



# DCMWC Bill Attachment Requirement Quick Reference Guide

Effective 05/13/2023, DCMWC requires medical providers and facilities to submit supporting medical documentation for services they provide to claimants for their covered black lung condition.

This quick reference guide outlines the process of attaching supporting documents for the various bill submission methods and highlights some new edits providers may encounter due to this change. It also provides examples of required supporting documentation that must be attached to the bill. More information is available on the Medical Bill processing Portal: [DCMWC News | OFFICE OF WORKERS' COMPENSATION PROGRAMS \(dol.gov\)](#)

## Bill Submission via Direct Data Entry (DDE)

The process of submitting bills via DDE remains the same. This process is covered in detail in the Bills Tutorials ([Bills Tutorial: Direct Data Entry \(DDE\)](#)) located on the [Training & Tutorials for Provider](#) page.

1. Once all bill data is entered, select **Submit Bill**. The Transaction Control Number (TCN) appears.

Provider Portal > Bill Submission > Professional Bill

Close Save 1 Submit Bill Reset

Professional Bill

Note: asterisks ( \* ) denote required fields.

Basic Bill Info

Provider | Claimant | Bill | Service

Special Bill Indicator: NONE

2. When the pop-up opens prompting to submit an attachment, select **OK**.

Profile: EXT Provider Bills Submitter

Bill Submission > Professional Bill

Submitted Bill

Do you want to submit any Backup Documentation? OK Cancel

The "Submit" button must be clicked to send the Bill for processing. If not the Bill will be available under "Retrieve Saved Bills" menu for later submission.

Transaction Control Number (TCN): 320023100004199000

Provider ID: [REDACTED]

Claimant ID: [REDACTED]

Date of Service: 04/06/2023-04/06/2023

Total Bill Charges: \$ 120.00

Please click "Add Attachment" button, to attach the documents. Add Attachment

Attachment List

Line No	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
No Records Found!							

**Note:** Attachments are required. If **Submit** is selected without attaching any supporting documentation, the system displays a warning message. To close this message, **OK** can be selected.

**Note:** If a bill is submitted without attaching any supporting documentation, it will be denied.

Claims Submission Final Dialog - Work - Microsoft Edge

The "submit" button is available under "Retrieve Saved Bills" menu for later submission.

Transaction Control Number (TCN): [REDACTED]

Provider ID: [REDACTED]

Claimant ID: [REDACTED]

Date of Service: [REDACTED]

Total Bill Charges: [REDACTED]

Please click "Add Attachment" button, to attach the documents. Add Attachment

Attachment List

Line No	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
No Records Found!							

Print Print Cover Page Submit



## Bill Submission via Direct Data Entry (DDE), Continued (2 of 3)

3. Select **Add Attachment**. The Attachment window opens.

**Note:** Refer to the [Supporting Medical Documentation Requirement](#) section for details of required supporting documents.

Submitted Professional Bill Details

The "Submit" button must be clicked to send the Bill for processing. If not, the Bill will be available under "Retrieve Saved Bills" menu for later submission.

Transaction Control Number (TCN): 320023100004199000  
Provider ID: [REDACTED]  
Claimant ID: [REDACTED]  
Date of Service: 04/08/2023-04/08/2023  
Total Bill Charges: \$ 120.00

Please click "Add Attachment" button, to attach the documents.

**Add Attachment**

Line No	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
No Records Found!							

Please select one of the option from the Required Fields \* and select Line No. if the attachment is for specific Service Line Item.

Attachment Type: 03-03-Report Justifying Treatment I  
Transmission Code: AA-Available on Request at Provid  
Line No: (Do not select Line No to attach a document at header level)

Please attach the File(s). The File Format must be PDF, TIF, TIFF

Upload File No file uploaded

Please be sure the supporting documentation/attachments is for the treated claimant ONLY.  
Please do not upload supporting documentation/attachments for any other claimant as this could potentially cause a denial of your bill or an unintended disclosure of protected health information (PHI).

**OK** **Cancel**

4. Select the **Attachment Type** from the drop-down list.
5. Select **Transmission Code** from the drop-down list.
6. Use **Upload File** to upload documentation.
7. Select **OK**.

