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

PROVIDER MANUAL

VERSION 1.0

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1.0	10/16/2023	Initial Release	Initial Release

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1 INTRODUCTION

The Workers' Compensation Medical Bill Process (WCMBP) Provider Manual offers medical providers an easy way to access information regarding enrollment, authorizations, billing processes, outreach, call center, important forms, and procedures associated with the WCMBP System.

We are pleased you have chosen to participate in our mission to protect the interests of workers who are injured or become ill on the job, their families, and their employers by making timely, appropriate, and accurate decisions on bills, providing prompt payment of benefits, and helping injured or ill workers return to gainful work as early as is feasible.

The Office of Workers' Compensation Programs (OWCP) contracted Acentra Health to manage the WCMBP System and provide services such as provider enrollment, bill processing, authorizations, and call center assistance for our providers and injured or ill workers.

2 THE OFFICE OF WORKERS' COMPENSATION PROGRAMS OVERVIEW

Welcome to the United States Department of Labor Office of Workers' Compensation Programs (US DOL OWCP). OWCP administers three major disability compensation programs. OWCP's programs provides wage replacement benefits, medical treatment, vocational rehabilitation, or other benefits to eligible workers or their dependents who experience work-related injury or occupational disease.

Table 1. OWCP Enrollment Information

OWCP Enrollment Information
- FECA: Enrollment Information   - DEEOIC: Enrollment Information   - DCMWC: Enrollment Information

OWCP serves the following programs via the WCMBP System described in this manual.

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2.1 The Division of Federal Employees', Longshore and Harbor Workers' Compensation Program – FECA Program

Administered by the Division of Federal Employees', Longshore and Harbor Workers' Compensation (DFELHWC), the Federal Employees' Compensation Act (FECA) program adjudicates new claims for benefits from federal workers and manages ongoing cases; pays medical expenses and compensation benefits to injured or ill workers and survivors; and helps injured employees return to work when they are medically able to do so.

Table 2. Helpful Information for Providers

Helpful Information for Providers
FECA Program: Helpful Provider Information   A two-page document that provides information that may be helpful to providers, including information on enrollment, verifying claimant eligibility, the authorization process, billing OWCP, helpful online portal tools, and call center information.
FECA Program: Provider Desk Aid   A three-page document that provides information to providers about caring for injured or ill workers.

For program information, visit the Federal Employees' Compensation Program | U.S. Department of Labor (dol.gov).

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2.2 The Division of Energy Employees Occupational Illness Compensation Program

The mission of the Division of Energy Employees Occupational Illness Compensation (DEEOIC) Program is to deliver benefits to eligible employees and former employees of the Department of Energy, its contractors, and subcontractors or to certain survivors of such individuals, as provided in the Energy Employees Occupational Illness Compensation Program Act. The mission also includes delivering benefits to certain beneficiaries of *Section 5 of the Radiation Exposure Compensation Act*.

For more program information, visit the [Energy Workers Program | U.S. Department of Labor (dol.gov)](dol.gov).

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2.3 The Division of Coal Mine Workers' Compensation Program

The Division of Coal Mine Workers' Compensation (DCMWC), or Federal Black Lung Program, administers claims filed under the Black Lung Benefits Act. This Act provides compensation to coal miners who are totally disabled by pneumoconiosis arising out of coal mine employment, and to survivors of coal miners whose deaths are attributable to the disease. This Act also provides eligible miners with medical coverage for the treatment of lung diseases related to pneumoconiosis.

For more program information, visit [the OWCP Division of Coal Mine Workers' Compensation Program homepage](#).

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3 WCMBP SELF-SERVICE PORTAL

Acentra Health hosts the OWCP Medical Bill Processing Portal with self-service features for providers, claimants, claimant representatives, DOL Staff, and Acentra Health employees. Providers have access to news, helpful resources, and other publicly available information on the portal pages. Through a secure online self-service portal, registered users have fast and direct access to billing, claimant eligibility, authorization, and provider enrollment features.

To access the WCMBP self-service portal, providers must register through OWCP connect. Providers can refer to the Legacy and New Providers: Initial Access and Online Billing Quick Reference Guide to create an online account. OWCP uses an identity-proofing system to create and authenticate credentials for users that log in to the provider WCMBP self-service portal account. Account registration is a one-time requirement for all providers who utilize the WCMBP self-service portal features, which include:

- Billing:
  - Bill Inquiry
  - View Payment
  - Enter and Submit a Bill Adjustment or Void
  - Online Bill Entry
  - Resubmit a Denied or Voided Bill
  - Retrieve Saved Bills
  - Manage Templates
  - Create Bills from Saved Templates
- Claimant Eligibility:
  - Run Claimant Eligibility
  - Obtain Claimants Accepted Conditions
- Authorization:
  - Online Authorization Submission
- Provider Enrollment:
  - Maintain Provider Information:
    - Update Provider Information Resources Guide
  - Provider Self-Service Account Management:
    - Adding/Associating Users to Providers Quick Reference Guide
    - WCMBP System Reset Password Quick Reference Guide
    - Provider Search Functionality Opt-out Quick Reference Guide

- o [Adding Servicing Providers Quick Reference Guide](#)

- o [Adding New Providers under One OWCP Connect ID Quick Reference Guide](#)

- HIPAA Batch Billing:

  - o Submit HIPAA Batch Transaction

  - o Retrieve HIPAA Batch Responses

  - o Companion Guides for Electronic Bill Submission:

    - ⬥ [837 Companion Guide](#)

    - ⬥ [835 Companion Guide](#)

    - ⬥ [277CA Companion Guide](#)

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4   PROVIDER ENROLLMENT OVERVIEW

Qualified Medical and Non-Medical providers must enroll in an OWCP program to be paid for treating an OWCP injured or ill worker. Enrollment is free of charge.

