WCMBP System
Claimant Eligibility

Introduction

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

The 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 occupational diseases the claimant is eligible to be treated for.

- Eliminate common bill denials.

Overview

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

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

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

- Authorization Levels determine if a service requires an authorization.

    Level 1 = No Authorization required

    Level 2 = Authorization Required – Review by Acentra Health Staff

    Level 3 = Authorization Required – Review by DOL Staff

Accessing Claimant Eligibility in the WCMBP System

How it works:

1. Log into the WCMBP System. The system displays the default Select a Provider ID Number page.

2. Select the *appropriate profile*, **EXT Provider Bills Submitter**, from the drop-down list.

3. Select the **Eligibility Inquiry** link 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 inquiry type, complete the fields in the applicable section below, and click "Submit".
The Non-Pharmacy Services inquiry will indicate if the claimant is eligible for the services and if prior authorization is required.
The Accepted Conditions inquiry will indicate the injuries and/or illnesses approved by OWCP for a claimant's case.
Please refer to the following link for a step-by-step tutorial: **Verify Claimant Eligibility.**
* ●Non-Pharmacy Services ○Accepted Conditions (DFEC,DEEOIC and DLHWC Only)

Claimant Eligibility Inquiry: Non-Pharmacy Services

The Provider ID you are logged in under auto-populates.

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

2. Enter the claimant's Case ID∗.

3. Enter at least one Diagnosis Code.

4. Enter a Procedure Code or Revenue Code.

5. Enter the Date of Service (DOS).

6. Select **Submit**.

Errors: CaseID Invalid #1 ; Diagnosis Code(s) invalid # s8391xa

Close   Submit   6

Eligibility for Non-Pharmacy Services

Provider ID:	*
Program Code:	DFEC ∨ * ← 1
Case ID:	* ← 2
3 → Diagnosis Codes:	*(At least one Diagnosis Code is required)
4 → Procedure Code:	* OR Revenue Code: *
NDC Code:	(Required for Unspecified J-Codes) Procedure Code: (If required by Revenue/Procedure Code Matrix)
Date of Service:	🗓 * ← 5

Note: If any information keyed in is invalid, an error message will open above the Close and Submit buttons (errors may vary).
∗ New feature – Electronic Case file look-up. See [page 11](#).

Claimant Eligibility Inquiry Response: Non-Pharmacy Services

The results on this page will show you:

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

- The Requested Date and Time.

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

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.

Note: If the claimant is not eligible for the treatment or service entered, it will be identified under the Errors field (errors may vary).

# 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 be performed for DFEC, DEEOIC, and DLHWC claimants only.*

1. Enter the claimant Case ID.

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

3. Enter the Date of Service (DOS).

4. Select **Submit**.

⊗ Close   **⊘ Submit** ← 4

Claimant Eligibility Inquiry

Please select the inquiry type, complete the fields in the applicable section below, and click "Submit".
The Non-Pharmacy Services inquiry will indicate if the claimant is eligible for the services and if prior authorization is required.
The Accepted Conditions inquiry will indicate the injuries and/or illnesses approved by OWCP for a claimant's case.
Please refer to the following link for a step-by-step tutorial: **Verify Claimant Eligibility.**

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

Eligibility for Accepted Condition Services

1 → Case ID: [   ] *

2 → Program Code: [DEEOIC ▾] *

Date of Service: [🗓] ← 3

Claimant Eligibility Inquiry: Accepted Conditions (AC) List
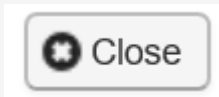
Close — 5 — Selecting **Close** will return you to the Provider Portal Home Page.

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 codes will populate.

Note: The DX code link displays the DX code details.

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

3 Provides a description of the DX codes.

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

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

More detailed information will display:

1. Sex - **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

Selecting **Close** returns you to the previous screen.

* Electronic Case File Look-up – new feature

Providers can look up cases in the Provider Portal

How it works:

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

2. Select the appropriate Profile from the drop-down list.

3. Select the **Case Look-up** link in the column on the left under Claimant.

Select a Provider ID Number to continue to the Provider Portal:
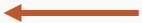
Available Provider IDs: 700

Go

Select a profile to use during this session:

Profile: [   ] Go

- EXT Provider Bills Submitter
- EXT Provider Claims Payment Status Checker
- EXT Provider Eligibility Checker - Auth Submitter
- EXT Provider Eligibility Checker-Claims Submitter
- EXT Provider File Maintenance
- EXT Provider Super User
- EXT Provider System Administrator

Claimant

Eligibility Inquiry
Case Look-up

Claimant Case Lookup in the WCMBP System

The System displays the Claimant Case Lookup page.

Complete the required fields, and any optional fields, to perform the case lookup.

1. Select the Program Code from the drop-down list.

2. Enter or Select the Date of Birth (DOB) from the calendar icon.

3. Enter one of the following fields to perform a case lookup:

   ▪ Social Security Number (SSN)

   ▪ First Name and Last Name

Claimant Case Lookup in the WCMBP System – Access Claimant Eligibility

The system displays the case-related information.

The Case Number in the **Claimant List** section is linked.

Upon selecting the link, the system directs provider users to the Claimant Eligibility Inquiry screen.

Pharmacy Services

For pharmacy-related questions,

- Division of Coal Mine Workers' Compensation (DCMWC) and Division of Energy Employees Occupational Illness Compensation (DEEOIC) callers can reach Conduent at: 1-866-664-5581 or visit at: https://owcprx.dol.gov/.

- For Federal Employees' Compensation Act (FECA) visit at: https://feca-pharmacy.dol.gov/home.

THANK YOU!