OWCP Web Portal
Medical Authorization
User Guide
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Web Medical Authorization Entry (FECA and DEEOIC Providers only)

To enter medical authorization requests via the DOL OWCP web portal (http://owcp.dol.acs-inc.com), a provider must have an enrollment status of 'Active' and an OWCP-assigned provider ID. Additionally, the provider user must have medical authorization entry access privileges assigned by his or her administrator.

To access Medical Authorization Entry:

<table>
<thead>
<tr>
<th>FECA - Provider &gt; Accept &gt; Login &gt; Medical Authorization Entry (hyperlink located in left navigation menu)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR</td>
</tr>
<tr>
<td>DEEOIC - Provider &gt; Accept &gt; Login &gt; Medical Authorization Entry (hyperlink located in left navigation menu)</td>
</tr>
</tbody>
</table>

Medical Authorization Entry Features

- Employs 128-bit encryption and requires User ID and password
- Automatically submits provider information (based on log in) when user submits authorization request
- Allows entry of up to five procedure codes with each request
- Allows the attachment of supporting documentation, such as patient progress reports and attending physician reports
- Provides a real-time response indicating whether a request is approved, denied, or pending
Medical Authorization Entry Page

1. Select Authorization Type from the drop down list on the Medical Authorization Entry page.

The Web portal offers providers the ability to enter the following types of authorizations:

- **Medical** - This category includes radiology, laboratory, and non-surgical diagnostic and treatment procedures. Requests for non-surgical hospital admissions must be faxed.
- **Surgical**
- **Physical / Occupational Therapy**
- **Durable Medical Equipment**

2. Based on the Authorization Type selected, the appropriate entry fields become available.
Medical Authorizations

Web Medical Authorization Entry (FECA and DEEOIC only)

MedicalAuthorizations

ACS Web Bill Processing Portal Office of Workers’ Compensation Programs

Program: FECA
Org Name: Dummy Voc Rehab [99999999]
Provider ID: 99999999

Medical Authorization Entry

Authorization Type: Medical

Medical Authorizations include radiology, laboratory and non-surgical diagnostic and treatment procedures. Requests for non-surgical hospital admissions have to be faxed.

Claimant Information

Case File #
Date of Birth:

Procedure Code Information

Up to five Procedure (CPT-4 or HCPCS codes) may be entered.

<table>
<thead>
<tr>
<th>Procedure Code Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Service</td>
</tr>
</tbody>
</table>

ATTACHMENTS

To facilitate the processing of your authorization request, please submit any relevant supporting documentation, such as:

- Prescription from attending physician
- Patient progress reports
- Attending physician reports

Supporting documentation may be submitted electronically in two ways:

Via the web portal
Click the Add/Edit Attachment button located on the Medical Authorization Request Entry page to access the Attachments page. Follow the instructions to attach .txt and .doc files to your authorization request.

Via fax
FECA: Fax supporting documentation to (800) 215-4901. DEEOIC: Fax supporting documentation to (800) 892-8147. Be sure to include Provider ID, Case File Number, and Claimant Name on all faxed documentation related to authorizations.

Add/Edit Attachment

Continue Clear Cancel

Visit the following websites for additional information on OWCP programs:
- OWCP Home
- FECA Home
- DEEOIC Home

Online Security | Browser Compatibility | Terms of Usage

3
DOL Web Portal - Medical Authorization Entry

1. For General Medical authorizations, enter data in the following fields:

CLAIMANT INFORMATION
- Case File # (REQUIRED) - 9 digit numeric
- Date of Birth (REQUIRED) - mm/dd/ccyy format

PROCEDURE CODE INFORMATION
- Date of Service From (REQUIRED) - mm/dd/ccyy format
- Date of Service To (REQUIRED) - mm/dd/ccyy format
- Procedure Code
  - Description (REQUIRED) - 5 alphanumeric characters; HCPCS and CPT-4 codes are accepted.
  - Modifier (Optional) - drop down list; Choices: Right Side (RT), Left Side (LT), and Bilateral (50)
  - Units/Days Requested (REQUIRED)

2. To add attachments to the medical authorization request, click the Add/Edit Attachments button.

   The Medical Authorization Entry - Attachments page opens.

