

DFEC Authorization



Introduction

The WCMBP System allows providers to submit authorization requests via Direct Data Entry (DDE) - on line submission. This tutorial provides instructions for providers to submit requests via the DDE process for:

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

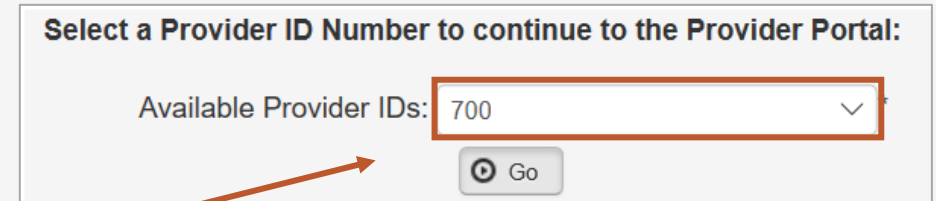
The tutorial will also provide instructions on how providers can check the status of submitted authorization requests.



Accessing Authorizations in the WCMBP System

How it works:

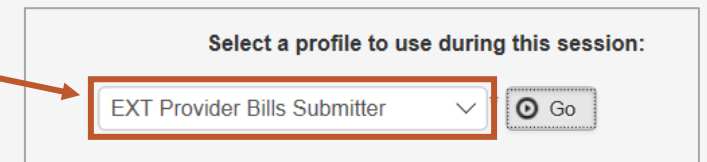
- 1 Log in to the WCMBP System. The system will display the default "Select a provider ID Number" page. Select the appropriate profile "Ext Provider Bills Submitter" from the drop-down.
- 2 Click on the "On-line Authorization Submission" tab in the column on the left, under Authorization.



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

Adding a New Request

1 To submit a new authorization request, click the "Add New Request" button.

2 Select the DFEC program from the "Program" drop-down.

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

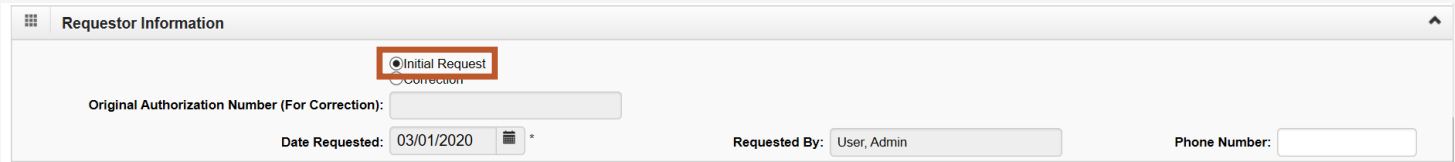
- SELECT---
- Durable Medical Equipment
- General Medical
- Home Health
- Physical Therapy/Occupational Therapy
- Surgical Package
- Unspecified J-Code

Durable Medical Equipment (DME)

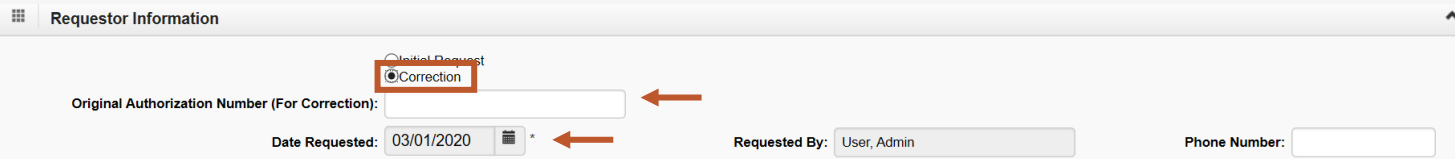


Adding a New Request: DME

1 Enter the required (*) Requestor Information for an "Initial Request".



The screenshot shows the 'Requestor Information' form. The 'Initial Request' radio button is selected and highlighted with a red box. The 'Original Authorization Number (For Correction)' field is empty. The 'Date Requested' is set to 03/01/2020. The 'Requested By' is 'User, Admin' and the 'Phone Number' field is empty.



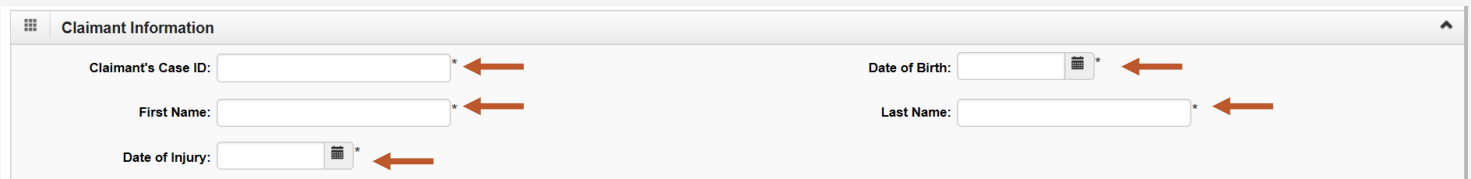
The screenshot shows the 'Requestor Information' form. The 'Correction' radio button is selected and highlighted with a red box. The 'Original Authorization Number (For Correction)' field is empty and has a red arrow pointing to it. The 'Date Requested' is set to 03/01/2020 and has a red arrow pointing to it. The 'Requested By' is 'User, Admin' and the 'Phone Number' field is empty.

2 Enter the required (*) Requestor Information for a "Correction" request to an existing authorization number.

Note: The original authorization number is required.

3 Enter the required (*) Claimant Information.

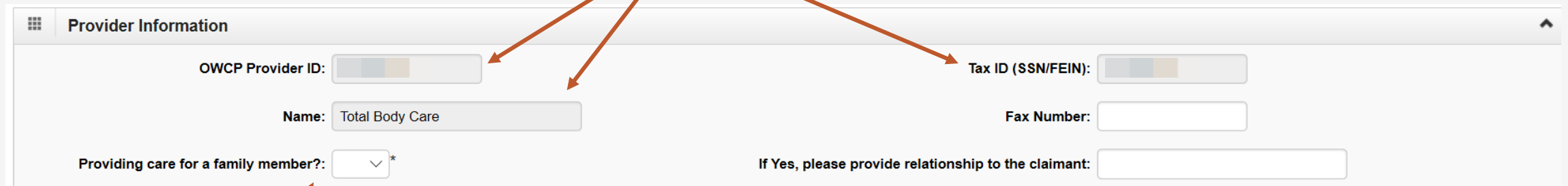
Claimant Case ID, Date of Birth (DOB), First/Last Name, and Date of Injury(DOI).



The screenshot shows the 'Claimant Information' form. Red arrows point to the required fields: 'Claimant's Case ID', 'Date of Birth', 'First Name', 'Last Name', and 'Date of Injury'. The 'Date of Birth' field is set to 03/01/2020.

Adding a New Request: DME

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



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

- OWCP Provider ID: [Auto-filled]
- Name: Total Body Care
- Tax ID (SSN/FEIN): [Auto-filled]
- Fax Number: [Empty]
- Providing care for a family member?: [Dropdown menu]
- If Yes, please provide relationship to the claimant: [Empty]

Three orange arrows point from the text in step 1 to the OWCP Provider ID, Name, and Tax ID (SSN/FEIN) fields. A fourth orange arrow points from the text in step 2 to the "Providing care for a family member?" dropdown menu. A fifth orange arrow points from the text in step 3 to the "If Yes, please provide relationship to the claimant:" text input field.

- 2 Select from the drop-down to state if you are providing care for a family member.

- 3 If yes in step 2, you must provide your relationship to the claimant.

Note: Entering Fax # is optional.

Adding a New Request: DME

Enter the Required Service Line Information

1. Enter Specific Body Part to be treated.
2. Enter up to four Diagnosis (DX) Codes.
3. Five Service Lines are displayed.

Note: Click "Add New Line" if additional lines are needed.

4. Enter From-To Date.

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

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

The screenshot shows the 'Service Line Information' form. At the top, there are input fields for 'Specific Body Part to be treated:' (1), 'Diagnosis Codes: A:' (2), 'B:', 'C:', and 'D:'. Below these is an 'Add New Line' button (3). The main table has columns: 'From Date' (4), 'To Date', 'Diagnosis Pointer' (5) with sub-columns A, B, C, D, 'Code Type' (6), 'Procedure Code' (7), 'Body Part Modifier' (8), 'Units' (9), 'Rental or Purchase Modifier' (10), 'Cost' (11), 'Duration' (12), and 'Action' (13). The table contains five rows. At the bottom, there is a 'Remarks:' field (14).

*6-14 are covered on the next two slides.

Adding a New Request: DME

Enter the Required Service Line Information – Continued.

6. Select the Code Type from the drop-down.
7. Enter the Procedure Code (HCPCS or CPT).
8. A Body Part Modifier is required (RT, LT or 50).

Note: If the body part does not have a side, select 50.

9. Enter the number of units you are requesting.

10. You must identify if the DME is a rental or purchased new/used.

The screenshot shows the 'Service Line Information' form with the following fields and callouts:

- 1: Specific Body Part to be treated: *
- 2: Diagnosis Codes: A: * B: * C: * D: *
- 3: Add New Line button
- 4: From Date
- 5: To Date
- 6: Code Type
- 7: Procedure Code
- 8: Body Part Modifier
- 9: Units
- 10: Rental or Purchase Modifier
- 11: Cost
- 12: Duration
- 13: Action
- 14: Remarks:

	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											
2											
3											
4											
5											

*11-14 are covered on the next slide.

Adding a New Request: DME


Enter the Required Service Line Information – Continued.

