



Caring for an Injured Federal Worker with an Accepted Claim

A DESK AID FOR MEDICAL PROVIDERS

Thank you for working with the Office of Workers' Compensation Programs (OWCP) to serve injured or ill workers! This provider desk aid will help you understand the Federal Employees' Compensation Act (FECA) program while caring for our injured or ill workers.

Medical Appointments



Unlike other workers' compensation programs, our injured workers can see the physician of their choosing for medical care. The FECA regulation does not require a referral process for initiating care. However, if the injured or ill worker wants to change this physician once established, they must contact their OWCP claims examiner for guidance.

Often, the original treating physician (as selected by the injured or ill worker) will refer the injured worker to a specialist for further medical care of the work-related condition. These referrals do not require pre-approval from OWCP.

Obtaining the Workers' Compensation Case Number

To communicate with OWCP about the injured worker, you will need the case number. You can ask the injured worker for a copy of the acceptance letter. This is a formal letter issued to the injured worker documenting the condition and/or injury upon case acceptance. This letter includes:

- Injured worker's name
- OWCP case file number
- Date of injury
- ICD-10 diagnosis codes related to the injury.



If the injured worker does not know their OWCP case file number, contact the Workers' Compensation Medical Bill Processing (WCMBP) call center for assistance:

1-844-493-1966 | Monday - Friday 8:00 a.m. - 8:00 p.m. Eastern Time

The call center agent will confirm your provider information, then verify the following claimant information:

- SSN
- Name: first and last
- Date of birth (DOB)
- Date of injury (DOI)
- Address

Documentation We Need from You

FECA regulations stipulate that written medical documentation is required to support the payment of medical expenses. For ease and convenience, OWCP utilizes a fillable form: CA-20 (<https://www.dol.gov/sites/dolgov/files/owcp/regs/compliance/ca-20.pdf>.) Attending Physician's Report. However, in the absence of this form, FECA will consider medical documentation and records resulting from in-person or telephonic encounters.

Attending physicians' reports should follow the standard of practice for medical documentation and provide specific information for a work-related injury claim as specified in the FECA regulation:

- Dates of examination and treatment
- History given by the injured worker
- Physical findings
- Results of diagnostic tests
- Diagnosis
- Course of treatment
- A description of any other conditions found but not due to the claimed injury
- The treatment given or recommended for the claimed injury
- The physician's opinion, with medical reasons, as to causal relationship between the diagnosed condition(s) and the factors or conditions of the injured workers' employment
- The extent of disability affecting the employee's ability to work due to the injury
- The prognosis for recovery; and
- All other material findings.



If you believe the current accepted condition(s) need to be revised or additional complications related to the current accepted condition(s) need to be added, please explain in writing, the relationship between any additional condition and the work injury or the current accepted condition(s) noted above.

Submitting Documents to OWCP

ECOMP, the Employees' Compensation Operations & Management Portal, is the automated system that allows providers to upload case-related documents directly into an active case file. Visit <https://www.ecomp.dol.gov/> and select "UPLOAD DOCUMENTS". The following information is required to submit to an active case file:

- Claimant Case Number
- Claimant Last Name
- DOB; format - mm/dd/yyyy
- DOI; format - mm/dd/yyyy



DO NOT submit reimbursement requests/bills for services through ECOMP

Obtaining Authorization for Medical Treatment and Services

Eligibility Inquiry: An Eligibility Inquiry on the WCMBP portal allows providers to verify whether the injured worker is eligible for services; and whether a prior authorization is required for the service.

- Users must register with OWCP Connect to obtain access to the WCMBP portal and provider accounts. You can verify your registration status by contacting the WCMBP call center, where an agent is available to assist you. **1-844-493-1966**. If you have not registered yet, start here: <https://owcpconnect.dol.gov/owcplogin/>

Level 1 procedures do not require prior authorization. These procedures are considered routine treatment for the accepted condition(s):

- Office visits, specialist evaluations
- X-rays, non-invasive diagnostics
- Therapies for a new traumatic injury (typically considered to be less than 120 days)



Level 2 and 3 procedures require prior authorization. Authorization requests can be submitted via the WCMBP online provider portal at <https://owcpmed.dol.gov> or by faxing a completed authorization request and supporting documentation to **1-800-215-4901**.

- Download the Medical Authorization forms: <https://owcpmed.dol.gov/portal/resources/forms-and-references/dfec>.

Obtaining Reimbursement for Services Rendered for Treatment of an Injured Worker

Enroll with OWCP

Enrollment with OWCP is required for providers to receive reimbursement for services. Your 9-digit OWCP provider ID must appear on the bill.

- New Enrollment: <https://owcpconnect.dol.gov/owcplogin/>, select “Account Registration”.
- Not sure you are enrolled? Contact the WCMBP call center **1-844-493-1966** for assistance.



Bill OWCP for Services (Except for Hospitals and Pharmacies)

Bills for services rendered to OWCP injured workers must be submitted on the standard American Medical Association (AMA) billing form HCFA-1500, or the OWCP-1500 (<https://owcpmed.dol.gov/portal/sites/default/files/inline-files/OWCP-1500.pdf>). Providers must itemize services for each date separately; use AMA (not state) CPT codes to describe the services performed; and provide their tax identification number (EIN) and OWCP provider number. The provider must sign the form (a signature stamp may also be used).

- For fastest processing, electronic submission is available via the WCMBP provider portal at: <https://owcpmed.dol.gov/portal/provider/provider-login>
- Paper submission via mail:
U.S. Department of Labor, OWCP/DFELHWC
P.O. Box 8300 London, KY 40742-8300
- Bills must be received within the calendar year following the year in which the medical service was rendered, or the claim was accepted, whichever occurs later.

Pharmacy services are administered by Optum under the FECA Pharmacy Benefits Management Program. Please visit <https://fecapharmacy.dol.gov/home> for more information.

Form CA-16 Authorization for Examination and/or Treatment

This form is used by the employing agency to refer an employee who sustains a work-related traumatic injury to a local physician or hospital of the employee’s choice. The CA-16 form allows for authorization of medical treatment for 60 days from the date of injury, unless OWCP terminates the authorization sooner.

Administrative Authorization of Limited Benefits

An Administrative Authorization of Limited Benefits case is a traumatic injury claim that is created and administratively accepted upon receipt, without formal adjudication. When these cases are received, they appear to be minor injuries that result in minimal or no time lost from work. Associated medical expenses are paid up to \$1,500 for up to 180 days from the date of injury. These cases may be reopened for formal review and adjudication by the claims examiner if medical treatment is needed beyond the 180th day, medical bills paid will exceed \$1,500, a wage loss claim is filed, or surgery is requested.



For additional information regarding the FECA, visit our medical provider information web page: <https://www.dol.gov/agencies/owcp/FECA/medicalprovider>.

You can find information about WCMBP online provider portal at: <https://owcpmed.dol.gov/>.



OFFICE OF WORKERS' COMPENSATION PROGRAMS
UNITED STATES DEPARTMENT OF LABOR