3. To continue to the next step, click the Continue button.

   The Medical Authorization Entry - Review page opens.
Surgical Authorizations

Medical Authorization Entry

Authorization Type: Surgical

CLAIMANT INFORMATION

Case File #: mm dd cc
Date of Birth: mm dd cc

PROCEDURE CODE INFORMATION

Up to five Procedure (CPT-4 or HCPCS) codes may be entered.

1.

2.

3.

4.

5.

ATTACHMENTS

To facilitate the processing of your authorization request, please submit any relevant supporting documentation, such as:

- Prescription from attending physician (* Required for Physical/Occupational Therapy and DME authorizations)
- Patient progress reports
- Attending physician reports

Supporting documentation may be submitted electronically in two ways:

Via the web portal

Click the Add/Edit Attachment button located on the Medical Authorization Request Entry page to access the Attachments page. Follow the instructions to attach text and/or files to your authorization request.

Via fax

FECA: Fax supporting documentation to (800) 216-4901. DEEOIC: Fax supporting documentation to (800) 882-8147. Be sure to include Provider ID, Case File Number, and Claimant Name on all faxed documentation related to authorizations.

Add/Edit Attachment

Continue Clear Cancel

* Denotes a required field.

Visit the following websites for additional information on DWCP programs:

DOL Home | DWCP Home | FECA Home | DEMVC Home | DEEOIC Home

Online Security | Browser Compatibility | Terms of Usage
DOL Web Portal - Medical Authorization Entry

1. For Surgical authorizations, enter data in the following fields:
   CLAIMANT INFORMATION
   • Case File # (REQUIRED) - 9 digit numeric
   • Date of Birth (REQUIRED) - mm/dd/ccyy format

   PROCEDURE CODE INFORMATION
   • Date of Service From (REQUIRED) - mm/dd/ccyy format
   • Date of Service To (REQUIRED) - mm/dd/ccyy format
   • Procedure Code
     o Description (REQUIRED) - 5 alphanumeric characters; HCPCS and CPT-4 codes are accepted.
     o Modifier (Optional) - drop down list; Choices: Right Side (RT), Left Side (LT), and Bilateral (50)
     o Units/Days Requested (REQUIRED)

2. To add attachments to the medical authorization request, click the Add/Edit Attachments button.
   The Medical Authorization Entry - Attachments page opens.

3. To continue to the next step, click the Continue button.
   The Medical Authorization Entry - Review page opens.
Physical/Occupational Therapy Authorizations

Web Medical Authorization Entry (FECA and DEEOIC only)
DOL Web Portal - Medical Authorization Entry

1. For Physical or Occupational Therapy authorizations, enter data in the following fields:

   CLAIMANT INFORMATION
   - Case File # (REQUIRED) - 9 digit numeric
   - Date of Birth (REQUIRED) - mm/dd/ccyy format

   PROCEDURE CODE INFORMATION
   - Date of Service From (REQUIRED) - mm/dd/ccyy format
   - Date of Service To (REQUIRED) - mm/dd/ccyy format
   - Procedure Code
     - Description (REQUIRED) - 5 alphanumeric characters; HCPCS and CPT-4 codes are accepted.
     - Modifier (Optional) - drop down list; Choices: Right Side (RT), Left Side (LT), and Bilateral (50)
     - Units/Days Requested (REQUIRED)

2. Enter Treatment Plan information, which consists of the following fields:
   - Body Part to be Treated (REQUIRED)
   - Length of Time Previously in Physical Therapy (REQUIRED) - E.g., ‘3 months’
   - Frequency Requested (REQUIRED) - E.g., ‘Once a week’
   - Duration Requested (REQUIRED) - E.g., ‘1 month’
   - Patient’s Progress (Optional) - Refers to patient’s progress against short and long term goals
   - Short and long term goals for the requested period (Optional)
   - Is there a physician’s prescription? (REQUIRED) - Choices: Yes or No

3. To add attachments to the medical authorization request, click the Add/Edit Attachments button.

   The Medical Authorization Entry - Attachments page opens.

4. To continue to the next step, click the Continue button.

   The Medical Authorization Entry - Review page opens.
**Durable Medical Equipment Authorizations**

**Medical Authorization Entry**

- **Authorization Type:** Durable Medical Equipment

**CLAIMANT INFORMATION**

- **Name:**
- **Date of Birth:**

**PROCEDURE CODE INFORMATION**

Up to five Procedure (CPT-4 or HCPCS) codes may be entered.

