

DFEC Authorization



Introduction

The WCMBP system allows for providers to submit authorization requests via Direct Data Entry (DDE) - on line submission. This tutorial provides instructions for providers in submitting 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

The screenshot shows a web interface for adding a new authorization request. At the top, there is a header bar with a 'Close' button and an 'Add New Request' button. Below this is a section titled 'Authorization Request List'. Underneath, there are two dropdown menus: 'Program' and 'Authorization Type'. The 'Program' dropdown is currently set to '--SELECT--'. The 'Authorization Type' dropdown is also set to '--SELECT--'. An arrow points from the 'Add New Request' button to instruction 1. Another arrow points from the 'Program' dropdown to instruction 2. A third arrow points from the 'Authorization Type' dropdown to instruction 3, which also includes a small inset showing the list of available authorization types: 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

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' field shows '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.

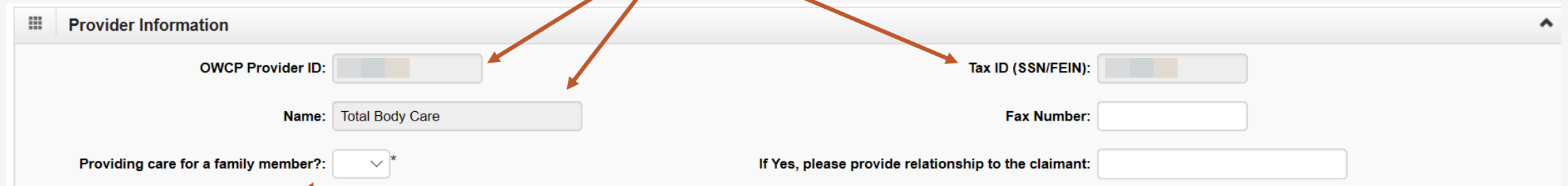
- 3 Enter the required (*) Claimant Information.

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 following fields: 'Claimant's Case ID', 'Date of Birth', 'First Name', 'Last Name', and 'Date of Injury'. All these fields are currently empty.

Adding a New Request: DME

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



The screenshot shows a form titled "Provider Information" with a grid icon on the left and an up arrow on the right. The form contains the following fields:

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

Three orange arrows originate from a single point above the "OWCP Provider ID" field and point to the "OWCP Provider ID", "Tax ID (SSN/FEIN)", and "Name" fields, indicating they are auto-filled.

- 2 Select dropdown 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 that you want to point to.

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

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 and To Date fields
- 5: Diagnosis Pointer (A, B, C, D)
- 6: Code Type (HCPCS Procedure Code, CPT Procedure Code)
- 7: Procedure Code
- 8: Body Part Modifier (RT - Right Side, LT - Left Side, 50 - Bilateral)
- 9: Units
- 10: Rental or Purchase Modifier (RR-Rental, NU-Purchased New, UE-Purchased Used)
- 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											

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

Adding a New Request: DME

Enter the Required Service Line Information – Cont.

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 (dropdown menu showing HCPCS Procedure Code and CPT Procedure Code)
- 7: Procedure Code
- 8: Body Part Modifier (dropdown menu showing RT - Right Side, LT - Left Side, 50 - Bilateral)
- 9: Units
- 10: Rental or Purchase Modifier (dropdown menu showing RR-Rental, NU-Purchased New, UE-Purchased Used)
- 11: Cost
- 12: Duration
- 13: Action
- 14: Remarks

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

*11-14 is covered on the next slide.

Adding a New Request: DME


Enter the Required Service Line Information – Cont.

11. Enter the cost.

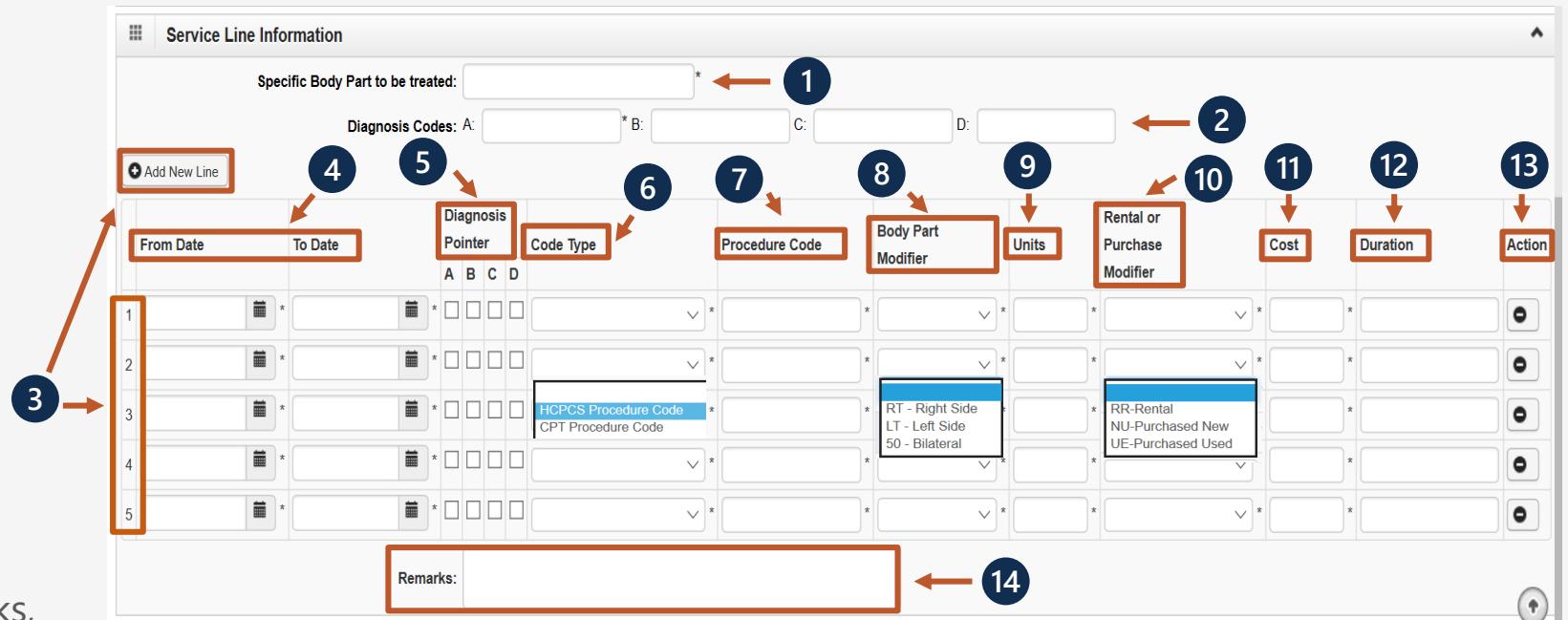
Note: If a rental, enter the total cost of the rental for the date range listed.

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											
2											
3					HCPCS Procedure Code	RT - Right Side		RR-Rental			
4					CPT Procedure Code	LT - Left Side		NU-Purchased New			
5						50 - Bilateral		UE-Purchased Used			

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 requires 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.

The screenshot displays a web form for adding a new request. At the top, a field labeled "Auth Request Number" contains the value "10" followed by a masked area. Below this field is a row of four buttons: "Close" (with a star icon), "Upload/Retrieve Attachment" (with an upload icon), "Save Authorization" (with a floppy disk icon and a dashed border), and "Submit Authorization" (with a checkmark icon). Below the buttons, a red error message is displayed in a white box: "Errors: CPT Code is not valid in Service Line # 1". Orange arrows from the numbered steps point to specific elements: Step 2 points to the "Auth Request Number" field; Step 3 points to the "Upload/Retrieve Attachment" button; Step 1 points to the "Save Authorization" button; and Step 4 points to the "Submit Authorization" button.

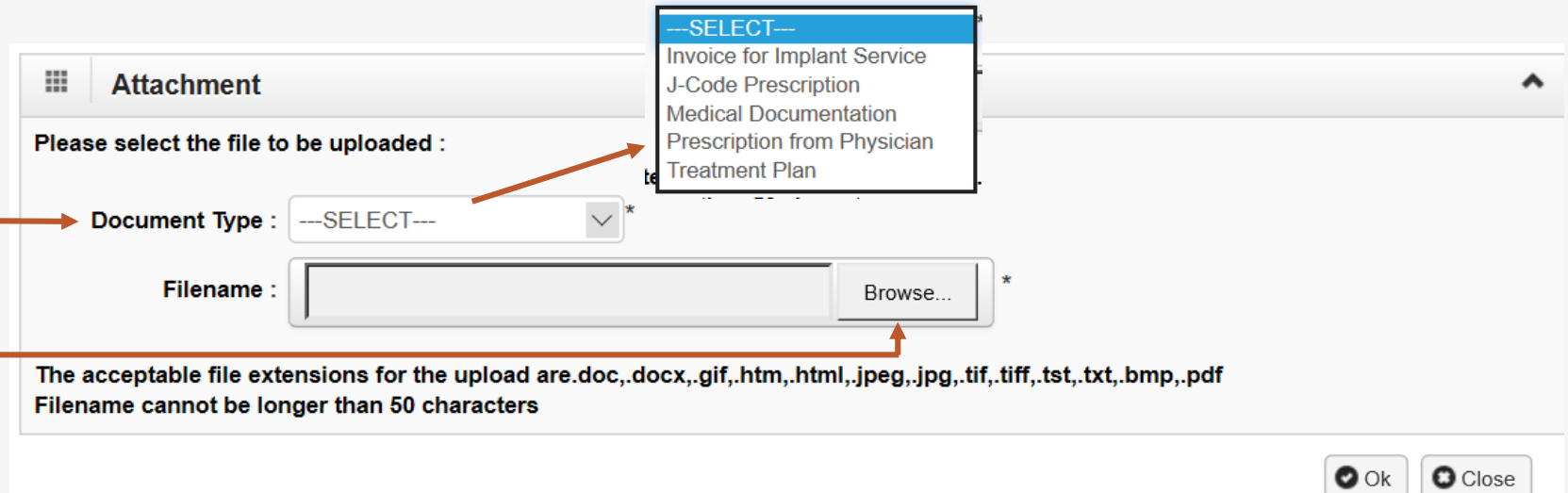
- 4 Once the attachments are uploaded, click "Submit Authorization."

