OWCP FEE SCHEDULE GENERAL INFORMATION

This resource provides general processing information and guidelines for OWCP medical claims. It offers an overview of components involved in the processing of medical claims. A large segment of OWCP fee schedules is based on a system that assigns relative values to medical services, adjusting for regional cost variations and overall economic factors affecting medical practice. This ensures that payments reflect the cost of resources required to provide medical services considering geographical differences. Fees may increase or decrease based on updates to the relative value of services, regional cost adjustments, and or changes in economic factors affecting the delivery of medical services in a particular locality. Readers should review this document and contact the appropriate bill processing contractors to address any questions or concerns.

The Workers' Compensation Medical Bill Process (WCMBP) web portal, managed by Acentra, is the platform where providers and claimants can submit medical bills for adjudication. This portal offers self-service features for providers, claimants, claimant representatives, DOL staff, and Acentra employees. Providers can access news, helpful resources, and other publicly available information through the portal. Registered users can quickly and securely access billing, claimant eligibility, authorization, and provider enrollment features. Providers must register through OWCP Connect to access the WCMBP self-service portal.

To help providers and claimants determine reimbursement rates, a Fee Schedule Calculator tool is available on the WCMBP web portal. After logging in, providers can use this tool to estimate the maximum allowable amount for services billed on the OWCP 1500 Professional form or the ADA Dental form. Please note the following:

- The Fee Schedule Calculator provides an estimate of payment but does not guarantee eligibility or coverage for specific services.
- The tool does not assess if services are appropriate for the accepted condition or if authorization is required. For these verifications, use the Claimant Eligibility Inquiry and Authorization Submission features.

Optum manages the Pharmacy Benefit Management (PBM) program under OWCP. For further details, please refer to the following links for each OWCP program:

- Federal Employees' Compensation Act (FECA) https://feca-pharmacy.dol.gov/home
- Division of Energy Employees Occupational Illness Compensation DEEOIC https://energyworkers-pharmacy.dol.gov/home
- Division of Coal Mine Workers' Compensation DCMWC https://blacklung-pharmacy.dol.gov/home

Please refer to the OWCP Fee Schedule Tips for detailed instructions on accessing the OWCP Fee Schedule and information regarding the calculation of professional service fees.

1.1 Covered Services:

OWCP does not cover every service code, and coverage varies by program. Determinations are based on the specific healthcare needs and guidelines of each program, ensuring that only medically necessary and program-appropriate services are covered. This approach allows for tailored healthcare solutions that meet the unique requirements of each program.

1.2 Bill Submission

OWCP recommends electronic submission of bills and attachments via the Secured File Transfer Process (SFTP), Direct Data Entry (DDE), and Electronic Data Interchange (EDI) to streamline processing, reduce errors, and expedite reimbursements. Detailed instructions for submitting claims electronically can be found on the online WCMBP Portal.

1.3 Utilization Restrictions (UR)

Utilization Restrictions are policies designed to regulate the number of units of medicine or medical services that are reimbursable within a specific time frame to ensure medically necessary care. For example, a utilization restriction might limit a particular procedure to two units per month, contingent upon medical necessity and clinical guidelines. This ensures that resources are used appropriately and that patients receive the necessary care without overutilization.

1.4 Revenue Center Codes (RCC)

RCCs are numeric codes that identify a specific accommodation, ancillary service, billing calculation, or arrangement relevant to the claim. It is used by hospitals or health care systems to communicate where the patient was or what type of item or equipment they received.

1.5 Bundled Services

Bundled codes are covered procedures that are billable but not separately payable. Payments for bundled codes are included in the payment for the services to which they are incidental.

1.6 Cut-Back Logic

Cutback logic refers to a set of rules or algorithms designed to adjust or reduce the units billed for certain services or procedures. This mechanism ensures that billed claims align with policy guidelines. It operates by enforcing limitations on the number of units or frequency of covered services, adjusting payments based on predetermined criteria such as bundling multiple procedures, and ensuring compliance with OWCP policies and medical necessity requirements. Additionally, cutback logic helps control costs by preventing excessive or unnecessary charges and by identifying and correcting errors or inconsistencies in billing. Overall, it aims to manage and optimize reimbursement while adhering to established policies and cost-control measures.