



Explanation of Benefits Number

Quick Reference Guide

Explanation of Benefits (EOB) Numbers

Select an EOB Number below to review the description and the additional steps that need to be taken.

| | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 20530 | 21731 | 40363 | 60431 | 80024 | 80105 | 90336 |
| 20531 | 22733 | 50301 | 60448 | 80070 | 80906 | 90528 |
| 20532 | 30275 | 50309 | 60923 | 80074 | 81070 | 90542 |
| 20533 | 30598 | 50424 | 61172 | 80101 | 90125 | 90671 |
| 20731 | 31589 | 60340 | 70863 | 80102 | 90128 | 90925 |
| 21487 | 31598 | 60342 | 70865 | 80103 | 90138 | |
| | | | | | | |





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20530

EOB NUMBER

EOB DESCRIPTION

PRIOR AUTHORIZATION REQUIRED FOR SERVICE AND NO VALID AUTHORIZATION IS ON FILE FOR CLAIMANT.

ADDITIONAL STEPS

Prior authorization required for billed service and no valid authorization is on file for claimant.

Authorizations may be submitted retroactively for services.

Refer to Provider Tips and FAQs for more information:

[Authorization Tips.pdf \(dol.gov\)](#)

[Authorization Correction Tips.pdf \(dol.gov\)](#)

[DCMWC Certificate of Medical Necessity FAQs](#)

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20531

EOB NUMBER

EOB DESCRIPTION

PRIOR AUTHORIZATION IS REQUIRED FOR SERVICE AND NO VALID AUTHORIZATION IS ON FILE FOR THE PROVIDER.

ADDITIONAL STEPS

Authorization is on file for the claimant, but the OWCP provider ID assigned to the authorization does not match the billing OWCP provider ID.

Authorizations may be submitted retroactively for services.

Refer to Provider Tips and FAQs for more information:

[Authorization Tips.pdf \(dol.gov\)](#)

[Authorization Correction Tips.pdf \(dol.gov\)](#)

[DCMWC Certificate of Medical Necessity FAQs](#)

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20532

EOB NUMBER

EOB DESCRIPTION

AUTH FOR CLAIMANT AND PROVIDER, NOT FOR DOS. Authorization required

ADDITIONAL STEPS

Authorization is on file for the claimant and provider but not for the date of service being billed. Authorization request or correction must be submitted.

Authorizations may be submitted retroactively for services.

Refer to Provider Tips for more information:

[Authorization Tips.pdf \(dol.gov\)](#)

[Authorization Correction Tips.pdf \(dol.gov\)](#)

[DCMWC Certificate of Medical Necessity FAQs](#)

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20533

EOB NUMBER

EOB DESCRIPTION

AUTH FOR CLAIMANT, PROVIDER, AND DOS; NOT FOR PROCEDURE.
Authorization required

ADDITIONAL STEPS

Authorization is on file for the provider, claimant, and the date of service being billed, but not for the procedure code or the procedure code modifier.
Authorization request or correction must be submitted.

Authorizations may be submitted retroactively for services.

Refer to Provider Tips and FAQs for more information:

[Authorization Tips.pdf \(dol.gov\)](#)

[Authorization Correction Tips.pdf \(dol.gov\)](#)

[DCMWC Certificate of Medical Necessity FAQs](#)

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20731

EOB NUMBER

EOB DESCRIPTION

UNITS AUTHORIZED ALREADY USED

ADDITIONAL STEPS

All authorized units have already been used. Submit a new authorization request or an authorization correction to request additional units.

Refer to Provider Tips and FAQs for more information:

[Authorization Tips.pdf \(dol.gov\)](#)

[Authorization Correction Tips.pdf \(dol.gov\)](#)

[DCMWC Certificate of Medical Necessity FAQs](#)

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21487

EOB NUMBER

EOB DESCRIPTION

AUTHORIZATION EXCEEDED FOR SHORT FORM CLOSURE

ADDITIONAL STEPS

This EOB denial is specific to the DFEC Program.

