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

PROVIDER MANUAL

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Office of Workers' Compensation Programs
Protecting Injured Workers Responsibly and Compassionately

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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.

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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 provide 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

Program	Provider Enrollment Resource
Federal Employees' Compensation Act (FECA) Program	FECA Provider Enrollment Information
Division of Energy Employees Occupational Illness Compensation (DEEOIC) Program	DEEOIC Provider Enrollment Information
Division of Coal Mine Workers' Compensation (DCMWC)	DCMWC Provider 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' Compensation Program

The Division of Federal Employees' Compensation (DFEC) administers the Federal Employees' Compensation Act (FECA) to adjudicate new claims for benefits from federal workers and manages ongoing cases; pay medical expenses and compensation benefits to injured or ill workers and survivors; and help injured employees return to work when they are medically able to do so.

Table 2. Helpful Information for Providers

Program	Provider Resource
FECA Program	FECA Helpful Information for Providers A 2-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	Caring for an Injured Federal Worker with an Accepted Claim Desk Aid A 3-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).

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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 Provider Registration for Online Access 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:
  - Online Bill Entry
    - Enter Bills Online Tutorial
  - Bill Inquiry
  - View Payment
  - Retrieve Saved Bills
  - Enter and Submit a Bill Adjustment
    - Bill Adjustment Tutorial
  - Resubmit a Denied Bill
  - Manage Templates
    - Create Bill Templates Tutorial
  - Create Bills from Saved Templates
  - View Accounts Receivable
    - View Accounts Receivable Helpful Hints
  - Fee Schedule Calculator
    - Fee Schedule Calculator Quick Reference Guide
- Claimant Eligibility:
  - Run Claimant Eligibility
  - Obtain Claimants Accepted Conditions
  - Claimant Case Look-up
    - Verify Claimant Eligibility Tutorial

- Authorization:
  - Online Authorization Submission
    - DFEC Authorization Online Tutorial
    - DFEC Authorization Templates Tutorial
    - DEEOIC Authorization Online Tutorial
    - DEEOIC Authorization Templates Tutorial
    - Submitting an Authorization Correction Quick Reference Guide
- Provider Enrollment:
  - Maintain Provider Information:
    - Updating Provider Information in the Provider Portal Reference Guide
  - Provider Self-Service Account Management:
    - Adding or Associating Users to Providers Quick Reference Guide
    - Reset Password Guide for Providers Quick Reference Guide
    - Provider Search Functionality Opt-out Quick Reference Guide
    - Adding Servicing Providers Quick Reference Guide
    - Adding New Providers under One OWCP Connect ID Quick Reference Guide
  - Correspondence:
    - OWCP Correspondence Tips
  - HIPAA Batch Billing:
    - Submit HIPAA Batch Transaction
    - Retrieve HIPAA Batch Responses
    - Secure File Transfer Protocol (SFTP) User Details
    - 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 an online Provider Enrollment Application on the Workers' Compensation Medical Bill Processing (WCMBP) portal. Visit the WCMBP Self-Service Portal Provider Enrollments page for more information.

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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 online Refer to the Enrollment Tutorials by visiting the WCMBP Self-Service Portal Provider Enrollments page.

Servicing or rendering providers do not need to submit individual enrollment applications. Servicing providers are identified in the Group Practice enrollment application.

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

Once the application is submitted, the enrollment process is completed within seven business days.

Refer to the Enrollment page for additional information at the WCMBP Self-Service Portal Provider Enrollments page.

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4.1.1 Electronic Funds Transfer

Starting September 30, 2025, in alignment with Executive Order 14247, providers enrolled in the Department of Labor (DOL) Office of Workers' Compensation Programs must comply with the U.S. Treasury's Electronic Fund Transfer (EFT) mandate.

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

Banking information is collected directly on the secure web portal.

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.

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4.2.1 WCMBP Portal Registration

To enroll online, providers must register through OWCP Connect. This registration process 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. Registration is a one-time activity.

Once the provider activates the OWCP Connect account, they can complete the enrollment application, electronically sign, and submit the enrollment application online. The provider must upload 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 Provider Registration for Online Access Quick Reference Guide to create an online account.

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4.2.2 Using PECOS and NPPES Information When Enrolling

Effective December 20, 2025, OWCP enhanced the provider enrollment process on the WCMBP Portal to reduce manual data entry and improve efficiency.

