

ACS Medical Bill Processing

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Portal Overview

The Division of Federal Employees' Compensation (DFEC) of OWCP has teamed up with a private sector contractor, ACS, to operate our medical bill payment and medical authorization processes.

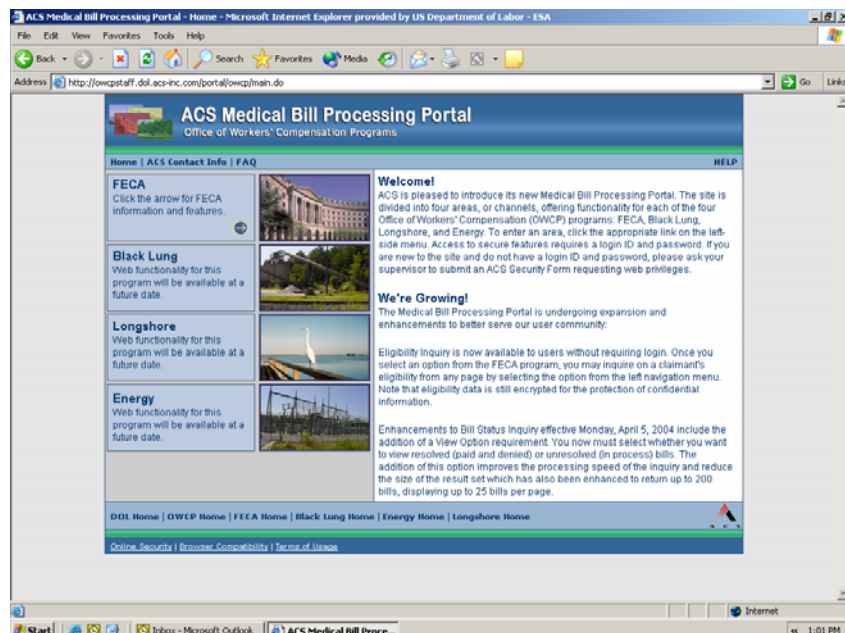
The ACS Medical Bill Processing Portal was designed to complement the OWCP Medical Bill Processing System and Medical Authorization process in order to free

up claims examiners to perform adjudicatory and return to work functions. This portal provides bill status inquiry, payment inquiry, claimant eligibility inquiry, and web-based bill entry.

The transition to this new system has not been as smooth as we had anticipated; however, enhancements are being made as quickly as possible to improve our service.

The purpose of this newsletter is to announce the enhancements as they are ready, and provide agency personnel with a single reference document for topics of concern.

The portal can be accessed directly or through a new link from the Agency Query System.



Enhancements

Effective Wednesday, April 07, 2004, DFEC proudly announced an enhancement to the Agency Query System (AQS) "Bill Inquiry" function that now provides a direct link to ACS.

In response to agency requests to improve the ACS Bill Processing Portal, enhancements were designed to provide you with the same sort of bill information previously available through AQS with some additional features. The enhancements enable registered AQS users to access the ACS Medical Bill Processing Portal through a link from the AQS Injured Worker Case Query results page. At the bottom of the Injured Worker Case Query page, you will find an option for "Bill Inquiry". This option provides for a direct link to ACS. The key feature of accessing ACS through this method is that the fields are automatically populated with information about the claimant, i.e., case number, date of birth and date of injury. You no longer have to gather this information from AQS, write it down, log out of AQS, access ACS, and input the information manually.

Once at ACS, you will be taken directly to a page that allows you to query bills. You are given a choice

of views: "Resolved Bills" (paid and denied) or "Unresolved Bills" (in process). You may choose to search for particular dates of service or do a general search that will provide up to 200 bills per case. This is a tremendous advancement over the old way of accessing bills through ACS. As you are all aware, the original version only allowed you to access bills within a 30 day window. If you were unsure of the dates, you were forced to perform a month by month search.

Once the bill in question is located, you may opt to see detailed information regarding that particular bill by clicking on the Transaction Control Number (TCN) located at the top of the entry. These details include line items, provider names and addresses, and Remittance Voucher numbers and dates. From this screen, you can also access information that explains what ICD-9 or CPT codes were used for the bill and any Explanation of Benefits (EOB) messages issued explaining payment. By simply leaving your cursor suspended above these fields, you will see an explanation of the codes at the bottom of your browser. If you click on the fields, you will be given a window that contains the same information.