Adding a New Request: DME

1 Select the "Document Type" you want to upload from the dropdown.

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: "Invoice for Implant Service", "J-Code Prescription", "Medical Documentation", "Prescription from Physician", and "Treatment Plan". Below this is a "Filename" text field and a "Browse..." button. At the bottom of the form, there is a note about acceptable file extensions and a character limit, followed by "Ok" and "Close" buttons. Red arrows point from the numbered instructions to the corresponding UI elements: from instruction 1 to the dropdown menu, from instruction 2 to the "Browse..." button, and from instruction 3 to the "Ok" button.

Attachment

Please select the file to be uploaded :

Document Type :

Filename :

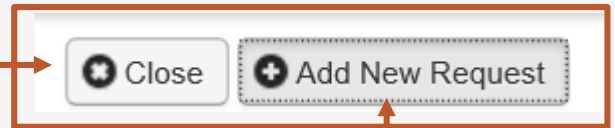
The acceptable file extensions for the upload are .doc, .docx, .gif, .htm, .html, .jpeg, .jpg, .tif, .tiff, .tst, .txt, .bmp, .pdf
Filename cannot be longer than 50 characters

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

Adding a New Request: DME

2 Click "Close" to return to portal home page.

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



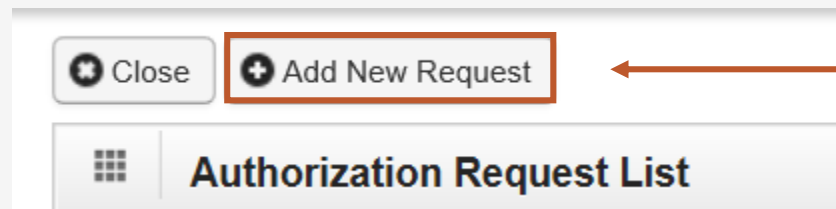
	Auth Request # ▲▼	Claimant Case ID ▲▼	Status ▲▼	Auth Type ▲▼	Last Updated ▲▼	Submitted Date ▲▼	Level ▲▼	Program ▲▼	Auth Request Type ▲▼	Source ▲▼
			In Review	Durable Medical Equipment	03/01/2020	03/01/2020	2	DFEC	Initial Request	DDE

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

General Medical

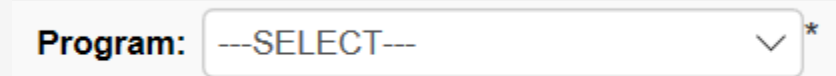


Adding a New Request: General Medical



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 box. Below it is a header for 'Authorization Request List'.

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



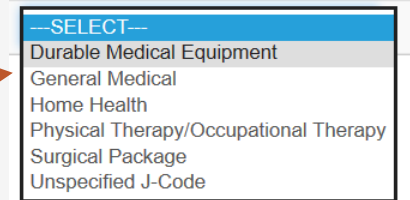
The screenshot shows a 'Program:' label followed by a drop-down menu with the text '--SELECT--' and a downward arrow. A red arrow points to the drop-down menu.

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



The screenshot shows an 'Authorization Type:' label followed by a drop-down menu with a downward arrow. A red arrow points to the drop-down menu.

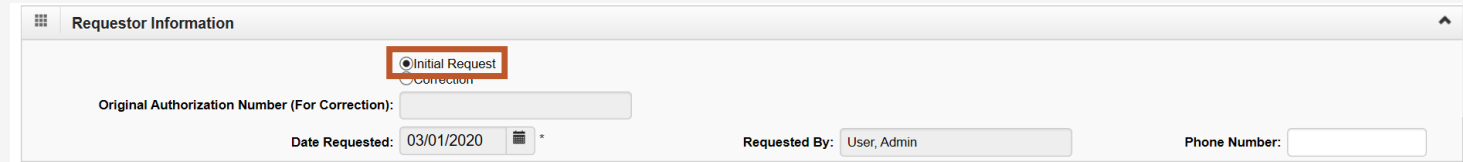
3 Select one the following authorization types from the "Authorization Type" drop-down.



The screenshot shows the 'Authorization Type' drop-down menu open, displaying the following options: --SELECT--, Durable Medical Equipment, General Medical, Home Health, Physical Therapy/Occupational Therapy, Surgical Package, and Unspecified J-Code. A red arrow points to the 'General Medical' option.

General Medical – Requestor and Claimant Information

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



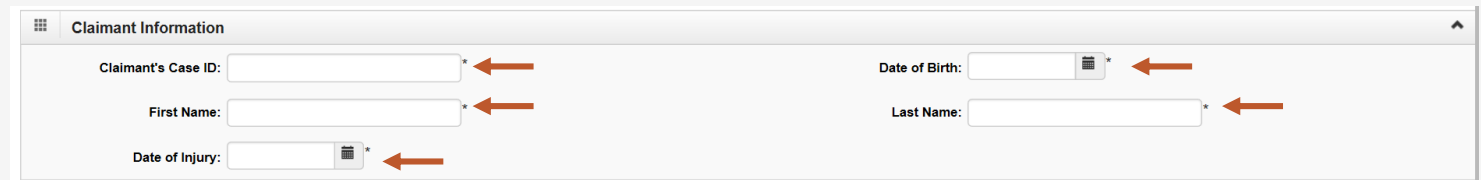
The screenshot shows the 'Requestor Information' form. The 'Initial Request' radio button is selected and highlighted with a red box. The 'Original Authorization Number (For Correction)' field is empty. The 'Date Requested' is set to 03/01/2020. The 'Requested By' field shows 'User, Admin' and the 'Phone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

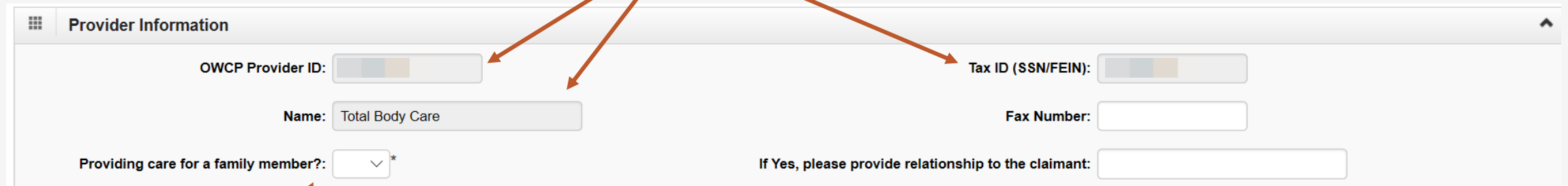
Claimant Case ID, Date of Birth (DOB) , First/Last Name and Date of Injury(DOI).



The screenshot shows the 'Claimant Information' form. Red arrows point to the following fields: 'Claimant's Case ID', 'First Name', 'Date of Injury', 'Date of Birth', and 'Last Name'. All these fields are marked with an asterisk (*) indicating they are required.

General Medical – Provider Information

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



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

- 2 Select dropdown 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 dropdown).

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 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
- 7: To Date
- 8: Diagnosis Pointer
- 9: Code Type
- 10: Revenue Code
- 11: Procedure Code
- 12: Modifier
- 13: Body Part Modifier
- 14: Units/Days Requested
- 15: Action
- 16: Cost of Implant: *
- 17: Remarks: *

The form includes a table with 5 rows and 15 columns. The columns are: From Date, To Date, Diagnosis Pointer, Code Type, Revenue Code, Procedure Code, Modifier, Body Part Modifier, Units/Days Requested, and Action. The first row is highlighted with a red box. The second row has a dropdown menu open showing 'HCPCS Procedure Code', 'Revenue Code', and 'CPT Procedure Code'. The third row has a dropdown menu open showing 'RT - Right Side', 'LT - Left Side', and '50 - Bilateral'. The fourth row has a dropdown menu open showing '50 - Bilateral'. The fifth row has a dropdown menu open showing '50 - Bilateral'.

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

General Medical – Service Line Information

Enter the Required Service Line Information – Cont.

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
- 7: To Date
- 8: Diagnosis Pointer (A, B, C, D)
- 9: Code Type (HCPCS Procedure Code, Revenue Code, CPT Procedure Code)
- 10: Revenue Code
- 11: Procedure Code
- 12: Modifier
- 13: Body Part Modifier (RT - Right Side, LT - Left Side, 50 - Bilateral)
- 14: Units/Days Requested
- 15: Action
- 16: Cost of Implant:
- 17: Remarks:

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

*10-14 is covered on the next slide.

General Medical – Service Line Information


Enter the Required Service Line Information – Cont.

