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.
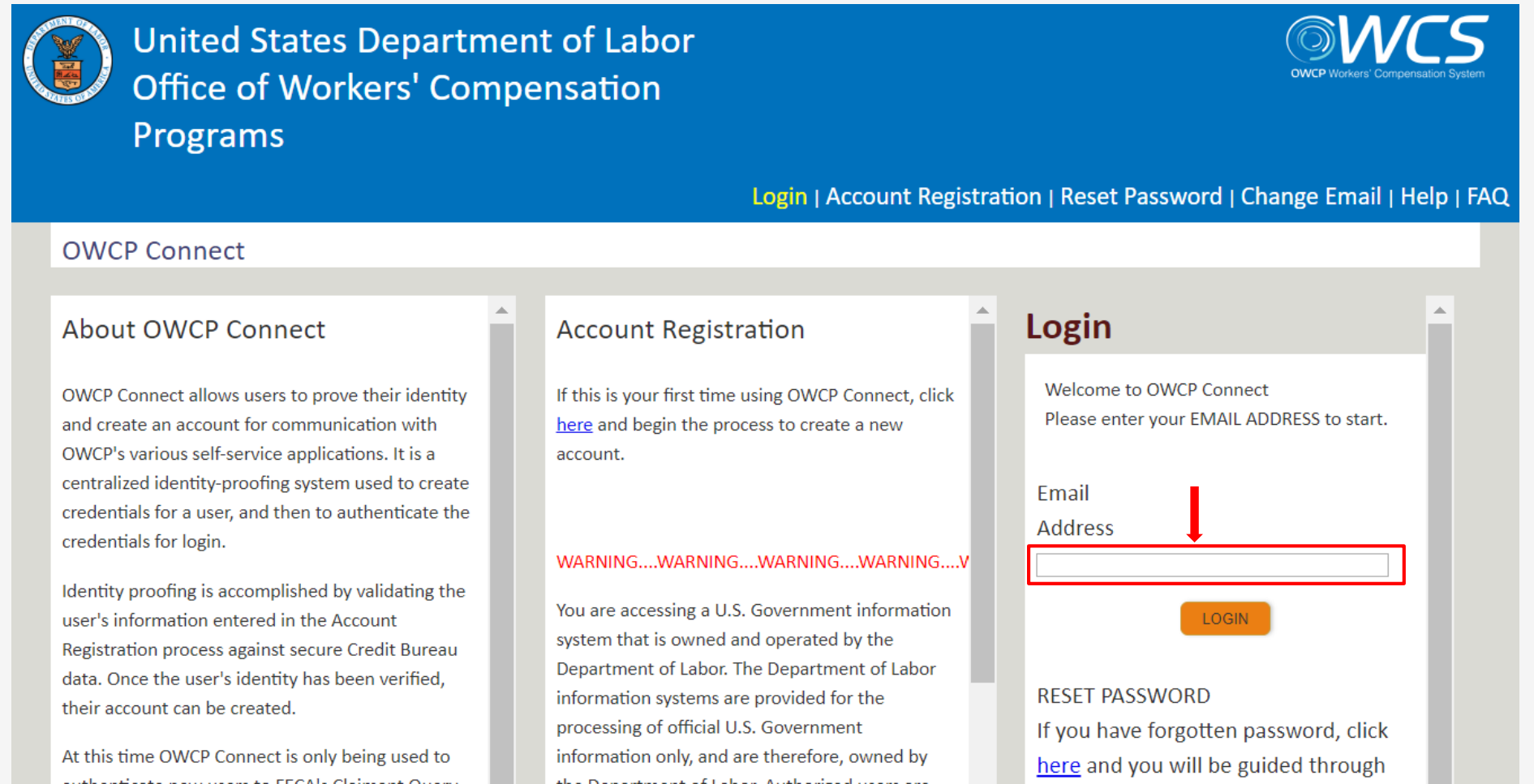
- **Accepted Condition** are the diagnosis (DX) code(s), describing the injury or illness that has been accepted by DOL.

