



OWCP APPEALS VS. ADJUSTMENTS TIPS

The following tips help the provider community better understand the difference between a fee schedule appeal and a bill adjustment, as well as how to submit each type of request. For more information, refer to the [OWCP WCMBP Provider Manual](#), Section 6.5.

The Office of Workers' Compensation Programs (OWCP) maintains a schedule of maximum allowable fees for medical services or procedures performed by providers in given localities.

Providers who submit bills for payment agree to accept payment at the maximum allowable rate according to the OWCP Fee Schedule. Providers cannot seek payment from a beneficiary of any differential between the charged amount and that amount paid under the OWCP Fee Schedule.

The Workers' Compensation Medical Bill Processing (WCMBP) System reviews medical bill data during bill processing and adjudication, flagging inconsistent medical coding and bill information.

Upon completion, the WCMBP System issues a Remittance Voucher (RV) to the provider, which includes Explanation of Benefits (EOB) edits that are applied to the processed bill whether paid fully, partially paid, or not paid at all.

1.1 Fee Schedule Appeal vs. Bill Adjustment

Fee Schedule Appeal	Bill Adjustment
<p>What qualifies a reconsideration as a fee schedule appeal?</p> <ul style="list-style-type: none">■ The actual procedure performed was incorrectly identified by the original code; or■ The presence of a severe or concomitant medical condition made treatment especially difficult; or■ The provider possessed unusual qualifications, beyond Board-certification, in a medical specialty.	<p>What qualifies a reconsideration as a bill adjustment?</p> <ul style="list-style-type: none">■ A correction or change needs to be made to a previously submitted bill that has been fully or partially paid.■ Reasons for adjustment may vary but could include incorrect charges, incorrect denials due to keying errors, or updates to claimant eligibility allowing services to be reconsidered for payments.



1.2 Fee Schedule Appeal

Topic	Details
Fee Schedule Appeal Reasons	<p>The actual procedure performed was incorrectly identified by the original code.</p> <ul style="list-style-type: none">For example, the surgery procedure code submitted on the bill was incorrectly coded and paid under the incorrect code. <p>Note: If the service was incorrectly coded and the bill or line item was denied, then an appeal is not required, and an adjustment can be submitted with the correct codes.</p> <p>The presence of a severe or concomitant medical condition made treatment especially difficult.</p> <ul style="list-style-type: none">The provider must submit supporting medical documentation with the appeal request to clarify the existence of a related condition or severity that required treatment beyond expected services.For example, unexpected complications occurred during surgery which required additional services to be performed. <p>The provider possessed unusual qualifications, beyond Board-certification, in a medical specialty.</p> <ul style="list-style-type: none">The provider must submit supporting documentation with the appeal request to explain the additional medical qualifications.For example, the surgeon has qualifications not codified in procedural coding or billing modifiers.
Fee Schedule Appeal Submission Method	<p>Providers must mail an appeal request with the Fee Schedule Appeal Request Form including supporting documentation regarding the reason for appeal through postal mail within 30 days of payment.</p> <p>The Fee Schedule Appeal Request Form is available on the WCMBP Portal under the Forms and References page. If there are difficulties viewing links to Adobe documents, refer to How to view PDFs using Adobe Reader.</p> <p>An appeal request cannot be submitted electronically. For program mailing addresses, refer to 1.4 Program Mailing Addresses.</p>



Topic	Details
Completing a Fee Schedule Appeal Request Form	<p>Providers must complete the following required fields to submit the Fee Schedule Appeal Request Form:</p> <ul style="list-style-type: none">■ Program Name: DFEC, DEEOIC, or DCMWC■ Transaction Control Number (TCN): Be sure to use the most recently paid TCN when submitting the request, which is located on the Remittance Voucher (RV) or on the WCMBP Portal Bill Inquiry■ OWCP Provider ID■ Claimant Case ID■ Reason for Fee Schedule Appeal checkbox■ Explanation for Fee Schedule Appeal■ Signature■ Date



1.3 Bill Adjustments

Topic	Details
Bill Adjustment Reasons	<p>Providers can submit adjustments to fully paid or partially paid bills for reasons such as, but not limited to, incorrect charges, incorrect denial due to a keying error, or eligibility update.</p> <p>Example reasons:</p> <ul style="list-style-type: none">▪ The procedure code was submitted incorrectly, causing the service line-item to deny.▪ The service line item paid with the units submitted on the bill. The provider is requesting to increase or decrease the number of units.▪ Authorization is now on file for a previously denied service line item.▪ The provider identifies that incorrect charges were submitted on one of the service line items and initiates an adjustment to correct the error. <p>Note: In certain instances, OWCP will automatically reprocess previously denied bills that now may be payable:</p> <ul style="list-style-type: none">▪ If the injured or ill worker's case was under development, after the case is later accepted as payable by OWCP.▪ If the provider was not active at the time of services and has since reactivated their OWCP provider ID.



