

Vocational Rehabilitation Counselor or Contract Nurse Bill Submission (DFEC) (1 of 24)

Submitting a Vocational Rehabilitation or Contract Nurse Bill

Bills submitted through the Workers' Compensation Medical Bills Processing (WCMBP) portal by the Vocational Rehabilitation Counselors or Contract Nurses are first reviewed by the Department of Labor (DOL) Rehabilitation Specialist or DOL Staff Nurses. Once the DOL Rehabilitation Specialist or DOL Staff Nurse approves a bill, it is systematically transmitted into the WCMBP bill processing system and a Transaction Control Number (TCN) is created allowing the submitted bill to go through the bill adjudication process.

If a submitted bill is rejected by the DOL Rehabilitation Specialist or DOL Staff Nurse, the rejection reason will display in the WCMBP bill processing system. Vocational Rehab Counselors and Contract Nurses will be able to re-submit the same bill after updating it.

This quick reference guide (QRG) walks through the steps for Vocational Rehabilitation Counselors or Contract Nurses to submit an initial bill and to resubmit a rejected bill for the Division of Federal Employees' Compensation (DFEC) program.

Note: Vocational Rehabilitation Counselors and Contract Nurses must log in to the WCMBP portal prior to this step.

1. Select the appropriate Provider ID from the **Available Provider IDs** drop-down list.

Welcome to the WCMBP Provider Portal	
eCAMS ™ HCE	
Select a Provider ID Number to continue to the Provider Portal:	
Available Provider IDs: 020035100	
Users can toggle between multiple OWCP Provider IDs using the Switch OWCP Provider ID link on the Provider Portal.	



 To submit a Vocational Rehabilitation or Contract Nurse bill, select Create New Bill on the Vocational Rehabilitation or Nurse Bill List page. The Vocational Rehabilitation or Nurse Bills Submission page opens.

614271100 👤	Profile: EXT	Contract Nurse	Submitter 🕶			
> Provider Portal > Vo	cational Rehabilitation o	or Nurse Bills Li	st			
Close O Create New	Bill					
Vocational Reh	abilitation or Nurse	e Bills List				
Filter By :	~		And	~	And	~
Control Number △▼	Program C	ase Number ▲▼	Transaction Type	From Date	To Date ▲▼	Bill Type ▲▼
	DFEC		Initial Request	07/01/2024	07/01/2024	Contract Nurse Codes
Select D Program	EC – Divis i drop-dowi	ion of F n list.	ederal Emplo	oyees' C	ompensa	tion from the
Select DF Program	EC – Divisi drop-dowi	ion of F n list.	ederal Emplo	oyees' C	ompensa	tion from the
Select DF Program	EC – Divis i drop-dowi	ion of F n list.	ederal Emplo	oyees' C	ompensa	tion from the
Select DF Program	EC – Divisi drop-down	ion of F n list.		oyees' C	ompensat	tion from the
Select DF Program	EC – Divisi drop-down	ion of F n list. Sills List > Bill Sul		oyees' C	ompensa	tion from the
Select DF Program	EC – Divisi drop-down	ion of F n list. Bills List > Bill Sul	ederal Emplo	oyees' C	ompensa	tion from the
Select DF Program	FEC – Divisi drop-down	ion of F n list. Bills List > Bill Suf Submission	ederal Emple	oyees' C	Ompensat	tion from the
Select DF Program	FEC – Divisi drop-down nal Rehabilitation or Nurse B itation or Nurse Bills S OWCP P Provide	ion of F n list. Bills List > Bill Sul Submission Provider ID: er Address:	ederal Emple	oyees' C	Ompensa Provider Name: Provider Phone:	tion from the
Select DF Program	FEC – Divisi drop-down nal Rehabilitation or Nurse B itation or Nurse Bills S OWCP P Provide	ion of F n list. Bills List > Bill Suf Submission Provider ID: er Address: Program: DFE	C - Division of Federal Employ:	oyees' C	Ompensa Provider Name: Provider Phone: Transaction Type:	tion from the
Select DF Program	FEC — Divisi drop-down nal Rehabilitation or Nurse B itation or Nurse Bills S OWCP P Provide	ion of F n list. Bills List > Bill Sul Submission Provider ID: er Address: Program: DFEC Bill Type:	C - Division of Federal Employ	oyees' C	Ompensa Provider Name: Provider Phone: Transaction Type: Case Number:	tion from the
Select DF Program	FEC – Divisi drop-down nal Rehabilitation or Nurse B itation or Nurse Bills S OWCP P Provide Diagnosis Code	ion of F n list. Bills List > Bill Suf Submission Provider ID: er Address: Program: DFE Bill Type:	C - Division of Federal Employ	oyees' C	Ompensa Provider Name: Provider Phone: Transaction Type: Case Number: Claimant Name:	tion from the