11. Enter the cost.

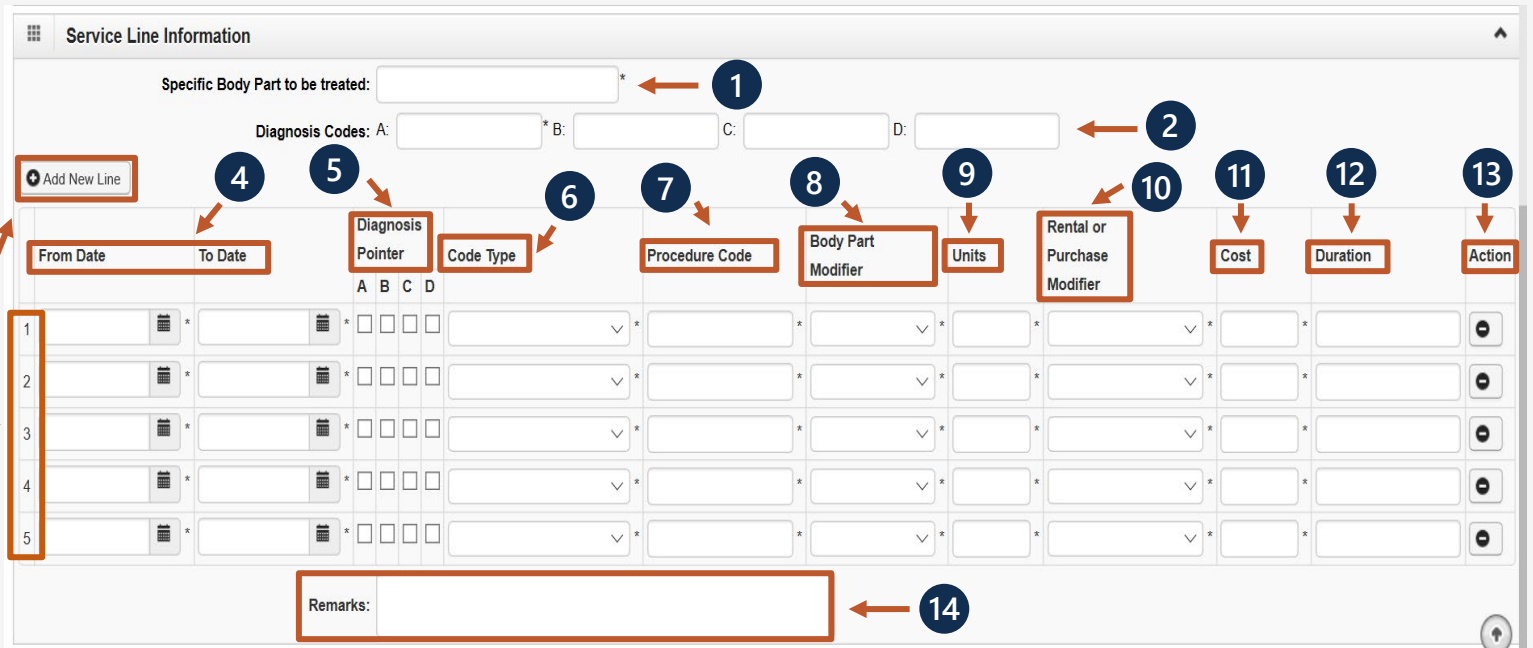
Note: If a rental, enter the total cost of the rental for the date range listed.

12. Enter the duration (Ex. 2 months).

Note: Required for Rentals.






13. If you want to remove a service line, select  under Action.

14. If adding any additional notes or remarks, please type them in the Remarks field.



The screenshot shows the 'Service Line Information' form with the following fields and callouts:

- 1: Specific Body Part to be treated: *
- 2: Diagnosis Codes: A: * B: * C: * D: *
- 3: Add New Line button
- 4: From Date
- 5: To Date
- 6: Diagnosis Pointer (A B C D)
- 7: Code Type
- 8: Procedure Code
- 9: Body Part Modifier
- 10: Units
- 11: Rental or Purchase Modifier
- 12: Cost
- 13: Duration
- 14: Remarks

	From Date	To Date	Diagnosis Pointer	Code Type	Procedure Code	Body Part Modifier	Units	Rental or Purchase Modifier	Cost	Duration	Action
1			A B C D								
2			A B C D								
3			A B C D								
4			A B C D								
5			A B C D								

Adding a New Request: DME

1 Once all information is entered, you must scroll back to the top of the page and click "Save Authorization".

Note: If any information keyed in is invalid or missing, an error message will populate below the Close-Submit Authorization buttons (errors may vary). Correct the error and click "Save Authorization".

2 Your 9-digit authorization number will populate.

3 DME authorizations require a prescription from the attending physician and a treatment plan. This supporting documentation can be uploaded. Please refer to the next slide for the "Upload" dialogue box explanation.

Note: Authorizations cannot be submitted without an attachment.

Auth Request Number : 10

Close Upload/Retrieve Attachment Save Authorization Submit Authorization

Errors:
CPT Code is not valid in Service Line # 1

4 Once the attachments are uploaded, click "Submit Authorization".

Adding a New Request: DME

1 Select the "Document Type" you want to upload from the drop-down.

Attachment

Please select the file to be uploaded :

Document Type : --SELECT-- *

Filename : Browse... *

The acceptable file extensions for the upload are .doc, .docx, .gif, .htm, .html, .jpeg, .jpg, .tif, .tiff, .tst, .txt, .bmp, .pdf
Filename cannot be longer than 50 characters

Ok Close

2 Click the "Browse" button. The system will display the Open window. Locate and select the file from your local drive that you need to upload and click the "Open" button. The system will update the "File Name" field.

Note: The guidelines for the attached document are present.


3 Once the attachment is uploaded, Click "Ok" to return to the previous page to Submit Authorization.

Adding a New Request: DME

2 Click "Close" to return to the Portal home page.

Close Add New Request

Note: Click "Add New Request" to submit additional authorization requests.

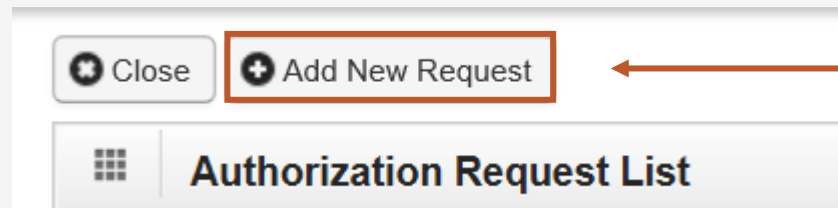
	Auth Request # ▲▼	Claimant Case ID ▲▼	Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Level ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
			In Review	Durable Medical Equipment	03/01/2020	03/01/2020	2	DFEC	Initial Request	DDE

1 The system displays the Authorization information which confirms your authorization was submitted.

General Medical



Adding a New Request: General Medical



The screenshot shows a web interface with a 'Close' button and an 'Add New Request' button. The 'Add New Request' button is highlighted with a red border and an arrow pointing to it from the first instruction. Below the buttons is a header for 'Authorization Request List'.

1 To submit a new authorization request, click the "Add New Request" button.



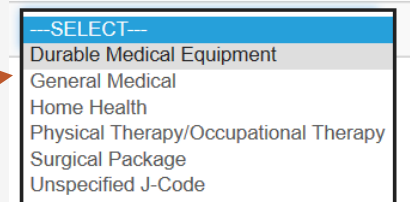
The screenshot shows a 'Program' drop-down menu with the text '--SELECT--' and a downward arrow. An arrow points from the second instruction to this menu.

2 Select the DFEC program from the "Program" drop-down.



The screenshot shows an 'Authorization Type' drop-down menu with a downward arrow and an asterisk. An arrow points from the third instruction to this menu.

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



The screenshot shows the expanded 'Authorization Type' drop-down menu with the following options: --SELECT--, Durable Medical Equipment, General Medical, Home Health, Physical Therapy/Occupational Therapy, Surgical Package, and Unspecified J-Code. An arrow points from the third instruction to this menu.

General Medical – Requestor and Claimant Information

1 Enter the required (*) Requestor Information for an “Initial Request”.

The screenshot shows the 'Requestor Information' form. At the top, there are two radio buttons: 'Initial Request' (which is selected and highlighted with a red box) and 'Correction'. Below this, there is a text input field for 'Original Authorization Number (For Correction):'. To the right of this field is a 'Date Requested:' field with the value '03/01/2020' and a calendar icon. Further right is a 'Requested By:' dropdown menu with 'User, Admin' selected. On the far right is a 'Phone Number:' text input field.

The screenshot shows the 'Requestor Information' form. At the top, there are two radio buttons: 'Initial Request' and 'Correction' (which is selected and highlighted with a red box). Below this, there is a text input field for 'Original Authorization Number (For Correction):' with a red arrow pointing to it. To the right of this field is a 'Date Requested:' field with the value '03/01/2020' and a calendar icon, also with a red arrow pointing to it. Further right is a 'Requested By:' dropdown menu with 'User, Admin' selected. On the far right is a 'Phone Number:' text input field.

2 Enter the required (*) Requestor Information for a “Correction” request to an existing authorization number.

Note: The original authorization number is required.

3 Enter the required (*) Claimant Information.

Claimant Case ID, Date of Birth (DOB) , First/Last Name and Date of Injury(DOI).

The screenshot shows the 'Claimant Information' form. It contains several text input fields, each with a red arrow pointing to it: 'Claimant's Case ID:', 'Date of Birth:', 'First Name:', 'Last Name:', and 'Date of Injury:'. The 'Date of Birth:' and 'Date of Injury:' fields include a calendar icon.

General Medical – Provider Information

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

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

- OWCP Provider ID: [Auto-filled]
- Name: Total Body Care
- Tax ID (SSN/FEIN): [Auto-filled]
- Fax Number: [Empty]
- Providing care for a family member?: [Dropdown menu]
- If Yes, please provide relationship to the claimant: [Text input field]

Three orange arrows point from the text in step 1 to the OWCP Provider ID, Name, and Tax ID (SSN/FEIN) fields. A fourth orange arrow points from the text in step 2 to the "Providing care for a family member?" dropdown menu. A fifth orange arrow points from the text in step 3 to the "If Yes, please provide relationship to the claimant:" text input field.

- 2 Select from the drop-down to state if you are providing care for a family member.

- 3 If yes in step 2, you must provide your relationship to the claimant.

Note: Entering Fax # is optional.

General Medical – Service Line Information

Enter the Required Service Line Information

1. Enter Specific Body Part to be treated.

2. Is this a 2nd surgery on the same body part (Select “Yes” or “No” from the drop-down).

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

4. If this request is for an implant, enter the cost of the implant.

Note: An invoice is required for implant service.

5. Up to five Service Lines will display.

Note: Click “Add New Line” if additional lines are needed.

The screenshot shows the 'Service Line Information' form. At the top, there are fields for 'Specific Body Part to be treated:' (1), 'Is this a second surgery on the same body part?:' (2), and 'Diagnosis Codes: A:' (3), 'B:', 'C:', and 'D:'. Below these is 'Is this an implant?:' (4) and 'Cost of Implant:' (12). A table with 5 rows and columns for 'From Date', 'To Date', 'Diagnosis Pointer' (A, B, C, D), 'Code Type', 'Revenue Code', 'Procedure Code', 'Modifier', 'Body Part Modifier', 'Units/Days Requested', and 'Action' is shown. A table with 5 rows and 10 columns is also visible. At the bottom, there is a 'Remarks:' field (14). A red box highlights the 'Add New Line' button (5).

	From Date	To Date	Diagnosis Pointer	Code Type	Revenue Code	Procedure Code	Modifier	Body Part Modifier	Units/Days Requested	Action
			A	B	C	D				
1										
2										
3										
4										
5										

*6-14 are covered on the next two slides.

