form contains the following elements:

- A heading: "Please select the file to be uploaded :"
- A "Document Type" dropdown menu with a blue border and a checkmark icon. The dropdown is open, showing a list of options: "--SELECT--", "Invoice for Implant Service", "J-Code Prescription", "Medical Documentation", "Prescription from Physician", and "Treatment Plan". A blue circle with the number "1" is positioned above the dropdown.
- A "Filename" input field with a "Browse..." button to its right. A blue circle with the number "2" is positioned above the "Browse..." button.
- A text label: "The acceptable file extensions are doc, docx, gif, htm, html, jpeg, jpg, tif, tiff, tst, txt, bmp, pdf".
- A text label: "Filename cannot be longer than 50 characters".
- At the bottom right, there are "Ok" and "Close" buttons. A blue circle with the number "4" is positioned above the "Ok" button.

Adding a New Request: DME

Viewing Authorization Information

1. Select **Close** to return to the portal home page.
2. Select **Add New Request** to submit additional authorization requests.

Note: The system displays the Authorization information, which confirms your authorization was submitted.



	Auth Request # ▲▼	Claimant Case ID ▲▼	Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Level ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
			In Review	Durable Medical Equipment	03/01/2020	03/01/2020	2	DEEOIC	Initial Request	DDE

General Medical



Adding a New Request: General Medical

1. To submit a new authorization request, select **Add New Request**.
2. From the **Program** drop-down list, select the program the claimant is enrolled under.
3. From the **Authorization Type** drop-down list, select the applicable authorization type.

The screenshot shows a web interface for adding a new request. At the top left, there are two buttons: 'Close' and 'Add New Request'. The 'Add New Request' button is highlighted with a red box and a blue circle containing the number '1'. Below these buttons is a section titled 'Authorization Request List'. Underneath, there are two dropdown menus. The first is labeled 'Program:' and has a red box around it with a blue circle containing the number '2'. The second is labeled 'Authorization Type:' and has a red box around it with a blue circle containing the number '3'. The 'Authorization Type' dropdown is open, showing a list of options: '--SELECT--', 'Durable Medical Equipment', 'General Medical', 'Home Health Request', 'Medical Transportation', 'Rehabilitative Therapies', and 'Transplant'. The '--SELECT--' option is highlighted in blue.

Adding a New Request: General Medical Requestor and Claimant Info

Note: The Requestor Information populates. A phone number can be added.

1. If applicable, in the **Phone Number** field, enter a phone number.
2. Enter the required (*) Claimant Information:
 - Claimant's Case ID
 - Date of Birth
 - First Name
 - Last Name

The screenshot shows a web form with two main sections: "Requestor Information" and "Claimant Information".

Requestor Information:

- Date Requested: 03/12/2020
- Requested By: [Redacted]
- Phone Number: [Empty field]

Claimant Information:

- Claimant's Case ID: [Empty field]
- Date of Birth: [Empty field]
- First Name: [Empty field]
- Last Name: [Empty field]

Red boxes highlight the "Phone Number" field in the first section and the "Claimant's Case ID", "Date of Birth", "First Name", and "Last Name" fields in the second section. A blue circle with the number "1" is next to the "Phone Number" field, and a blue circle with the number "2" is next to the "Claimant's Case ID" field.

Adding a New Request: General Medical Provider Info

Note: Provider Information "OWCP Provider ID," "Tax ID," and "Name" auto-populates.

3. If applicable, in the **Fax Number** field, enter a fax number. This field is optional.

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

- If you select Yes, you must provide your relationship to the claimant in the corresponding field.
- If you select No, continue to the next step.

The screenshot shows a form titled "Provider Information" with the following fields and annotations:

- OWCP Provider ID:** A text input field with a blue arrow pointing to it from a central point above the form.
- Name:** A text input field with a blue arrow pointing to it from the same central point.
- Tax ID (SSN/FEIN):** A text input field with a blue arrow pointing to it from the same central point.
- Fax Number:** A text input field with a blue circle containing the number "3" next to it.
- Providing care for a family member?:** A dropdown menu with a blue circle containing the number "4" next to it. A blue arrow points from this circle to the dropdown.
- If Yes, please provide relationship to the claimant:** A text input field with a blue arrow pointing from the "4" circle to it.

General Medical: Service Line Information

Enter the Required Service Line Information

1. Enter up to four diagnosis (DX) codes in the **Diagnosis Codes** fields.
2. Select **Yes** or **No** from the **Is this an implant?** drop-down list.
 - If yes, enter the cost of the implant in the corresponding field.
 - If no, continue to the next step.

Note: An invoice is required for implant service.

3. Select the **Place of Service** where services are rendered.
 - Ambulatory Surgery Center
 - Home
 - Office
 - Outpatient

Note: Five service lines display.

4. Select **Add New Line**, if additional lines are needed.
5. Enter the **From Date** and **To Date** for each line.

The screenshot shows the 'Service Line Information' form. At the top, there are four 'Diagnosis Codes' fields (A, B, C, D) labeled 1. Below them is a dropdown menu for 'Is this an implant?' labeled 2, and a 'Cost of Implant' field. A 'Place of Service (Select one)' section includes radio buttons for Ambulatory Surgery Center (ASC), Home, Office, and Outpatient, labeled 3. A table with five rows is shown, with the first row highlighted. The table has columns for 'From Date', 'To Date', 'Diagnosis Pointer' (A, B, C, D), 'Code Type', 'Revenue Code/NDC', 'Procedure Code', 'Modifier', 'Units/Days Requested', and 'Action'. The 'Add New Line' button is labeled 4, and the first row of the table is labeled 5. A 'Remarks' field at the bottom is labeled 13.

	From Date	To Date	Diagnosis Pointer				Code Type	Revenue Code/NDC	Procedure Code	Modifier	Units/Days Requested	Action
			A	B	C	D						
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
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"/>						

Note: Steps 6 through 13 are covered on the next slides.

General Medical: Service Line Information Continued

Enter the Required Service Line Information

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

Note: You can select multiple, but one is required.

7. Select the **Code Type** from the drop-down list.
8. Enter the revenue code or procedure code in the **Revenue Code/NDC** field.

Note: Select the Revenue Code for Inpatient Room and Board Service or Outpatient Facility Services.

Note: Effective 08/05/23, a general medical authorization cannot be submitted with the same revenue code on multiple lines without a different procedure code or with no procedure code even if the dates of service are not overlapping. A new authorization for each service date tied to the same revenue code must be submitted. To submit all details in one (1) authorization, combine dates, amount, and units. Modifier cannot be combined.