Note: For Estimated Total Charge in the table below, please enter the estimated total charges for either purchase or the entire rental period. Please do not enter line item charges.

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Procedure Code</th>
<th>Modifier</th>
<th>Rental or Purchase</th>
<th>Estimated Total Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>mm/dd/yyyy</td>
<td>mm/dd/yyyy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>mm/dd/yyyy</td>
<td>mm/dd/yyyy</td>
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<tr>
<td>mm/dd/yyyy</td>
<td>mm/dd/yyyy</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ATTACHMENTS**

To facilitate the processing of your authorization request, please submit any relevant supporting documentation, such as:

- Prescription from attending physician (* Required for Physical/Occupational Therapy and DME authorizations)
- Patient progress reports
- Attending physician reports

Supporting documentation may be submitted electronically in two ways:

**Via the web portal**

Click the Add/Edit Attachment button located on the Medical Authorization Request Entry page to access the Attachments page. Follow the instructions to attach .txt and .doc files to your authorization request.

**Via fax**

FECA: Fax supporting documentation to (800) 215-4901. DEEOIC: Fax supporting documentation to (800) 883-6147. Be sure to include Provider ID, Case File Number, and Claimant Name on all faxed documentation related to authorizations.

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* denotes a required field.
DOL Web Portal - Medical Authorization Entry

1. For Durable Medical Equipment authorizations, enter data in the following fields:

   CLAIMANT INFORMATION
   - Case File # (REQUIRED) - 9 digit numeric
   - Date of Birth (REQUIRED) - mm/dd/ccyy format

   PROCEDURE CODE INFORMATION
   - Date of Service From (REQUIRED) - mm/dd/ccyy format
   - Date of Service To (REQUIRED) - mm/dd/ccyy format
   - Procedure Code
     - Description (REQUIRED) - 5 alphanumeric characters; HCPCS and CPT-4 codes are accepted.
     - Modifier (Optional)- drop down list; Choices: Right Side (RT), Left Side (LT), and Bilateral (50)
   - Rental or Purchase (REQUIRED)
   - Estimated Total Charges (REQUIRED)

2. To add attachments to the medical authorization request, click the Add/Edit Attachments button.
   The Medical Authorization Entry - Attachments page opens.

3. To continue to the next step, click the Continue button.
   The Medical Authorization Entry - Review page opens.
Medical Authorization Entry - Attachments

1. Click **Browse** to locate the desired file. Only files of .doc and .txt format may be attached, and files must be smaller than 3MB.

2. Select the file and click **Open** on the Choose File dialog box.
DOL Web Portal - Medical Authorization Entry

3. The file is now attached to the authorization request. Repeat steps 1 and 2 to attach more files. As each file is uploaded, its file name is listed in the ATTACHMENTS section at the bottom of the page. Attachments may be removed by clicking the Remove button adjacent to each filename.

4. After attaching all applicable attachments, click the Return To Request button.

5. The Medical Authorization Entry page reopens.
Medical Authorization Entry – Review

<table>
<thead>
<tr>
<th>Program</th>
<th>Program: FECA</th>
<th>Org Name: DUMMY VOC REHAB [999999999]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID</td>
<td>Provider ID: 999999999</td>
<td></td>
</tr>
</tbody>
</table>

### Medical Authorization Entry - Review

**Authorization Type:** Medical

**Claimant Information**

- Case File #: [Redacted]
- Date of Birth: [Redacted]

**Requested Procedures:**

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Procedure Code and Description</th>
<th>Units/Days Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/01/2004</td>
<td>1201.001:19 Office/Cut/Patient Visit</td>
<td>0</td>
</tr>
<tr>
<td>12/01/2004</td>
<td>12345678 Trach Sclt Cath 24h Closed Sy</td>
<td>1</td>
</tr>
<tr>
<td>12/01/2004</td>
<td>99999999 Work Hardening, Initial 2 Hrs</td>
<td>1</td>
</tr>
</tbody>
</table>

### ATTACHMENTS

- test attachment.doc

1. To make modifications to the request, click the **Modify Request** button to return to the Medical Authorization Entry page.

2. When satisfied with the request, click the **Submit Request** button to submit the authorization request for processing.

