

Web Bill Processing Portal Office of Workers' Compensation Programs

Please enter the portal by selecting a user type associated with one of the following programs:



[Provider](#)
[Claimant](#)
[Agency](#)



[Provider](#)
[Claimant](#)



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Welcome to the DOL OWCP Web Bill Processing Portal

Latest Developments

The site provides functionality for the following Department of Labor Office of Workers' Compensation (OWCP) programs:

- [Federal Employees' Compensation Act \(FECA\)](#)
- [Division of Coal Mine Workers' Compensation \(DCMWC\)](#)
- [Division of Energy Employees Occupational Illness Compensation \(DEEOIC\)](#)

To enter a program, click the appropriate link displayed above.

New

Provider Enrollment Training Presentation

- [How to Complete a Provider Enrollment Application Tutorial \(Individual\)](#)
- [How to Complete a Provider Enrollment Application Tutorial \(Facility\)](#)
- [How to Complete a Provider Enrollment Application Tutorial \(Group\)](#)
- [How to Complete an ACH Vendor Payment Form Tutorial](#)
- [Provider Brochure](#)

Available Features

- [DEEOIC Claimant Status Page](#)
- Online Provider Update
- Medical Bill Submission (FECA program only - Contract nurses and vocational rehabilitation counselors)
- Medical Bill Inquiry
- Eligibility Inquiry
- Medical Authorization Request (FECA & DEEOIC Programs)
- Medical Authorization Inquiry
- Provider Payment Status Inquiry
- [Provider Search](#)
- [DFEC Automated Adjustments Process](#)
- [Treasury Mandate March 1, 2013](#)
- [Attention DEEOIC Providers:](#)
- [Submit Transportation and Travel Authorization Requests Online](#)
- [DEEOIC Prior Authorization Requirements](#)
- [Automate J-Code Process](#)
- [Align Networks - Clarification Statement effective 04/05/2012](#)
- [DCMWC Billing Update](#)
- [HIPAA Version 5010 Readiness Status](#)
- [DEEOIC Impairment Evaluations](#)
- [DFEC Return Check Process Update](#)
- [Approved Submitters for FECA, DCMWC and DEEOIC Can Submit Bills Electronically](#)

DFEC Announcement: Non-Covered NDCs (FDA Medical Devices)

Beginning February 22, 2019, in accordance with the discretion granted to DOL and delegated to the Office of Workers' Compensation Programs (OWCP), the Division of Federal Employees' Compensation (DFEC) is instituting a new policy to deny payment of a select group of FDA Medical Devices. The list of items to be denied will be identified by National Drug Code (NDC). Any bill identified as containing a charge for any such non-covered NDC will be denied in its entirety. A listing of non-payable NDCs will be available on DFEC's website at <https://www.dol.gov/owcp/dfec/>.

DFEC ANNOUNCEMENT- FIRST SCRIPT/FECA PHARMACY BENEFIT PROGRAM IS MANDATORY FOR ALL FECA CLAIMANTS

PRESCRIPTIONS The Department of Labor's Office of Workers' Compensation Programs Division of Federal Employees' Compensation (OWCP DFEC) has contracted with First Script to serve as DFEC's Pharmacy Benefit Manager (PBM) for claimants covered under the Federal Employees' Compensation Act (FECA). First Script/FECA pharmacy cards and welcome letters will be mailed to FECA claimant in a phased approach. On January 3, 2019, welcome packets were mailed to claimants who have been prescribed opioid medication(s) with daily dosages exceeding the 90 MED (Morphine Equivalent Dose) due to urgent safety concerns. Use of the First Script/FECA pharmacy program is mandatory for FECA claimants; otherwise, payment of drugs cannot be authorized at the pharmacy.

