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Black Lung Medical and Pharmacy Benefits:
Questions and Answers about the Federal Black Lung Program

U.S. Department of Labor | Office of Worker's Compensation Programs

Black Lung Medical and Pharmacy Benefits:

Frequently Asked Questions about the Federal Black Lung Program

U.S. Department of Labor
Office of Workers' Compensation Programs
Division of Coal Mine Workers' Compensation
Revised January 2023

The following material provides basic information about your medical benefits, but it does not cover every possible exception or special care, nor have the effect of law. Additionally, this information applies only if the Black Lung Disability Trust Fund is responsible for your medical benefits. If a private party, such as your employer or its insurance carrier, is responsible for your medical benefits, different procedures may apply. You may contact that private party directly or the District Office that handles your claim with questions about your medical benefits. STOP HEALTH CARE FRAUD. If you suspect any health care fraud, please call our toll-free number 1 800 347-2502.

Contents

Figures

Introduction

Like all coal miners who qualify for the U.S. Department of Labor's Federal Black Lung Program, you are entitled to medical benefits to cover the reasonable cost of treatment, services or supplies for your pneumoconiosis (your Black Lung condition). Spouses, family members, and survivors of coal miners are not entitled to medical benefits. You have the right to seek treatment from the medical provider (physicians, pharmacies, hospitals, etc.) of your choice. Most providers who are enrolled in the Federal Black Lung Program will bill the Federal Black Lung Program directly for you. But, if the provider is not enrolled in the Federal Black Lung Program (or chooses not to bill directly), it will be necessary for you to pay for the services yourself, then file with the Federal Black Lung Program on your own for reimbursement of these out-of-pocket payments.

The questions presented here are those most often asked by Black Lung Program beneficiaries about:

- The U.S. Department of Labor Black Lung Benefits Identification Card (medical treatment card)
- Medical benefits - covered and non-covered services

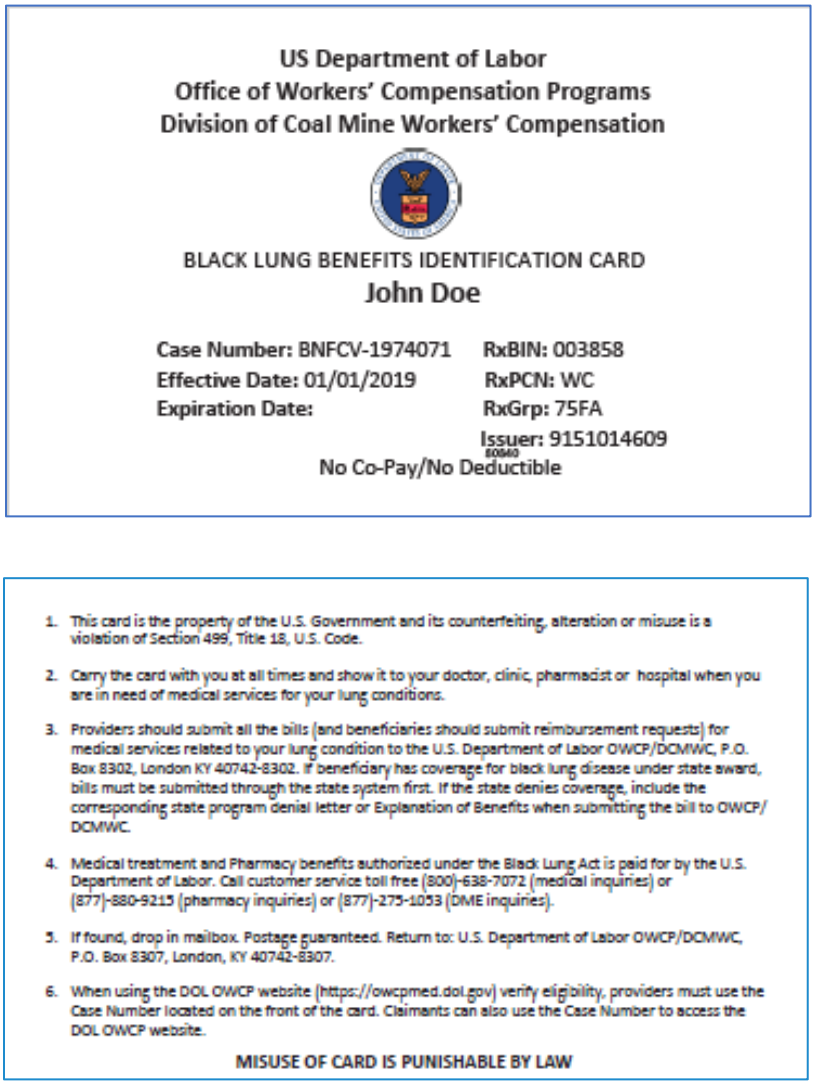
- Reimbursement for medical care and associated travel

While this material gives you basic information about your medical benefits, it is not intended to cover every possible exception or special case, nor have the effect of law. Additionally, this information applies only if your medical benefits are being paid by the U.S. Department of Labor. If a private party, such as your employer or its insurance carrier, is responsible for your medical benefits, different procedures may apply. You may contact that private party directly, or write or call the U.S. Department of Labor, Division of Coal Mine Workers' Compensation (DCMWC) District Office that handles your claim. For further information about special circumstances or individual cases, please write or call the District Office handling your claim. You can reach the District Office by calling toll-free, on business days, 9:00 a.m. – 4:00 p.m. (ET): 1-800-347-2502.

Medical Benefit FAQs:

1 – What does the Black Lung Benefits Identification Card look like?

The U.S. Department of Labor Black Lung Benefits Identification Card is white with a Department of Labor logo, and is imprinted with your name, case number, an effective date, expiration date (if applicable), RxBIN number, RxPCN number, RxGrp number and Issuer number. The red-and-white cards issued are obsolete and should be destroyed. When medical providers bill the Federal Black Lung Program or when you submit reimbursement requests, your nine-digit Social Security number is your identification number. For privacy reasons, your Social Security number does not appear on your card. However, you will need to give your Social Security number to your medical treatment providers so they can bill correctly. See Figure 1.



US Department of Labor
Office of Workers' Compensation Programs
Division of Coal Mine Workers' Compensation

BLACK LUNG BENEFITS IDENTIFICATION CARD

John Doe

Case Number: BNFCV-1974071
Effective Date: 01/01/2019
Expiration Date:

RxBIN: 003858
RxPCN: WC
RxGrp: 75FA
Issuer: 9151014609

No Co-Pay/No Deductible

1. This card is the property of the U.S. Government and its counterfeiting, alteration or misuse is a violation of Section 499, Title 18, U.S. Code.
2. Carry the card with you at all times and show it to your doctor, clinic, pharmacist or hospital when you are in need of medical services for your lung conditions.
3. Providers should submit all the bills (and beneficiaries should submit reimbursement requests) for medical services related to your lung condition to the U.S. Department of Labor OWCP/DCMWC, P.O. Box 8302, London KY 40742-8302. If beneficiary has coverage for black lung disease under state award, bills must be submitted through the state system first. If the state denies coverage, include the corresponding state program denial letter or Explanation of Benefits when submitting the bill to OWCP/DCMWC.
4. Medical treatment and Pharmacy benefits authorized under the Black Lung Act is paid for by the U.S. Department of Labor. Call customer service toll free (800)-638-7072 (medical inquiries) or (877)-880-9215 (pharmacy inquiries) or (877)-275-1053 (DME inquiries).
5. If found, drop in mailbox. Postage guaranteed. Return to: U.S. Department of Labor OWCP/DCMWC, P.O. Box 8307, London, KY 40742-8307.
6. When using the DOL OWCP website (https://owcpmed.dol.gov) verify eligibility, providers must use the Case Number located on the front of the card. Claimants can also use the Case Number to access the DOL OWCP website.

MISUSE OF CARD IS PUNISHABLE BY LAW

Figure 1 Black Lung Benefits Identification Card.

2 – Is my personal information safe? What does my doctor need to know?

