

Medical Authorizations and Bill Payment

The OWCP Central Bill Payment System and How it Works

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FECA Regulations for Medical Bill Payments & Providers

- Regulations concerning medical providers and billing are published in Title 20 Code of the Federal Regulations (Chapter 1, Subchapter B, Part 10 Subpart D). These regulations were updated in June 2011 and were made effective on August 29, 2011.
- The Regulations contain a very comprehensive discussion of emergency care, ongoing medical treatment, billing, and information requirements for medical reports.

How it works

- DOL/OWCP centralized its medical billing operations in September 2003 and contracted with ACS to process bills for payment.
- ALL of the rules governing what services are paid, how services get paid, why services get paid (or not), and how much someone gets for any service is also determined by DOL/OWCP
- The most basic component that determines everything in a claim – from payment of wage loss to access to treatment – is referred to as a claim's **eligibility**
- All **eligibility** issues are determined by claims staff with DOL/OWCP
- These concepts were quite confusing during the first couple of years after centralization occurred

Medical Providers – Agency First Contact

- An employer's first duty is to issue a CA-16 when appropriate.
 - Updated regulations clarified the authorization time frames to **60 Days from the DATE OF INJURY**
 - Use the most recent form (found via AQS)
 - Submit the CA16 to DFEC's Consolidated Case Create and Imaging facility – **NEVER UPLOAD THROUGH WEEDS!**
 - Remember the "chain of referral"
 - If questioned, speak with authority – the CA-16 works, always.
 - Feed the provider information as it becomes available
- And how many pages is a CA-16?

4 Pages

Medical Providers – Agency First Contact Continued

- Communication is the key
- **With a CA-16 NO** authorization is needed for
 - Office Visits and Consultations
 - Labs
 - Hospital services (including inpatient)
 - X-rays (including MRI and CT scan)
 - Physical therapy
 - Emergency services (including surgery)
- **NEVER CALL ACS** for authorizations if you have a CA-16 – The CA-16 IS the authorization
- **The CA-16 DOES NOT** cover
 - Non-Emergency Surgery
 - Elective Surgery
 - Home Exercise Equipment, Whirlpools, or Mattresses
 - Spa/Gym Membership
 - Work Hardening Programs
- Authorization requests must be submitted for these

Medical Providers – The Basics Enrollment

- To be able to bill our office, a provider must be "enrolled" (or registered) with our Central Bill Payment Unit (ACS)
 - Registration process, not a PPI enrollment
 - Gives the provider a unique ID number necessary for bill processing
 - It is a quick process – a single page form with a copy of the provider's licensure is all that is required in most instances
 - Forms can be found online here: <http://owcp.dol.acs-inc.com/portal/main.do>

Medical Providers – The Basics Access to Services

- Beyond the CA-16 – or when the case is accepted – Providers have to understand OWCP is not by any means a traditional insurance company
 - Treatment is limited to the accepted injury/conditions (Claimant Eligibility)
 - Sometimes you have to ask before you provide a service
 - But there's not as much mystery surrounding authorizations (or anything else, really) as it might seem....

Medical Providers – The Basics Access to Services – The Levels

- To Ask or Not to Ask – that is the question
- The answer is logical (Really)...
- Basic/Universal services need NO authorization. We call these services Level 1.
 - Level 1 services include office visits and diagnostic testing (even expensive ones)
- Most other services require some form of authorization from our office. We call these services Levels 2, 3, or 4 services
 - These services include anything invasive, all surgeries, inpatient hospital stays, durable medical equipment, long-term physical therapy, etc.

Medical Providers – The Basics Access to Services – The Levels (Continued)

- A Word About the Portal
 - Web Portal Access is Free to Providers
 - Allows Providers to access detailed information about their patients, their claims, and our (DOL's) processes
 - Speeds up the time it takes to get something approved
 - Virtually eliminates the need to call ACS Customer Service
- Now let's get back to the Portal and Web Authorizations...

Medical Providers – The Basics Access to Services – The Levels (Continued)

- And what about those Level 1 services and the dreaded diagnosis mismatch denial?
 - The Portal even helps a provider check out what is accepted in the claim.

Please Specify Which type of Inquiry you Would like to Perform

Eligibility for Non-Pharmacy Service

List Accepted Conditions for a Claimant (FECA only)

Eligibility For Pharmacy Service

ELIGIBILITY FOR ACCEPTED CONDITIONS SERVICES

* Case File#: 065000004

* Date of Service: 07 11 2006

Medical Providers – The Basics Access to Services – The Levels (Continued)

ACS Web Bill Processing Portal Office of Workers' Compensation Programs

Home | ACS Contact Info | Portal FAQ | Terms & Links | FECA & DEEDS Fee Schedule | Logout | HELP

Program: FECA Org Name: TEST MBRSE FOR TRAINING 1 (04647396) Provider ID: 08447396

Eligibility Response

07/05/2006 08:14 EDT

The Claimant is eligible for the following:

Code	Description
722.0	CERVICAL DISC DISPLACMNT
723.0	CERVICAL SPINAL STENOSIS

[Back to Eligibility Inquiry](#)

Medical Providers – The Basics Access to Services – Pharmacies

- Drugs and other pharmaceuticals work *almost* the same way.
- Pharmaceutical services are driven via a Point of Sale approach – if something is payable, it pays instantly
- You can determine whether or not something is payable in a case via the Portal using the NDC code (National Drug Code)
- But if a drug comes back as not eligible the only recourse is calling DOL – the eligibility in the case has to be changed in order for the drug to pay.