In order to fill a prescription, FECA claimants should present the cards enclosed in the welcome packets to a participating pharmacy along with a prescriptions for an accepted FECA work-related injury. FECA claimants can search for participating pharmacies on the web at www.feca-pbm.dol.gov. When filling work-related injury prescriptions, generic medications are generally used as a more affordable alternative to brand name drugs unless the claimant's physician has otherwise indicated. First Script will assist in transitioning a FECA claimant's retail pharmacy prescriptions to their voluntary mail order program. FECA claimants should contact First Script at 877-344-3811 for complete assistance with any questions related to the First Script/FECA PBM.

DURABLE MEDICAL EQUIPMENT Use of First Script/FECA for durable medical equipment, medical supplies, and ancillary services is voluntary. United States Postal Service (USPS) employees/claimants seeking durable medical equipment, medical supplies, and ancillary services should contact the USPS directly to obtain additional information on how to obtain these services.

DCMWC Announcement: Final Rulemaking on Medical Benefit Payments

On June 14, 2018, the Office of Workers' Compensation Programs Division of Coal Mine Workers' Compensation issued a final rule governing the Black Lung Disability Trust Fund's payment of medical benefits under the Black Lung Benefits Act. The final rule adopts modern payment formulas for physicians, hospitals and other providers; codifies the black lung program's current practices for payment of prescription drugs and the submission of medical bills for payment; provides greater clarity

- [Schedule II Drug Program Changes for FECA](#)

about fees paid to providers; and prohibits providers from seeking additional payments from miners for covered services that have been paid by the Trust Fund. The regulations will be effective August 31, 2018. Rules governing payment of professional medical services and outpatient medical services have a delayed application date and will apply to services rendered after November 30, 2019. More information is available at: <https://www.dol.gov/owcp/dcmwc/>

Home HealthCare Prior Authorization Web Portal Status Update

Effective 5/22/2018, providers may notice a change in the timing of viewable pending authorizations regarding home health care services upon logging into the web bill processing portal. This change is the result of a system enhancement to improve electronic communications between Conduent and DEEOIC. A "Pending" status will indicate that the request is under review by a Medical Benefits Examiner (MBE). Subsequent determination (Approval/Denial) will follow as appropriate. For the status of an emergent care request, providers may continue to contact Conduent's Customer Service or the respective Medical Benefits Examiner as applicable.

DFEC - Billing Unspecified J Codes (J3490, J3590, J7999, J8499, J8999, and J9999)

Beginning June 1, 2018, payment for medications billed under these codes will require prior authorization by DFEC claims staff. A strict exception based policy is described in FECA CIRCULAR 18-06, which can be found on the DFEC website at <https://www.dol.gov/owcp/dfec/medicalprovider.htm>. Prior authorization may be requested by utilizing the Unspecified J Code Authorization Request, which is available at <https://owcpmed.dol.gov>. This is the only method available for requesting prior authorization. Bills for these codes received on and after June 1, 2018 without prior authorization will deny.

DEEOIC Home Health Care Update: T1001- Nursing Assessment/Evaluation

Effective June 11, 2018, T1001 will no longer require prior authorization. T1001 is the HCPCS billing code utilized to identify an assessment/evaluation conducted by a nurse. Providers will still be required to submit the treating physician's prescription and/or Letter of Medical Necessity along with the nurse's assessment report with their claims upon billing for services rendered.

DFEC Announcement: Non-Covered NDCs

Beginning February 28, 2018, in accordance with the discretion granted to DOL and delegated to the Office of Workers' Compensation Programs (OWCP), the Division of Federal Employees' Compensation (DFEC) is instituting a new policy to deny payment of a select group of Pharmaceutical and Non-Pharmaceutical items. The list of items to be denied will be identified by National Drug Code (NDC) and includes, but is not limited to, convenience kits. Any bill identified as containing a charge for any such non-covered NDC will be denied in its entirety. A listing of non-payable NDCs will be available on DFEC's website at <https://www.dol.gov/owcp/dfec/>.