Your Social Security number and address are not printed on the card, this is information only you will know and will need to give to your medical providers. There is a 12-digit alpha/numeric case number printed on the front of the card that is unique to you. The purpose of this number is to allow the medical providers to access our secure website to get information about your

eligibility for benefits and about bills they have submitted. Your providers will probably want to photocopy both sides of the card for their records, because without the case number they will be unable to access the secure part of our website.

3 – When do I use my U.S. Department of Labor Black Lung Benefits Identification Card?

You should present your Black Lung card whenever you seek treatment for your lung condition. Showing a medical provider or pharmacy your card will identify you as a Federal Black Lung Program beneficiary and will help the medical provider or pharmacist determine the proper way to bill for services.

4 – I receive my Black Lung Benefits through the U.S. Department of Labor around the middle of each month, but I do not have a Black Lung Card. What should I do?

Write or call the DCMWC District Office that handles your claim. You can reach the District Office by calling toll-free, on business days, 9:00 a.m. – 4:00 p.m. (ET): 1-800-347-2502.

5 – I was awarded Black Lung benefits by the Federal Black Lung Program. I also filed a claim with the state where I worked as a coal miner and was awarded benefits for Black Lung. Am I still entitled to medical coverage under the Federal Black Lung Program?

Expenses for the treatment of your Black Lung condition that are not covered by the state program may be covered by the Federal Black Lung Program. However, bills or reimbursement requests must first be submitted under the state program which awarded your benefits.

If your medical providers' and pharmacy bills or your own reimbursement requests are denied under your state award, send the bill or the reimbursement request and original receipts (as discussed in Question 18), **along with a copy of the denial letter**, to:

U.S. Department of Labor OWCP/DCMWC
P.O. BOX 8302
London, KY 40742-8302

If you have questions, please call the DCMWC District Office that handles your Federal Black Lung Program claim. You can reach the District Office by calling toll-free, on business days, 9:00 a.m. – 4:00 p.m. (ET): 1-800-347-2502.

6 – I have been awarded Black Lung benefits under both the Federal Black Lung Program and a State Workers' Compensation Program. Should I have received a Black Lung card?

If you have been awarded benefits for your Black Lung condition under a State Workers' Compensation Program, you will receive an identification card from the Federal Black Lung Program. Expenses for the treatment of your Black Lung condition that are not covered by the state program may be covered by the Federal Black Lung Program. (See Question 5.)

7 – What costs are covered under my Federal Black Lung Program medical benefits?

The cost of medical treatments and services (and associated travel) related to your Black Lung condition is covered under the Federal Black Lung Benefits Act. There are maximum limits on payments for medical treatment and services, but there are no deductibles or co-payments. Payment for travel is limited to reasonable costs.

The following is a list of services that MAY be covered when they are performed for the treatment of your Black Lung condition:

- Doctor's office calls, hospital visits, and consultations
- Inpatient and outpatient hospital charges, including emergency room visits for ACUTE Black Lung related conditions, diagnostic laboratory testing and chest X-Rays
- Pulmonary rehabilitation services for Black Lung related conditions
- Vocational rehabilitation services for the purpose of returning to gainful employment commensurate with the physical impairments of the miner
- Federal Black Lung Program APPROVED prescription drugs
- Ambulance services limited to transportation to the hospital for emergency ACUTE Black Lung related care
- Travel to the doctor, hospital, clinic, or medical facility for one-way trips of 100 miles or less, and round trips of 200 miles or less. Travel exceeding 100 miles for one-way travel, 200 miles round trip require prior authorization.

The following items require special approval:

- Purchasing or renting home medical equipment, such as oxygen systems, requires a Certificate of Medical Necessity completed by the prescribing physician (see Question 10) if the cost is more than $300.00.

- Home health care visits for skilled nursing requires a Certificate of Medical Necessity completed by the prescribing physician
- Overnight travel, related meals, and lodging, that includes mileage which exceeds 200 miles round trip, require special approval from DCMWC.

8 – What prescription drugs are covered?

Most drugs prescribed by your doctor for the treatment of your Black Lung condition will be covered. However, there are some exceptions. To be sure a drug is covered, you or your pharmacist may call pharmacy benefit management vendor toll-free at 1-877-880-9215. Your pharmacist will also be able to learn at once if a drug is covered if the bill is submitted by Point-of-Sale technology.

9 – Do I need prior approval for oxygen, durable medical equipment, or at-home skilled nursing services?

Yes. Whether you or a medical provider does the billing, your doctor must complete the U.S. Department of Labor Certificate of Medical Necessity, CM-893 (CMN), for oxygen, durable medical equipment, and at-home skilled nursing care.

You, or your physician, may contact at 1-877-275-1053. Your request will then be assigned to a Patient Care Coordinator to conduct an in-depth phone evaluation with you or your physician to determine what is needed, when it is needed, and how it is needed.

The doctor should send the completed CMN form, with the results of the required medical tests to:

U.S. Department of Labor OWCP/DCMWC
General Correspondence

P.O. BOX 8307
London, KY 40742-8307

The doctor can also upload the CMN form through the "Claimant Online Access Link" (C.O.A.L.) Portal:
https://eclaimant.dol.gov/portal/?program_name=BL

CMNs for rental items must be re-approved periodically (a prescription for oxygen concentrator, for example). All CMNs must have the physician's signature. Your treating physician's signature is the ONLY signature acceptable on the CMN. You, your physician, and the medical provider (if enrolled in the Federal Black Lung Program) will be notified if the CMN has been approved or denied.

10 – Where can my doctor get a Certificate of Medical Necessity (CMN)?

Your doctor may call the Federal Black Lung Program, toll-free, Mon.-Fri., 8:00 a.m. – 8:00 p.m. (ET): 1-800-638-7072. The form is also available for downloading and printing from our website:
https://www.dol.gov/agencies/owcp/dcmwc/regs/compliance/blforms

11 – What costs are NOT covered by my Federal Black Lung Program medical benefits?

The following are among the costs NOT covered under the Federal Black Lung Program:

- Treatment of medical problems NOT related to your Black Lung condition – for example, arthritis or diabetes, and most heart conditions
- Medical treatment for your spouse or other family members
- Dental or eye care, and X-rays other than chest X-rays
- Nurse's aide (non-skilled nursing care) services in the home

- Home health aides
- Medicine that you can buy without a doctor's prescription
- Medicine for problems other than your Black Lung condition
- Personal services in the hospital, such as TV or telephone
- Rental or purchase of an Intermittent Positive Pressure Breathing (IPPB) machine for home use
- Travel to and from your drugstore
- Residence costs (room and board) for nursing homes or skilled nursing facilities
- Home medical equipment not authorized for coverage under the Federal Black Lung Program.

12 – What is the best way to get my medical bills paid?

WHENEVER POSSIBLE, have your doctor, hospital, pharmacy, and other medical providers bill the Federal Black Lung Program directly for the services that are directly related to your Black Lung condition. If they are enrolled in the Federal Black Lung Program as providers, the Federal Black Lung Program will pay them directly. ALWAYS show your Black Lung Benefits Identification Card when seeking treatment.

13 – How can a medical provider get enrollment and billing information from the Federal Black Lung Program?

Medical providers not already participating in the Federal Black Lung Program may apply for enrollment at any time. Those with questions about enrollment or billing may call the Federal Black Lung Program, toll-free, Mon.-Fri., 8:00 a.m. – 8:00 p.m. (ET):1-800-638-7072. They may also apply online at: https://owcpmed.dol.gov/

14 – Where should medical providers send Black Lung related bills?

Federal Black Lung Program medical treatment hard-copy bills should be sent to the following address:

U.S. Department of Labor OWCP/DCMWC
P.O. BOX 8302
London, KY 40742-8302

Providers can also submit medical treatment bills via Electronic Data Interchange (EDI) which is an electronic communication system, from which the provider can select a company (such as dchrono and/or emdeon) to electronically exchange the medical treatment bill documents and upload the documents to the WCMBP system for processing.

15 – Does the medical provider need special Department of Labor billing forms?

NO. The doctor, clinic, laboratory, ambulance, pharmacy, and nursing service can bill using the standard OWCP-1500 form.