General Medical – Service Line Information

Enter the Required Service Line Information – Continued

6. Enter From-To Date.

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

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

8. Select the Code Type from the drop-down.

9. Enter the Code (Revenue Code or Procedure Code).

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

The screenshot shows the 'Service Line Information' form with the following fields and callouts:

- 1: Specific Body Part to be treated: *
- 2: Is this a second surgery on the same body part?: *
- 3: Diagnosis Codes: A: * B: * C: * D: *
- 4: Is this an implant?: *
- 5: Add New Line button
- 6: From Date and To Date fields
- 7: Diagnosis Pointer (A, B, C, D)
- 8: Code Type (drop-down)
- 9: Revenue Code (drop-down)
- 10: Procedure Code (drop-down)
- 11: Modifier (drop-down)
- 12: Body Part Modifier (drop-down)
- 13: Units/Days Requested (drop-down)
- 14: Remarks: text area

	From Date	To Date	Diagnosis Pointer				Code Type	Revenue Code	Procedure Code	Modifier	Body Part Modifier	Units/Days Requested	Action
			A	B	C	D							
1													
2													
3													
4													
5													

*10-14 are covered on the next slide.

19

CNSI

General Medical – Service Line Information

Enter the Required Service Line Information – Continued

10. Enter procedure code Modifier.

11. A Body Part Modifier is required (RT, LT or 50)

Note: If the body part does not have a side, select 50.

12. Enter the number of units or days you are requesting.

13. If you want to remove a service line, select under Action.

14. If adding any additional notes or remarks, please type them in the Remarks field.

The screenshot shows the 'Service Line Information' form with the following fields and controls:

- 1: Specific Body Part to be treated: *
- 2: Is this a second surgery on the same body part?: *
- 3: Diagnosis Codes: A: * B: * C: * D: *
- 4: Is this an implant?: * Cost of Implant: *
- 5: Add New Line button
- 6: From Date
- 7: To Date
- 8: Diagnosis Pointer (A, B, C, D)
- 9: Code Type
- 10: Revenue Code
- 11: Procedure Code
- 12: Modifier
- 13: Body Part Modifier
- 14: Units/Days Requested
- 15: Action (radio buttons)
- 16: Remarks: *

	From Date	To Date	Diagnosis Pointer				Code Type	Revenue Code	Procedure Code	Modifier	Body Part Modifier	Units/Days Requested	Action
			A	B	C	D							
1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	
2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	
3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	
4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	
5	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	

General Medical- Save Authorization

1 Once all information is entered, you must scroll back to the top of the page and click "Save Authorization".

Note: If any information keyed in is invalid or missing, an error message will populate below the Close-Submit Authorization buttons (errors may vary). Correct the error and click "Save Authorization".

2 Your 9-digit authorization number will populate.

3 General Medical authorizations require a manufacture invoice for implants. This supporting documentation can be uploaded. Please refer to the next slide for the "Upload" dialogue box explanation.

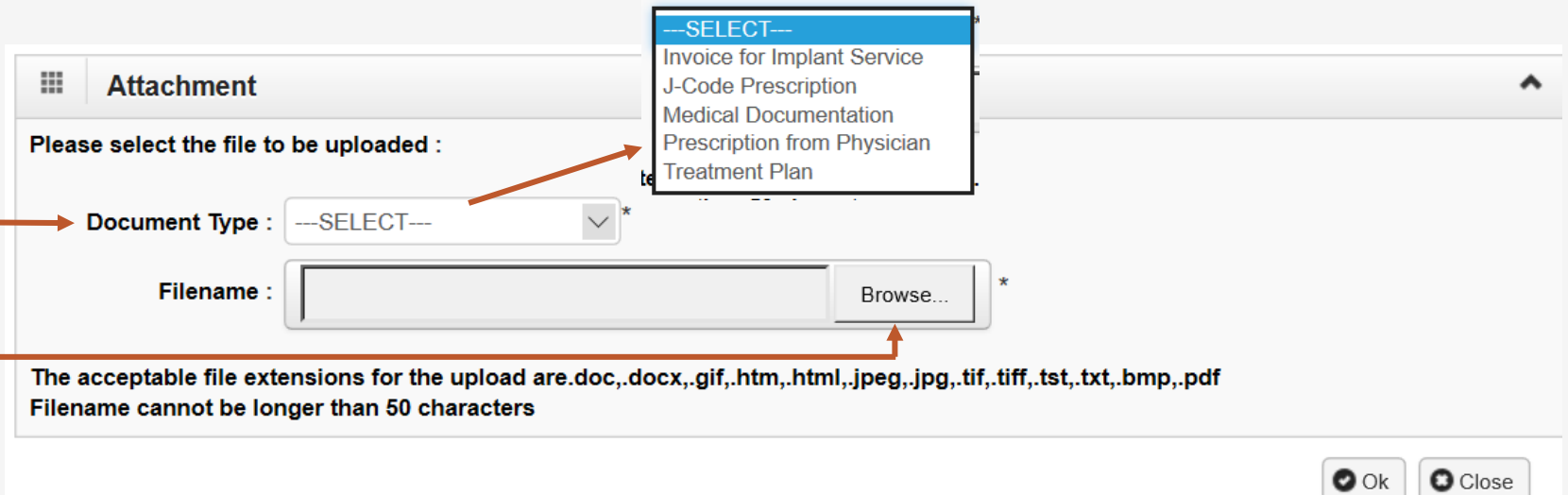
Note: Authorizations cannot be submitted without an attachment.

The screenshot displays a web form for saving an authorization. At the top, there is a text input field labeled "Auth Request Number : 10" followed by a progress bar. Below this are four buttons: "Close", "Upload/Retrieve Attachment", "Save Authorization", and "Submit Authorization". The "Save Authorization" button is highlighted with a dashed border. Below the buttons, a red error message is displayed: "Errors: CPT Code is not valid in Service Line # 1". Orange arrows from the text blocks point to the "Auth Request Number" field, the "Save Authorization" button, the error message, and the "Submit Authorization" button.

4 Once the attachments are uploaded, click "Submit Authorization".

General Medical – Uploading Attachment

1 Select the "Document Type" you want to upload from the drop-down.



The screenshot shows a web form titled "Attachment". It contains a "Document Type" dropdown menu with a list of options: "--SELECT--", "Invoice for Implant Service", "J-Code Prescription", "Medical Documentation", "Prescription from Physician", and "Treatment Plan". Below the dropdown is a "Filename" text input field and a "Browse..." button. At the bottom of the form, there are "Ok" and "Close" buttons. A red arrow points from the "Document Type" dropdown to the first step instruction. Another red arrow points from the "Browse..." button to the second step instruction. A third red arrow points from the "Ok" button to the third step instruction.

2 Click the "Browse" button. The system will display the Open window. Locate and select the file from your local drive that you need to upload and click the "Open" button. The system will update the "File Name" field.

Note: The guidelines for the attached document are present.

The acceptable file extensions for the upload are .doc, .docx, .gif, .htm, .html, .jpeg, .jpg, .tif, .tiff, .tst, .txt, .bmp, .pdf
Filename cannot be longer than 50 characters

3 Once the attachment is uploaded, Click "Ok" to return to the previous page to Submit Authorization.

Authorization Request List


2

Click "Close" to return to the Portal home page.

Close

Add New Request

Note: Click "Add New Request" to submit additional authorization requests.

	Auth Request # ▲▼	Claimant Case ID ▲▼	Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Level ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
	[Redacted]	[Redacted]	In Review	General Medical	03/01/2020	03/01/2020	3	DFEC	Initial Request	DDE

1

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

Home Health



Adding a New Request: Home Health

The screenshot shows a web interface for adding a new authorization request. At the top, there are two buttons: 'Close' and 'Add New Request'. Below them is a header for 'Authorization Request List'. The main form contains two dropdown menus: 'Program' and 'Authorization Type'. The 'Program' dropdown is currently set to '--SELECT--'. The 'Authorization Type' dropdown is also set to '--SELECT--'. A callout box shows the expanded list of authorization types: '--SELECT--', Durable Medical Equipment, General Medical, Home Health, Physical Therapy/Occupational Therapy, Surgical Package, and Unspecified J-Code.

1 To submit a new authorization request, click the "Add New Request" button.

2 Select the DFEC program from the "Program" drop-down.

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

- SELECT--
- Durable Medical Equipment
- General Medical
- Home Health
- Physical Therapy/Occupational Therapy
- Surgical Package
- Unspecified J-Code

Home Health– Requestor and Claimant Information

1 Enter the required (*) Requestor Information for an “Initial Request”.

The screenshot shows the 'Requestor Information' form. At the top, there are two radio buttons: 'Initial Request' (which is selected and highlighted with a red box) and 'Correction'. Below this, there is a text input field for 'Original Authorization Number (For Correction)'. To the right of this field is a 'Date Requested' field with the value '03/01/2020' and a calendar icon. Further right is a 'Requested By' dropdown menu with 'User, Admin' selected. On the far right is a 'Phone Number' text input field.

The screenshot shows the 'Requestor Information' form with the 'Correction' radio button selected and highlighted with a red box. Red arrows point to the 'Original Authorization Number (For Correction)' field, the 'Date Requested' field (showing '03/01/2020'), and the 'Requested By' dropdown menu (showing 'User, Admin').

2 Enter the required (*) Requestor Information for a “Correction” request to an existing authorization number.

Note: The original authorization number is required.

3 Enter the required (*) Claimant Information.

Claimant Case ID, Date of Birth (DOB), First/Last Name and Date of Injury(DOI).

The screenshot shows the 'Claimant Information' form. It contains several text input fields, each with a red arrow pointing to it: 'Claimant's Case ID', 'Date of Birth', 'First Name', 'Last Name', and 'Date of Injury'. The 'Date of Birth' and 'Date of Injury' fields include calendar icons.

Home Health – Provider Information

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

The screenshot shows a form titled "Provider Information" with the following fields: "OWCP Provider ID" (auto-filled), "Name" (Total Body Care), "Tax ID (SSN/FEIN)" (auto-filled), "Fax Number" (empty), "Providing care for a family member?" (drop-down menu), and "If Yes, please provide relationship to the claimant:" (text input field). Three orange arrows point from the text in step 1 to the OWCP Provider ID, Name, and Tax ID fields. A fourth orange arrow points from the text in step 2 to the drop-down menu. A fifth orange arrow points from the text in step 3 to the relationship input field.

- 2 Select from the drop-down to state if you are providing care for a family member.

- 3 If yes in step 2, you must provide your relationship to the claimant.

Note: Entering Fax # is optional.

Home Health – Service Line Information

Enter the Required Service Line Information

1. Enter Specific Body Part to be treated.
2. Enter up to four Diagnosis(DX) Codes.
3. Up to five Service Lines will display.

Note: Click “Add New Line” if additional lines are needed.