The "Bill Inquiry" link from AQS will also allow you to make eligibility inquiries (however it will not pre-populate the fields). When you first link to ACS, you will see four options listed on the far left hand side of the Bill Status Inquiry page. If you are trying to determine whether a particular medical procedure is authorized in a case, you will select "Eligibility Inquiry".

This option will take you to a screen that allows for reviewing non-pharmacy and pharmacy services. When inquiring about eligibility for non-pharmacy services, it will be critical that you have the following information in order to proceed: FECA case number, the procedure code or revenue code of the service being requested and the date of service. For pharmacy services you will need the FECA case number, the NDC Code and the date that the prescription was filled.

Note: CA-16's are critical for medical authorizations in UN/UD Cases.

Once the appropriate information is entered, you will be provided with an "Eligibility Response". This will show the case status as of the date the procedure was performed or requested and the approval level of the procedure (this will be from 1 through 4). Level 1 and Level 2 procedures can be authorized by ACS personnel. Level 3 and Level 4 will need authorization through the assigned claims examiner at the responsible district office.

All of the above enhancements are currently available and should make the process of reviewing bill status and medical eligibility much easier for injury compensation specialists. As new changes are made, we will let you know as soon as possible.

Access ACS through AQS

<https://www.dol-esa.gov/aqs>

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Office of Workers' Compensation Programs

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Bill Status Inquiry

Please enter the information below and click 'Submit.'

FECA Case #: 122004556

* View Option: Resolved Bills (Paid and Denied)
 Bills In Process

Date of Service From: mm dd cyyy - To: mm dd cyyy
 / / - / /

ACS Provider ID:

* denotes required fields

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Bill Status Inquiry

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Bill Status Response - Bill List

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Inquiry Criteria

FECA Case #: 122004556 View Option: Resolved Bills (Paid and Denied)
 Program(s): FECA Date of Service: 11/15/2003 - 12/16/2003
 Date of Birth: 05/19/1972

Bills Retrieved from Inquiry Bills 1 - 2 of 2

Please click a TCN link to view the detail for that bill.

- TCN: [00336399002000100](#) Date of Service: 12/15/2003 - 12/16/2003

| | | | | | |
|----------------|--------------------------------|-------------------|----------------------|----------|------------|
| Bill Status: | PAID | RV Number: | 693428 | RV Date: | 12/30/2003 |
| Billed Amount: | \$ 1,000.00 | Paid Amount: | \$ 1,000.00 | Program: | FECA |
| Bill Type: | OUTPATIENT CLAIMS | Billed Diagnosis: | 1. 354.0 | | |
| Provider ID: | 100095200 | Provider Name: | LORRAINE WILLIAMS 01 | | |
| Provider Type: | ADVANCE REG NURSE PRACTITIONER | | | | |
- TCN: [00336399001000100](#) Date of Service: 12/02/2003 - 12/02/2003

| | | | | | |
|----------------|----------------|-------------------|----------------------|----------|------------|
| Bill Status: | PAID | RV Number: | 698442 | RV Date: | 01/09/2004 |
| Billed Amount: | \$ 1,000.00 | Paid Amount: | \$ 50.00 | Program: | FECA |
| Bill Type: | HCFA-1500 | Billed Diagnosis: | 1. 235.0 | | |
| Provider ID: | 001015621 | Provider Name: | ANGELA ATL TEST M.D. | | |
| Provider Type: | ACUTE HOSPITAL | | | | |

Bills 1 - 2 of 2

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Bill Response


Bill Inquiry

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Bill Status Response - Bill Detail

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| | | |
|-------------------------------|----------------------------------|----------------------|
| TCH: 00336399002000100 | FECA Case #: 122004556 | Program: FECA |
| Bill Status: PAID | Date of Birth: 05/19/1972 | |

| | |
|--|--|
| RV Number: 693428 | RV Date: 12/30/2003 |
| Billed Amount: \$ 1,000.00 | Paid Amount: \$ 1,000.00 |
| Bill Type: OUTPATIENT CLAIMS | Billed Diagnosis: 1, 354.0 |
| Provider ID: 100095200 | Provider Name: LORRAINE WILLIAMS 01 |
| Provider Type: ADVANCE REG NURSE PRACTITIONER | |

Line Items

| 1. | LI Status | Date of Service From - To | LI Amount Billed | LI Amount Paid |
|----|--------------------|---------------------------|------------------|----------------|
| | PAID | 12/15/2003 - 12/16/2003 | \$ 1,000.00 | \$ 1,000.00 |
| | Proc. Code: | 36000 | | |

