Submitting Medical Bills and Reimbursement Requests



Medical Benefits - Treatment

- One of the benefits available under the Federal Employees' Compensation Act (FECA) is payment for medical bills related to the accepted condition.
- Under the FECA, the Office of Workers' Compensation Programs (OWCP) authorizes medical services, appliances or supplies "likely to cure, give relief, reduce the degree or period of disability, or aid in lessening the amount of the monthly compensation." (5 USC 8103)
- Any qualified physician or hospital may provide such services, appliances or supplies.

Medical Bills – Time Limit

• Bills must be submitted within <u>one year</u> of end of calendar year in which services were provided or the condition was accepted as work related by OWCP, whichever is later.

- Note: A condition may be accepted several years after date of service, due to previous denial, and later acceptance, of a claim.
- This standard also applies to medical and travel reimbursement requests submitted by claimants.

Administrative Authorization of Limited Benefits

- In many cases, OWCP never pays monetary compensation and pays only medical bills.
- Administrative Authorization of Limited Benefits cases, previously "Short Form Closure" (SFC) claims, are traumatic injury claims which are uncontested and appears to involve a relatively minor injury.
- These claims are administratively approved without review or formal adjudication by a Claims Examiner (CE).
- Bills are payable for up to \$1500 for 120 days from date of injury. If \$1500 is reached, the case is automatically reopened for formal CE review.

Provider Enrollment

- In order to receive payment for services, <u>all</u> providers must enroll with OWCP's central bill payment unit to obtain an OWCP provider ID number.
- Any provider may enroll.
- Process requires completion of an enrollment form to provide information about provider. Provider may obtain form from the Medical Bill Pay Contractor website.
- Upon enrollment, provider receives a unique ID number necessary for bill processing.

Provider Enrollment

- Online enrollment is easy and user-friendly.
- It is a quick process in most cases, a single page form with a copy of provider's licensure is all that is required.
- Providers can enroll online at: https://owcpmed.dol.gov

Billing/Payment Process

- Providers should confirm authorization for services before submitting a bill.
- Diagnosis listed by provider on bill must match condition accepted by OWCP.
- No bills are payable while a case is in development or denied status.
- OWCP may not pre-pay for any services.

Billing/Payment Process

- Providers may bill OWCP via paper claim or electronically.
- OWCP processes payments based on what is in system at time bill processes.
- OWCP issues checks once a week, and a single check can be for multiple patients and dates of service.
- A "clean" bill processes same day.

Billing/Payment Process

- Provider must bill for specific procedures and dates that have been approved.
- If procedure or dates need to be revised, provider should submit a revised authorization request.
- Retroactive authorizations may be issued at a later date, after an initial denial of authorization, upon review of bill by OWCP.

OWCP Fee Schedule

- Billed charges can be reduced in accordance with federal fee schedule.
- Fee schedule sets maximum allowable fees for each billing code for each geographic area.
- Fee schedule can be found online via main DOL website.
- Providers can appeal a fee reduction, but cannot bill claimant for unpaid amount. Providers must accept OWCP's payment as payment in full.
- Claimant reimbursements are also subject to fee schedule.

Reimbursement to Injured Worker

- Form OWCP-957(a) Mileage Reimbursement Requests
- Form OWCP-957(b) Medical Travel Refund Request: Used for other travel expenses (i.e. meals, hotel/lodging, etc.)
- Form OWCP-915 (Claim for Medical Reimbursement) Claimant should use this form to request reimbursement for out of pocket work related medical expenses.

Travel Reimbursement to Injured Worker

Claimants may request reimbursement for reasonable and necessary transportation costs and expenses incurred to obtain authorized medical services or supplies. Generally, up to 100 miles roundtrip from claimant's work site, residence, or place of injury is considered reasonable. Claimant must complete and sign Form OWCP-957(a) and/or Form OWCP-957(b), Mileage and/or Medical Travel Refund Requests.

Mileage expenses will be reimbursed at GSA rate in effect on date of travel. There will be no reimbursement for meals or lodging when travel is for less than 12 hours in total or fewer than 500 miles round-trip. Lodging must receive prior authorization. Cab fare or hire of special conveyance in excess of \$75 requires prior authorization. Original itemized receipts are required for cabs and other transportation expenses (including parking and tolls), as well as for all lodging and meals for amounts in excess of \$75.

Additional Information about Bill Processing

- Automated information about bills and reimbursements is available at OWCP's third-party medical billing contractor website https://owcpmed.dol.gov or call 1- 866-335-8319 (TOLL-FREE).
- To speak to a customer service representative call (844) 493-1966 (TOLL-FREE) Monday – Friday, 8am – 8pm EST.

