Federal Employees' Compensation

Branch of Technical Assistance

January 11, 2005

ACS Medical Authorization Processing

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Medical Authorization Access

WEB:
http://owcp.dol.acs-inc.com

IVR:
866-335-8319

FAX:
800-215-4901.

New Templates for Faxed Requests

Effective January 3, 2005, ACS implemented a uniform process for authorizing general medical and surgical procedures, requests for physical and occupational therapy and requests for the purchase or rental of durable medical equipment.

For fastest service, physicians should request authorization for these services and products through the ACS web portal at http://owcp.dol.acs-inc.com. However, if they do not have internet access they can fax their requests to 800-215-4901.

If a physician wishes to fax in a request , they must now complete the appropriate template.

All items requested on the form must be completed for a request to be honored. If items on the form are left off or improperly completed, the template form will automatically be faxed back to the provider for resubmission. No further action will be taken on the initial submission.

The following pages contain the three templates . Please feel free to share them with your employees and their providers.

General Medical and Surgery
Authorization Request Form
Please fax with supporting medical documentation
800-215-4901

Date Requested _____ Requested by _____

Case file # _____

Claimant Name _____

Claimant Date of Birth (optional) _____

Provider Name _____

ACS Provider Number _____

Provider Tax ID _____

Date(s) of Service Requested _____

ICD-9 _____

Procedure Code(s) and/or Modifier(s) (CPT, HCPCs, RCC) _____

_____

Specific body part to be treated _____

Units/Days Requested _____

Comments _____

_____

_____

_____

Please remember to send any supporting medical documentation with request.
Please put Case File # on every page faxed.
800-215-4901

PT and OT Authorization Request Form
Please fax with supporting medical documentation
800-215-4901

Date Requested _____ Requested by _____

Case file # _____

Claimant Name _____

Claimant Date of Birth (optional) _____

Provider Name _____

ACS Provider Number _____

Provider Tax ID _____

Date(s) of Service Requested _____

ICD-9 _____

Procedure Code(s) and/or Modifier(s) (CPT, HCPCs, RCC) _____

_____

Specific body part to be treated _____

Frequency and Duration Requested _____

Comments _____

_____

_____

_____

Please remember to send prescription from attending physician and treatment plan with request for physical therapy or occupational therapy. Please put Case File # on every page faxed.
800-215-4901

Durable Medical Equipment
Authorization Request Form
Please fax with supporting medical documentation
800-215-4901

Date Requested _____ Requested by _____

Case file # _____

Claimant Name _____

Claimant Date of Birth (optional) _____

Provider Name _____

ACS Provider Number _____

Provider Tax ID _____

Date(s) of Service Requested _____

Procedure Code(s) and/or Modifier(s) (CPT, HCPCs, RCC) _____

_____

Rental or Purchase and price per item _____

_____

Duration Requested _____

Comments _____

_____

_____

_____

Please remember to send prescription from attending physician and any supporting medical documentation for request
800-215-4901

ACS Contacts

ACS Web Portal Administrator
1-800-461-7485

Customer Service Issues
ACS
PO Box 8300
London, KY 40742-8300
1-850-558-1818

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

Division of Federal Employees' Compensation
200 Constitution Avenue, NW. Rm. S-3229
Washington, DC 20210

Phone: 202-693-0040
Fax: 202-693-1498