4. Enter From-To Date.

5. Select the Alpha character that represents the DX from the Diagnosis Codes field that you want to point to.

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

The screenshot shows the 'Service Plan Information' form. At the top, there is a text input field for 'Specific Body Part to be treated:' (1). Below it are four text input fields for 'Diagnosis Codes: A:', 'B:', 'C:', and 'D:' (2). A table with five rows and several columns is shown below. The columns are labeled: 'From Date', 'To Date', 'Diagnosis Pointer' (with sub-columns A, B, C, D), 'Code Type', 'Procedure Code', 'Body Part Modifier', 'Frequency', 'Duration', 'Total Units Requested', and 'Action'. The 'Add New Line' button is located above the table (3). The 'Remarks' field is at the bottom of the form (13).

*6-13 are covered on the next two slides.

Home Health – Service Line Information

Enter the Required Service Line Information – Continued

6. Select the Code Type from the drop-down.

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

8. A Body Part Modifier is required (RT, LT or 50).

Note: If the body part does not have a side, select 50.

9. Enter the Frequency (how many times you will see the claimant a week).

10. Enter the Duration (how many weeks you will see the claimant).


The screenshot shows the 'Service Plan Information' form. At the top, there are fields for 'Specific Body Part to be treated:', 'Diagnosis Codes: A:', 'B:', 'C:', and 'D:'. Below these are several input fields and a table. The table has columns for 'From Date', 'To Date', 'Diagnosis Pointer' (with sub-columns A, B, C, D), 'Code Type', 'Procedure Code', 'Body Part Modifier', 'Frequency', 'Duration', 'Total Units Requested', and 'Action'. A 'Remarks' field is located at the bottom. Numbered callouts (1-13) point to specific elements: 1 points to the 'Specific Body Part to be treated' field; 2 points to the 'Diagnosis Codes' fields; 3 points to the 'Add New Line' button; 4 points to the 'From Date' field; 5 points to the 'Diagnosis Pointer' header; 6 points to the 'Code Type' field; 7 points to the 'Procedure Code' field; 8 points to the 'Body Part Modifier' field; 9 points to the 'Frequency' field; 10 points to the 'Duration' field; 11 points to the 'Total Units Requested' field; 12 points to the 'Action' field; and 13 points to the 'Remarks' field.

*11-13 are covered on the next slide.

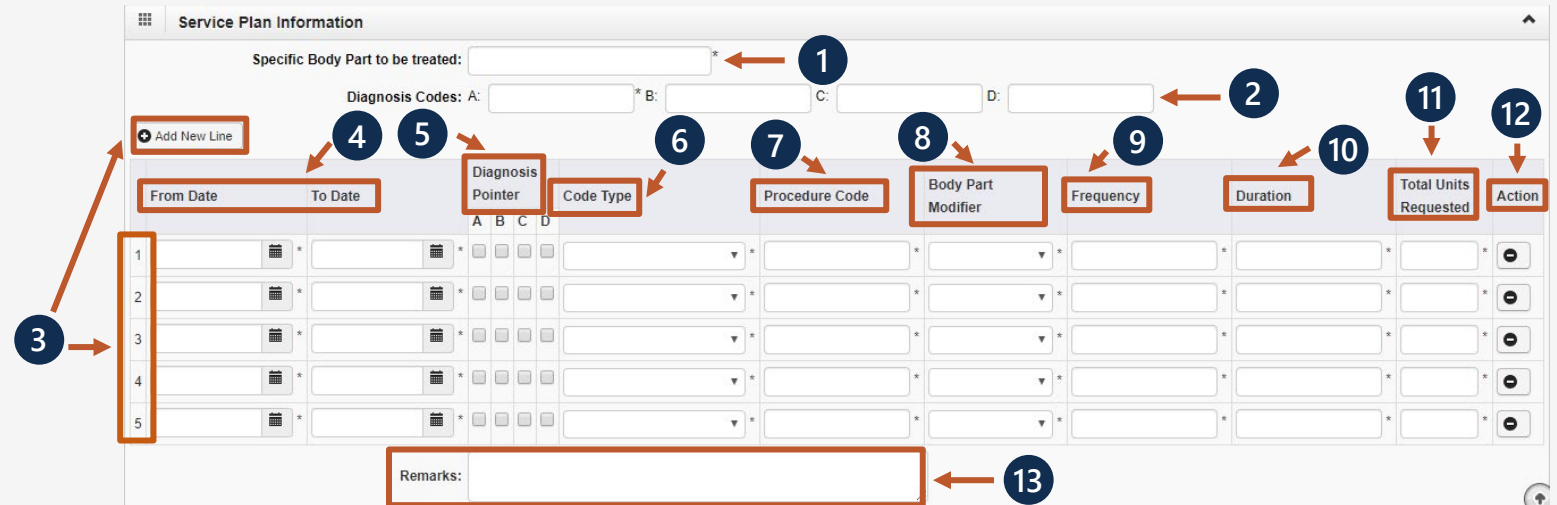
Home Health – Service Line Information

Enter the Required Service Line Information – Continued

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

12. If you want to remove a service line, select  under action.

13. If adding any additional notes or remarks, please type them in the Remarks field.



The screenshot shows the 'Service Plan Information' form. At the top, there are fields for 'Specific Body Part to be treated:', 'Diagnosis Codes: A:', 'B:', 'C:', and 'D:'. Below these are several input fields for 'From Date', 'To Date', 'Diagnosis Pointer', 'Code Type', 'Procedure Code', 'Body Part Modifier', 'Frequency', 'Duration', 'Total Units Requested', and 'Action'. A table with 5 rows and multiple columns is shown below the input fields. The columns include 'From Date', 'To Date', 'Diagnosis Pointer', 'Code Type', 'Procedure Code', 'Body Part Modifier', 'Frequency', 'Duration', 'Total Units Requested', and 'Action'. A 'Remarks' field is located at the bottom of the form. Numbered callouts (1-13) point to various elements: 1 points to the 'Specific Body Part to be treated:' field; 2 points to the 'Diagnosis Codes' fields; 3 points to the 'Add New Line' button; 4 points to the 'From Date' field; 5 points to the 'Diagnosis Pointer' field; 6 points to the 'Code Type' field; 7 points to the 'Procedure Code' field; 8 points to the 'Body Part Modifier' field; 9 points to the 'Frequency' field; 10 points to the 'Duration' field; 11 points to the 'Total Units Requested' field; 12 points to the 'Action' field; and 13 points to the 'Remarks' field.

Home Health- Save Authorization

1 Once all information is entered, you must scroll back to the top of the page and click "Save Authorization".

Note: If any information keyed in is invalid or missing, an error message will populate below the Close-Submit Authorization buttons (errors may vary). Correct the error and click "Save Authorization".

2 Your 9-digit authorization number will populate.

3 Home Health authorizations need a treatment plan (Progress notes/Nurse Notes). This supporting documentation can be uploaded. Please refer to the next slide for the "Upload" dialogue box explanation.

Note: Authorization cannot be submitted without an attachment.

The screenshot displays a web interface for saving an authorization. At the top, a text field shows "Auth Request Number : 10" followed by a progress indicator. Below this are four buttons: "Close", "Upload/Retrieve Attachment", "Save Authorization", and "Submit Authorization". The "Save Authorization" button is highlighted with a dashed border. Below the buttons, a red error message reads: "Errors: CPT Code is not valid in Service Line # 1". Orange arrows from the text blocks point to the "Save Authorization" button, the "Upload/Retrieve Attachment" button, and the "Submit Authorization" button.

4 Once the attachments are uploaded, click "Submit Authorization".

Home Health – Uploading Attachment

1 Select the "Document Type" you want to upload from the drop-down.

The screenshot shows a web form titled "Attachment". At the top, it says "Please select the file to be uploaded:". Below this, there is a "Document Type" dropdown menu with a downward arrow. A dropdown menu is open, showing options: "--SELECT--", "Invoice for Implant Service", "J-Code Prescription", "Medical Documentation", "Prescription from Physician", and "Treatment Plan". Below the dropdown is a "Filename:" text input field followed by a "Browse..." button. Below the form, there is a note: "The acceptable file extensions for the upload 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 of the form are "Ok" and "Close" buttons.

2 Click the "Browse" button. The system will display the Open window. Locate and select the file from your local drive that you need to upload and click the "Open" button. The system will update the "File Name" field.

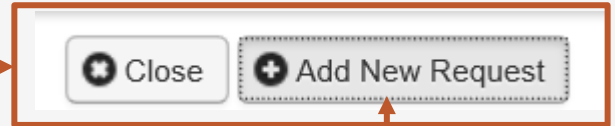
Note: The guidelines for the attached document are present.


3 Once the attachment is uploaded, Click "Ok" to return to the previous page to Submit Authorization.

Authorization Request List

2 Click "Close" to return to the Portal home page.

Note: Click "Add New Request" to submit additional authorization requests.



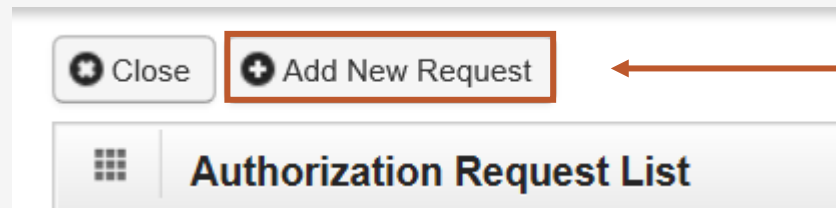
	Auth Request # ▲▼	Claimant Case ID ▲▼	Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Level ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
			In Review	Home Health	03/01/2020	03/01/2020	3	DFEC	Initial Request	DDE

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

Physical
Therapy/Occupational
Therapy (PT/OT)

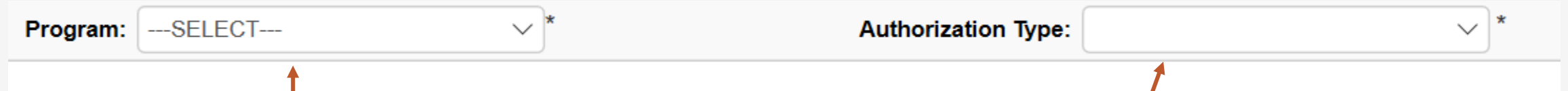


Adding a New Request: PT/OT



A screenshot of a software interface. At the top left, there are two buttons: 'Close' with a minus icon and 'Add New Request' with a plus icon. The 'Add New Request' button is highlighted with a red rectangular border. Below these buttons is a header bar with a grid icon and the text 'Authorization Request List'. An orange arrow points from the 'Add New Request' button towards the right.

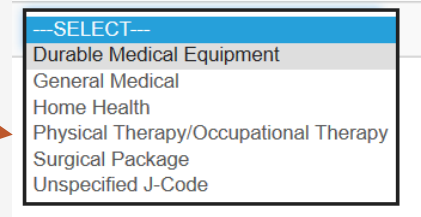
1 To submit a new authorization request, click the "Add New Request" button.