The updated application now allows prospective providers to automatically populate information using data from the Centers for Medicare & Medicaid Services (CMS) Provider Enrollment, Chain, and Ownership System (PECOS) and the National Plan and Provider Enumeration System (NPPES).

Enrollment in CMS PECOS is not required to enroll with OWCP. Providers who are not enrolled in PECOS or choose not to use the auto-populate feature can still complete the application by entering their information manually.

Providers must review all pre-populated fields and verify their accuracy before submitting the enrollment application. Providers can update imported PECOS information, but updates made in the OWCP enrollment application are not reported back to PECOS.

For step-by-step instructions on completing the enrollment application through the WCMBP portal, refer to Section 4.4 Provider Enrollment Types.

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4.2.3 Enrolling Multiple Locations

Effective July 18, 2026, the Office of Workers' Compensation Programs (OWCP) introduced enhancements to its online provider enrollment system to allow providers to include multiple locations within a single enrollment application.

All locations must be associated with the same information identified on the Basic Information step, including Enrollment Type, Provider Type, Provider Legal Name, Provider DBA Name, Business Type, National Provider Identifier (NPI), and Tax Identification Number (TIN). If any of this information differs, a separate application is required.

This enhancement allows providers to apply the same information across multiple locations within a single application or to specify different information for each location as needed. This includes, but is not limited to, licenses and certifications, payment details, and Electronic Data Interchange (EDI) information.

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4.2.4 Managing the Online Enrollment Application

After beginning the enrollment process, providers will receive an application number that uniquely identifies their online provider enrollment application.

Providers who initiate but do not submit their enrollment application can recall the application by selecting the **Resume or Track an Enrollment Application** option on the Provider Enrollment page.

To recall an application, providers must enter the application number and tax ID associated with the previously started enrollment. If the application number is not available, the application can be located using the provider's National Provider Identifier (NPI) and tax ID.

Applications that are initiated but not submitted will appear in a "Pending Submission" status.

Providers must complete and submit the pending provider enrollment application within 90 days of the last change made to the application. Applications that are started but not submitted within the 90-day time limit will be deleted, making them unavailable for further updates and completion. Providers who do not wish to proceed with the application may select **Delete** to cancel the application. If an application has been deleted, the provider may begin and complete a new application.

Providers can also recall, update, and resubmit applications that have been rejected and returned to the provider (RTPd) by selecting the **Resume or Track an Enrollment Application** option on the Provider Enrollment page.

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4.3 Submitting an Enrollment Application by Mail or Fax

Effective September 11, 2026, the Office of Workers' Compensation Programs (OWCP) will no longer accept mailed or faxed new Provider Enrollment Application (OWCP-1168) forms, modification requests to existing provider records, or provider enrollment supporting

documentation. All provider enrollment applications and updates must be submitted through the Workers' Compensation Medical Bill Processing (WCMBP) Portal. Visit the WCMBP Self-Service Portal Provider Enrollments page for more information.

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4.4 Provider Enrollment Types

The Department of Labor (DOL) accepts four enrollment types. Provider enrollment types are listed and defined in this document 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.

Individual providers must begin their enrollment application using the provider's Social Security Number (SSN), Type I NPI, and First and Last Name.

Individual providers must include license or certification information.

- Professional license or certification information for individual medical providers OR business license or certification for non-medical providers must be included in the **Add Licenses and Certifications** step of the online enrollment application.
- Supporting documentation for any professional or business license or certification must be included in the **View/Upload Attachments** step of the online enrollment application.

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

For more information on National Provider Identifier (NPI), Type I and Type II, visit the CMS Medical Learning Network.

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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 National Plan and Provider Enumeration System (NPPES).

Group providers must begin their enrollment application using the organization's FEIN, Type II NPI, and Business or Provider Name.

Group providers must include the servicing provider license or certification information. Servicing providers within a group **do not** need to enroll separately as individuals.

- Group business license is optional and may be included in the **Add Business Licenses and Certifications** step of the online enrollment application.
- Servicing provider license or certification information must be included in the **Add Servicing Provider Information** step of the online enrollment application.
- Supporting documentation for any professional or business license or certification must be included in the **View/Upload Attachments** step of the online enrollment application.

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

For more information on National Provider Identifier (NPI), Type I and Type II, visit the CMS Medical Learning Network.

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4.4.3 Facility, Agency, Organization, or Institution

Enrollment as a facility, agency, organization, or institution 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 National Plan and Provider Enumeration System (NPPES).
- Any entity, other than an individual, which 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.

