



U.S. DEPARTMENT OF LABOR

Office of Workers' Compensation Programs (OWCP)

Medical Billing

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Lesson Overview

- Pertinent Definitions
- Branch of Medical Benefits
- Pre-Authorizations
- Bill Processing Agent
- Submitting Bills
- Common Billing Issues
- OWCP Fee Schedule
- Provider-specific topics
- Claimant-specific topics
- DEEOIC Addresses
- Resources





Pertinent Definitions

Medical Bill Pay Contractor (Bill Processing Agent) - Contractors who process medical and pharmacy bills for DEEOIC – Currently Acentra and Conduent

Medical Benefits Examiner (MBE) -- MBE staff are responsible for reviewing, developing, and determining whether to authorize the payment of medically necessary services, equipment, supplies, modifications or travel expenses necessary to cure, give relief, or reduce the degree or period of an accepted illness.

Medical Bill Processing Unit (MBPU) – MBPU is a unit within the Branch of Medical Benefits which provides billing expertise and serves as a liaison between the BPA and MBEs, the Resource Centers, Providers, and Claimants.



Pertinent Definitions (continued)

Home and Residential Health Care (HRHC) - professional medical services provided by non-physicians in a claimant's home or in an assisted living facility.

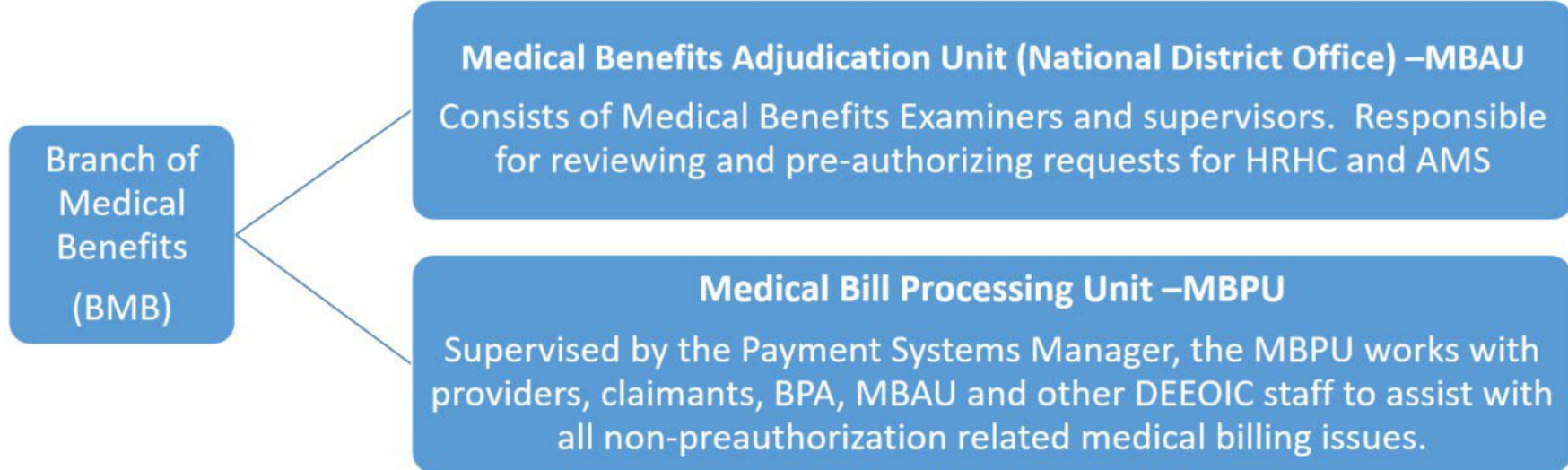
Medical Services – medically necessary services performed by a physician, in a physician's office or in a medical facility such as physical exams by a physician, surgery, procedures in an inpatient or outpatient facility.

Ancillary Medical Services – (AMS) medically necessary equipment and reimbursable expenses such as durable medical equipment, rehabilitative therapy, travel for medical appointments.

Letter of Medical Necessity (LMN) - A LMN is the written explanation from the treating physician describing the medical need to assist the claimant in the treatment, care, or relief of their accepted work-related illness(es).