The screenshot shows the 'Service Line Information' form with the following elements highlighted by numbered callouts:

- 1: Diagnosis Codes (A, B, C, D)
- 2: Is this an implant? (dropdown) and Cost of Implant (text field)
- 3: Place of Service (Select one) with radio buttons for Ambulatory Surgery Center (ASC), Home, Office, and Outpatient
- 4: Add New Line button
- 5: From Date and To Date fields
- 6: Diagnosis Pointer (A, B, C, D)
- 7: Code Type (dropdown)
- 8: Revenue Code/NDC (text field)
- 9: Procedure Code (text field)
- 10: Modifier (text field)
- 11: Units/Days Requested (text field)
- 12: Action (dropdown)
- 13: Remarks (text field)

	From Date		To Date		Diagnosis Pointer				Code Type	Revenue Code/NDC	Procedure Code	Modifier	Units/Days Requested	Action
	A	B	C	D	A	B	C	D						
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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="⊖"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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="⊖"/>

Note: Steps 1 through 5 are covered on the previous slide. Steps 9 through 13 are covered in the next slide

General Medical: Service Line Information Continued

Enter the Required Service Line Information

9. Enter the **Procedure Code** modifier.
10. Enter a body part **Modifier** (RT, LT, or 50).
Note: If the body part does not have a side, select 50.
11. Enter the number of **Units/Days Requested**.
12. To remove a service line, under the **Action** column select the minus (-) icon.
13. Enter any additional notes or remarks in the **Remarks** field.

The screenshot shows the 'Service Line Information' form with the following fields and controls highlighted by numbered callouts:

- 1: Diagnosis Codes (A, B, C, D)
- 2: Is this an implant? (dropdown) and Cost of Implant (text box)
- 3: Place of Service (Select one) with radio buttons for Ambulatory Surgery Center (ASC), Home, Office, and Outpatient
- 4: Add New Line button
- 5: From Date and To Date fields
- 6: Diagnosis Pointer (A, B, C, D) checkboxes
- 7: Code Type dropdown
- 8: Revenue Code/NDC text box
- 9: Procedure Code text box
- 10: Modifier text box
- 11: Units/Days Requested text box
- 12: Action column with minus (-) icon
- 13: Remarks text box

	From Date	To Date	6 Diagnosis Pointer				7 Code Type	8 Revenue Code/NDC	9 Procedure Code	10 Modifier	11 Units/Days Requested	12 Action
			A	B	C	D						
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
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"/>						

Note: Steps 1 through 8 are covered on the previous slides.

Adding a New Request: General Medical

Saving the Authorization

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

Note: If any information entered is invalid or missing, an error message populates below the Close through Submit Authorization buttons (errors may vary). *All errors must be corrected and saved.*

Note: Your 9-digit authorization number populates in the **Auth Request Number** field.

Note: Supporting documentation can be uploaded. General Medical authorizations documents supporting the need for the service as it relates to the accepted conditions, such as LMN, medical records, treatment plan, and so on. Refer to the next slide for further instruction on how to upload and save attachments.

15. Select **Upload/Retrieve Attachment** to upload supporting documentation. Refer to the next slide for further instruction on how to upload and save attachments.

Important! Authorizations cannot be submitted without an attachment.

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

The screenshot shows a web form interface. At the top, there is a text input field labeled "Auth Request Number" with a blue border and a blue circle containing the number 14 above it. Below this field is a row of four buttons: "Close" (with a close icon), "Upload/Retrieve Attachment" (with an upload icon and a blue circle containing the number 15 below it), "Save Authorization" (with a save icon and a blue circle containing the number 14 above it), and "Submit Authorization" (with a submit icon and a blue circle containing the number 16 above it). Below the buttons is a red error message that reads "Errors: CPT Code is not valid in Service Line # 1".

Adding a New Request: General Medical

Uploading a Document

1. Select the **Document Type** you want to upload from the drop-down list.
 2. Select **Browse**. The system displays the Open window.
 3. Locate and select the file from your local drive that you want to upload, then select **Open**. The system updates the Filename field.
- Note:** The guidelines for the attached document are present.
4. Once the attachment is uploaded, select **Ok** to return to the previous page to submit the authorization.

The screenshot shows a web form titled "Attachment". At the top, it says "Please select the file to be uploaded :". Below this, there are two main fields: "Document Type" and "Filename". The "Document Type" field has a dropdown menu open, showing options: "--SELECT--", "Invoice for Implant Service", "J-Code Prescription", "Medical Documentation", "Prescription from Physician", and "Treatment Plan". A blue circle with the number "1" is placed over the dropdown menu. The "Filename" field is empty, and a "Browse..." button is located to its right. A blue circle with the number "2" is placed over the "Browse..." button. Below the fields, there is a note: "The acceptable file extensions are doc, docx, gif, .htm, .html, .jpeg, .jpg, .tif, .tiff, .tst, .txt, .bmp, .pdf". Below this note, it says "Filename cannot be longer than 50 characters". At the bottom right of the form, there are two buttons: "Ok" and "Close". A blue circle with the number "4" is placed over the "Ok" button.

Adding a New Request: General Medical

Viewing Authorization Information

1. Select **Close** to return to the portal home page.
2. Select **Add New Request** to submit additional authorization requests.

Note: The system displays the Authorization information, which confirms your authorization was submitted.



	Auth Request # ▲▼	Claimant Case ID ▲▼	Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Level ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
			In Review	General Medical	03/01/2020	03/01/2020	2	DEEOIC	Initial Request	DDE

Home Health



Adding a New Request: Home Health

1. To submit a new authorization request, select **Add New Request**.
2. From the **Program** drop-down list, select the program the claimant is enrolled under.
3. From the **Authorization Type** drop-down list, select the applicable authorization type.

The screenshot shows a web interface for adding a new authorization request. At the top, there are two buttons: 'Close' and 'Add New Request'. The 'Add New Request' button is highlighted with a red box and a blue circle containing the number '1'. Below the buttons is a section titled 'Authorization Request List'. Underneath this, there are two drop-down menus. The first is labeled 'Program:' and has a red box around it with a blue circle containing the number '2'. The second is labeled 'Authorization Type:' and has a red box around it with a blue circle containing the number '3'. The 'Authorization Type' menu is open, showing a list of options: '--SELECT--', 'Durable Medical Equipment', 'General Medical', 'Home Health Request', 'Medical Transportation', 'Rehabilitative Therapies', and 'Transplant'. The '--SELECT--' option is highlighted in blue.