Providers are encouraged to enroll in one or more of the three OWCP Programs.

Enrollment with OWCP *is not* a Preferred Provider Organization (PPO) enrollment. To enroll, providers must complete and submit a Provider Enrollment Application (OWCP-1168), which includes the Automated Clearinghouse (ACH) form for OWCP to make electronic payments.

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4.1   Enrolling as a New Provider

A medical or non-medical provider who has or intends to render services to an OWCP injured or ill worker and wishes to submit bills for payment consideration must enroll as a new provider with OWCP by completing the Provider Enrollment Application (OWCP-1168). The OWCP-1168 is a fillable form that individual, group, and facility providers must complete to enroll for the services they provide. While the OWCP-1168 is fillable, providers must print and sign the signature page at the time of submission. *Electronic, typed, or stamped signatures are not accepted. A "wet" or hand-written signature is required*.

Billing Agents and Clearinghouses must complete the Electronic Data Interchange (EDI) enrollment template located on the WCMBP self-service portal.

Providers can submit completed applications through the WCMBP self-service portal, by mail, or by fax. When submitted, the application must be fully complete with a "wet" or hand-written signature, and must be accompanied by a complete, signed, and submitted ACH form.

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4.1.1   Automated Clearinghouse Form

The Automated Clearinghouse (ACH) form collects the provider's banking information so OWCP can make payments for services, required under the provision of 31 U.S.C. 3322 and 31 CFR 210. This information is used by the Department of Treasury to transmit payment data by electronic means to the vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearinghouse Payment System.

Get more information on the ACH form and Department of Treasury guidelines at eCFR: 31 CFR Part 210 – Federal Government Participation in the Automated Clearing House.

Once the application and ACH form is received and the data is verified, the enrollment process is completed within seven business days.

Get more information on the provider enrollment process on the WCMBP self-service portal Provider Enrollments page.

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4.2   Submitting an Enrollment Application Online through the Portal

Using the online enrollment application method ensures providers receive real-time validation to confirm the user is completing all required fields and actions. Once a provider submits an application, the information goes directly to the Provider Enrollment Unit allowing for faster review and approval.

When enrolling online, providers must register through OWCP Connect. Providers can refer to the Legacy and New Providers: Initial Access and Online Billing Quick Reference Guide to create an online account. OWCP Connect registration is a centralized identity-proofing system used to create and authenticate credentials for a user when logging into the provider WCMBP self-service portal. Account registration is a one-time requirement for all providers who are utilizing the WCMBP self-service portal features.

Providers receive an email to the email address entered during the registration process advising that an OWCP Connect online access account is now created. A link is provided to activate the account. Once the provider activates the OWCP Connect account, they can complete and submit the enrollment application online. The provider can upload the signature page, the ACH vendor form, and all necessary attachments such as a copy of a license or certification with the application.

To begin the OWCP Connect portal registration and enrollment process, providers can refer to the Legacy and New Providers: Initial Access and Online Billing Quick Reference Guide to create an online account.

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4.3   Submitting an Enrollment Application through Mail or Fax

Providers can submit a completed enrollment application through mail or fax.

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4.3.1   Submitting a Paper Enrollment Application through the Mail

Providers can submit a paper submission for enrollment purposes. Obtain an OWCP-1168 form from the Office of Workers' Compensation Programs General Administrative Forms & References (dol.gov). Mail completed and signed paper applications to the following address:

> U.S. Department of Labor OWCP
> P. O. Box 8312
> London, KY 40742-8312

For faster processing time, providers can submit their OWCP-1168 form through the portal. Refer to Section 4.2 Submitting an Enrollment Application Online through the Portal.

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4.3.2   Submitting an Enrollment Application through Fax

Providers may also fax completed enrollment applications to 1-888-444-5335. Obtain an OWCP-1168 form from the Office of Workers' Compensation Programs General Administrative

Forms & References (dol.gov). *All faxed enrollment applications must be submitted with a Provider Enrollment Supporting Documents Cover Sheet.* Obtain a PDF Authorization Request Supporting Documents Cover Sheet from the WCMBP self-service portal. This PDF requires Adobe Reader.

To obtain more information on how to view PDFs using Adobe Reader, refer to the How to View PDFs using Adobe Reader resource.

Once the Provider Enrollment Unit receives, reviews, and approves the enrollment application, they send a system-generated hard copy welcome letter to the provider that includes a 9-digit OWCP provider ID. This OWCP provider ID is required to complete the registration process with OWCP Connect to access online features of the self-service portal.

To begin the OWCP Connect portal registration process, refer to the Legacy and New Providers: Initial Access and Online Billing Quick Reference Guide.

For step-by-step instructions on the enrollment application, see Section 4.4 Enrollment Types.

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4.4 Enrollment Types

The Department of Labor (DOL) accepts four enrollment types as indicated on the Provider Enrollment Application (OWCP-1168). Provider enrollment types are listed and defined in Section 4.4.1 Individual Providers through Section 4.4.4 Billing Agents and Clearinghouses.

