

# Claimant Eligibility



# Overview

The purpose of this webinar is to explain how to check claimant's eligibility in the new Workers' Compensation Medical Bill Process (WCMBP) Portal and its importance.

The claimant eligibility function provides the claimant's accepted conditions, treatment suite rule, and the if the treatment requires an authorization.

- **Accepted Condition** are the diagnosis (DX) code(s), describing the injury or illness that has been accepted by DOL.
- **Eligibility** for an accepted condition identifies that there are predetermined set of services that are payable for the claimant's injury. Each set of accepted conditions will have a different set of services the claimant is eligible for.
- **Authorization Level** determines if a service requires an authorization and/or DOL's approval. If the service is **Level 1** = No Authorization is required, **Level 2** = Authorization is required and **Level 3** = Authorization is required with an approval from DOL.



# OWCP Connect ID = Email Address

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Remember that your OWCP Connect ID is the email address you used to register with OWCP Connect

The screenshot shows the OWCP Connect website interface. At the top, there is a blue header with the United States Department of Labor Office of Workers' Compensation Programs logo and the WCS logo. Below the header, there are navigation links: Login | Account Registration | Reset Password | Change Email | Help | FAQ. The main content area is titled "OWCP Connect" and contains three columns of text. The first column is "About OWCP Connect", the second is "Account Registration", and the third is "Login". The "Login" section includes a welcome message, a prompt to enter the email address, a red-bordered input field for the email address, a red arrow pointing to the input field, and a "LOGIN" button. Below the input field, there is a "RESET PASSWORD" section with a link to "here".

United States Department of Labor  
Office of Workers' Compensation Programs

WCS  
OWCP Workers' Compensation System

Login | Account Registration | Reset Password | Change Email | Help | FAQ

OWCP Connect

**About OWCP Connect**

OWCP Connect allows users to prove their identity and create an account for communication with OWCP's various self-service applications. It is a centralized identity-proofing system used to create credentials for a user, and then to authenticate the credentials for login.

Identity proofing is accomplished by validating the user's information entered in the Account Registration process against secure Credit Bureau data. Once the user's identity has been verified, their account can be created.

At this time OWCP Connect is only being used to authenticate new users to FFCAs Claimant Query

**Account Registration**

If this is your first time using OWCP Connect, click [here](#) and begin the process to create a new account.

WARNING....WARNING....WARNING....WARNING....V

You are accessing a U.S. Government information system that is owned and operated by the Department of Labor. The Department of Labor information systems are provided for the processing of official U.S. Government information only, and are therefore, owned by the Department of Labor. Authorized users are

**Login**

Welcome to OWCP Connect  
Please enter your EMAIL ADDRESS to start.