Please select one of the option from the Required Fields \* and select Line No. if the attach

Attachment Type: 03-03-Report Justifying Treatment I  
Line No: 03-03-Report Justifying Treatment Beyond Utilization  
Please attach  
Upload File No file  
Please be sure the supp  
Please do not upload st

03-03-Report Justifying Treatment Beyond Utilization  
04-04-Drugs Administered  
05-05-Treatment Diagnosis  
06-06-Initial Assessment  
07-07-Functional Goals  
08-08-Plan of Treatment  
09-09-Progress Report  
10-10-Continued Treatment  
11-11-Chemical Analysis  
13-13-Certified Test Report  
15-15-Justification for Admission  
21-21-Recovery Plan  
77-Support Data for Verification  
A3-A3-Allergies/Sensitivities Document

Transmission Code: AA-Available on Request at Provid  
AA-Available on Request at Provid  
BM-By Mail  
EL-Electronically Only  
EM-E-Mail  
FT-FT-File Transfer  
FX-By-Fax

Please attach the File(s). The File Format must be PDF

Upload File No file uploaded

Please be sure the supporting documentation/attachments is for the t  
Please do not upload supporting documentation/attachments for any

**OK** **Cancel**



## Bill Submission via Direct Data Entry (DDE), Continued (3 of 3)

**Note:** Once the attachment is added, it is listed in the **Attachment List** section.

8. Select **Submit** to submit a bill. A pop-up opens with a success message.

**Submitted Professional Bill Details**

The "Submit" button must be clicked to send the Bill for processing. If not, the Bill will be available under "Retrieve Saved Bills" menu for later submission.

Transaction Control Number (TCN): 320023100004199000  
 Provider ID: [REDACTED]  
 Claimant ID: [REDACTED]  
 Date of Service: 04/06/2023-04/06/2023  
 Total Bill Charges: \$ 120.00

Please click "Add Attachment" button, to attach the documents. [Add Attachment](#)

Line No	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
1	Training Medical Documentation Supplement.pdf	03	AA	358541028	33kb	X	04/10/2023

View Page: 1 | Page Count | Viewing Page: 1 | First | Prev | Next | Last

[Save To CSV](#) | [Print](#) | [Print](#) | **8** | [Submit](#)

Submission - Google Chrome  
 com/ecams/CNSIControlServlet

My Inbox - Admin - Provider - Bills - Reference - sit.wcmbp.com says

Your Bill was submitted successfully. Do you want to submit another Bill?

[OK](#) [Cancel](#)

Bill Information

Provider Information

Provider Information

**Note:** When an attachment is submitted, the bill shows a status of "In Process," indicating that the attachment is under review.

TCN	From Date	To Date	Bill Status	Bill Charged Amount	Bill Payment Amount	Claimant Name	Claimant ID	Program
[REDACTED]	08/01/2022	08/01/2022	In Process	\$500.00	\$0.00	[REDACTED]	[REDACTED]	DCMWC

View Page: 1 | Page Count | Save To CSV | Viewing Page: 1 | First | Prev | Next | Last



## Denials and Edits

When no attachments are submitted, the bill is denied using **Edit 90970**.

**EOB Message:** Insufficient treatment records for the treatment bills.

To view the denial reason:

1. Select the **TCN** link. The **Bill Details** page opens.
2. Select the **Denied** link. The **Bill Status** page opens providing details of the edit or edits due to which the bill was denied.

<input type="checkbox"/>	TCN ▲▼	From Date ▲▼	To Date ▲▼	Bill Status ▲▼	Bill Charged Amount ▲▼	Bill Payment Amount ▲▼
<input type="checkbox"/>		03/03/2023	03/03/2023	Denied	\$80.00	\$0.00

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<input type="checkbox"/>	TCN ▲▼	From Date ▲▼	To Date ▲▼
<input type="checkbox"/>		03/03/2023	03/03/2023

View Page: 1   Go   + Page Count   SaveToCSV

<b>Program:</b> DCMWC	<b>Bill Status:</b> Denied
<b>Billed Amount:</b> \$80.00	<b>Paid Amount:</b> \$0.00
<b>Indication Date:</b> 04/06/2023	<b>Check/EFT Trace Date:</b>
<b>RV Number:</b> 3391059	<b>Authorization Number:</b>

Location ▲▼	EOB/CA Reject Reason Code ▲▼	EOB/CA Reject Reason Description ▲▼
Header	90970	INSUFFICIENT TREATMENT RECORDS FOR THE TREATMENT BILLS

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## Bill Submission via Electronic Data Interchange (EDI)

The process of submitting bills via EDI remains the same. The process is outlined in the Bills Tutorials ([Bills Tutorial: Direct Data Entry \(DDE\)](#)) located on the [Training & Tutorials for Provider](#) page. This sections walks through a new edit that Providers may see while submitting bills via EDI.

### Notes:

- EDI bills remain in an **In Process** status while awaiting attachments.
- If supporting documents are not received within seven (7) days, the bill auto-denies with Edit 92970.

