



U.S. DEPARTMENT OF LABOR (DOL)
OFFICE OF WORKERS' COMPENSATION PROGRAMS (OWCP)
DIVISION OF COAL MINE WORKERS' COMPENSATION (DCMWC)
BILL ATTACHMENT REQUIREMENTS

Effective May 13, 2023



BILL ATTACHMENT REQUIREMENTS

Type of Bill	Procedure/Visit Type	Brief Description	Required Attachment Example
Professional	Office Visit	E&M visit, Follow Up visit	Physician Report, Office Note, Consultation Note/Report
Professional or Institutional	Pulmonary Rehab Bill	Pulmonary Rehab Session, Initial Evaluation, Re-Evaluation	Physician prescribed exercise (e.g., mode of exercise, target intensity, duration of each session, and frequency of sessions), Progress notes, and Assessments (e.g., Psychosocial assessment, and outcomes assessment), Individualized treatment plan.
Professional or Institutional	Radiology/CT/MRI	Diagnostic test	Interpretation Report
Professional or Institutional	Chemotherapy	Treatment	Treatment Plan, Plan of Care



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Professional or Institutional	Surgical Procedure	Surgical Procedure	Operative Report
Professional	Ambulance	Transportation Services	Emergency Room Report, Certification of Travel, Travel Log sheet
Professional	DME	DME	Approved Certificate of Medical Necessity (CMN)
Institutional	Outpatient Services	E&M visit, Follow Up visit	Physician Report, E&M Visit Report, Treatment Note
Professional or Institutional	ER Visits	ER Visit	Emergency Room Report, Itemized Statement, Ambulance Log From/To travel
Institutional	Inpatient Treatment	Inpatient Services, Organ Transplantation	Admission History Report, Admission and Discharge Summary, Itemized Statement
Professional or Institutional	Any Type of services	Unlisted Procedure	Supporting documentation that documents the services rendered.



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OWCP-915	Travel	Travel, Lodging, Meals	Meal receipts, hotel receipts, parking and tolls receipts.
Carrier	Third Party Reimbursement	All services paid by other insurance carrier or other Government Agency	OWCP Carrier Reimbursement Form, Copy, attaching a copy of the original billed services submitted on the HCFA- 1500 or the UB04.

Disclaimer: It is the provider's responsibility to ensure the appropriate supporting documentation are attached to the reimbursement forms.