Email Address

LOGIN

RESET PASSWORD

If you have forgotten password, click [here](#) and you will be guided through

3

# Select the Provider ID

You may have access to more than one provider

- 2 Choose the provider you are working with

Welcome to the WCMBP Provider Portal

**eCAMS<sup>TM</sup>**  
**HCE** ✓  
Powered by CNSI

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

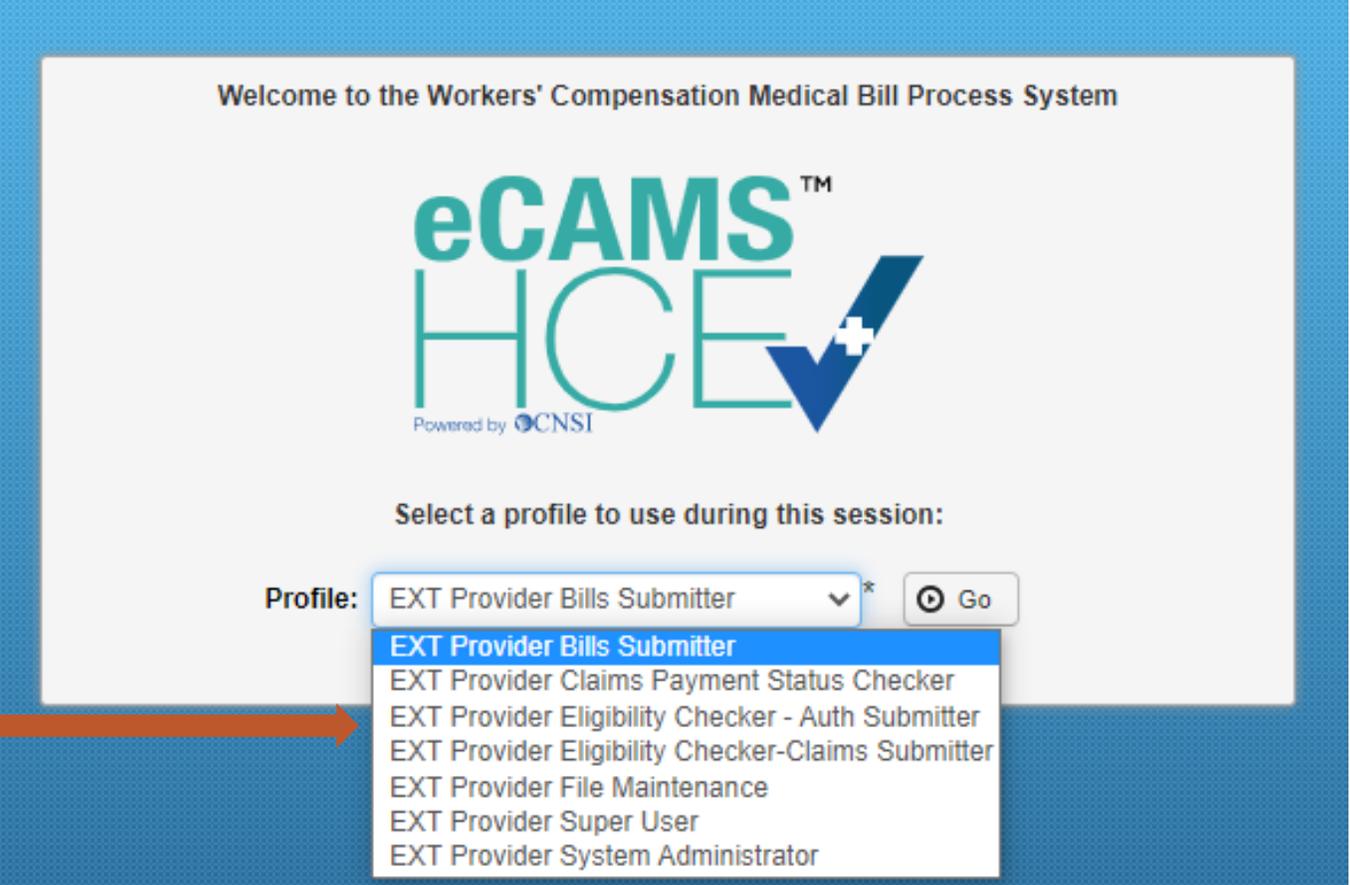
Available Provider IDs:  \*

- 700116000
- 020211301
- 103151400
- 700033500
- 700116000

## Select Profile – Eligibility Checker

3 Choose the applicable profile.

**Note:** A list of profiles and the functions they can perform in the Provider Portal are listed on the next slide.



Welcome to the Workers' Compensation Medical Bill Process System

**eCAMS™**  
**HCE**   
Powered by CNSI

Select a profile to use during this session:

Profile: \*

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

An orange arrow points from the left side of the slide to the dropdown menu.

# Provider Portal Profiles

Name of Provider Profile	Functions that the Provider can perform
<b>EXT Provider Bills Submitter</b>	<ul style="list-style-type: none"> <li>• Bill inquiry</li> <li>• View Payment</li> <li>• Bill Adjustment/Void</li> <li>• On-line Bills Entry</li> <li>• Resubmit Denied/Voided Bills</li> <li>• Retrieve Saved Bills</li> <li>• Manage Templates</li> <li>• Create Bills from Saved Templates</li> <li>• Eligibility Inquiry</li> <li>• On-line Authorization Submission</li> <li>• Submit HIPAA Batch Transactions (837)</li> <li>• Retrieve HIPAA Batch Responses (835)</li> <li>• SFTP User Details</li> <li>• Correspondences</li> </ul>
<b>EXT Provider Eligibility Checker-Claims Submitter</b>	<ul style="list-style-type: none"> <li>• Bill inquiry</li> <li>• View Payment</li> <li>• Bill Adjustment/Void</li> <li>• On-line Bills Entry</li> <li>• Resubmit Denied/Voided Bills</li> <li>• Retrieve Saved Bills</li> <li>• Manage Templates</li> <li>• Create Bills from Saved Templates</li> <li>• Eligibility Inquiry</li> <li>• On-line Authorization Submission</li> <li>• Maintain Provider Information</li> <li>• Submit HIPAA Batch Transactions (837)</li> <li>• Retrieve HIPAA Batch Responses (835)</li> <li>• SFTP User Details</li> <li>• Correspondences</li> </ul>

