



Bill Submission via Direct Data Entry (DDE)

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 \(dol.gov\)](#)

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

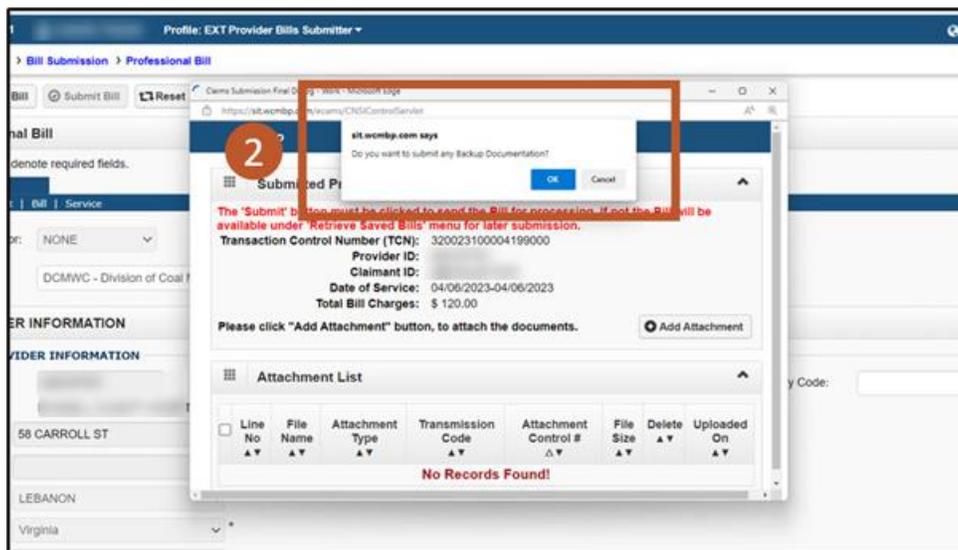
Provider	Claimant	Bill	Service
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Special Bill Indicator: NONE



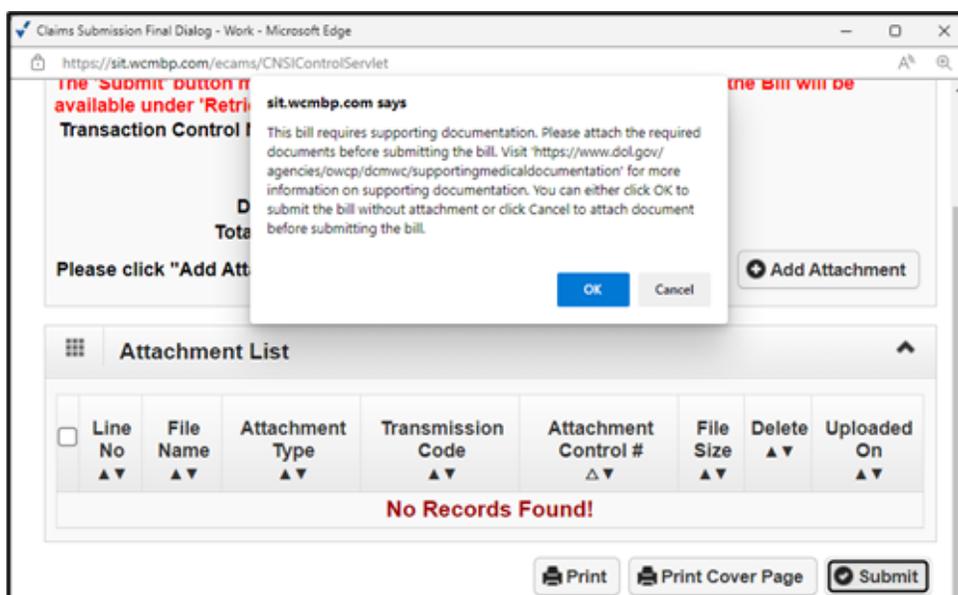
Bill Submission via Direct Data Entry (DDE)

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



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.