They may also bill directly through Point-of-Sale for most drugs.
The hospital can bill using the UB-04 form for all inpatient charges, and outpatient charges for emergency room, chemotherapy, and ambulatory surgical care.

16 – What if the medical provider wants to bill Medicare, UMWA, or other insurance carriers instead of the Black Lung Program?

Other insurance carriers should NOT be billed first for treatment of your Black Lung condition because Federal Black Lung Program medical benefits represent primary coverage for beneficiaries (unless there is a Black Lung

award under a state program. See Question 5). Medicare and many other insurance carriers have a "workers' compensation exclusion clause." This means that they will not pay for treatments of occupational disease, like Black Lung disease, if a patient has medical coverage under a workers' compensation program or the Federal Black Lung Program.

17 – The U.S. Department of Labor has notified me that the coal company has agreed to pay for medical treatment for my Black Lung. How is this handled?

The coal company or its insurance carrier will provide you with information about how you can receive treatment for your lung conditions. They will provide you with proof of coverage and will coordinate with your medical providers regarding submission and reimbursement of medical bills. You should also receive the name and contact information for the person who can assist with decisions related to treatment or medical bills, and whom you can contact for a replacement card/proof of coverage.

18 – What if I have to pay the medical provider? How do I get reimbursed by the Federal Black Lung Program?

Present your Black Lung Benefits Identification Card to the medical provider whenever you seek treatment for your lung condition. A medical provider may bill directly, if already enrolled in the Federal Black Lung Program.
If you must pay for the medical services out-of-pocket then you may request reimbursement by completing the U.S. Department of Labor Medical Reimbursement Form, OWCP-915, as shown in Figure 2. Up to eight visits or services can be listed on this form. However, each line used MUST be filled in COMPLETELY. Therefore, statements such as "see attached" or "see attached receipts" are NOT acceptable when used in any of the boxes on the form.

Send the completed Medical Reimbursement Form with your itemized paid statements or detailed receipts, securely attached, to:

U.S. Department of Labor OWCP/DCMWC
P.O. BOX 8302
London, KY 40742-8302

Enter the following information on the OWCP-915 form, as shown in Figure 2.

- Your full name
- Your address
- In the OWCP File Number field, enter your DCMWC Case ID Number/Social Security Number
- Under Provider Information, enter the name and address(es) of Medical Provider/Facility, and the Diagnosis or Condition Treated
- Date of Service
- Description of Charge (Medical appointment, name of prescription drug (with National Drug Code (NDC) quantity and day supply), or description of medical product/supply
- Charges for each Type of Service
- Total amount you paid
- A statement showing specifically who paid the charges (PATIENT PAID or PAID BY PATIENT). "PAID" or "PAID IN FULL" are not acceptable.

If you need help getting or completing this form, please call toll-free, Mon.-Fri., 8:00 a.m. – 8:00 p.m. (ET): 1-800-638-7072.

Your detailed receipts or itemized statements MUST include the following information:

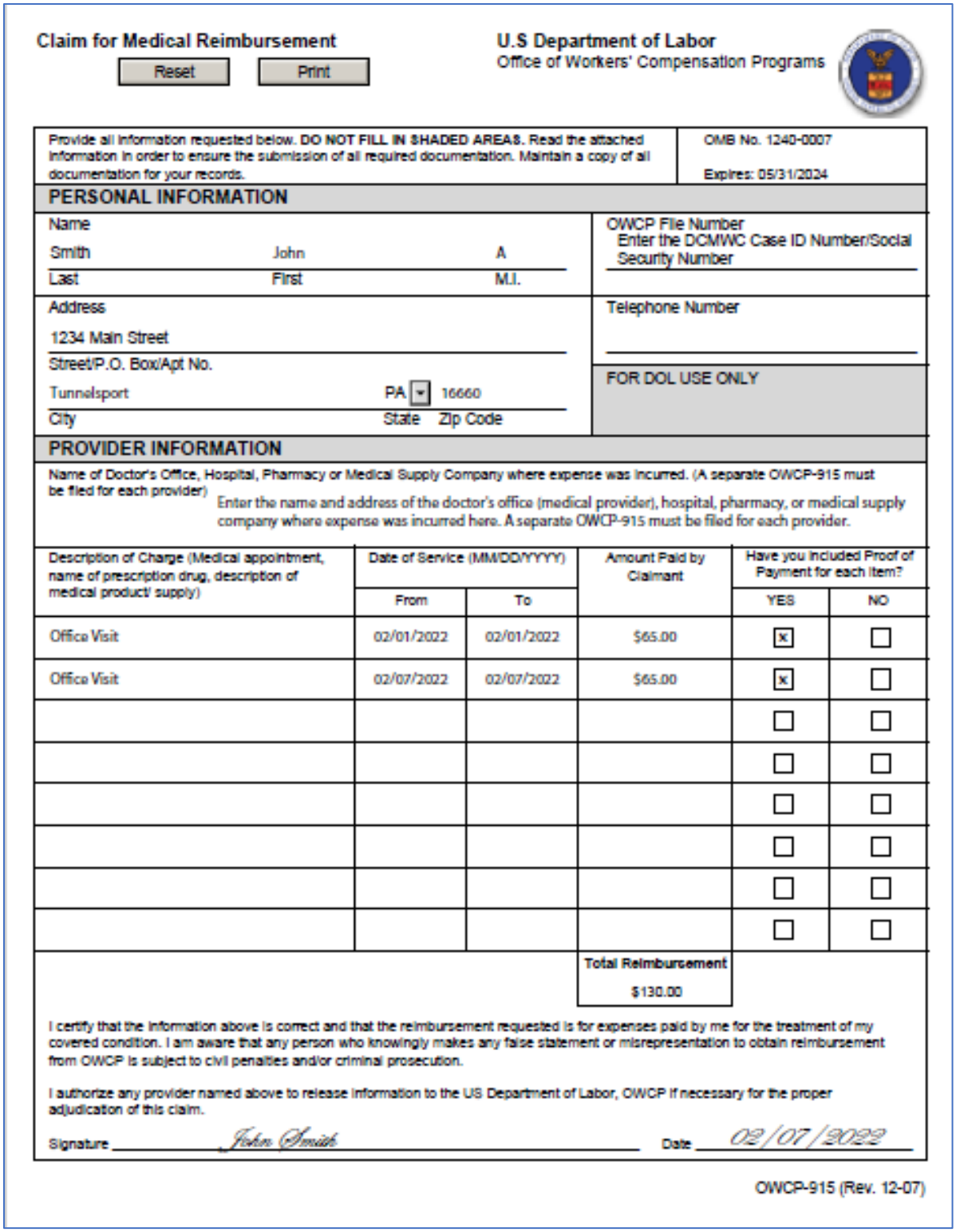
- Your full name and address
- Your social security number
- Name and address of the medical provider

- Signature of the medical provider
- Primary diagnosis code/condition treated
- Date of service
- Description of medical service performed
- Charge for each individual service
- Total amount you paid

Receipts and statements must be marked "patient paid" or "paid by patient" to show specifically who paid the charges. "Paid" or "paid in full" are NOT acceptable.

Payments made for Medical Services/Pharmacy services via CHECK:
A copy of the front and back of your canceled check may serve as proof of payment ONLY when accompanied by an itemized statement or copy of the doctor's ledger record. (See Figure 3.)

Payments made for Medical Services/Pharmacy Services via CREDIT CARD:
If payment was made via credit card, a copy of the credit card receipt must be submitted and accompanied by the itemized statement and a copy of the doctor's ledger record.



Claim for Medical Reimbursement

Reset Print

U.S Department of Labor
Office of Workers' Compensation Programs

Provide all information requested below. **DO NOT FILL IN SHADED AREAS.** Read the attached information in order to ensure the submission of all required documentation. Maintain a copy of all documentation for your records.

OMB No. 1240-0007
Expires: 05/31/2024

PERSONAL INFORMATION

Name: Smith (Last) John (First) A (M.I.)

OWCP File Number
Enter the DCMWC Case ID Number/Social Security Number

Address: 1234 Main Street (Street/P.O. Box/Apt No.)