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4.4.1 Individual Providers

Enrollment as an individual provider is defined as follows:

- Any provider who is eligible to receive a Type I National Provider Identifier (NPI) through the National Plan and Provider Enumeration System (NPPES); providers eligible to receive an NPI are those who deliver medical or health services, as defined under Section 1861(s) of the Social Security Act, 42 U.S.C. 1395x(s).

- Individuals providing only non-medical services, attendant care, or personal care services do not need an NPI to enroll

To access step-by-step individual provider enrollment instructions, refer to the WCMBP System How to Complete a Provider Enrollment Application: Individual Provider tutorial.

For more information on National Provider Identifier (NPI), Type I and Type II, visit the Magellan Healthcare, Frequently Asked Questions: National Provider Identifier web page, NPI Instructions for Sole Providers, Group Members and LLCs topic.

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4.4.2 Group Providers

Enrollment as a group provider is defined as follows:

- One or more healthcare practitioners who practice their profession at a common location (whether they share common facilities, common supporting staff, or common equipment) and have formed a partnership or corporation or are employees of a person, partnership, or corporation, or other entity owning or operating the health care facilities at which they practice

- These entities have a Type II NPI from the NPPES

To access step-by-step group provider enrollment instructions, refer to the WCMBP System How to Complete a Provider Enrollment Application: Group Provider tutorial.

For more information on National Provider Identifier (NPI), Type I and Type II, visit the Magellan Healthcare, Frequently Asked Questions: National Provider Identifier web page, NPI Instructions for Sole Providers, Group Members and LLCs topic.

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4.4.3 Facilities

Enrollment as a facility is defined as follows:

- An Inpatient or Outpatient Hospital, a Skilled Nursing Facility, an Intermediate Care Facility, a Clinic (RHC, FQHC, Hospital-Based Clinic, Urgent Care), a Psychiatric Facility, a Mental Institution, a Durable Medical Equipment Supplier, a Free Standing Ambulatory Surgical Center, a Long Term Care Facility, an Independent Clinical Laboratory, a Free Standing Radiology Clinic or Center, a Dialysis Center, a Partnership, a Corporation, or any other entity that furnishes or arranges for the furnishing of services for which payment is billed under the OWCP programs

- It does not include individual practitioners or groups of practitioners; additionally, they must also be eligible to receive and currently possess a Type II National Provider Identifier, available through the NPPES

Any entity, other than individual, that does not deliver medical care or health services is ineligible for an NPI, which is available through the NPPES. This provider type can include Fiscal Intermediaries, Non-Emergency Transportation, and other entities.

To access the step-by-step facility enrollment instructions, refer to the WCMBP System How to Complete a Provider Enrollment Application: Facility Provider tutorial.

For more information on National Provider Identifier (NPI), Type I and Type II, visit the Magellan Healthcare, Frequently Asked Questions: National Provider Identifier web page, NPI Instructions for Sole Providers, Group Members and LLCs topic.

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4.4.4 Billing Agents and Clearinghouses

Providers may submit bills themselves or choose to utilize a billing agent. Enrollment as a billing agent or clearinghouse is defined as follows:

- Offers claims submission services to Providers

- Submits bills electronically via Electronic Data Interchange (EDI)

- Completes an EDI Enrollment Template for Billing Agent or Clearinghouse and not the OWCP-1168 form

To obtain an EDI Enrollment Template (form) for a billing agent or clearinghouse from the WCMBP self-service portal, go to the Office of Workers' Compensation Programs General Administrative Forms & References (dol.gov).

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4.5 Existing Providers and Enrollment Status

Existing providers are those who have enrolled with OWCP and have received a 9-digit OWCP provider ID. A provider's enrollment status is listed as either active or terminated on their provider file in the WCMBP System.

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4.5.1 Active Providers

A provider is considered "active" when all the following applies:

- An active medical or non-medical license or certification is on file in the WCMBP System

- Provider passes the IRS validation

  - Completed W9

  - Business name cross match to IRS

- The Provider Enrollment Unit verifies banking information received from the provider on the ACH form

- Provider is assigned an OWCP 9-digit provider ID number

All active providers can use the WCMBP self-service portal to manage and modify their provider information, upload license or certifications, check eligibility, and submit bills and authorization requests.

Other portal capabilities include:

- Adding/Associating Users to Providers

- Resetting Password

- Opting-out of the Provider Search Function

- Adding New Servicing Providers

4.5.2 Terminated Providers

A provider is considered "terminated" for any of the following reasons:

- Medical or non-medical license or certification has expired

Note: A terminated provider may re-activate their provider file by updating or modifying their license or certification information.

- To learn how to re-activate a terminated provider, select any of the following links

  - For providers registered on the WCMBP self-service portal, refer to the Updating Provider License in the Provider Portal, which is for registered providers terminated due to license expiration

  - For providers *not registered* on the WCMBP self-service portal, refer to the Updating Provider License in the Provider Portal, which is for un-registered providers terminated due to license expiration

  - Updating Provider Information in the Provider Portal Quick Reference Guide

- The provider is "excluded"

DOL can reinstate an excluded provider. In these instances, DOL sends notification of the reinstatement to the Acentra Health Provider Enrollment Unit. The provider must complete the OWCP-1168 form as a new enrollment. Once the application is received and all information is verified, the provider receives a new OWCP 9-digit provider ID number.

For more information about excluded providers, visit GovRegs.com > Exclusion of Providers.

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4.6 Credentialing and Re-Credentialing

The credentialing and re-credentialing process validates the professional competency and conduct of enrolled providers. This includes verifying licensure and board certifications, as well as identifying adverse actions, including billing malpractices.