DEEOIC: New Policy - Effective 1/16/2018

Effective January 16, 2018, the Division of Energy Employees Occupational Illness Compensation Program (DEEOICP) is changing how it evaluates requests for Physical therapy, Occupational therapy, Speech therapy, and other rehabilitative therapy services. A [DEEOIC Policy Bulletin](#) has been published that explains the changes in more detail. The Bulletin includes guidance relating to initial therapy assessments, medical evidence necessary to support requests, maximum levels of coverage and locations where therapy can occur. Requests for rehabilitative therapy authorization may continue to be faxed to 800-882-6147.

Conduent URL Change

Effective December 31, 2017, the URL address <https://owcp.dol.acs-inc.com> will no longer be valid for access to

the Web Bill Processing Portal. The new URL address will be <https://owcpmed.dol.gov>

Conduent Email Addresses

Effective August 1, 2017, email addresses ending with @xerox.com will no longer be valid for contacting Conduent. Conduent email addresses end in @conduent.com.

DEEOIC Announcement- Enteral Formula

Effective May 1, 2017, Enteral Formula (Nutritional Supplements) now requires prior authorization. Enteral formulas are liquid preparations used for nutritional supplementation or replacement in patients who are unable to obtain adequate nutrition through their regular diet. These formulas are taken by mouth or through a feeding tube, and are used by the body for energy and to form substances needed for normal bodily functions. Failure to obtain prior authorization may delay reimbursement or result in a denial. Please click [here](#) to review this update.

DFEC Opioid Medication Letter of Medical Necessity Requirements

Beginning in August 2017, the Office of Workers' Compensation Programs (OWCP) Division of Federal Employees' Compensation (DFEC) will require claims with newly prescribed opioid use (i.e. claims where an opioid has not been prescribed within the past 180 days, if ever) to have a completed and approved Letter of Medical Necessity (LMN) form on file for prescription authorizations after an initial 60 day period. Additionally, compounded medications containing opioids will require a completed and approved LMN prior to dispensing, effective June 26, 2017. This form will be made available to registered providers beginning in June 2017 at <https://owcpmed.dol.gov/portal/main.do>. To submit the form, providers must click on the 'Provider' Link to the right of the FECA oval located at the top left of the home page, login with their user ID and password, and then click on the 'LMN Documents' link located in the left menu bar. For providers not yet registered, after clicking the 'Provider' link, click the 'Web Registration' link located in the left menu bar to register for web access. For providers not yet enrolled, click on 'Forms & Links' in the horizontal menu at the top of the home page to download the Provider Enrollment form and instructions. Authorizations for opioid medications will be limited to a maximum of 60 days, with initial fills and refills to be issued in no more than 30-day supplies. Beneficiaries already receiving opioid prescriptions will not be subject to the LMN requirement at this time. For additional information, please see the DFEC website at <https://www.dol.gov/owcp/dfec/> for further information under the "Latest News" section.

DFEC: New Policy on Filling Non-maintenance Medications

Beginning May 2017, in accordance with the discretion granted to DOL and delegated to the Office of Workers' Compensation Programs (OWCP), the Division of Federal Employees' Compensation (DFEC) is instituting a new policy on filling non-maintenance medications for the treatment of work-related injury or illness. The program's policy will limit the fill of non-maintenance medications to 30 day increments. Additionally, refills cannot be obtained until 75% of the prescription timeline has passed. Maintenance medications (such as those used to treat chronic conditions like high blood pressure and asthma) will not be subject to these limitations. In determining what constitutes a maintenance medication, DFEC will be relying primarily on First Data Bank classifications. Physicians seeking to have the 30 day/75% fill requirement waived for non-maintenance drugs should submit a written request directly to the responsible DFEC district office because there is no method of requesting an exception through the Web Bill Processing Portal. Waiver of the fill requirements for non-maintenance drugs will be authorized on an exception basis only based on approval of the OWCP Chief Medical Officer or his/her designee.