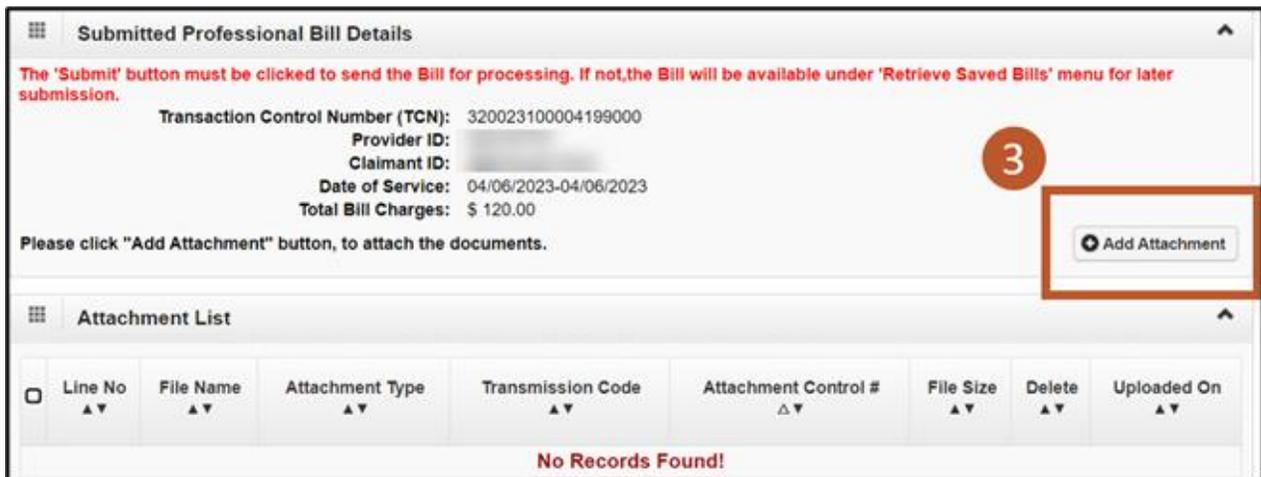




Bill Submission via Direct Data Entry (DDE)

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

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



The screenshot shows the 'Submitted Professional Bill Details' window. It contains the following information:

- 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

A red circle with the number '3' highlights the 'Add Attachment' button. Below the details is an 'Attachment List' table with the following columns: Line No, File Name, Attachment Type, Transmission Code, Attachment Control #, File Size, Delete, and Uploaded On. The table is currently empty, displaying 'No Records Found!'.



The screenshot shows the 'Attachment' window. It contains the following information:

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

Below the dropdowns is a section titled 'Please attach the File(s). The File Format must be PDF,TIF,TIFF'. It includes an 'Upload File' button and a 'No file uploaded' status. At the bottom, there are 'OK' and 'Cancel' buttons.



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4. Select the **Attachment Type** from the drop-down list.

