WCMBP System

Claimant Eligibility

Introduction

This tutorial provides the steps on how to check claimant's eligibility in the new Workers' Compensation Medical Bill Process (WCMBP) System.

The benefits of checking a claimant's eligibility allows providers to:

- Know if the claimant is eligible for services prior to treating the claimant.

- Know if an authorization is needed prior to reimbursement.

- Know the injuries and/or occupational diseases the claimant is eligible to be treated for.

- Eliminate common bill denials.

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Overview

The claimant eligibility function provides the claimant's accepted conditions, as well as whether an authorization is required for the intended medical service(s).

- Accepted Conditions are the diagnosis (DX) code(s), describing the injury or illness that has been accepted by DOL.

- Eligibility for an accepted condition identifies that there are predetermined set of services that are payable for the claimant's injury.

- Authorization Levels determine if a service requires an authorization.

    Level 1 = No Authorization required

    Level 2 = Authorization Required – 1 tier process

    Level 3 = Authorization Required - 2 tier process

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Accessing Claimant Eligibility in the WCMBP System

How it works:

1. Log in to the WCMBP System. The system will display the default Select a Provider ID Number page.

2. Select the *appropriate profile* "Ext Provider Bills Submitter" from the drop-down menu.

3. Click on the "Eligibility Inquiry" hyperlink in the column on the left under Claimant.

Select a Provider ID Number to continue to the Provider Portal:

Available Provider IDs: 700 *

Go

Select a profile to use during this session:

EXT Provider Bills Submitter * Go

Claimant

Eligibility Inquiry

Eligibility for Non-Pharmacy Services

4. Select the Inquiry type

- Non-Pharmacy Services – Check to see if the claimant is eligible for the services being rendered and the level of authorization required.

Claimant Eligibility Inquiry

Please select the inquery type, complete the fields in the applicable section below, and click "Submit".

⦿Non-Pharmacy Services   ◯Accepted Conditions (DFEC,DEEOIC and DLHWC Only)

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Claimant Eligibility Inquiry: Non-Pharmacy Services

1. The Provider ID you are logged in under will auto-populate.

2. Select the Program Code that the claimant is enrolled under if you are enrolled with more than one program.

3. Enter the claimant Case ID.

4. Enter at least one Diagnosis Code.

5. Enter a Procedure Code or Revenue Code.

6. Enter the Date of Service (DOS).

7. Click Submit.

Note: If any information keyed-in is invalid, an error message will populate above the close/submit buttons. (errors may vary)

Errors: CaseID Invalid #12▮▮▮▮; Diagnosis Code(s) invalid # s8391xa

Close   **Submit**   7

Eligibility for Non-Pharmacy Services

Provider ID: _____ * ← 1

Program Code: DFEC ▾ * ← 2

Case ID: _____ * ← 3

4 → Diagnosis Codes: ___ ___ ___ ___ *(At least one Diagnosis Code is required)

5 → Procedure Code: _____ * OR Revenue Code: _____ *

NDC Code: _____ (Required for Unspecified J-Codes)   Procedure Code: _____ (If required by Revenue/Procedure Code Matrix)

Date of Service: _____ 📅 * ← 6

Claimant Eligibility Inquiry Response: Non-Pharmacy Services

The Claimant Eligibility Inquiry Response – The results on this page will show you:

- The Claimant's Case Status for the date of service entered.

- The Requested Date/Time.

- The level of authorization for the treatment/service as indicated by the Authorization Level field.

Note: If the claimant is not eligible for treatment/service entered, it will be defined under errors (errors may vary).

Claimant Eligibility Inquiry Response

Case ID: 012

Procedure Code: 29824

Date of Service: 02/11/2020

Request Date/Time: 02/11/2020 13:00:37

Case Status on 02/11/2020: MC-FECA Medical Benifits Only

Death Indicator: N

Authorization Level:

Errors

REQUESTED DIAGNOSIS NOT RELATED TO ACCEPTED CONDITIONS.

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Claimant Eligibility Inquiry: Accepted Conditions (AC)

Select the inquiry type

- Accepted Conditions – will display the diagnosis codes describing the injury or illness that has been accepted by DOL. This function can only be performed for DFEC, DEEOIC and DLHWC claimants only.
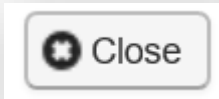
Claimant Eligibility Inquiry: Accepted Conditions (AC)

1. Enter the claimant Case ID.

2. Select the Program Code that the claimant is enrolled under if you are enrolled with more than one program.

3. Enter the Date of Service (DOS).

4. Click Submit.

Claimant Eligibility Inquiry: Accepted Conditions (AC) List

Close

5 Click Close to return to the Provider Portal Home Page.

Accepted Condition ID △▼	Diagnosis Code ▲▼	ICD 9/10 ▲▼	Modifier ▲▼	Description ▲▼	Start Date ▲▼	End Date ▲▼
1	S8391XA	10		SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE, INITIAL ENCOUNTER	10/31/2016	12/31/2050
2	S72302A	10		UNSP FRACTURE OF SHAFT OF LEFT FEMUR, INIT FOR CLOS FX	10/31/2016	12/31/2050

1 The list of DX will populate

Note: The DX hyperlink displays the DX details.

2 ICD Indicator
9 = ICD 9
10= ICD 10
D = Dual

3 Gives a description of the DX

4 DX are valid for DOS between the start and end dates

Claimant Eligibility Inquiry: Accepted Conditions (AC) – Diagnosis Detail

More detailed information will display:

1. Gender - **B**=Both, **F**=Female and **M**=Male

2. Diagnosis Eligibility Date Range

3. Diagnosis Effective Date

4. Diagnosis Category - D= Dual, D9 = ICD 9 and DA= ICD 10

5. Status - Approved

Click Close to return to the previous screen

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Pharmacy Services

Pharmacy services will not transfer to CNSI. These services will stay with Conduent. For pharmacy related questions, please call 1-866-664-5581 or visit their web address @ https://owcprx.dol.gov/.

THANK YOU!