Adding a New Request: Home Health Requestor and Claimant Info

1. Select the applicable option:
 - Initial Request: New or first-time request
 - Re-Authorization: To request same level of care as the previous request
 - Amendment: To request different level of care
 - Correction: To update or correct erroneous data elements
2. For an initial request, enter the required (*) Requestor Information.
3. Enter the required (*) Claimant Information: Claimant's Case ID, Date of Birth, First Name, and Last Name.

The screenshot displays a web form with two main sections: "Requestor Information" and "Claimant Information".

Requestor Information (Section 2):

- Contains a radio button menu for selecting the request type: Initial Request, Re-Authorization, Amendment, and Correction. This menu is highlighted with a red box and labeled with a blue circle containing the number 1.
- Fields include: "Original Authorization Number (For Correction):" (text input), "Date Requested:" (calendar icon, value: 03/12/2020, asterisk), "Requested By:" (dropdown menu), and "Phone Number:" (text input).

Claimant Information (Section 3):

- Fields include: "Claimant's Case ID:" (text input, asterisk), "Date of Birth:" (calendar icon, asterisk), "First Name:" (text input, asterisk), and "Last Name:" (text input, asterisk). This entire section is highlighted with a red box and labeled with a blue circle containing the number 3.

Adding a New Request: Home Health Provider Info

Note: Provider information "OWCP Provider ID," "Tax ID," and "Name" auto-populates.

4. If applicable, enter **Fax Number**. This field is optional.
5. Select the **Providing care for a family member?** drop-down list to state whether you are providing care for a family member.
 - If you selected Yes, provide your relationship to the claimant in the corresponding field.
 - If you selected No, continue to the next step.

The screenshot shows a form titled "Provider Information" with the following fields and annotations:

- OWCP Provider ID:** A text input field with a blue arrow pointing to it from the top.
- Name:** A text input field containing "Total Body Care" with a blue arrow pointing to it from the top.
- Tax ID (SSN/FEIN):** A text input field with a blue arrow pointing to it from the top.
- Fax Number:** A text input field with a blue circle containing the number "4" next to it.
- Providing care for a family member?:** A dropdown menu with a blue circle containing the number "5" next to it.
- If Yes, please provide relationship to the claimant:** A text input field with a blue arrow pointing to it from the dropdown menu.

Home Health: Service Line Information

Enter the Required Service Line Information

1. Select the **Service Type** from the drop-down list.
2. Enter up to four diagnosis (DX) codes in the **Diagnosis Codes** fields.

Note: Five service lines display.

3. Select **Add New Line** if additional lines are needed.
4. Enter the **From Date** and **To Date** for each line.
5. Select the alpha character from the **Diagnosis Pointer** field that represents the DX from the Diagnosis Codes field you want to point to.

Note: You can select multiple, but one is required.

	From Date	To Date	Diagnosis Pointer				Procedure Code	Frequency	Duration	Total Units Requested	Action
			A	B	C	D					
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
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:

Procedure Codes

- S5126 - Attendant care services, per diem
- S9122 - Home health aide or certified nurse assistant in home, per hour
- S9123 - Nursing care in the home by registered nurse, per hour
- S9124 - Nursing care in the home by licensed practical nurse, per hour
- S9126 - Hospice care in the home, per diem
- T1001 - Nursing assessment/evaluation
- T1017 - Targeted case management
- T1019 - Personal care services, per 15 minutes
- T1020 - Personal care services, per diem
- T1030 - Nursing care in the home by registered nurse, per diem
- T1031 - Nursing care in the home by licensed practical nurse, per diem

Note: Steps 6 through 11 are covered on the next slide.

Home Health: Service Line Information

Continued

Enter the Required Service Line Information

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

Note: Effective 08/05/23, an authorization cannot be submitted with the same procedure code on multiple lines even if the dates of service are not overlapping. A new authorization must be submitted for each service date tied to the same procedure code. To submit all details in one (1) authorization, combine dates, amount, and units. The Modifier cannot be combined.

7. Enter the **Frequency** (number of times per week you will see the claimant).

8. Enter the **Duration** ((number of weeks you will see the claimant).

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

10. To remove a service line, under the **Action** column select the minus (-) icon.

11. Enter any additional notes or remarks in the **Remarks** field.

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

Remarks: [Field]

Procedure Codes Legend:

- S5126 - Attendant care services, per diem
- S9122 - Home health aide or certified nurse assistant in home, per hour
- S9123 - Nursing care in the home by registered nurse, per hour
- S9124 - Nursing care in the home by licensed practical nurse, per hour
- S9126 - Hospice care in the home, per diem
- T1001 - Nursing assessment/evaluation
- T1017 - Targeted case management
- T1019 - Personal care services, per 15 minutes
- T1020 - Personal care services, per diem
- T1030 - Nursing care in the home by registered nurse, per diem
- T1031 - Nursing care in the home by licensed practical nurse, per diem

Note: Steps 1 through 5 are covered on the previous slide.

Adding a New Request: Home Health

Saving the Authorization

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

Note: If any information entered is invalid or missing, an error message populates below the Close through Submit Authorization buttons (errors may vary). *All errors must be corrected and saved.*

Note: Your 9-digit authorization number populates in the **Auth Request Number** field.

13. Select **Upload/Retrieve Attachment** to upload supporting documentation. Refer to the next slide for further instruction on how to upload and save attachments.

Note: Supporting documentation can be uploaded. Home Health authorizations need an LMN, evidence of face-to-face exam, plan of care, and documents supporting the need of care is related to accepted conditions.

Important! Authorizations cannot be submitted without an attachment.

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

The screenshot shows a form with the following elements:

- Auth Request Number :** A text input field containing a 9-digit number, highlighted with a red box and labeled with a blue circle containing the number 12.
- Buttons:** Four buttons are visible: "Close", "Upload/Retrieve Attachment", "Save Authorization", and "Submit Authorization". The "Save Authorization" button is highlighted with a red box and labeled with a blue circle containing the number 12.
- Errors:** A red error message is displayed below the buttons: "CPT Code is not valid in Service Line # 1". The word "Errors:" is highlighted with a red box and labeled with a blue circle containing the number 13.
- Submit Button:** The "Submit Authorization" button is highlighted with a red box and labeled with a blue circle containing the number 14.