Branch of Medical Benefits (BMB)



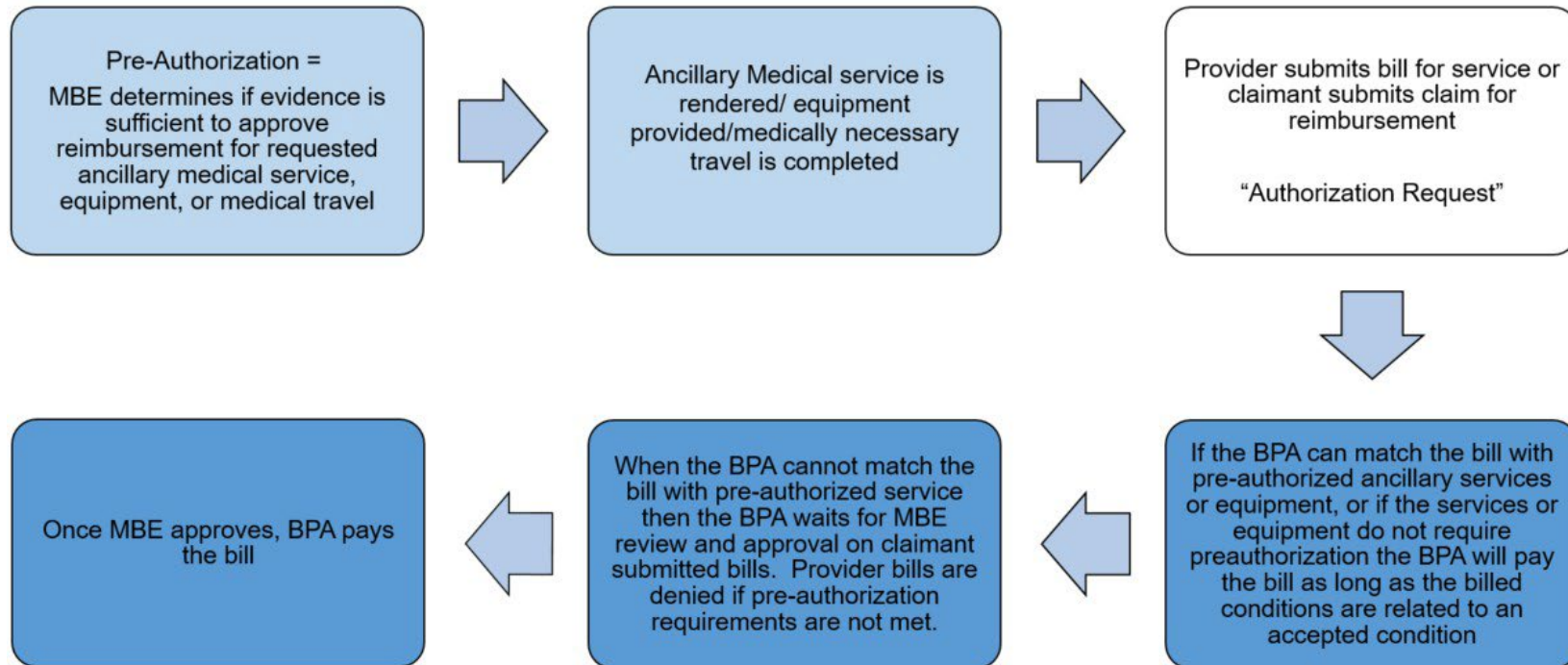


Pre-authorization of HRHC and Ancillary Medical Service

- Pre-Authorization – The process by which the MBE reviews and approves requests for reimbursement for medically necessary ancillary services and equipment, which is required for:
 - Home and residential health care
 - Medically necessary travel over 200 miles
 - Durable medical equipment
 - Transplants
 - Home and vehicle modifications



Pre-authorization And Bill Approval Process





Bill Processing Agent

- Currently: [Acentra and Conduent](#)
- The BPA will process most bills without review by DEEOIC
 - Bills for medical services directly related to treatment of an accepted condition.
 - Bills for prescriptions directly related to treatment of an accepted condition.
 - Bills for pre-authorized HRHC and AMS.