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

4 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 su

Claimant ON
Claimant as tl

5. Select **Transmission Code** from the drop-down list.

5 Transmission Code: AA-Available on Request at Provid *

AA-Available on Request at Provid

BM-By Mail

EL-Electronically Only

EM-E-Mail

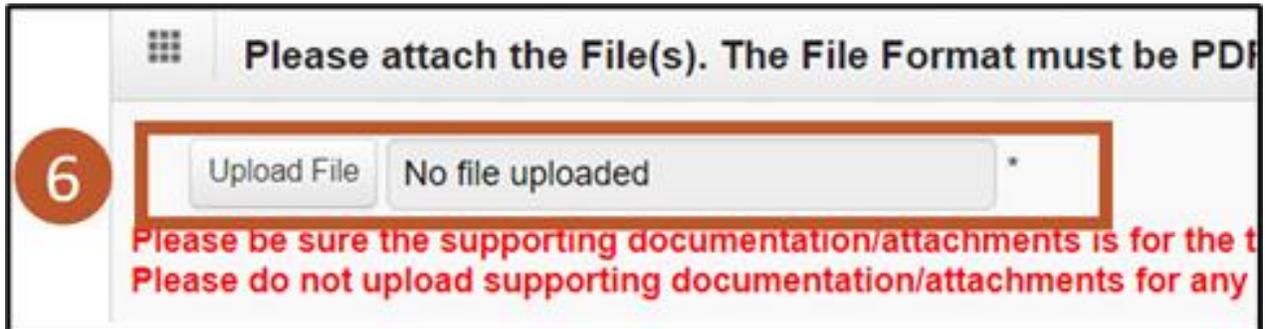
FT-FT-File Transfer

FX-By-Fax



Bill Submission via Direct Data Entry (DDE)

6. Use **Upload File** to upload documentation.



7. Select **OK**.





Bill Submission via Direct Data Entry (DDE)

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
03	Training Medical Documentation Supplement.pdf	03	AA	358541028	33kb	X	04/10/2023

View Page: 1 [Go](#) [Page Count](#) Viewing Page: 1 [First](#) [Prev](#) [Next](#) [Last](#)

[SaveToCSV](#) [Print](#) [Print](#) **8** [Submit](#)

sit.wcmbp.com says

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

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

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

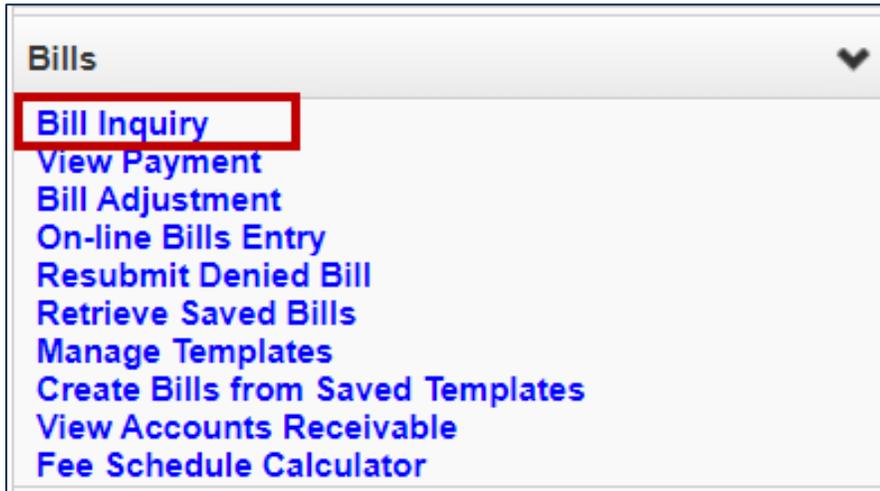
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Bill Attachment via Direct Data Entry (DDE)

Note: Attachments can be added after a bill has been submitted, but only if the Bill Status is “In Process.”

9. To add an attachment, select the **Bill Inquiry** link under **Bills**.



The **Bill Inquiry Providers List** page displays.

Note:

- The system will only display bills processed within the last seven years.
- By default, the search results are limited to the most recent 100 bills; however, filters can be used to display all bills that meet the specified criteria.

Bill Inquiry Providers List

Filter By: [] And [] In Header List Programs
 All Bill Status All [Go] [Clear Filter] [Save Filter] [My Filters]