Billing Process

- Medical providers must be enrolled with OWCP's third-party medical billing contractor to obtain payment. All providers must submit bills on standard billing forms to London, Kentucky mailing address.
- Standard billing forms are HCFA-1500 for physicians, physical therapists, labs, etc., and UB-92 for hospitals.
- Claimants must submit bills for reimbursement on Forms OWCP-915, 957(a), and 957(b).

How Agencies Can Help Providers

- Encourage providers to register/enroll with OWCP's third-party medical billing contractor.
- Encourage providers to use to use OWCP's third-party medical billing contractor web portal (https://owcpmed.dol.gov) to check:
 - Eligibility status
 - Authorization status
 - Bill payment status
 - Link to FAQs

How Agencies Can Help Providers

- Issue Form CA-16 when appropriate.
- Encourage use of web portal including WEEDS.
- Educate EA staff on process; see OWCP web site for tools.
- Give providers accepted condition information ICD-10 codes and descriptions when they request it.
- Do not submit bills or medical authorizations for providers.

How Agencies Can Help Injured Workers

- Educate IWs about authorization and bill pay processes.
- Advise IWs to use Employees' Compensation Operations and Management Portal (ECOMP).
- Provide forms for reimbursement: Forms OWCP-915, OWCP-957(a), and OWCP-957(b).
- Do not ignore invoices or letters from collection agencies; enlist help of CE if needed.
- Advice from experienced CEs: Stress to IW and providers that OWCP will only pay bills for the accepted conditions so IW should tell provider exactly what conditions are accepted by giving provider a copy of acceptance letter.

Medical bills are considered timely if they are submitted within five years of either the end of the calendar year in which services were provided or when the conditions were accepted as work related by OWCP, whichever is later.

- a) True
- b) False

An "Administrative Authorization of Limited Benefits" claim is a traumatic injury claim which is uncontested and appears to involve a relatively minor injury. These claims are administratively approved for limited medical benefits without review or adjudication. Medical bills are authorized for payment up to:

- a) \$1500
- b) \$1750
- c) \$2000
- d) \$2500

A fee schedule sets the maximum allowable fees for each billing code for each geographical area. If a provider receives the fee schedule amount for a bill and that is less than the amount billed, they can then bill the claimant for the unpaid amount.

- a) True
- b) False

Claimants may request reimbursement for reasonable and necessary transportation costs and expenses incurred to obtain authorized medical services and supplies. Up to how many miles roundtrip from the claimant's work site, residence, or place of injury is considered reasonable?

- a) 100
- b) 75
- c) 50
- d) 25

Agencies can help injured workers by providing information regarding the billing process. This can be done by:

- a) Advising injured workers to use Employees' Compensation Operations and Management Portal (ECOMP).
- b) Providing forms for reimbursement, such as Forms OWCP-915, OWCP-957(a), and OWCP-957(b).
- c) Advising them to not ignore invoices or letters from collection agencies.
- d) Educating injured workers about the authorization and bill pay process.
- e) Stressing to injured workers and providers that OWCP will only pay bills related to the accepted conditions.
- f) All of the above

Take Away Tips

- 1) One of the benefits available under the Federal Employees' Compensation Act (FECA) is payment for medical bills related to the accepted condition. Under the FECA, OWCP authorizes medical services, appliances or supplies "likely to cure, give relief, reduce the degree or period of disability, or aid in lessening the amount of the monthly compensation."
- 2) Bills must be submitted either within one year of end of calendar year in which services were provided or the condition was accepted as work related by OWCP, whichever is later.
- 3) In order to receive payment for services, all providers must enroll with OWCP's Medical Bill Pay Contractor to obtain an OWCP provider ID number.

Take Away Tips

- 4) Fee schedule sets maximum allowable fees for each billing code for each geographic area. Providers can appeal a fee reduction, but cannot bill claimant for unpaid amount. Providers must accept OWCP's payment as payment in full. Claimant reimbursements are also subject to fee schedule.
- 5) Form OWCP-957(a) Mileage Reimbursement Requests and/or Form OWCP-957(b) Medical Travel Refund Request should be used for all medical travel reimbursement. Claimants may request reimbursement for reasonable and necessary transportation costs and expenses incurred to obtain authorized medical services or supplies.
- 6) Form OWCP-915 (Claim for Medical Reimbursement) Claimant should use this form to request reimbursement for out-of-pocket work-related medical expenses.