Facilities, agencies, organizations, or institutions must begin their application using FEIN, Type II NPI, and Business or Provider Name.

Facilities, agencies, organizations, and institutions must include facility license information.

- Facility license information must be included in the **Add Business Licenses and Certifications** of the online enrollment application.
- Supporting documentation for any facility license must be included in **View/Upload Attachments** of the online enrollment application.

Facilities, agencies, organizations, and institutions do not need to list servicing providers or have them enroll individually. Facilities are responsible for ensuring that any associated Group Providers are enrolled so that servicing providers can be properly identified.

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

For more information on National Provider Identifier (NPI), Type I and Type II, visit the CMS Medical Learning Network.

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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).

OWCP does not require business agreements to allow Trading Partners to submit bills on behalf of an OWCP provider. Enrolling as a billing agent or clearinghouse allows the Trading Partner to receive a unique OWCP ID. Trading Partners enroll with OWCP using the WCMBP Portal.

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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. Providers are required to maintain their OWCP provider record with current information including but not limited to NPI, addresses, taxonomies, licenses. Group practice providers are also required to maintain servicing provider information such as NPI and license.

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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.
  - Business name cross match to IRS
- The Provider Enrollment Unit verifies banking information received from the provider.
- Provider is assigned an OWCP 9-digit provider ID number.

All active providers use the WCMBP self-service portal to manage and modify their provider information, including verifying NPI and taxonomies, updating contact information, maintaining servicing provider information, and uploading license or certifications. OWCP providers will receive letters stating the outcome of the request to update their provider information. In addition, providers will receive an email alerting them that the letter is available on the OWCP Medical Bill Processing Portal.

Other portal capabilities include:

- Adding or Associating Users to Providers Quick Reference Guide
- Reset Password Guide for Providers Quick Reference Guide
- Opting Out of the Provider Search Function Quick Reference Guide
- Adding Servicing Providers Quick Reference Guide

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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.

  Note: A group practice may reactivate a terminated servicing provider by adding the servicing provider's information including current license or certification information.

- To learn how to re-activate a terminated provider, select the following link:

  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 a new online enrollment application. 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 Exclusions Program | Office of Inspector General | U.S. Department of Health and Human Services (oig.hhs.gov).

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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:

- 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 and submit supporting license documentation. Services *may be eligible for payment if the license information is submitted, and the provider status is reinstated as "active" after the license is verified.*

If a provider is reinstated, OWCP will automatically reprocess denied bills for services rendered to DFEC claimants by reactivated OWCP providers during their inactive status period, under the following conditions:

- The denial occurred within six months prior to the reactivation.
- The denial was due to Explanation of Benefits (EOB) Edit 50424.
- No other EOB denial edits were applied to the bill.

Additional denial EOB edits may be applied during reprocessing. Providers are encouraged to use the EOB Reference Guide for further steps and resources to review and rectify the EOB bill denials.

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. DFEC 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 DFEC:

- 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 form:

- Form CM-893 – Certification of Medical Necessity

  Note: For more information on how to view PDFs using Adobe Reader, refer to the How to View PDFs using Adobe Reader resource.

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 Direct Data Entry (DDE). Submitting online offers several advantages:

- Providers are immediately notified if authorization is required.
- The system ensures the available authorization type is appropriate for the provider type associated with the provider's OWCP ID number.
- The system verifies that the requested procedure codes align with the selected authorization type.
- Providers have the ability to copy information from a previous request when submitting a new one, making the process easier and faster.

- Submitted requests are immediately routed to the appropriate approver, reducing processing time.

Providers must be actively enrolled in the program for which they are submitting an authorization request.

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

- **DFEC:** DFEC Authorization Tutorial
- **DEEOIC:** DEEOIC Authorization Tutorial
- **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 template or form, the request is faxed back to the fax number from which it was submitted. The faxback will inform the provider that an incorrect authorization request template was submitted and to submit the correct authorization request template or form related to the service being rendered. In addition, a letter is mailed to the provider listed on the authorization template or form advising the provider to resubmit the authorization request using the correct authorization template or form.

If a faxed authorization request is submitted on a correct template or form, with all required information, Acentra Health will enter all faxed authorization requests received into the WCMBP System. If the authorization request has missing or invalid mandatory information, the faxed request is returned to the provider via USPS mail for correction. Providers are encouraged to submit authorization requests through the WCMBP self-service portal which will allow providers to receive real time responses and make real time corrections if needed.