DFEC Announcement - Herbal Supplements

Beginning March, 2017, in accordance with the discretion granted to DOL and delegated to the Office of Workers' Compensation Programs (OWCP), the Division of Federal Employees' Compensation (DFEC) is instituting a new policy for authorizing herbal supplements prescribed by physicians for treatment of work-related injuries or diseases. The Program's policy will be to not authorize payment for herbal supplements, unless a claimant's treating physician acquires prior authorization by submitting rationalized medical evidence that supports the herbal supplement's safety, effectiveness, and necessity. To implement this policy, OWCP will rely primarily on First DataBank (FDB) classification. Physicians wishing prior authorization for an herbal supplement should submit a written request directly to the responsible District Office as there is no form or other provision for authorization to be requested through the Web Bill Processing Portal. Herbal supplements are authorized only on an exception basis on approval of the OWCP Chief Medical Officer or his/her designee. For more information, please visit the DFEC website:

<https://www.dol.gov/owcp/dfec/PolicyOnHerbalSupplements.htm>

DFEC Compounded Drugs Letter of Medical Necessity Requirements

Beginning in October 2016, the Office of Workers' Compensation Programs (OWCP) Division of Federal Employees' Compensation (DFEC) will require all claims for prescription medications which contain a compounded drug to have a completed and approved Letter of Medical Necessity (LMN) on file for prescription authorizations submitted starting in early October. This form will be made available to registered providers beginning in October 2016 at <https://owcpmed.dol.gov/portal/main.do>.

To submit the form, providers must click on the 'Provider' Link to the right of the FECA oval located at the top left of the home page, login with their user ID and password, and then click on the 'LMN Documents' link located in the left menu bar. For providers not yet registered, after clicking the 'Provider' link, click the 'Web Registration' link located in the left menu bar to register for web access. For providers not yet enrolled, click on 'Forms & Links' in the horizontal menu at the top of the home page to download the Provider Enrollment form and instructions. Authorizations for compounded drug prescriptions will be limited to a maximum of 90 days, with initial fills and refills to be issued in 30 day supplies.

Billing for TENS Unit Supplies

Effective September 25, 2016, TENs Unit Supplies are no longer billable as individual services and must be billed under HCPCS code A4595 (Electrical stimulator supplies, 2 leads, per month). This allowance includes: electrodes (any type), conductive paste or gel, tape or other adhesive, adhesive remover, skin preparation materials, and batteries (9 volt or AA, single use or rechargeable), and a battery charger (if rechargeable batteries are used). If 2 leads are medically necessary, a maximum of only one unit will be allowed per month for Procedure Code A4595. If 4 leads are medically necessary, a maximum of two units will be allowed per month. The following HCPCS codes are no longer covered as separately billable services: A4365, A4450, A4452, A4455, A4456, A4558, A4630, A5120, A5126, and A6250. All TENs unit supplies must be billed using HCPCS Procedure Code A4595.

Updated DFEC Pharmacy Fee Schedule

Generic Medications: For services billed on or after July 1, 2016, the Office of Workers' Compensation Programs (OWCP) Division of Federal Employees' Compensation (DFEC) will calculate the maximum allowable fee for generic drugs at 60% of the average wholesale price (AWP) plus a \$4.00 dispensing fee.

Compound Medications: For services billed on or after July 1, 2016, the Office of Workers' Compensation Programs (OWCP) Division of Federal Employees' Compensation (DFEC) will calculate the maximum allowable fee at:

- 50% of AWP of each NDC in the compounded drug, for compounded drugs containing three or fewer ingredients
- 30% of AWP of each NDC in the compounded drugs, for compounded drugs containing four or more ingredients

Compound Medication Initial Fill Duration

Effective July 1, 2016, the initial prescriptions for compound medication should be for a period not to exceed 90 days. Initial prescriptions for periods greater than 90-days may be subject to further review for medical necessity.

Dental Bills Announcement

Effective October 1, 2015, OWCP will only accept paper bills submitted on the newest version of the dental claim form (2012 American Dental Association J430D).

Any bill submitted on an older version of the dental claim form will be returned to the provider and will not be submitted for processing. Additionally, all claims submitted on the new form must include the diagnosis code(s) for treatment (box 34a), a diagnosis pointer for each line billed (box 29a), and the appropriate diagnosis code list qualifier (box 34), regardless of the date the service was provided.