Telephone Number

Tunnelsport (City) PA (State) 16660 (Zip Code)

FOR DOL USE ONLY

PROVIDER INFORMATION

Name of Doctor's Office, Hospital, Pharmacy or Medical Supply Company where expense was incurred. (A separate OWCP-915 must be filed for each provider)

Enter the name and address of the doctor's office (medical provider), hospital, pharmacy, or medical supply company where expense was incurred here. A separate OWCP-915 must be filed for each provider.

Description of Charge (Medical appointment, name of prescription drug, description of medical product/ supply)	Date of Service (MM/DD/YYYY) From	To	Amount Paid by Claimant	Have you included Proof of Payment for each item? YES	NO
Office Visit	02/01/2022	02/01/2022	$65.00	☒	☐
Office Visit	02/07/2022	02/07/2022	$65.00	☒	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
			Total Reimbursement $130.00		

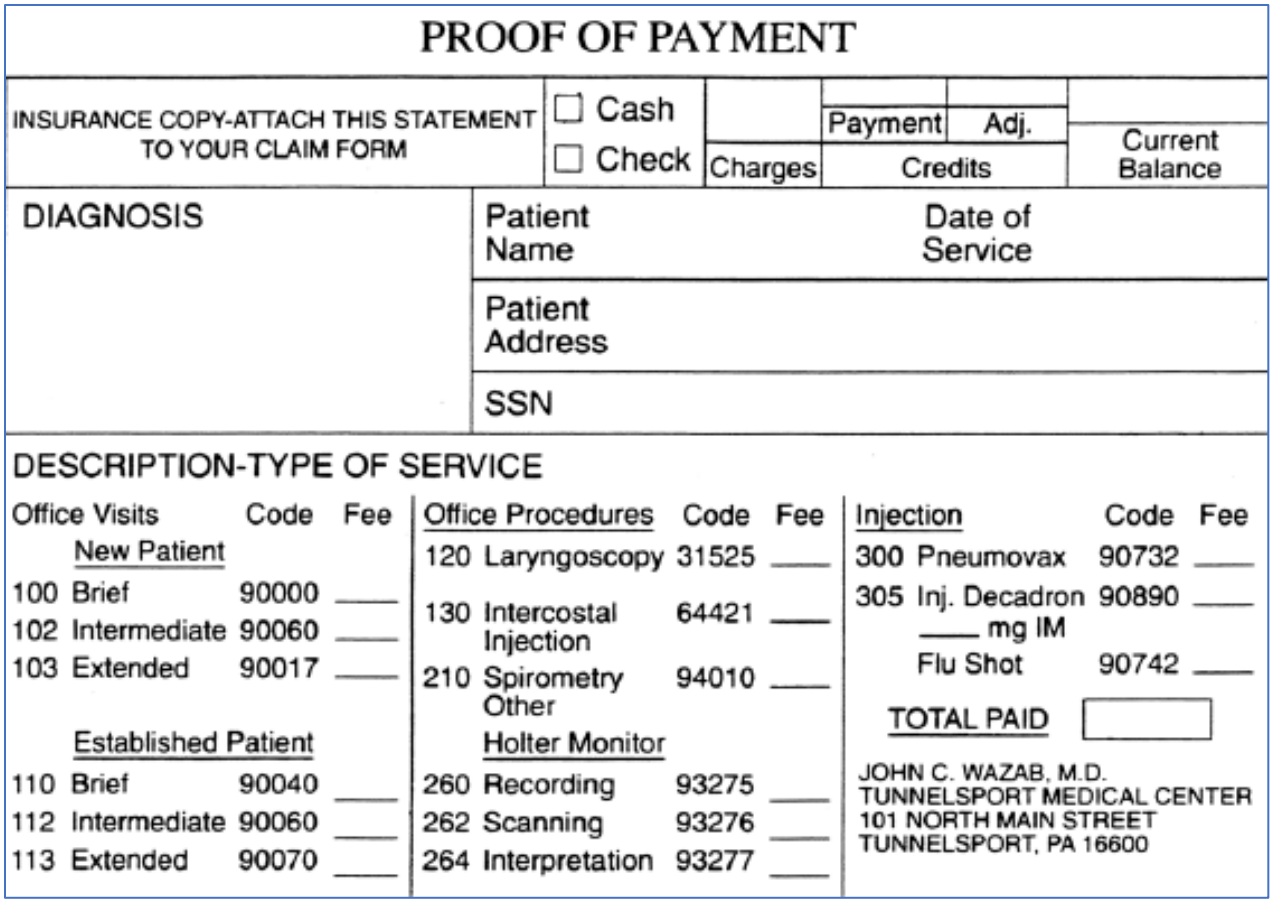
I certify that the information above is correct and that the reimbursement requested is for expenses paid by me for the treatment of my covered condition. I am aware that any person who knowingly makes any false statement or misrepresentation to obtain reimbursement from OWCP is subject to civil penalties and/or criminal prosecution.

I authorize any provider named above to release information to the US Department of Labor, OWCP if necessary for the proper adjudication of this claim.

Signature John Smith Date 02/07/2022

OWCP-915 (Rev. 12-07)

Figure 2. OWCP-915 Claim for Medical Reimbursement – Doctor Visit



PROOF OF PAYMENT

INSURANCE COPY-ATTACH THIS STATEMENT TO YOUR CLAIM FORM	☐ Cash ☐ Check	Charges	Payment	Adj.	Current Balance
			Credits		

DIAGNOSIS

Patient Name

Date of Service

Patient Address

SSN

DESCRIPTION-TYPE OF SERVICE

Office Visits	Code	Fee
New Patient		
100 Brief	90000	____
102 Intermediate	90060	____
103 Extended	90017	____
Established Patient		
110 Brief	90040	____
112 Intermediate	90060	____
113 Extended	90070	____

Office Procedures	Code	Fee
120 Laryngoscopy	31525	____
130 Intercostal Injection	64421	____
210 Spirometry Other	94010	____
Holter Monitor		
260 Recording	93275	____
262 Scanning	93276	____
264 Interpretation	93277	____

Injection	Code	Fee
300 Pneumovax	90732	____
305 Inj. Decadron ____ mg IM	90890	____
Flu Shot	90742	____

TOTAL PAID

JOHN C. WAZAB, M.D.
TUNNELSPORT MEDICAL CENTER
101 NORTH MAIN STREET
TUNNELSPORT, PA 16600

Figure 3. Proof of Payment for Doctor Visit

19 – How do I get reimbursed for prescription drugs?

To obtain reimbursement, fill out a Medical Reimbursement Form, OWCP-915, as shown in Figure 4. Up to nine individual prescription drugs may be listed on this form. However, each line used MUST be filled in COMPLETELY. Therefore, statements such as "see attached" or "see attached receipts" are NOT acceptable when used in any of the boxes on the form.
Send the completed Medical Reimbursement Form, along with the original pharmacy receipts, securely attached, to:

U.S. Department of Labor OWCP/DCMWC
P.O. BOX 8302
London, KY 40742-8302

Claim for Medical Reimbursement

Reset Print

U.S Department of Labor
Office of Workers' Compensation Programs

Provide all information requested below. **DO NOT FILL IN SHADED AREAS.** Read the attached information in order to ensure the submission of all required documentation. Maintain a copy of all documentation for your records.

OMB No. 1240-0007
Expires: 05/31/2024

PERSONAL INFORMATION

Name			OWCP File Number
Smith	John	A	Enter the DCMWC Case ID/Social Security Nbr
Last	First	M.I.	
Address			**Telephone Number**
1234 Main Street			
Street/P.O. Box/Apt No.			FOR DOL USE ONLY
Tunnelsport	PA	16660	
City	State	Zip Code	

PROVIDER INFORMATION

Name of Doctor's Office, Hospital, Pharmacy or Medical Supply Company where expense was incurred. (A separate OWCP-915 must be filed for each provider)

Enter the provider's name and address here.

