



OWCP APPEALS VS. ADJUSTMENTS TIPS

The following tips help the provider community better understand the difference between a Fee Schedule Appeal and a bill adjustment, as well as how to submit each type of request. For more information, refer to the [Provider Manual](#), section 6.5. If you experience difficulties viewing links to Adobe documents, refer to [How to view PDFs using Adobe Reader](#).

- OWCP maintains a schedule of maximum allowable fees for medical services or procedures performed by providers in given localities.
- Providers who submit bills for payment agree to accept payment at the maximum allowable rate according to the OWCP fee schedule. Providers cannot seek payment from a beneficiary of any differential between the charged amount and that amount paid under the OWCP medical fee schedule.
- The Workers Compensation Medical Bill Processing (WCMBP) system reviews medical bill data during bill processing and adjudication, flagging inconsistent medical coding and bill information.
- Upon completion, the Workers Compensation Medical Bill Processing (WCMBP) system issues the Remittance Voucher (RV) to the provider, which includes Explanation of Benefits (EOB) edits applied to the processed bill whether paid fully, partially, or not paid at all.

There are two types of reconsideration, and each has its own justification and submission requirements.

Fee Schedule Appeal vs. Bill Adjustment

Fee Schedule Appeal	Bill Adjustment
<p>What qualifies a reconsideration as a fee schedule appeal?</p> <ul style="list-style-type: none"> ■ The actual procedure performed was incorrectly identified by the original code. ■ The presence of a severe or concomitant medical condition made treatment especially difficult. ■ The provider possessed unusual qualifications. <p><i>For full description, refer to Section 1. Fee Schedule Appeal.</i></p>	<p>What qualifies a reconsideration as a bill adjustment?</p> <ul style="list-style-type: none"> ■ A correction or change needs to be made to a previously submitted bill that has been fully or partially paid. ■ Reasons for the adjustment may vary but could include incorrect charges, incorrect denials due to keying error, eligibility updates, and so on. <p><i>For full description, refer to Section 2. Bill Adjustments.</i></p>



1 FEE SCHEDULE APPEAL

Fee Schedule Appeal Reasons	<p>The original code incorrectly identified the actual procedure performed.</p> <ul style="list-style-type: none">For example, the surgery procedure code submitted on the bill was incorrectly coded and paid under the incorrect code. <p>Note: If the service was incorrectly coded and the bill or line item was denied, then an appeal is not required, and an adjustment can be submitted with the correct codes.</p> <p>The presence of a severe or concomitant medical condition made treatment especially difficult.</p> <ul style="list-style-type: none">The provider must submit supporting medical documentation with the Appeal request to clarify the existence of a related condition or severity that required treatment beyond expected services.For example, unexpected complications occurred during surgery, which required additional services to be performed <p>The provider possessed unusual qualifications.</p> <ul style="list-style-type: none">The provider must submit supporting documentation with the Appeal request to explain the additional medical qualifications.For example, the surgeon has qualifications not codified in procedural coding or billing modifiers. <p>Note: Per the OWCP Fee Schedule, "Board Certification in a specialty is not sufficient evidence in itself of unusual qualifications."</p>
How to Submit an Appeal Request	<ul style="list-style-type: none">Providers must submit an appeal request including supporting documentation regarding the reason for appeal via postal mail within 30 days of payment.A Fee Schedule Appeal Request template is available on the WCMBP web portal Forms and References page (https://owcpmed.dol.gov/portal/resources/forms-and-references/general). <p><i>For program mailing addresses, refer to Section 3. Program Mailing Addresses.</i></p>
Form Completion Process	<p>Providers must complete the following required fields to complete the Appeal Request template:</p> <ul style="list-style-type: none">Program Name (DFEC, DEEOIC, or DCMWC)Transaction Control Number (TCN)



	<ul style="list-style-type: none">• Be sure to use the most recently paid TCN when submitting your request. Providers can refer to their Remittance Voucher (RV) or log in to the Medical Bill Processing Portal to locate that information. <ul style="list-style-type: none">▪ OWCP Provider ID▪ Claimant Case ID▪ Reason for Fee Schedule Appeal checkbox▪ Explanation for Fee Schedule Appeal▪ Signature▪ Date <p><i>If sending via postal mail, refer to Section 3. Program Mailing Addresses.</i></p>
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2 BILL ADJUSTMENTS

Bill Adjustment Reasons	<p>Providers can submit adjustments for reasons such as, but not limited to, incorrect charges, incorrect denial due to a keying error, eligibility update, and so on.</p> <ul style="list-style-type: none">▪ Example reasons:<ul style="list-style-type: none">• The procedure code was keyed incorrectly, causing the service line item to deny in error.• The service line item paid with the units submitted on the bill. The provider is requesting to increase or decrease the units.• Authorization is now on file for a previously denied service line item.• The bill processed and paid as submitted. The provider identifies that incorrect charges were submitted on one of the service line items and initiates an adjustment to correct the error.
How to Submit an Adjustment Request	<p>Web Direct Data Entry (DDE)</p> <ul style="list-style-type: none">▪ Providers can use the “Bill Adjustment” feature on the WCMBP web portal (https://owcpmed.dol.gov/portal/). <p>Note: DDE does not require an Adjustment Request template to be submitted with the online adjustment request.</p> <p>Paper Adjustment Request</p> <ul style="list-style-type: none">▪ Providers can submit the Adjustment Request template to the appropriate mailroom.



	<p>Note: The Division of Federal Employees' Compensation (DFEC) program requires that the Adjustment Request template be submitted for all paper adjustment requests. If the Adjustment Request template is not completed and included, the request will be returned to the provider (RTPd).</p> <p>Electronic Data Interchange (EDI)</p> <ul style="list-style-type: none">▪ Providers can submit adjustments via EDI.
Form Completion Process	<p>Providers must complete the following required fields to complete the Adjustment request template:</p> <ul style="list-style-type: none">▪ Program Name (DFEC, DEEOIC, or DCMWC)▪ TCN<ul style="list-style-type: none">• Be sure to use the most recently paid TCN when submitting your request. Providers can refer to their Remittance Voucher (RV) or log in to the Medical Bill Processing Portal to locate that information.▪ OWCP Provider ID▪ Claimant Case ID▪ Reason for Adjustment checkbox(es)▪ Explanation for Adjustment▪ Signature▪ Date <p>Note: The template needs to be the first page of your mailed submission with all supporting documentation attached.</p> <p><i>If sending via postal mail, refer to Section 3. Program Mailing Addresses.</i></p>



3 PROGRAM MAILING ADDRESSES

**Where to mail Appeal or
Adjustment Requests**

DFEC

U.S. Department of Labor
DFEC Central Mailroom - Bills and Authorizations
PO Box 8300
London, KY 40742-8300

DEEOIC

U.S. Department of Labor
DEEOIC Central Mailroom - Bills and Authorizations
PO Box 8304
London, KY 40742-8304

DCMWC

U.S. Department of Labor
DCMWC Central Mailroom - Bills and Authorizations
PO Box 8302
London, KY 40742-8302