Short Form Closure (SFC) allows a total of \$1500 in services. Once \$1500 limit is met, this edit will post.

Refer to Division of Federal Employees' Compensation (DFEC) FAQs for more information:

[Information for Medical Providers | U.S. Department of Labor \(dol.gov\)](#)

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EOB NUMBER

EOB DESCRIPTION

DOLLAR AMOUNT AUTHORIZED ALREADY USED

ADDITIONAL STEPS

The authorized dollar amount has already been used. Submit an authorization request or an authorization correction to request additional dollars.

Refer to Provider Tips and FAQs for more information:

[Authorization Tips.pdf \(dol.gov\)](#)

[Authorization Correction Tips.pdf \(dol.gov\)](#)

[DCMWC Certificate of Medical Necessity FAQs](#)

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22733

EOB NUMBER

EOB DESCRIPTION

THE LINE-ITEM UNITS OR DOLLARS AMOUNT EXCEEDS THE AUTHORIZED AMOUNT ON FILE. PLEASE REQUEST AUTHORIZATION FOR SERVICE..

ADDITIONAL STEPS

The line-item units or dollar amount exceeds the authorized amount on file. Please submit an authorization request or an authorization correction to request additional dollars.

Refer to Provider Tips for more information:

[Authorization Tips.pdf \(dol.gov\)](#)

[Authorization Correction Tips.pdf \(dol.gov\)](#)

[DCMWC Certificate of Medical Necessity FAQs](#)

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30275

EOB NUMBER

EOB DESCRIPTION

THE CLAIMANT IS NOT ELIGIBLE FOR FEDERAL BLACK LUNG BENEFITS.

ADDITIONAL STEPS

This EOB denial is specific to the DCMWC Program.

The claimant is not eligible for benefits under the DCMWC Program at this time.

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30598

EOB NUMBER

EOB DESCRIPTION

THIS CASE IS DENIED OR CLOSED FOR THESE DATES OF SERVICE.

ADDITIONAL STEPS

This EOB denial is specific to the DFEC Program.

This case is denied for the dates of service. The claimant may contact their Claims Examiner (CE) for further assistance.

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31589

EOB NUMBER

EOB DESCRIPTION

DATES OF SERVICE AFTER DATE OF DEATH

ADDITIONAL STEPS

The claimant has a date of death on file. The billed date of service is after the date of death.

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31598

EOB NUMBER

EOB DESCRIPTION

THE CLAIMANT CASE STATUS IS SET TO TERMINATED

ADDITIONAL STEPS

This EOB denial is specific to the DCMWC Program.

The claimant is not eligible for benefits under the DCMWC Program.

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40363

EOB NUMBER

EOB DESCRIPTION

THE MODIFIER APPENDED TO THE BILLED PROCEDURE CODE IS NOT PAYABLE WITH THIS PROCEDURE. PLEASE CORRECT AND RESUBMIT.

ADDITIONAL STEPS

The modifier appended to the billed procedure code is not payable with this procedure. Please correct and resubmit.

Please refer to the OWCP Fee Schedule for more information.

[OWCP Medical Fee Schedule | U.S. Department of Labor \(dol.gov\)](#)

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50301

EOB NUMBER

EOB DESCRIPTION

THE PROVIDER TYPE YOU HAVE ENROLLED WITH IS NOT AUTHORIZED FOR THIS SERVICE.

ADDITIONAL STEPS

The provider type you have enrolled with is not authorized for this service. Provider will need to revisit the billed code or review their enrollment file to reflect the correct provider type.

To update provider enrollment, refer to the Quick Reference Guide for more information:

[Updating Provider Information \(dol.gov\)](https://www.dol.gov)

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50309

EOB NUMBER

EOB DESCRIPTION

THE PROVIDER ID NUMBER SUBMITTED ON THE BILL. LICENSE HAS EXPIRED.

