Information for Medical Providers

Must I enroll as a Provider?

Yes. For federal employees covered by FECA, you must enroll with ACS as a provider in order for them to receive compensation for any periods of disability related to the treatment that you prescribe, and for you to be paid for your treatment. As of March 31, 2004, all bills submitted by un-enrolled Providers will be returned along with instructions on how to enroll.

Enrollment is free and is simply a registration process to ensure proper payments. It is not a PPO enrollment.

How do I enroll as a Provider?

You can enroll online at https://owcp.dol.acs-inc.com – click on "Provider" in the FECA section in the shaded section on the top left side of the screen. Then click on "Provider Enrollment" and follow the instructions.

Do you have instructions on how to enroll on-line as a Provider?

Yes. Our "Tools and Tips for Providers" page at http://www.dol.gov/esa/regs/compliance/owcp/CBPtools.htm contains a link to these instructions. On this page we also have medical authorization and billing tips as well as instructions for using the ACS web portal to request medical authorization.

I have enrolled as a Provider. How do I get register to use the web portal at http://owcp.dol.acs-inc.com?

Go to the portal at http://owcp.dol.acs-inc.com. Click on "Provider" in the FECA section. Then click on "Web Registration" and follow the instructions. If you try this and have questions or need additional help, call the Health Care Solutions Operations Center at 1-800-461-7485 or 1-850-558-1775

Do I have to enroll as a provider to use the web portal at http://owcp.dol.acs-inc.com?

A provider may use the eligibility inquiry function without enrolling as a provider and registering to use the web portal. To use the on-line authorization, bill status, and payment status functions, a provider must enroll and must register to use the web portal. Both enrollment and web registration can be accomplished online at http://owcp.dol.acs-inc.com.

How do I find out if a prior authorization is required?

Whenever you treat an Injured Worker, check the ACS web portal (http://owcp.dol.acs-inc.com) or call the IVR at 866-335-8319 to see if the procedure requires authorization.

Level 1 procedure (for example, Office Visits, MRIs, Routine Diagnostic Tests) do not require authorization. If you need a hard copy confirmation of this, complete an online authorization request at http://owcp.dol.acs-inc.com and print the message displayed after the request is submitted.

Level 2, 3 and 4 procedures require authorization. These authorization requests can be made online at http://owcp.dol.acs-inc.com or via by faxing a completed authorization request and supporting documentation to 800-215-4901. The Medical Authorization forms are available online at http://owcp.dol.acs-inc.com. Click on "Forms and Links" and then choose FECA from the Program Specific Forms and Links box. Forms are available for Durable Medical Equipment, General Medical/Surgery, and Physical Therapy authorizations. These forms request the specific information needed to process each type of authorization request.

How do I make medical authorization requests?

You may request authorization online at http://owcp.dol.acs-inc.com. Or, you may fax the appropriate Medical Authorization form and supporting documentation to 800-215-4901. The Medical Authorization forms are available online at http://owcp.dol.acs-inc.com. Click on "Forms and Links" and then choose FECA from the Program Specific Forms and Links box. Forms are available for Durable Medical Equipment, General Medical/Surgery, and Physical Therapy authorizations.

Do you have any tips to help me with the authorization process? Yes. Our "Tools and Tips for Providers" page at http://www.dol.gov/esa/regs/compliance/owcp/CBPtools.htm has links to authorization and billing tips On this page we also have instructions for enrolling on-line and for using the ACS web portal to request medical authorization.

I have an Injured Worker who has a CA-16 but no claim number. How do I request an authorization?

CA-16s are issued by Employing Agencies to Injured Workers so they can seek immediate medical care. When there is a CA-16, NO authorization is needed for office visits and consultations, labs, hospital services (including inpatient), X-rays (including MRI and CT scan), physical therapy, and Emergency services (including surgery) related to the work injury. You must enroll as a Provider to be paid for services provided under a CA-16. The CA-16 DOES NOT cover non-emergency surgery, home exercise equipment, whirlpools, mattresses, spa/gym memberships, and work hardening programs. Authorization for these services can not be requested until a claim number has been established.

I'm a specialist to whom an Injured Worker has been referred for a consultation. Do I need an authorization?

An authorization is not required when an Injured Worker is referred by her/his treating physician to a specialist for a consultation. However, you must be enrolled as a Provider to be paid for the consultation visit.

I've tried to use the eligibility inquiry at http://owcp.dol.acs-inc.com, but I get a message that the service requested isn't covered for the accepted conditions. What do I do?

Request authorization online at http://owcp.dol.acs-inc.com or fax the appropriate Medical Authorization form and supporting documentation to 800-215-4901. The Claims Examiner will determine if the claim can be expanded for a new condition based on information in file and information submitted with the request or if additional development is needed.

