

## OWCP Services for Accepted Conditions

The OWCP Medical Bill Processing system embodies the DOL OWCP programs’ medical policies and clinical guidelines in the natural sequence of medical care management logic for appropriate clinical care for the specific injury or illness. An OWCP accepted work-related illness or injury is called an accepted condition.

OWCP identifies services as appropriate for accepted conditions by incorporating multiple factors, including but not limited to: claimant case status, billed diagnosis code, billed procedure code, and date of service. This process is also used to determine the authorization level for requested services. The system accommodates both ICD-9 and ICD-10 billed diagnoses.

### Section I Definitions

Services for Accepted Conditions are better understood after reviewing the following common definitions.

<p><b>Accepted Conditions</b></p>	<p><b>Accepted Conditions are the diagnosis (DX) codes describing the injury or illness that are accepted by DOL as work-related.</b></p> <p><b>Accepted Conditions may appear as the following ICD-9 or ICD-10 codes:</b></p> <ul style="list-style-type: none"> <li>• ICD-10 – International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)             <ul style="list-style-type: none"> <li>○ Effective 10/1/2015</li> <li>○ Includes expanded details for describing the injury or illness, including side of the body</li> </ul> </li> <li>• ICD-9 – International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)             <ul style="list-style-type: none"> <li>○ Effective prior to 10/01/2015</li> <li>○ Some OWCP cases may be assigned ICD-9 codes if the case was filed and/or accepted prior to September 2015</li> </ul> </li> </ul>
<p><b>Procedure Codes</b></p>	<p><b>Standardized alphanumeric or numeric value used to identify medical services and items provided to a patient. Examples include the following:</b></p> <ul style="list-style-type: none"> <li>• Current Procedural Terminology (CPT)</li> <li>• Healthcare Common Procedure Coding System (HCPCS)</li> <li>• Revenue Center Code (RCC)</li> <li>• OWCP “Homegrown” Codes: developed and used exclusively by the DOL OWCP program(s) for specific services not identified under standardized coding</li> <li>• National Drug Code (NDC)</li> <li>• ICD PCS Inpatient Surgical Procedure Code</li> </ul>
<p><b>Appropriate Services for Accepted Conditions Edits</b></p>	<p>In keeping with the concept of medical editing, a medical bill processing standard of practice, OWCP implements logic into the automated bill process to apply edits associated with the medical bill processing system. The billing system interrogates the data entered on the bill to identify inconsistencies in medical coding</p>

when applied to the accepted conditions. These edits apply to the bill during processing and are reflected on the Remittance Voucher issued to the provider.

## Section II

### Billing Best Practices for Edits Related to Services for the Accepted Conditions

Edits can post and deny bills that are determined not to be related to the accepted conditions. Providers may need further guidance on the next steps if Edit 70863 or Edit 70865 are posted to a bill.

<p><b>Edit 70863</b> Bill diagnosis not related to accepted conditions.</p>	<p><b>The billed diagnosis code or codes are unrelated to the specific work-related injury or illness.</b></p> <p><b>How to trouble shoot:</b></p> <ul style="list-style-type: none"><li>• Providers should confirm that electronic bills do not have any data-entry errors. Please contact the call center if a paper bill was keyed incorrectly to request reprocessing.</li><li>• Log in to the Medical Bill Processing Portal to check the claimant’s accepted conditions and verify claimant eligibility. <a href="#">Click here to view the tutorial for more details.</a> Providers may also contact the call center for assistance.</li><li>• Providers may submit supporting medical documentation to show how the diagnosed condition is related to the accepted illness or work injury.</li></ul>
<p><b>Edit 70865</b> Procedures on the bill are not related to the accepted conditions.</p>	<p><b>The billed service is unrelated to the specific work-related injury or illness.</b></p> <p><b>How to troubleshoot:</b></p> <ul style="list-style-type: none"><li>• Providers should confirm that electronic bills do not have any data-entry errors. Please contact the call center if a paper bill was keyed incorrectly to request reprocessing.</li><li>• Log in to the Medical Bill Processing Portal to check the claimant’s accepted conditions and verify claimant eligibility. <a href="#">Click here to view the tutorial for more details.</a> Providers may also contact the call center for assistance.</li><li>• Providers may submit supporting medical documentation to show how the services relate to the accepted illness or injury</li></ul>

