

Submitting Requests for Prior Authorizations



Prior Medical Authorization Process

- To be paid for treating federal employees covered by the Federal Employees' Compensation Act (FECA), a provider must enroll with FECA's medical authorization and bill payment contractor.
- Both enrollment and web registration can be accomplished online at:
<https://owcpmed.dol.gov>



Prior Medical Authorization Process

Many services do not require prior authorization, and this can be determined quickly. Before submitting any request, enrolled providers should inquire about eligibility for the requested medical and pharmacy services:

- Online using DFEC's third-party medical billing contractor Web Bill Processing Portal
 - <https://owcpmed.dol.gov>
- By telephone using Interactive Voice Response (IVR) system (IVR also offers answers to many common questions)

Authorization Levels

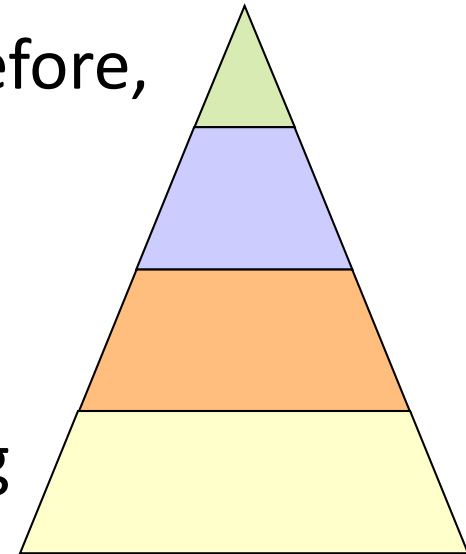
Medical authorization requests are classified according to four levels:

- LEVEL 1: Procedures do not require authorization (for example: office visits, MRTs, routine diagnostic tests). No response will be sent on fax requests. The provider may check the website or call 1-866-335-8319.
- LEVEL 2: Procedures can be authorized by DFEC's third-party medical billing contractor – often over telephone with DFEC's third-party medical billing contractor. Review by Claims Examiner (CE) may be needed.
- LEVEL 3/4: Procedures require authorization by CE, but are initiated via fax or web from provider to DFEC's third-party medical billing contractor. A fax request could take up to 7 work days. A web request should be monitored via web.

Submitting Authorization Requests

If the request is a Level 2, 3, or 4 and therefore, in need of prior authorization, enrolled providers may submit requests:

- On the DFEC's third-party medical billing contractor website
 - <https://owcpmed.dol.gov>
- By faxing a completed authorization request form:
 - Fax Number: 1-800-215-4901



Processing of Authorization Requests

- Within two business days, authorization request is logged into DFEC's third-party medical billing contractor system, forwarded to CE if necessary, or returned to provider if incomplete.
- If a request for authorization is approved by DFEC's third-party medical billing contractor, which usually takes about three days, requesting provider is notified via mail.
- If a request cannot be approved because additional information is needed, requesting provider is notified via mail.
- If request is accepted for processing but cannot be authorized by DFEC's third-party medical billing contractor, a computer message ("thread") is sent to CE requesting instruction on how to proceed.
- CE reviews the request and evidence in the file, and advises DFEC's third-party medical billing contractor whether it is approved, denied, or requires medical development.

Processing of Authorization Requests



- If medical development is required, the CE develops the issue. This may involve writing to treating physician, review by District Medical Advisor, or referral for a second opinion.
- If a request is denied after appropriate development, CE issues an official denial letter with appeal rights to injured worker.
- Authorization status is available via DFEC's third-party medical billing contractor web portal at <https://owcpmed.dol.gov> or via the DFEC's third-party medical billing contractor IVR at 866-335-8319.

Questions

To be paid for treating federal employees covered by the Federal Employees' Compensation Act (FECA), a provider must enroll with FECA's medical authorization and bill payment contractor.

- a) True
- b) False

Questions

Before submitting a request, enrolled providers can inquire about eligibility for requested medical and pharmacy services by:

- a) Using the Medical Bill Pay Contractor Web Bill Processing Portal
- b) Telephone using the IVR system
- c) Both a & b
- d) None of the above

Questions

When a request for non-routine medical authorization is received, who reviews the request and advises whether it is approved, denied, or requires medical development?

- a) The injured employee
- b) The physician that made the request
- c) The employing agency
- d) The claims examiner handling the case

Take Away Tips

- 1) To be paid for treating federal employees covered by the Federal Employees' Compensation Act (FECA), a provider must enroll with FECA's medical authorization and bill payment contractor.
- 2) Medical authorization requests are classified according to four levels. If the request is a Level 2, 3, or 4 and therefore, in need of prior authorization, enrolled providers may submit requests:
 - Level 1: Procedures do not require authorization
 - Level 2: Procedures can be authorized by FECA's Medical Bill Pay Contractor
 - Level 3/4: Procedures require authorization by CE
- 3) If a request for authorization is approved by FECA's Medical Bill Pay Contractor, which usually takes about three days, requesting provider is notified via mail. If a request cannot be approved because additional information is needed, requesting provider is notified via mail. If request is accepted for processing but cannot be authorized by FECA's Medical Bill Pay Contractor, a computer message ("thread") is sent to CE requesting instruction on how to proceed. CE reviews the request and evidence in the file, and advises FECA's Medical Bill Pay Contractor whether it is approved, denied, or requires medical development.
- 4) If a request is denied after appropriate development, CE issues an official denial letter with appeal rights to injured worker.