Paper Bill Submission

- The following forms can be used for paper bill submission:
 - OWCP 1500 – Physician/Provider Billing Form
 - OWCP-04 - Physician/Provider Billing Form
 - OWCP 915 – Reimbursement for out-of-pocket medical expenses
 - OWCP 957 – Medical Travel Refund Request
- All paper bills should be mailed to the following medical billing address:
 - Division of Energy Employees Occupational Illness
Compensation (DEEOIC)
 - General Bills
 - PO Box 8304 London, KY 40742-8304



Online Bill Submission

- DDE (Direct Data Entry) – Use the Workers' Compensation Medical Bill Processing Portal (WCMBP) system to enter billing information and upload attachments.
- EDI (Electronic Data Interchange) – This method is available to all providers, including billing agent/clearinghouse, to submit EDI batch file using WCMBP Provider Portal. Instructions and methods to upload attachments are in the companion guide.
- Information and guides are available on the [WCMBP](#).



Timely Submission of Bills

- No bill is paid for expenses incurred if the bill is submitted more than one year beyond the end of the calendar year in which the expense was incurred, or the service or supply was provided; or, more than one year beyond the end of the calendar year in which DEEOIC first accepted the claim, whichever is later.
 - Claim is accepted 3/1/2023; Service provided 4/1/2023 – bill must be submitted by 12/31/2024.
 - Claim is filed 9/1/2023; service is rendered 10/1/2023 – claim is accepted 4/1/2023 – bill must be submitted by 12/31/2024 (eligibility for reimbursement will date back to claim file date).



Common Medical Billing Issues

- Billed diagnosis codes do not align with an accepted condition.
- Procedures or services are outside the covered dates of service.
- Procedures, prescriptions, or services are not part of the OWCP Treatment suites.





Accepted Condition

- Medical Care. An employee who meets the statutory conditions of coverage is entitled to medical care consisting of services, equipment, and supplies prescribed or recommended by a qualified physician considered likely to cure, give relief, or reduce the degree or the period of that condition, and which DEEOIC considers likely to cure, give relief, or reduce the degree or the period of that illness.
- DEEOIC only pays for medically necessary services and equipment for accepted conditions for the approved dates of eligibility.



Treatment Suites

The DEEOIC uses a database of treatment suites as the core of the medical bill reimbursement process. Medical professionals within OWCP maintain and update the treatment suites as necessary. Treatment suites compare an accepted (ICD-9/10 code) diagnosis for which a provider has billed, with acceptable, allowable treatments for that condition. By using treatment suites, the DEEOIC can facilitate automatic payment of bills, for authorized services, when the service billed is reasonable and customary for an accepted condition.



Treatment Suite Exception Processing

When a medical service, medically necessary equipment, or medication is prescribed that does not fall within the Treatment Suite:

- Request Exception processing through the Medical Benefits Examiner (MBE)
 - Will require a well-supported LMN explaining:
 - Why common treatments included in the Treatment Suites are not available or sufficient; and
 - Why the prescribed treatment or equipment will cure, give relief, or reduce the degree or the period of the accepted condition.
- Depending on the nature of the request, the MBE may route to the OWCP Medical Officer, OWCP Staff Pharmacist, or a Contract Medical Consultant.



OWCP Fee Schedule

- For professional medical services, OWCP maintains a schedule of maximum allowable fees for procedures performed in a given locality.
- Claimant reimbursements are subject to the fee schedule.
- Provider cannot bill for portion of bill reduced by fee schedule.



Provider Topics

- Physicians or hospitals often want confirmation that a certain procedure or condition will be covered.
- **Pre-Approval is not required for most medical services that are common and customary for an accepted condition.**
 - Most surgery, medical treatment by physicians, procedures in physician's offices for accepted conditions do not require pre-authorization.
 - Providers can check Claimant Eligibility in WCMBP for non-pharmacy services,
 - Providers do not need to be enrolled to check via phone or WCMBP system.
 - Will need the claimants case ID, diagnosis code, procedure code, dates of service and select the program name.
 - The system will provide real time information as to whether the code is covered and whether or not it requires authorization.
- For pharmacy service questions contact [Conduent by](#) phone: 1-866-664-5581.



Provider Topics (continued)

- Importance of maintaining current information:
 - Bill may deny if license on file with BPA has expired.
 - Must provide correct location of service on bill because of location component of fee schedule - Incorrect billing location could result in an overpayment and recovery efforts made by Treasury on behalf of DEEOIC.