DEEOIC Medical Reimbursement Through EFT:

Starting October 1, 2015, reimbursement for out of pocket expenses, such as qualified medical bills and medical travel expenses, is available for deposit directly into your checking or savings account. Electronic Funds Transfer(EFT) is a much faster and more secure way to receive reimbursement compared to paper checks. We strongly encourage DEEOIC beneficiaries to select EFT as the preferred payment method. To obtain the DIRECT DEPOSIT SIGN UP FORM [click here](#).

DEEOIC - The ICD-10 Transition and How it Affects DEEOIC Claims Processing

Important information for Energy Employees Occupational Illness Compensation Program medical providers is now available [click here](#).

DEEOIC - New Medical Benefits Identification Cards

Important information about the new Energy Employees Occupational Illness Compensation Program Medical Benefits Identification Card is now available.

Providers - [click here](#):

Claimants - [click here](#):

Laterality of Diagnosed Condition(s)

Effective October 1, 2015 Physicians must specify the laterality of a claimant's condition as applicable (e.g. right or left upper extremity, right or left kidney, right or left lung, etc initial encounter) in their medical documents and medical bills in order for a bill not to be denied.

Inpatient/Outpatient Billing Announcement

Effective August 31, 2015, The Office of Workers' Compensation Programs (OWCP) will no longer accept paper bills submitted on the UB92 Form. Bills submitted on the UB92 form will be returned to the provider with a letter of explanation indicating: "Incorrect Form - Submit on the proper form. Inpatient/Outpatient - Submit on UB04."

ICD-10 Announcement - Claimants

Your providers will continue to use ICD-9 codes for services provided before October 1, 2015. ICD-10 codes are required by your provider for services provided on or after October 1, 2015.

Dental Bills Announcement

Effective October 1, 2015, OWCP will only accept paper bills submitted on the newest version of the dental claim form (2012 American Dental Association J430D). Any bills submitted on an

older version of the dental claim form will be returned to the provider and will not be submitted for processing.

Web Announcement Provider Type 75

Effective February 01, 2015 the Office of Workers' Compensation Programs (OWCP) Division of Federal Employees' Compensation (DFEC) will no longer accept CPT code 99070 when the service is billed by a licensed DME provider. If a DME provider submits a bill for DME services utilizing the procedure code 99070, the service will be denied.

NPI & Surgical Procedure Codes Submission Requirement on CMS1500/OWCP1500 Form

Effective March 22, 2015, the Office of Workers' Compensation Programs (OWCP): Division of Federal Employees' Compensation (DFEC) and Division of Energy Employees Occupational Illness Compensation (DEEOIC) will require the NPI number in Block J on the CMS1500/OWCP1500 form for all surgical procedure codes. If the NPI number is missing, the line will be denied. If multiple providers participated in the surgery, supporting documentation must be submitted.

Announcement for New DEEOIC Medical Provider Updates Subscription List

Subscribe to DEEOIC Medical Provider Updates via Email ([click here](#))

Change to Outpatient Payment Method - (Outpatient Prospective Payment System - OPPTS)

DEEOIC:

Effective February 22nd, 2015, the Office of Workers' Compensation Programs (OWCP), Division of Energy Employees Occupational Illness Compensation (DEEOIC) will implement a new reimbursement methodology which will be based on the Medicare Outpatient Prospective Payment System (OPPTS). The new payment method will utilize Medicare's Ambulatory Payment Classifications (APC) as well as the OWCP fee schedule.

The new payment method will apply to outpatient care in all acute care hospitals including general hospitals, freestanding rehabilitation hospitals and long-term care hospitals, with the exception of critical access hospitals and Maryland hospitals. When submitting the OWCP-04 form for Outpatient services, providers will be required to enter their Medicare Number in box 51. If the Medicare number is missing or invalid, the bill will be denied.