Adding a New Request: Home Health

Uploading a Document

1. Select the **Document Type** you want to upload from the drop-down list.
 2. Select **Browse**. The system displays the Open window.
 3. Locate and select the file from your local drive that you want to upload, then select **Open**. The system updates the Filename field.
- Note:** The guidelines for the attached document are present.
4. Once the attachment is uploaded, select **Ok** to return to the previous page to submit the authorization.

The screenshot shows a window titled "Attachment" with a header icon and a close button. The main content area contains the text "Please select the file to be uploaded :". Below this, there are two fields: "Document Type" and "Filename". The "Document Type" field has a dropdown menu open, showing options: "--SELECT--", "Invoice for Implant Service", "J-Code Prescription", "Medical Documentation", "Prescription from Physician", and "Treatment Plan". A red box highlights the dropdown menu, and a blue circle with the number "1" is placed above it. The "Filename" field is empty, and a "Browse..." button is located to its right. A red box highlights the "Browse..." button, and a blue circle with the number "2" is placed above it. Below the fields, there is a note: "The acceptable file ex... doc, docx, gif, .htm, .html, .jpeg, .jpg, .tif, .tiff, .tst, .txt, .bmp, .pdf" and "Filename cannot be longer than 50 characters". At the bottom right, there are two buttons: "Ok" and "Close". A blue circle with the number "4" is placed above the "Ok" button.


Adding a New Request: Home Health

Viewing Authorization Information

1. Select **Close** to return to the portal home page.
2. Select **Add New Request** to submit additional authorization requests.

Note: The system displays the Authorization information, which confirms your authorization was submitted.



	Auth Request # ▲▼	Claimant Case ID ▲▼	Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Level ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
			In Review	Home Health	03/01/2020	03/01/2020	2	DEEOIC	Initial Request	DDE

Medical Transportation



Adding a New Request: Medical Transportation

1. To submit a new authorization request, select **Add New Request**.
2. From the **Program** drop-down list, select the program the claimant is enrolled under.
3. From the **Authorization Type** drop-down list, select the applicable authorization type.

The screenshot shows a web interface for adding a new request. At the top, there are two buttons: 'Close' and 'Add New Request'. The 'Add New Request' button is highlighted with a red box and a blue circle containing the number '1'. Below this is a section titled 'Authorization Request List'. Underneath, there are two drop-down menus. The first is labeled 'Program:' and has a red box around it with a blue circle containing the number '2'. The second is labeled 'Authorization Type:' and has a red box around it with a blue circle containing the number '3'. The 'Authorization Type' menu is open, showing a list of options: '--SELECT--', 'Durable Medical Equipment', 'General Medical', 'Home Health Request', 'Medical Transportation', 'Rehabilitative Therapies', and 'Transplant'. The '--SELECT--' option is highlighted in blue.

Adding a New Request: Medical Transportation

Requestor and Claimant Info

Note: The Requestor Information populates. A phone number can be added.

1. If applicable, in the **Phone Number** field, enter a phone number.
2. Enter the required (*) Claimant Information:
 - Claimant's Case ID
 - Date of Birth
 - First Name
 - Last Name

The screenshot shows a web form with two main sections: "Requestor Information" and "Claimant Information".

Requestor Information:

- Date Requested: 03/12/2020
- Requested By: [Redacted]
- Phone Number: [Empty field]

Claimant Information:

- Claimant's Case ID: [Empty field]
- Date of Birth: [Empty field]
- First Name: [Empty field]
- Last Name: [Empty field]

Red boxes highlight the "Phone Number" field and the "Claimant Information" section. A blue circle with the number "1" is next to the "Phone Number" field, and a blue circle with the number "2" is next to the "Claimant Information" section.

Adding a New Request: Medical Transportation

Provider Info

Note: Provider Information "OWCP Provider ID," "Tax ID," and "Name" auto-populates.

3. If applicable, in the **Fax Number** field, enter a fax number. This field is optional.

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

- If you select Yes, you must provide your relationship to the claimant in the corresponding field.
- If you select No, continue to the next step.

The screenshot shows a form titled "Provider Information" with the following fields and annotations:

- OWCP Provider ID:** A text input field with a blue arrow pointing to it from a central point above the form.
- Name:** A text input field with a blue arrow pointing to it from the same central point.
- Tax ID (SSN/FEIN):** A text input field with a blue arrow pointing to it from the same central point.
- Fax Number:** A text input field with a blue circle containing the number "3" next to it.
- Providing care for a family member?:** A dropdown menu with a blue circle containing the number "4" next to it.
- If Yes, please provide relationship to the claimant:** A text input field with a blue arrow pointing to it from the "Providing care for a family member?" dropdown.

Medical Transportation: Service Line Information

Enter the Required Service Line Information

1. Select where the transportation begins from the **Transportation From** drop-down list.
2. Select the transportation destination from the **Transportation To** drop-down list.

Note: Five service lines display.

3. Select **Add New Line** if additional lines are needed.
4. Enter the **From Date** and **To Date** for each line.
5. Select the **Transportation Code**. (You can select multiple, but one is required).

Note: Effective 08/05/23, an authorization cannot be submitted with the same transportation code on multiple lines even if the dates of service are not overlapping. A new authorization must be submitted for each service date tied to the same transportation code. To submit all details in one authorization, combine dates, amount, and units. The Modifier cannot be combined.

6. Enter the **Estimated Total Charge**.
7. To remove a service line, under the **Action** column select the minus (-) icon.
8. Enter any additional notes or remarks in the **Remarks** field.

The screenshot shows a web form titled "Transportation Information". At the top, there are two dropdown menus: "Transportation From" (callout 1) and "Transportation To" (callout 2). Below these is an "Add New Line" button (callout 3). The main part of the form is a table with five rows. The columns are: "From Date" (callout 4), "To Date" (callout 4), "Transportation Code" (callout 5), "Estimated Total Charge" (callout 6), and "Action" (callout 7). Each row has a minus icon in the Action column. At the bottom of the form is a "Remarks" text area (callout 8).

Adding a New Request: Medical Transportation

Saving the Authorization

- Once all information is entered, scroll back to the top of the page and select **Save Authorization**.
Note: If any information entered is invalid or missing, an error message populates below the Close-Submit Authorization buttons (errors may vary). *All errors must be corrected and saved.*
Note: Your 9-digit authorization number populates in the **Auth Request Number** field.
- Select **Upload/Retrieve Attachment** to upload supporting documentation. Refer to the next slide for further instruction on how to upload and save attachments.
- Once all attachments are uploaded, select **Submit Authorization**.

