

Division of Coal Mine Workers' Compensation (DCMWC)

Certificate of Medical Necessity

Frequently Asked Questions (FAQs)

The Division of Coal Mine Workers' Compensation (DCMWC) requires providers to complete and submit a Certificate of Medical Necessity (CMN) form when requesting authorization for Durable Medical Equipment (DME), oxygen supplies, and home nursing services.

Completion of this form and prior approval is required when making an initial request for the Department of Labor to authorize reimbursement of charges for equipment and home nursing care (30 U.S.C. 901 et seq. and 20 CFR 725.705 and 725.706). If granted, the authorization covers a maximum period of one (1) year, subject to renewal. Complete all applicable items (see DOL reimbursement standards under item 11 on the CMN form). This form must be signed and dated by the treating physician. Collection of this information is required to obtain a benefit. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

SECTION – 1 - COMPLETING THE CERTIFICATE OF MEDICAL NECESSITY (CMN)

<u>QUESTION</u>	<u>ANSWER</u>
1. Is the claimant's name and address required on the CMN?	Yes. The claimant's name and complete address must be referenced in Block #1 of the CMN form.
2. Is the claimant's telephone number and date of birth required on the CMN?	Yes. The claimant's telephone number is required in Block #2, and the claimant's date of birth must be referenced in Block #4 of the CMN.
3. Can I submit the CMN using the claimant's social security number?	Yes. You can submit the CMN using the claimants SSN in place of the Case ID. There are three pieces of identifying information (Case ID number, the claimant's last name, and the claimant's date of birth), all of which must match exactly. If the claimant has a suffix after the last name, please include the suffix (for example, Smith Jr.). If you do not have all the required information for the CMN form, please contact the District Office responsible for the claimant's case.
4. If the claimant was hospitalized, and the request for services at the point of discharge is required for continued home care, is the period of hospitalization required?	Yes. In Block #6A of the CMN, the admission and discharge dates of the claimant's last hospitalization must be present. This includes the conditions treated while in the hospital which is required in Block #6b, and any pulmonary condition(s) treated for which the prescription is being written, which is required in Block #7.
5. Is there a block on the CMN that would indicate whether the CMN submission is an original (new)	Yes. Block #8a provides required check boxes to indicate whether the CMN being submitted is an original (new) request, or a recertification (renewal), for DME, oxygen Supplies, or home nursing services.

submission, or a recertification (renewal)	
6. Is there a limitation on the length of time that DME or home nursing can be authorized?	You can enter the requested duration of prescription (beginning date and ending date) for DME or home nursing services in Block #8b. Entering this information will allow the claims examiner to review any medical documentation/evidence submitted with the CMN to determine the appropriateness of the duration being requested.
7. If the prescription is for oxygen equipment, do I have to provide the pO2 and pCO2 levels?	Yes. For home O2 delivery equipment, DCMWC requires a pO2 value of 60 mmHg or less on room air during a chronic state with corresponding pCO2 and pH values. If the ABG is done while the claimant is on O2, the pO2 standard = 80 mmHg for all oxygen equipment. All medical evidence submitted to support your request will be considered.
8. Does DCMWC also consider other DME such as hospital beds, wheelchairs, etc.?	Yes. Block #9b contains indicators that will allow for the selection of additional DME; any DME requests not listed can be explained in Block #12 of the CMN.
9. What types of tests are required for requesting authorization for a hospital bed/mattress?	A request for authorization of a hospital bed/mattress, must be justified by PFT results indicating an FEV1 equal to less than 40% of predicted, or chronic hypoxia (Po2 of 55 mmHg or less). PFT test results with tracings and low volume loop must be attached to the CMN, as well as ABG test strips.
10. What type of medical documentation is required for home nursing care?	Prescriptions for home care must include objective test results or comparable clinical data, an explanation of why the patient is homebound, and a specific schedule of services to be rendered, including the total number and frequency of prescribed visits.
11. What type of medical professional is acceptable to provide home care?	Home care services can be provided by any of the following: Physician Assistant (PA), Registered Nurse (RN), Licensed Practical Nurse (LPN), or a Respiratory Therapist (RT).
12. Are wheelchairs a commonly covered item for DCMWC claimants?	No. Wheelchairs are not a commonly covered item. If a claimant requires a wheelchair, the request must include medical support data that will be evaluated individually. The data must support the wheelchair need due to a severe pulmonary impairment.
13. How recent must the supportive PFT and ABG test results be for submitted prescriptions?	All supportive test results must be dated within 2 months of the prescription for services. Recertification services for home nursing and equipment must be reviewed annually or at the expiration date. PFT test results with tracings and flow volume loop must be attached, and ABG test strips must also be attached to submitted request.
14. If I am the prescribing and treating physician, am I required to sign the CMN Form?	Yes. Section 13 must be completed, signed, and dated by the prescribing physician.