Vocationa Contract ((3 of 24)	al Rehabilitatio Nurse Bill Subn	n Counselor hission (DFEC	or)	Qu	ick Refer	rence Guide
Submitting a Voca	tional Rehabil	itation or Co	ontract N	lurse Bi	П	
4. Select the app select Go .	oropriate profil	le from the F	Profile d	rop-dov	vn list ai	nd
We	Icome to the Workers'	Compensation Me	dical Bill Pro	ocess Syste	m	
	eC ⊢	AMS CE	тм			
	Select a pro	file to use during t	his session: ~*	Go		
5. From the Prov Rehabilitation	/ider Portal ho 1/Nurse Bills .	mepage, sel	ect Voca	itional	prmal l inks	Help (¹) Logout
Provider Portal	r r	Tome. EXT Voc Kenab Subn		G Exte		Help O Logout
Online Services	C ManageAlerts					
Bills 🗸	My Reminders					^
Bill Inquiry						
View Payment	Filter By :	-	R	ead Status	∨ ⊙ Go	
Bill Adjustment					Save Filter	Wy Filters
On-line Bills Entry						1
Resubmit Denied Bill		Alert Message	Alert Date	Due Date	Read	Attachment
Retrieve Saved Bills	▲ ▼	Alert wessage ▲▼		Lue Date	▲ ▼	
manage remplates		No F	Records Found	!		
View Accounts Receivable						
Vocational Rehabilitation/Nurse Bills	Your Recent Onlin	e Activities				^
Fee Schedule Calculator	Vou have logged in with n	roviderlagin122122gmail Ac	count with ID Add	TOPE 5/ 00 9/1 93	12	

Vocational Rehabilit Contract Nurse Bill S (4 of 24)	ation Counselor or Submission (DFEC)	Quick Reference Guide
Submitting a Vocational Reh	abilitation or Contract	Nurse Bill
6. Select the desired option Note : Depending on the Propertion will be Contract Nur e	n from the Bill Type dro ovider Type that is logge se Codes or Voc Rehab	op-down list. ed in, the Bill Type Codes .
 Provider Portal > Vocational Rehabilitation or Nurse Bills List > Bill Close Submit Vocational Rehabilitation or Nurse Bills Submission OWCP Provider ID: Provider Address: Program: Bill Type: Diagnosis Code Category: Diagnosis Code: 	DFEC - Division of Federal Employ. * Contract Nurse Codes (Do not use decimals or spaces)	Provider Name: Provider Phone: Transaction Type: Initial Request Case Number: * Verify Claimant Name: Claimant DOB:
7. Enter the case number i allows the Claimant Nar	n the Case Number fiel ne and Claimant DOB f	d and select Verify . This ields to auto-populate.
A > Provider Portal > Vocational Rehabilitation or Nurse Bills List > I	Bill Submission	
Close Submit		
Vocational Rehabilitation or Nurse Bills Submissio	nc	
OWCP Provider ID: Provider Address:		Provider Name:
Program	DEEC Division of Enderal Employ	Transaction Type: Initial Request
Bill Type:	Contract Nurse Codes	Case Number:
Diagnosis Code Category:	×	Claimant Name:
Diagnosis Code:	(Do not use decimals or spaces)	Claimant DOB:

Vocational Rehabilitation Counsel Contract Nurse Bill Submission (DF (5 of 24)	EC) Quick Reference Guide
Submitting a Vocational Rehabilitation or	Contract Nurse Bill
 If needed for the bill submission, select Diagnosis Code Category drop-down l code in the Diagnosis Code field. 	t the desired option from the ist and enter the appropriate
+> Provider Portal > Vocational Rehabilitation or Nurse Bills List > Bill Subm	ission
Close Submit	
Wocational Rehabilitation or Nurse Bills Submission	•
OWCP Provider ID:	Provider Name:
Provider Address:	Provider Phone:
Program: DEEC - Division of Federal Employ(Transaction Initial Request
Pill Turce Ocatrant Nurse Orden	Type: Titudi Request
Bill Type: Contract Nurse Codes	Case Number:
Category:	Claimant Name:
Diagnosis Code: 99999999 (Do not use decimals or spaces)	Claimant DOB:
9. Select the desired option from the Re	gion drop-down list.
Provider Portal > Vocational Rehabilitation or Nurse Bills List > Bill Submission Close Submit	
III Vocational Rehabilitation or Nurse Bills Submission	
OWCP Provider ID:	Provider Name:
Provider Address.	Provider Priorie.
Bill Type: Contract Nurse Codes	Case Number:
Diagnosis Code Category: ICD-10-CM V	Claimant Name:
Diagnosis Code: S46011A (Do not use decimals or spaces)	Claimant DOB:
Commenter	Reviewer
	Region 1 - ME, VT, NH, MA, CT, NY, NJ, RI Region 10 - PR, GU
Rejection Reason(s):	Region 2 - PA, DE, WV, OH Region 3 - DC, MD, VA
	Region 4 - NC, SC, TN, GA, FL, AL, MS, KY, IN, AR, MO, IA, NE, KS, SD, ND, WY, MT, UT, ID, OK Region 5 - MN, WI, MI, IL
BASIC SERVICE LINE LINE A Mm dd ccyy mm dd ccyy mm dd ccyy service To Date: mm dd ccyy mm dd </td <td>Region 6 - TX, CO, NM, LA Region 7 - WA, OR, NV, AZ</td>	Region 6 - TX, CO, NM, LA Region 7 - WA, OR, NV, AZ
Procedure Code: v * Units: *	Region 8 - CA / H
Charge Per Unit: *	Kegion 9 - AK, Hi



Vocational Rehabilitation Counselor or Contract Nurse Bill Submission (DFEC) (6 of 24)

Quick Reference Guide

Submitting a Vocational Rehabilitation or Contract Nurse Bill

10. Select a reviewer from the **Reviewer** drop-down list.

Note: At the time of the initial bill submission, it is mandatory to select a reviewer from the respective drop-down list.