Name of Provider Profile	Functions that the Provider can perform
<b>EXT Provider Claims Payment Status Checker</b>	<ul style="list-style-type: none"> <li>• Bill inquiry</li> <li>• View Payment</li> <li>• Bill Adjustment/Void</li> <li>• Resubmit Denied/Voided Bills</li> <li>• Correspondences</li> </ul>
<b>EXT Provider Eligibility Checker – Auth Submitter</b>	<ul style="list-style-type: none"> <li>• Eligibility Inquiry</li> <li>• On-line Authorization Submission</li> </ul>
<b>EXT Provider File Maintenance</b>	<ul style="list-style-type: none"> <li>• Maintain Provider Information</li> <li>• Correspondences</li> </ul>
<b>EXT Provider Super User</b>	<ul style="list-style-type: none"> <li>• Bill inquiry</li> <li>• View Payment</li> <li>• Bill Adjustment/Void</li> <li>• On-line Bills Entry</li> <li>• Resubmit Denied/Voided Bills</li> <li>• Retrieve Saved Bills</li> <li>• Manage Templates</li> <li>• Create Bills from Saved Templates</li> <li>• Eligibility Inquiry</li> <li>• On-line Authorization Submission</li> <li>• Maintain Provider Information</li> <li>• Submit HIPAA Batch Transactions (837)</li> <li>• Retrieve HIPAA Batch Responses (835)</li> <li>• SFTP User Details</li> <li>• Correspondences</li> </ul>
<b>EXT Provider System Administrator</b>	<ul style="list-style-type: none"> <li>• Eligibility Inquiry</li> <li>• Retrieve HIPAA Batch Responses (835)</li> <li>• Maintain Users</li> <li>• Correspondences</li> </ul>

# Accessing Claimant Eligibility in the WCMBP System

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Click on the "Eligibility Inquiry" hyperlink in the column on the left under Claimant.

The screenshot displays the 'Provider Portal' interface. On the left, a sidebar menu is visible with categories: 'Online Services', 'Bills', 'Claimant', 'Authorization', 'Provider', 'HIPAA', 'Admin', and 'My Interactions'. Under the 'Claimant' category, the 'Eligibility Inquiry' link is highlighted with a red box and a red arrow. Other links in the sidebar include 'Bill Inquiry', 'View Payment', 'Bill Adjustment/Void', 'On-line Bills Entry', 'Resubmit Denied/Voided Bill', 'Retrieve Saved Bills', 'Manage Templates', 'Create Bills from Saved Templates', 'On-line Authorization Submission', 'Maintain Provider Information', 'Submit HIPAA Batch Transaction', 'Retrieve HIPAA Batch Responses', 'SFTP User Details', and 'Maintain Users'. The main content area on the right includes a 'ManageAlerts' button, a 'My Reminders' section with a filter and 'Go' button, and a table with columns 'Alert Type' and 'Alert Message'. Below the table, it states 'No Records Found!'. At the bottom, there is a 'Your Recent Online Activities' section listing login events.

## Eligibility for Non-Pharmacy Services

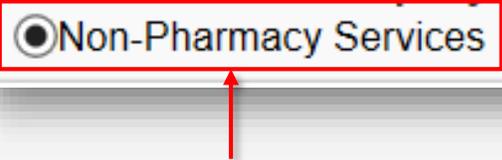
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- 5 **Select** the inquiry type
- **Non-Pharmacy Services** – Check to see if the claimant is eligible for the services being rendered and if an authorization is required.

### Claimant Eligibility Inquiry

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

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



# Claimant Eligibility Inquiry Non- Pharmacy Services

1. The Provider ID you are logged in under will auto-populate.
2. Program Code – select the program that the claimant is enrolled under if you are enrolled with more than one program.
3. Enter the claimant **Case ID**.
4. Enter at least one **Diagnosis Code**.
5. Enter a **Procedure Code** or **Revenue Code**.
6. Enter the **Date of Service (DOS)**.
7. Click **Submit**.