10. Enter procedure code Modifier.

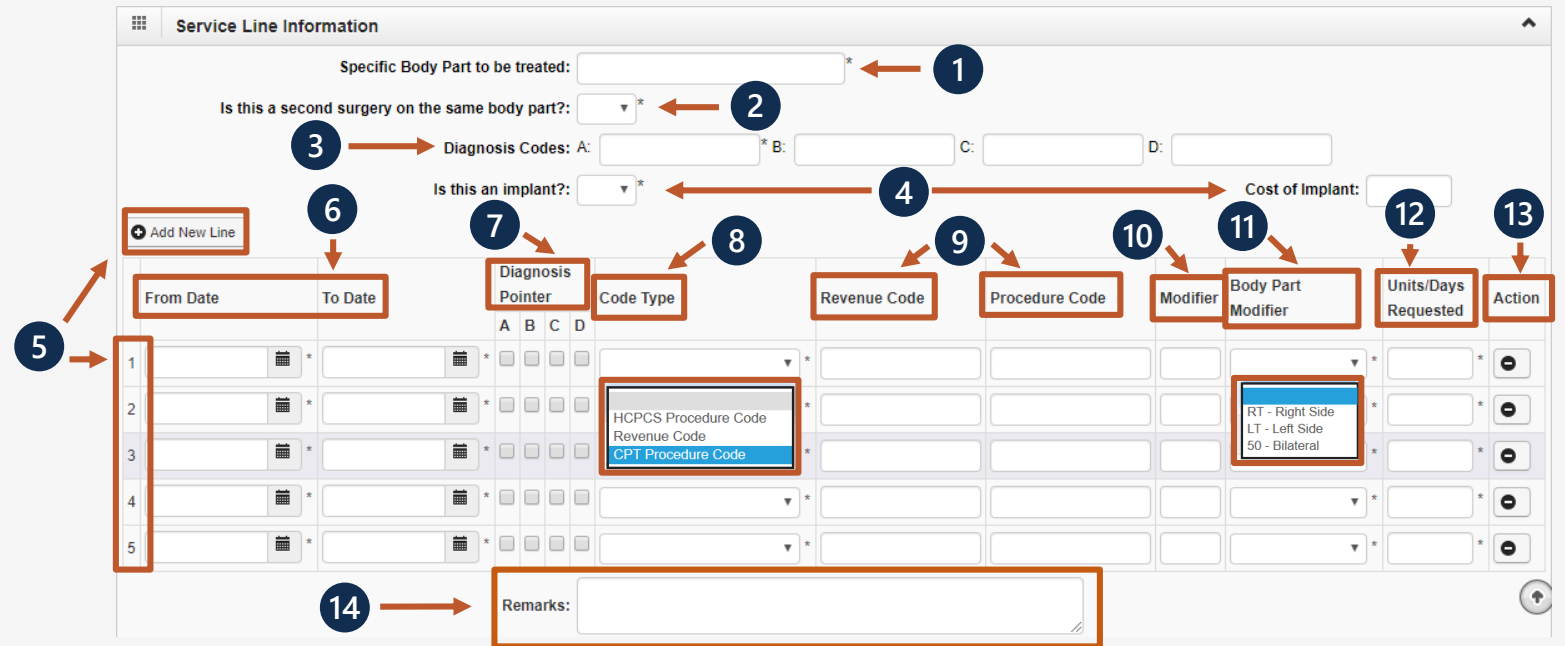
11. A Body Part Modifier is required (RT, LT or 50)

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 displays the 'Service Line Information' form with various fields and a table. Numbered callouts (1-14) indicate specific areas of interest:

- 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
- 8: Code Type
- 9: Revenue Code
- 10: Procedure Code
- 11: Modifier
- 12: Body Part Modifier
- 13: Units/Days Requested
- 14: Remarks field

The table below shows the structure of the service line entries:

	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										

Dropdown menus for Code Type and Body Part Modifier are shown with options: HCPCS Procedure Code, Revenue Code, CPT Procedure Code, and RT - Right Side, LT - Left Side, 50 - Bilateral.

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 requires a manufacture invoice for implants. 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 form for saving an authorization. At the top, a field labeled "Auth Request Number : 10" is followed by a series of colored squares. Below this field are four buttons: "Close" (with a star icon), "Upload/Retrieve Attachment" (with a circular arrow icon), "Save Authorization" (with a floppy disk icon and a dashed border), and "Submit Authorization" (with a checkmark icon). Below the buttons, a red error message is displayed in a white box: "Errors: CPT Code is not valid in Service Line # 1". Orange arrows from the numbered steps point to specific elements: step 2 points to the "Auth Request Number" field, step 3 points to the "Upload/Retrieve Attachment" button, and step 4 points to the "Submit Authorization" button. A red arrow from the "Note" text points to the error message box.

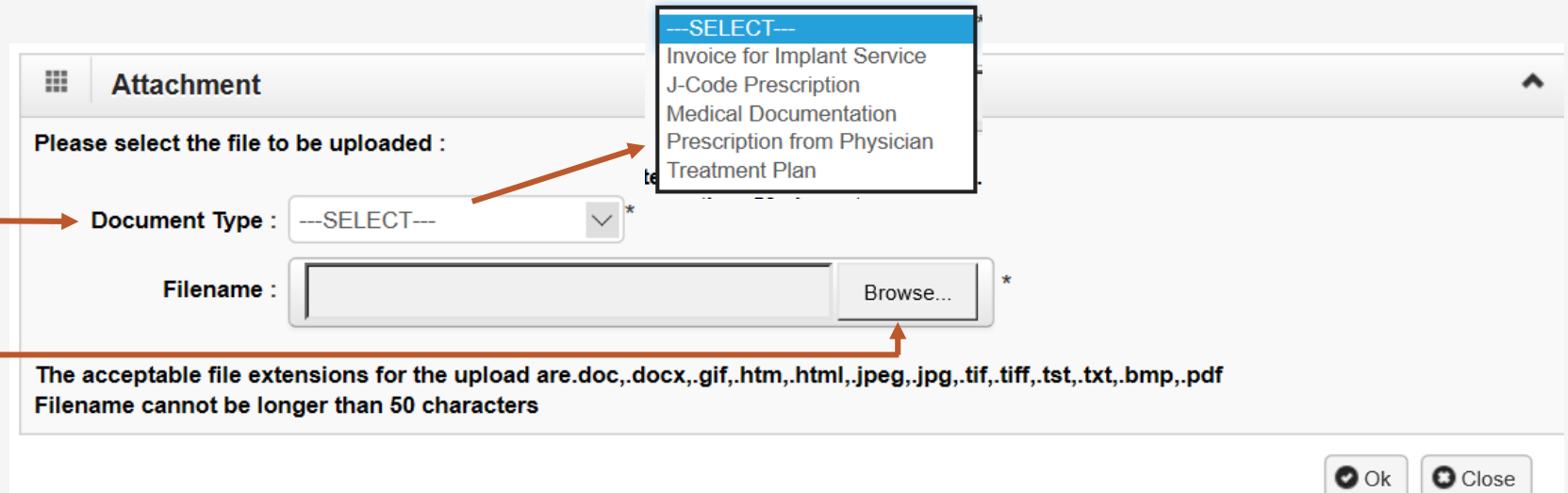
- 4 Once the attachments are uploaded, click "Submit Authorization."

General Medical – Uploading Attachment

1 Select the "Document Type" you want to upload from the dropdown.

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 dropdown menu for "Document Type" 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" field with a "Browse..." button. At the bottom, there are "Ok" and "Close" buttons. Red arrows point from the numbered instructions to the corresponding form elements: from instruction 1 to the "Document Type" dropdown, from instruction 2 to the "Browse..." button, and from instruction 3 to the "Ok" button.

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


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 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 ▲▼
			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 managing authorization requests. At the top, there is a header bar with a 'Close' button and an 'Add New Request' button. Below this is a section titled 'Authorization Request List'. Underneath, there are two dropdown menus: 'Program:' and 'Authorization Type:'. An arrow points from the 'Add New Request' button to step 1. Another arrow points from the 'Program:' dropdown to step 2. A third arrow points from the 'Authorization Type:' dropdown to step 3. A callout box shows the options for the 'Authorization Type' dropdown.

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. 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:' field is set to '03/01/2020'. The 'Requested By:' dropdown is set to 'User, Admin'. 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.

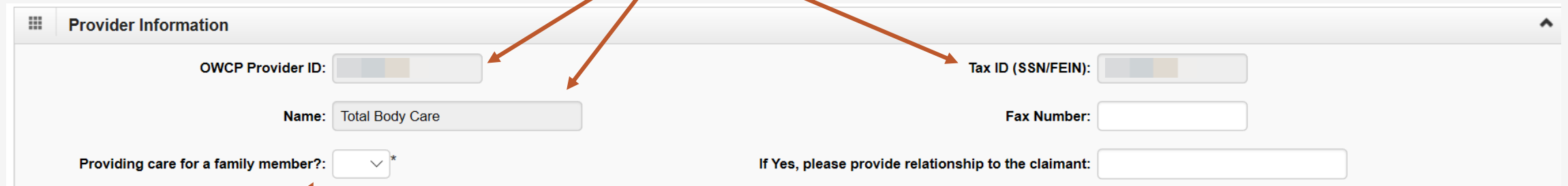
- 3 Enter the required (*) Claimant Information.

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 following fields: 'Claimant's Case ID:', 'First Name:', 'Date of Injury:', 'Date of Birth:', and 'Last Name:'. All these fields are currently empty.

Home Health – Provider Information

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



The screenshot shows a form titled "Provider Information". It contains several fields: "OWCP Provider ID" (auto-filled), "Name" (auto-filled with "Total Body Care"), "Tax ID (SSN/FEIN)" (auto-filled), "Fax Number" (empty), "Providing care for a family member?" (dropdown menu), and "If Yes, please provide relationship to the claimant:" (empty text box). Three orange arrows point from the text in step 1 to the "OWCP Provider ID", "Name", and "Tax ID (SSN/FEIN)" fields.

- 2 Select dropdown 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. It includes a header section with 'Specific Body Part to be treated:' (1), 'Diagnosis Codes: A:' (2), 'B:', 'C:', and 'D:'. Below this is a table with columns: 'From Date' (4), 'To Date' (5), 'Diagnosis Pointer' (6), 'Code Type' (7), 'Procedure Code' (8), 'Body Part Modifier' (9), 'Frequency' (10), 'Duration' (11), 'Total Units Requested' (12), and 'Action'. The table has five rows. A red box highlights the 'Add New Line' button (3) and the first five rows of the table. A red box highlights the 'Remarks' field (13) at the bottom.

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

Home Health – Service Line Information

Enter the Required Service Line Information – Cont.

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 will you see the claimant).


The screenshot shows the 'Service Plan Information' form. It includes fields for 'Specific Body Part to be treated:', 'Diagnosis Codes: A:', 'B:', 'C:', and 'D:'. Below these are 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 table with 5 rows is shown, each with a calendar icon and a dropdown arrow. A 'Remarks' field is at the bottom. Numbered callouts point to various elements: 1 points to the body part field, 2 to the diagnosis codes, 3 to the 'Add New Line' button, 4 to the 'From Date' column, 5 to the 'Diagnosis Pointer' column, 6 to the 'Code Type' column, 7 to the 'Procedure Code' column, 8 to the 'Body Part Modifier' column, 9 to the 'Frequency' column, 10 to the 'Duration' column, 11 to the 'Total Units Requested' column, 12 to the 'Action' column, and 13 to the 'Remarks' field.

*11-13 is covered on the next slide.