Close Subm	nit							
Vocationa	l Rehabilitation or N	urse Bills Sub	mission					
WCP Provider ID:				Provider Name:				
Provider Address:			I	Provider Phone:				
Program:	DFEC - Division of Fed	leral Employ: 🗸	t.	Transaction Type:	Initial Request			
Bill Type:	Contract Nurse Codes	×*	t	Case Number:		* Verify		
Diagnosis Code Category:	ICD-10-CM	~	(Claimant Name:				
Diagnosis Code:	9999999	(Do not use deci	mals or spaces)	Claimant DOB:				
otal Bill Charges:	\$0.00			Region:	Region 1 - ME, VT, I	NH, MA, CT, NY, M	NJ, RI	
Comments:				Reviewer:	Administrator, Super	~)*		
Rejection					Approved for Late (Select this option	Submission only if you have a	pproval for late submission	on from the DFEC program)
Reason(s):			/.					



Note: The WCMBP System now includes an optional checkbox titled **Approved for Late Submission** located at the bottom of the **Vocational Rehabilitation or Nurse Bill List** page.

11. When DFEC has approved for a late submission, select the **Approved for Late Submission** checkbox.

Note: The provider can select this option for both the initial submission and a resubmission. If no approval has been granted for late submission, *do not choose* this option.

S Close Submi	it			
Wocational	Rehabilitation or I	Nurse Bills Submission		•
OWCP Provider ID:			Provider Name:	const. actions
Provider Address:			Provider Phone:	
Program:	DFEC - Division of Fe	deral Employ	Transactior Type:	Initial Request
Bill Type:	Contract Nurse Code	s 🗸	Case Number:	* Verify
Diagnosis Code Category:	ICD-10-CM	~	Claimant Name:	
Diagnosis Code:	9999999	(Do not use decimals or space	es) Claimant DOB:	
Total Bill Charges:	\$0.00		Region:	Region 1 - ME, VT, NH, MA, CT, NY, NJ, RI
Comments:			Reviewer:	Administrator,Super
Rejection Reason(s):				Approved for Late Submission (Select this option only if you have approval for late submission from the DFEC program)
Upload File:	O Upload			



Effective 04/05/2025, the WCMBP System has been enhanced to autopopulate the **Charge Per Unit** field based on the fee schedule instead of manual entry by the Vocational Rehabilitation and Contract Nurse providers. This enhancement will ensure that the Billed Amount aligns with the fee schedule that reflects the payments to the providers.

12. Scroll down and er From Date and Sei	nter the service r vice To Date f	e from and to date ields.	s into the Service
Total Bill Charges:	Region:	egion 1 - ME, VT, NH, MA, CT, NY, NJ,	RI
Comments:	Reviewer: A	dministrator,Super 🗸 *	
Rejection Reason(s):	Approved (Select th	l for Late Submission is option only if you have approval for la	te submission from the DFEC program)
Upload File: OUpload			
BASIC SERVICE LINE ITEMS			
Service From Date:		Service To Date:	*
Procedure Code:		Units:	*
Charge Per Unit: *			
	• Add Service Line Item	✓ Update Service Line Item	
Service Line No From To	Units	Charge Per Unit	Line Total
Resubmission History			•



13. Select the procedure code from the **Procedure Code** drop-down list.

Note: If unable to select a procedure code from the options provided in the drop-down list, confirm the Bill Type and Region have been appropriately selected.

BASI	C SERVICE LI	NE ITEMS				
Servi	ce From Date:	03/03/202	25 🗰 *	Service To Date	03/03/2025	*
Pro	cedure Code:	~	*	Units	c	*
Ch	arge Per Unit:		*			
	5	NITRA				
		NPART		O Add Service Line Item	Service Line Item	
Line	Service Dates	NRR01		Units	Charge Per Unit	Line Total
No	From To	NSVR2				
	Resubmiss	sion Histor	у			^
			,			

Table 1: Contract Nurse and Vocational Rehabilitation Counselor Procedure Codes

Contract Nurse Codes	Vocational Rehabilitation Codes
• NPART - FN Other Direct Expenses, NTE	VRR01 - RC Regular Report
• NITRA - FN Travel GSA Mileage Charge	• VSVR2 - RC Site Visit Report
• NRR01 - FN Regular Report	• VR004 - RC Travel GSA Mileage Charge
• NSVR2 - FN Site Visit Report	• VR018 - RC Other Direct Expenses, NTE
	• VRTST – Vocational Rehabilitation Testing
	• SVPRT – Vocational Rehabilitation Plan
	VRLSH - Longshore VR Cases



The following describes how the WCMBP System has been enhanced to:

 Auto-populate the Units field to "1" for Contract Nurse and Vocational Rehabilitation Bills submitted with Procedure Codes applicable to tier pricing.

