Claim Submission Methods

PROVIDERS CAN HAVE BILLS PROCESSED SOONER, EFFECTIVELY, AND EFFICIENTLY!

For faster processing time, providers have the convenience of submitting via Electronic Data Interchange (EDI), Direct Data Entry (DDE).

PROVIDERS CAN ALSO SUBMIT PAPER BILLS TO THE MAILROOM

Below are tips to successfully submit bills via EDI, DDE, or paper.

Paper Submission	**Paper:**
	
	• Paper bill submission allows providers to access claim forms via the WCMBP portal, print and mail bills to the OWCP mailroom where the received bills are:
	    ○ Scanned
	    ○ Imaged, and
	    ○ Reviewed for completeness
	
	• Bills received in the mailroom are keyed into the WCMBP system for review and processed for payment consideration.
	• If information is missing or invalid on the submitted form, the mailroom will return the form to the provider via mail, listing the Return to Provider (RTP) reason.
	    ○ To avoid RTP, verify all required information is documented in the appropriate field on the form
	    ○ The OWCP Provider ID is active
	    ○ The claimant information, such as date of birth and case ID, is valid and matches
	    ○ The ICD indicator field is filled out
	• To avoid denials for duplicate service, make sure to attach supporting documentation for the duplicate billing such as the medical records.
	• Outpatient bills with a type of bill 13x or 14x, Medicare Number is required in block 51B on the UB-04 form
	• When billing with a date of services, not within the timely filing guideline, attach documentation showing the bill was submitted timely such as an EOB, RTP letter, or a previous TCN.
	• Please feel free to visit the OWCP Fee schedule at https://www.dol.gov/agencies/owcp/regs/feeschedule/accept to view the OWCP Medical Fee Schedule information for the programs, procedure code calculation, and policies.
	• When submitting a bill for services that required authorization, make sure authorization is approved before submitting the bill for payment.
	
	Providers can submit paper bills via the mail. To do this, providers can either complete the fillable form on the web portal or print the form, sign it, and mail it to one of the P.O. Boxes listed below.
	
	• U.S. Department of Labor OWCP/DFEC
	  P. O. Box 8300
	  London, KY 40742-8300
	
	• U.S. Department of Labor OWCP/DEEOIC
	  P. O. Box 8304
	  London, KY 40742-8304
	
	• U.S. Department of Labor OWCP/DCMWC
	  P. O. Box 8302
	• London, KY 40742-8302
	
	***Note:** When submitting bills via paper, it could take up to 24 hours for the bills to upload into the WCMBP System when it is received in the mailroom.*

Direct Data Entry Submission	**Direct Data Entry (DDE):**
	• Providers can submit the following bills via DDE:
	    ○ Professional
	    ○ Institutional, and
	    ○ Dental
	• Providers key the bill directly into the WCMBP System where upfront editing will occur with instant notification of errors.
	• Providers can view the status of their bills including:
	    ○ Payment amount
	    ○ Denial reasons
	    ○ Remittance Voucher (RV) information
	• The DDE method also allow providers to make corrections to bills instantly
	• To avoid denials for duplicate service, make sure to attach supporting documentation for the duplicate billing such as the medical records
	• Outpatient bills with a type of bill 13x or 14x, Medicare Number is required in block 51B on the UB-04 form
	• When billing with a date of services not within the timely filing guideline, upload documentation showing the bill was submitted timely such as an EOB, RTP letter, or a previous TCN.
	• Please feel free to visit the OWCP Medical Fee Schedule at https://www.dol.gov/agencies/owcp/regs/feeschedule/accept to view the fee schedule information for the programs, procedure code calculation, and policies.
	• Reduce denials by making sure the billed diagnosis code is payable for the claimant's injury
	    ○ Best practice - Use the claimant eligibility feature available on the provider portal which provides real-time response informing you whether the diagnosis code and/or procedure code is payable for the claimant
	• Double-check the bill and uploaded attachments before submitting the bills to ensure all the information entered is correct
	• When submitting a bill for services that required authorization, make sure authorization is approved before submitting the bill for payment.
	Within the WCMBP Bill Processing Portal, providers can submit bills online. This feature makes it easier and faster to submit bills and supporting documentation which go directly to the WCMBP system for processing and payment consideration. Some of the benefits to online billing are:
	• Cost saving to provider as the expense for paper, printing, storage, filing and postage, go away
	• Eliminates the potential for lost mail
	• Bill completed and uploaded into the WCMBP system in minutes
	
	Here is all you need to do to be on the path to faster payments:
	• Register your OWCP Provider ID on the web portal
	    ○ Visit the initial access quick reference guide for instructions on how to register for online submissions
	• Once registered, you are all set to begin submitting your bills. Visit the online billing quick reference guide for step-by-step instructions
	• Providers can also create bill templates to reduce the need to recreate an entire bill

Electronic Data Interchange Submission	**Electronic Data Interchange (EDI)** EDI (Electronic Data Interchange) X12 is a data format based on the Accredited Standards Committee (ASC) X12 standards. EDI allows one company to send information to another company electronically, rather than using paper. Business entities conducting business electronically are known as "Trading Partners." A Trading Partner may represent an organization, group of organizations, or any other business entity. The WCMBP System processes the following EDI transaction and acknowledgement files: • 837 Inbound File – An electronic file that contains information about patient claims that are sent by healthcare providers to a payor (OWCP). • 835 Outbound File – Is the electronic Remittance Voucher (RV)/Explanation of Benefits (EOB) sent by the payor (OWCP) to the providers about the healthcare services being paid or denied. • TA1 Outbound Acknowledgement – Reports the status of processing an interchange. This report confirms whether EDI successfully received the interchange or transmission. It

| | notifies the Trading Partner of any encountered errors after it verifies the envelope structure.

• 999 Outbound Acknowledgement – A response that a file was received properly.
   ○ Outpatient bills with a type of bill 13x or 14x, Medicare Number is required
   ○ To avoid the rejection for the claimant not on file, double check case ID and date of birth
There are many benefits to submitting bills via Electronic Data Interchange (EDI)
- Avoid claim processing delays
- Reduce administrative postage, materials, and handling costs
- Detect errors quickly
- Faster payments

   ○ EDI Companion Guides can be located on the portal under Training & Tutorials. |
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| **Processing Timelines** | - Fresh bills must be processed within 28 calendar-days from the date of receipt
- Adjustments must be processed within 8 business days from the date of receipt |