



**DEPARTMENT OF LABOR (DOL)
WORKERS' COMPENSATION
MEDICAL BILL PROCESS (WCMBP)
OFFICE OF WORKERS' COMPENSATION
PROGRAMS (OWCP)**

REMITTANCE VOUCHER USER GUIDE

VERSION 1.0

APRIL 27, 2020



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1 INTRODUCTION

The Workers' Compensation Medical Bill Process (WCMBP) Remittance Voucher (RV) guide provides a description of the various sections of the RV.

This document is intended for payees who receive a Remittance Voucher explaining the payments made from the WCMBP System in support of the Department of Labor (DOL) Office of Workers' Compensation Programs (OWCP).



2 REMITTANCE VOUCHER SECTIONS


This document explains the Remittance Voucher broken down into the following sections:

- **Cover Page**
Contains the details of the payee, the Remittance Voucher number, and messages from the Department of Labor
- **Summary**
Contains the summary of payments by the bill adjudication categories of Paid, Denied and Adjustments.
- **Details**
Contains the details of the bills associated to the payment.
- **Description of Codes**
Contains the Adjustment Reason codes and Explanation of Benefit (EOB) codes description explaining the bill processing results and adjustments to the billed amounts.



3 COVER PAGE

The cover page of the Remittance Voucher provides basic information including messages from the OWCP, Department of Labor.



Remittance Voucher
FECA - Washington DC 1

GENERAL WELLNESS HOSPITAL 2
 PO BOX 99999
 ANYPLACE TOWN , AA 12345

RV Number: 1091041 3

Billing Provider: 123456789 4

Prepared Date : 04/19/2020 5
 RV Date : 04/19/2020 6

Page 1

If you have questions about the format of this Remittance Voucher (RV), please see the Remittance Voucher guide at <https://owcpmed.dol.gov>.

If you have questions about this document, call 1-844-493-1966, select option for Bills, then select option to speak to an agent.

ATTENTION - OWCP Moving toward a Fully-electronic Medical Bill Processing System 7

Due to the COVID-19 pandemic, and the desire to follow social distancing and local stay-at-home orders for staff, OWCP is taking steps to move toward a fully electronic medical bill processing system. Currently we are still accepting paper bills, but providers who continue to submit paper may experience delays.

Web Registration: Providers can register for web portal accounts that enable electronic submission and the ability to view status of authorization requests and bill processing/payment.

- To register for web portal accounts, please reference the welcome letter and registration letter mailed to you from CNSI. Use the registration ID and temporary key provided to access your account on the web portal <https://owcpmed.dol.gov>

Figure 1. Remittance Voucher

#	Description
1	The Program Name and District Office (if applicable)
2	Name and Address of the payee to whom the payment was disbursed
3	Remittance Voucher Number. This is a unique RV identifier in the WCMBP System
4	Billing Entity Identifier. This is the Billing Provider ID. For Claimant RVs, and is the system default
5	Date this Remittance Voucher was prepared
6	The Remittance Voucher Date
7	This area displays general notification messages for the payee