Description of Charge (Medical appointment, name of prescription drug, description of medical product/ supply)	Date of Service (MM/DD/YYYY)		Amount Paid by Claimant	Have you included Proof of Payment for each item?	
	From	To		YES	NO
Tetracycline NDC 00182-0112-01	02/02/2022	02/01/2022	$85.00	☒	☐
Theodur NDC 0085-0487-01	02/01/2022	02/01/2022	$45.00	☒	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
			Total Reimbursement $130.00		

I certify that the information above is correct and that the reimbursement requested is for expenses paid by me for the treatment of my covered condition. I am aware that any person who knowingly makes any false statement or misrepresentation to obtain reimbursement from OWCP is subject to civil penalties and/or criminal prosecution.

I authorize any provider named above to release information to the US Department of Labor, OWCP if necessary for the proper adjudication of this claim.

Signature *John A. Smith* Date *02/07/2022*

OWCP-915 (Rev. 12-07)

Figure 4. OWCP-915 Claim for Medical Reimbursement - Prescription Drugs

Acceptable receipts: A pharmacy bag or sticker, a computerized printout, or an itemized listing on the pharmacy's letterhead.

These receipts MUST include (see Figure 5):

- Full name, address, and social security number
- Name of the prescribing doctor
- Name and address of the pharmacy
- Prescription number
- Amount prescribed – mg/ml or cc and total ml or cc per bottle for liquid medication, and/or mg per tablet and total number of tablets per prescription
- Day Supply
- Date purchased
- Name of each drug
- 11-digit National Drug Code (NDC) number for the prescribed medication
- Charge actually paid for each drug less any discounts (for example, senior citizen, coupons, etc.)
- A statement marked "patient paid" or "paid by patient," showing specifically who paid the charges. "Paid" or "paid in full" are NOT acceptable.

NOTE: If you send an itemized computerized printout, it MUST include all the information already listed, as well as the Pharmacist's original signature, or a facsimile (stamp) of the pharmacist's signature. (See Figure 6.)

Your own itemized listing or cash register receipts is NOT considered proof of payment.

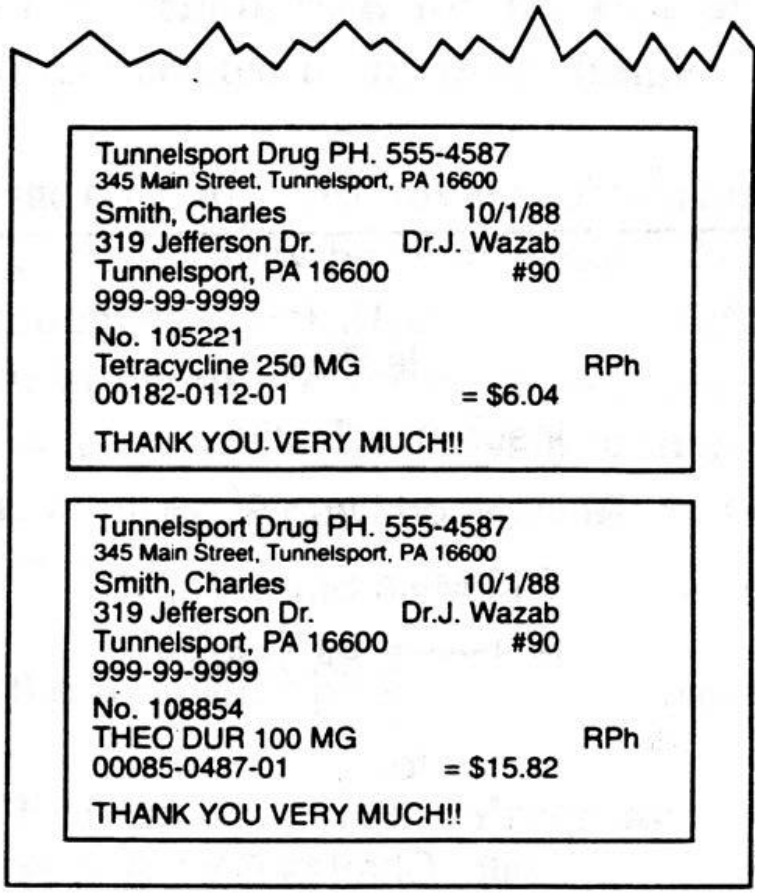
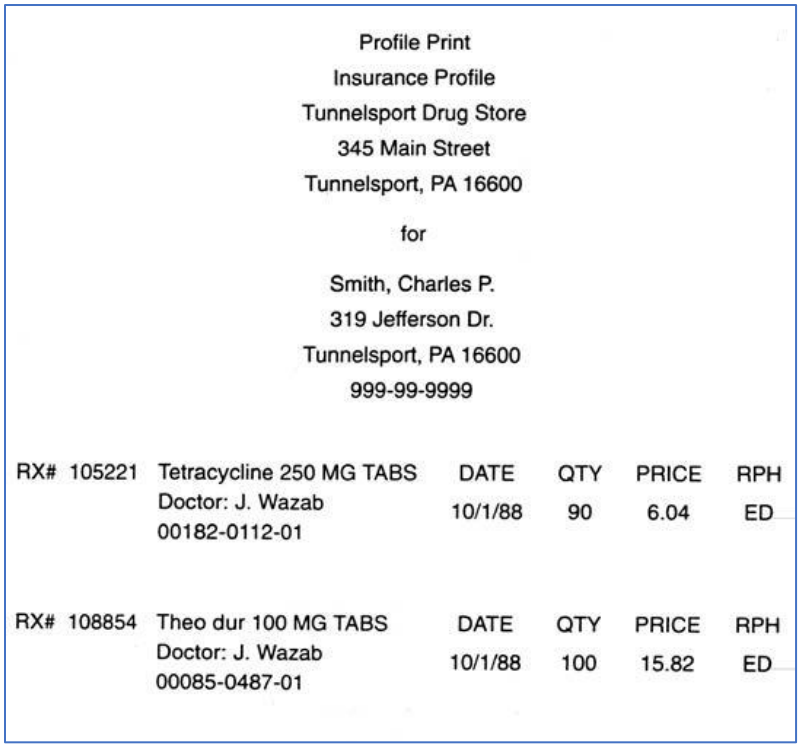


Figure 5. Pharmacy Bill Receipt



Profile Print
Insurance Profile
Tunnelsport Drug Store
345 Main Street
Tunnelsport, PA 16600

for

Smith, Charles P.
319 Jefferson Dr.
Tunnelsport, PA 16600
999-99-9999

		DATE	QTY	PRICE	RPH
RX# 105221	Tetracycline 250 MG TABS Doctor: J. Wazab 00182-0112-01	10/1/88	90	6.04	ED
RX# 108854	Theo dur 100 MG TABS Doctor: J. Wazab 00085-0487-01	10/1/88	100	15.82	ED

Figure 6. Proof of Payment: Computerized Printout Pharmacy Receipt

Payments made for Medical Services/Pharmacy Services via CHECK:
A copy of the front and back of your canceled check may serve as proof of payment ONLY when accompanied by an itemized statement or copy of the pharmacist's ledger record.

Payments made for Medical Services/Pharmacy Services via CREDIT CARD:
If payment was made via credit card, a copy of the credit card receipt must be submitted and accompanied by the itemized statement and a copy of the doctor's ledger record.

If you need help obtaining or completing forms for the reimbursement of prescription drugs, please call toll-free, Mon.-Fri., 8:00 a.m. – 8:00 p.m., (ET) 1-800-638-7072.

20 – Can I be reimbursed for the cost of travel to get medical treatment related to my Black Lung?

Mileage costs for most travel to obtain medical treatment for your lung condition may be reimbursed. To get reimbursement, you must complete a Medical Travel Refund Request, OWCP-957, as shown in Figure 7. You may submit up to three trips on each form. However, you MUST have the MEDICAL PROVIDER, or an authorized representative, complete and SIGN block "H" for each visit.
Mail the complete Medical Travel Refund Request to:

U.S. Department of Labor OWCP/DCMWC
P.O.BOX 8302
London, KY 40742-8302

NOTE: Overnight travel, related meals, and lodging that include mileage that exceeds 200 miles round trip require special prior approval from the DCMWC District Office. You can reach the District Office by calling toll-free, on business days, 9:00 a.m. – 4:00 p.m. (ET): 1-800-347-2502.