The WCMBP System automatically populate the **Units** field with a value of "1" for bills submitted by Vocational Rehabilitation Counselors or Contract Nurses that include procedure codes relevant to tier pricing. This field will be non-editable, meaning that neither the Vocational Rehabilitation Counselor nor the Contract Nurse will have the ability to modify the units.

Note: The **Units** field is automatically populated using information from the service date, procedure code, and regional modifier.

14. When the procedure code is not applicable for tier pricing, enter the number of units in the **Units** field.

ervice From Date:	10/23/2024	*	Service	To Date: 10/23/2024	*	
Procedure Code:	SVPRT V*			Units: 1		
Charge Per Unit:	\$1,064.00 *					
		G	Add Service Line Item	ate Service Line Item		
Service ne Dates	oc. Code	Units		Charge Per Unit	Line Total	
o From To						
Resubmiss	sion History					
Cycle#	Status	Rejected Date	Rejected By	Reject	ed Reason	Comments
Cycle#	Status	Rejected Date	Rejected By	Reject	ed Reason	Comme



The WCMBP System streamlines the process by auto-populating the **Charge Per Unit** field in accordance with the fee schedule, thus replacing the manual entry previously performed by Vocational Rehabilitation Counselors or Contract Nurses. This process ensures that the billed amount is consistent with the fee schedule that outlines the payments due to providers. The system will determine the fee schedule amount based on the entered procedure code, region modifier, and service from date, thereby automatically populating the **Charge Per Unit** field at the line level for DFEC Vocational Rehabilitation or Contract Nurse billing.

Note: The **Charge Per Unit** field will not auto-populate if the fee schedule rate is not available. This should only occur with codes that do not have a fee schedule. *If this occurs with codes that have a fee schedule, contact the point of contact (POC) at DFEC for instructions*.

15. When the fee schedule rate is not available, manually enter the charge per unit in the **Charge Per Unit** field.

SIC SERVICE LINE	ITEMS					
vice From Date: 10	0/24/2024 🗰 *		Service To Date:	10/24/2024	*	
rocedure Code: VI	RTST 🗸 *		Units:	1	*	
harge Per Unit:	*					
			• Add Service Line Item	Vpdate Service Line	ltem	
e Service Dates		Proc. Code	Units		Charge Per Unit	Line Total
From	То					
Resubmission	History					
Cycle#	Status	Rejected Date	Rej	ected By	Rejected Rea	ison Comment
			No Reco	rds Found!		



Table 2: The system has been enhanced to derive the **tier pricing** for the following Vocational Rehabilitation and Contract Nurse Procedure Codes.

Procedure Code	Number of Days Calculation	Number of Days	Calculated Tier Pricing (Initial Submission)	Calculated Tier Pricing (Resubmission)
NRR01, NSVR2, VRR01, VSVR2	Number of Days = Initial Submission Date – (To Date of Service + 1)	0-10 calendar days	Tier 2 Add On 10%	Tier 1 Base Amount
NRR01, NSVR2, VRR01, VSVR2	Number of Days = Initial Submission Date – (To Date of Service + 1)	11-44 calendar days	Tier 1 Base Amount	Tier 1 Base Amount
NRR01, NSVR2, VRR01, VSVR2	Number of Days = Initial Submission Date – (To Date of Service + 1)	45-59 calendar days	LD1 Reduce \$76.05	LD1 Reduce \$76.05
NRR01, NSVR2, VRR01, VSVR2	Number of Days = Initial Submission Date – (To Date of Service + 1)	60-74 calendar days	LD2 Reduce \$152.10	LD2 Reduce \$152.10
NRR01, NSVR2, VRR01, VSVR2	Number of Days = Initial Submission Date – (To Date of Service + 1)	75-89 calendar days	LD3 Reduce \$228.15	LD3 Reduce \$228.15
NRR01, NSVR2, VRR01, VSVR2	Number of Days = Initial Submission Date – (To Date of Service + 1)	Greater than 89 calendar days	LD4 No payment	LD4 No payment
SVPRT	Number of Days = Initial Submission Date – (From Date of Service + 1)	0-120 calendar days	Tier 2 Add On 10%	Tier 1 Base Amount
SVPRT	Number of Days = Initial Submission Date – (From Date of Service + 1)	121-164 calendar days	Tier 1 Base Amount	Tier 1 Base Amount
SVPRT	Number of Days = Initial Submission Date – (From Date of Service + 1)	165-179 calendar days	LD1 Reduce \$76.05	LD1 Reduce \$76.05
SVPRT	Number of Days = Initial Submission Date – (From Date of Service + 1)	180—194 calendar days	LD2 Reduce \$152.10	LD2 Reduce \$152.10
SVPRT	Number of Days = Initial Submission Date – (From Date of Service + 1)	195-209 calendar days	LD3 Reduce \$228.15	LD3 Reduce \$228.15
SVPRT	Number of Days = Initial Submission Date – (From Date of Service + 1)	Greater that 209 calendar days	LD4 No payment	LD4 No payment



