


**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.

	<p>To access Medical Authorization Entry:</p> <p>FECA - Provider > Accept > Login > Medical Authorization Entry (hyperlink located in left navigation menu)</p> <p style="text-align: center;"><u>OR</u></p> <p>DEEOIC - Provider > Accept > Login > Medical Authorization Entry (hyperlink located in left navigation menu)</p>
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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

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Program: FECA Org. Name: DUMMY VOC REHAB [999999998] Provider ID: 999999998

Medical Authorization Entry

Please choose an authorization type.

*Authorization Type:

- Medical Authorizations
- Requests for non-surgical diagnostic and treatment procedures.
- Surgical
- Physical / Occupational Therapy
- Durable Medical Equipment

Visit the following websites for additional information on OWCP programs:
[DOL Home](#) | [DWCP Home](#) | [FECA Home](#) | [DCMWC Home](#) | [DEEDIC Home](#)

Online Security | Browser Compatibility | Terms of Usage

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

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<div style="background-color: #e6f2ff; padding: 5px; border-bottom: 1px solid #ccc;">Main</div> <div style="background-color: #e6f2ff; padding: 5px; border-bottom: 1px solid #ccc;">My Inbox</div> <div style="background-color: #e6f2ff; padding: 5px; border-bottom: 1px solid #ccc;">Bill Entry</div> <div style="background-color: #e6f2ff; padding: 5px; border-bottom: 1px solid #ccc;">Medical Authorization Entry</div> <div style="background-color: #e6f2ff; padding: 5px; border-bottom: 1px solid #ccc;">Inquiries</div> <div style="background-color: #e6f2ff; padding: 5px; border-bottom: 1px solid #ccc;">Eligibility</div> <div style="background-color: #e6f2ff; padding: 5px; border-bottom: 1px solid #ccc;">Bill Status</div> <div style="background-color: #e6f2ff; padding: 5px; border-bottom: 1px solid #ccc;">Medical Authorization</div> <div style="background-color: #e6f2ff; padding: 5px; border-bottom: 1px solid #ccc;">Payment Status</div> <div style="background-color: #e6f2ff; padding: 5px; border-bottom: 1px solid #ccc;">Administration</div> <div style="background-color: #e6f2ff; padding: 5px; border-bottom: 1px solid #ccc;">Change Password</div> <div style="background-color: #e6f2ff; padding: 5px; border-bottom: 1px solid #ccc;">Provider Information</div> <div style="background-color: #e6f2ff; padding: 5px; border-bottom: 1px solid #ccc;">User Administration</div> <div style="background-color: #e6f2ff; padding: 5px;">Enrollment</div> <div style="background-color: #e6f2ff; padding: 5px; border-bottom: 1px solid #ccc;">Provider Enrollment</div> <div style="background-color: #e6f2ff; padding: 5px; border-bottom: 1px solid #ccc;">Provider Enrollment Status Inquiry</div> <div style="background-color: #e6f2ff; padding: 5px;">Web Registration</div>	<div style="border-bottom: 1px solid #ccc; margin-bottom: 5px;"> Program: FECA Org. Name: DUMMY VOC REHAB [999999998] Provider ID: 99999998 </div> <div style="border-bottom: 1px solid #ccc; margin-bottom: 5px;"> <h3 style="margin: 0;">Medical Authorization Entry</h3> </div> <div style="margin-bottom: 5px;"> *Authorization Type: <input style="width: 150px;" type="text" value="Medical"/> </div> <p>Medical Authorizations include radiology, laboratory and non-surgical diagnostic and treatment procedures. Requests for non-surgical hospital admissions have to be faxed.</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> CLAIMANT INFORMATION </div> <div style="margin-bottom: 5px;"> * Case File #: <input style="width: 100px;" type="text"/> * Date of Birth: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> PROCEDURE CODE INFORMATION </div> <p>Up to five Procedure (CPT-4 or HCPCS) codes may be entered.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2"></th> <th colspan="6">Date of Service</th> <th colspan="2">Procedure</th> <th rowspan="2">Units/Days Requested</th> </tr> <tr> <th colspan="3">From</th> <th colspan="3">To</th> <th>Code</th> <th>Modifier</th> </tr> <tr> <th></th> <th>mm</th><th>dd</th><th>ccyy</th> <th>mm</th><th>dd</th><th>ccyy</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>*1:</td> <td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>2:</td> <td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>3:</td> <td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>4:</td> <td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>5:</td> <td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td><td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> </tr> </tbody> </table> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> ATTACHMENTS </div> <p>To facilitate the processing of your authorization request, please submit any relevant supporting documentation, such as:</p> <ul style="list-style-type: none"> Prescription from attending physician (* Required for Physical/Occupational Therapy and DME authorizations) Patient progress reports Attending physician reports <p>Supporting documentation may be submitted electronically in two ways:</p> <p>Via the web portal</p> <p>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.</p> <p>Via fax</p> <p>FECA : Fax supporting documentation to (800) 215-4901. DEEOIC: Fax supporting documentation to (800) 882-6147. Be sure to include Provider ID, Case File Number, and Claimant Name on all faxed documentation related to authorizations.</p> <div style="text-align: center; margin-top: 10px;"> <input style="border: 1px solid #ccc; padding: 2px 10px;" type="button" value="Add/Edit Attachment"/> </div> <div style="text-align: center; margin-top: 10px;"> <input style="border: 1px solid #ccc; padding: 2px 10px;" type="button" value="Continue"/> <input style="border: 1px solid #ccc; padding: 2px 10px;" type="button" value="Clear"/> <input style="border: 1px solid #ccc; padding: 2px 10px;" type="button" value="Cancel"/> </div>		Date of Service						Procedure		Units/Days Requested	From			To			Code	Modifier		mm	dd	ccyy	mm	dd	ccyy			*1:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	2:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	3:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	4:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	5:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
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* denotes a required field.

