DCMWC TRANSPLANT AUTHORIZATION PROCESS

Requests for pre-transplant evaluations and lung transplants for claimants associated with the Division of Coal Mine Workers' Compensation (DCMWC), also known as the Federal Black Lung Program, must include basic information including the patient's name and date of birth, as well as the name of the facility performing the evaluation or transplant.

1.1 Pre-Transplant Evaluation Requests

Requests for a pre-transplant evaluation must include a physician's letter of justification, which is a well-rationalized narrative statement, prepared by a qualified physician who has been actively treating the patient for their pulmonary condition. The letter of medical justification represents the physician's independent assessment and opinion and must include:

- A brief review of the claimant's pertinent medical history;
- A brief statement regarding the claimant's current medical condition; and
- An explanation of the claimant's medical need for a lung transplant evaluation.

1.2 Lung Transplant Requests

Requests for lung transplants must include:

- The medical facility's lung transplant protocols; and
- All medical records produced for the pre-transplant evaluation, including the results of all tests, consultations, and narrative reports.
- Before seeking approval for a pre-transplant evaluation or a lung transplant, a medical center must be approved as a lung transplant center by the Center for Medicare and Medicaid Services (CMS), or the request will automatically be denied. The list of approved transplant centers is available at: S&C QCOR (3).

Request can be submitted by fax at 202-693-0737 or to the secure e-mail: efax-MAOS-TRANSPLANT@DOL.GOV.

Any questions about pre-transplant evaluations or transplants should be directed to the Division of Coal Mine Workers' Compensation at efax-maos-transplant@dol.gov or by calling the toll-free number (800) 347-2502 or visit DOL web page at Important Notice Concerning Coverage of Lung Transplants by the Federal Black Lung Program | U.S. Department of Labor.

1.3 General Authorization Requests

Since a general medical authorization template is not currently available for DCMWC, it's crucial that providers understand how to submit a general authorization request.

To verify if specific medical procedures, services, durable medical equipment (DME), medication or any other services are eligible for the Black Lung Benefits Recipients, providers encouraged to use Provider Portal https://owcpmed.dol.gov/ to check status of these services prior submitting general authorization request.

For services that require a general authorization approval, providers must submit a letter of medical necessity along with any supporting medical documentation.

A physician's letter of medical justification is a well-rationalized narrative statement, prepared by a qualified physician who has been actively treating the patient for their pulmonary condition. The letter of medical justification represents the physician's independent assessment and opinion and must include:

- A brief review of the claimant's pertinent medical history;
- A brief statement regarding the claimant's current medical condition; and
- An explanation of the claimant's medical need for the medical services.

The letter of medical necessity should clearly justify the service and its relevance to the Black Lung-covered condition. The letter must:

- Include the claimant's name and case ID;
- Be dated;
- Be written on the physician's letterhead; and
- Be signed by the physician.

Upon receipt of the letter of medical necessity and the supporting medical documentation the DCMWC's staff and or the OWCP's clinical team will review the request.

General authorization requests should either be sent to the designated email address (i.e. DCMWCmedbill@dol.gov for medical requests and dcmwcpharmacyinquiries@dol.gov for pharmacy request) or uploaded to the Coal Portal https://coalmine.dol.gov. When using the Coal Portal, providers need to select the Benefits Maintenance category for proper uploading.