I want to prescribe a particular medication for a patient. It's not covered for the conditions accepted on the claim. What do I do?

If you believe a medication is necessary for the treatment of the injured worker's accepted conditions please submit medical documentation for review by the claims examiner. As is the case with anything sent to OWCP, please be sure to include the injured worker's claim/case number on every page. Please mail all documentation to U.S. Department of Labor, DFEC Central Mailroom, P.O. Box 8300, London, KY 40742-8300.

How do I know what the accepted conditions are for a claim?

This information is now available online at http://owcp.dol.acs-inc.com – click on the "Eligibility and Accepted Conditions" link. For instructions on how to use this functionality, click here.

My patient thinks that other diagnoses need to be added as accepted conditions on a claim. What should I do?

If an injured worker believes that additional or different conditions warrant acceptance on her/his claim, s/he needs to submit to OWCP medical documentation supporting expansion of the claim for review by the claims examiner. As is the case with anything sent to OWCP, this medical documentation should include the injured worker's claim/case number on every page and should be mail to U.S. Department of Labor, DFEC Central Mailroom, P.O. Box 8300, London, KY 40742-8300.

How do I learn the status of a medical authorization request?

Injured Workers, Providers, and Employing Agencies can check on the status of medical authorizations at http://owcp.dol.acs-inc.com. Having this information on the web is beneficial since authorization information is available 24 hours/day, 7 days/week without calling for an authorization number or waiting for the receipt of an authorization letter in the mail. Claimant eligibility, bill status, and medical authorization inquiry functionality is also available 24 hours a day via our Interactive Voice Response (IVR) system. To access the IVR, call 866-335-8319. To speak with a Customer Service Representative regarding an authorization, you may call 850-558-1818 which will be a toll call. This number is available Monday – Friday, 8am – 8pm, EST.

How do I learn the status of a bill or claim for reimbursement?

Injured Workers, Providers, and Employing Agencies can check on the status of bills and reimbursements at http://owcp.dol.acs-inc.com. Claimant eligibility, bill status, and medical authorization inquiry functionality is also available 24 hours a day via our Interactive Voice Response (IVR) system. To access the IVR, please dial 866-335-8319. To speak with a Customer Service Representative regarding a bill or reimbursement, you may call 850-558-1818 which will be a toll call. This number is available Monday – Friday, 8am – 8pm, EST.

Can I bill electronically?

Yes! Using Electronic Data Interchange (EDI) has many benefits including

- □ Faster payment of claims -clean bills are processed in an average of 14 days or less
- □ Increased efficiency - greatly reduces keying errors or data omissions
- □ Transmission of bills 24 hours/day, 7 days/week
- □ Reduced cost and time of preparing and mailing paper claims
- □ No lost bills
- □ Ability to send claims in the X12N HIPAA standard

Information about this option is available at http://www.acs-gcro.com/ or by calling the EDI Technical Support line at 800-987-6717.

I think I might need some help in using the web portal at http://owcp.dol.acs-inc.com. Do you have some instructions or a user manual?

Yes. Go to http://owcp.dol.acs-inc.com and click on the Help link (it's on the right side, above the yellow box). This will open a User Guide.

What is the Fee Schedule and how do I get a copy?

The Federal Fee Schedule is applied to medical bills and to some durable medical equipment bills. Access the Federal Fee Schedule free of charge at http://www.dol.gov/esa/regs/feeschedule/fee.htm**.**

Where do I send mail?

Send all mail and bills for Federal workers' compensation cases to:

> **U.S. Department of Labor**
> **DFEC Central Mailroom**
> **PO Box 8300**
> **London, KY 40742-8300**

Please be sure to include the claim number on every page you send.

What are the benefits of centralizing medical authorizations and billing?

The new system is designed to allow our contractor, ACS, to approve services and payments based on established treatment guidelines and OWCP staff decisions regarding covered conditions. In turn, this allows OWCP staff to dedicate more time to entitlement issues and return to work efforts. We have made eligibility, medical authorization, and billing information accessible 24 hours a day/7 days a week to Injured Workers, Employing Agencies, and Providers via the Interactive Voice Response (IVR) system and the web. Providers can now request, and for routine services receive, authorization on-line which is easier for providers and speeds up the authorization process.

Why did you change to a toll number to talk with a Customer Service Representative?

We offer an automated toll-free Interactive Voice Response (IVR) system at 866-335-8319 which provides access to information regarding eligibility, authorization, and bill payment status. This information is also available online at http://owcp.dol.acs-inc.com. A great deal of information is available through the automated toll-free IVR and web based processes which are available 24/7. All of these allow for a greater savings to DFEC so that future enhancements can be implemented.