16.	Continu Service	e in the Line Ite i	BASIC SERV m.	ICE LINE ITE	MS section an	id select Ad	d
BASI	C SERVICE LI	NE ITEMS					
Servi	ce From Date:	10/23/2024	*		Service To Date: 10/	/23/2024 🗰 *	
Pro	ocedure Code:	SVPRT ~*			Units: 1		
Ch	arge Per Unit:	\$1,064.00 *					
				• Add Service Line Item	✔ Update Service Line Iter	m	
Line No	Service Dates From To	c. Code	Uni	ts	Charge Per Unit		Line Total
Not inclu	e: The a uding th	idded se ie Line T	rvice line sh otal .	iows details	from the bill s	ubmission	
				0	Add Service Line Item	🖉 Update Servi	ce Line Item
Line	Service D	ates	Proc. Code	Units	Charge Per Unit	Line Total	
No	From	То					

The WCMBP System calculates and displays the **Line Total** (billed amount) as (Charge Per Unit x number of Units) regardless of whether Charge Per Unit autopopulates or is keyed in by the provider. This will be applicable to both initial bill submission and resubmission as follows:

- Add a new service line: The system auto-populates the Charge Per Unit and Units fields based on the procedure code, region modifier, and service from date for the new service line
- Update existing service line: If the procedure code or service from date is updated, the system recalculates and auto-populates the Charge Per Unit and Units fields based on the procedure code, region modifier, and service from date for the existing service line
- Update Region Modifier: The system recalculates the Charge Per Unit and Line Total fields for all existing lines based on the new Region Modifier selection and the corresponding line procedure code and service from date



17. To upload any attachments required with the initial bill submission, select **Upload**. The **Attachment** window opens.

Note: In the **Attachment** window, select **Upload File** to choose the file to upload. Then select **OK** to return to the **Vocational Rehabilitation Nurse Bills Submission** page.

Close Submit	
Vocational Rehabilitation or Nurse Bills Submission	on
OWCP Provider ID:	
Provider Address:	
Program:	DFEC - Division of Federal Employ
Bill Type:	Contract Nurse Codes
Diagnosis Code Category:	✓
Diagnosis Code:	(Do not use decimals or spaces)
Total Bill Charges:	\$200.00
Comments:	
Rejection Reason(s):	
Upload File:	O Upload
III Attachment	~
Please select the file to be uploaded:	
Upload File No file uploaded	*



18. To submit the Vocational Rehabilitation or Nurse Bill, select Submit.

∦ > Pro	ovider Portal > Vocational Rehabilitation or Nurse Bills List > E	Bill Submission		
Close	e Submit			
	Vocational Rehabilitation or Nurse Bills Submissio	n		
	OWCP Provider ID:		Provider Name:	
	Provider Address:		Provider Phone:	
	Program:	DFEC - Division of Federal Employ	Transaction Type:	Initial Request
	Bill Type:	Contract Nurse Codes 🗸 *	Case Number:	* Verify
	Diagnosis Code Category:	~	Claimant Name:	
	Diagnosis Code:	(Do not use decimals or spaces)	Claimant DOB:	
	Total Bill Charges:	\$200.00	Region:	Region 1 - ME, VT, NH, MA, CT, NY, NJ, RI
	Comments:		Reviewer:	Administrator, Super 🗸
	Rejection Reason(s):			Approved for Late Submission (Select this option only if you have approval for late submission from the DFEC program)
	Upload File:	O Upload		

Note: A window opens to confirm the submission.

19. Select **OK** to finalize the bill submission or **Cancel** to return to the bill.



Note: After selecting **OK** to submit the bill, a window opens confirming the successful submission of the bill, along with the generated Control Number. Vocational Rehabilitation Counselors and Contract Nurses have the option to either select OK to create a new bill or select Cancel to go back to the **Vocational Rehabilitation or Nurse Bills List** page.





Only users with a Vocational Rehabilitation Counselor and Contract Nurse submitter profile are responsible for submitting bills related to vocational rehabilitation or nursing services. These submissions are then reviewed by DOL Vocational Rehabilitation Specialists or DOL Staff Nurses. Once a transaction is approved, the WCMBP System generates a Transaction Control Number (TCN), and the bill proceeds to the adjudication process. When a bill is rejected, the rejection reason is displayed in the system. Vocational Rehab Counselors and Contract Nurses are able to re-submit the same bill after updating it.

This quick reference guide (QRG) walks through the steps for Vocational Rehab Counselors and Contract Nurses to submit an initial bill and resubmit a rejected bill.

Rehabilitation	nder P Nurs	se Bills.	nepage, sei	ect voca	tional			
e		Pr	ofile: EXT Voc Rehab Subi	mitter -	📀 Exte	rnal Links	🕐 Help	() Log
> Provider Portal								
Online Services	🕑 ManageA	lerts						
Bills 🗸	Ⅲ My	Reminders						
ill Inquiry								
iew Payment	Filter By :	~	·)[[Re	ad Status	~ 0 G	o]	
ill Adjustment						(De m		
n-line Bills Entry						Save Fi	ter Y My	Filters
esubmit Denied Bill								
etrieve Saved Bills		Alert Type	Alert Message	Alert Date	Due Date	Read	Attach	ment
lanage Templates		A V	• •	▲ V	A V			
reate Bills from Saved Templates			No	Records Found				
iew Accounts Receivable								
ocational Rehabilitation/Nurse ills	III You	ır Recent Online	Activities					



2. To search for the rejected bill the provider must resubmit, use the available search filters. The bill submitter can refer to the **Status** filter to view approved or rejected bills.