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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

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[Provider Enrollment Status Inquiry](#)

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Program: **FECA** Org. Name: **DUMMY VOC REHAB [999999998]** Provider ID: **999999998**

Medical Authorization Entry

***Authorization Type:**

CLAIMANT INFORMATION

*** Case File #:** *** Date of Birth:**

PROCEDURE CODE INFORMATION

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

	Date of Service						Procedure		Units/Days Requested
	From			To			Code	Modifier	
	m.m	dd	ccyy	m.m	dd	ccyy			
*1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 .bt and .doc files to your authorization request.

Via fax

FECA : Fax supporting documentation to (800) 215-4901. DEEOIC: Fax supporting documentation to (800) 882-6147. Be sure to include Provider ID, Case File Number, and Claimant Name on all faxed documentation related to authorizations.

* denotes a required field.

Visit the following websites for additional information on OWCP programs:
[DOL Home](#) | [OWCP Home](#) | [FECA Home](#) | [DCMWC Home](#) | [DEEOIC Home](#)

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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
 - 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.

Web Medical Authorization Entry (FECA and DEEOIC only)

Physical/Occupational Therapy Authorizations

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Main Program: **FECA** Org. Name: **DUMMY VOC REHAB [999999998]** Provider ID: **99999998**

Medical Authorization Entry

*Authorization Type:

CLAIMANT INFORMATION

* Case File #: * Date of Birth:

PROCEDURE CODE INFORMATION

Up to five Procedure (CPT-4 or HCPCS) codes may be entered.
Note: For **Units/Days Requested** in the table below, please enter the number of visits anticipated for therapy.

	Date of Service						Procedure		Units/Days Requested
	From			To			Code	Modifier	
	mm	dd	ccyy	mm	dd	ccyy			
*1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TREATMENT PLAN INFORMATION

* Body Part to be Treated: * Length of time previously in physical therapy:
* Frequency Requested: * Duration Requested:
E.g., Once a week E.g., 1 month

Patient's Progress:

Short and Long term goals for the requested period:

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 .bt and .doc files to your authorization request.

Via fax

FECA: Fax supporting documentation to (800) 215-4901. DEEOIC: Fax supporting documentation to (800) 882-6147. Be sure to include Provider ID, Case File Number, and Claimant Name on all faxed documentation related to authorizations.

* denotes a required field.

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

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Program: FECA Org. Name: DUMMY VOC REHAB [999999998] Provider ID: 99999998

Medical Authorization Entry

***Authorization Type:**

CLAIMANT INFORMATION

* **Case File #:** * **Date of Birth:** mm dd ccoyy

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.

	Date of Service			Procedure		Rental or Purchase	Estimated Total Charge
	From	To		Code	Modifier		
	mm	dd	ccoyy	mm	dd	ccoyy	
*1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
4:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
5:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

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) 882-6147. Be sure to include Provider ID, Case File Number, and Claimant Name on all faxed documentation related to authorizations.

* denotes a required field.

Visit the following websites for additional information on OWCP programs:
[DOL Home](#) | [OWCP Home](#) | [FECA Home](#) | [DCMWC Home](#) | [DEEOIC Home](#)

[Online Security](#) | [Browser Compatibility](#) | [Terms of Usage](#)

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.

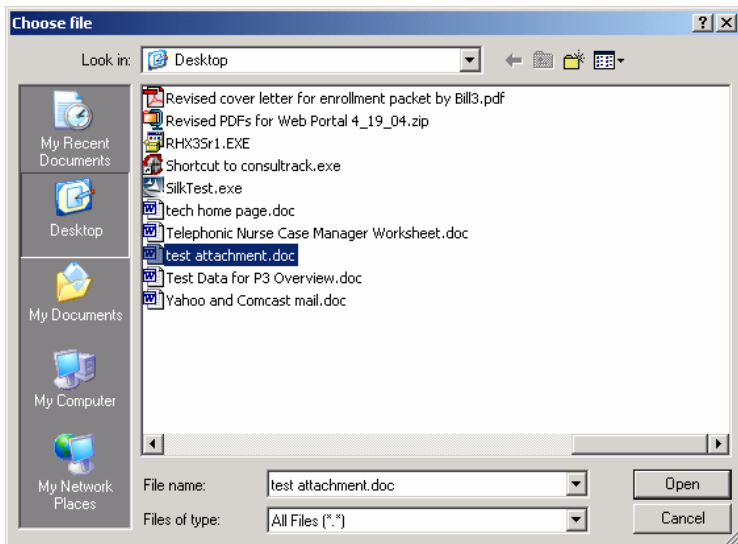
3. To continue to the next step, click the **Continue** button.

