HEALTH AND RESOURCE MANAGEMENT OFFICE

To: All Newly Injured Employees

The Department of Labor (DOL) has suspended USPS access to electronic case information and has ceased providing certain FECA information to USPS Injury Compensation Specialists, except in limited circumstances. This action is the result of a long-standing disagreement between the parties regarding the routine uses under the Privacy Act. The USPS has obligations under the National Labor Relations Act to provide assistance to our Labor Unions and to protect the collective bargaining rights of our employees. Until the DOL recognizes these obligations, the USPS has been forced to refuse to sign a Memorandum of Understanding (MOU) with DOL.

While we continue to discuss this issue with the DOL, we will be unable to provide you or your medical provider with your claim file number and will be limited in the type of assistance that we can provide to you.

After we forward your claim to the DOL Consolidated Case Create Facility, the DOL will be sending you a letter to verify that your case has been created. In the letter, DOL will provide the following information:

- File Number
- Assigned District Office
- General Claim Process Information
- Evidence Required to Accept Claim
- Documentation Submission Guidance
- Claimant Query System (CQS) Information

There are several websites that you can use that will help you obtain case specific information:

- The Claimant Query System (CQS) provides information about the claim including, accepted conditions, medical bill payment status, wage loss compensation status, and case history status. Information on how to utilize the CQS system can be found at: http://www.dol.gov/owcp/dfec/CQS061709.pdf

- Injured workers can navigate OWCP's phone system and ask to speak with a claims representative who will assist them with inquiries about their claim. Contact information for the district offices can be found at: http://www.dol.gov/owcp/contacts/fecacont.htm

Please provide us with this claim file number or a copy of the letter so we can ensure all the documents submitted to us pertaining to this claim are properly submitted to the DOL on your behalf using this claim file number. Providing us with the claim file number will enable us to assist your physicians and also ensure that DOL properly applies these documents to your claim in their system.

Although the DOL has implied that your access to USPS physical therapy, durable medical equipment/imaging and prescription medications programs may be impacted by the data suspension, it should be noted that this is not the case. All of our vendors are working to ensure that you continue to obtain the benefits of using these services with little or no difficulty. In order to ensure that you have the information needed to obtain these services, we are providing you with forms for physical therapy and durable medical equipment/imaging. These forms outline all of the data points needed to proceed with scheduling and purchase. For prescription medications, simply present your First Fill or Pharmacy Benefit card at your pharmacy as usual. There will be no additional data required. Contact your HRM office if you did not receive the First Fill or Pharmacy Benefit card from your supervisor.

We are committed to continuing to assist you with your claim within the constraints imposed by DOL. Please continue to contact us so that we may help direct you in resolving matters with the DOL and ensure that you obtain all the benefits that you are entitled to.

DMEplus (DME & Imaging)
Please fax with supporting medical documentation
Fax# 877-301-7208

All Prior Authorization requests must either be faxed on this template or be submitted through the Web Bill Processing Portal (owcp.dol.acs-inc.com). **All fields are required and must be complete. Incomplete requests and requests that are not properly coded with CPT or HCPCS cannot be processed and will be returned.**

Date Requested ______ Requested by ______ Phone ______

Case file# ______ Claimant Name ______

Claimant Date of Birth ______ Claimant Date of Injury ______

Provider Name ______

ACS Provider Number ______ Provider Tax ID ______

Are you in the process of enrolling? Yes No

Procedure Code Information: *Up to Five Procedure (CPT/HCPCS) codes may be entered.
(For additional procedures, please complete an additional template)

	Date of Service		Procedure	Rental (RR) or Purchase (NU) Modifier	**Units/Days Requested**	Total Requested Price Per Item
	From Date	To Date	Code	RR or NU	Units or Days	
1:						
2:						
3:						
4:						
5:						

Treatment Plan Information:

- Specific body part(s) to be treated ______
- Right ______, Left ______, Bilateral ______, N/A ______
- ICD-9 Diagnosis Code (s) ______
- Duration Requested, if rental ______

Is this an implant (Y/N) ______ Total Cost of Implant ______ Total Units Requested ______
****Please add units/days to each item per line****

Comments: ______

Please remember to send prescription from attending physician and treatment plan with requests for DME

**You can fax DME plus at 877-301-7208
or call 888-297-0822**

Physical Therapy/Occupational Therapy
Authorization Request
Please fax with supporting medical documentation. Fax # 904-394-8342

All Prior Authorization requests must either be faxed on this template or be submitted through the Web Bill Processing Portal (owcp.dol.acs-inc.com). All fields are required and must be complete. Incomplete requests and requests that are not properly coded with CPT or HCPCS cannot be processed and will be returned.

Date Requested ____________ Requested by ____________ Phone ____________

Case file # ____________ Claimant's Name ____________

Claimant Date of Birth ____________ Date of injury ____________

Provider Name ____________

ACS Provider Number ____________ Provider Tax ID ____________

Are you in the process of enrolling? ☐ Yes ☐ No

Procedure Code Information: Enter up to Ten Procedure (CPT/HCPCS) codes. For additional procedures, please complete an additional request.

	Date(s) of Service		Procedure CPT/HCPCS		# of Units per code	Frequency	Duration	Total # of Units Requested
	From	To	Code	Modifier				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Treatment Plan Information :

Body part to be treated	Side of body	ICD-9 code

* Is the requested therapy related to post-operative treatment ? ☐ yes ☐ no

Treatment Frequency Calculation

* To calculate Total Units/Days Requested, use the following formula for each procedure code requested:
# of Units Requested per procedure code x Frequency Requested x Duration Requested

Comments: ____________

Please remember to send prescription from attending physician and treatment plan with requests for physical or occupational therapy. Please put Case File # on every page faxed.

You can fax Align Networks at 904-394-8342
or call 877-422-5446