Toll Free Number Announcement

Effective January 2, 2015 the customer service number for questions related to provider enrollment, FECA bill payment, and FECA medical authorization status is changing to a new Toll Free Number from (850) 558-1818 to (844) 493-1966.

Re-Enrollment Announcement

The Office of Workers' Compensation Programs (OWCP) will be conducting a Re-Enrollment of all actively enrolled OWCP Providers. The automated process will utilize the current enrollment data and conduct a verification using central public databases to include: provider demographics, NPI, taxonomy, specialty type, licensure, EFT, and proof of Medicare Certification where applicable.

For more information about Re-Enrollment [click here](#)

Provider Enrollment:

Please Note: We have a new Enrollment fax number for providers who want to submit an Enrollment Application. All completed online Enrollment Applications should faxed to: **(888) 444-5335**, and your application will be processed accordingly.

Change to Outpatient Payment Method - (Outpatient Prospective Payment System - OPPTS)

DFEC:

Effective October 1, 2014, the Office of Workers' Compensation Programs (OWCP), Division of Federal Employees Compensation (DFEC) will implement a new reimbursement methodology which will be based on the Medicare Outpatient Prospective Payment System (OPPS). The new payment method will utilize Medicare's Ambulatory Payment Classifications (APC) as well as the OWCP fee schedule.

The new payment method will apply to outpatient care in all acute care hospitals including general hospitals, freestanding rehabilitation hospitals and long-term care hospitals, with the exception of critical access hospitals and Maryland hospitals. When submitting an OWCP-04 form for outpatient services, providers will be required to enter their Medicare number in box 51. If the Medicare number is missing or invalid, the bill will be denied.

Attention DEEOIC DME Providers - The Division of Energy Employees Occupational Illness Compensation (DEEOIC) has released new guidelines concerning the authorization of durable medical equipment (DME). For information about these new guidelines, please [click here](#).

Injection Service Limitation

The Division of Federal Employee' Compensation Act (DFEC) has released new guidelines implementing service limitations for injection CPT codes 20550, 20551, 20552, 20553, and 20526, which goes into effect August 1, 2013.

- CPT codes 20550 and 20551 will reimburse 4 encounters within a 12 month period with no additional encounters for the claimant after that year, and for the same case number.
- CPT codes 20552 and 20553 will reimburse 10 encounters within a 12 month period with no additional encounters for the claimant after that year, and for the same case number.
- CPT code 20526 will reimburse 3 injections within a 12 month period.

DOL Procedure Codes RP120, RP130 and RP200 are no Longer Available

Effective 08/01/2013, The Division of Federal Employees Compensation Act (DFEC) will no longer utilize DOL homegrown procedure codes RP120, RP130 AND RP200 (Pain Management). When rendering Pain Management services, providers are to bill and/or submit for prior authorizations using the appropriate HCPCS/CPT codes applicable for the services. Request for prior authorizations for pain management services should include but not be limited to a complete and detailed treatment plan.

Title: New! Affordable Healthcare for Non-Workers Compensation Coverage

If you or someone you know has a medical condition not related to a workers' compensation injury or illness and doesn't have health insurance, or if you are a physician treating someone without health insurance, [please click here](#) to learn about the new Health Insurance Marketplace created under the Affordable Care Act.

OWCP Survey

[Click here for OWCP Survey](#)



Interactive Voice Response System (FECA only)

FECA users can access the Interactive Voice Response System (IVRS) to utilize bill status inquiry, claimant eligibility inquiry, and medical authorization inquiry functionality 24 hours a day. To access the IVRS system, please dial (866) 335-8319 and select option '1' from the main menu.

[Provider Outreach Presentation.](#)
[Provider Outreach FAQ.](#)

[Provider Outreach Presentation \(Spanish\).](#)
[FECA Claimant Outreach Presentation.](#)
[FECA Claimant Outreach FAQ.](#)

Visit the following websites for additional information on OWCP programs:

[DOL Home](#) | [OWCP Home](#) | [FECA Home](#) | [DCMWC Home](#) | [DEEOIC Home](#)

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