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

You may have access to more than one provider

2. Choose the provider you are working with
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.
## Provider Portal Profiles

<table>
<thead>
<tr>
<th>Name of Provider Profile</th>
<th>Functions that the Provider can perform</th>
</tr>
</thead>
</table>
| EXT Provider Bills Submitter | • Bill inquiry  
  • View Payment  
  • Bill Adjustment/Void  
  • On-line Bills Entry  
  • Resubmit Denied/Voided Bills  
  • Manage Templates  
  • Create Bills from Saved Templates  
  • Eligibility Inquiry  
  • On-line Authorization Submission  
  • Submit HIPAA Batch Transactions (837)  
  • Retrieve HIPAA Batch Responses (835)  
  • SFTP User Details  
  • Correspondences |
| EXT Provider Eligibility Checker–Claims Submitter | • Bill inquiry  
  • View Payment  
  • Bill Adjustment/Void  
  • On-line Bills Entry  
  • Resubmit Denied/Voided Bills  
  • Manage Templates  
  • Create Bills from Saved Templates  
  • Eligibility Inquiry  
  • On-line Authorization Submission  
  • Submit HIPAA Batch Transactions (837)  
  • Retrieve HIPAA Batch Responses (835)  
  • SFTP User Details  
  • Correspondences |
| EXT Provider File Maintenance | • Bill inquiry  
  • View Payment  
  • Bill Adjustment/Void  
  • On-line Bills Entry  
  • Resubmit Denied/Voided Bills  
  • Manage Templates  
  • Create Bills from Saved Templates  
  • Eligibility Inquiry  
  • On-line Authorization Submission  
  • Maintain Provider Information  
  • Submit HIPAA Batch Transactions (837)  
  • Retrieve HIPAA Batch Responses (835)  
  • SFTP User Details  
  • Correspondences |
| EXT Provider Super User | • Bill inquiry  
  • View Payment  
  • Bill Adjustment/Void  
  • On-line Bills Entry  
  • Resubmit Denied/Voided Bills  
  • Manage Templates  
  • Create Bills from Saved Templates  
  • Eligibility Inquiry  
  • On-line Authorization Submission  
  • Maintain Provider Information  
  • Submit HIPAA Batch Transactions (837)  
  • Retrieve HIPAA Batch Responses (835)  
  • SFTP User Details  
  • Correspondences |
| EXT Provider System Administrator | • Eligibility Inquiry  
  • Retrieve HIPAA Batch Responses (835)  
  • Maintain Users  
  • Correspondences |
Accessing Claimant Eligibility in the WCMBP System

4. **Click** on the "Eligibility Inquiry" hyperlink in the column on the left under Claimant.
Eligibility for Non-Pharmacy Services

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)
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- Accepted Conditions (AC)

1. **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.
1. **Enter** the Case ID and the Program from the Program Code drop down (Date of Service is Optional) and click **Submit**.
Claimant Eligibility Inquiry - Accepted Conditions (AC)

- **Click Close to return to the Provider Portal Home Page**

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.
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

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
Thank you!

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

Email: 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