3. If the request contains no errors, the Medical Authorization Entry - Confirmation page opens.
DOL Web Portal - Medical Authorization Entry

Medical Authorization Entry - Confirmation

Medical Authorization Entry - Confirmation

REQUEST INFORMATION

Authorization Type: Medical
Date Requested: 12/01/2004

Case File #: 000001
Date of Birth: 00/00/0000

Authorization Level 1 - No Authorization Required

The procedure you have requested is considered routine care for the case in question and provided in the treatment of the injured worker's accepted injury(ies) and does not require prior authorization. The injured worker can provide information on the accepted condition(s) in his/her claim. No further written authorization will be sent. You may print this page for your records.

Procedure Code Type: HCPCS Procedure Code

Date of Service From: 12/01/2004
Date of Service To: 12/06/2004
Procedure Code: 99219 OFFICE/OUTPATIENT VISIT, EST
Units/Days Requested: 0

Authorization Level 2 - Pending Further Review

The procedure you have requested requires review of the case file. You can expect to receive a response either the time frame indicated below, which varies depending upon the procedure requested and the specifics of the case in question. Please check back on this site to review status of your request.

All authorizations are valid only when service is rendered for the treatment of the accepted injury(ies). The injured worker can provide information on the accepted condition(s) in his/her claim.

Procedure Code Type: HCPCS Procedure Code

Date of Service From: 12/01/2004
Date of Service To: 12/06/2004
Procedure Code: 99219 OFFICE/OUTPATIENT VISIT, EST
Units/Days Requested: 0

Authorization Level 3 - Pending Further Review

The procedure you have requested requires review. This may include, but not be limited to, seeking a medical review of the case file to determine coverage for the procedure requested and a review of the claimant's eligibility for services on the date(s) requested. As such, an immediate response is not possible. A response may take as much as 30 days. Please check back on this site to review status of your request.

All authorizations are valid only when service is rendered for the treatment of the accepted injury(ies). The injured worker can provide information on the accepted condition(s) in his/her claim.

Procedure Code Type: HCPCS Procedure Code

Date of Service From: 12/01/2004
Date of Service To: 12/06/2004
Procedure Code: 99219 OFFICE/OUTPATIENT VISIT, EST
Units/Days Requested: 0

Authorization Level 4 - Pending Further Review

The procedure you have requested requires review. This may include, but not be limited to, seeking a medical review of the case file to determine coverage for the procedure requested and a review of the claimant's eligibility for services on the date(s) requested. As such, an immediate response is not possible. A response may take as much as 30 days. Please check back on this site to review status of your request.

All authorizations are valid only when service is rendered for the treatment of the accepted injury(ies). The injured worker can provide information on the accepted condition(s) in his/her claim.

Procedure Code Type: HCPCS Procedure Code

Date of Service From: 12/01/2004
Date of Service To: 12/06/2004
Procedure Code: 99219 OFFICE/OUTPATIENT VISIT, EST
Units/Days Requested: 0

ATTACHMENTS

Load attachment.doc

Please be advised that authorization does not guarantee payment as billed. Billings are subject to systematic review for properity. Additionally, the OWCP Fee Schedule applies to billed amounts.

Enter Another Request
The Medical Authorization Entry - Confirmation page displays after an authorization request is submitted. A unique fifteen digit Confirmation Number displays at the top of the Confirmation page, and all previously entered information from the Medical Authorization Entry page displays back to the user. Additionally, the user is given a status for each procedure code requested.

Each procedure code requested is assigned an authorization level, which indicates whether authorization is required or if medical review is necessary. There are three authorization levels:

- Level 1 - The procedure code requested is considered routine care for the case in question and does not require authorization.
- Level 2 - The procedure code requested requires review of the case file. A response can be expected shortly.
- Level 3 or 4 - The procedure code requested requires review of the case file. A response can take as much as 30 days.
Glossary

#
.txt: File format indicative of a plain text document.

A
ACS: Affiliated Computer Services, Inc.

B
browser: Software for a PC that allows the user to access information through the Internet or Intranet. Also known as a Web browser.

C
Case file #: A unique 9-character number assigned by the Department of Labor to a claimant to identify associated illnesses or injuries.

E
Encryption: A means of scrambling data for transmission or storage such that the data is unintelligible without unscreabling it with a specific key.

F
FECA: Federal Employees Compensation Act

H
hyperlink: A hyperlink, or hyperlink text, is a pointer within a Web page that leads the user to another location. Link is used as an abbreviated form of this word.

O
OWCP: Office of Workers’ Compensation Programs

U
User ID: A unique login ID, which is used to log in to the Web portal.