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4.6.1 Credentialing

Providers must include the following information when submitting an enrollment application:

- Completed, signed, and dated provider enrollment application

- Completed disclosure statement on the OWCP-1168

- Copy of current unrestricted active and valid state-issued medical, nursing, or similar licenses and certifications

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4.6.2 Re-Credentialing and Modifications

The OWCP WCMBP System requires license and certification expiration dates for individual providers, servicing providers within a group practice, and facilities. The provider receives 60-day and 30-day reminders when licenses are nearing expiration. A final notice of termination letter is issued if no actions are taken to update the provider information prior to the license expiration date.

A provider whose license expired will show a status of "terminated – license expired" in the WCMBP System.

Until action is taken to update the license information, providers appearing in a "terminated – license expired" status are not eligible to receive payment for rendered services. Services *may be eligible for payment if the service date is prior to the license expiration date.*

Providers can use the WCMBP provider self-service portal to update licensing information.

For more information on updating licensing, refer to the Updating Provider Information in the Provider Portal Quick Reference Guide.

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5   MEDICAL AND NON-MEDICAL PRIOR AUTHORIZATIONS

Prior authorization is a process by which a provider must obtain approval from OWCP before rendering a particular treatment or procedure. FECA and DEEOIC Authorization templates and forms are available for services such as Durable Medical Equipment (DME), General Medical, Physical Therapy or Occupational Therapy, Surgical, Home Health, and others. If prior authorization is required but is not obtained, the submitted bill is denied even if the procedure is medically necessary and would otherwise have been covered. However, providers may obtain authorization retroactively. Payments will be processed after the retroactive authorization request is received and approved.

Prior authorization can be submitted on the following templates or forms, as appropriate:

For FECA:

- DFEC Durable Medical Equipment Authorization Request

- DFEC General Medical Authorization Request

- DFEC Physical Therapy/Occupational Therapy Authorization Request

- DFEC Travel Authorization Request

- DFEC HCPCS J-Code, Unspecified/Unclassified Authorization Request

- DFEC Surgical Package Authorization Request

- DFEC Home Health Authorization Request

To access the Division of Federal Employees' Compensation (DFEC) policy information, download the FECA Policy: Medical Provider | U.S. Department of Labor (dol.gov).

To access the tutorial for information on each prior authorization request type and online submissions, refer to the DFEC Authorization Guide.

For DEEOIC:

- Form EE-22: General Medical Authorization Request

- Form EE-24: Durable Medical Equipment Authorization Request

- Form EE-26: Rehabilitative Therapies Authorization Request

- Form EE-28: Transportation Authorization Request

- Form EE-30: Transplant Authorization Request

- Form EE-32: Home Health Care Authorization Request

To access the Division of Energy Employee Occupational Illness Compensation (DEEOIC) policy information, download the DEEOIC Policy: Medical Provider | U.S. Department of Labor (dol.gov).

To access the tutorial for information on each prior authorization request type and online submissions, refer to the DEEOIC Authorization Guide.

For DCMWC:

Prior authorization for DCMWC is submitted on the following template or form:

- Form CM-893 – Certification of Medical Necessity

  Providers must use the CM-893 (Certification of Medical Necessity) for authorization requests. The CM-893 form is specifically for Durable Medical Equipment (DME), Oxygen supplies, and Home Nursing Services. The treating physician must sign and date the form. The CM-893 form can be submitted electronically or by mail.

  - To submit electronically, forms must be sent to the C.O.A.L. (Claimant Online Access Link) Mine

  - To submit by mail, the forms must be mailed to the following address:

    P.O. Box 8307
    London, KY 40742-8307

  To access the Division of Coal Mine Workers' Compensation (DCMWC) policy information, download the DCMWC Policy: Medical Providers | U.S. Department of Labor (dol.gov).

  To access the Division of Coal Mine Workers' Compensation (DCMWC), laws and program guidance download: Laws and Program Guidance | U.S. Department of Labor (dol.gov).

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5.1 Authorization Submissions

Some procedures require pre-authorization before being reimbursed for payment. Providers who render services to injured or ill workers related to the workers accepted conditions may submit authorization requests. Completed authorization requests can be submitted either online via the WCMBP self-service portal using Direct Data Entry (DDE), by paper, or via fax.

Select any of the following authorization submission methods to learn more.

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5.1.1 Online Submission

Providers are encouraged to submit authorization requests through the WCMBP self-service portal using DDE. Utilizing this method of submission will notify the provider immediately if authorization is or is not required. Submitting online through the WCMBP self-service portal also ensures the request is immediately routed to the appropriate approver. Providers must be actively enrolled in the program where they are submitting an authorization request.

Select any of the links below to access a tutorial for *prior authorization online submissions*:

- **FECA:** DFEC Authorization
- **DEEOIC:** DEEOIC Authorization
- **DCMWC:** Forms must be sent to the C.O.A.L (Claimant Online Access Link) Mine

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5.1.2 Fax Submission

Providers must read the form instructions carefully when completing prior authorization requests. All applicable fields must be complete.

When submitting authorization requests via fax, it could take up to 24 hours for the fax to be ingested into the WCMBP System. If a provider uses the incorrect form, or mandatory information is missing or invalid, the fax is returned to the provider. If a provider receives a returned form, they must make necessary corrections and resubmit the authorization request. If the incorrect template or form is used, the request is faxed back to the fax number in which it was submitted.