Note: The first filter cannot be left blank when filtering by a "Rejected" status.

Close	Create New Bill											
Voc	ational Rehabilitatio	n or Nurse Bi	lls List									
Filter By :	~			And	d	~	And	~		With Sta	atus Rejected 🗸 Pro	grams
DFEC - D		Transaction	Гуре	~	⊙ Go					🛞 Clear Filter	Save Filter	Filters 🔻
	Case Number											
Control	Control Number	Transaction	From Date	To Date	Bill Type	Status	Submitted By	Date	Reviewer	Last Modified	TCN	Region
Number △▼	Date Submitted	Type	▲▼	▲▼	A.	▲▼	▲ ▼	Submitted	▲▼	Date	▲▼	A.A.
191653	From Date	Initial Request	03/22/2021	04/18/2021	Contract Nurse Codes	Rejected		05/21/2021		06/01/2021		
191654	Owning Agency	Initial Request	03/20/2021	04/19/2021	Contract Nurse Codes	Approved		05/21/2021		05/25/2021	120421145007339000	1
192453	Reviewer	Initial Request	03/22/2021	03/31/2021	Contract Nurse Codes	Rejected		06/03/2021		06/23/2021		
192454	Submitted By TCN	Initial Request	03/22/2021	03/31/2021	Contract Nurse Codes	Rejected		06/03/2021		06/23/2021		
	To Date	Initial Desugat	02/22/2024	02/24/2024	Contract	Dejected		06/02/2024		00/22/2024		

3. Select the **Control Number** link for the rejected bill that needs resubmission.

Close	Create New	Bill											
Vocational Rehabilitation or Nurse Bills List													
Filter By		~			And	~		And	~		With Status	✓ Progr	rams
DFEC - I	Division of Fed	eral Emp 🗸	Transaction Typ	e	~ (Go					Clear Filter	Save Filter	T
Contro Numbe ∆▼	Program r ▲▼	Case Number ▲ ▼	Transaction Type ▲▼	From Date	To Date ▲▼	Bill Type ▲▼	Status ▲ ▼	Submitted By ▲▼	Date Submitted ▲ ▼	Reviewer ▲ ▼	Last Modified Date ▲ ▼	TCN ▲▼	
472164	DFEC		Initial Request	10/02/2024	10/02/2024	Vocational Rehabilitation Codes	Approved	providerlogin123123gma	iil 11/01/2024	Aller Same	11/03/2024		
472263	DFEC		Initial Request	10/01/2024	10/01/2024	Vocational Rehabilitation Codes	Rejected	providerlogin123123gma	il 11/04/2024	10.000	03/05/2025		
472264	DFEC		Resubmission	10/02/2024	10/02/2024	Vocational Rehabilitation Codes	Approved	providerlogin123123gma	il 11/04/2024	All states	11/04/2024		
472363	DFEC		Resubmission	10/03/2024	10/04/2024	Vocational Rehabilitation Codes	Approved	providerlogin123123gma	il 11/04/2024	aller, itera	11/04/2024		



rovider Portal	> Vocational Rehabilitation or Nurse Bills List > Bill Subn	mission		
Close Ø Resub	mit Control Number: 191653		Status: Rejected	
Wocational	Rehabilitation or Nurse Bills Submission			^
OWCP Provider ID:	10000	Provider Name:	Philippine and the Residence of	
Provider Address:	AND A REAL POINT AND AND A REAL PROPERTY.	Provider Phone:		
Program:	DFEC - Division of Federal Employe 🗸	Transaction Type:	Initial Request	
Bill Type:	Contract Nurse Codes	Case Number:	* Verify	
Diagnosis Code Category:	ICD-10-CM	Claimant Name:	Constant of Constant of Constant	
Diagnosis Code:	99999 (Do not use decimals or spaces)	Claimant DOB:	and the second sec	
Total Bill Charges:	\$337.16	Region:	×	~
Comments:		Reviewer:	*	
Rejection Reason(s):	Incorrect date of service		Approved for Late Submission (Select this option only if you have approval for late submission from the DFEC program)	
rejectio	n reasons display ir	n the R	ejection Reason(s) field.	_
rejectio	• Upload n reasons display ir onal Rehabilitation or Nurse Bills List > Bill Subr	n the R	ejection Reason(s) field.	
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ider Portal > Vocati Resubmit ocational Rehab	O Upload n reasons display ir onal Rehabilitation or Nurse Bills List > Bill Subr Control Number: ilitation or Nurse Bills Submission	n the R	ejection Reason(s) field.	
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Resubmission history is available in the **Resubmission History** section at the bottom of the page.