Travel to a pharmacy to pick up prescriptions is NOT covered.

Medical Travel Refund Request

U.S. Department of Labor
Office of Workers' Compensation Programs

NOTE: This report is authorized by the Federal Employees' Compensation Act (5 USC 8103(a)), the Black Lung Benefits Act (30 USC 901; 20 CFR 725.406 and 725.701) and the Energy Employees Occupational Illness Compensation Program Act of 2000, (42 USC 7384 and 20 CFR 30.701). While you are not required to respond, this information is required to obtain reimbursement for travel expenses. The method of collecting information compiles with the Freedom of Information Act, the Privacy Act of 1974 and OMB Circ. 130. This form should be used for medically related travel covered by the Federal Employees' Compensation Act, the Black Lung Benefits Act and the Energy Employees Occupational Illness Compensation Program Act of 2000.

OMB No. 1240-0037
Expires: 06/30/2024

1. Claimant's Name (Last, First, Mi.): Smith John A

2. Case/Claim Number: 123-45-6789

3. Payee's Name if different from claimant's name (last, first, mi.): (See Instruction No. 3 for further requirements if payee is not the claimant)

4. Claimant's/Payee's Address (Street/RFD, City, State, Zip Code. See Instruction No. 4 for address requirements if claim is filed under the Division of Federal Employees' Compensation):
1234 Main Street Tunnelsport 16660

Special Instructions: 1. See reverse side of form for complete instructions and attachment of receipts.
2. Physician's signature or facsimile is **REQUIRED by BLACK LUNG** for verification of each service date and type.

5a. Date of Travel: 02/01/22
b. ☐ One-way ☒ Round Trip
c. Travel From: ☐ Hospital ☐ Office/clinic ☐ Lab ☒ Home
d. Travel To: ☐ Hospital ☒ Office/clinic ☐ Lab ☐ Home
e. Medical Facility Name and Address
Doctor's Office
34 Doctor Street
Tunnelsport, PA 16660

f. Total expense/cost
☐ Taxi $
☐ Bus/Train
☒ Tolls/Pkg $5.00
☐ Lodging
☐ Meals
☐ Other
(Specify)
g. Private Auto Only Miles traveled 30

DOL USE ONLY
TOS/Procedure Code
$
Total $

FOR BLACK LUNG USE ONLY
h. To be completed by Physician: (Mark one box only)
Care Rendered
☒ Treatment for Black Lung
☐ Not Black Lung Related
☐ Determine, Test for Black Lung
Diagnosis
Dr. Simon Jones
(Signature of Physician)
02/02/2022
(Date Care Rendered)

6a. Date of Travel: 02/07/22
b. ☐ One-way ☒ Round Trip
c. Travel From: ☐ Hospital ☐ Office/clinic ☐ Lab ☒ Home
d. Travel To: ☒ Hospital ☐ Office/clinic ☐ Lab ☐ Home
e. Medical Facility Name and Address
New Hospital
34 Hospital Street
Tunnelsport, PA 16660

f. Total expense/cost
☐ Taxi $
☐ Bus/Train
☒ Tolls/Pkg $2.00
☐ Lodging
☐ Meals
☐ Other
(Specify)
g. Private Auto Only Miles traveled 30

DOL USE ONLY
TOS/Procedure Code
$
Total $

FOR BLACK LUNG USE ONLY
h. To be completed by Physician: (Mark one box only)
Care Rendered
☐ Treatment for Black Lung
☐ Not Black Lung Related
☐ Determine, Test for Black Lung
Diagnosis
Dr. Simon Jones
(Signature of Physician)
02/07/2022
(Date Care Rendered)

7a. Date of Travel:
b. ☐ One-way ☐ Round Trip
c. Travel From: ☐ Hospital ☐ Office/clinic ☐ Lab ☐ Home
d. Travel To: ☐ Hospital ☐ Office/clinic ☐ Lab ☐ Home
e. Medical Facility Name and Address

f. Total expense/cost
☐ Taxi $
☐ Bus/Train
☐ Tolls/Pkg
☐ Lodging
☐ Meals
☐ Other
(Specify)
g. Private Auto Only Miles traveled

DOL USE ONLY
TOS/Procedure Code
$
Total $

FOR BLACK LUNG USE ONLY
h. To be completed by Physician: (Mark one box only)
Care Rendered
☐ Treatment for Black Lung
☐ Not Black Lung Related
☐ Determine, Test for Black Lung
Diagnosis
(Signature of Physician)
(Date Care Rendered)

8. **Payee's Certification:** I certify that the information provided is true and accurate to the best of my knowledge and belief. I am aware that any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud, to obtain reimbursement as provided by the OWCP, or who knowingly accepts reimbursement to which that person is not entitled is subject to civil or administrative remedies as well as criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment, or both. In addition, a state or federal criminal conviction for OWCP fraud will result in termination of all current and future OWCP benefits.

Claimant's/Payee's Signature: Date:

If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodations and/or modifications, please contact OWCP. See form instructions for REQUESTS FOR ACCOMMODATIONS OR AUXILIARY AIDS AND SERVICES.

Form OWCP-957
Revised June 2022

Figure 7. OWCP-957 Medical Travel Refund Request

21 – How long will it take for my reimbursement request to be processed?

Reimbursement requests which are submitted correctly will be processed by the Federal Black Lung Program within 28 days of receipt.

22 – Will I be notified if the reimbursement requests I send in are going to be paid?

You will be notified by mail if your reimbursement requests will be paid or denied through a form called a Remittance Voucher, as shown in Figure 8 and Figure 9. This statement will contain the following information:

- The date of service
- The amount of your reimbursement request
- The amount you will be paid
- A Remittance Voucher number at the top of the form. (This number will also appear on your check, if you receive a payment, so you can match payments with your reimbursement requests.)
- A "Message Code" which will explain why you were not paid for any portion of the reimbursement request.

NOTE: You will NOT receive a Remittance Voucher if your medical provider bills the Federal Black Lung Program directly.

