Where do I send mail?

All mail and bills for Federal workers’ compensation cases should be sent to:

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

Be sure to include the claim number on EVERY page you send.

I just found out you won’t authorize or pay for treatment/medication my doctor prescribed. What do I do now?

We have recently enhanced our computer system to ensure that the care the injured worker is receiving is relevant to the condition(s) for which the case was accepted. These enhancements were made in accordance with the Federal Employees’ Compensation Act which mandates OWCP to furnish an injured worker with services, appliances, and supplies prescribed by a qualified physician which OWCP deems likely “to cure, give relief, reduce the degree or the period of disability, or aid in lessening the amount of monthly compensation.” While we have always had processes in place to help assure that OWCP authorizes and pays only for services, treatments, medications, and durable medical equipment related to the accepted conditions on a claim, our recent computer enhancements provide more rigor to these processes.

As a result of this, some injured workers may find that treatment or medications previously allowed are no longer available to them. If an injured worker’s physician believes a treatment, procedure, or medication is necessary for the treatment of the injured worker’s accepted conditions, the provider needs to submit medical documentation for review by the claims examiner. As is the case with anything sent to OWCP, please be sure to include the injured worker’s claim/case number on every page. Please mail all documentation to U.S. Department of Labor, DFEC Central Mailroom, P.O. Box 8300, London, KY 40742-8300.

How do I learn the status of a medical authorization request?

Injured Workers, Providers, and Employing Agencies can check on the status of medical authorizations at http://owcp.dol.acs-inc.com. Having this information on the
web is beneficial since authorization information is available 24 hours/day, 7 days/week without calling for an authorization number or waiting for the receipt of an authorization letter in the mail. Claimant eligibility, bill status, and medical authorization inquiry functionality is also available 24 hours a day via our Interactive Voice Response (IVR) system. To access the IVR, call 866-335-8319. To speak with a Customer Service Representative regarding an authorization, you may call 850-558-1818 which will be a toll call. This number is available Monday – Friday, 8am – 8pm, EST.

How do I learn the status of a bill or claim for reimbursement?

Injured Workers, Providers, and Employing Agencies can check on the status of bills and reimbursements at [http://owcp.dol.acs-inc.com](http://owcp.dol.acs-inc.com). Claimant eligibility, bill status, and medical authorization inquiry functionality is also available 24 hours a day via our Interactive Voice Response (IVR) system. To access the IVR, please dial 866-335-8319. To speak with a Customer Service Representative regarding a bill or reimbursement, you may call 850-558-1818 which will be a toll call. This number is available Monday – Friday, 8am – 8pm, EST.

How do I do find out my accepted conditions?

While your initial acceptance letter includes this information, claims are often updated to include other conditions. This information is now available online at [http://owcp.dol.acs-inc.com](http://owcp.dol.acs-inc.com) – click on the "Eligibility and Accepted Conditions" link. You can help your Provider by giving her/him the list of accepted conditions for your claim and by telling her/him how to access this information online.

Read the instructions on how to use this functionality.

I think that other diagnoses need to be added as accepted conditions on my claim. What should I do?

If you believe that additional or different conditions warrant acceptance on your claim, please provide OWCP with medical documentation supporting the claim's expansion for review by the claims examiner. As is the case with anything sent to OWCP, this medical documentation must include the claim/case number on every page and should be mailed to U.S. Department of Labor, DFEC Central Mailroom, P.O. Box 8300, London, KY 20742-8300.

What form do I submit to get reimbursed for traveling to and from my medical appointments?

Complete the OWCP-957 “Medical Travel Refund Request” form to request reimbursement for your transportation/mileage expenses. This form is available online at [http://owcp.dol.acs-inc.com](http://owcp.dol.acs-inc.com) – click on the "Forms and Links" link. Write your OWCP claim number on the top right side of the form. You may record 3 trips on each form.
The section requiring a Doctor’s signature for each trip does not apply to OWCP claimants.