<input type="checkbox"/>	TCN	From Date	To Date	Bill Status	Bill Charged Amount	Bill Payment Amount	Claimant Name	Claimant ID	Program
<input type="checkbox"/>	[REDACTED]	06/04/2020	06/04/2020	In Process	\$1,462.51	\$818.94	[REDACTED]	[REDACTED]	DCMWC
<input type="checkbox"/>	[REDACTED]	01/27/2023	01/27/2023	In Process	\$27.14	\$27.14	[REDACTED]	[REDACTED]	DCMWC
<input type="checkbox"/>	[REDACTED]	10/28/2022	10/28/2022	In Process	\$27.14	\$27.14	[REDACTED]	[REDACTED]	DCMWC
<input type="checkbox"/>	[REDACTED]	07/21/2020	07/21/2020	In Process	\$2,158.00	\$1,809.55	[REDACTED]	[REDACTED]	DCMWC
<input type="checkbox"/>	[REDACTED]	06/15/2021	06/15/2021	In Process	\$2,045.00	\$1,508.57	[REDACTED]	[REDACTED]	DCMWC
<input type="checkbox"/>	[REDACTED]	01/26/2022	01/26/2022	In Process	\$10.00	\$10.00	[REDACTED]	[REDACTED]	DCMWC
<input type="checkbox"/>	[REDACTED]	11/28/2017	11/28/2017	Paid	\$29.76	\$29.76	[REDACTED]	[REDACTED]	DCMWC
<input type="checkbox"/>	[REDACTED]	12/07/2017	12/07/2017	Paid	\$20.78	\$20.78	[REDACTED]	[REDACTED]	DCMWC
<input type="checkbox"/>	[REDACTED]	12/15/2017	12/15/2017	Paid	\$20.78	\$20.78	[REDACTED]	[REDACTED]	DCMWC
<input type="checkbox"/>	[REDACTED]	12/07/2017	12/07/2017	Paid	\$20.78	\$20.78	[REDACTED]	[REDACTED]	DCMWC

View Page: 2 [Go] [Page Count] [Save To CSV] Viewing Page: 1 [First] [Prev] [Next] [Last]



Bill Attachment via Direct Data Entry (DDE)

10. Select the TCN hyperlink for the “In Process” bill.

Bill Inquiry Providers List

Filter By : [] And [] And [] In Header List Programs

All Bill Status All Go Clear Filter Save Filter My Filters

TCN	From Date	To Date	Bill Status	Bill Charged Amount	Bill Payment Amount	Claimant Name	Claimant ID	Program
[TCN]	06/04/2020	06/04/2020	In Process	\$1,462.51	\$818.94	P [] JR	[]	DCMWC

11. To upload attachments, select **View/Add Attachment**.

Close **View/Add Attachment**

Bill Details

TCN: [] Parent TCN: [] Program: DCMWC Bill Status: In Process
 From DOS - To DOS: 09/22/2023 - 09/23/2023 Original TCN: []
 Received Date: 12/05/2023 Billed Amount: \$208.00 Paid Amount: \$0.00
 Check/EFT Trace Number: [] Adjudication Date: 12/07/2023 Check/EFT Trace Date: []
 Patient Control Number: [] RV Number: [] Authorization Number: []

Billing Provider Name: COMMUNITY HEALTH CLINIC PC OWCP ID: [] Tax ID: []
 Billing Provider NPI: [] Billing Provider Taxonomy Code: []

Rendering Provider NPI: [] Rendering Provider Taxonomy Code: []

Claimant Name: [] Claimant ID: [] SSN: []

Diagnosis Codes: P: J9601 O1: R079 O2: I5022 O3: R270

Service Line Details

Line #	Procedure Code	Modifiers	Facility Type	From DOS	To DOS	Billed Units	Paid Units	Billed Amount	Paid Amount	Auth #	Rendering Provider NPI	Rendering Provider Taxonomy Code	Line Status
1	99232	AI	21	09/22/2023	09/22/2023	1	0	\$104.00	\$0.00	[]	[]	[]	In Process



Bill Attachment via Direct Data Entry (DDE)

12. Select **Upload Images/Attachments**.

Provider Portal > Bill Inquiry Providers List > Bill Details > Images/Attachment List

TCN ID: [redacted]

Close **Upload Images/Attachments**

Images/Attachments Retrieval Page

Filter By: [dropdown] [dropdown] And [dropdown] [dropdown] And [dropdown] [dropdown] And [dropdown] [dropdown] [Go]