The screenshot shows a web form with the following elements:

- A text input field labeled "Auth Request Number" with a blue circle "9" above it.
- Four buttons in a row: "Close", "Upload/Retrieve Attachment" (with a blue circle "10" above it), "Save Authorization", and "Submit Authorization" (with a blue circle "11" above it).
- Below the buttons, an error message in red text: "Errors: CPT Code is not valid in Service Line # 1".

Adding a New Request: Medical Transportation

Uploading a Document

1. Select the **Document Type** you want to upload from the drop-down list.
 2. Select **Browse**. The system displays the Open window.
 3. Locate and select the file from your local drive that you want to upload, then select **Open**. The system updates the Filename field.
- Note:** The guidelines for the attached document are present.
4. Once the attachment is uploaded, select **Ok** to return to the previous page to submit the authorization.

The screenshot shows a web form titled "Attachment". At the top, it says "Please select the file to be uploaded :". Below this, there are two main fields: "Document Type" and "Filename". The "Document Type" field has a dropdown menu open, showing options: "--SELECT--", "Invoice for Implant Service", "J-Code Prescription", "Medical Documentation", "Prescription from Physician", and "Treatment Plan". A blue circle with the number "1" is placed over the dropdown menu. The "Filename" field is empty, and a "Browse..." button is located to its right. A blue circle with the number "2" is placed over the "Browse..." button. At the bottom of the form, there are two buttons: "Ok" and "Close". A blue circle with the number "4" is placed over the "Ok" button. Below the "Filename" field, there is a note: "The acceptable file extensions are doc, docx, gif, .htm, .html, .jpeg, .jpg, .tif, .tiff, .tst, .txt, .bmp, .pdf" and "Filename cannot be longer than 50 characters".

Adding a New Request: Medical Transportation

Viewing Authorization Information

1. Select **Close** to return to the portal home page.
2. Select **Add New Request** to submit additional authorization requests.

Note: The system displays the Authorization information, which confirms your authorization was submitted.



	Auth Request # ▲▼	Claimant Case ID ▲▼	Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Level ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
			In Review	Medical Transportation	03/01/2020	03/01/2020	2	DEEOIC	Initial Request	DDE

Rehabilitative Therapies



Adding a New Request: Rehabilitative Therapies

1. To submit a new authorization request, select **Add New Request**.
2. From the **Program** drop-down list, select the program the claimant is enrolled under.
3. From the **Authorization Type** drop-down list, select the applicable authorization type.

The screenshot shows a web interface for adding a new authorization request. At the top left, there are two buttons: 'Close' and 'Add New Request'. The 'Add New Request' button is highlighted with a red box and a blue circle containing the number '1'. Below these buttons is a section titled 'Authorization Request List'. Underneath, there are two dropdown menus. The first is labeled 'Program:' and contains the text '---SELECT---'. It is highlighted with a red box and a blue circle containing the number '2'. The second is labeled 'Authorization Type:' and contains the text '---SELECT---'. It is highlighted with a red box and a blue circle containing the number '3'. The dropdown menu for 'Authorization Type:' is open, showing a list of options: 'Durable Medical Equipment', 'General Medical', 'Home Health Request', 'Medical Transportation', 'Rehabilitative Therapies', and 'Transplant'. The 'Rehabilitative Therapies' option is highlighted in blue.

Adding a New Request: Rehabilitative Therapies

Requestor and Claimant Info

1. Select the applicable option:
 - Initial Request: New or first-time request
 - Re-Authorization: To request same level of care as the previous request
 - Amendment: To request different level of care
 - Correction: To update or correct erroneous data elements
2. For an initial request, enter the required (*) Requestor Information.
3. Enter the required (*) Claimant Information: Claimant's Case ID, Date of Birth, First Name, and Last Name.

Requestor Information 2

1

Initial Request
 Re-Authorization
 Amendment
 Correction

Original Authorization Number (For Correction):

Date Requested: 03/12/2020 *

Requested By:

Phone Number:

Claimant Information

3

Claimant's Case ID: *

Date of Birth: *

First Name: *

Last Name: *

Adding a New Request: Rehabilitative Therapies

Provider Info

Note: Provider Information "OWCP Provider ID," "Tax ID," and "Name" auto-populates.

4. If applicable, in the **Fax Number** field, enter a fax number. This field is optional.
5. Select Yes or No from the **Providing care for a family member?** drop-down list.
 - If you select Yes, you must provide your relationship to the claimant in the corresponding field.
 - If you select No, continue to the next step.

The screenshot shows a form titled "Provider Information" with the following fields and annotations:

- OWCP Provider ID:** A text input field with a blue arrow pointing to it from a central point above the form.
- Name:** A text input field containing "Total Body Care" with a blue arrow pointing to it from the same central point.
- Tax ID (SSN/FEIN):** A text input field with a blue arrow pointing to it from the same central point.
- Fax Number:** A text input field with a blue circle containing the number "4" next to it.
- Providing care for a family member?:** A dropdown menu with a blue circle containing the number "5" next to it. A blue arrow points from this circle to the dropdown.
- If Yes, please provide relationship to the claimant:** A text input field with a blue arrow pointing from the "5" circle to it.

Rehabilitative Therapies: Service Line Information

Enter the Required Service Line Information

1. Select the **Place of Service** where services are rendered.
 - Ambulatory Surgery Center
 - Home
 - Office
 - Outpatient
2. Enter up to four diagnosis (DX) codes in the **Diagnosis Codes** fields.

Note: Five service lines display.

3. Select **Add New Line**, if additional lines are needed.
4. Enter the **From Date** and **To Date** for each line.
5. Select the alpha character from the **Diagnosis Pointer** field that represents the DX from the Diagnosis Codes field that you want to point to.
6. Select the **Code Type** from the drop-down list.

The screenshot shows the 'Therapy Plan Information' form. It includes a 'Place of Service (Select one)' dropdown menu with options: Home, Facility, Office, and Outpatient. Below this is a 'Diagnosis Codes' field with sub-fields A, B, C, and D. A table with five rows and columns for 'From Date', 'To Date', 'Diagnosis Pointer' (A, B, C, D), 'Code Type', 'Procedure Code', '# Of Units Per Procedure/Visit', 'Frequency', 'Duration', 'Total Units Requested', and 'Action' is visible. A 'Remarks' field is at the bottom. Numbered callouts (1-13) point to various elements: 1 to Place of Service, 2 to Diagnosis Codes, 3 to Add New Line, 4 to From/To Date, 5 to Diagnosis Pointer, 6 to Code Type, 7 to Procedure Code, 8 to # Of Units Per Procedure/Visit, 9 to Frequency, 10 to Duration, 11 to Total Units Requested, 12 to Action, and 13 to Remarks.