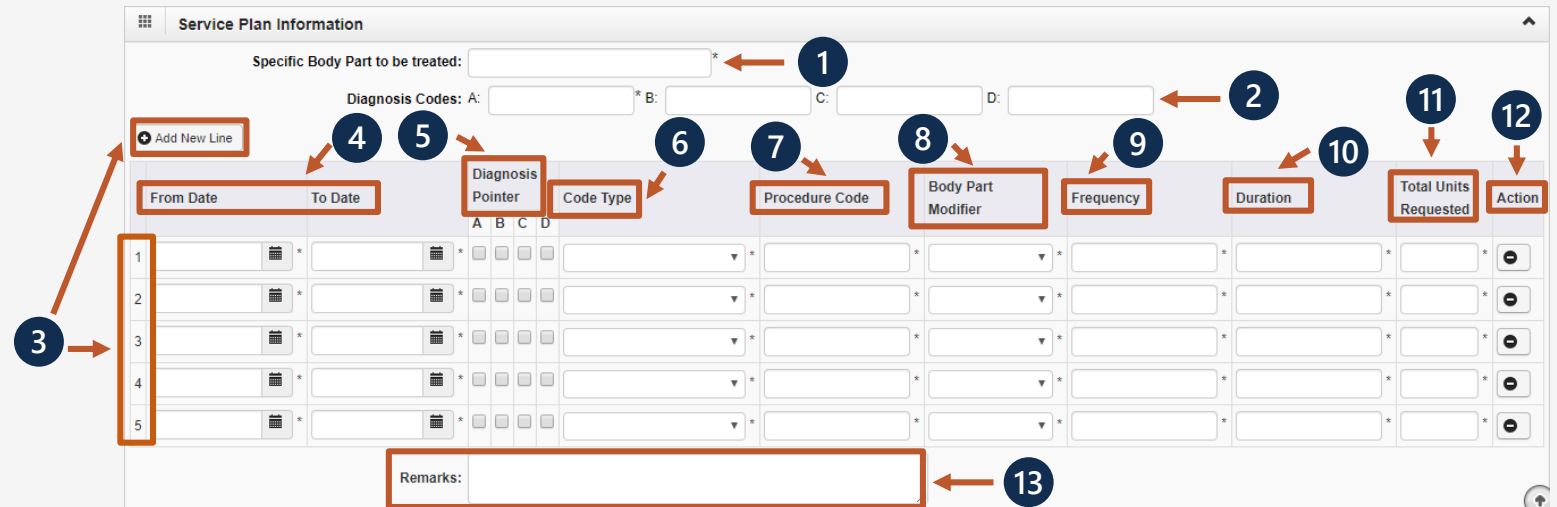
Home Health – Service Line Information

Enter the Required Service Line Information – Cont.

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 displays the 'Service Plan Information' form. It includes a header section for 'Specific Body Part to be treated:' and 'Diagnosis Codes: A: B: C: D:'. Below this is a table with columns: '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 table with 5 rows is shown below the headers. A 'Remarks' field is located at the bottom. Numbered callouts (1-13) point to various fields: 1 points to 'Specific Body Part to be treated:', 2 to 'Diagnosis Codes: D:', 3 to the 'Add New Line' button, 4 to 'From Date', 5 to 'Diagnosis Pointer', 6 to 'Code Type', 7 to 'Procedure Code', 8 to 'Body Part Modifier', 9 to 'Frequency', 10 to 'Duration', 11 to 'Total Units Requested', 12 to the 'Action' column (specifically the minus icon), and 13 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 shows a web interface for saving an authorization. At the top, there is a field labeled 'Auth Request Number : 10' followed by a series of colored squares. Below this field are four buttons: 'Close' (with a star icon), 'Upload/Retrieve Attachment' (with a document icon), 'Save Authorization' (with a floppy disk icon), and 'Submit Authorization' (with a checkmark icon). Below the buttons, there is a red error message box that reads: 'Errors: CPT Code is not valid in Service Line # 1'. Orange arrows point from the text instructions to the corresponding elements in the interface: from step 1 to the 'Save Authorization' button, from step 2 to the 'Auth Request Number' field, from step 3 to the 'Upload/Retrieve Attachment' button, and from step 4 to the 'Submit Authorization' button.

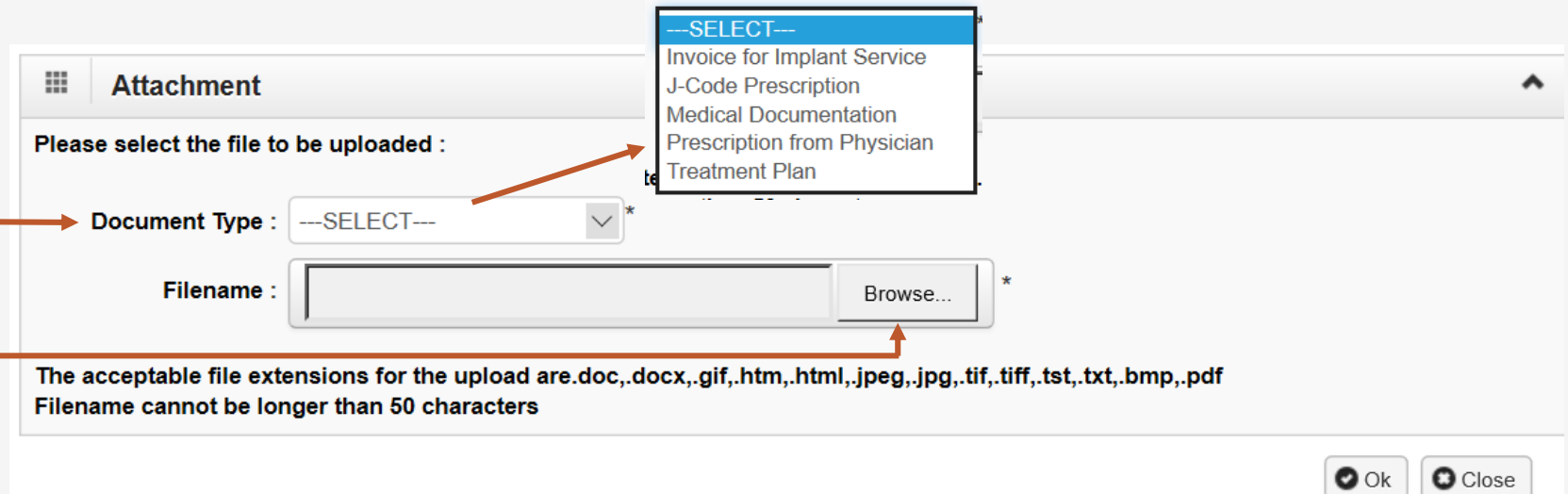
- 4 Once the attachments are uploaded, click "Submit Authorization."

Home Health – Uploading Attachment

1 Select the "Document Type" you want to upload from the dropdown.

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: "Invoice for Implant Service", "J-Code Prescription", "Medical Documentation", "Prescription from Physician", and "Treatment Plan". Below this is a "Filename" text field and a "Browse..." button. At the bottom of 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. Red arrows point from the numbered instructions to the corresponding form elements: from instruction 1 to the "Document Type" dropdown, from instruction 2 to the "Browse..." button, and from instruction 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 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 ▲▼
			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

The screenshot shows a web interface for managing authorization requests. At the top, there is a header bar with a 'Close' button and an 'Add New Request' button. Below this is a section titled 'Authorization Request List'. Underneath, there are two dropdown menus: 'Program' and 'Authorization Type'. The 'Program' dropdown is currently set to '--SELECT--'. The 'Authorization Type' dropdown is also set to '--SELECT--'. To the right of the 'Authorization Type' dropdown, a list of options is visible: Durable Medical Equipment, General Medical, Home Health, Physical Therapy/Occupational Therapy, Surgical Package, and Unspecified J-Code. Three numbered steps are overlaid on the image: Step 1 points to the 'Add New Request' button; Step 2 points to the 'Program' dropdown; Step 3 points to the 'Authorization Type' dropdown and its list of options.

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

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

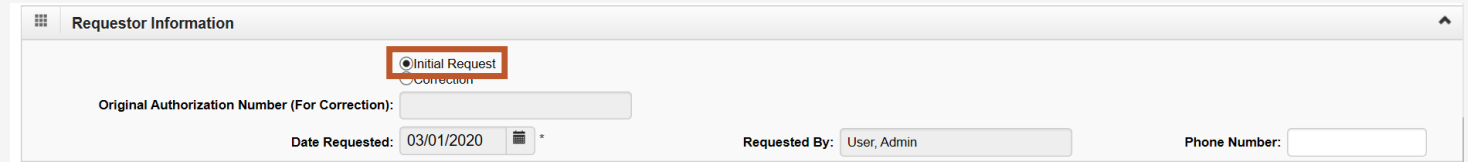
3 Select one the following authorization types from the "Authorization Type" drop-down.

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

PT/OT– Requestor and Claimant Information

1

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

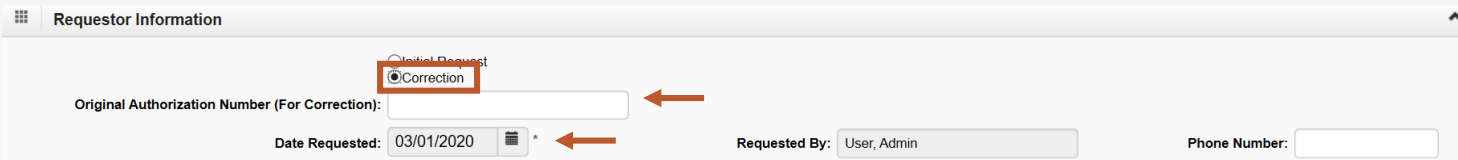


The screenshot shows the 'Requestor Information' form. The 'Initial Request' radio button is selected and highlighted with a red box. The 'Original Authorization Number (For Correction):' field is empty. The 'Date Requested:' field is set to '03/01/2020'. The 'Requested By:' field is set to 'User, Admin'.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

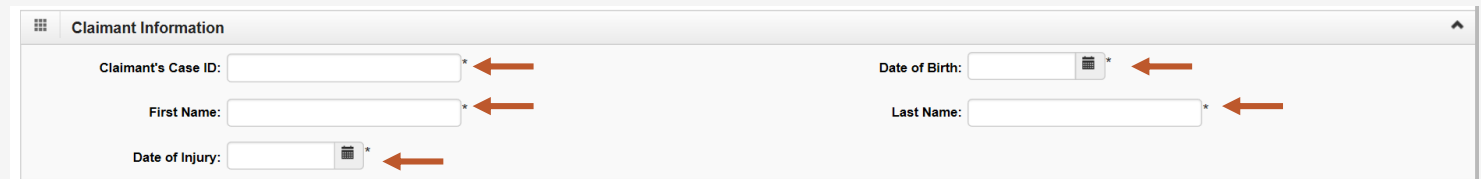


The screenshot shows the 'Requestor Information' form. The 'Correction' radio button is selected and highlighted with a red box. The 'Original Authorization Number (For Correction):' field is empty, with a red arrow pointing to it. The 'Date Requested:' field is set to '03/01/2020', with a red arrow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

3

Enter the required (*) Claimant Information.

