

# OWCP Appeals vs Adjustments

OWCP maintains a schedule of maximum allowable fees for medical services or procedures performed in a given locality. Providers who submit bills for payment are obligated to accept payment at the maximum allowable rate under the applicable fee schedule and cannot seek payment from a beneficiary of any differential between the charged amount and that paid under the OWCP medical fee schedule.

The automated Workers Compensation Medical Bill Processing (WCMBP) system interrogates medical bill data to identify inconsistencies in medical coding and bill information. Bill processing logic is applied to the bill during processing and adjudication and the resulting Explanation of Benefits (EOB) are reflected on the Remittance Voucher (RV) issued to the provider. The RV defines the EOB applied to the bill, whether it not being paid, either wholly or in part.

Providers may request a reconsideration of the paid amount in either of these scenarios; however, the justification for and submission requirements of an appeal differ from those of an adjustment. This document is intended to give the provider community a better understanding of the difference between a Fee Schedule Appeal and a bill adjustment; as well as how to submit each request.

## Section I Fee Schedule Appeal

As documented on the OWCP Fee Schedule, there are three criteria qualifying a reconsideration as a fee schedule appeal as detailed in the table below. Providers should submit an appeal request within 30 days of payment and must include supporting documentation regarding the reason for appeal. Please find more information at [OWCP Medical Fee Schedule | U.S. Department of Labor \(dol.gov\)](#) and select [Read Me First document](#).

Please see the FAQs in Section III for steps on how to submit a [Fee Schedule Appeal Request Form](#).

<b>The actual procedure performed was incorrectly identified by the original code</b>	<b>The surgery procedure code submitted on the bill was incorrectly coded and <u>paid</u> under the incorrect code</b> <ul style="list-style-type: none"><li>Note: if the service was incorrectly coded and the bill or line item was denied, then an appeal is not required, and an <b>adjustment</b> can be submitted with corrected codes. See Section II for steps on how to submit an adjustment.</li></ul>
<b>The presence of a severe or concomitant medical condition made treatment especially difficult</b>	<b>Supporting medical documentation should be submitted with the Appeal request to clarify the existence of a related condition or severity that required treatment beyond the expected services</b> <ul style="list-style-type: none"><li>Example: Unexpected complications occurred during surgery which required additional services to be performed</li></ul>
<b>The provider possessed unusual qualifications</b>	<b>Supporting documentation should be submitted with the Appeal request to explain the additional medical qualifications</b> <ul style="list-style-type: none"><li>Example: Surgeon has qualifications not codified in procedural coding or billing modifiers</li><li>Note per OWCP Fee Schedule: "Board Certification in a specialty is not sufficient evidence in itself of unusual qualifications."</li></ul>

## Section II

### Bill Adjustments

Adjustments are requests for the reprocessing of a bill due to a correction or a changed aspect of a previously submitted bill which was partially paid or denied.

<p><b>What are the reasons for a provider to submit an adjustment?</b></p>	<p><b>Adjustments can be submitted for reasons such as keying errors, incorrect charges, incorrect denial due to a keying error, eligibility update, etc.</b> Example: The procedure code was keyed incorrectly into the system causing the bill line to deny in error.</p> <ul style="list-style-type: none"> <li>• Example: The billed line item paid with the units submitted on the image. The provider is requesting to increase or decrease the units.</li> <li>• Example: Authorization is now on file for previously denied service lines</li> <li>• Example: The bill processed and paid as submitted. The provider identifies the wrong charges were submitted on one of the bill lines and initiate an adjustment to correct the error.</li> </ul>
<p><b>How to submit an adjustment?</b></p>	<p><b>Web Direct Data Entry (DDE)</b></p> <ul style="list-style-type: none"> <li>• Providers can use the “Bill Adjustment/Void” feature on the WCMBP web portal             <ul style="list-style-type: none"> <li>○ Note: DDE does not require an <a href="#">Adjustment Request Form</a> to be submitted with the adjustment request</li> </ul> </li> </ul> <p><b>Paper Adjustment Request Form</b></p> <ul style="list-style-type: none"> <li>• Adjustment Request Form can be submitted to the appropriate mailroom             <ul style="list-style-type: none"> <li>○ Note: The Division of Federal Employees’ Compensation (DFEC) program requires the <a href="#">Adjustment Request Form</a> for all adjustment requests. If the Adjustment Request form is not received, then the request will be returned to the provider (RTP’d).</li> </ul> </li> </ul> <p><b>Note: Original bills submitted via Electronic Data Interchange (EDI) can be adjusted either using the Web DDE or via paper Adjustment Request form</b></p>
<p><b>Do I need to submit an adjustment for denied bills?</b></p>	<p><b>Web Direct Data Entry (DDE)</b></p> <ul style="list-style-type: none"> <li>• Providers can use the “Resubmit Denied/Voided Bill” feature on the web portal to correct and resubmit previously denied bills</li> </ul> <p><b>Paper Submission</b></p> <ul style="list-style-type: none"> <li>• Providers can resubmit corrected bills to the mailroom</li> </ul> <p><b>Note: Original bills submitted via EDI that denied can be corrected and resubmitted via EDI</b></p>