Provider Topics (continued)

- Provider Enrollment:
 - Begin the enrollment process by registering with OWCP Connect at <https://owcpconnect.dol.gov/owcplogin/RegPIInputServlet>
 - To complete provider enrollment in the WCMBP Provider Portal, the following information is needed:
 - [ACH Form](#)
 - License/certification (if license and certification info is provided)
 - Signed Confirm and Sign page of the [Provider Enrollment Application](#) (OWCP- 1168)



Provider Topics (continued)

- Provider Enrollment Continued:
 - Log into the WCMBP Provider Portal at [OWCP Connect \(dol.gov\)](https://www.dol.gov/owcp/owcpcp/owcpcpconnect), select your provider type and follow screen prompts.

Providers may save incomplete applications and resume enrollment at a later time.

Once all the enrollment information is entered and saved for DOL review, the provider may track the status of their application in the WCMBP Provider Portal.



Claimant Topics

- Options for reimbursement of costs for medical services:
 - Pay provider directly then seek reimbursement – subject to the fee schedule (if you pay the provider more than the fee schedule amount, you will be reimbursed for only the fee schedule amount).
 - Have provider enroll with Bill Pay Contractor to receive payment directly.
- Reimbursement for Home and Vehicle modification must be supported by medical and factual documentation and by the Letter of Medical Necessity (LMN), and cannot be for improvements or upgrades desired by the claimant.
- Resource Centers are available to assist claimants with completing reimbursement forms, bill submission, or assisting providers with enrollment upon claimant request.



Claimant Topics (continued)

- Travel Reimbursements
 - DEEOIC requires pre-authorization for reimbursement of transportation, lodging, meals, and incidental expenses incurred when a claimant travels in excess of 200 miles round trip for medical care of an approved condition.
 - BPA will reimburse claims for claimant travel without pre-authorization when travel is 200 miles or less round trip.
- OWCP-957 A for reimbursement of Mileage
- OWCP-957 B for reimbursement of travel expenses
- Include receipts for airfare, lodging, rental car, gas (if rental approved), and all expenses exceeding \$75
- Travel authorized at federal per diem
- If a travel companion is being requested, an LMN from the treating physician is required specifying the need for the companion.



Claimant Topics (continued)

- Reimbursement for out-of-pocket expenses:
 - Complete Form OWCP-915 which should be accompanied by:
 - Proof of payment which may be in the form of a cash receipt, canceled check, or credit card slip.
 - Evidence that service rendered or medical equipment/supply purchased was medically necessary for the accepted condition (i.e. LMN and/or other supporting medical documentation).
 - Prescription reimbursement request must include the name of the drug, the 11-digit NDC, day supply, quantity, and the date of dispensing.
 - Submit reimbursement requests to:
 - Division of Energy Employees Occupational Illness Compensation (DEEOIC)
 - General Bills
 - PO Box 8304 London, KY 40742-8304



DEEOIC Address

Medical Billing Address	General Correspondence and Claims Forms	Energy Document Portal (EDP)
Division of Energy Employees Occupational Illness Compensation (DEEOIC) General Bills P.O. Box 8304 London, KY 40742-8304	U.S. Department of Labor OWCP/DEEOIC P.O. Box 8306 London, KY 40742-8306	https://eclaimant.dol.gov
Documents to send to P.O. Box 8304 <ul style="list-style-type: none"> • OWCP 1500 • OWCP 915 • OWCP 957A • OWCP 957B 	Documents to send to P.O. Box 8306 <ul style="list-style-type: none"> • General correspondence • Documents supporting claim (medical records, employment records, birth certificates, etc.) • Claim forms (e.g. EE-1, EE-2, EE-3) • Form EN-20 • Form EE-17A • Requests for Ancillary Medical Services. 	Documents to upload to EDP <ul style="list-style-type: none"> • Documents supporting claim (medical records, employment records, birth certificates, etc.) • Form EE-17A • Form 957 A • Form 957 B • Request for Ancillary Medical Services <i>After Proper Identity Verification:</i> <ul style="list-style-type: none"> • Forms EE-1, EE-2, EE-3, EN-20, EN-10, EN-11A, EN-11B, OWCP-915, OWCP-957A, OWCP-957B



DEEOIC Online Resources

- [DEEOIC Website](#)
 - [Procedure Manual](#)
 - [Information for Medical Providers](#)
- [DEEOIC Resource Centers](#)
- [WCMBP Portal](#): Tutorials, claimant eligibility inquiry, how-to-guides
- DEEOIC Public Mailbox: DEEOICbillinquiries@dol.gov



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Questions



Questions can also be submitted to DEEOIC-Outreach@dol.gov

Thank you very much for attending the DEEOIC Webinar