- For DFEC 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.

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5.1.3 Mail Submission

When submitting authorization requests by mail, it can take up to 24 hours for the request to be received and entered in the WCMBP System once it is received in the mailroom. All paper submissions must use the correct form or template 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 or template and must be resubmitted.

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

Table 3. Paper Authorization Requests Correspondence Addresses

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

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5.2 Authorization Determinations

The responsible OWCP employee reviews authorizations. Based on the information provided on the authorization template or form, and any supporting documentation, the OWCP employee can make one of the following determinations.

Beginning April 25, 2026, DFEC and DEEOIC providers will receive an email notification whenever the status of an authorization request changes. The email will be sent to the contact email address on file for the provider associated with the authorization request. Providers are responsible for ensuring that their contact email address is current. If an update is needed, refer to the Updating Provider Information in the Provider Portal Quick Reference Guide.

Approve: The requested services have been approved after review. An Approval letter is sent to the provider.

- The Approval letter includes:
  - Claimant Name and Case Number
  - All Approved Procedures
  - Approved Dates of Service (DOS) and Units or Dollar Amount
  - Authorization Identification Number

Approved and Denied: Certain services on the authorization request have been approved while other requested services 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 OWCP employee has denied the authorization request.

The OWCP employee issues a Denial letter to the claimant, which includes the reason for the denial and requests any additional information needed for further consideration.

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

- Acentra Health issues a generic letter to the provider indicating that the authorization request cannot be approved, and that OWCP will contact the claimant with further details.
- The OWCP employee sends a letter to the claimant or provider advising them of the information necessary to further consider the authorization request.
- Providers have the option to submit additional documentation through the WCMBP Portal for requests that are in "Pended Further Development," "Processed Awaiting Decision," or "In Review" status for review by the OWCP employee.

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5.3 Correcting an Approved Authorization Request

DFEC 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 request a correction to an authorization. If a correction authorization request is approved, then the original authorization is updated to reflect the approved changes, and the correction authorization request will appear in a "Corrected" status.

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

The DEEOIC program only allows corrections for the following authorization types:

- Rehabilitative Therapies
- Home Health Care

To access the tutorial for submitting a corrected authorization request, refer to the Submitting an Authorization Correction Quick Reference Guide.

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5.4 Canceling an Authorization Request

DFEC and DEEOIC providers can cancel an authorization request when an error has been identified. The **Cancel Authorization** button is a feature available to the DEEOIC and DFEC programs that allows providers to cancel submitted authorizations that are still in the "In-Review" or "Processed Awaiting Decision" status. Once the authorization is canceled, all services requested under the authorization request will be canceled.

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6 BILL PROCESSING

Providers, including billing agents 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 data-entered and attachments 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:
  - **Division of Federal Employees' Compensation (DFEC)**

    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 Bill 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 and their OWCP provider ID is active, they may resubmit the returned bill or bills with the assigned active provider ID for

processing of payment. Refer to Section 4 Provider Enrollment for information on the enrollment process.

Effective September 20, 2025, providers are required to submit both billing National Provider Identifier (NPI) and billing taxonomy when billing for services provided to injured or ill workers for the Office of Workers' Compensation Programs (OWCP). Professional and institutional bills submitted without the billing NPI and taxonomy after September 20, 2025, will be rejected or denied. Billing NPI and taxonomy are not required for OWCP bills submitted from providers such as non-medical vendors, fiscal intermediaries, and non-emergency transportation.

Providers must ensure that the submitted NPI and taxonomy match the information listed in the OWCP provider file.

In addition, group practices must include servicing or rendering provider NPI and taxonomy when billing a professional claim. The submitted servicing or rendering NPI and taxonomy must be associated with an active servicing provider in the OWCP provider file.

For information on the various types of bill submission methods, refer to the **Overview** section of the Provider Billing page.

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6.1 Direct Data Entry

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

Other benefits include:

- The ability to immediately make corrections to bills posting errors.
- Provider bills and attachments upload to the WCMBP System in real-time.
- Eliminates provider expenses 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 Provider Registration for Online Access 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.

A Trading Partner enrolls with OWCP as a Billing Agent or Clearinghouse. For further information, refer to Section 4.4.4 Billing Agents and Clearinghouses.

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 SFTP 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 Healthcare Claim 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 mailed supporting documentation, obtain a Bills Cover Sheet from the WCMBP Medical Bill Processing Portal Provider homepage > Forms and References.