The **Medical Authorization Entry - Review** page opens.

Medical Authorization Entry - Attachments

The screenshot shows the ACS Web Bill Processing Portal interface. The header includes the portal name and 'Office of Workers' Compensation Programs'. A navigation bar contains links for Home, ACS Contact Info, Portal FAQ, Forms & Links, OWCP Fee Schedule, Logout, and HELP. The main content area is titled 'Medical Authorization Entry - Attachments' and includes 'Attachment Instructions' with a numbered list of steps for uploading files. Below the instructions is an 'ATTACHMENTS' section with an 'Add New Attachment' field and a 'Browse...' button. A 'Return To Request' button is located at the bottom of the main content area. The left sidebar contains various menu items categorized under Main, Inquiries, Administration, and Enrollment. The footer contains links to various home pages and terms of usage.

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

ACS Web Bill Processing Portal Office of Workers' Compensation Programs

[Home](#) | [ACS Contact Info](#) | [Portal FAQ](#) | [Forms & Links](#) | [OWCP Fee Schedule](#) | [Logout](#) [HELP](#)

Main

[My Inbox](#)

[Bill Entry](#)

[Medical Authorization Entry](#)

Program: **FECA** Org. Name: **DUMMY VOC REHAB [999999998]** Provider ID: **999999998**

HELP

Medical Authorization Entry - Review

Authorization Type: Medical

Claimant Information

Case File #: 010251201 **Date of Birth:** 04/19/1948

Requested Procedures:

Date of Service		Procedure Code and Description	Modifier	Units/Days Requested
From	To			
12/01/2004	12/05/2004	(99213) OFFICE/OUTPATIENT VISIT, EST		5
12/01/2004	12/01/2004	(A4610) TRACH SCTN CATH 72H CLSEDSYS		1
12/01/2004	12/01/2004	(97546) WORK HARDENING, INITIAL 2 HRS		1

ATTACHMENTS

test attachment.doc

Modify Request

Submit Request

Cancel

Visit the following websites for additional information on OWCP programs:
[DOL Home](#) | [OWCP Home](#) | [FECA Home](#) | [DCMWC Home](#) | [DEEOIC Home](#)

[Online Security](#) | [Browser Compatibility](#) | [Terms of Usage](#)

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

ACS Web Bill Processing Portal Office of Workers' Compensation Programs

[Home](#) | [ACS Contact Info](#) | [Portal FAQ](#) | [Forms & Links](#) | [OWCP Fee Schedule](#) | [Logout](#) [HELP](#)

Main
[My Inbox](#)
[Bill Entry](#)
[Medical Authorization Entry](#)


Inquiries
[Eligibility](#)
[Bill Status](#)
[Medical Authorization](#)
[Payment Status](#)

Administration
[Change Password](#)
[Provider Information](#)
[User Administration](#)

Enrollment
[Provider Enrollment](#)
[Provider Enrollment Status Inquiry](#)
[Web Registration](#)

Program: FECA Org. Name: DUMMY VOC REHAB [999999998] Provider ID: 999999998

Medical Authorization Entry - Confirmation

Confirmation Number: 802004102694903 

REQUEST INFORMATION
Authorization Type: Medical Date Requested: 11/08/2004

Claimant Information
Case File #: 010251301 Date of Birth: 04/12/1948

Authorization Level 1 - No Authorization Required
The procedure you have requested is considered routine care for the case in question if provided in the treatment of the injured workers accepted injury condition(s) 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: 12/05/2004
Procedure Code: (99213) OFFICE/OUTPATIENT VISIT, EST
Procedure Code Modifier:
Units/Days Requested: 5

Authorization Level 2 - Pending Further Review
The procedure you have requested requires review of the case file. You can expect to receive a response shortly. The time for response may vary 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 condition(s). 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: 12/01/2004
Procedure Code: (A4610) TRACH SCTN CATH 72H CLSEDSYS
Procedure Code Modifier:
Units/Days Requested: 1

Authorization Level 4 - Pending Further Review
The procedure(s) 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 condition(s). 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: 12/01/2004
Procedure Code: (97545) WORK HARDENING, INITIAL 2 HRS
Procedure Code Modifier:
Units/Days Requested: 1

ATTACHMENTS
test attachment.doc

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

[Enter Another Request](#)

Visit the following websites for additional information on OWCP programs:
[DOL Home](#) | [OWCP Home](#) | [FECA Home](#) | [DCMWC Home](#) | [DEEOIC Home](#)
[Online Security](#) | [Browser Compatibility](#) | [Terms of Usage](#)

Web Medical Authorization Entry (FECA and DEEOIC only)

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

#

.doc: File format indicative of a Word document.

.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 unscrambling 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.