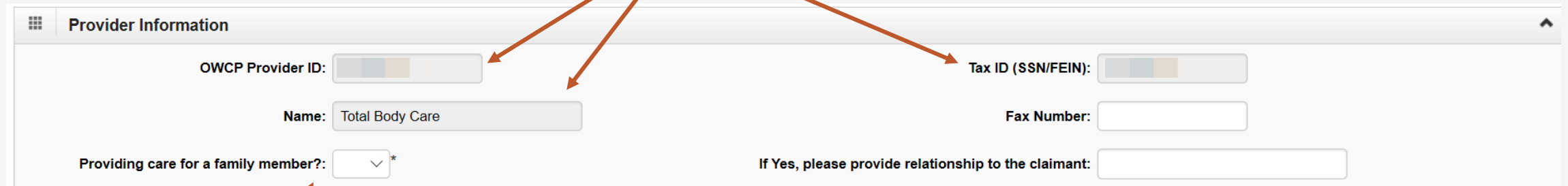
Claimant Case ID, Date of Birth (DOB) , First/Last Name and Date of Injury(DOI).



The screenshot shows the 'Claimant Information' form. The 'Claimant's Case ID:' field is empty, with a red arrow pointing to it. The 'First Name:' field is empty, with a red arrow pointing to it. The 'Date of Injury:' field is empty, with a red arrow pointing to it. The 'Date of Birth:' field is empty, with a red arrow pointing to it. The 'Last Name:' field is empty, with a red arrow pointing to it.

PT/OT– Provider Information

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



The screenshot shows a form titled "Provider Information". It contains several fields: "OWCP Provider ID:" with a greyed-out input box, "Name:" with a text box containing "Total Body Care", "Tax ID (SSN/FEIN):" with a greyed-out input box, "Fax Number:" with an empty text box, "Providing care for a family member?:" with a dropdown menu, and "If Yes, please provide relationship to the claimant:" with an empty text box. Three orange arrows originate from the text in step 1 and point to the "OWCP Provider ID:", "Name:", and "Tax ID (SSN/FEIN):" fields. Another orange arrow originates from the text in step 2 and points to the "Providing care for a family member?:" dropdown menu. A third orange arrow originates from the text in step 3 and points to the "If Yes, please provide relationship to the claimant:" text box.

- 2 Select dropdown 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. Numbered callouts indicate the following fields to be filled:

- 1: Specific Body Part to be treated
- 2: Diagnosis Codes (A, B, C, D)
- 3: Is the requested therapy related to post-operative treatment within 60 days after surgery?
- 4: Add New Line button
- 5: From Date
- 6: To Date
- 7: Diagnosis Pointer (A, B, C, D)
- 8: Code Type (HCPCS Procedure Code, CPT Procedure Code)
- 9: Procedure Code
- 10: Modifier
- 11: Body Part Modifier (RT - Right Side, LT - Left Side, 50 - Bilateral)
- 12: # Of Units Per Procedure/Visit
- 13: Frequency
- 14: Duration
- 15: Total Units Requested
- 16: Action button

	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
1												
2												
3												
4												
5												

Remarks:

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

PT/OT – Service Line Information

Enter the Required Service Line Information – Cont.

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 with the following fields and callouts:

- 1: Specific Body Part to be treated: (text field)
- 2: Diagnosis Codes: A: (text field), B: (text field), C: (text field), D: (text field)
- 3: Is the requested therapy related to post-operative treatment within 60 days after surgery?: (checkbox)
- 4: Add New Line (button)
- 5: From Date (text field)
- 6: To Date (text field)
- 7: Diagnosis Pointer (dropdown menu with options A, B, C, D)
- 8: Code Type (dropdown menu with options HCPCS Procedure Code, CPT Procedure Code)
- 9: Procedure Code (text field)
- 10: Modifier (text field)
- 11: Body Part Modifier (dropdown menu with options RT - Right Side, LT - Left Side, 50 - Bilateral)
- 12: # Of Units Per Procedure/Visit (text field)
- 13: Frequency (text field)
- 14: Duration (text field)
- 15: Total Units Requested (text field)
- 16: Action (button)

Below the form is a Remarks: (text field) with callout 16.

*11-16 is covered on the next slide.

PT/OT – Service Line Information

Enter the Required Service Line Information – Cont.

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 will you 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. Numbered callouts point to the following fields:

- 1: Specific Body Part to be treated:
- 2: Diagnosis Codes: A: * B: * C: * D: *
- 3: Add New Line button
- 4: Table row indicator (1-5)
- 5: From Date
- 6: To Date
- 7: Diagnosis Pointer (A B C D)
- 8: Code Type (HCPCS Procedure Code, CPT Procedure Code)
- 9: Procedure Code
- 10: Modifier
- 11: Body Part Modifier (RT - Right Side, LT - Left Side, 50 - Bilateral)
- 12: # Of Units Per Procedure/Visit
- 13: Frequency
- 14: Duration
- 15: Total Units Requested
- 16: Action (radio button)
- 17: 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.

- 3 Physical Therapy/Occupational Therapy authorizations requires 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.

The screenshot shows a form with the following elements:

- A text field labeled "Auth Request Number : 10" followed by a 9-digit authorization number (partially obscured by a grey box).
- Four buttons: "Close" (with a close icon), "Upload/Retrieve Attachment" (with an upload icon), "Save Authorization" (with a save icon and a dashed border), and "Submit Authorization" (with a checkmark icon).
- An error message box below the buttons that reads: "Errors: CPT Code is not valid in Service Line # 1".

Orange arrows indicate the flow: from step 1 to the "Save Authorization" button, from step 2 to the authorization number field, from step 3 to the "Upload/Retrieve Attachment" button, and from step 4 to the "Submit Authorization" button.

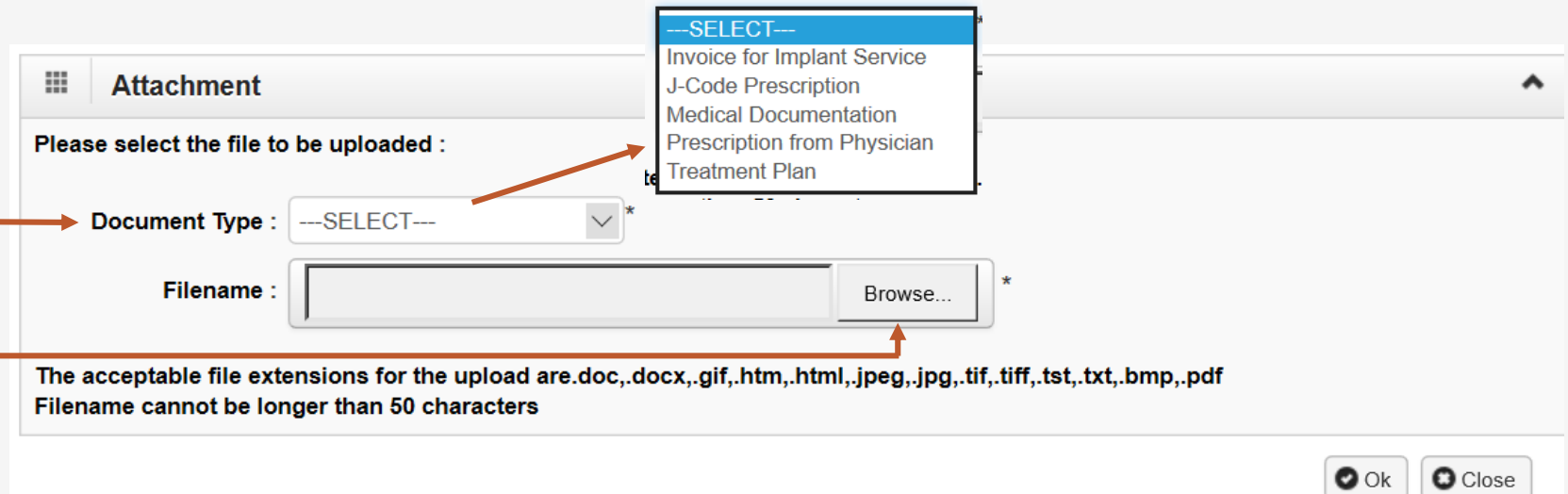
- 4 Once the attachments are uploaded, click "Submit Authorization."

PT/OT – Upload Attachment

1 Select the "Document Type" you want to upload from the dropdown.

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: "Invoice for Implant Service", "J-Code Prescription", "Medical Documentation", "Prescription from Physician", and "Treatment Plan". Below this is a "Filename" field with a "Browse..." button. At the bottom of the form, there is a note about acceptable file extensions and a character limit, followed by "Ok" and "Close" buttons. Red arrows point from the numbered instructions to the corresponding form elements: from instruction 1 to the dropdown menu, from instruction 2 to the "Browse..." button, and from instruction 3 to the "Ok" button.

Attachment

Please select the file to be uploaded :

Document Type :

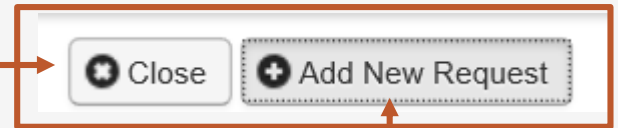
Filename :

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 portal home page.
- Note:** Click "Add New Request" to submit additional authorization requests.