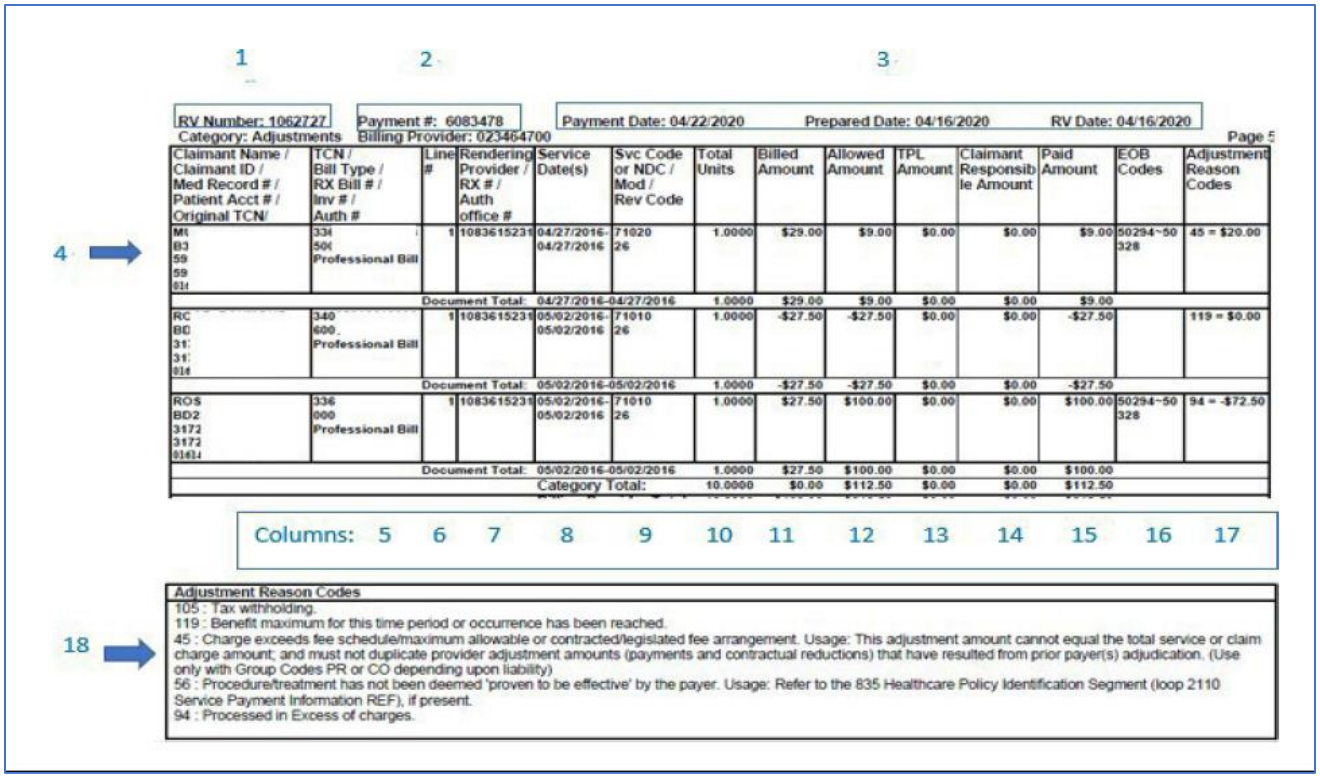


Figure 8. Remittance Voucher

1. Each Remittance Voucher (RV) created has its own unique number and it will appear on any checks sent by DOL.
2. When you receive a check, this reference number will be printed on it. This will help you match the check to the RV.
3. Shows the date of payment and when the RV was prepared and issued.
4. Displays the claimants name, claimant ID, medical record ID, patient account # and the original TCN (if bill was adjusted) for the bill.

Columns

5. Displays the current TCN, type of bill, and authorization number applied to the bill.
6. List the individual line numbers from your bill.
7. Does not apply to claimants' RVs.
8. The date services were rendered to you.
9. The procedure code that represents what services are being rendered.
10. Units billed.
11. Line item billed amounts.
12. Allowed amount.
13. Third Party Liability amount if present on the bill.
14. Claimant Responsibility- claimants do not have out of pocket expenses, unless there was an overpayment.
15. The amount paid to the claimant.
16. Explanation of Benefits reason codes, representing errors/denials on the bill.
17. Adjustment reason codes- representing any adjustments that were made to the bill
18. Explanation of any reason codes reported on bill.

Figure 9. Remittance Voucher - Instructions

23 – What happens if I make a mistake when submitting my reimbursement request or receipts? Will I still receive a Remittance Voucher?

Any reimbursement request forms and receipts that need correction or additional information will be returned to you along with a letter explaining what is wrong or missing. It is very important that you correct and mail back these forms and receipts as soon as possible. You cannot be paid by the Federal Black Lung Program until you submit all forms and receipts properly. All corrected reimbursement forms and receipts should be mailed to:

U.S. Department of Labor OWCP/DCMWC
P.O. BOX 8302
London, KY 40742-8302

If you need help correcting reimbursement requests which have been returned, you may call toll-free, Mon.-Fri., 8:00 a.m.-8:00 p.m. (ET): 1-800-638-7072 (medical inquiries) or 877-880-9215 (pharmacy inquiries).

24 – Will a check come with the Remittance Voucher (RV)?

No, the check is always mailed separately. Checks are issued by the U.S. Treasury Department. The RV is sent from the Office of Workers' Compensation Programs (OWCP), Workers' Compensation Medical Bill Process (WCMBP) contractor's facility where your reimbursement requests are processed. The RV will usually arrive shortly after your check.
Please remember to allow enough time (10 to 14 days) for both the check and the RV to arrive before making inquiries. If you have questions about your RV, or if you fail to receive either a check or an RV, or if your payment is incorrect and requires an adjustment, you may call toll-free, Mon.-Fri., 8:00 a.m. – 8:00

p.m. (ET): 1-800-638-7072 (medical inquiries) or 877-880-9215 (pharmacy inquiries).

25 – Whom should I notify if my mailing address changes?

Any changes in your mailing address should be reported to the DCMWC District Office that handles your claim. You can reach the District Office by calling toll-free, on business days, 9:00 a.m. – 4:00 p.m. (ET): 1-800-347-2502.

26 - Should I keep copies of the bills that I send to the Federal Black Lung Program?

YES, if possible. Keeping a copy will give you a record of the reimbursement requests and receipts you have submitted.

27 – Can I see my medical bills on the Web Portal?

Yes. Black Lung has a secure website. Enter: https://owcpmed.dol.gov in your browser. Click "Login" and then click "Claimant." You will be redirected to log into ECOMP.

28 – How are my payments and/or reimbursements disbursed?

The Federal Black Lung Program has the capability to continue to make disbursements via check as referenced in question 24. The program also has the capability of disbursing medical payment/reimbursements electronically. You have two options for electronic reimbursement:

1. Have your payment sent directly to your bank account or other financial institution; or
2. Elect to receive a Direct Express Card, which you can use to receive cash and make purchases. All payments made to you will be added to the amount available on your card.

29 - What are the time limitations for requesting payment or reimbursement for covered medical or pharmacy services?

The Federal Black Lung Program will pay providers and reimburse claimants promptly for all bills timely received on an approved form. No bill will be paid for expenses incurred if the bill is submitted more than one year beyond the end of the calendar year in which the expense was incurred or the service or supply was provided, or more than one year beyond the end of the calendar year in which the claim was first accepted as compensable by OWCP, whichever is later.

Pharmacy FAQs:

30 - Why am I receiving a new MBIC card?

The Division of Coal Mine Workers Compensation (DCMWC) recently entered into an agreement with a new pharmacy benefit management vendor myMatrixx to provide you with pharmacy services for prescriptions associated with your Black Lung claim. This card can be used at your local pharmacy to obtain prescriptions.

31 - Do I have to use specific pharmacies, or can I continue to use my own?

This card is good at any pharmacy, so you can continue to use your regular pharmacy.

32 - Can you help me find a pharmacy for me to use?

For additional pharmacy locations, please contact the pharmacy benefit management vendor at 1-877-880-9215.

33 - When do I use my new MBIC card?

You can use your new MBIC card when you are obtaining prescriptions related to your covered Black Lung condition and prescribed Durable Medical Equipment. You can also use the new MBIC card for pharmacy mail order services. DME equipment will continue to be delivered by the DME company for which the equipment is being rented or purchased from.

34 - Once I receive my new MBIC Card, what do I do if I lose the Card?

The OWCP Medical Bill Processing vendor will send you a replacement card. However, you will have the option to request a new card by calling 1-800-638-7072.

35 - How do I request Durable Medical Equipment (DME)?

You, or your physician, may contact 1-877-275-1053. Your request will then be assigned to a Patient Care Coordinator to conduct an in-depth phone evaluation with you or your physician to determine what is needed, when it is needed, and how it is needed.

36 - What does Durable Medical Equipment (DME) mean?

Durable Medical Equipment is any medical equipment used in the home to aid in a better quality of living. Examples of Durable Medical Equipment would be Portable Oxygen Equipment, Medical and DME Supplies, and Nebulizers.

37 - I was awarded Black Lung benefits by the Black Lung Program. I also filed a claim with the state where I worked as a coal miner and was awarded benefits for Black Lung. Am I still entitled to pharmacy coverage under the Federal Black Lung Program?

Expenses for the treatment of your Black Lung condition that are not covered by the state program may be covered by the Federal Black Lung Program. However, bills or reimbursement requests must first be submitted to the state program which awarded your benefits.

If your medical providers' and/or pharmacy submitted bills, or your submitted reimbursement requests for out-of-pocket expenses, are denied under your state award, you and/or your provider can resubmit bills and/or the reimbursement request with original receipts along with a copy of the denial letter to:

U.S. Department of Labor OWCP/DCMWC
P.O. BOX 8302
London, KY 40742-8302

If you have questions, please call the DCMWC District Office that handles your Federal Black Lung Program claim. You can reach the District Office by calling toll-free, on business days, 9:00 a.m.- 4:00 p.m. (ET): 1-800-347-2502.

38 - What prescription drugs are covered?