15. If the provider who will be supplying the equipment or service is not yet known when completing the CMN, can the CMN still be submitted?	Yes. If the provider who will be supplying the equipment or service is not known when completing the CMN, the CMN can still be submitted. Please note, the provider who will be supplying the service and equipment must be an actively enrolled provider, if payment for services is to be paid directly to the supplier.
16. If the provider who will be supplying the equipment or service is not enrolled with DCMWC, how does the provider enroll?	If the provider has never enrolled in an OWCP program, the provider can enroll online, by registering through the OWCP Connect single sign-on portal at: https://owcpconnect.dol.gov/owcplogin , or the provider can call 1-800-638-7072 for assistance.

SECTION – 2– SUBMITTING THE CERTIFICATE OF MEDICAL NECESSITY (CMN)

<u>QUESTION</u>	<u>ANSWER</u>
17. How do I submit a CMN to DCMWC for authorization of services?	The provider can upload the completed CMN via the DCMWC C.O.A.L. Mine Portal at https://eclaimant.dol.gov/portal/?program_name=BL or the completed CMN may be mailed to the following address: <div style="text-align: center;"> U.S. Department of Labor OWCP/DCMWC P.O. Box 8307 London, KY 40742-8307 </div>
18. Do I need to register to electronically upload a document?	No. You do not need to register with the C.O.A.L. Mine portal. All you need to upload a document is the Case ID number, the claimant's last name, and the claimant's date of birth.
19. Can I submit any kind of document?	Except for the CM-911, CM-911a or CM-912, all case-related documents can be submitted to DCMWC through the C.O.A.L. Mine portal.
20. Once the DME, oxygen supplies, and/or home nursing services submitted on the CMN are approved, can I upload medical treatment bills?	Medical treatment bills cannot be submitted via the C.O.A.L. Mine portal. These documents must continue to be mailed to the medical bill processing vendor at: <div style="text-align: center;"> U.S. Dept. of Labor OWCP/DCMWC P.O. Box 8302 London, KY 40742-8302 </div>
21. When submitting a completed CMN via the C.O.A.L Mine Portal, which document category should I select for the CMN submission?	When submitting a completed CMN form via the C.O.A.L. Mine portal, please select the category 'Medical' for the form and supporting documents.

22. How long will it take for the CMN to be received by the claims examiner responsible for the claimant's case?	Documents will be uploaded to the electronic case file and viewable by the District Office within four (4) hours.
23. How do I check the status of the submitted CMN documents?	The Document Control Number (DCN) is provided when a document has been successfully submitted. Make a note of the number, then you can use the DCN to check the status of the document (i.e., to see if the document has been uploaded into the DCMWC case file).
24. Do I need to keep the Document Control Number (DCN) for future use?	You can use the DCN to check the status of the document (i.e., to see if the document has been uploaded). Beyond that, however, you would need to contact the District Office handling the case for further information regarding the disposition of that document. The Claims Examiner will NOT need the DCN to locate the document.
25. What if I cannot access a case to upload a document?	You can only upload documents to an existing Black Lung case file, and the three pieces of identifying information (Case ID number, the claimant's last name, and the claimant's date of birth) must match exactly. If the claimant has a suffix after the last name, please include the suffix (for example, Smith Jr.). If you do not have all the required information for the CMN form, please contact the District Office responsible for the claimant's case.
26. Will I be able to see the CMN in the C.O.A.L Mine portal after I have uploaded it?	Uploading a document to the case file via the C.O.A.L. Mine portal is a one-way transmission, like dropping an envelope into a mailbox. Therefore, once you have submitted a document, you will not be able to view or access the document in the C.O.A.L. Mine portal. However, you can view your uploaded document prior to selecting SUBMIT by clicking on the document name.
27. What if I have general questions about the case?	For information about the case, you can contact the District Office responsible for the claimant's case file. Toll Free: 1-800-347-2502
28. Where can I find additional information about DCMWC?	You can find information on the Program's website at: https://www.dol.gov/agencies/owcp/dcmwc