4 SUMMARY

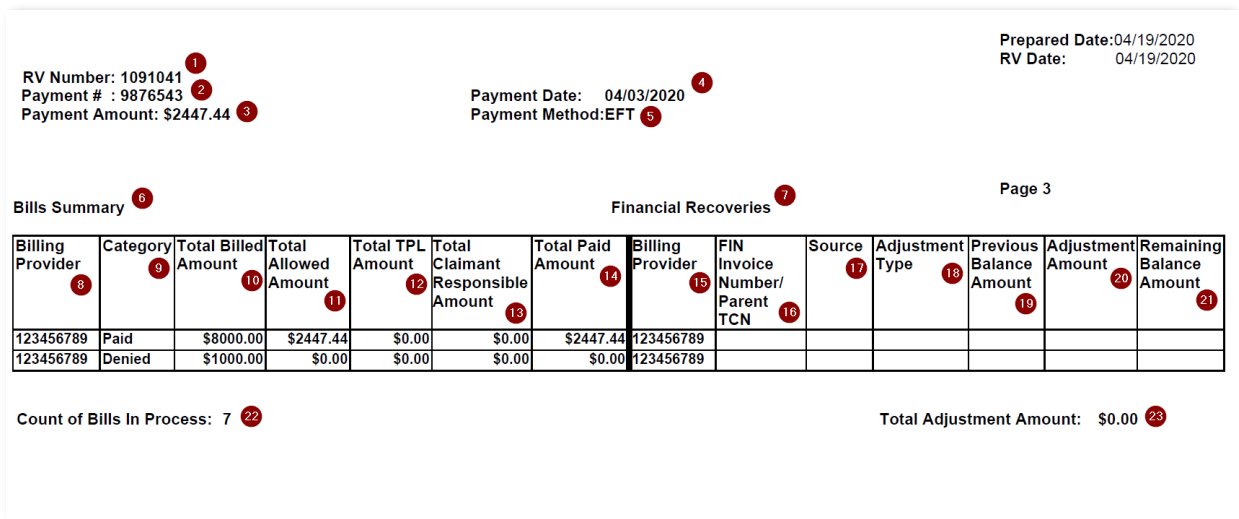


Figure 2. Remittance Voucher Bills Summary

#	Description
1	Remittance Voucher number
2	Payment Number identifier in the WCMBP system.
3	Total Payment Amount issued for the Payment Number
4	The date the Payment is issued
5	Method of Payment (EFT or Check)
6	The left half of the Summary table explaining the summary of bills by categories
7	The right half of the Summary table explaining the summary of financial recoveries resulting from voids, net negative adjustments and IRS liens
8	Billing Entity Identifier
9	Category of Bills <ul style="list-style-type: none"> • Paid : Bills that are paid by the Payment Number • Denied : Bills that are denied • Adjustments : Bills that are processed as net positive adjustments to prior bills
10	Total Billed Amount for bills in each category
11	Total Allowed Amount for bills in each category
12	Amount of Third Party Liability for bills in each category
13	Amount that the Claimant is responsible to pay for bills in each category
14	Total Paid Amount for bills in each category
15	Billing Entity Identifier for the recoveries information
16	Identifier corresponding to the recovery
17	Source of recovery
18	Type of recovery adjustment
19	The balance amount prior to this payment cycle
20	Amount adjusted during this payment cycle
21	Current Balance amount
22	Number of Bills in process at WCMBP
23	Total of all adjustment amounts reported in (20)



5 DETAIL

Claimant Name / Claimant ID / Med Record # / Patient Acct # / Original TCN/	TCN / Bill Type / RX Bill # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev Code	Total Units	Billed Amount	Allowed Amount	TPL Amount	Claimant Responsib le Amount	Paid Amount	EOB Codes	Adjustment Reason Codes
LASTNAME, FIRSTNAME 555555555	13002008100067 1000 Professional Bill	1		11/11/2019- 11/11/2019	28055 RT	1.0000	\$2000.00	\$611.86	\$0.00	\$0.00	\$611.86		45 = \$1388.14
Document Total:						11/11/2019-11/11/2019	1.0000	\$2000.00	\$611.86	\$0.00	\$0.00	\$611.86	
LASTNAME, FIRSTNAME 555555555	13002008200004 0000 Professional Bill	1		11/12/2019- 11/12/2019	28055 RT	1.0000	\$2000.00	\$611.86	\$0.00	\$0.00	\$611.86		45 = \$1388.14
Document Total:						11/12/2019-11/12/2019	1.0000	\$2000.00	\$611.86	\$0.00	\$0.00	\$611.86	
LASTNAME, FIRSTNAME 555555555	13002008500028 1000 Professional Bill	1		02/11/2020- 02/11/2020	28055 RT	1.0000	\$2000.00	\$611.86	\$0.00	\$0.00	\$611.86		45 = \$1388.14
Document Total:						02/11/2020-02/11/2020	1.0000	\$2000.00	\$611.86	\$0.00	\$0.00	\$611.86	
	13002008500028 1000 Professional Bill	2		02/12/2020- 02/12/2020	28055 LT	1.0000	\$2000.00	\$611.86	\$0.00	\$0.00	\$611.86		45 = \$1388.14
Document Total:						02/12/2020-02/12/2020	1.0000	\$2000.00	\$611.86	\$0.00	\$0.00	\$611.86	
Document Total:						11/11/2019-11/12/2019-02/11/2020-02/12/2020	2.0000	\$4000.00	\$1223.72	\$0.00	\$0.00	\$1223.72	
Category Total:							4.0000	\$8000.00	\$2447.44	\$0.00	\$0.00	\$2447.44	
Billing Provider Total:							5.0000	\$9000.00	\$2447.44	\$0.00	\$0.00	\$2447.44	

Figure 3. Remittance Voucher Bill Categories

#	Description
1	Remittance Voucher Number
2	Category of Bills
3	Payment Number Identifier in the WCMBP System
4	Billing Entity Identifier
5	The date the Payment is issued
6	The date this Remittance Voucher was prepared
7	The Remittance Voucher date
8	Claimant Information
9	Bill Information (TCN: Transaction Control Number. This is the unique identifier for the bill)
10	Line number on the Bill
11	The Dates of Service as reported on the bill line.
12	Procedure Code/ Revenue Code as reported on the bill line
13	Total Units as reported on the bill line
14	Billed amount for the line
15	Allowed amount for the line
16	Third Party Responsibility amount for the line
17	Claimant Responsibility amount for the line
18	Total amount paid for the line
19	Explanation of Benefits code
20	Adjustments Reason code and amount
21	Totals for the bill TCN. Document refers to the bill.
22	Totals for all bills reported in this category
23	Totals for all bills reported in this Remittance Voucher



6 DESCRIPTION OF CODES

Adjustment Reason Codes ¹

222 : Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
45 : Emer./advance pymt recovery

EOB ²

22733 : LINE ITEM UNITS OR DOLLARS EXCEED THE AUTHORIZED AMOUNT

Figure 4. Remittance Voucher Adjustment Reason Codes

#	Description
1	Table of Adjustment Reason codes reported on this Remittance Voucher
2	Table of all Explanation of Benefit (EOB) codes reported on this Remittance Voucher