- **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

1

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

Welcome to the WCMBP Provider Portal

eCAMS™
HCE✓
Powered by ⊙CNSI

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

Available Provider IDs: 700116000 ▼ *

020211301
103151400
700033500
700116000

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Select Profile – Eligibility Checker

3 Choose the profile associated with checking eligibility and submitting bills

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 ▼ * ⊙ Go

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

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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

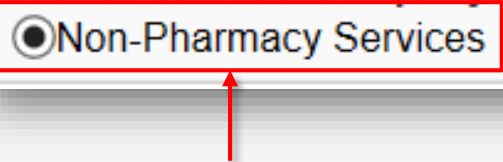- **Non-Pharmacy Services** – Check to see if the claimant is eligible for the services being rendered and if an authorization is required.

Claimant Eligibility Inquiry

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

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

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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   ⟵ 7

Eligibility for Non-Pharmacy Services

Provider ID: ⬚ * ⟵ 1

Program Code: DFEC ∨ * ⟵ 2

Case ID: ⬚ * ⟵ 3

4 ⟶ Diagnosis Codes: ⬚ ⬚ ⬚ ⬚ *(At least one Diagnosis Code is required)

5 ⟶ Procedure Code: ⬚ * OR   Revenue Code: ⬚ *

NDC Code: ⬚ (Required for Unspecified J-Codes)   Procedure Code: ⬚ (If required by Revenue/Procedure Code Matrix)
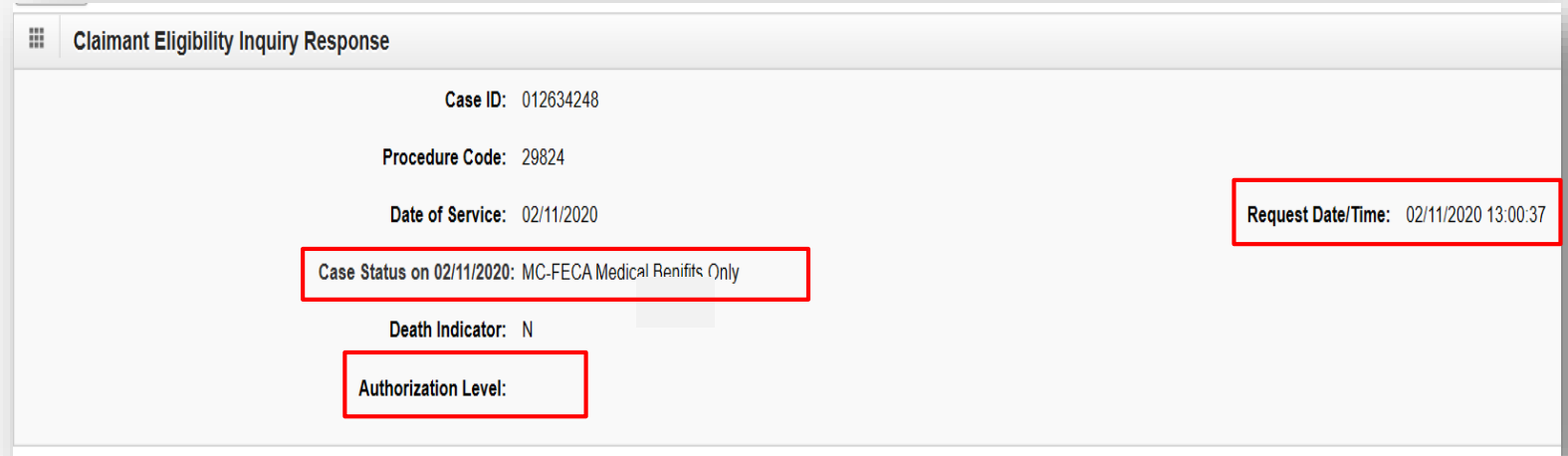
Date of Service: ⬚ 🗓 * ⟵ 6

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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 Benifits Only

Death Indicator: N

Authorization Level:

Errors

REQUESTED DIAGNOSIS NOT RELATED TO ACCEPTED CONDITIONS.

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.

Claimant Eligibility Inquiry

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

○ Non-Pharmacy Services   ⦿ Accepted Conditions (DFEC,DEEOIC and DLHWC Only)
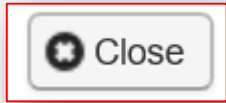
Claimant Eligibility Inquiry- Accepted Conditions (AC)

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

Claimant Eligibility Inquiry- Accepted Conditions (AC)

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

5 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.

