

U.S. DEPARTMENT OF LABOR-FEDERAL EMPLOYEES' COMPENSATION
STATEMENT OF BILL PAYMENT REDUCTION-FEE SCHEDULE

INVOICE #	CPT CODE	SERVICE DATES	BILLED AMT.	OTHER REDUCTIONS	FEE SCHEDULE REDUCTIONS	PAID AMT.
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FORM CA-98
(Mar. 1986)

(SEE REVERSE SIDE FOR FEE SCHEDULE APPEAL RIGHTS)

Fee Schedule Appeal Rights

The front of this form shows the charges for services which have been reduced under the schedule of maximum allowable charges used by the Office of Workers' Compensation Programs (OWCP). The amounts of any other reductions in the charge are also shown. For information on these "Other reductions," refer to the statement that accompanied the payment check.

A provider may not seek from the patient any additional charge or fee in excess of the charge allowed by OWCP. A provider who collects or attempts to collect from the patient any additional amount may be excluded from participating in and seeking payment under the Federal Employees' Compensation Act.

Under applicable regulations (20 C.F.R. 10.413), the only circumstances which will justify reevaluation of the amount paid are (1) the procedure was incorrectly identified by HCPCS/CPT code (where no code is supplied on the bill, OWCP enters a procedure code based on the narrative description of the procedure); or (2) the presence of a severe or concomitant medical condition made treatment especially difficult; or (3) the provider possessed unusual qualifications (Board certification in a specialty is not sufficient evidence in itself of unusual qualification.)

(Appeal Rights cont'd)

Fee Schedule Appeal Rights Cont'd

PROVIDER: If you disagree with the amount of reduction under the fee schedule, you may take the following actions: (1) within 30 days of the date of payment, make written request for reconsideration of the fee schedule determination, (2) identify the procedure(s) in question, (3) attach documentary evidence relevant to one or more of the circumstances described above (e.g., evidence of use of an incorrect HCPCS or CPT procedure code, a report showing a severe or concomitant medical condition, or your curriculum vitae), (4) attach this notice to your request, and (5) submit the request to the OWCP District Office processing the patient's claim, ATTENTION: FEE SCHEDULE APPEAL.

REIMBURSED PATIENT: If the amount you paid the medical provider is more than OWCP reimbursement, you should take the following action in the order presented: (1) show this notice to the medical provider and request that the difference be refunded to you or credited to your account; (2) ask the medical provider whether he or she will submit at no cost to you a request for reconsideration of the fee determination as described above under "PROVIDER" (any additional amount approved as a result of such reconsideration will be reimbursed directly to you); (3) request in writing that the OWCP District Office handling your claim contact the medical provider concerning the amount you paid in excess of the maximum fee schedule amount.