

WCMBP System

# Claimant Eligibility



# Introduction

This tutorial provides the steps on how to check claimant eligibility in the new Workers' Compensation Medical Bill Process (WCMBP) System.

The claimant's eligibility allows providers to:

- Know if the claimant is eligible for services prior to treating the claimant.
- Know if an authorization is needed prior to reimbursement.
- Know the injuries and occupational diseases the claimant is eligible to be treated for.
- Eliminate common bill denials.



# Overview

The claimant eligibility function provides the claimant's accepted conditions, as well as whether an authorization is required for the intended medical services.

- **Accepted Conditions** are the diagnosis (DX) codes, describing the injury or illness that has been accepted by DOL.
- **Eligibility** for an accepted condition identifies that there are a predetermined set of services that are payable for the claimant's injury or illness.
- **Authorization Levels** determine if a service requires an authorization.
  - Level 1** = No Authorization required
  - Level 2** = Authorization Required – Review by Acentra Health Staff
  - Level 3** = Authorization Required – Review by DOL Staff

# Accessing Claimant Eligibility in the WCMBP System

## How it works:

1. Log into the WCMBP System. The system displays the default Select a Provider ID Number page.
2. Select the *appropriate profile*, **EXT Provider Bills Submitter**, from the drop-down list.
3. Select the **Eligibility Inquiry** link in the column on the left under Claimant.

Select a Provider ID Number to continue to the Provider Portal:

Available Provider IDs:   \*



Select a profile to use during this session:

 \*







## Eligibility for Non-Pharmacy Services

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### 4. Select the Inquiry type.

- Non-Pharmacy Services – Check to see if the claimant is eligible for the services being rendered and the level of authorization required.

### Claimant Eligibility Inquiry

Please select the inquiry type, complete the fields in the applicable section below, and click "Submit".

The Non-Pharmacy Services inquiry will indicate if the claimant is eligible for the services and if prior authorization is required.

The Accepted Conditions inquiry will indicate the injuries and/or illnesses approved by OWCP for a claimant's case.

Please refer to the following link for a step-by-step tutorial: [Verify Claimant Eligibility](#).

\*  Non-Pharmacy Services  Accepted Conditions (DFEC, DEEOIC and DLHWC Only)

# Claimant Eligibility Inquiry: Non-Pharmacy Services

The Provider ID you are logged in under auto-populates.

1. Select the Program Code that the claimant is enrolled under if enrolled with more than one program.
2. Enter the claimant's Case ID\*.
3. Enter at least one Diagnosis Code.
4. Enter a Procedure Code or Revenue Code.
5. Enter the Date of Service (DOS).
6. Select **Submit**.

The screenshot shows the 'Eligibility for Non-Pharmacy Services' form. At the top, a red error message reads: "Errors: CaseID Invalid #1 [red box]; Diagnosis Code(s) invalid # s8391xa". Below the error message are 'Close' and 'Submit' buttons, with a callout '6' pointing to the 'Submit' button. The form fields are: 'Provider ID' (auto-populated), 'Program Code' (dropdown menu with 'DFEC' selected, callout '1'), 'Case ID' (text field, callout '2'), 'Diagnosis Codes' (multiple text fields, callout '3'), 'Procedure Code' and 'Revenue Code' (text fields, callout '4'), 'NDC Code' (text field, callout '5'), and 'Date of Service' (calendar icon, callout '5').

**Note:** If any information keyed in is invalid, an error message will open above the Close and Submit buttons (errors may vary).

\* New feature – Electronic Case file look-up. See [page 11](#).

# Claimant Eligibility Inquiry Response: Non-Pharmacy Services

The results on this page will show you:

- The claimant's Case Status for the date of service entered.
- The Requested Date and Time.
- The level of authorization for the treatment or service as indicated by the **Authorization Level** field.

Claimant Eligibility Inquiry Response	
Case ID: 012	
Procedure Code: 29824	
Date of Service: 02/11/2020	Request Date/Time: 02/11/2020 13:00:37
Case Status on 02/11/2020: MC-FECA Medical Benefits Only	
Death Indicator: N	
Authorization Level:	

Errors	
REQUESTED DIAGNOSIS NOT RELATED TO ACCEPTED CONDITIONS.	

**Note:** If the claimant is not eligible for the treatment or service entered, it will be identified under the Errors field (errors may vary).

# Claimant Eligibility Inquiry: Accepted Conditions (AC)

Select the inquiry type:

Accepted Conditions – will display the diagnosis codes describing the injury or illness that has been accepted by DOL. *This function can be performed for DFEC, DEEOIC, and DLHWC claimants only.*

1. Enter the claimant Case ID.
2. Select the Program Code that the claimant is enrolled under if enrolled with more than one program.
3. Enter the Date of Service (DOS).
4. Select **Submit**.

The screenshot shows a web form titled "Claimant Eligibility Inquiry". At the top left are "Close" and "Submit" buttons. An arrow labeled "4" points to the "Submit" button. Below the title is a paragraph of instructions: "Please select the inquiry type, complete the fields in the applicable section below, and click 'Submit'. The Non-Pharmacy Services inquiry will indicate if the claimant is eligible for the services and if prior authorization is required. The Accepted Conditions inquiry will indicate the injuries and/or illnesses approved by OWCP for a claimant's case. Please refer to the following link for a step-by-step tutorial: [Verify Claimant Eligibility](#)." Below this is a radio button selection: "\*  Non-Pharmacy Services  Accepted Conditions (DFEC, DEEOIC and DLHWC Only)". The main section is titled "Eligibility for Accepted Condition Services" and contains three fields: "Case ID:" with a text input field and an asterisk, "Program Code:" with a dropdown menu showing "DEEOIC" and an asterisk, and "Date of Service:" with a text input field, a calendar icon, and an asterisk. Arrows labeled "1", "2", and "3" point to the Case ID, Program Code, and Date of Service fields respectively.