ADDITIONAL STEPS

The license on file for the billed provider number has expired. The provider must submit updated license or certification information to update. Once the license on file is updated, the provider should resubmit the bill for processing.

To update provider enrollment, refer to the Quick Reference Guide for more information:

[Updating Provider Information \(dol.gov\)](https://www.dol.gov)

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50424

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EOB DESCRIPTION

BILLING PROVIDER NOT ENROLLED FOR DATES OF SERVICE.

ADDITIONAL STEPS

The provider number submitted on the bill is not active for the billed dates of service. The provider must review and submit updated information for the provider record. Once the provider file is updated, the provider should resubmit the bill for processing.

To update provider enrollment, refer to the Quick Reference Guide for more information:

[Updating Provider Information \(dol.gov\)](https://www.dol.gov)

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60340

EOB NUMBER

EOB DESCRIPTION

PRIMARY CONDITION TREATED IS NOT COVERED UNDER THE BLACK LUNG PROGRAM.

ADDITIONAL STEPS

This EOB denial is specific to the DCMWC Program.

The billed diagnosis is not payable under the DCMWC Program.

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60342

EOB NUMBER

EOB DESCRIPTION

THE BILLED DIAGNOSIS CODE IS NOT COVERED.

ADDITIONAL STEPS

The billed diagnosis code is not covered. Please correct and resubmit.

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60431

EOB NUMBER

EOB DESCRIPTION

PROCEDURE CODE IS NOT A COVERED SERVICE

ADDITIONAL STEPS

The billed procedure code is not a covered service. Please correct and resubmit.

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60448

EOB NUMBER

EOB DESCRIPTION

SERVICE NOT COVERED BY THE FEDERAL BLACK LUNG PROGRAM.

ADDITIONAL STEPS

This EOB denial is specific to the DCMWC Program.

The billed Revenue Center Code (RCC) on the UB-04 institutional bill is not payable for the DCMWC Program.

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60923

EOB NUMBER

EOB DESCRIPTION

DIAGNOSIS NOT COVERED FOR SERVICE DATE

ADDITIONAL STEPS

The billed diagnosis is not covered for the service date. Please correct and resubmit.

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61172

EOB NUMBER

EOB DESCRIPTION

THE REVENUE CENTER CODE, RCC BILLED REQUIRES A Current Procedural Terminology, CPT, OR Healthcare Common Procedure Coding System HCPCS CODE.THE OFFICE OF WORKERS'COMPENSATION Revenue Center Codes, RCC, CROSS-WALK IS VIEWED @ [HTTP://WWW.DOL.GOV/OWCP/REGS/FEESCHEDULE/FEE.HTM](http://www.dol.gov/owcp/regs/feeschedule/fee.htm)

ADDITIONAL STEPS

The billed Revenue Center Code (RCC) on the UB-04 institutional bill requires a procedure code and the procedure code is missing or invalid for the corresponding RCC code.

Refer to the OWCP Fee Schedule for more information

[OWCP Medical Fee Schedule | U.S. Department of Labor \(dol.gov\)](http://www.dol.gov/owcp/regs/feeschedule/fee.htm)

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70863

EOB NUMBER

EOB DESCRIPTION

BILL DIAGNOSIS NOT RELATED TO THE ACCEPTED CONDITIONS.

ADDITIONAL STEPS

The billed diagnosis is not related to accepted conditions. If you disagree, submit medical documentation.

Refer to Provider Tips for more information:

[Services for Accepted Conditions.pdf \(dol.gov\)](#)

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70865

EOB NUMBER

EOB DESCRIPTION

SERVICE NOT COVERED. PROCEDURES ON THE BILL IS NOT RELATED TO THE ACCEPTED CONDITIONS.

ADDITIONAL STEPS

The billed procedure is not related to the accepted condition(s) on file for the claimant. If you disagree, submit medical documentation

Refer to Provider Tips for more information and details on how to submit medical documentation:

[Services for Accepted Conditions.pdf \(dol.gov\)](#)

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80024

EOB NUMBER

EOB DESCRIPTION

OFFICE VISIT, ESTABLISHED PATIENT, LIMITED TO 12 PER YEAR. FOR RECONSIDERATION, PLEASE RESUBMIT WITH MEDICAL JUSTIFICATION.