A Special Note About Fentanyl

- On May 3, 2011, DOL implemented an additional policy for fentanyl. As of that date, patients who did not have a diagnosis of cancer as an accepted work-related medical condition and have not received a fentanyl prescription in the past six months were no longer able to receive fentanyl prescriptions, except for Duragesic.
- Patients with a diagnosis of cancer as an accepted work-related medical condition would continue to be able to receive Schedule II medications, including fentanyl products, in the same manner as before.

Medical Providers – Payment for Services

- We are analogous to Medicare – but are definitely not the same
- Providers may bill us via paper claim or electronically
- We process payments based on what it is in the system at the time the bill processes
- We issue checks once a week and a single check can be for multiple patients and dates of service
- We always issue a remittance voucher (RV) to the provider that explains payment
- A “clean” bill processes the same day

Medical Providers – Payment for Services (continued)

- Every detail of a payment can be found via the Portal
- Providers enter either a claimants case number and dates of service or a TCN (transaction control number).
 - A TCN is a unique 17 digit number assigned to each bill.
- Providers may search for either processed (paid or denied) bills or for bills currently in process.

ICD-10 Codes

- ICD-10 codes are a new way of reporting diagnoses for medical billing purposes and tracking medical conditions in information systems.
- ICD-10 codes are different than ICD-9 codes in both format and anatomical specificity.
- In many cases ICD-10 codes are much more exact codes that provide a more refined approach to coding diagnoses for medical billing.
- The change to ICD-10 does not affect CPT coding for outpatient procedures and physician services.

ICD-10 Codes

- The transition occurred on 10/01/2015. On that date OWCP began accepting bills with ICD-10 codes.
- As of 10/01/2015, DFEC also started coding accepted conditions in our system using ICD-10 codes and we will no longer add or modify ICD-9 diagnoses to DFEC cases.
- However, ICD-9 codes in existing cases will remain in the DFEC system and will still allow claimants to receive the same treatment just as they did before transition.

ICD-10 Codes

Do ICD-9 codes need to be converted to ICD-10 codes?

- No. There will be no conversion of ICD9 to ICD10 codes. It is not needed. Established conditions pre-transition will remain as ICD-9 codes and still be eligible, and new conditions after transition will be entered as ICD-10 codes.
- ICD-10 codes are used for tracking newly accepted diagnoses on and after 10/01/2015.

ICD-10 Codes

So, what does ICD-10 mean for case eligibility?

- Like ICD-9 codes, ICD-10 diagnosis codes will be added to OWCP's Treatment Suites and eligibility for services will be based on the ICD-10 diagnosis provided by the physician.
- ICD-9 codes remain in the system. ICD-9 eligibility does not change for existing cases.

So are you saying a case can have BOTH types of diagnosis codes?

- Yes. Existing accepted cases will have either ICD-9 or a combination of ICD-9 and ICD-10 diagnoses.
- New cases will have ICD-10 diagnoses only.

ICD-10 Codes

So what's the bottom line?

- Both coding structures – ICD-9 and ICD-10 – will remain a part of DFEC's eligibility determinations for the foreseeable future.

Pitfalls and Perils – Keeping Everyone Happy

- The best way to try to keep everyone happy – including your local physicians – is to practice some simple Dos and Don'ts
 - DO issue CA16s when appropriate
 - DO follow-up with doctors to get them the information they need to file claims
 - DO encourage the use of the web portal – including WEEDS.
 - DO remember how things work – knowing who is responsible for each part of the process tells you who needs to fix a problem and how

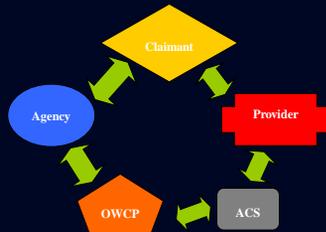
Pitfalls and Perils – Keeping Everyone Happy (continued)

- The best way to try to keep everyone happy – including your local physicians – is to practice some simple Dos and Don'ts
 - DO NOT recommend a physician to an injured worker
 - DO NOT "harass" doctors with tons of forms
 - DO NOT ignore invoices – if a bill collector gets involved you have a new set of problems

And most importantly....

Pitfalls and Perils – Keeping Everyone Happy (continued)

DO NOT do more than your part – everyone has a role to play!



References Sites

- DFEC Main Site: <http://www.dol.gov/owcp/dfec/>
- DFEC Bill Information: <http://www.dol.gov/owcp/dfec/regs/compliance/CBPOutreach.htm>
- OWCP Fee Schedule: <http://www.dol.gov/owcp/regs/feeschedule/fee.htm>
- ACS Web Portal (Main Site): <http://owcp.dol.acs-inc.com>