<input type="checkbox"/>	TCN ▲▼	From Date ▲▼	To Date ▲▼	Bill Status ▲▼	Bill Charged Amount ▲▼	Bill Payment Amc ▲▼
<input type="checkbox"/>	3;	03/01/2022	03/05/2022	In Process	\$10,700.00	\$0.00

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<input type="checkbox"/>	TCN ▲▼	From Date ▲▼	To Date ▲▼	Bill Status ▲▼	Bill Charged Amount ▲▼	Bill Pay ▲▼
<input type="checkbox"/>		08/25/2022	08/25/2022	Denied	\$227.00	\$0.00

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To view the denial reason:

1. Select the **TCN** link. The **Bill Details** page opens.
2. Select the **Denied** link. The **Bill Status** page opens providing details of the edit or edits due to which the bill was denied.

**EOB message:** Insufficient treatment records for the treatment bills.

**Note:** Refer to the [Supporting Medical Documentation Requirement](#) section of this document for details of required supporting documents.

<input type="checkbox"/>	TCN ▲▼	From Date ▲▼	To Date ▲▼
<input type="checkbox"/>		08/25/2022	08/25/2022

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Program:	DCMWC	Bill Status:	Denied
Billed Amount:	\$227.00	Paid Amount:	\$0.00
Adjudication Date:	04/12/2023	Check/EFT Trace Date:	
RV Number:	3395055	Authorization Number:	
OWCP ID:		Tax ID:	
Claimant ID:		SSN:	
O1:	J60		

Location ▲▼	EOB/CA Reject Reason Code ▲▼	EOB/CA Reject Reason Description ▲▼
Header	92970	INSUFFICIENT TREATMENT RECORDS FOR THE TREATMENT BILLS

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### Bill Submission via Paper

Providers can submit paper bills via mail. The process of submitting paper bills remains the same.

The following bill forms, along with instructions, are available on the [WCMBP Web Portal](#).

- **OWCP 1500/HCFA-1500 (Professional) Form:** Standard form used by physicians and other providers when submitting bills or claims for reimbursement for health services rendered to an OWCP claimant.
- **OWCP UB 04 (Institutional) Form:** Standard claim form that an Institutional provider can use for the billing of medical and mental health claims rendered to an OWCP claimant.

Send bills and supporting documentation to:

**Federal Black Lung Program**

**PO Box 8302**

**London, KY 40742-8302**

**Note:** Refer to the [Supporting Medical Documentation Requirement](#) section of this document for details of required supporting documents.



## Supporting Medical Documentation Requirement

**Note:** Providers are responsible for ensuring the appropriate supporting documentation is attached to bills.

The screenshots on this page and the following two pages are of the Bill Attachment Requirements table located in the document: [BILLATTACHMENTREQUIREMENTS\\_FinalforWeb030822.pdf \(dol.gov\)](#).

Type of Bill	Procedure/Visit Type	Brief Description	Required Attachment Example
<b>Professional</b>	Office Visit	E&M visit, Follow Up visit	Physician Report, Office Note, Consultation Note/Report
<b>Professional or Institutional</b>	Pulmonary Rehab Bill	Pulmonary Rehab Session, Initial Evaluation, Re-Evaluation	Physician prescribed exercise (e.g., mode of exercise, target intensity, duration of each session, and frequency of sessions), Progress notes, and Assessments (e.g., Psychosocial assessment, and outcomes assessment), Individualized treatment plan.
<b>Professional or Institutional</b>	Radiology/CT/MRI	Diagnostic test	Interpretation Report
<b>Professional or Institutional</b>	Chemotherapy	Treatment	Treatment Plan, Plan of Care



## Supporting Medical Documentation Requirement, Continued (2 of 3)

Type of Bill	Procedure/Visit Type	Brief Description	Required Attachment Example
<b>Professional or Institutional</b>	Surgical Procedure	Surgical Procedure	Operative Report
<b>Professional</b>	Ambulance	Transportation Services	Emergency Room Report, Certification of Travel, Travel Log sheet
<b>Professional</b>	DME	DME	Approved Certificate of Medical Necessity (CMN)
<b>Institutional</b>	Outpatient Services	E&M visit, Follow Up visit	Physician Report, E&M Visit Report, Treatment Note
<b>Professional or Institutional</b>	ER Visits	ER Visit	Emergency Room Report, Itemized Statement, Ambulance Log From/To travel
<b>Institutional</b>	Inpatient Treatment	Inpatient Services, Organ Transplantation	Admission History Report, Admission and Discharge Summary, Itemized Statement
<b>Professional or Institutional</b>	Any Type of services	Unlisted Procedure	Supporting documentation that documents the services rendered.





### Supporting Medical Documentation Requirement, Continued (3 of 3)

Type of Bill	Procedure/Visit Type	Brief Description	Required Attachment Example
<b>Carrier</b>	Third Party Reimbursement	All services paid by other insurance carrier or other Government Agency	OWCP Carrier Reimbursement Form, Copy, attaching a copy of the original billed services submitted on the HCFA- 1500 or the UB04.