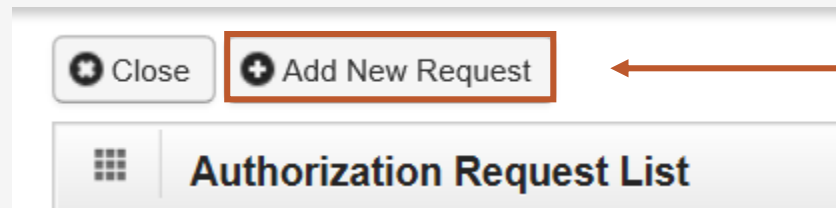
Authorization Request List										
Filter By :			And			Go	Clear Filter Save Filter My Filters			
	Auth Request #	Claimant Case ID	Status	Auth Type	Last Updated	Submitted Date	Level	Program	Auth Request Type	Source
			In Review	Physical Therapy/Occupational Therapy	03/01/2020	03/01/2020	2	DFEC	Initial Request	DDE

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

Surgical Package



Adding a New Request: Surgical Package



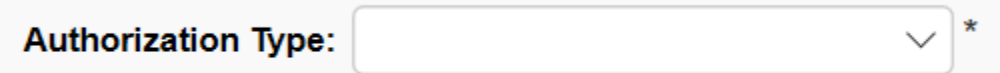
The screenshot shows a web interface with a 'Close' button and an 'Add New Request' button. The 'Add New Request' button is highlighted with a red rectangle. Below it is a header for 'Authorization Request List'.

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



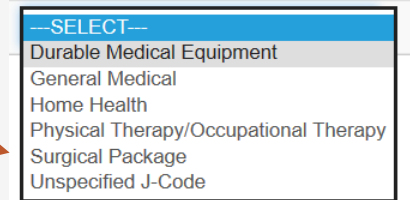
The screenshot shows a 'Program:' label followed by a drop-down menu with the text '--SELECT--' and a downward arrow. A red arrow points from the instruction text to this drop-down menu.

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



The screenshot shows an 'Authorization Type:' label followed by a drop-down menu with a downward arrow. A red arrow points from the instruction text to this drop-down 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. A red arrow points from the instruction text to this menu.

Surgical Package– Requestor and Claimant Information

- 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:' field is set to '03/01/2020'. The 'Requested By:' dropdown is set to 'User, Admin'. 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.

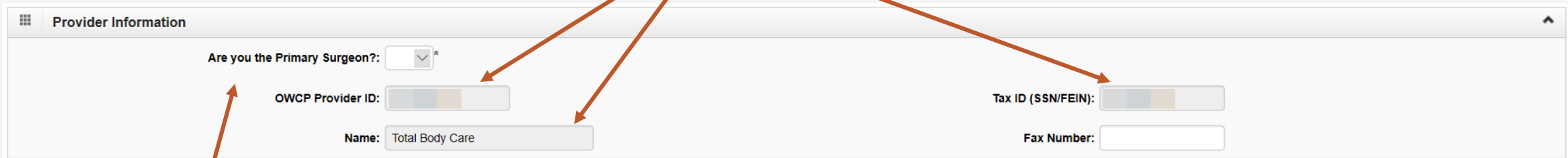
- 3 Enter the required (*) Claimant Information.

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 following fields: 'Claimant's Case ID:', 'First Name:', 'Date of Injury:', 'Date of Birth:', and 'Last Name:'. All these fields are currently empty.

Surgical Package – Provider Information

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



The screenshot shows a web form titled "Provider Information". It contains several fields: a dropdown menu for "Are you the Primary Surgeon?:" with a downward arrow and an asterisk; a text field for "OWCP Provider ID:"; a text field for "Name:" containing the text "Total Body Care"; a text field for "Tax ID (SSN/FEIN):"; and a text field for "Fax Number:". Three orange arrows originate from a single point above the "OWCP Provider ID:" field and point to the "OWCP Provider ID:", "Name:", and "Tax ID (SSN/FEIN):" fields, indicating they are auto-filled. A fourth orange arrow points from the "Are you the Primary Surgeon?:" dropdown to the text of step 2.

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. Select all applicable professionals performing the surgery, including the surgeon requesting the authorization.

Note: This authorization requested by the Surgeon will cover all professionals selected.

The screenshot shows a web form titled "Surgery Information".

Callout 1 points to the "Date of Surgery:" field, which includes a text input box and a calendar icon.

Callout 2 points to a group of radio button options for the surgery site:

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

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

Callout 3 points to a table with two columns: "SELECT PROFESSIONAL" and "PROFESSIONAL AT SURGERY".

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

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: Add New Line button
- 7: From Date
- 8: To Date
- 9: Diagnosis Pointer (A, B, C, D)
- 10: Code Type (HCPCS Procedure Code, Revenue Code, CPT Procedure Code)
- 11: Procedure Code
- 12: Modifier
- 13: Body Part Modifier (RT - Right Side, LT - Left Side, 50 - Bilateral)
- 14: Units/Days Requested
- 15: Action
- 16: Remarks

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

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

Surgical Package – Service Line Information

Enter the Required Service Line Information – Cont.

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 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: Add New Line button
- 7: From Date
- 8: To Date
- 9: Diagnosis Pointer (A, B, C, D)
- 10: Code Type (HCPCS Procedure Code, Revenue Code, CPT Procedure Code)
- 11: Procedure Code
- 12: Modifier
- 13: Body Part Modifier (RT - Right Side, LT - Left Side, 50 - Bilateral)
- 14: Units/Days Requested
- 15: Action
- 16: Remarks:

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

*12-15 is covered on the next slide.


Surgical Package – Service Line Information

Enter the Required Service Line Information – Cont.

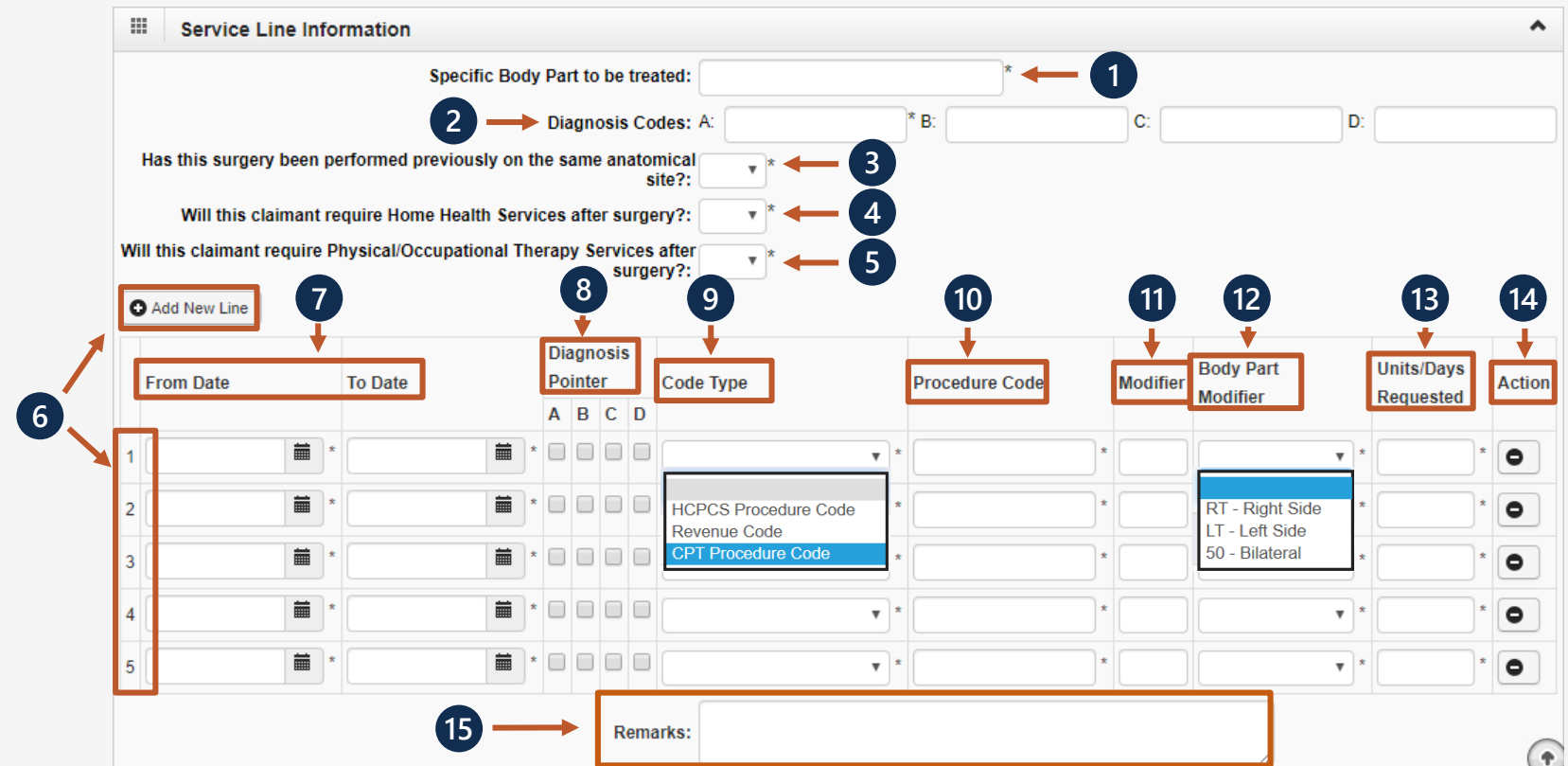
12. A Body Part Modifier is required (RT, LT or 50).

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 displays the 'Service Line Information' form with the following numbered callouts:

- 1**: Points to the 'Specific Body Part to be treated:' text box.
- 2**: Points to the 'Diagnosis Codes: A:' text box.
- 3**: Points to the 'Has this surgery been performed previously on the same anatomical site?:' dropdown.
- 4**: Points to the 'Will this claimant require Home Health Services after surgery?:' dropdown.
- 5**: Points to the 'Will this claimant require Physical/Occupational Therapy Services after surgery?:' dropdown.
- 6**: Points to the 'Add New Line' button.
- 7**: Points to the 'From Date' and 'To Date' fields in the table header.
- 8**: Points to the 'Diagnosis Pointer' header.
- 9**: Points to the 'Code Type' header.
- 10**: Points to the 'Procedure Code' header.
- 11**: Points to the 'Modifier' header.
- 12**: Points to the 'Body Part Modifier' header.
- 13**: Points to the 'Units/Days Requested' header.
- 14**: Points to the 'Action' header.
- 15**: Points to the 'Remarks:' text box at the bottom.