Note: Steps 7 through 13 are covered on the next slide.

Rehabilitative Therapies: Service Line Information

Continued

Enter the Required Service Line Information

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

Note: Effective 08/05/23, you will not be able to submit an authorization with the same procedure code on multiple lines even if the dates of service are not overlapping. Submit a new authorization for each service date tied to the same procedure code.

8. Enter the [number of] **# Of Units Per Procedure/Visit** (1 unit = 15 minutes).
9. Enter the **Frequency** (number of times per week you will see the claimant).
10. Enter **Duration** (number of weeks you will see the claimant).
11. Enter the **Total Units Requested** (Frequency x Duration = Total Units Requested).
12. To remove a service line, under the **Action** column select the minus (-) icon.
13. Enter any additional notes or remarks in the **Remarks** field.

The screenshot shows the 'Therapy Plan Information' form. It includes a 'Place of Service (Select one)' dropdown menu with options: Home, Facility, Office, and Outpatient. Below this is a 'Diagnosis Codes' field with sub-fields A, B, C, and D. A table with 5 rows and 13 columns is present. The columns are: From Date, To Date, Diagnosis Pointer (A, B, C, D), Code Type, Procedure Code, # Of Units Per Procedure/Visit, Frequency, Duration, Total Units Requested, and Action. A 'Remarks' field is located at the bottom of the form.

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

Note: Steps 1 through 6 are covered on the previous slide.

Adding a New Request: Rehabilitative Therapies

Saving the Authorization

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

Note: If any information entered is invalid or missing, an error message populates below the Close through Submit Authorization buttons (errors may vary). *All errors must be corrected and saved.*

Note: Your 9-digit authorization number populates in the **Auth Request Number** field.

15. Select **Upload/Retrieve Attachment** to upload supporting documentation. Refer to the next slide for further instruction on how to upload and save attachments.

Note: Supporting documentation can be uploaded. Rehab authorizations require a therapy evaluation, an LMN, evidence of face-to-face exam, and documents supporting the need of therapy is related to accepted conditions.

Important! Authorizations cannot be submitted without an attachment.

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

The screenshot shows a form interface with the following elements:

- Auth Request Number :** A text input field with a blue border and a blue circle containing the number 14 above it.
- Buttons:** A row of four buttons: "Close" (with a close icon), "Upload/Retrieve Attachment" (with an upload icon), "Save Authorization" (with a save icon and a blue circle containing the number 14 above it), and "Submit Authorization" (with a checkmark icon and a blue circle containing the number 16 above it).
- Error Message:** A red text box below the buttons containing the text "Errors: CPT Code is not valid in Service Line # 1". A blue circle containing the number 15 is positioned above the "Upload/Retrieve Attachment" button.

Adding a New Request: Rehabilitative Therapies

Uploading a Document

1. Select the **Document Type** you want to upload from the drop-down list.
 2. Select **Browse**. The system displays the Open window.
 3. Locate and select the file from your local drive that you want to upload, then select **Open**. The system updates the Filename field.
- Note:** The guidelines for the attached document are present.
4. Once the attachment is uploaded, select **Ok** to return to the previous page to submit the authorization.

The screenshot shows a web form titled "Attachment". At the top, it says "Please select the file to be uploaded :". Below this, there are two main fields: "Document Type" and "Filename". The "Document Type" field has a dropdown menu open, showing options: "--SELECT--", "Invoice for Implant Service", "J-Code Prescription", "Medical Documentation", "Prescription from Physician", and "Treatment Plan". A blue circle with the number "1" is placed over the dropdown menu. The "Filename" field is empty, and a "Browse..." button is located to its right. A blue circle with the number "2" is placed over the "Browse..." button. At the bottom of the form, there are two buttons: "Ok" and "Close". A blue circle with the number "4" is placed over the "Ok" button. Below the "Filename" field, there is a note: "The acceptable file extensions are doc, docx, gif, .htm, .html, .jpeg, .jpg, .tif, .tiff, .tst, .txt, .bmp, .pdf" and "Filename cannot be longer than 50 characters".

Adding a New Request: Rehabilitative Therapies

Viewing Authorization Information

1. Select **Close** to return to the portal home page.
2. Select **Add New Request** to submit additional authorization requests.

Note: The system displays the Authorization information, which confirms your authorization was submitted.



	Auth Request # ▲▼	Claimant Case ID ▲▼	Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Level ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
			In Review	Medical Transportation	03/01/2020	03/01/2020	2	DEEOIC	Initial Request	DDE

Transplant



Adding a New Request: Transplant

1. To submit a new authorization request, select **Add New Request**.
2. From the **Program** drop-down list, select the program the claimant is enrolled under.
3. From the **Authorization Type** drop-down list, select the applicable authorization type.

The screenshot shows a web interface for adding a new authorization request. At the top, there are two buttons: 'Close' and 'Add New Request'. The 'Add New Request' button is highlighted with a red box and a blue circle containing the number '1'. Below the buttons is a section titled 'Authorization Request List'. Underneath this, there are two drop-down menus. The first is labeled 'Program:' and has a red box around it with a blue circle containing the number '2'. The second is labeled 'Authorization Type:' and has a red box around it with a blue circle containing the number '3'. The 'Authorization Type' menu is open, showing a list of options: '--SELECT--', 'Durable Medical Equipment', 'General Medical', 'Home Health Request', 'Medical Transportation', 'Rehabilitative Therapies', and 'Transplant'. The '--SELECT--' option is highlighted in blue.

Adding a New Request: Transplant Requestor and Claimant Info

Note: The Requestor Information populates. A phone number can be added.

1. If applicable, in the **Phone Number** field, enter a phone number.
2. Enter the required (*) Claimant Information:
 - Claimant's Case ID
 - Date of Birth
 - First Name
 - Last Name

The screenshot shows a web form with two main sections: "Requestor Information" and "Claimant Information".

Requestor Information:

- Date Requested: 03/12/2020
- Requested By: [Redacted]
- Phone Number: [Empty field]

Claimant Information:

- Claimant's Case ID: [Empty field]
- Date of Birth: [Empty field]
- First Name: [Empty field]
- Last Name: [Empty field]

Red boxes highlight the "Phone Number" field in the first section and the "Claimant's Case ID", "Date of Birth", "First Name", and "Last Name" fields in the second section. A blue circle with the number "1" is next to the "Phone Number" field, and a blue circle with the number "2" is next to the "Claimant's Case ID" field.