## Section III

### Frequently Asked Questions (FAQ)

<p><b>Question</b></p> <p><b>I have an authorization on file for the billed service, but the EOB states the matching authorization is available, but the diagnosis on the bill is different from the approved authorization. What steps can I take?</b></p>	<p><b>Answer</b></p> <p>Providers should ensure the authorization on file is for the claimant, date(s) of service, procedure code, and OWCP provider ID if authorization is not a surgical package.</p> <p>On June 24, 2023, the DFEC and DEEOIC Programs for the Office of Workers' Compensation Programs (OWCP) enhanced the bill processing system to prevent denials related to accepted conditions if an approved authorization is on file for the billed service.</p> <p>Please note for the DEEOIC program that the billed diagnosis code must match the diagnosis code on the approved authorization, in addition to authorization match criteria listed above. You should either correct and resubmit the bill or submit a corrected/new authorization request as applicable.</p>
<p><b>Question</b></p> <p><b>How do I submit supporting medical documentation for DFEC?</b></p>	<p><b>Answer</b></p> <p>Providers can submit supporting medical documentation through the DFEC ECOMP web portal at: <a href="https://www.ecomp.dol.gov">https://www.ecomp.dol.gov</a></p> <p>Providers can submit supporting medical documentation with a <a href="#">DFEC Authorization Template</a></p> <p>Providers can submit bills with attachments via direct data entry (DDE) and upload supporting documents via SFTP with EDI files</p> <p>NOTE: Please be sure the supporting documentation is for the treated claimant ONLY. Please do not upload attachments or medical documentation for any other patient as this could potentially cause a denial of your bill.</p>
<p><b>Question</b></p> <p><b>How do I submit supporting medical documentation for DEEOIC?</b></p>	<p><b>Answer</b></p> <p>Providers can submit supporting medical documentation with a <a href="#">DEEOIC Authorization Form</a>. If the authorization request and medical documentation relates to a pending invoice, the provider should indicate this with the submission.</p> <p>NOTE: Please be sure the supporting documentation is for the treated claimant ONLY. Please do not upload attachments or medical documentation for any other patient as this could potentially cause a denial of your bill.</p>

<p><b>Question</b></p> <p><b>How do I submit supporting medical documentation for DCMWC?</b></p>	<p><b>Answer</b></p> <p>Providers can submit supporting medical documentation with a <a href="#">CM-893 request</a> uploaded through the DCMWC COAL web portal: <a href="https://www.dol.gov/owcp/dcmwc/coalminedocumentportal.htm">https://www.dol.gov/owcp/dcmwc/coalminedocumentportal.htm</a></p> <p>Providers can submit supporting medical documentation directly to the Mailroom:  <b>Division of Coal Mine Workers' Compensation (DCMWC)</b>  General Correspondence  P.O. Box 8307  London, KY 40742-8307</p> <p>NOTE: Please be sure the supporting documentation is for the treated claimant ONLY. Please do not upload attachments or medical documentation for any other patient as this could potentially cause a denial of your bill. This may also result in a PII and/or HIPPA violation.</p>
<p><b>Question</b></p> <p><b>The OWCP claimant's accepted conditions are ICD-9 codes. How do I bill correctly if only ICD-10 codes are allowed for dates of service after 2015?</b></p>	<p><b>Answer</b></p> <ul style="list-style-type: none"> <li>• Providers can reference ICD-9 to ICD-10 crosswalks or conversions for assistance.</li> <li>• Verify eligibility using the ICD-10 prior to billing and be sure to bill with the appropriate converted ICD-10 for any dates of service after 10/1/2015.</li> <li>• <a href="#">Visit this link to reference the online tutorial to Verify Claimant Eligibility.</a></li> </ul>