## Section III

### FAQs for Mailing an Appeal or Adjustment Form

<p><b>Where do I find the Appeal or Adjustment request forms?</b></p>	<p>The Fee Schedule Appeal and Adjustment Request forms are available on the Forms and References page of the Medical Bill Processing web portal at <a href="#">General   Office of Workers' Compensation Programs (dol.gov)</a>.</p> <p>Note: Some users may require additional help opening and viewing the forms. Be sure to read the instructions for <a href="#">How to view PDFs using Adobe Reader</a>.</p>
<p><b>How do I fill out the Appeal request form?</b></p>	<p><b>The following fields are required to complete the Appeal request form:</b></p> <ul style="list-style-type: none"> <li>• Program Name (Division of Federal Employees' Compensation (DFEC), Division of Energy Employees Occupational Illness Compensation (DEEOIC), or Division of Coal Mine Workers' Compensation (DCMWC)</li> <li>• Transaction Control Number (TCN) <ul style="list-style-type: none"> <li>○ Be sure to use the <b>most recently paid TCN</b> when submitting your request. Providers can refer to their Remittance Voucher (RV) or log into the Medical Bill Processing Portal to locate that information.</li> </ul> </li> <li>• OWCP Provider ID</li> <li>• Claimant Case ID</li> <li>• Reason for Fee Schedule Appeal checkbox(es)</li> <li>• Explanation for Fee Schedule Appeal</li> <li>• Signature</li> <li>• Date</li> </ul> <p><b>Note: The form should be the first page of your mail with all supporting documentation attached.</b></p>
<p><b>How do I fill out the Adjustment request form?</b></p>	<p><b>The following fields are required to complete the Adjustment request form:</b></p> <ul style="list-style-type: none"> <li>• Program Name (DFEC, DEEOIC, or DCMWC)</li> <li>• TCN <ul style="list-style-type: none"> <li>○ Be sure to use the <b>most recently paid TCN</b> when submitting your request. Providers can refer to the Remittance Voucher (RV) or Bill Inquiry to locate that information.</li> </ul> </li> <li>• OWCP Provider ID</li> <li>• Claimant Case ID</li> <li>• Reason for Adjustment checkbox(es)</li> <li>• Explanation for Adjustment</li> <li>• Signature</li> <li>• Date</li> </ul>

**Note: The Adjustment Request form should be the first page of your mail with all supporting documentation attached. If supporting documentation is not attached, the request will be returned to the provider (RTP'd).**

**Where do I mail Appeal or Adjustment request forms?**

DFEC	DEEOIC	DCMWC
U.S. Department of Labor, DFEC Central Mailroom - Bills and Authorizations, PO Box 8300, London, KY 40742-8300.	U.S. Department of Labor, DEEOIC Central Mailroom - Bills and Authorizations, PO Box 8304, London, KY 40742-8304.	U.S. Department of Labor, DCMWC Central Mailroom - Bills and Authorizations, PO Box 8302, London, KY 40742-8302.