A screenshot of a form with two drop-down menus. The first is labeled 'Program:' and has a value of '--SELECT--'. The second is labeled 'Authorization Type:' and is empty. Both menus have a downward arrow icon and an asterisk. An orange arrow points from the 'Add New Request' button in the previous screenshot to the 'Program' drop-down menu.

2 Select the DFEC program from the "Program" drop-down.

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



A screenshot of a drop-down menu with the following options: --SELECT--, Durable Medical Equipment, General Medical, Home Health, Physical Therapy/Occupational Therapy, Surgical Package, and Unspecified J-Code. An orange arrow points from the 'Authorization Type' drop-down menu in the previous screenshot to this list.

PT/OT– Requestor and Claimant Information

1 Enter the required (*) Requestor Information for an “Initial Request”.

The screenshot shows the 'Requestor Information' form. At the top, there are two radio buttons: 'Initial Request' (which is selected and highlighted with a red box) and 'Correction'. Below this, there is a text input field for 'Original Authorization Number (For Correction):'. To the right of this field is a 'Date Requested:' field with a calendar icon and the value '03/01/2020'. Further right is a 'Requested By:' dropdown menu with 'User, Admin' selected. On the far right is a 'Phone Number:' text input field.

The screenshot shows the 'Requestor Information' form with the 'Correction' radio button selected and highlighted with a red box. The 'Original Authorization Number (For Correction):' field is empty and has a red arrow pointing to it. The 'Date Requested:' field has the value '03/01/2020' and a red arrow pointing to it. The 'Requested By:' dropdown is set to 'User, Admin' and the 'Phone Number:' field is empty.

2 Enter the required (*) Requestor Information for a “Correction” request to an existing authorization number.

Note: The original authorization number is required.

3 Enter the required (*) Claimant Information.

Claimant Case ID, Date of Birth (DOB), First/Last Name and Date of Injury(DOI).

The screenshot shows the 'Claimant Information' form. It contains several required fields, each with a red arrow pointing to it: 'Claimant's Case ID:', 'Date of Birth:', 'First Name:', 'Last Name:', and 'Date of Injury:'. Each field has a calendar icon next to it. The 'Date of Birth:' field has a red arrow pointing to the calendar icon. The 'Last Name:' field has a red arrow pointing to the text input field.

PT/OT– Provider Information

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

The screenshot shows a form titled "Provider Information" with the following fields: "OWCP Provider ID" (auto-filled), "Name" (filled with "Total Body Care"), "Tax ID (SSN/FEIN)" (auto-filled), "Fax Number" (empty), "Providing care for a family member?" (drop-down menu), and "If Yes, please provide relationship to the claimant:" (text input field). Three orange arrows point from the text in step 1 to the OWCP Provider ID, Name, and Tax ID fields. Another orange arrow points from the text in step 2 to the drop-down menu. A third orange arrow points from the text in step 3 to the relationship input field.

2 Select from the drop-down to state if you are providing care for a family member.

3 If yes in step 2, you must provide your relationship to the claimant.

Note: Entering Fax # is optional.

PT/OT – Service Line Information

Enter the Required Service Line Information

1. Enter Specific Body Part to be treated.
2. Enter up to four Diagnosis (DX) Codes.
3. Is this therapy related to a post-op treatment within 60 days of a surgery?
4. Up to five Service Lines will display

Note: Click “Add New Line” if additional lines are needed.

5. Enter From-To Date.

The screenshot shows the 'Therapy Plan Information' form. At the top, there is a field for 'Specific Body Part to be treated:' (1), followed by 'Diagnosis Codes: A: * B: * C: * D: *' (2). Below this is a dropdown menu for 'Is the requested therapy related to post-operative treatment within 60 days after surgery?:' (3). An 'Add New Line' button is on the left (4). The main table has columns: 'From Date' (5), 'To Date' (6), 'Diagnosis Pointer' (7) with sub-columns A, B, C, D, 'Code Type' (8), 'Procedure Code' (9), 'Modifier' (10), 'Body Part Modifier' (11), '# Of Units Per Procedure/Visit' (12), 'Frequency' (13), 'Duration' (14), 'Total Units Requested' (15), and 'Action' (16). A 'Remarks:' field is at the bottom (16).

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

*6-16 are covered on the next two slides.

PT/OT – Service Line Information

Enter the Required Service Line Information – Continued

6. Select the alpha character 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.

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

9. Enter the Procedure Code Modifier.

10. A Body Part Modifier is required (RT, LT or 50).

Note: If the body part does not have a side, select 50.

The screenshot shows the 'Therapy Plan Information' form. It includes fields for 'Specific Body Part to be treated:', 'Diagnosis Codes: A: * B: * C: * D: *', and a checkbox for 'Is the requested therapy related to post-operative treatment within 60 days after surgery?'. Below these is a table with columns: 'From Date', 'To Date', 'Diagnosis Pointer' (with sub-columns A, B, C, D), 'Code Type', 'Procedure Code', 'Modifier', 'Body Part Modifier', '# Of Units Per Procedure/Visit', 'Frequency', 'Duration', 'Total Units Requested', and 'Action'. A 'Remarks' field is located at the bottom. Numbered callouts 1-16 point to the following elements: 1. Specific Body Part to be treated; 2. Diagnosis Codes A, B, C, D; 3. Add New Line button; 4. From Date field; 5. To Date field; 6. Diagnosis Pointer A, B, C, D; 7. Code Type dropdown; 8. Procedure Code field; 9. Modifier field; 10. Body Part Modifier dropdown; 11. # Of Units Per Procedure/Visit field; 12. Frequency field; 13. Duration field; 14. Total Units Requested field; 15. Action button; 16. Remarks field.

*11-16 are covered on the next slide.

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PT/OT – Service Line Information

Enter the Required Service Line Information – Continued


11. Enter the # of Units Per Procedure

(1 Unit = 15 minutes).

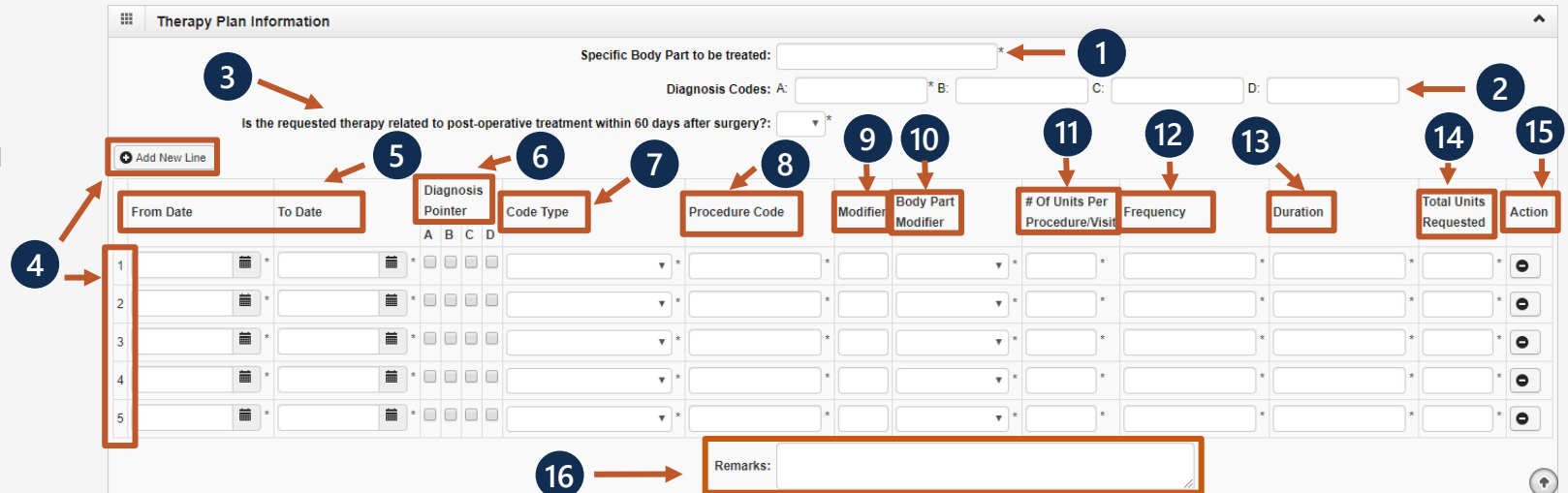
12. Enter the Frequency (how many times you will see the claimant a week).

13. Enter the Duration (how many weeks you will see the claimant).

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

15. If you want to remove a service line, select  under action.

16. If adding any additional notes or remarks, please type them in the Remarks field.



The screenshot shows the 'Therapy Plan Information' form. It includes a table with columns for From Date, To Date, Diagnosis Pointer (A, B, C, D), Code Type, Procedure Code, Modifier, Body Part Modifier, # Of Units Per Procedure/Visit, Frequency, Duration, Total Units Requested, and Action. A 'Remarks' field is located at the bottom. Numbered callouts (1-16) point to specific fields and actions: 1 points to 'Specific Body Part to be treated'; 2 points to 'Diagnosis Codes: A, B, C, D'; 3 points to 'Add New Line'; 4 points to the table rows; 5 points to 'Diagnosis Pointer'; 6 points to 'Code Type'; 7 points to 'Procedure Code'; 8 points to 'Modifier'; 9 points to 'Body Part Modifier'; 10 points to 'Body Part Modifier'; 11 points to '# Of Units Per Procedure/Visit'; 12 points to 'Frequency'; 13 points to 'Duration'; 14 points to 'Total Units Requested'; 15 points to the 'Action' column; 16 points to the 'Remarks' field.

PT/OT – Save Authorization

1 Once all information is entered, you must scroll back to the top of the page and click "Save Authorization".

Note: If any information keyed in is invalid or missing, an error message will populate below the Close-Submit Authorization buttons (errors may vary). Correct the error and click "Save Authorization".

2 Your 9-digit authorization number will populate.

Auth Request Number : 10

Close

Upload/Retrieve Attachment

Save Authorization

Submit Authorization

3 Physical Therapy/Occupational Therapy authorizations require a prescription and treatment plan. This supporting documentation can be uploaded. Please refer to the next slide for the "Upload" dialogue box explanation.

Note: Authorization cannot be submitted without an attachment.

Errors:
CPT Code is not valid in Service Line # 1

4 Once the attachments are uploaded, click "Submit Authorization".

PT/OT – Upload Attachment

1 Select the "Document Type" you want to upload from the drop-down.

2 Click the "Browse" button. The system will display the Open window. Locate and select the file from your local drive that you need to upload and click the "Open" button. The system will update the "File Name" field.

Note: The guidelines for the attached document are present.