Line	Service Da	ates	Proc. Code	Uni	ts	Charge Per Unit	Line Total	
No	From	То						
1	10/01/2024	10/01/2024	NRR01	1		\$ 120.00	\$ 120.00	
2	11/04/2024	11/04/2024	NSVR2	12		\$ 12.00	\$ 144.00	
	Resubmi	ssion Histo	ory					^
	Cycle#	Statu	ıs	Rejected Date	Rejected By	Rejected	l Reason	Comments
1		Rejected	11/04	4/2024	jafferys	Incorrect report type		(



4. On the **Vocational Rehabilitation or Nurse Bills Submission** page, select the desired option from the **Region** drop-down list.

Note: If the region modifier is changed at resubmission, the system recalculates the charge per unit and line total for all existing lines based on the new region modifier selection and corresponding procedure code and service from date lines.

Close	O Resubmit				
		(Control Number:		Status: Rejected
= V		ition or Nurse Bills	Submission	Provider Name:	Pahab counselor EECA new vendor
	Brovider Address:			Provider Phone:	
	Piovidei Address.			Flovider Flione.	
	Program:	DFEC - Division of Fe	ederal Employ, 🗸 *	Transaction Type:	Initial Request
	Bill Type:	Vocational Rehabilitat	tion Codes v*	Case Number:	* Verify
Dia	gnosis Code Category:	ICD-10-CM	~	Claimant Name:	CHARACTER RECORDS
	Diagnosis Code:	S46011A	(Do not use decimals or spaces)	Claimant DOB:	12/00/000
	Total Bill Charges:	\$1000.00		Region:	Region 10 - PR, GU
	O - mar - to			Daviana	*
	Comments:		li di	Reviewer:	*
r	Comments:	R GU	ß	Reviewer:	*
	Comments: Region 10 - F	PR, GU		Reviewer:	*
	Comments: Region 10 - F	PR, GU		Reviewer:	*
	Comments: Region 10 - F Region 1 - Mi	PR, GU E, VT, NH, MA	A, CT, NY, NJ, RI	Reviewer:	· · · · · · · · · · · · · · · · · · ·
	Comments: Region 10 - F Region 1 - Mi Region 10 - F	PR, GU E, VT, NH, MA PR, GU	A, CT, NY, NJ, RI	Reviewer:	:*
	Comments: Region 10 - F Region 1 - MI Region 10 - F Region 2 - PA	PR, GU E, VT, NH, MA PR, GU A, DE, WV, OF	A, CT, NY, NJ, RI	Reviewer:	*
	Comments: Region 10 - F Region 1 - M Region 10 - F Region 2 - PA Region 3 - DO	PR, GU E, VT, NH, MA PR, GU A, DE, WV, OF C, MD, VA	A, CT, NY, NJ, RI H	Reviewer:	
	Comments: Region 10 - F Region 1 - Mi Region 10 - F Region 2 - PA Region 3 - DO Region 4 - NO	PR, GU E, VT, NH, MA PR, GU A, DE, WV, OF C, MD, VA C, SC, TN, GA	A, CT, NY, NJ, RI H A, FL, AL, MS, KY, IN, A	Reviewer:	E, KS, SD, ND, WY, MT, UT, ID, OK
	Comments: Region 10 - F Region 1 - Mi Region 10 - F Region 2 - PA Region 3 - DO Region 4 - NO Region 5 - Mi	PR, GU E, VT, NH, MA PR, GU A, DE, WV, OF C, MD, VA C, SC, TN, GA N, WI, MI, IL	4, CT, NY, NJ, RI H A, FL, AL, MS, KY, IN, A	Reviewer: NR, MO, IA, NE	E, KS, SD, ND, WY, MT, UT, ID, OK
	Comments: Region 10 - F Region 1 - Mi Region 10 - F Region 2 - FA Region 3 - DO Region 4 - NO Region 5 - Mi Region 6 - T	PR, GU E, VT, NH, MA PR, GU A, DE, WV, OF C, MD, VA C, SC, TN, GA N, WI, MI, IL K, CO, NM, LA	A, CT, NY, NJ, RI H A, FL, AL, MS, KY, IN, A	Reviewer:	* E, KS, SD, ND, WY, MT, UT, ID, OK
	Comments: Region 10 - F Region 1 - Mi Region 10 - F Region 2 - FA Region 3 - DO Region 4 - NO Region 5 - Mi Region 6 - T> Region 7 - W	PR, GU E, VT, NH, MA PR, GU A, DE, WV, OF C, MD, VA C, SC, TN, GA N, WI, MI, IL K, CO, NM, LA A, OR, NV, A2	A, CT, NY, NJ, RI H A, FL, AL, MS, KY, IN, A A	Reviewer:	* E, KS, SD, ND, WY, MT, UT, ID, OK
	Comments: Region 10 - F Region 1 - Mi Region 10 - F Region 2 - PA Region 3 - DO Region 4 - NO Region 5 - Mi Region 6 - T> Region 7 - Wi Region 8 - CA	PR, GU E, VT, NH, MA PR, GU A, DE, WV, OF C, MD, VA C, SC, TN, GA N, WI, MI, IL K, CO, NM, LA A, OR, NV, A2	A, CT, NY, NJ, RI H A, FL, AL, MS, KY, IN, A A	Reviewer:	E, KS, SD, ND, WY, MT, UT, ID, OK



5. On the Vocational Rehabilitation or Nurse Bills Submission page, select the desired option from Reviewer drop-down list.

