



March 13, 2023

Dear Provider:

Effective May 13, 2023, the Division of Coal Miner Workers' Compensation Program (DCMWC) will require medical providers and facilities to submit supporting medical documentation for services they provide to claimants for their covered black lung conditions. You must attach supporting medical documentation when you submit a Health Care Finance Administration form (HCFA-1500) for professional services rendered in a physician's office, or a Uniform Medical Billing form (UB-04) for all hospital services except non-emergency services of 24 hours or less (for which you may use either form).

The provider submitting the reimbursement form is responsible for attaching sufficient supporting documentation to substantiate the medical services or supplies billed. The supporting documentation must be attached to the bill submission and must support the billing codes submitted on the reimbursement form. All medical services provided to DCMWC claimants must be documented in the submitted supporting documentation, including the date of service, the miner's name and date of birth, and a signature of the rendering provider that is both legible and time/date stamped.

For any time-based procedure codes with descriptions that specify an increment of time, such as minutes or hours, the duration of the service must be clearly documented in the medical record. If more than one procedure code (i.e., CPT, HCPCS) is billed for the same date of service, the supporting documentation (i.e., office note, operative note, etc.) must clearly show the repeat services rendered.

Inpatient services submitted for a length of stay of more than 24 hours must be submitted with the summary of charges listed on the UB-04 and include an itemized description of all services rendered during the hospital stay with corresponding charges consistent with the summary of charges. Supporting documentation must include a hospital admission and discharge summary, admission history and physical summary, and other pertinent information addressing the services rendered during the hospital stay.

Outpatient emergency room services submitted for a length of stay of less than 24 hours must be submitted with the summary of charges listed on the UB-04 and include an itemized description of all services rendered during the emergency visit with corresponding charges consistent with the summary of charges. Supporting documentation must include a detailed emergency room report and, where applicable, an operative report and other pertinent information addressing the services rendered during the emergency visit.

Pulmonary rehabilitation services must be submitted on an HCFA-1500 or the UB-04 and include a pulmonary rehabilitation sessions report for each session being billed. The report

should include the number of minutes for each session billed. Pulmonary rehabilitation services reimbursements do not require prior approval for the first 90 sessions. Any additional sessions needed over the 90-session threshold require prior approval. The following medical documentation must be provided to obtain prior approval: a pulmonary rehabilitation program referral form that includes the referring physician's signature and a current physician's signature; detailed medical documentation (e.g., physician-prescribed exercise, pulmonary risk factor modification, detailing the education or training tailored to meet the patient's needs, including information on respiratory management) psychosocial assessment, including the screening tools used outcomes assessment (to determine if the interventions did or did not result in some benefit for the patient) and results of any pulmonary function tests.

Durable medical equipment suppliers must also maintain proof of delivery documentation in their records. When ordering an item or service that will be furnished by another entity (e.g., a laboratory, radiology, or DME service), the ordering provider must forward to the supplier adequate documentation supporting medical necessity for the ordered services so that the supplier can meet medical necessity coding and documentation requirements when submitting reimbursements.

Medical documentation must be submitted with the medical bill, or the bill will be denied. If the requested medical records supporting the medical necessity of the services are not received before the bill is adjudicated, the provider will receive a Remittance Voucher (RV) indicating the reason for the denial. If the medical documentation submitted with the medical bill is inadequate to support payment for the services billed, the services will be denied. The provider will receive a Remittance Voucher (RV) indicating the reason for the denial.

More information on how to upload and submit bills and attachments through the Workers Compensation Medical Bill Portal's Direct Data Entry function is available at <https://owcpmed.dol.gov/>. This link also has training tutorials to help you get familiar with the entire process.

Please visit <https://owcpmed.dol.gov/> for examples of supporting documentation that should be attached to bills.

If you have any questions, regarding the contents of this letter, please contact DCMWC's medical bill processing vendor at 1-800-638-7072.

Sincerely,



MICHAEL A. CHANCE
Director for Division of
Coal Mine Workers' Compensation