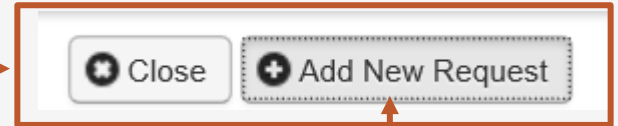
The screenshot shows a web form titled "Attachment". It contains a "Document Type" dropdown menu with a list of options: "--SELECT--", "Invoice for Implant Service", "J-Code Prescription", "Medical Documentation", "Prescription from Physician", and "Treatment Plan". Below this is a "Filename" input field and a "Browse..." button. A text box below the form states: "The acceptable file extensions for the upload 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 of the form are "Ok" and "Close" buttons. Orange arrows point from the numbered instructions to the corresponding UI elements: from step 1 to the dropdown menu, from step 2 to the "Browse..." button, and from step 3 to the "Ok" button.

3 Once the attachment is uploaded, Click "Ok" to return to the previous page to Submit Authorization.

Authorization Request List

2 Click "Close" to return to the Portal home page.

Note: Click "Add New Request" to submit additional authorization requests.

A screenshot of the "Authorization Request List" interface. It features a filter bar at the top with "Filter By:" and "And" dropdowns, a "Go" button, and "Clear Filter", "Save Filter", and "My Filters" options. Below the filter bar is a table with the following data:

	Auth Request # ▲▼	Claimant Case ID ▲▼	Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Level ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
	[redacted]	[redacted]	In Review	Physical Therapy/Occupational Therapy	03/01/2020	03/01/2020	2	DFEC	Initial Request	DDE

An orange arrow points from the text in step 1 to the table.

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

Surgical Package



Adding a New Request: Surgical Package

1 To submit a new authorization request, click the "Add New Request" button.

2 Select the DFEC program from the "Program" drop-down.

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

Program: --SELECT-- * Authorization Type: *
--SELECT--
Durable Medical Equipment
General Medical
Home Health
Physical Therapy/Occupational Therapy
Surgical Package
Unspecified J-Code

Note: Only one Authorization is required for all Professional Types involved in the surgery.

Surgical Package— Requestor and Claimant Information

1 Enter the required (*) Requestor Information for an “Initial Request”.

The screenshot shows the 'Requestor Information' form with the 'Initial Request' radio button selected and highlighted by a red box. The form includes fields for 'Original Authorization Number (For Correction)', 'Date Requested' (03/01/2020), 'Requested By' (User, Admin), and 'Phone Number'.

The screenshot shows the 'Requestor Information' form with the 'Correction' radio button selected and highlighted by a red box. Red arrows point to the 'Original Authorization Number (For Correction)', 'Date Requested' (03/01/2020), and 'Requested By' (User, Admin) fields.

2 Enter the required (*) Requestor Information for a “Correction” request to an existing authorization number.

Note: The original authorization number is required.

3 Enter the required (*) Claimant Information.

Claimant Case ID, Date of Birth (DOB), First/Last Name, and Date of Injury(DOI).

The screenshot shows the 'Claimant Information' form with red arrows pointing to the 'Claimant's Case ID', 'Date of Birth', 'First Name', 'Last Name', and 'Date of Injury' fields.

Surgical Package – Provider Information

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

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

- "Are you the Primary Surgeon?": A dropdown menu with a downward arrow and an asterisk.
- "OWCP Provider ID": A text input field containing a masked value.
- "Name": A text input field containing "Total Body Care".
- "Tax ID (SSN/FEIN)": A text input field containing a masked value.
- "Fax Number": An empty text input field.

Orange arrows point from the text above to the dropdown, the OWCP Provider ID field, the Name field, and the Tax ID field.

2 Select from the drop-down to state if you are the Primary Surgeon.

3 Entering Fax # is optional.

Surgical Package – Surgery Information

- 1. Enter the Date of the Surgery.
- 2. Select an appropriate site where the surgery is being performed.
- 3. All Professional Types will be selected by default.

Surgery Information

Date of Surgery: * ← 1

*
 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. ← 2
 ASC SURGERY - Include all Proposed Professionals in the Operating Room.
 OFFICE SURGERY (Less than 8 hours) - Include all Proposed Professional present during surgical procedure.

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

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

← 3

Surgical Package – Service Line Information

Enter the Required Service Line Information

1. Enter Specific Body Part to be treated.
2. Enter up to four Diagnosis (DX) Codes.
3. Has this surgery been performed on the same anatomical site (Part of the body)?
4. Will Home Health be required after surgery?
5. Will PT/OT be required after surgery?
6. Up to five Service Lines will display.

Note: Click Add New Line if additional lines are needed.

The screenshot shows the 'Service Line Information' form with the following fields and callouts:

- 1: Specific Body Part to be treated: *
- 2: Diagnosis Codes: A: * B: * C: * D: *
- 3: Has this surgery been performed previously on the same anatomical site?: *
- 4: Will this claimant require Home Health Services after surgery?: *
- 5: Will this claimant require Physical/Occupational Therapy Services after surgery?: *
- 6: A box around the first five rows of the table.
- 7: Add New Line button.
- 8: Diagnosis Pointer (A, B, C, D).
- 9: Code Type.
- 10: Procedure Code.
- 11: Modifier.
- 12: Body Part Modifier.
- 13: Units/Days Requested.
- 14: Action.
- 15: Remarks: *

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	Units/Days Requested	Action
			A	B	C	D						
1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>
2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>
3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>
4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>
5	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>

*7-15 are covered on the next two slides.

Surgical Package – Service Line Information

Enter the Required Service Line Information – Continued

7. Enter From-To Date.

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

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

9. Select the Code Type from the drop-down.

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

11. Enter the Procedure Code Modifier.

The screenshot shows the 'Service Line Information' form. At the top, there are fields for 'Specific Body Part to be treated:' (1), 'Diagnosis Codes: A:' (2), 'B:' (3), 'C:' (4), and 'D:' (5). Below these are three dropdown menus: 'Has this surgery been performed previously on the same anatomical site?:' (6), 'Will this claimant require Home Health Services after surgery?:' (7), and 'Will this claimant require Physical/Occupational Therapy Services after surgery?:' (8). The main table has columns for 'From Date' (9), 'To Date' (10), 'Diagnosis Pointer' (11) with sub-columns A, B, C, D, 'Code Type' (12), 'Procedure Code' (13), 'Modifier' (14), 'Body Part Modifier' (15), 'Units/Days Requested' (16), and 'Action' (17). A 'Remarks' field (18) is at the bottom. A '6' in a circle points to the 'Add New Line' button.

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	Units/Days Requested	Action
			A	B	C	D						
1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>
2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>
3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>
4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>
5	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>

*12-15 are covered on the next slide.


Surgical Package – Service Line Information

Enter the Required Service Line Information – Continued

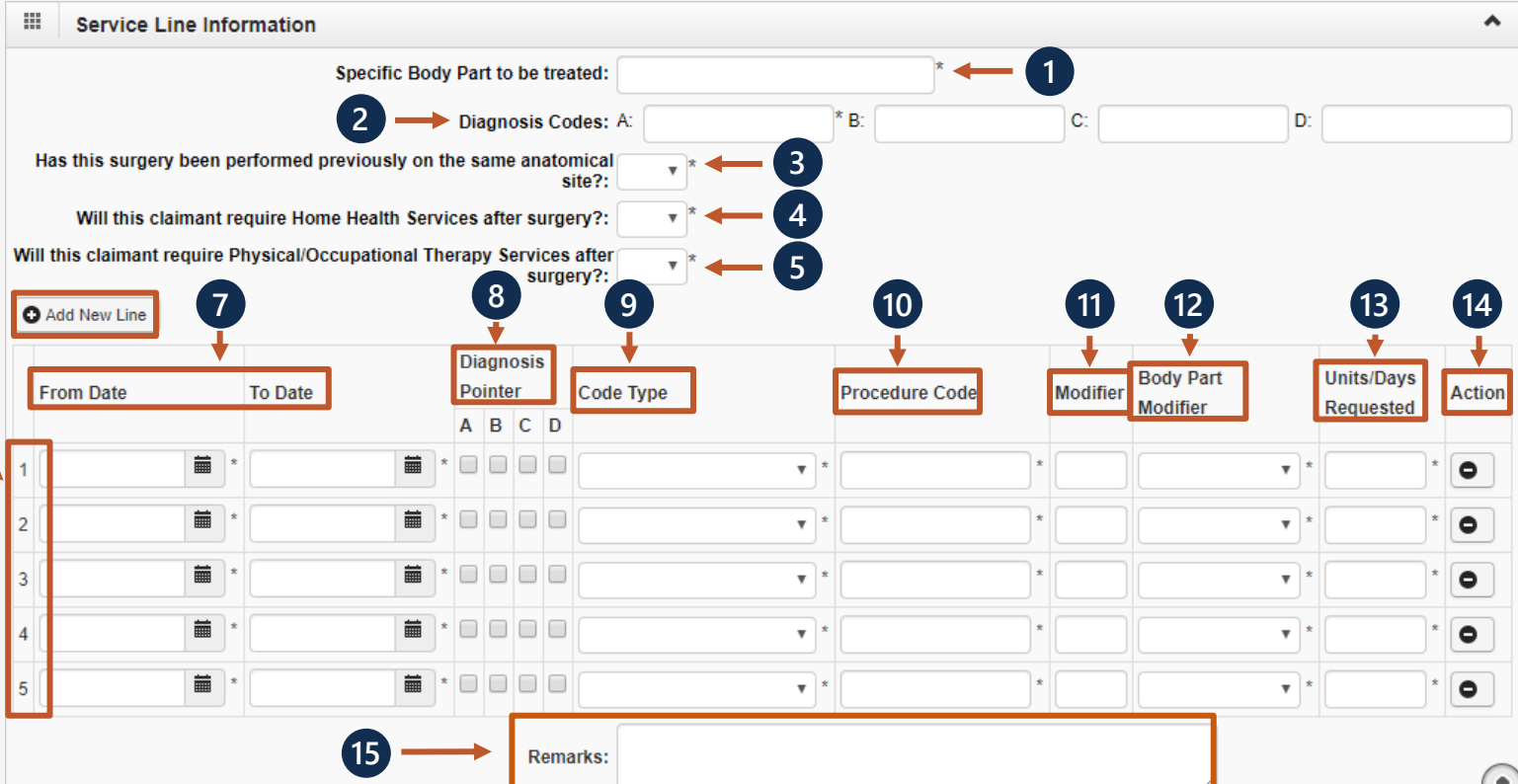
12. A Body Part Modifier is required (RT, LT or 50).

Note: If the body part does not have a side, select 50.