ADDITIONAL STEPS

The provider may rebill with supporting medical documentation.

Refer to the following links for more information:

[Bill Adjustment Void Tutorial \(dol.gov\)](#)

[Provider Tips - Appeals vs Adjustments \(dol.gov\)](#)

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80070

EOB NUMBER

EOB DESCRIPTION

THIS PROCEDURE CODE IS USED AS AN ADD-ON TO ANOTHER PROCEDURE CODE AND THE BASE CODE WAS NOT BILLED WITH MATCHING DATE OF SERVICE.

ADDITIONAL STEPS

This procedure code is used as an add-on to another procedure code and the base code was not billed with matching dates of service.

Refer to Correct Coding Initiative (CCI) guidance for further information.

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80074

EOB NUMBER

EOB DESCRIPTION

THIS PROCEDURE CODE IS CONSIDERED TO BE A COMPONENT OF ANOTHER PROCEDURE BILLED FOR THE SAME DATE.

ADDITIONAL STEPS

This procedure code is considered a component of another procedure billed for the same date.

Refer to Correct Coding Initiative (CCI) guidance for further information.

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80101

EOB NUMBER

EOB DESCRIPTION

THIS BILL IS A DUPLICATE OF A PREVIOUSLY SUBMITTED BILL

ADDITIONAL STEPS

This bill is an duplicate of a previously submitted bill. Bill inquiry and copies of previous Remittance Vouchers (RVs) are available for your reference.

Refer to Provider Tips for more information:

[Viewing Bills on the Web Portal.pdf \(dol.gov\)](#)

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80102

EOB NUMBER

EOB DESCRIPTION

BILL IS A DUPLICATE OF PREVIOUSLY SUBMITTED BILL

ADDITIONAL STEPS

This bill is a probable duplicate, meaning that the line item posting the EOB is a probable match to another bill.

Bill inquiry and copies of previous Remittance Vouchers (RVs) are available for your reference.

Refer to Provider Tips for more information:

[Viewing Bills on the Web Portal.pdf \(dol.gov\)](#)

If an adjustment is required, refer to Provider Tips for more information:

[Provider Tips - Appeals vs Adjustments \(dol.gov\)](#)

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80103

EOB NUMBER

EOB DESCRIPTION

BILL IS A DUPLICATE OF PREVIOUSLY SUBMITTED BILL

ADDITIONAL STEPS

This bill is a possible duplicate, meaning that the line item posting the EOB is a possible match to another bill.

Bill inquiry and copies of previous Remittance Vouchers (RVs) are available for your reference.

Refer to Provider Tips for more information:

[Viewing Bills on the Web Portal.pdf \(dol.gov\)](#)

If an adjustment is required, refer to Provider Tips for more information:

[Provider Tips - Appeals vs Adjustments \(dol.gov\)](#)

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80105

EOB NUMBER

EOB DESCRIPTION

THIS BILL IS A DUPLICATE OF A PREVIOUSLY SUBMITTED BILL

ADDITIONAL STEPS

This bill is a possible duplicate, meaning that the line item posting the EOB is a possible match to another bill.

Bill inquiry and copies of previous Remittance Vouchers (RVs) are available for your reference.

Refer to Provider Tips for more information:

[Viewing Bills on the Web Portal.pdf \(dol.gov\)](#)

If an adjustment is required, refer to Provider Tips for more information:

[Provider Tips - Appeals vs Adjustments \(dol.gov\)](#)

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80906

EOB NUMBER

EOB DESCRIPTION

Skin sealants, protectants, moisturizers or ointments are limited to 3 per 6 months

ADDITIONAL STEPS

Procedure has utilization limitations to control the number of services rendered.

