



OWCP SERVICES FOR ACCEPTED CONDITIONS TIPS

The Office of Workers' Compensation Programs (OWCP) identifies services as appropriate for accepted conditions by comparing multiple factors, including but not limited to claimant case status, billed diagnosis codes, billed procedure codes, and dates of service. This process is also used to determine the authorization level for requested services. Refer to section 6.6 Eligibility in the [OWCP WCMBP Provider Manual](#) for more information.

1.1 Definitions

Term	Definition
Accepted Conditions	<p>Accepted Conditions are the diagnosis (DX) codes describing the injury or illness that are accepted by DOL as work-related. Accepted Conditions may appear as ICD-10 or ICD-9 codes:</p> <ul style="list-style-type: none">▪ ICD-10 – International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM): Effective 10/01/2015.▪ ICD-10 diagnosis codes include expanded details for describing the injury or illness, including side of the body.▪ ICD-9 – International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM): Effective prior to 10/01/2015.▪ OWCP cases may be assigned ICD-9 codes if the case was filed or accepted prior to September 2015.▪ If the accepted conditions are in ICD-9 format, providers must convert the diagnosis codes to ICD-10 format when checking eligibility, submitting authorizations, or billing for services.



Term	Definition
Procedure Codes	<p>Standardized alphanumeric or numeric codes assigned to identify services provided to a patient. Examples include the following:</p> <ul style="list-style-type: none">▪ Current Procedural Terminology (CPT)▪ Healthcare Common Procedure Coding System (HCPCS)▪ Revenue Center Code (RCC)▪ OWCP "DOL" or "Homegrown" Codes, which are developed and used exclusively by the DOL OWCP programs for specific services not identified under standardized coding▪ National Drug Code (NDC)▪ ICD PCS Inpatient Surgical Procedure Code▪ Current Dental Terminology (CDT)

1.2 Billing Edits Related to Services for the Accepted Conditions

Question	Answer
Why are billing edits posted for Services for Accepted Conditions?	<p>In alignment with the principles of medical editing, OWCP incorporates logic into the automated billing process to apply edits associated with the Workers' Compensation Medical Bill Processing (WCMBP) System. The billing system analyzes the data entered on the bill to identify inconsistencies in medical coding when applied to the accepted conditions. These edits are applied to the bill during processing and are reflected on the Remittance Voucher issued to the provider.</p>



Question	Answer
What causes EOB 70863 denial?	<p>The billed diagnosis code or codes are unrelated to the specific work-related injury or illness.</p> <p>How to troubleshoot:</p> <ul style="list-style-type: none">■ Providers should confirm that electronic bills do not have any data-entry errors. Please contact the Call Center to request reprocessing if a paper bill was keyed incorrectly.■ Log in to the WCMBP Portal to check the claimant's accepted conditions and verify claimant eligibility. Select the following link to view the Verify Claimant Eligibility tutorial.■ Providers may also use the Interactive Voice Response (IVR) system to check accepted conditions and verify claimant eligibility or contact the Call Center for assistance. Visit the Contact Us page for more information.■ Providers should submit supporting medical documentation to show how the diagnosis condition is related to the accepted illness or injury.
What causes EOB 70865 denial?	<p>The billed procedure code or codes are unrelated to the specific work-related injury or illness.</p> <p>How to troubleshoot:</p> <ul style="list-style-type: none">■ Providers should confirm that electronic bills do not have any data-entry errors. Please contact the Call Center to request reprocessing if a paper bill was keyed incorrectly.■ Log in to the WCMBP Portal to check the claimant's accepted conditions and verify claimant eligibility. Select the following link to view the Verify Claimant Eligibility tutorial.■ Providers may also use the Interactive Voice Response (IVR) System to check accepted conditions and verify claimant eligibility or contact the Call Center for assistance. Visit the Contact Us page for more information.■ Providers may submit supporting medical documentation to show how the services relate to the accepted illness or injury.



1.3 Frequently Asked Questions (FAQs)

Question	Answer
I have an authorization on file, but the EOB states the diagnosis on the bill is different than the approved authorization. What steps can I take?	<ul style="list-style-type: none">■ Review the diagnosis code submitted on the authorization against the billed diagnosis codes and update the bill accordingly.■ The WCMBP System prevents bill denials for accepted conditions when:<ul style="list-style-type: none">• An approved authorization exists for the billed service for DFEC or DEEOIC Programs, and• The diagnosis codes on the bill match those listed in the approved authorization.
How do I submit supporting medical documentation for DFEC?	<p>Providers can submit supporting medical documentation through the DFEC ECOMP web portal at https://www.ecomp.dol.gov. Please do not upload bills or authorization requests through ECOMP. Providers can also submit supporting medical documentation by mail to general correspondence or as an attachment with an authorization request. Please visit the Contact Us page.</p> <p>NOTE: Please be sure the supporting documentation is for the treated claimant only. Do not upload attachments or medical documentation for any other patient.</p>
How do I submit supporting medical documentation for DEEOIC?	<ul style="list-style-type: none">■ Providers can submit supporting medical documentation with a DEEOIC Authorization Form. If the authorization request and medical documentation relate to a pending bill, the provider should indicate that on the submission.■ Providers can also submit supporting medical documentation by mail to general correspondence. Please visit the Contact Us page. <p>NOTE: Please be sure the supporting documentation is for the treated claimant only. Do not upload attachments or medical documentation for any other patient.</p>



Question	Answer
How do I submit supporting medical documentation for DCMWC?	<ul style="list-style-type: none">Providers can submit supporting medical documentation with a CMN-893 Form uploaded through the DCMWC C.O.A.L. web portal.Please refer to the DCMWC Certificate of Medical Necessity FAQs tips document and the Examples of required supporting documentation link for more details.Providers can also submit supporting medical documentation by mail to general correspondence. Please visit the Contact Us page. <p>NOTE: Please be sure the supporting documentation is for the treated claimant only. Do not upload attachments or medical documentation for any other patient.</p>
The OWCP claimant's accepted conditions are ICD-9 diagnosis codes. How do I bill correctly since ICD-10 codes are required for services provided after October 1, 2015?	<ul style="list-style-type: none">Providers should reference ICD-9 to ICD-10 crosswalks or conversions for assistance.Providers can verify eligibility with the converted ICD-10 prior to billing.Refer to the online tutorial to Verify Claimant Eligibility.
Who can I contact for further assistance?	<p>If you need further assistance, contact our Call Center:</p> <ul style="list-style-type: none">Division of Federal Employees' Compensation (DFEC): 1-844-493-1966Division of Energy Employees Occupational Illness Compensation (DEEOIC): 1-866-272-2682Division of Coal Mine Workers' Compensation (DCMWC): 1-800-638-7072