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6.3 Paper Bill Submission

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

- **Division of Federal Employees' Compensation (DFEC)**

  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 and DEEOIC providers can also print and submit the ADA Dental Claim Form.

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 Create Bill Templates Tutorial.

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6.5 Adjustments 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 Adjustments

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 updates.

Examples:

- The procedure code was incorrectly keyed into the WCMBP System causing the bill line to deny in error.
- The bill processed and paid as submitted; the provider identifies that the 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.

Adjustments may be submitted for previously paid or partially paid bills using the WCMBP Portal for DFEC, DEEOIC, and DCMWC claimants.

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

- **DFEC:** 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" feature on the WCMBP provider self-service portal.
- Providers can make corrections and submit additional documentation that upload directly into the WCMBP System. If changes are needed to an existing paid line, providers should select the Line Number of the service to make changes. In addition, if a provider deletes a previously paid line, an alert message will display advising that this action can create an overpayment.
- 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 was partially paid or denied.
- Download the Adjustment Template, which is mandatory for DFEC.
- 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 applicable address:
  - **Division of Federal Employees' Compensation (DFEC)**

    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

Providers are not able to void bills in the WCMBP System.

Providers who wish to return funds to a specific OWCP program must complete the following:

- **DFEC:** Outstanding debts may be automatically recouped by the program. Any outstanding account receivable (AR) balance may be automatically recouped from future payments until the AR balance reaches $0.00. As an alternative, providers may mail funds to the following address:
  - **Division of Federal Employees' Compensation (DFEC)**

    General Bills
    P.O. Box 8300
    London, KY 40742-8300
- **DEEOIC:** The program does not accept payments made by mail. All providers must submit an adjustment (corrected bill) to ensure that the overpayment created is properly reflected as an account receivable by DEEOIC. Once the account receivable is established, providers will receive a debt letter and instructions on how to service the account receivable from the Treasury's Centralized Receivables Service (CRS). Refer to the How to Guides for Medical Providers page, "How to Submit Refunds of Overpayments" Section.
- **DCMWC:** Outstanding debts are automatically recouped by the program. Any outstanding account receivable (AR) balance is automatically recouped from future payments until the AR balance reaches $0.00. Effective August 24, 2024, if the debt remains unpaid after 120 days from the Remittance Voucher (RV) overpayment notice, the account balance will be sent to the Centralized Receivables Service (CRS) for collections.

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

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

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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.

- For a full explanation of the OWCP Fee Schedule, refer to the OWCP Fee Schedule Read Me First Document.
- OWCP has released a Fee Schedule Calculator tool used to estimate the maximum allowable amount for services rendered and billed on the OWCP 1500 Professional form or the ADA Dental form. This feature is available to providers when logged in to the secure WCMBP Portal. For step-by-step instructions, refer to the Fee Schedule Calculator Quick Reference Guide.

- For tips on how to access and calculate the fee schedule, refer to the OWCP Fee Schedule Tips.
- 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 a 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 (DFEC, 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
- Whether the diagnosis entered is related to the claimant's accepted conditions
- If the result returns an error "Requested Diagnosis Service is not related to the claimant's accepted conditions", refer to Services for Accepted Conditions for resolving this error message.

Providers have access to the Electronic Case Lookup feature to enter claimant information to obtain a claimant's OWCP case number.

To view the tutorial on claimant eligibility or case look-up, refer to the Verify Claimant Eligibility Tutorial.

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6.7 Remittance Voucher and Tax Form – 1099

Providers can obtain payment correspondence using the WCMBP self-service portal.

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 summary and detailed information regarding withholdings and recoupments, if applicable. RVs are mailed weekly to providers. Providers have the option to "go paperless" and elect to receive outbound OWCP medical bill processing correspondence electronically only through the WCMBP Portal, including Remittance Vouchers (RVs). For instructions on how to opt for paperless correspondence, refer to the Updating Provider Information in the Provider Portal Quick Reference Guide.

For more information about the various sections of the Remittance Voucher, refer to the Remittance Voucher User Guide. Refer to the Explanation of Benefits (EOB) Reference Guide for more information

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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 printed tax forms are 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 under the EXT-Provider File Maintenance profile.

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.

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.

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

The IRS Publication 1281 also includes steps to address the first notification and second notification of an incorrect name and tax ID combination. Providers may submit a Form W-9 to address a First "B" Notice letter. Providers must submit an IRS Letter 147C to address a Second "B" Notice letter.