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81070

EOB NUMBER

EOB DESCRIPTION

PROC IS ADD-ON BASE NOT PAID FOR SAME DOS

ADDITIONAL STEPS

Advise Caller:

Procedure code is an add-on code. The base procedure codes is not paid for the same date of service.

Refer to Correct Coding Initiative (CCI) guidance for further information.

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90125

EOB NUMBER

EOB DESCRIPTION

NURSE PROGRESS NOTE REQUIRED WITH BILL SUBMISSION OF HOME HEALTH CARE RELATED SERVICES. NURSE PROGRESS NOTES NOT PRESENT OR DO NOT MATCH BILLED SOCIAL SECURITY NUMBER AND DATE OF SERVICE

ADDITIONAL STEPS

Required attachments are missing from the submitted bill or do not match the billed claimant and date of service. Attachments must be signed by the caregiver along with the caregiver title.

Providers should correct and resubmit the bill.

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90128

EOB NUMBER

EOB DESCRIPTION

BILL WAS SUBMITTED MORE THAN ONE YEAR AFTER CALENDAR YEAR IN WHICH SERVICE WAS PROVIDED OR IN WHICH CLAIM WAS FIRST ACCEPTED.

ADDITIONAL STEPS

Bill was submitted more than one year after the calendar year in which service was provided or in which claim was first accepted.

Providers can request an adjustment and submit proof of timely filing. Proof of timely filing can include a denied TCN that was submitted timely, copy of a bill RTP (returned to provider) letter, or a remittance voucher documenting timely filing.

Refer to the following links for more information:

[Bill Adjustment Void Tutorial \(dol.gov\)](#)

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90138

EOB NUMBER

EOB DESCRIPTION

THE TYPE OF BILL IS MISSING/INVALID OR NOT PAYABLE FOR THE DCMWC PROGRAM.PLEASE SUPPLY THE CORRECT CODE AND RESUBMIT.

ADDITIONAL STEPS

This EOB denial is specific to the DCMWC Program.

Certain facility services are not payable based on the type of bill submitted on the UB-04 institutional bill for the DCMWC Program.

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90336

EOB NUMBER

EOB DESCRIPTION

THIS BILLED LINE ITEM DENIED BECAUSE PROOF OF PURCHASE INVOICE FROM THE MANUFACTURER WAS NOT SUBMITTED.

ADDITIONAL STEPS

This billed line item denied because proof of purchase invoice from the manufacturer was not submitted.

Refer to the OWCP Fee Schedule for more information

[OWCP Medical Fee Schedule | U.S. Department of Labor \(dol.gov\)](#)

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90528

EOB NUMBER

EOB DESCRIPTION

SERVICE DENIED. THE BLACK LUNG PROGRAM DOES NOT REIMBURSE FOR SERVICES WHEN BILLED AND ACCOMPANIED WITH THE SUBMITTED DIAGNOSIS CODE.

ADDITIONAL STEPS

This EOB denial is specific to the DCMWC Program.

The billed Revenue Center Code (RCC) on the UB-04 institutional bill is not payable with the submitted diagnosis for the DCMWC Program.

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90542

EOB NUMBER

EOB DESCRIPTION

FECA CASE STATUS UN/UD

ADDITIONAL STEPS

This EOB denial is specific to the DFEC Program.

FECA case status is Under Review or Under Development. Services are not payable during this case review timeframe.

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90671

EOB NUMBER

EOB DESCRIPTION

CLAIMANT BENEFITS ARE COVERED BY A RESPONSIBLE MINE OPERATOR.

ADDITIONAL STEPS

This EOB denial is specific to the DCMWC Program.

The billed services are covered by a responsible mine operator.

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90925

EOB NUMBER

EOB DESCRIPTION

Diagnostic Related Grouped, NOT COVERED BY THE FEDERAL BLACK LUNG PROGRAM.

ADDITIONAL STEPS

This EOB denial is specific to the DCMWC Program.

The acute facility services submitted on the UB-04 institutional bill are not payable for the DCMWC Program.

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