- For FECA Authorization Requests, send completed forms via fax to 1-800-215-4901
- For DEEOIC Authorization Requests, send completed forms via fax to 1-800-882-6147

Note: Acentra Health must manually key every authorization request received into the WCMBP System. If information such as code type is not correct, or the date of service is blank on some lines, the request is considered invalid or incomplete, and the authorization request is returned to the provider.

5.1.3 Paper Submission

When submitting authorization requests via paper, it can take up to 24 hours for the request to be received and manually keyed in the WCMBP System once it is received in the mailroom. All paper submissions must use the correct form for the information to be added to the WCMBP System. If the correct form is not received, the submitter receives a Return to Provider (RTP) letter, indicating that the authorization was submitted on the incorrect form and must be resubmitted.

Paper authorization requests must be mailed to the correspondence address listed in Table 3.

Table 3. Paper Authorization Requests Correspondence Addresses

FECA	DEEOIC	DCMWC
U.S. Department of Labor P.O. Box 8300 London, KY 80742-8300	U.S. Department of Labor P.O. Box 8304 London, KY 80742-8304	U.S. Department of Labor P.O. Box 8307 London, KY 40742-8307

5.2 Authorization Determinations

The responsible Claims Examiner (CE) or Medical Benefits Examiner (MBE) reviews authorizations. Based on the information provided on the authorization template or form, and any supporting documentation, the CE or MBE can make one of the following determinations.

Approve: An Approval letter is sent to the provider.
The letter includes:

- Claimant Name and Case Number

- All Approved Procedures, CPT HCPCS

- Approved Date of Service DOS and Units or Dollar Amount

- Authorization Identification Number

Approve or Deny: Certain services on the authorization template or form have been approved while other services may have been denied.

- A letter is issued to the claimant for the denied codes

- A letter is issued to the provider (for the approved codes only)

- A letter for denied codes is issued to the provider (DEEOIC and DCMWC providers only)

Denied: The CE or MBE has denied the authorization request.

The CE or MBE issues a Denial letter to the claimant and includes the reason for the denial and request any additional information needed for further consideration.

Pending Further Development: The CE or MBE has pended the authorization request to obtain additional information needed for a final determination.

- Acentra Health issues a generic letter to the provider indicating the authorization request cannot be approved, and that OWCP will contact the claimant with further details

- The CE sends a letter to the claimant or provider advising of the information necessary to further consider the authorization request

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5.3 Correcting an Approved Authorization Request

FECA and DEEOIC providers can request a correction of approved services to extend the dates of service, increase the approved units or amount, or add a new service code. Corrections can be submitted online through the portal, by fax, or by mail. The WCMBP self-service portal auto-populates all the required information from the original authorization for the submitter to make corrections. This is the fastest method to correct an authorization.

The FECA program allows corrections for all authorization templates outlined in Section 5 Medical and Non-Medical Prior Authorizations.

The DEEOIC program allows corrections for the following authorization forms (only):

- Rehabilitative Therapies

- Home Health Care

To access the tutorial for submitting a corrected authorization, refer to the Submitting an Authorization Correction Training.

For more information on correcting authorizations, refer to the Authorization Correction Tips document.

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6 BILL PROCESSING

Providers, including billing agent and clearinghouses, can submit bills for services rendered to an OWCP injured or ill worker through the following methods:

- **Direct Data Entry (DDE) through the WCMBP self-service portal**

  - Bills can be uploaded to the WCMBP System in real-time

  - For more information on this submission method, refer to Section 6.1 Direct Data Entry

- **Electronic Data Interchange (EDI) through the WCMBP self-service portal**

  - EDI bills can be submitted as batch only

  - EDI bills can be submitted with attachments through a secure file transfer protocol (SFTP) folder

  - For more information on this submission method, refer to Section 6.2 Electronic Data Interchange

- **Paper**

  Completed paper bills must be printed and mailed to one of the following addresses:

  - **Federal Employees' Compensation Act (FECA)**

    General Bills
    P.O. Box 8300
    London, KY 40742-8300

  - **Division of Energy Employees Occupational Illness Compensation (DEEOIC)**

    General Bills
    P.O. Box 8304
    London, KY 40742-8304

  - **Division of Coal Mine Workers' Compensation (DCMWC)**

    General Bills
    P.O. Box 8302
    London, KY 40742-8302

To access bill forms from the WCMBP self-service portal, a program must be selected. For more information on this submission method, refer to Section 6.3 Paper Submission. For faster processing time, submit bills through EDI or DDE.

If a provider has not yet enrolled, and submits a bill, the bill will be returned along with a Return to Provider (RTP) letter, directing the provider to the WCMBP self-service portal to obtain an enrollment packet. Once the provider completes the enrollment, they may resubmit the returned bill or bills with the active provider ID for processing of payment. Refer to Section 4 Provider Enrollment for information on the enrollment process.

For tips on bills submission methods and ways to prevent denials or rejections, refer to the Claim Submission Methods reference.

For information on the various types of bill submission methods, refer to the Provider Bill Submissions PowerPoint.

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6.1 Direct Data Entry

Providers can have bills processed more effectively and efficiently by submitting bills via Direct Data Entry (DDE). Providers can manually key a bill directly into the WCMBP System where upfront editing will occur with instant notification of errors prior to submission.

Other benefits include:

- Ability to immediately make corrections to bills posting errors
- Provider bills and attachments upload to the WCMBP System in real time
- Eliminates provider expense for paper, printing, storage, and postage
- Eliminates the potential for lost mail

When submitting online through the WCMBP self-service portal, the provider must have a registered account through OWCP Connect.