Adding a New Request: Transplant Provider Info

Note: Provider Information "OWCP Provider ID," "Tax ID," and "Name" auto-populates.

1. Enter the **Treating Physician's** full name.
2. Enter the **Treating Physician Address**.

The screenshot shows a web form with two main sections: "Provider Information" and "Treating Physician Information".

Provider Information: This section contains four input fields: "OWCP Provider ID", "Name", "Tax ID (SSN/FEIN)", and "Fax Number". The "OWCP Provider ID", "Name", and "Tax ID (SSN/FEIN)" fields are pre-filled with placeholder text. Three orange arrows originate from a central point above the "Name" field and point to the "OWCP Provider ID", "Name", and "Tax ID (SSN/FEIN)" fields, indicating that these fields auto-populate.

Treating Physician Information: This section contains two input fields: "Treating Physician" and "Treating Physician Address". Both fields are marked with an asterisk (*). The "Treating Physician" field is highlighted with a red box and a blue circle containing the number "1". The "Treating Physician Address" field is highlighted with a red box and a blue circle containing the number "2".

Transplant: Service Line Information

Enter the Required Service Line Information

1. Enter up to four diagnosis (DX) codes in the **Diagnosis Codes** fields.

Note: Five service lines display.

2. Select **Add New Line**, if additional lines are needed.

3. Enter the **From Date** and **To Date** for each line.

Note: Steps 4 through 8 are covered on the next slide.

The screenshot shows the 'Service Line Information' form. It includes a header with a menu icon and the title 'Service Line Information'. Below the header is a 'Diagnosis Codes' section with four input fields labeled A, B, C, and D. A red box highlights this section with callout 1. Below the diagnosis codes is an 'Add New Line' button with a plus icon, highlighted with callout 2. The main table has five rows, each with a line number (1-5) in the first column. The table columns are: 'From Date' and 'To Date' (with callout 3), 'Diagnosis Pointer' (with sub-columns A, B, C, D and callout 4), 'Code Type' (with callout 5), 'Procedure Code' (with callout 6), and 'Action' (with callout 7). Each row contains input fields for dates, checkboxes for diagnosis pointers, a dropdown for code type, and a text field for procedure code. At the bottom of the form is a 'Remarks' text area, highlighted with callout 8.

Transplant: Service Line Information

Continued

Enter the Required Service Line Information

4. Select the alpha character from the **Diagnosis Pointer** field that represents the DX from the Diagnosis Codes field that you want to point to.

Note: You can select multiple, but one (1) is required.

5. Select the **Code Type** from the drop-down list.
6. Enter the applicable **Procedure Code** (HCPCS or CPT).

Note: Effective 08/05/23, an authorization cannot be submitted with the same procedure code on multiple lines even if the dates of service are not overlapping. A new authorization must be submitted for each service date tied to the same procedure code. To submit all details in one (1) authorization, combine dates, amount, and units. The Modifier cannot be combined.

5. To remove a service line, under the **Action** column select the minus (-) icon.
6. Enter any additional notes or remarks in the **Remarks** field.

The screenshot shows the 'Service Line Information' form. It includes a header with 'Diagnosis Codes' (A, B, C, D) and an 'Add New Line' button. Below is a table with columns for 'From Date', 'To Date', 'Diagnosis Pointer' (A, B, C, D), 'Code Type', 'Procedure Code', and 'Action'. A 'Remarks' field is located at the bottom. Numbered callouts (1-8) point to: 1. Diagnosis Codes field; 2. Add New Line button; 3. To Date field; 4. Diagnosis Pointer field; 5. Code Type dropdown; 6. Procedure Code field; 7. Action column; 8. Remarks field.

Note: Steps 1 through 3 are covered on the previous slide.

Adding a New Request: Transplant

Transplant Info and Supporting Documents

1. Enter the **Transplant Facility** name.
2. Enter the **Transplant Type**.
3. Enter the **Transplant Facility Address**.
4. Enter **Transplant Facility Phone** number.
5. In the **Organ Transplant Coordinator Name** field, enter name of person coordinating the organ transplant.
6. Enter coordinator's **Phone Number**.

The screenshot shows a form titled "Transplant Information" with six input fields, each highlighted with a red box and a blue circle containing a number from 1 to 6. The fields are: 1. Transplant Facility, 2. Transplant Type, 3. Transplant Facility Address, 4. Transplant Facility Phone, 5. Organ Transplant Coordinator Name, and 6. Phone Number.

Note: All supporting documents must be attached.

The screenshot shows a section titled "Supporting Documents" with a warning message: "All supporting documents must be attached to the request. Failure to include supporting documentation may result in a delay in processing or denial. See instructions for required documents. Please ensure to include claimant's case ID on each page." Below the warning is a list of required documentation items, each with an unchecked checkbox:

- Letter of medical necessity from the treating physician describing the need for the transplant being requested.
- Initial and recent clinical evaluation (i.e., diagnostic studies and laboratory tests)
- A copy of the treatment protocol

Adding a New Request: Transplant

Saving the Authorization

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

Note: If any information entered is invalid or missing, an error message populates below the Close through Submit Authorization buttons (errors may vary). *All errors must be corrected and saved.*

Note: Your 9-digit authorization number populates in the **Auth Request Number** field.

8. Select **Upload/Retrieve Attachment** to upload supporting documentation. Refer to the next slide for further instruction on how to upload and save attachments.

Important! Authorizations cannot be submitted without an attachment.