Topic	Details
Adjustment Request Submission Methods	<p>Paper Adjustment Request</p> <ul style="list-style-type: none">Providers can mail the Bill Adjustment Request Form to the appropriate mailroom. <p>Note: The Division of Federal Employees' Compensation (DFEC) program requires that the Bill Adjustment Request Form be submitted for all paper adjustment requests. If the Bill Adjustment Request Form is not completed, the request will be Returned to the Provider (RTPd).</p> <p>If there are difficulties viewing links to Adobe documents, refer to How to view PDFs using Adobe Reader.</p> <p>Web Portal Direct Data Entry (DDE)</p> <ul style="list-style-type: none">To submit reprocessing requests for paid or partially paid bills, providers use the "Bill Adjustment" feature on the WCMBP Portal (https://owcpmed.dol.gov/portal/).To submit reprocessing requests for denied bills, providers use the "Resubmit Denied Bills" feature on the WCMBP Portal. <p>Note: DDE requests do not require a Bill Adjustment Request Form to be submitted with the online adjustment request.</p> <p>Electronic Data Interchange (EDI) Submission</p> <ul style="list-style-type: none">Providers can submit adjustments through EDI. <p>Note: EDI requests do not require a Bill Adjustment Request Form to be submitted with the adjustment request.</p>



Topic	Details
Completing a Bill Adjustment Request Form	<p>Providers must complete the following required fields to submit the mailed Bill Adjustment Request Form:</p> <ul style="list-style-type: none">■ Program Name: (DFEC, DEEOIC, or DCMWC)■ Transaction Control Number (TCN): Be sure to use the most recently paid TCN when submitting the request, which is located on the RV or on the WCMBP Portal Bill Inquiry.■ OWCP Provider ID■ Claimant Case ID■ Claimant Name■ Reason for Adjustment checkboxes■ Explanation for Adjustment■ Signature■ Date <p>Note: The form needs to be the first page of the mailed submission with all supporting documentation attached.</p>



Topic	Details
Submitting Electronic Adjustment Requests	<p>Web Direct Data Entry (DDE) Submission</p> <p>Providers can use the "Bill Adjustment" feature on the WCMBP Web Portal (https://owcpmed.dol.gov/portal/).</p> <ul style="list-style-type: none">Providers should adjust the most recent fully paid or partially paid bill.If an entire bill has been denied, select the "Resubmit Denied Bill" feature on the portal.Providers cannot submit requests to void previous payments.If changes are needed to an existing paid line, be sure to select the Line Number of the service line to make changes.If a provider deletes a previously paid line when submitting an adjustment, the portal will display an alert message advising that this can cause an overpayment. <p>Electronic Data Interchange (EDI) Submission</p> <p>Providers can submit adjustments using 837 inbound files.</p> <ul style="list-style-type: none">Refer to Loop 2300 with CLM05-3 segment for the Claim Frequency Code and enter the value for replacement.Refer to Loop 2300 with REF02 "Payer Claim Control Number" segment and enter the value as Parent Claim Bill Transaction Control Number (TCN) for the parent bill.Providers should adjust the most recent fully paid or partially paid bill.If an entire bill has been denied, providers can resubmit the bill for processing.



1.4 Program Mailing Addresses

Topic	Details
Where to Mail Appeal or Adjustment Requests	<ul style="list-style-type: none">▪ DFEC U.S. Department of Labor DFEC Central Mailroom Bills and Authorizations PO Box 8300 London, KY 40742-8300▪ DEEOIC U.S. Department of Labor DEEOIC Central Mailroom Bills and Authorizations PO Box 8304 London, KY 40742-8304▪ DCMWC U.S. Department of Labor DCMWC Central Mailroom Bills and Authorizations PO Box 8302 London, KY 40742-8302