To learn how to register through OWCP Connect, refer to the Legacy and New Providers: Initial Access and Online Billing Quick Reference Guide.

For more information on submitting bills via DDE, refer to the Billing Tutorial: Direct Data Entry (DDE).

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6.2 Electronic Data Interchange

Electronic Data Interchange (EDI) X12, is a data format based on the Accredited Standards Committee (ASC) X12 standards. EDI allows one company to send information to another company electronically, rather than using paper. Business entities conducting business electronically are known as "Trading Partners." A Trading Partner may represent an organization, group of organizations, or any other business entity.

EDI bills can be submitted through a Health Insurance Portability and Accountability Act of 1996 (HIPAA) Batch or through a Secure File Transfer Protocol (SFTP) Batch. While both methods are accepted into the WCMBP System, there are some differences, which are listed in Table 4.

Table 4. EDI Submission Methods

HIPAA	SFTP
- Cannot upload supporting documents, they must be mailed to the Acentra Health mailroom - Coversheet required with supporting documents submitted by mail - File size limit is up to 50 MB - No account setup process	- Can upload supporting documents - File size limit is up to 100 MB - One-time account setup process

The WCMBP System processes the following EDI transaction and acknowledgement files:

- **837 Inbound File:** An electronic file that contains information about patient claims that are sent by healthcare providers to a payor (OWCP); for more information on electronic submission of 837 Claims Transactions to the WCMBP System, refer to the 837 Companion Guide

- **835 Outbound File:** Is the electronic Remittance Voucher (RV) or Explanation of Benefits (EOB) sent by the payor (OWCP) to the providers about the healthcare services being paid or denied; for more information about the 835 healthcare payment, refer to the 835 Healthcare Claim Companion Guide

- **TA1 Outbound Acknowledgement:** Reports the status of processing an interchange; this report confirms whether EDI successfully received the interchange or transmission, and it notifies the Trading Partner of any encountered errors after it verifies the envelope structure

- **999 Outbound Acknowledgement:** A response that a file was received properly

- **Upfront 277CA Editing:** For more information about the 277A healthcare claim acknowledgement file, refer to the 277CA Healthcare Claim Acknowledgement Companion Guide

For more information on EDI submission methods, refer to the Submitting Bills via Electronic Data Interchange (EDI) PowerPoint presentation.

Obtain a Bills Supporting Documents Cover Sheet from the WCMBP Medical Bill Processing Portal Provider homepage > Forms and References.

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6.3 Paper Submission

Providers can submit paper bills. Providers print the OWCP-1500 or UB-04 bill form, fill out completely, sign, date, and mail form to one of the following addresses:

- **Federal Employees' Compensation Act (FECA)**

   General Bills
   P.O. Box 8300
   London, KY 40742-8300

- **Division of Energy Employees Occupational Illness Compensation (DEEOIC)**

   General Bills
   P.O. Box 8304
   London, KY 40742-8304

- **Division of Coal Mine Workers' Compensation (DCMWC)**

   General Bills
   P.O. Box 8302
   London, KY 40742-8302

Bills received in the mailroom are keyed into the WCMBP System for review and are processed for payment consideration. If information is missing or invalid on the submitted bill, the mailroom returns the bill to the provider listing the Return to Provider (RTP) reason. Processing time for submitted bills is 28 calendar days from the date received in the mailroom.

For faster processing time, providers can submit their bills through the portal. Refer to Section 6.1 Direct Data Entry.

For tips on how to fill out a bill form to prevent potential denials, refer to the Filling Out Your Claim Form resource.

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6.4 Bill Templates

The WCMBP System features bill templates that allow providers to create preset formats for billing OWCP, reducing the need to recreate an entire bill with each submission. By using the bill template in the WCMBP provider self-service portal, providers can submit a bill in real time.

Only providers who are registered on the WCMBP provider self-service portal can access the bill templates.

For tips on managing bill templates, refer to the Online Bill Templates PowerPoint presentation.

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6.5 Adjustment vs Appeals

This section explains the difference between an adjustment versus an appeal of a previously paid or denied bill submitted by the provider. Understanding the differences will help to reduce confusion and repeated denials.

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6.5.1 Adjustment

Adjustments are requests for the reprocessing of a bill due to a correction or a changed aspect of a previously submitted bill which was partially paid or denied.

Adjustments can be submitted for reasons such as billing errors, incorrect charges, or eligibility.

Examples:

- The procedure code was incorrectly keyed into the system causing the bill line to deny in error

- The bill processed and paid as submitted; the provider identifies that wrong charges were submitted on one of the bill lines and initiates an adjustment to correct the error

- The bill was processed and denied due to the claimant not being eligible for the dates of service

When submitting an adjusted bill, providers must complete the "Adjustment Request" template and attach it to the adjusted bill.

- **FECA:** The adjustment template is mandatory and if not submitted with the adjusted bill, the request will be Returned to the Provider (RTP) instructing the provider to utilize the adjustment request template

- **DEEOIC:** The program does not mandate the adjustment template for bill adjustment requests; providers can simply submit their adjusted bill

- **DCMWC:** The program does not mandate the adjustment template for bill adjustment requests; providers can submit a request for adjustment processing in writing directly to the DCMWC WCMBP representative

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6.5.1.1 How to Submit an Adjustment Request

An adjustment request can be submitted using DDE through the WCMBP provider self-service portal or by paper, mailing the request to the Acentra Health mailroom.

For faster processing, Acentra Health recommends submitting the adjustment request through the portal.