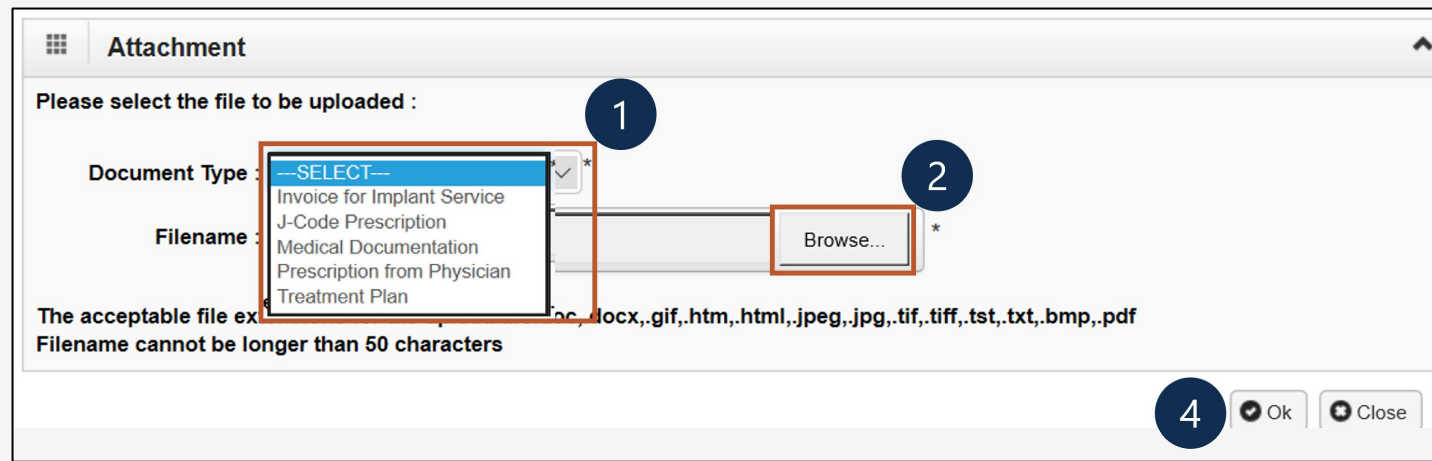
9. Once all attachments are uploaded, select **Submit Authorization**.

The screenshot shows a web form interface. At the top, there is a text input field labeled 'Auth Request Number :'. Below this field are four buttons: 'Close', 'Upload/Retrieve Attachment', 'Save Authorization', and 'Submit Authorization'. Below the buttons, there is an error message in red text: 'Errors: CPT Code is not valid in Service Line # 1'. The form is annotated with numbered circles: a circle with '7' is above the 'Auth Request Number' field; a circle with '8' is above the 'Upload/Retrieve Attachment' button; and a circle with '9' is above the 'Submit Authorization' button.

Adding a New Request: Transplant

Uploading a Document

1. Select the **Document Type** you want to upload from the drop-down list.
 2. Select **Browse**. The system displays the Open window.
 3. Locate and select the file from your local drive that you want to upload, then select **Open**. The system updates the Filename field.
- Note:** The guidelines for the attached document are present.
4. Once the attachment is uploaded, select **Ok** to return to the previous page to submit the authorization.



The screenshot shows a web form titled "Attachment" with the instruction "Please select the file to be uploaded :". The form contains two main fields: "Document Type" and "Filename". The "Document Type" dropdown menu is open, showing options: "--SELECT--", "Invoice for Implant Service", "J-Code Prescription", "Medical Documentation", "Prescription from Physician", and "Treatment Plan". A blue circle with the number "1" is placed over the dropdown menu. The "Browse..." button is highlighted with a red box, and a blue circle with the number "2" is placed over it. Below the fields, there is a note: "The acceptable file extensions are doc, docx, gif, .htm, .html, .jpeg, .jpg, .tif, .tiff, .tst, .txt, .bmp, .pdf" and "Filename cannot be longer than 50 characters". At the bottom right, there are "Ok" and "Close" buttons, with a blue circle containing the number "4" placed over the "Ok" button.




Adding a New Request: Transplant

Viewing Authorization Information

1. Select **Close** to return to the portal home page.
2. Select **Add New Request** to submit additional authorization requests.

Note: The system displays the Authorization information, which confirms your authorization was submitted.



	Auth Request # ▲▼	Claimant Case ID ▲▼	Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Level ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
			In Review	Surgical Package	03/01/2020	03/01/2020	2	DEEOIC	Initial Request	DDE

Checking Authorization Status & Quick Tips



Checking Authorization Status

1. Select the notepad and pencil icon to open the dialogue box to show authorization details.

Once you submit your authorization request, the status of your authorization populates under the Authorization Request List, including the following information:

- **Auth Request #:** Authorization Request Number
- **Claimant Case ID:** Claimant Case ID Number
- **Status:** Authorization Status
 - *Entering:* Started authorization, but did not submit
 - *In Review:* Authorization submitted
 - *Processed – Awaiting Decision:* Authorization is in review by DOL
 - *Approved:* Authorization was approved
 - *Denied:* Authorization was not approved
 - *Cancelled:* Services are no longer needed
 - *Pending Further Development:* Additional information is needed, or medical development is required before a determination can be made

Auth Request #	Claimant Case ID	Status	Auth Type	Last Updated	Submitted Date	Level	Program	Auth Request Type	Source
		In Review	Surgical Package	03/08/2020		3	DFEC	Initial Request	DDE
		In Review	Physical Therapy/Occupational Therapy	03/08/2020		2	DFEC	Initial Request	DDE
		In Review	General Medical	03/08/2020		3	DFEC	Initial Request	DDE

Note: Step 2 and the remaining fields under Authorization Request List are covered on the next slide.

Checking Authorization Status Continued

Once you submit your authorization request, the status of your authorization populates under the Authorization Request List, including the following information:

- **Auth Type:** Authorization Type
 - **Last Updated:** Last Time the Authorization was Updated
 - **Submitted Date:** Date the Authorization was Submitted
 - **Level:** Authorization Level
 - **Program:** OWCP Program the Claimant is Under
 - **Auth Request Type:** Authorization Request Type
 - **Source:** How the Authorization was Submitted
2. Select **Close** to return to the portal home page.

Auth Request #	Claimant Case ID	Status	Auth Type	Last Updated	Submitted Date	Level	Program	Auth Request Type	Source
		In Review	Surgical Package	03/08/2020		3	DFEC	Initial Request	DDE
		In Review	Physical Therapy/Occupational Therapy	03/08/2020		2	DFEC	Initial Request	DDE
		In Review	General Medical	03/08/2020		3	DFEC	Initial Request	DDE

Note: Step 1 and the previous fields under Authorization Request List are covered on the previous slide.

Note: To view status of DEEOIC Home Health Requests, use filter by Authorization Type and search for Home Health Requests.

Authorization Quick Tips

Authorization Quick Tips:

- Check Claimant Eligibility to see if an authorization is required.
- Submit an authorization before submitting a bill.
 - Check the authorization status.
 - Submit a bill once the authorization is in an “approved” status.
- Authorization does not guarantee payment.
- Allow two (2) business days for Authorization Process. If authorization is a Level three (3) or emergency, it takes one (1) business day to process.
- Authorizations can also be faxed to 800.882.6147 or mailed to P.O. Box 8304, London, KY 40742-8304.
- Travel Authorizations *must be submitted via fax or mail only.*

THANK YOU!