13. Enter the number of units you are requesting.

14. If you want to remove a service line, select  under action.

15. If adding any additional notes or remarks, please type them in the Remarks field.



The screenshot shows the 'Service Line Information' form with the following fields and controls:

- 1: Specific Body Part to be treated: *
- 2: Diagnosis Codes: A: * B: C: D:
- 3: Has this surgery been performed previously on the same anatomical site?: *
- 4: Will this claimant require Home Health Services after surgery?: *
- 5: Will this claimant require Physical/Occupational Therapy Services after surgery?: *
- 6: Add New Line button
- 7: From Date
- 8: To Date
- 9: Diagnosis Pointer (A, B, C, D)
- 10: Code Type
- 11: Procedure Code
- 12: Modifier
- 13: Body Part Modifier
- 14: Units/Days Requested
- 15: Action (minus icon)
- 16: Remarks field

	From Date	To Date	Diagnosis Pointer				Code Type	Procedure Code	Modifier	Body Part Modifier	Units/Days Requested	Action
			A	B	C	D						
1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Surgical Package – Save Authorization

- 1 Once all information is entered, you must scroll back to the top of the page and click "Save Authorization".
Note: If any information keyed in is invalid or missing, an error message will populate below the Close-Submit Authorization buttons (errors may vary). Correct the error and click "Save Authorization".

- 2 Your 9-digit authorization number will populate.

- 3 Surgical Package does not require any attachments. If you would like to submit supporting documentation, it can be uploaded here. Please refer to the next slide for the "Upload" dialogue box explanation.

The screenshot shows a web form with the following elements:

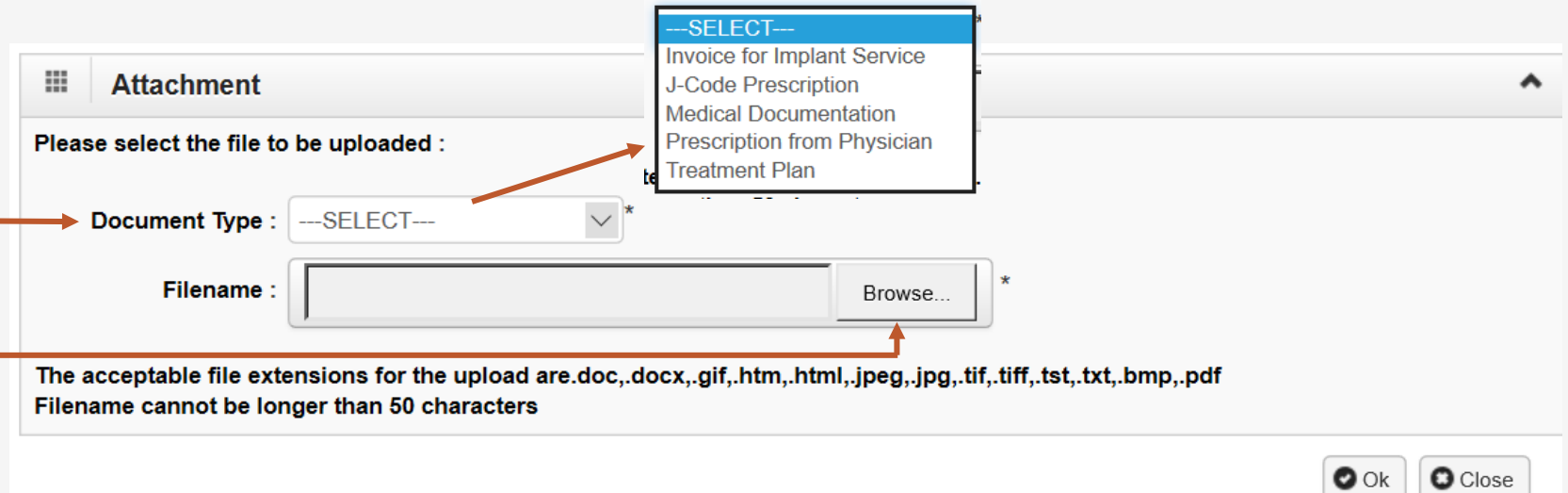
- A text input field containing "Auth Request Number : 10" followed by a masked area.
- A row of four buttons: "Close", "Upload/Retrieve Attachment", "Save Authorization", and "Submit Authorization".
- An error message box below the buttons that reads: "Errors: CPT Code is not valid in Service Line # 1".

Orange arrows indicate the flow: one points from the "Save Authorization" button in step 1 to the "Auth Request Number" field in step 2; another points from the "Save Authorization" button in step 1 to the "Save Authorization" button in the screenshot; a third points from the "Submit Authorization" button in step 4 to the "Submit Authorization" button in the screenshot; and a fourth points from the error message box to the "Upload/Retrieve Attachment" button in step 3.

- 4 Once the attachments are uploaded, click "Submit Authorization".

Surgical Package – Upload Attachment

1 Select the "Document Type" you want to upload from the drop-down.



The screenshot shows a web form titled "Attachment". It contains a "Document Type" dropdown menu with a list of options: "--SELECT--", "Invoice for Implant Service", "J-Code Prescription", "Medical Documentation", "Prescription from Physician", and "Treatment Plan". Below the dropdown is a "Filename" text input field and a "Browse..." button. At the bottom of the form, there are "Ok" and "Close" buttons. A red arrow points from the "Document Type" dropdown to the first step text. Another red arrow points from the "Browse..." button to the second step text. A third red arrow points from the "Ok" button to the third step text.

2 Click the "Browse" button. The system will display the Open window. Locate and select the file from your local drive that you need to upload and click the "Open" button. The system will update the "File Name" field.

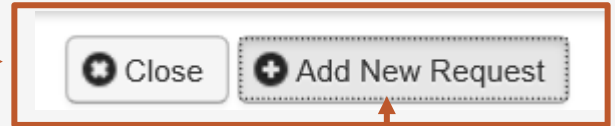
Note: The guidelines for the attached document are present.

The acceptable file extensions for the upload are .doc, .docx, .gif, .htm, .html, .jpeg, .jpg, .tif, .tiff, .tst, .txt, .bmp, .pdf
Filename cannot be longer than 50 characters

3 Once the attachment is uploaded, Click "Ok" to return to the previous page to Submit Authorization.

Authorization Request List

- 2 Click "Close" to return to the Portal home page.
- Note:** Click "Add New Request" to submit additional authorization requests.

A screenshot of the "Authorization Request List" interface. It features a filter bar at the top with "Filter By:" dropdowns, an "And" dropdown, a "Go" button, and "Clear Filter", "Save Filter", and "My Filters" options. Below the filter bar is a table with the following data:

Auth Request #	Claimant Case ID	Status	Auth Type	Last Updated	Submitted Date	Level	Program	Auth Request Type	Source
[Redacted]	[Redacted]	In Review	Surgical Package	03/01/2020	03/01/2020	3	DFEC	Initial Request	DDE

An orange arrow points from the text "The system displays the Authorization information which confirms your authorization was submitted." to the "Last Updated" column of the table.

- 1 The system displays the Authorization information which confirms your authorization was submitted.

Unspecified J-Code



Adding a New Request: Unspecified J-Code

1 To submit a new authorization request, click the "Add New Request" button.

2 Select the DFEC program from the "Program" drop-down.

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

- SELECT---
- Durable Medical Equipment
- General Medical
- Home Health
- Physical Therapy/Occupational Therapy
- Surgical Package
- Unspecified J-Code

Unspecified J-Code: Requestor and Claimant Information

1 Enter the required (*) Requestor Information for an "Initial Request".

The screenshot shows the 'Requestor Information' form. At the top, there are two radio buttons: 'Initial Request' (which is selected and highlighted with a red box) and 'Correction'. Below this, there is a text input field for 'Original Authorization Number (For Correction)'. To the right of this field is a 'Date Requested' field with the value '03/01/2020' and a calendar icon. Further right is a 'Requested By' dropdown menu with 'User, Admin' selected, and a 'Phone Number' text input field.

The screenshot shows the 'Requestor Information' form with the 'Correction' radio button selected and highlighted with a red box. The 'Original Authorization Number (For Correction)' field is empty and has a red arrow pointing to it. The 'Date Requested' field has the value '03/01/2020' and a red arrow pointing to it. The 'Requested By' dropdown is set to 'User, Admin' and the 'Phone Number' field is empty.

2 Enter the required (*) Requestor Information for a "Correction" request to an existing authorization number.

Note: The original authorization number is required.

3 Enter the required (*) Claimant Information.

Claimant Case ID, Date of Birth (DOB), First/Last Name and Date of Injury(DOI).

The screenshot shows the 'Claimant Information' form. It contains several text input fields, each with a red arrow pointing to it: 'Claimant's Case ID', 'Date of Birth' (with a calendar icon), 'First Name', 'Last Name', and 'Date of Injury' (with a calendar icon).

Unspecified J-Code: Provider Information

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

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

- OWCP Provider ID: [Auto-filled]
- Name: Total Body Care
- OWCP Provider ID: [Auto-filled]
- Tax ID (SSN/FEIN): [Auto-filled]
- Fax Number: [Empty]
- Prescribing Provider Name: [Empty] *
- Prescribing NPI: [Empty] *

Orange arrows point from the text in step 1 to the OWCP Provider ID, Tax ID, and Name fields. Another orange arrow points from the text in step 2 to the Prescribing Provider Name field. A third orange arrow points from the text in step 3 to the Fax Number field.

- 2 Enter the Prescribing Provider Name and NPI.

- 3 Entering Fax # is optional.

Unspecified J-Code - Service Line Information

Enter the Required Service Line Information

1. Enter Specific Body Part to be treated.
2. Enter up to four Diagnosis (DX) Codes.
3. Up to five Service Lines will display.

Note: Click "Add New Line" if additional lines are needed.

4. Enter From-To Date.

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

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

The screenshot shows the 'Service Line Information' form. At the top, there is a field for 'Specific Body Part to be treated:' (1). Below it are four fields for 'Diagnosis Codes: A:', 'B:', 'C:', and 'D:' (2). A table with five rows and several columns is shown below. The columns are: 'From Date', 'To Date', 'Diagnosis Pointer' (with sub-columns A, B, C, D), 'J-Code', 'NDC', 'Body Part Modifier', 'Total Units Requested', and 'Action'. The 'Add New Line' button is on the left (3). A 'Remarks:' field is at the bottom (11). Numbered callouts 1-11 point to these specific elements.

	From Date	To Date	Diagnosis Pointer				J-Code	NDC	Body Part Modifier	Total Units Requested	Action
			A	B	C	D					
1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>
2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>
3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>
4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>
5	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>

*6-11 are covered on the next two slides.

Unspecified J-Code - Service Line Information

Enter the Required Service Line Information – Continued

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

7. Enter the National Drug Code (NDC).

8. A Body Part Modifier is required (RT, LT or 50).

Note: If the body part does not have a side, select 50.