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Bill Detail

ACS Contacts

ACS Web Portal Administrator
1-800-461-7485

Customer Service Issues
ACS
PO Box 8300
London, KY 40742-8300
1-866-335-8319

Submit paper bills to the US Department of Labor
US Department of Labor
PO Box 8300
London, KY 40742-8300
1-866-335-8319

System or Technical Issues
Health Care Solutions Operations Center
1-800-461-7485 or 1-800-558-1775

Provider Enrollment questions
ACS
Enrollment Unit
PO Box 14600
Tallahassee, FL 32317-4600
1-866-335-8319

Prescription Benefits and Processing questions
ACS 1-866-664-5581

Interactive Voice Response Unit Access
1-866-335-8319

Screen Shots

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Eligibility Inquiry

Please complete the fields in the appropriate section below and click 'Submit.' Note that field requirements differ for eligibility inquiries for pharmacy services.

ELIGIBILITY FOR NON-PHARMACY SERVICES

* FECA Case #:

* Procedure Code: OR * Revenue Code:

* Date of Service - From: mm dd yyyy

ELIGIBILITY FOR PHARMACY SERVICES

* FECA Case #: * NDC Code:

* Date Prescription Filled: mm dd yyyy

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ACS Eligibility Inquiry Screen

Medical Authorizations

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Eligibility Response

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| FECA Case # | Procedure Code | Date of Service |
|-------------|----------------|-----------------|
| 122004556 | 36000 | 12/15/2003 |

| | | |
|----------------------------------|------------|--|
| Case Status on 12/15/2003 | C4 | Due to indications that long-term treatment of the injured worker's work-related injury will not be or is no longer required, the case has been closed. Medical services may be payable up to 120 days from the date of closure. |
| Deceased Indicator | N | |
| Approval Level | 1 | 36000 code is payable for case 122004556 on 12/15/2003. The code is covered if total medical expenditure limits are not exceeded, treatment is related to the injured worker's accepted condition, and, for closed cases, the date of service is prior to the case closure date. |
| Case Closure Date | 01/17/2004 | |

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ACS Eligibility Response

Glossary of Terms

ACS Provider ID: The 9-digit number assigned to a FECA provider by ACS during provider enrollment.

Approval Level: Found in eligibility response. This is the approval level of the procedure or service specified in the eligibility inquiry. FECA Approval Levels range from 1-4. Levels 3-4 require prior medical authorization.

Bill Status: Found in the bill status response. This is the status of a bill at the header (summary) level. Valid values for this field are Paid, Denied, or In-Process. Individual line items within a bill may have differing line item (LI) statuses.

Case Closure Date: Found in eligibility response. This is the date upon which a case was or will be closed. Case Closure Date is only displayed if the case status returned indicates a closure (e.g., C5 status).

Date Prescription Filled: Found in eligibility inquiry and response. Required as input for an eligibility inquiry on a pharmacy service. This is the date the prescription was or is to be filled.

In Process: A status description used to indicate bill status at line item or summary level. In process bills include any bills with a status other than paid or denied (such as suspended, to be paid, and to be denied).

LI Bill Status: Found in the bill status detail response. The status of a particular line item (LI) within a bill.

NDC Code: Found in eligibility inquiry and response and bill response for pharmacy bills. Required as input for an eligibility inquiry on a pharmacy service. This is the National Drug Code (NDC)

Glossary of Terms, Continued...

Procedure Code: Required input criterion for non-pharmacy eligibility inquiries, except for inpatient bill inquiries. This is the code for the specified procedure/service being inquired on.

Program: The program associated with the specified case. Agencies will only see FECA program.

Revenue Code: Required input criterion for inpatient eligibility inquiries. Revenue code is used in lieu of procedure code for inpatient eligibility inquiries.

RV Date: Remittance Voucher (RV) date. Otherwise known as payment date or check or EFT date. This is the date the RV, and bill payment was issued. Found in bill status response.

RV Number: Remittance Voucher (RV) number. This is the 6-digit number that identifies the RV that accompanies bill payment to a provider. Found in bill status response.

TCN: Transaction Control Number (TCN) assigned to a bill as part of bill processing by ACS. TCN can be found on the remittance voucher that providers receive that shows the status of the bills they have submitted. Found in bill status inquiry and response.

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