For information on online documentation submission, refer to the Updating Provider Information in the Provider Portal Quick Reference Guide.

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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 Workers' Compensation Medical Bill Processing (WCMBP) program for 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.

- **DFEC:** 1-844-493-1966
- **DEEOIC:** 1-866-272-2682
- **DCMWC:** 1-800-638-7072

As part of an ongoing commitment to security, the Call Center is currently unable to accept AI-generated calls. Call Center representatives are available to assist live callers only.

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 scheduled maintenance).

7.1 Medical Treatment Adjudicators

The Medical Treatment Adjudicators (MTA) services are available **only to DFEC providers**. To reach an MTA, DFEC 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 DFEC MTA. After entering the case number through a phone prompt, 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.
  - Authorization request pending for more than 45 days with no resolution.
  - Unexplained reason for the CE reducing units or dollar amounts submitted on an authorization.
  - Provider requests cancellation of an authorization request with the status of "pending further development," regardless of how long the request has been pending.

- 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.

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8 PROVIDER OUTREACH

OWCP and Acentra Health conduct various forms of provider outreach to ensure providers receive the information and support needed to navigate the Workers' Compensation Medical Bill Processing (WCMBP) System. 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. 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. Refer to the Upcoming Webinars page for information on upcoming virtual help sessions.

New Provider Orientation:

OWCP and Acentra Health host new provider orientation sessions on the third Wednesday of each month where newly enrolled OWCP providers have an opportunity to join the webinar for an overview of the medical bill processing system including eligibility inquiry, authorization submission, billing, enrollment updates, and user administration. Refer to the Upcoming Webinars page for information on upcoming new provider orientation sessions.

Portal Refresher Sessions:

OWCP and Acentra Health host quarterly portal refresher sessions where providers have an opportunity to view a step-by-step walkthrough of the portal related to a specific topic, such as billing or provider file maintenance. Refer to the Upcoming Webinars page for information 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 Home page and scroll to **The Provider's Corner** section on the left.

Portal Demonstrations:

Portal demonstrations are short, step-by-step voiceover videos that guide users through common portal questions, including enrollment, NPI requirements, and taxonomy selection.

Refer to the Portal Demonstrations section on the Training and Tutorials page for links to the voiceover videos.

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9 PHARMACY

Pharmacy services for the Office of Workers' Compensation Programs (OWCP) are provided by Pharmacy Benefit Management (PBM) contractors based on OWCP program.

9.1 Division of Federal Employees' Compensation

The Federal Employees' Compensation Act (FECA) Pharmacy Benefit Management program is administered by Optum. Refer to the Pharmacy Benefits Management Portal.

For assistance in resolving Optum portal error codes, refer to Optum Error Instructions.

9.2 Division of Energy Employees Occupational Illness Compensation and Division of Coal Mine Workers' Compensation

Pharmacy billing services for the Division of Energy Employees Occupational Illness Compensation (DEEOIC) and Division of Coal Mine Workers' Compensation (DCMWC) are administered by Conduent. Refer to the Pharmacy Benefits Management Portal.

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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
DLHWC	Division of 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
PBM	Pharmacy Benefit Management
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	▪ DFEC Provider Enrollment Information ▪ DEEOIC Provider Enrollment Information ▪ DCMWC Provider Enrollment Information
FECA Provider Information	▪ FECA Helpful Information for Providers ▪ Caring for an Injured Federal Worker with an Accepted Claim Desk Aid

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REVISION HISTORY

Revision Level	Date	Description	Change Summary
1.0	10/16/2023	Initial Release	Initial Release
2.0	03/26/2024	Quarterly Updates	Quarterly Updates
2.1	07/19/2024	Quarterly Updates	Quarterly Updates
2.2	10/18/2024	Quarterly Updates	Quarterly Updates
3.0	02/11/2025	Quarterly Updates	Quarterly Updates
4.0	05/16/2025	HIPAA Changes	Updates to Section 8 for HIPAA language compliance
5.0	05/23/2025	Quarterly Updates	Quarterly Updates
5.1	07/01/2025	Align manual with upcoming CR updates	CR 290 soft delete of enrollment applications CR 285 restrict authorization procedure codes based on provider type
6.0	08/18/2025	September release updates	CR 242 CR 293 EFT mandate language AI call language Additional option to route to MTA for canceling pended further development
7.0	10/29/2025	December release updates	CR 232 PECOS Clarifying language for enrollment