	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="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"/>	
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5			<input type="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"/>	

Dropdown menu for Code Type: HCPCS Procedure Code, Revenue Code, CPT Procedure Code.

Dropdown menu for Body Part Modifier: RT - Right Side, LT - Left Side, 50 - Bilateral.

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 form with a field labeled "Auth Request Number : 10" followed by a masked input field. Below this field are four buttons: "Close", "Upload/Retrieve Attachment", "Save Authorization", and "Submit Authorization". The "Save Authorization" button is highlighted with a dashed border. An orange arrow points from the "Save Authorization" button in the instructions to this button in the screenshot. Another orange arrow points from the "Submit Authorization" button in the instructions to this button in the screenshot.

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

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

Surgical Package – Upload Attachment

1 Select the "Document Type" you want to upload from the dropdown.

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: "Invoice for Implant Service", "J-Code Prescription", "Medical Documentation", "Prescription from Physician", and "Treatment Plan". Below this is a "Filename" text field and a "Browse..." button. At the bottom of the form, there is a note about acceptable file extensions and a character limit, followed by "Ok" and "Close" buttons. Red arrows point from the numbered instructions to the corresponding form elements: from instruction 1 to the "Document Type" dropdown, from instruction 2 to the "Browse..." button, and from instruction 3 to the "Ok" button.

Attachment

Please select the file to be uploaded :

Document Type : *

Filename : Browse... *

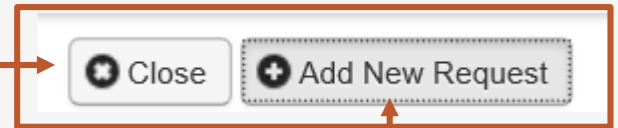
The acceptable file extensions for the upload are .doc, .docx, .gif, .htm, .html, .jpeg, .jpg, .tif, .tiff, .tst, .txt, .bmp, .pdf
Filename cannot be longer than 50 characters

Ok Close

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 portal home page.
- Note:** Click "Add New Request" to submit additional authorization requests.

A screenshot of a web application titled 'Authorization Request List'. It features a filter bar at the top with dropdown menus and a 'Go' button. Below the filter bar is a table with 11 columns: Auth Request #, Claimant Case ID, Status, Auth Type, Last Updated, Submitted Date, Level, Program, Auth Request Type, and Source. The first row of data shows a request in 'In Review' status for a 'Surgical Package', updated on '03/01/2020'. 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 first row.

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	3	DFEC	Initial Request	DDE

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

Unspecified J-Code



Adding a New Request: Unspecified J-Code

The screenshot shows a web interface for managing authorization requests. At the top, there is a 'Close' button and an 'Add New Request' button, which is highlighted with a red box and an arrow pointing to it from step 1. Below this is a section titled 'Authorization Request List'. Underneath, there are two dropdown menus: 'Program:' and 'Authorization Type:'. Both have a red arrow pointing to them from step 2. The 'Program:' dropdown is currently set to '--SELECT--'. The 'Authorization Type:' dropdown is also set to '--SELECT--', and a red arrow points to it from step 3. To the right of the 'Authorization Type:' dropdown, a list of options is shown: '--SELECT--', 'Durable Medical Equipment', 'General Medical', 'Home Health', 'Physical Therapy/Occupational Therapy', 'Surgical Package', and 'Unspecified J-Code'. The 'Unspecified J-Code' option is highlighted with a red box and an arrow pointing to it from step 3.

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

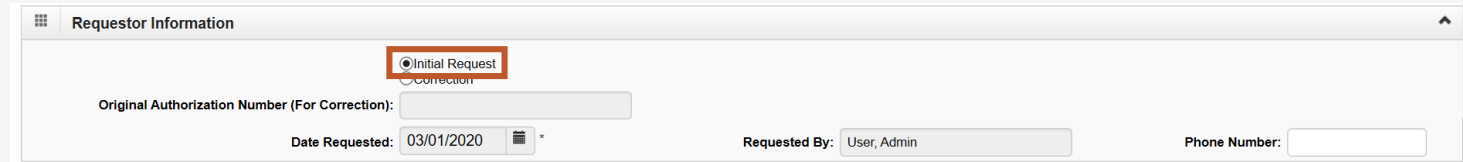
2 Select the DFEC program from the "Program" drop-down.

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."



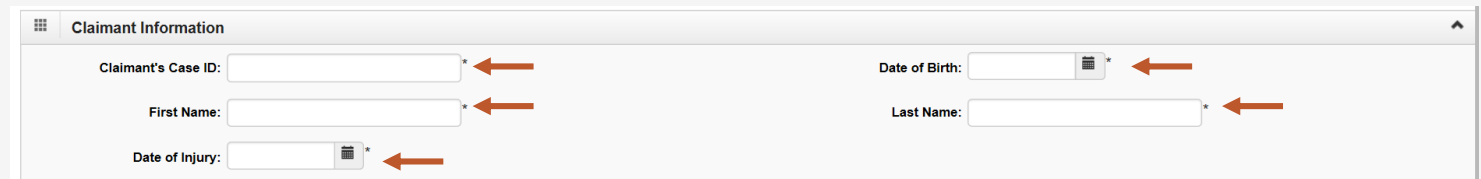
The screenshot shows the 'Requestor Information' form. The 'Initial Request' radio button is selected and highlighted with a red box. The 'Original Authorization Number (For Correction)' field is empty. The 'Date Requested' is set to 03/01/2020. The 'Requested By' field shows 'User, Admin' and the 'Phone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

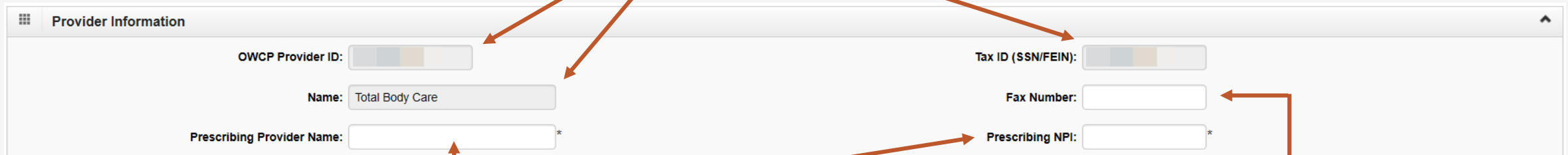
Claimant Case ID, Date of Birth (DOB) , First/Last Name and Date of Injury(DOI).



The screenshot shows the 'Claimant Information' form. Red arrows point to the following fields: 'Claimant's Case ID', 'First Name', 'Date of Birth', 'Last Name', and 'Date of Injury'. All these fields are currently empty.

Unspecified J-Code: Provider Information

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



The screenshot shows a form titled "Provider Information" with several input fields. Three orange arrows originate from a single point above the form and point to the "OWCP Provider ID", "Tax ID (SSN/FEIN)", and "Name" fields, indicating they are auto-filled. The "Name" field contains the text "Total Body Care". The "Prescribing Provider Name" and "Prescribing NPI" fields are marked with an asterisk (*), indicating they are required. The "Fax Number" field is not marked with an asterisk, indicating it is optional. An additional orange arrow points from the "Prescribing NPI" field to the "Fax Number" field, and another points from the "Prescribing Provider Name" field to the "Prescribing NPI" field.

Provider Information	
OWCP Provider ID:	<input type="text"/>
Tax ID (SSN/FEIN):	<input type="text"/>
Name:	<input type="text" value="Total Body Care"/>
Prescribing Provider Name:	<input type="text"/>
Prescribing NPI:	<input type="text"/>
Fax Number:	<input type="text"/>

- 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 (3) contains fields for 'From Date', 'To Date', 'Diagnosis Pointer' (with sub-fields A, B, C, D) (4), 'J-Code' (6), 'NDC' (7), 'Body Part Modifier' (8), 'Total Units Requested' (9), and an 'Action' button (10). A dropdown menu is open for the 'J-Code' field, showing options: 'J3490 - Drugs unclassified', 'J3590 - Unclassified biologics', 'J7999 - Compounded drug, not otherwise classified', 'J8499 - Prescription drug, oral, nonchemotherapeutic, NOS', 'J8999 - Prescription drug, oral, chemotherapeutic, NOS', and 'J9999 - Not otherwise classified, antineoplastic drugs'. At the bottom, there is a 'Remarks:' field (11). A red box highlights the 'Add New Line' button.

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

Unspecified J-Code - Service Line Information

Enter the Required Service Line Information – Cont.

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 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 and To Date fields
- 5: Diagnosis Pointer (A, B, C, D)
- 6: J-Code dropdown menu (showing options: J3490 - Drugs unclassified, J3590 - Unclassified biologics, J7999 - Compounded drug, not otherwise classified, J8499 - Prescription drug, oral, nonchemotherapeutic, NOS, J8999 - Prescription drug, oral, chemotherapeutic, NOS, J9999 - Not otherwise classified, antineoplastic drugs)
- 7: NDC field
- 8: Body Part Modifier field
- 9: Total Units Requested field
- 10: Action button
- 11: Remarks field

	From Date	To Date	Diagnosis Pointer	J-Code	NDC	Body Part Modifier	Total Units Requested	Action
			A B C D					
1								
2								
3								
4								
5								