9. Enter the number of units you are requesting.

The screenshot shows the 'Service Line Information' form. At the top, there is a field for 'Specific Body Part to be treated:' (1). Below it are four fields for 'Diagnosis Codes: A:', 'B:', 'C:', and 'D:' (2). A table with 5 rows and several columns is shown. The columns include 'From Date', 'To Date', 'Diagnosis Pointer' (with sub-columns A, B, C, D), 'J-Code' (6), 'NDC' (7), 'Body Part Modifier' (8), 'Total Units Requested' (9), and 'Action' (10). A table with 5 rows and 2 columns is shown. The columns are 'From Date' and 'To Date'. A 'Remarks:' field (11) is at the bottom. A '3' callout points to the table rows. A '4' callout points to the 'Diagnosis Codes' fields. A '5' callout points to the 'Diagnosis Pointer' columns. A '6' callout points to the 'J-Code' column. A '7' callout points to the 'NDC' column. A '8' callout points to the 'Body Part Modifier' column. A '9' callout points to the 'Total Units Requested' column. A '10' callout points to the 'Action' column. A '11' callout points to the 'Remarks:' field.

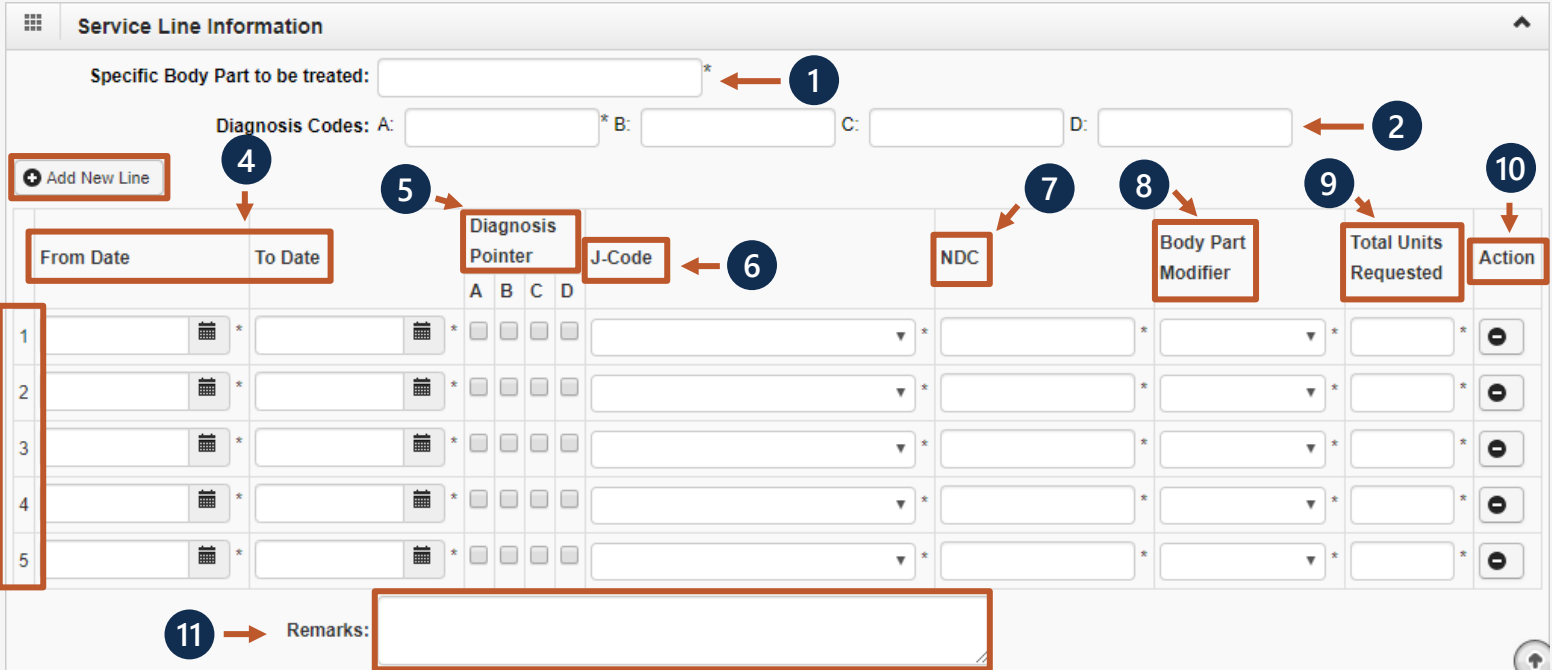
*10-11 are covered on the next slide.

Unspecified J-Code - Service Line Information

Enter the Required Service Line Information – Continued

10. If you want to remove a service line, select  under action.

11. If adding any additional notes or remarks, please type them in the Remarks field.



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

- 1: Specific Body Part to be treated: *
- 2: Diagnosis Codes: A: * B: * C: * D: *
- 3: Add New Line button
- 4: From Date and To Date fields
- 5: Diagnosis Pointer (A, B, C, D) columns
- 6: J-Code field
- 7: NDC field
- 8: Body Part Modifier field
- 9: Total Units Requested field
- 10: Action column (minus icon)
- 11: Remarks field

	From Date	To Date	Diagnosis Pointer				J-Code	NDC	Body Part Modifier	Total Units Requested	Action
			A	B	C	D					
1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>
2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>
3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>
4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>
5	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="⊖"/>

Unspecified J-Code – Save Authorization

1 Once all information is entered, you must scroll back to the top of the page and click "Save Authorization".

Note: If any information keyed in is invalid or missing, an error message will populate below the Close-Submit Authorization buttons (errors may vary). Correct the error and click "Save Authorization".

2 Your 9-digit authorization number will populate.

3 Unspecified J-Codes requires a prescription. Please refer to the next slide for the "Upload" dialogue box explanation.

Note: Authorization cannot be submitted without an attachment.

The screenshot shows a web form with the following elements:

- A text input field containing "Auth Request Number : 10" followed by a masked area.
- A row of four buttons: "Close", "Upload/Retrieve Attachment", "Save Authorization", and "Submit Authorization".
- An error message box below the buttons that reads: "Errors: CPT Code is not valid in Service Line # 1".

Orange arrows indicate the flow: one points from the "Save Authorization" button to step 1, another points from the "Save Authorization" button to step 2, a third points from the error message to step 3, and a fourth points from the "Submit Authorization" button to step 4.

4 Once the attachments are uploaded, click "Submit Authorization".

Unspecified J-Code: Upload Attachment

1 Select the "Document Type" you want to upload from the drop-down.

Attachment

Please select the file to be uploaded :

Document Type : --SELECT--

Invoice for Implant Service
J-Code Prescription
Medical Documentation
Prescription from Physician
Treatment Plan

Filename : Browse...

The acceptable file extensions for the upload are .doc, .docx, .gif, .htm, .html, .jpeg, .jpg, .tif, .tiff, .tst, .txt, .bmp, .pdf
Filename cannot be longer than 50 characters

Ok Close

2 Click the "Browse" button. The system will display the Open window. Locate and select the file from your local drive that you need to upload and click the "Open" button. The system will update the "File Name" field.

Note: The guidelines for the attached document are present.

3 Once the attachment is uploaded, Click "Ok" to return to the previous page to Submit Authorization.

Authorization Request List

2 Click "Close" to return to the Portal home page.

Note: Click "Add New Request" to submit additional authorization requests.

Close

Add New Request

Auth Request #	Claimant Case ID	Status	Auth Type	Last Updated	Submitted Date	Level	Program	Auth Request Type	Source
1		In Review	Unspecified J-Code	03/01/2020	03/01/2020	3	DFEC	Initial Request	DDE

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

Checking Authorization Status



Authorization Status

Note: Once your authorization request is submitted, the status of your authorization populates under the Authorization Request List.

1. Dialogue box opens to display auth details.

2. Displays the Auth Request #.

3. Displays the Claimant Case ID.

	1	2	3	4	5	6	7	8	9	10	11
		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

*4-12 are covered on the next two slides.

Authorization Status

4. Auth Status Displays.

- Entering (started auth but did not submit).
- In Review (auth submitted).
- Approved.
- Denied (not approved).
- Cancelled (services no longer needed).
- Pending Further Development (additional information is needed or medical development is required before a determination can be made).

Note: Once your authorization request is submitted, the status of your authorization populates under the Authorization Request List.

The screenshot shows a web interface for the 'Authorization Request List'. At the top, there are buttons for 'Close' and 'Add New Request'. Below is a table with columns: 'Auth Request #', 'Claimant Case ID', 'Status', 'Auth Type', 'Last Updated', 'Submitted Date', 'Level', 'Program', 'Auth Request Type', and 'Source'. The table contains three rows of data. Numbered callouts (1-12) point to specific UI elements: 1 points to a document icon in the first row; 2 points to the 'Auth Request #' header; 3 points to the 'Claimant Case ID' header; 4 points to the 'Status' header; 5 points to the 'Auth Type' header; 6 points to the 'Last Updated' header; 7 points to the 'Submitted Date' header; 8 points to the 'Level' header; 9 points to the 'Program' header; 10 points to the 'Auth Request Type' header; 11 points to the 'Source' header; and 12 points to the 'Close' button.

	Auth Request #	Claimant Case ID	Status	Auth Type	Last Updated	Submitted Date	Level	Program	Auth Request Type	Source
1			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

*6-12 are covered on the next slide.

5. Auth Type.

Authorization Status

Note: Once your authorization request is submitted, the status of your authorization populates under the Authorization Request List.

6. Last time the Auth was updated.
7. Date the Auth was submitted.
8. Auth Level.
9. OWCP Program the claimant is under.
10. Auth Request Type.
11. Source (How the authorization was submitted).
12. Click "Close" to return to the Portal Home Page.

The screenshot shows a web interface for the 'Authorization Request List'. At the top, there are two buttons: 'Close' (circled in red) and 'Add New Request'. Below this is a header for the table. The table has 12 columns, each with a numbered callout (1-12) pointing to it. The columns are: 1. A grid icon; 2. 'Auth Request #' with a dropdown arrow; 3. 'Claimant Case ID' with a dropdown arrow; 4. 'Status' with a dropdown arrow; 5. 'Auth Type' with a dropdown arrow; 6. 'Last Updated' with a dropdown arrow; 7. 'Submitted Date' with a dropdown arrow; 8. 'Level' with a dropdown arrow; 9. 'Program' with a dropdown arrow; 10. 'Auth Request Type' with a dropdown arrow; 11. 'Source' with a dropdown arrow; 12. A 'Close' button. The table contains three rows of data.

1	2	3	4	5	6	7	8	9	10	11	12
	Auth Request # ▲▼	Claimant Case ID ▲▼	Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Level ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼	Close
			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	

Authorization

Authorization Quick Tips:

- Check Claimant Eligibility to see if an Authorization is required.
- Submit Authorization before submitting bill.
- Check Authorization Status – Submit bill once Authorization is in an Approved status.
- Authorization does not guarantee payment.
- Allow 2 business days for Authorization process. If Authorization must be reviewed by a Claims Examiner (CE), it may take longer than normal.
- Authorizations can also be faxed to 800.215.4901 or mailed to P.O. Box 8300 London, KY 40742-8300.
- Travel Authorizations must be submitted via fax or mail only.

THANK YOU!