Most drugs prescribed by your doctor for the treatment of your Black Lung condition will be covered. However, there are some exceptions. To be sure a drug is covered, you or your pharmacist may call the pharmacy benefit management vendor at 1-877-880-9215. Your pharmacist will also be able to learn in real time if a drug is covered if the bill is submitted by Point-of-Sale technology.

39 - Does generic medication work the same way as the brand name products?

Generic drugs are safe and effective; they contain the same active ingredients and work the same way as that the brand name drug. Black Lung can pay for brand name drugs if a generic drug is not available or if your doctor considers the brand name to be medically necessary. In cases where your doctor would like you to have the brand name when a generic is available, please have your doctor call the pharmacy benefit management vendor at 1-877-880-9215.

40 - If I elect to have my medications or DME sent directly to my home, how do I find out about the status of my Pharmacy mail order or DME delivery?

If there is a question about your pharmacy mail order, please contact pharmacy benefit management vendor at 1-877-880-9215. If there is a question about your DME delivery call at 1-877-275-1053.

41 - What if I have questions about my medications?

If you have questions regarding your prescribed medications, please contact your treating physician.

42 - What if I have no refills remaining but still need the medication?

If you do not have any refills remaining, and you need to continue the medication, please contact your treating physician as early as possible for a refill renewal.

43 - If I pay for my medications as an Out-of-Pocket expense, and request reimbursement, how do I submit my 915 Claimant Reimbursement Form?

Send the completed Claimant Reimbursement Form (OWCP-915) with your itemized paid statements or detailed receipts, securely attached, to:

Pharmacy Bills Submission:

Department of Labor Pharmacy
Bill Processing, DCMWC
PO Box 8309
London, KY 40742-8309

Enter the following information on the OWCP-915 form, as shown in Figure 2.

- Your full name
- Your address
- In the OWCP File Number field, enter your DCMWC Case ID Number/Social Security Number
- Under Provider Information, enter the name and address(es) of Medical Provider/Facility/Pharmacy, and the Diagnosis or Condition Treated
- Date of Service
- Description of Charge (Medical appointment, name of prescription drug (with National Drug Code (NDC)), or description of medical product/supply)
- Charges for each Type of Service
- Total amount you paid
- A statement showing specifically who paid the charges (PATIENT PAID or PAID BY PATIENT). “PAID” or “PAID IN FULL” are not acceptable.

If you need help getting or completing this form, please call toll-free, Mon.-Fri., 8:00 a.m. – 8:00 p.m. (ET): 1-800-638-7072.

Your detailed receipts or itemized statements MUST include the following information:

- Your full name and address
- Your social security number
- Name and address of the medical/pharmacy provider
- Signature of the medical/pharmacy provider
- Primary diagnosis code/condition treated
- Date of service
- Description of medical/pharmacy services performed
- Charge for each individual services
- Total amount you paid

Receipts and statements must be marked "patient paid" or "paid by patient" to show specifically who paid the charges. "Paid" or "paid in full" are NOT acceptable.

Payments made for Medical Services/Pharmacy services via CHECK:

A copy of the front and back of your canceled check may serve as proof of payment ONLY when accompanied by an itemized statement or copy of the doctor's ledger record. (See Figure 3.)

Payments made for Medical Services/Pharmacy Services via CREDIT CARD:

If payment was made via credit card, a copy of the credit card receipt must be submitted and accompanied by the itemized statement and a copy of the doctor's ledger record.

44 - Where can I access the pharmacy portal?

The pharmacy portal can be accessed by using the following link https://owcpmed.dol.gov/.

45 - Can I get any medications early if I will be out of town?

Yes. Your treating physician can request early medications as a result of any upcoming travel. Please call the pharmacy benefit management vendor toll-free at 1-877-880-9215.

46 - Can I request an early refill if my medication is lost or stolen?

If your medication is lost, a letter of justification of the loss of medication will be required. If your medication is stolen, a police report will be required.

47 - Are over the counter (OTC) medications covered?

No. The Black Lung Program doesn't reimburse for medications purchased over the counter.

48 - What is organ transplantation?

A transplant is a surgical operation to give a functioning human organ to someone whose organ has stopped working or is close to failing.

49 - Which organs can be transplanted?

- Liver
- Kidney
- Pancreas
- Kidney
- Lung
- Heart
- Intestine

50 - What are the rules regarding organ donation?

Eligibility to donate, or receive, an organ is determined by state and federal law. Patients with questions regarding organ transplant eligibility should speak to their physician.

51 - What type of transplants does DCMWC consider?

Transplant coverage under The Black Lung Benefits Act is limited to lung transplants only.

52 - What information is needed for a transplant evaluation request?

Requests for pre-transplant evaluations and lung transplants must include basic information, including the patient's name and date of birth, as well as the name of the facility performing the evaluation or transplant.

Additionally, a request for a pre-transplant evaluation must include a physician's letter of justification. A physician's letter of medical justification is a well-rationalized narrative statement prepared by a qualified physician who has been actively treating the patient for their pulmonary condition. The letter of medical justification represents the physician's independent assessment and opinion and must include a brief review of the patient's pertinent medical history, a brief statement regarding the patient's current medical condition, and an explanation of the patient's medical need for a lung transplant evaluation.

Requests for lung transplants must include the medical facility's lung transplant protocols and all medical records produced for the pre-transplant evaluation, including the results of all tests, consultations, and narrative reports.

53 - Where does a provider email or fax the above requested information for review?

Records pertaining to pre-transplant evaluations or transplants should be faxed to the DCMWC at efax-maos-transplant@dol.gov. If there are questions, providers may contact DCMWC by calling the toll-free number (800) 347-2502.

54 - Can treatment be approved at any transplant center?

Before seeking approval for a pre-transplant evaluation or a lung transplant, a medical center must be approved as a lung transplant center by the Center for Medicare and Medicaid Services (CMS), or the request will automatically be denied. The list of approved transplant centers is available at:
https://qcor.cms.gov/default.jsp?referer=http://qcor.cms.gov/main.jsp
After reaching the homepage, select the "Resources" link on the upper right-hand of the page. A pop-up window will open. Select link for "List of CMS-Approved Organ Transplant Programs". This will open an Excel spreadsheet containing certification information for all Medicare-certified transplant programs organized by State. Please refer to the approved lung transplant programs.

55 - Can DCMWC provide transplant approval over the phone?

No. Approval for lung transplantation will be reviewed on an individual basis. After DCMWC evaluates the information submitted, the requestor will be notified of the determination regarding coverage. The determination decision will be provided in writing.

56 - How long does it take for DCMWC to review a transplant evaluation or transplant request?

It can take up to 5 to 7 business days to review the request.

57 - Will DCMWC cover transplant donor expenses?

If the transplant facility approves a related donor, expenses incurred by the donor for transportation and the cost of required medical procedures for obtaining the organ are reimbursable. Reimbursement for non-related donors is not permitted.

58 - How will transplant services be reimbursed?

The medical providers and facilities providing transplant services must follow standard procedures for sending bills to our medical bill processing contractor for all services associated with lung pre-evaluations and lung transplants. Copies of hospital records, including clinical notes, must be submitted with all medical bills for processing and reimbursement. The transplant services will be reimbursed based on the OWCP fee schedule.

59 - How can providers request post-transplant medication and DME?

All prescriptions for medication and DME post-transplant will be reviewed by OWCP. Requests must be submitted to the medical authorization unit following standard procedures. The provider will be notified in writing of DCMWC's determination regarding the request. Requests for post-operative treatment and services should be submitted prior to surgery.

60 - Is prior approval required for travel and overnight lodging?

Yes. Pre-approval is required for any overnight lodging expenses and meals incurred for an approved transplant.

61 - Does DCMWC authorize companion travel for approved transplant procedures?

Approval for a travel companion may be given if a statement from a qualified physician is provided that explains, based on objective medical rationale, the medical necessity for a companion. The request must be received prior to the date of travel for consideration of a companion to be given. DCMWC will notify the patient, in writing, if a companion can be approved.


DEPARTMENT OF LABOR
UNITED STATES OF AMERICA