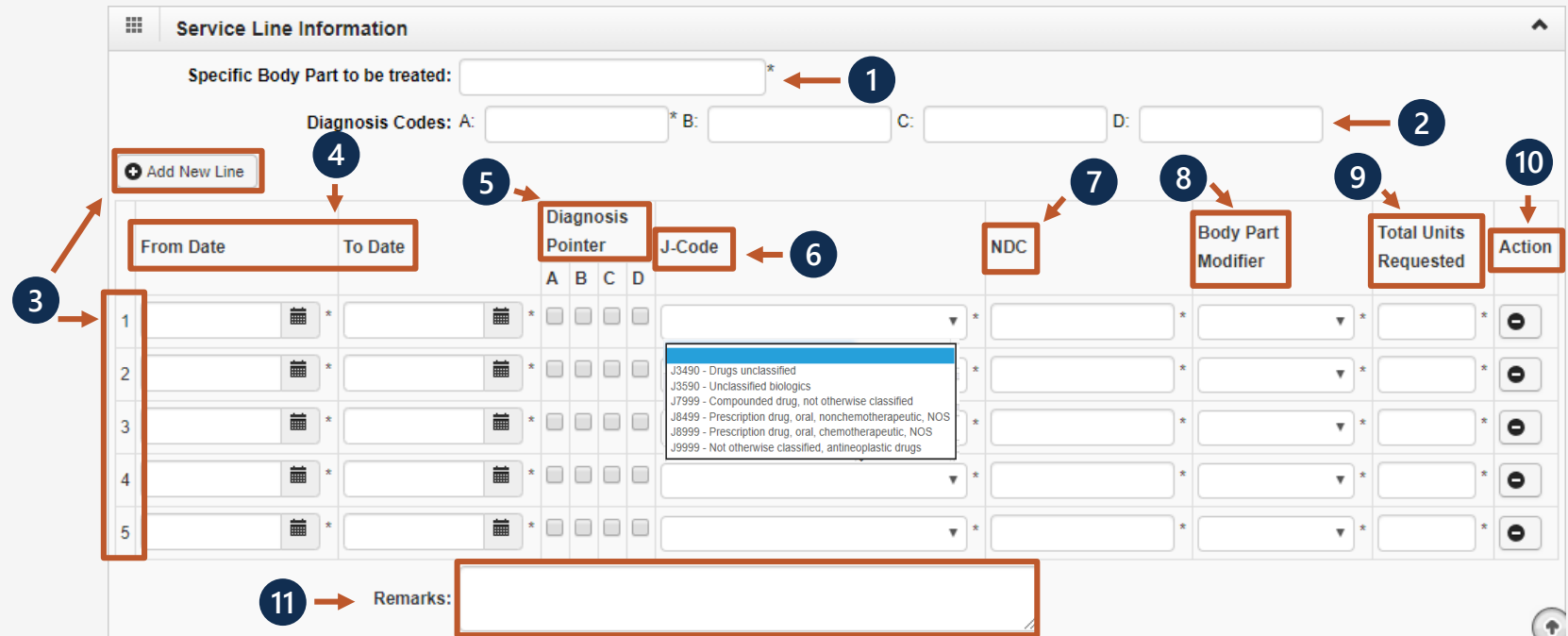
*10-11 is covered on the next slide.

Unspecified J-Code - Service Line Information

Enter the Required Service Line Information – Cont.

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 displays the 'Service Line Information' form. It includes fields for 'Specific Body Part to be treated:', 'Diagnosis Codes: A:', 'B:', 'C:', and 'D:'. Below these are 'From Date' and 'To Date' fields. A table with 5 rows and 10 columns is shown, with columns: 'From Date', 'To Date', 'Diagnosis Pointer' (with sub-columns A, B, C, D), 'J-Code', 'NDC', 'Body Part Modifier', 'Total Units Requested', and 'Action'. A dropdown menu is open for the 'J-Code' field in row 2, showing options: 'J3490 - Drugs unclassified', 'J3590 - Unclassified biologics', 'J7999 - Compounded drug, not otherwise classified', 'J8499 - Prescription drug, oral, nonchemotherapeutic, NOS', 'J8999 - Prescription drug, oral, chemotherapeutic, NOS', and 'J9999 - Not otherwise classified, antineoplastic drugs'. At the bottom is a 'Remarks:' field. Numbered callouts (1-11) point to specific fields and actions: 1 points to 'Specific Body Part to be treated:', 2 to 'Diagnosis Codes: D:', 3 to the 'Add New Line' button, 4 to 'Diagnosis Codes: A:', 5 to the 'Diagnosis Pointer' header, 6 to the 'J-Code' field, 7 to the 'NDC' field, 8 to the 'Body Part Modifier' field, 9 to the 'Total Units Requested' field, 10 to the 'Action' column, and 11 to the 'Remarks:' field.

	From Date	To Date	Diagnosis Pointer	J-Code	NDC	Body Part Modifier	Total Units Requested	Action
			A	B	C	D		
1								
2								
3								
4								
5								

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 for authorization. At the top, there is a field labeled "Auth Request Number : 10" followed by a 9-digit placeholder. Below this field are four buttons: "Close", "Upload/Retrieve Attachment", "Save Authorization", and "Submit Authorization". An orange arrow points from the "Auth Request Number" field to step 2. Another orange arrow points from the "Save Authorization" button to step 1. A third orange arrow points from the "Submit Authorization" button to step 4. Below the buttons, there is an error message box that reads: "Errors: CPT Code is not valid in Service Line # 1". An orange arrow points from this error message to step 3.

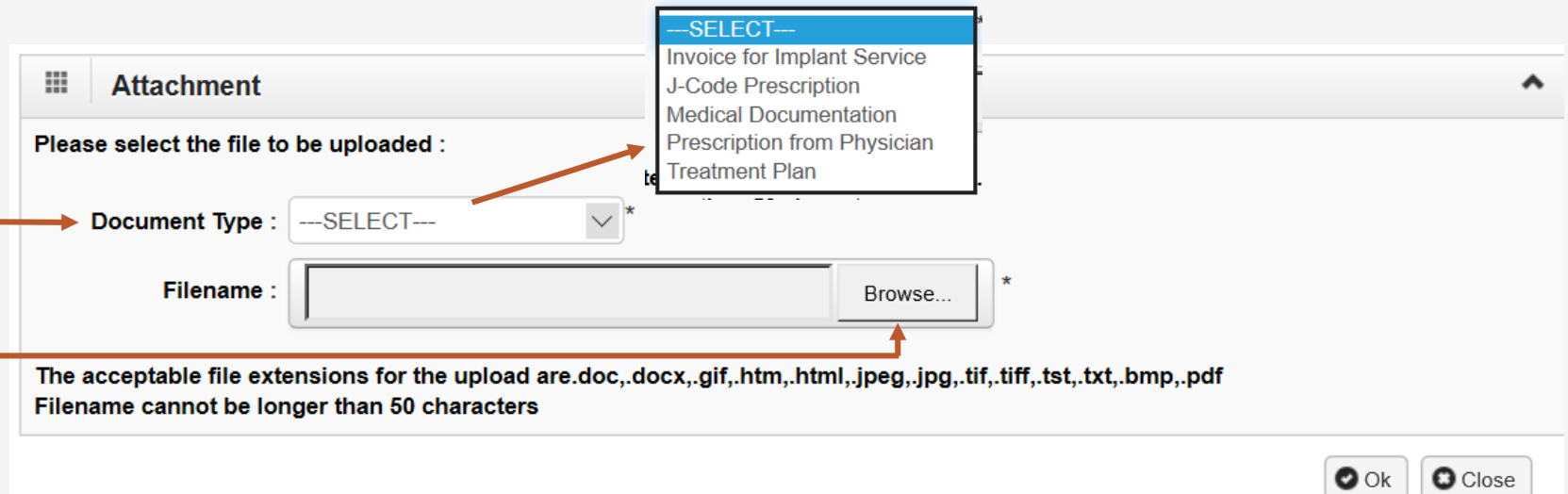
- 4 Once the attachments are uploaded, click "Submit Authorization."

Unspecified J-Code: Upload Attachment

1 Select the "Document Type" you want to upload from the dropdown.

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.

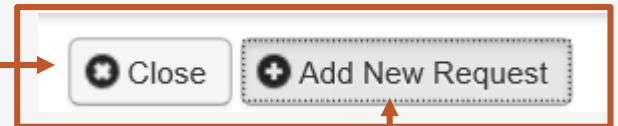


The screenshot shows a web form titled "Attachment". It contains a "Document Type" dropdown menu with a list of options: "Invoice for Implant Service", "J-Code Prescription", "Medical Documentation", "Prescription from Physician", and "Treatment Plan". Below this is a "Filename" field with a "Browse..." button. At the bottom of the form, there is a message: "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, there are "Ok" and "Close" buttons. Red arrows point from the numbered instructions to the corresponding form elements: from instruction 1 to the "Document Type" dropdown, from instruction 2 to the "Browse..." button, and from instruction 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 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" connector, and a "Go" button. To the right of the filter bar are "Clear Filter", "Save Filter", and "My Filters" buttons. Below the filter bar is a table with 11 columns: "Auth Request #", "Claimant Case ID", "Status", "Auth Type", "Last Updated", "Submitted Date", "Level", "Program", "Auth Request Type", and "Source". The first row of data shows an "Auth Request #" of 1, a "Status" of "In Review", an "Auth Type" of "Unspecified J-Code", and "Last Updated" and "Submitted Date" of "03/01/2020". An orange arrow points from the text "The system displays the Authorization information, which confirms your authorization was submitted." to the first row of the table.

	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. Opens up Dialogue box to display auth details.

2. Displays the Auth Request #.

3. Displays the Claimant Case ID.

12

Close Add New Request

Authorization Request List

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 is covered on the next two slides.

Authorization Status

4. Displays the Auth Status.

- 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 two buttons: 'Close' (callout 12) and 'Add New Request'. Below these is a table with 12 columns, each labeled with a number and a red box: 1 (grid icon), 2 (Auth Request #), 3 (Claimant Case ID), 4 (Status), 5 (Auth Type), 6 (Last Updated), 7 (Submitted Date), 8 (Level), 9 (Program), 10 (Auth Request Type), and 11 (Source). The table contains three rows of data, all with a status of 'In Review'. Callout 1 points to the grid icon in the first column.

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

*6-12 is 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 Portal Home Page.

The screenshot shows a web interface for the 'Authorization Request List'. At the top, there are two buttons: 'Close' (highlighted with a red box and callout 12) and 'Add New Request'. Below the buttons is a table with 12 columns. Each column has a numbered callout (1-11) pointing to its header. The headers 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. The table contains three rows of data. The first row shows 'In Review' status for a 'Surgical Package' on '03/08/2020' at 'Level 3' under the 'DFEC' program, with an 'Initial Request' type and 'DDE' source. The second row shows 'In Review' status for 'Physical Therapy/Occupational Therapy' on '03/08/2020' at 'Level 2' under the 'DFEC' program, with an 'Initial Request' type and 'DDE' source. The third row shows 'In Review' status for 'General Medical' on '03/08/2020' at 'Level 3' under the 'DFEC' program, with an 'Initial Request' type and 'DDE' source.

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

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!