Direct Data Entry (DDE):

- Providers can use the "Bill Adjustment/Void" feature on the WCMBP provider self-service portal

- Providers can make corrections, upload, and submit additional documentation that upload directly into the WCMBP System

- After the adjustment is submitted, providers receive a confirmation stating the bill adjustment request was submitted successfully

- An adjustment template is not required when submitting an adjustment via DDE

Paper Submission (Mail):

- Providers make corrections to the previously submitted bill, which were partially paid or denied

- Download the Adjustment Template, which is mandatory for FECA

- Complete all five fields on the Adjustment Template and select the reason and explanation for the adjustment

- Providers must sign and date the Adjustment Template

- Providers must place the Adjustment Template as the first page with all supporting documentation following behind

- Providers mail the Adjustment Template and supporting documentation to the following address:

  - **Federal Employees' Compensation Act (FECA)**

    General Bills
    P.O. Box 8300
    London, KY 40742-8300

  - **Division of Energy Employees Occupational Illness Compensation (DEEOIC)**

    General Bills
    P.O. Box 8304
    London, KY 40742-8304

  - **Division of Coal Mine Workers' Compensation (DCMWC)**

    General Bills
    P.O. Box 8302
    London, KY 40742-8302

DFEC providers can void previously paid bills that have been submitted via paper or online within the last seven years.

DEEOIC and DCMWC providers are not able to void bills in the WCMBP System.

To learn about voiding a bill, refer to the Bill Adjustment/Void tutorial.

To obtain a copy of the Adjustment Request template, go to: Office of Workers' Compensation Programs General Administrative Forms & References (dol.gov).

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6.5.2 OWCP Fee Schedule

The OWCP fee schedule sets maximum fees payable for medical services, supplies, and devices provided to claimants. Payment for medical and other health services, devices, and

supplies furnished by physicians, hospitals, and other providers for work-related injuries or illness shall not exceed the maximum allowable fees outlined in OWCP fee schedule.

- View the OWCP Medical Fee Schedule, Effective July 9, 2023 (Read Me First) for a full explanation of the OWCP fee schedule

- For more information on the OWCP Medical Fee Schedule, visit OWCP Medical Fee Schedule | U. S. Department of Labor (dol.gov).

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6.5.3 Fee Schedule Appeal

If OWCP reduces a fee, the provider may request reconsideration of the reduction. The provider can submit an appeal when the provider whose charge for service is partially paid because it exceeds the maximum allowable amount. The appeal request must be within 30 days of payment.

All appeal requests must be accompanied by documentary evidence that:

(1) the actual procedure performed was incorrectly identified by the original code, or

(2) the presence of a severe or concomitant medical condition made treatment especially difficult, or

(3) the provider possessed unusual qualifications (board certification in a specialty is not sufficient evidence of unusual qualifications).

For more tips on adjustments versus appeals, refer to the OWCP Appeals and Adjustments resource.

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6.6 Eligibility

Providers registered on the WCMBP self-service portal can easily view the approved diagnoses for the injured or ill worker. The self-service feature informs providers whether an authorization is required to treat the injured or ill worker.

Checking a claimant's eligibility prior to submitting a bill or authorization request helps prevent denials as this function alerts the provider if a procedure code requires authorization or if a claimant is eligible for the type of service being billed.

Providers need only enter the following information:

- Appropriate OWCP program (FECA, DEEOIC, or DCMWC),

- Claimant case ID,

- At least one diagnosis code,

- A procedure code **or** revenue code **and** required procedure, **and**

- Date of service.

Once all the above information is added, select **Submit** to view the results of the eligibility inquiry. The result will indicate:

- Whether the service requires authorization, the provider can submit an authorization request prior to bill submission

- Whether the diagnosis entered is related to the claimant's accepted condition

To view the tutorial on claimant eligibility, download the WCMBP System Claimant Eligibility resource.

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6.7 Remittance Voucher and Tax Form – 1099

6.7.1 Remittance Voucher

The Remittance Voucher (RV) is a detailed payment correspondence generated from the WCMBP System that is mailed to providers. The RV provides information on bill transactions processed and the disposition of those transactions. The RV provides the amount being paid and denied to the providers and the underlying basis for the payment or denied amount, as well as any overpayments owed to the DOL program. Each transaction correlates with a respective bill status, explanation of benefit (EOB), and reason code.

The RV includes information regarding withholdings and recoupments, if applicable. RVs are mailed weekly to providers.

For more information about the various sections of the Remittance Voucher, refer to the Remittance Voucher User Guide.

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6.7.2 Tax Form – 1099

The DOL issues a single 1099-Misc form for every Tax ID with payment totaling $600 or greater for the tax year. The tax forms are printed and mailed to the provider identified as the "Legal Entity" within the WCMBP System.

All Medical reimbursements are reported in Box 6 of the 1099-Misc form, while Backup withholdings are reported in Box 4 of the 1099-Misc form.

The 1099-Misc forms are also available for download from the WCMBP self-service portal.

Backup Withholding:

Backup withholding is a tool used by the IRS to ensure that taxes are paid on certain types of income that were not reported correctly. Providers can be subject to backup withholding if their tax ID and business name provided to OWCP does not match what the IRS has on file.

OWCP will backup withhold 24% of provider payments as instructed by IRS in accordance with IRS publication 1281. To view the publication, go to IRS Publication 1281.

Payments that are backup withheld are reported in Box 4 of the 1099-Misc form for the respective tax year. The backup withheld amounts are also reported on the weekly Remittance Voucher.