**Note:** If any information keyed-in is invalid, an error message will populate above the close/submit tabs. (errors may vary)

**Errors: CaseID Invalid #1 [ ] ; Diagnosis Code(s) invalid # s8391xa**

Close Submit

### Eligibility for Non-Pharmacy Services

Provider ID: [ ] \*

Program Code: DFEC v [ ]

Case ID: [ ] \*

Diagnosis Codes: [ ] [ ] [ ] [ ] \*(At least one Diagnosis Code is required)

Procedure Code: [ ] \* OR Revenue Code: [ ] \*

NDC Code: [ ] (Required for Unspecified J-Codes) Procedure Code: [ ] (If required by Revenue/Procedure Code Matrix)

Date of Service: [ ] \*

1 2 3 4 5 6 7

# Claimant Eligibility Inquiry Response: Non - Pharmacy Services

The **Claimant Eligibility Inquiry Response** – The results on this page will tell you:

- The **claimant's case status** for the date of service entered.
- The **Requested Date/Time**.
- The level of authorization for the treatment/service as indicated by the **Authorization Level** field.

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

Claimant Eligibility Inquiry Response

Case ID: 012634248

Procedure Code: 29824

Date of Service: 02/11/2020

Request Date/Time: 02/11/2020 13:00:37

Case Status on 02/11/2020: MC-FECA Medical Benefits Only

Death Indicator: N

Authorization Level:

Errors

REQUESTED DIAGNOSIS NOT RELATED TO ACCEPTED CONDITIONS.

# Claimant Eligibility Inquiry- Accepted Conditions (AC)

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**Select** the inquiry type

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

## Claimant Eligibility Inquiry

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

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

# Claimant Eligibility Inquiry- Accepted Conditions (AC)

- 1 **Enter** the Case ID and the Program from the Program Code drop down (Date of Service is Optional) and click **Submit**.

Home > Provider Portal > Claimant Eligibility Inquiry

Close Submit

### Claimant Eligibility Inquiry

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

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

#### Eligibility for Accepted Condition Services

Case ID:  \*

Program Code: DEEOIC  \*

Date of Service: DFEC

DLHWC

## Claimant Eligibility Inquiry- Accepted Conditions (AC)



5 Click Close to return to the Provider Portal Home Page

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

1 The list of DX will populate

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

3

Gives a description of the DX

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

**Note:** The diagnosis code hyperlink displays the details and description of the diagnosis code.

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

**Diagnosis Detail**

Diagnosis Code: S8391XA 4      Diagnosis Category: DA-ICD-10 Vol. III \*

Short Description: SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE, INITIAL ENCOUNTER \*

Long Description: SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE, INITIAL ENCOUNTER \*

1 Gender: B-Both \*

3 Start Date: 10/01/2015 \*      ← 2 →      End Date: 12/31/2999 \*

5 Effective Date: 10/01/2015      Status: Approved

More detailed information will display:

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

DiagnosisCode ID: S8391XA

Close    Save    View History

Click **Close** to return to the previous screen

## The benefits of checking a claimant's eligibility, allows providers to:

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

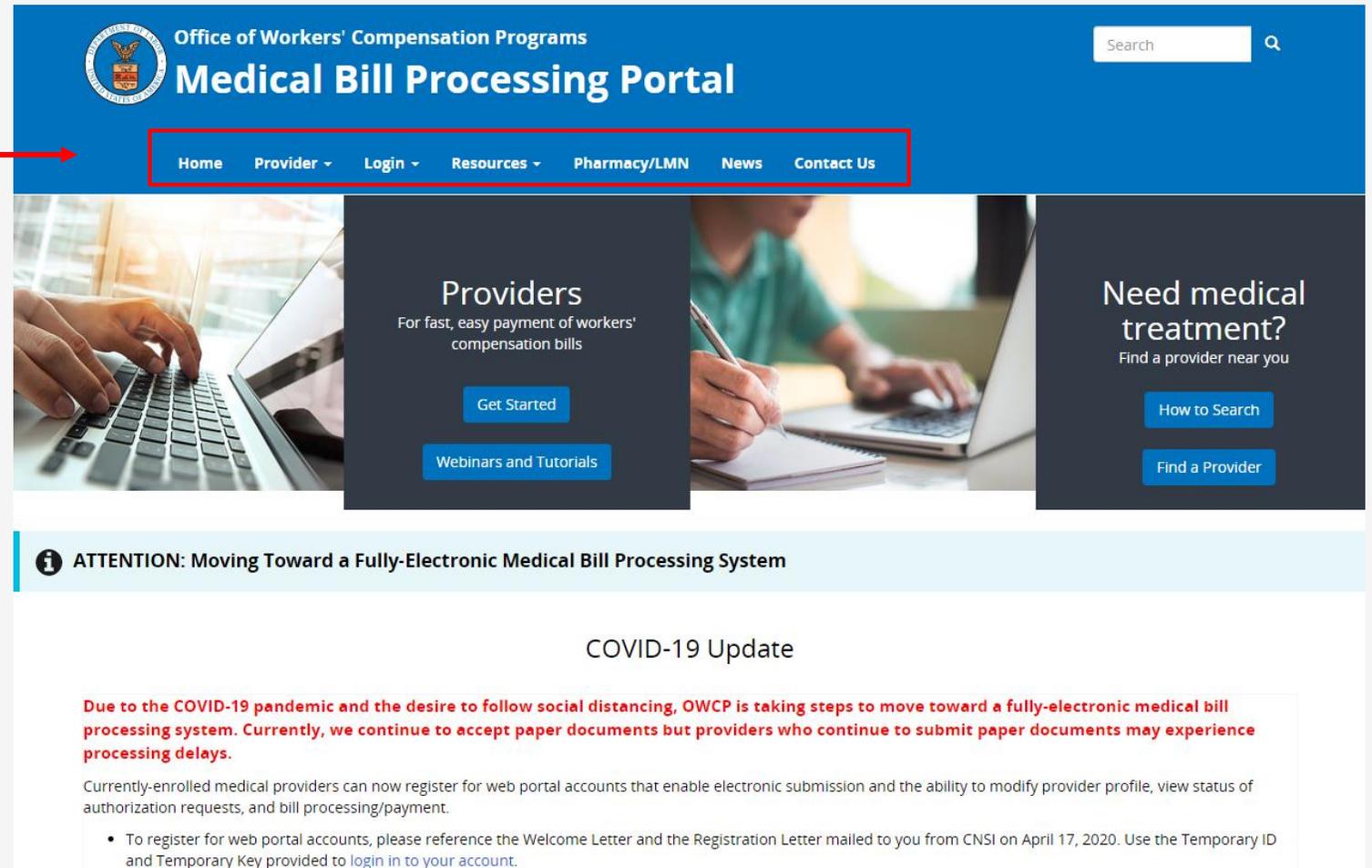


# Other Resources

## Medical Bill Processing Portal

### - Interactive Tour -

- FAQs
- Tutorials
- Webinars
- Webinar Presentation Downloads
- Bill Submission
- Reference Guides
- Contact Information



The screenshot shows the homepage of the Medical Bill Processing Portal. At the top, there is a blue header with the logo of the Office of Workers' Compensation Programs and the text "Office of Workers' Compensation Programs" and "Medical Bill Processing Portal". A search bar is located in the top right corner. Below the header is a navigation menu with the following items: Home, Provider (with a dropdown arrow), Login (with a dropdown arrow), Resources (with a dropdown arrow), Pharmacy/LMN, News, and Contact Us. A red arrow points to this navigation menu. Below the navigation menu are three main content areas: "Providers" with a "Get Started" button and a "Webinars and Tutorials" button; "Need medical treatment?" with a "How to Search" button and a "Find a Provider" button. Below these areas is a light blue banner with an information icon and the text "ATTENTION: Moving Toward a Fully-Electronic Medical Bill Processing System". Below the banner is a "COVID-19 Update" section with a red warning message: "Due to the COVID-19 pandemic and the desire to follow social distancing, OWCP is taking steps to move toward a fully-electronic medical bill processing system. Currently, we continue to accept paper documents but providers who continue to submit paper documents may experience processing delays." Below the warning message is a paragraph of text: "Currently-enrolled medical providers can now register for web portal accounts that enable electronic submission and the ability to modify provider profile, view status of authorization requests, and bill processing/payment." Below the paragraph is a bulleted list: "• To register for web portal accounts, please reference the Welcome Letter and the Registration Letter mailed to you from CNSI on April 17, 2020. Use the Temporary ID and Temporary Key provided to login in to your account."

# Thank you!

CNSI looks forward to being the new medical bill processing agent for the OWCP programs and working with each of you!

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Email: [CNSIOWCPOutreach@cns-inc.com](mailto:CNSIOWCPOutreach@cns-inc.com)

Call Center:

Division of Federal Employees' Compensation  
(DFEC) 1-844-493-1966

Division of Energy Employees  
Occupational Illness Compensation  
(DEEOIC) 1-866-272-2682

Division of Coal Mine Workers' Compensation  
(DCMWC) 1-800-638-7072