Note: At the time of the bill resubmission, it is mandatory to select a reviewer from the respective drop-down list.

Provi	der Portal > Vocational	Rehabilitation or Nurse	e Bills List ➤ Bill Submission		
Close	Resubmit		Control Number:		Status: Rejected
III Vo	ocational Rehabilita	tion or Nurse Bills	Submission		
	OWCP Provider ID:	100000000000000000000000000000000000000		Provider Name:	Rehab counselor - FECA new vendor
	Provider Address:	(Bell 1) (6 B) (6 P)		Provider Phone:	0.07986000
	Program:	DFEC - Division of Fe	ederal Employ	Transaction Type:	Initial Request
	Bill Type:	Vocational Rehabilitat	tion Codes 🗸 *	Case Number:	* Verify
Diaç	gnosis Code Category:	ICD-10-CM	~	Claimant Name:	OPTING RECORD
	Diagnosis Code:	S46011A	(Do not use decimals or space	es) Claimant DOB:	12100100
	Total Bill Charges:	\$1000.00		Region:	Region 10 - PR, GU
	Comments:			Reviewer:	*
	Rejection Reason(s):	Incorrect date of servio	;e	Approved for (Select this op	Late Submission tion only if you have approval for late s
	Upload File:	O Upload			



6. To upload any new attachments required with the resubmission, select **Upload**.

Note: Only the latest attachment will remain active when the bill is resubmitted. *Previous attachments will be removed*.

Note: The provider must contact their DFEC point of contact (POC) if unsure how to resolve the issues stated in the rejection reasons.

se 🖉 Resubmit		Control Number:			Status: Rejected
Vocational Rehabilita	ation or Nurse Bills Su	Ibmission			
OWCP Provider ID:	The second s			Provider Name:	Rehab counselor - FECA new v
Provider Address:	100 1.10 B.0 175 F			Provider Phone:	
Program:	DFEC - Division of Federa	al Employ 🗸 *		Transaction Type:	initial Request
Bill Type:	Vocational Rehabilitation	Codes 🗸 *		Case Number:	* • •
Diagnosis Code Category:	ICD-10-CM	~		Claimant Name:	
Diagnosis Code:	S46011A (C	o not use decimal	s or spaces)	Claimant DOB:	
Total Bill Charges:	\$1000.00			Region:	Region 10 - PR, GU *
Comments:				Reviewer:	*
Rejection Reason(s):	Incorrect date of service			Approved for L (Select this opt)	ate Submission ion only if you have approval fo
Upload File:	O Upload		li		

A REAL PROPERTY OF THE PROPERT	Vocationa Contract N (23 of 24)	l Rehabilitation Counselor or Iurse Bill Submission (DFEC)	Quick Reference Gui		
Resubmitting a Rejected Vocational Rehabilitation or Contract Nurse Bill					
 To remove the reasons for rejecting the bill, make the appropriate updates to the bill, and then select Resubmit to resubmit the bill. Note: The bill Control Number remains the same. 					
	Provider Portal > Vocationa	I Rehabilitation or Nurse Bills List > Bill Submission			
	Close Ø Resubmit	Control Number:	Status: Rejected		
	Vocational Rehabilitation or Nurse Bills Submission				
	OWCP Provider ID:	Teaching	Provider Name: Rehab counselor - FECA new vendor		
	Provider Address:	1264" 12-16 Rold 175 Hit Sold" (2016, MISSING ST-	Provider Phone:		
	Program:	DFEC - Division of Federal Employ	Transaction Type: Initial Request		
	Bill Type:	Vocational Rehabilitation Codes	Case Number: * Verify		
	Diagnosis Code Category:	ICD-10-CM V	Claimant Name:		
	Diagnosis Code:	S46011A (Do not use decimals or spaces)	Claimant DOB:		
	Total Bill Charges:	\$1000.00	Region: *		
	Comments:		Reviewer:		
	Rejection Reason(s):	Incorrect date of service	Approved for Late Submission (Select this option only if you have approval for late section)		
	Upload File:	O Upload			
8.	8. In the next window that opens select OK to resubmit the bill or select Cancel to return to the bill.				
	Ar	e you sure you want to resubmit?			

Note: After selecting **OK** to resubmit the bill, a window opens confirming the bill was resubmitted successfully.

ОК

Cancel

Your Bill is resubmitted successfully.	
	ОК



Note: The WCMBP System recalculates the bill based on the resubmission updates:

- Add a new service line: The system auto-populates the Charge Per Unit and Units fields based on the procedure code, region modifier, and service from date for the new service line
- Update existing service line: If the procedure code or service from date is updated, the system recalculates and auto-populates the Charge Per Unit and Units fields based on the procedure code, region modifier, and service from date for the existing service line
- Update Region Modifier: The system recalculates Charge Per Unit and Line Total fields for all existing lines based on the new region modifier selection and the corresponding line procedure code and service from date