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

Diagnosis Detail

Field	Value
Diagnosis Code:	S8391XA
Short Description:	SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE, INITIAL ENCOUNTER *
Long Description:	SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE, INITIAL ENCOUNTER *
Gender:	B-Both *
Start Date:	10/01/2015 *
Effective Date:	10/01/2015

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

2 **End Date:** 12/31/2999

5 **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

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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.
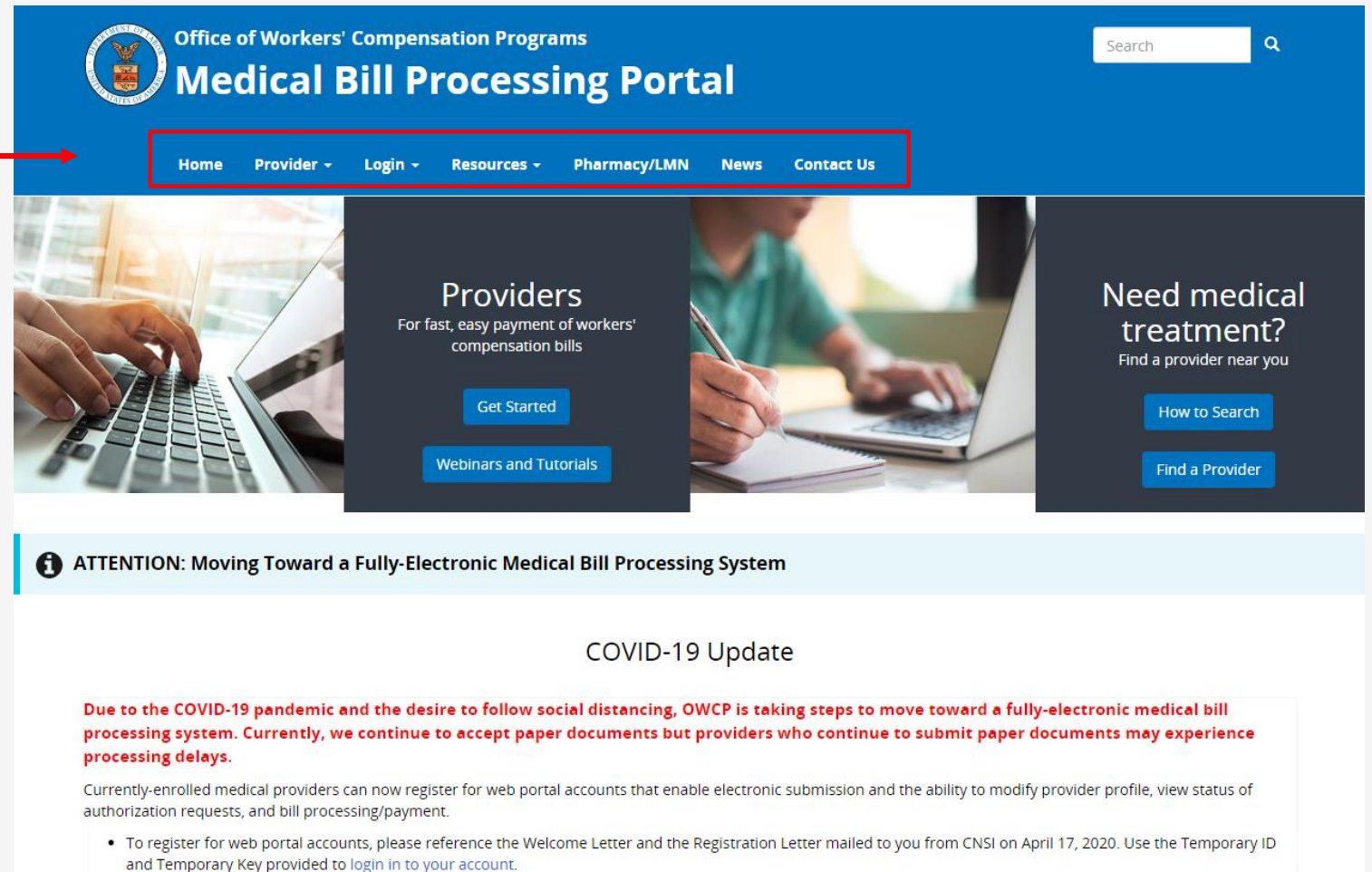
- Eliminate common bill denials.

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Other Resources

Medical Bill Processing Portal

- Interactive Tour -

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

Thank you!

We will continue to respond to questions for a few more minutes

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

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