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7 CALL CENTER

The Office of Workers' Compensation Programs (OWCP) is contracted with Acentra Health to manage the call center operations for the Worker's Compensation Medical Bill Processing (WCMBP) program, the Federal Department of Labor (DOL). Acentra Health maintains a centralized call center with dedicated call agents who are experienced and ready to assist providers with eligibility, authorization, payment, and enrollment inquiries for all three major disability compensation programs. The call center hours of operation are 8 AM to 8 PM Monday through Friday (Eastern Time) where providers can speak with a live agent. There is a separate toll-free number for each OWCP program.

- **FECA:** 1-844-493-1966

- **DEEOIC:** 1-866-272-2682

- **DCMWC:** 1-800-638-7072

In addition to the call center, providers have access to the 24-hour Interactive Voice Response (IVR) system. Providers can choose to use the IVR to obtain information on eligibility, authorization, payment, and enrollment inquiries. The IVR provides the same detailed, up-to-date information that is available to the call center agents. The IVR is available 24 hours a day, seven days a week, every day of the year (except during times of scheduled maintenance).

7.1 Medical Treatment Adjudicators

The Medical Treatment Adjudicators (MTA) services are available to **_FECA providers only_**. To reach an MTA, FECA providers must call the Acentra Health call center at 1-844-493-1966 for assistance. If a call center agent is unable to respond to the provider's question, the call center agent transfers the call to a FECA MTA. After entering the case number, the caller is transferred directly to the MTA assigned to the case.

Calls may be transferred for the following issues:

- Authorization:

    - Authorization denials with no denial reason indicated in the WCMBP System

    - Level 3 authorization pending for more than 45 days with no resolution

    - Unexplained reason for the CE reducing units or dollar amounts submitted on an authorization

- Billing:

    - Denied bills for non-covered services

    - Providers needing to speak with the claimant's CE on case file updates and status

- Documentation: Previously submitted correspondence for the claimant case file not addressed by the claimant's CE

8 PROVIDER OUTREACH

OWCP and Acentra Health conduct various forms of provider outreach, as we strive to ensure providers receive the information and support needed to provide quality, timely care for OWCP claimants. The goals of our outreach efforts are to: (1) assist providers with challenges they experience in the enrollment, authorization, and billing processes, and (2) gain feedback from providers to help improve OWCP's processes to make it easier for providers to work with OWCP. Below are a few of our current outreach efforts.

Focus Group Sessions:

OWCP and Acentra Health occasionally host Focus Groups, which are small open-forum conversations for provider participants to share their thoughts and recommendations as part of their experiences interacting with the WCMBP System in comparison to other payor processes and systems. Providers can check the WCMBP self-service portal for a banner message on upcoming Focus Group sessions.

Virtual Help Sessions:

OWCP and Acentra Health host virtual help sessions on the first Friday of each month where providers have an opportunity to ask general questions regarding the medical bill processing system including enrollment, authorization submission, billing, and web portal features. Providers can check the WCMBP self-service portal for a banner message on upcoming virtual help sessions.

The Provider's Corner:

Another outreach opportunity is The Provider's Corner and Tips page on the WCMBP self-service portal. This page is a source of tips, helpful hints, and additional information regarding existing processes and common questions.

To access this page, view the WCMBP self-service portal > Provider > Provider Home and scroll to **The Provider's Corner** section on the left.

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Appendix A – ACRONYMS

Acronym	Definition
ACH	Automated Clearinghouse
ASC	Accredited Standards Committee
CE	Claims Examiner
CFR	Code of Federal Regulations
C.O.A.L.	Claimant Online Access Link
CPT	Current Procedural Terminology
CRNA	Certified Registered Nurse Anesthetist
DCMWC	Division of Coal Mine Workers' Compensation
DDE	Direct Data Entry
DEEOIC	Division of Energy Employees' Occupational Illness Compensation
DFEC	Division of Federal Employees' Compensation
DFELHWC	Division of Federal Employees', Longshore and Harbor Workers' Compensation
DME	Durable Medical Equipment
DOL	Department of Labor
DOS	Date of Service
EDI	Electronic Data Interchange
EOB	Explanation of Benefits
FECA	Federal Employees' Compensation Act
FQHC	Federally Qualified Health Center
HCPCS	Healthcare Common Procedure Coding System
HIPAA	Health Insurance Portability and Accountability Act
IRS	Internal Revenue Service
IVR	Interactive Voice Response
MBE	Medical Benefits Examiner

Acronym	Definition
MTA	Medical Treatment Adjudicator
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
OWCP	Office of Workers' Compensation Program
PPO	Preferred Provider Organization
RHC	Rural Health Clinic
RTP	Return to Provider
RV	Remittance Voucher
SFTP	Secure File Transfer Protocol
SP	Surgical Package
TCN	Transaction Control Number
Type 1 NPI	Healthcare Providers who are individuals, including physicians, psychiatrists, and all sole proprietors. An individual is eligible for only one NPI.
Type 2 NPI	Healthcare Providers that are organizations, including physician groups, hospitals, nursing homes, and the corporations formed when an individual incorporates themselves.
WCMBP	Workers' Compensation Medical Bill Processing

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Appendix B – PROVIDER REFERENCE MATERIAL

Material	Description
OWCP Enrollment Information	▪ FECA: <u>Enrollment Information</u> ▪ DEEOIC: <u>Enrollment Information</u> ▪ DCMWC: <u>Enrollment Information</u>
OWCP Provider Information	<u>Helpful Provider Information</u>