# Claimant Eligibility Inquiry: Accepted Conditions (AC) List



5 Selecting **Close** will return you to the Provider Portal Home Page.

Accepted Condition ID ▲▼	Diagnosis Code ▲▼	ICD 9/10 ▲▼	Modifier ▲▼	Description ▲▼	Start Date ▲▼	End Date ▲▼
1	<a href="#">S8391XA</a>	10		SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE, INITIAL ENCOUNTER	10/31/2016	12/31/2050
2	<a href="#">S72302A</a>	10		UNSP FRACTURE OF SHAFT OF LEFT FEMUR, INIT FOR CLOS FX	10/31/2016	12/31/2050

1 The list of DX codes will populate.

**Note:** The DX code link displays the DX code details.

2 ICD Indicator  
9 = ICD 9  
10 = ICD 10  
D = Dual

3 Provides a description of the DX codes.

4 DX codes are valid for DOS between the start and end dates.

# Claimant Eligibility Inquiry: Accepted Conditions (AC) - Diagnosis Detail

The screenshot shows a 'Diagnosis Detail' form with the following fields and values:

- Diagnosis Code:** S8391XA
- Diagnosis Category:** DA-ICD-10 Vol. III
- Short Description:** SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE, INITIAL ENCOUNTER
- Long Description:** SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE, INITIAL ENCOUNTER
- Gender:** B-Both
- Start Date:** 10/01/2015
- End Date:** 12/31/2999
- Effective Date:** 10/01/2015
- Status:** Approved

Numbered callouts (1-5) point to the Gender, Effective Date, Start Date, Diagnosis Category, and Status fields respectively.

More detailed information will display:

1. Gender - **B**=Both, **F**=Female and **M**=Male
2. Diagnosis Eligibility Date Range
3. Diagnosis Effective Date
4. Diagnosis Category - **D**= Dual, **D9** = ICD 9 and **DA**= ICD 10
5. Status - Approved

The screenshot shows the bottom right corner of the form with the following elements:

- DiagnosisCode ID:** S8391XA
- Close** button (highlighted with callout 6)
- Save** button
- View History** button

6. Selecting **Close** returns you to the previous screen.

## \* Electronic Case File Look-up – new feature

Providers can look up cases in the Provider Portal

### How it works:

1. Log into the WCMBP System. The system will display the default Select a Provider ID Number page.
2. Select the appropriate Profile from the drop-down list.
3. Select the **Case Look-up** link in the column on the left under Claimant.

**Select a Provider ID Number to continue to the Provider Portal:**

Available Provider IDs:   \*

**Select a profile to use during this session:**

Profile:   \*

- EXT Provider Bills Submitter
- EXT Provider Claims Payment Status Checker
- EXT Provider Eligibility Checker - Auth Submitter
- EXT Provider Eligibility Checker-Claims Submitter
- EXT Provider File Maintenance
- EXT Provider Super User
- EXT Provider System Administrator

**Claimant** 

- Eligibility Inquiry**
- Case Look-up** 

# Claimant Case Lookup in the WCMBP System

The System displays the Claimant Case Lookup page.

Complete the required fields, and any optional fields, to perform the case lookup.

1. Select the Program Code from the drop-down list.
2. Enter or Select the Date of Birth (DOB) from the calendar icon.
3. Enter one of the following fields to perform a case lookup:
  - Social Security Number (SSN)
  - First Name and Last Name

Close Submit

### Claimant Case Lookup

Please utilize one of the following combinations of fields for Case Look-up:  
Program Code, DOB, SSN  
Program Code, DOB, First Name, Last Name  
Note: Users can utilize other data elements along with the specified combination of fields listed above.

Program Code: DCMWC 1

Social Security Number:

Date of Injury (DOI):

Date of Birth (DOB):  \* 2

First Name:  3

Last Name:

### Claimant List

Case Number ▲▼	First Name ▲▼	Last Name ▲▼	DOB ▲▼	DOI ▲▼
No Records Found!				

# Claimant Case Lookup in the WCMBP System - Access Claimant Eligibility

The system displays the case-related information.

The Case Number in the **Claimant List** section is linked.

Upon selecting the link, the system directs provider users to the Claimant Eligibility Inquiry screen.

The screenshot displays the WCMBP system interface. At the top, there are 'Close' and 'Submit' buttons. Below them is a section titled 'Claimant Case Lookup' with instructions: 'Please utilize one of the following combinations of fields for Case Look-up: Program Code, DOB, SSN; Program Code, DOB, First Name, Last Name'. A note states: 'Note: Users can utilize other data elements along with the specified combination of fields listed above.' The form includes fields for Program Code (set to DCMWC), Social Security Number, Date of Injury (DOI), Date of Birth (DOB), First Name, and Last Name. Below this is a 'Claimant List' section with a table. The table has columns for Case Number, First Name, Last Name, DOB, and DOI. The first row shows Case Number 12345678 (highlighted with a red box), First Name John, Last Name Doe, DOB XX/XX/XXXX, and DOI XX/XX/XXXX.

Case Number	First Name	Last Name	DOB	DOI
<a href="#">12345678</a>	John	Doe	XX/XX/XXXX	XX/XX/XXXX

# Pharmacy Services

For pharmacy-related questions,

- Division of Coal Mine Workers' Compensation (DCMWC) and Division of Energy Employees Occupational Illness Compensation (DEEOIC) callers can reach Conduent at: 1-866-664-5581 or visit at: <https://owcprx.dol.gov/>.
- For Federal Employees' Compensation Act (FECA) visit at: <https://fecapharmacy.dol.gov/home>.



THANK YOU!

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