Mail the completed OWCP-957 to:

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

How do I get reimbursed for out of pocket expenses I’ve paid for authorized treatments, pharmacy expenses/medications, medical appliances, or medical supplies for a work-related injury?

Reimbursement for pharmacy expenses/medications, medical appliances and supplies, and medical, surgical, and dental services can be claimed using Form OWCP-915 “Claimant Medical Reimbursement Form”. This form is available online at http://owcp.dol.acs-inc.com – click on the “Forms and Links” link. Put each date of service on a separate line. If you are requesting reimbursement for a co-pay, write “Co-Pay” in the “Description of Charge” field. Use a separate form for each provider you paid. Don’t mix prescriptions and office visits on the same form.

A reimbursement claim for medical services, surgical services, medical appliances, or medical supplies must be accompanied by a copy of the OWCP-1500/HCFA-1500 “Health Insurance Claim Form” showing individual charges and signed by the medical Provider. A reimbursement claim for dental services may be accompanied by a dental version of the HCFA-1500 called the ADA 515 instead. While both of these forms are available online (http://owcp.dol.acs-inc.com – click on the “Forms and Links” link), your medical Provider is very familiar with them and maintains a supply. Your medical Provider must complete and sign these forms.

A reimbursement claim for pharmacy expenses/medications must be accompanied by a copy of the Universal Claim Form or other pharmacy statement showing the name of the drug, NDC code, quantity provided, cost, prescribing physician, and date the prescription was filled.

All reimbursement requests must be accompanied by proof of payment – a cash receipt, cancelled check, or credit card receipt.

Mail the completed OWCP-915 and related documentation to:

U.S. Department of Labor
DFEC Central Mailroom
PO Box 8300
London, KY 40742-8300
Be sure to include your claim number on EVERY page you send.

**If OWCP does not pay my provider's bill in full, am I required to pay my provider the difference between what was billed and what OWCP paid?**

If a provider's bill is reduced by OWCP in accordance with its fee schedule or other tests of reasonableness, the provider is not allowed to charge you as a claimant for the remainder of the bill. If an authorized service has been rendered for your accepted work-related condition, you are not responsible for charges over the maximum allowed in the OWCP fee schedule. 20 C.F.R. §10.801 (d) provides that by submitting a bill and/or accepting payment, the provider signifies that the service for which reimbursement is sought was performed as described and was necessary. In addition, the provider thereby agrees to comply with all regulations concerning the rendering of treatment and/or the process for seeking reimbursement for medical services, including the fee schedule’s limitation imposed on the amount to be paid for such services. See also 20 CFR §10.813.

**I think I might need some help in using the web portal. Do you have some instructions or a user manual?**

Yes. Go to [http://owcp.dol.acs-inc.com](http://owcp.dol.acs-inc.com) and click on the Help link (it’s on the right side, above the yellow box). This will open a User Guide.

**What are the benefits of centralizing medical authorizations and billing?**

The new system is designed to allow our contractor, ACS, to approve services and payments based on established treatment guidelines and OWCP staff decisions regarding covered conditions. In turn, this allows OWCP staff to dedicate more time to entitlement issues and return to work efforts. We have made eligibility, medical authorization, and billing information accessible 24 hours a day/7 days a week to Injured Workers, Employing Agencies, and Providers via the Interactive Voice Response (IVR) system and the web. Providers can now request, and for routine services receive, authorization on-line which is easier for providers and speeds up the authorization process.

**Why did you change to a toll number to talk with a Customer Service Representative?**

We offer an automated toll-free Interactive Voice Response (IVR) system at 866-335-8319 which provides access to information regarding eligibility, authorization, and bill payment status. This information is also available online at [http://owcp.dol.acs-inc.com](http://owcp.dol.acs-inc.com). A great deal of information is available through the automated toll-free IVR and web based processes which are available 24/7. All of these allow for a greater savings to DFEC so that future enhancements can be implemented.