Clear Filter Save Filter My Filters

Image ID	Image Title	Created By	Created Date	Received Date	TCN
ATT720789368_OH1205146	3339002483.TIF	supuser	12/06/2023	12/05/2023	[redacted]

View Page: 1 [Go] Page Count SaveToCSV Viewing Page: 1 [First] [Prev] [Next] [Last]

13. To locate the attachment on your computer, select **Upload File**.

Help

Attachment

Please select a file to upload:

Upload File No file uploaded *

OK Cancel



Bill Attachment via Direct Data Entry (DDE)

14. Select **OK**.

Help

Attachment

Please select a file to upload:

Upload File No file uploaded *

OK Cancel

Note:

For TCNs still in an "In Process" status but have completed bill processing, additional attachments cannot be added.

If the **Upload Images/Attachments** button is selected at this time, an error message will appear stating: "The bill processing is complete, and additional attachments cannot be added."

Close Upload Images/Attachments

Warning! The bill processing is complete and additional attachments cannot be added.

Images/Attachments Retrieval Page

Filter By: [dropdown] [dropdown] And [dropdown] [dropdown] And [dropdown] [dropdown] And [dropdown] [dropdown]

Clear Filter

Image ID ▲▼	Image Title ▲▼	Created By ▲▼	Created Date ▲▼	Received Date ▲▼
ATT720789368_OH1205146	3339002483.TIF	supuser	12/06/2023	12/05/2023

View Page: 1 Go + Page Count SaveToCSV Viewing Page: 1 << First



Denials and Edits

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

EOB Message: Insufficient treatment records for the treatment bills.

<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

View Page: 1 Go + Page Count SaveToCSV Viewing Page: 1

To view the denial reason:

1. Select the **TCN** link. The **Bill Details** page opens.

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

View Page: 1 Go + Page Count SaveToC



Denials and Edits

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

A screenshot of a web application showing bill status details. The 'Bill Status' field is highlighted with a red box and contains the word 'Denied'. A red circle with the number '2' is placed next to it. Other fields include Program: DCMWC, Billed Amount: \$80.00, Paid Amount: \$0.00, Publication Date: 04/06/2023, RV Number: 3391059, Check/EFT Trace Date, and Authorization Number.

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

A screenshot of a table titled 'Bill Status'. The table has three columns: Location, EOB/CA Reject Reason Code, and EOB/CA Reject Reason Description. The first row is highlighted with a red box and shows 'Header', '90970', and 'INSUFFICIENT TREATMENT RECORDS FOR THE TREATMENT BILLS'. Below the table are navigation controls including 'View Page: 1', 'Go', '+ Page Count', 'Viewing Page: 1', and 'First'.

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



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 section 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

View Page: 1 Go + Page Count SaveToCSV Viewing Page: 1

<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

View Page: 1 Go + Page Count SaveToCSV Viewing Page: 1



Bill Submission via Electronic Data Interchange (EDI)

To view the denial reason:

1. Select the **TCN** link. The **Bill Details** page opens.

	TCN	From Date	To Date
1	[Highlighted]	08/25/2022	08/25/2022

View Page: 1 Go + Page Count Save To CSV

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

Program: DCMWC Bill Status: **Denied** **2**
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



Bill Submission via Electronic Data Interchange (EDI)

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.

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

View Page: 1 Go + Page Count Viewing Page: 1 <<

SaveToCSV



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 per 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

P.O. 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
Professional	Office Visit	E&M visit, Follow Up visit	Physician Report, Office Note, Consultation Note/Report
Professional or Institutional	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.
Professional or Institutional	Radiology/CT/MRI	Diagnostic test	Interpretation Report
Professional or Institutional	Chemotherapy	Treatment	Treatment Plan, Plan of Care



Supporting Medical Documentation Requirement

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



Supporting Medical Documentation Requirement

Type of Bill	Procedure/Visit Type	Brief Description	Required Attachment Example
Carrier	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.