Billing Tutorial

Direct Data Entry (DDE)

CNSI

Introduction

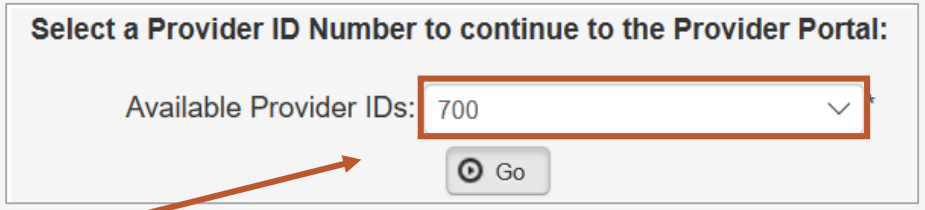
This tutorial outlines the process to submit bills via Direct Data Entry (DDE) in the WCMBP Provider Portal. The following information will be covered:

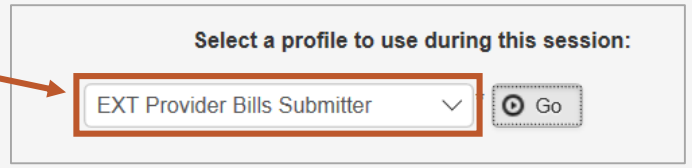
- Overview
- Submitting Bills in the WCMBP System
- Bill Submissions via DDE
  - Professional
  - Institutional
  - Dental
- Retrieve Saved Bills

Submitting Bills in the WCMBP System

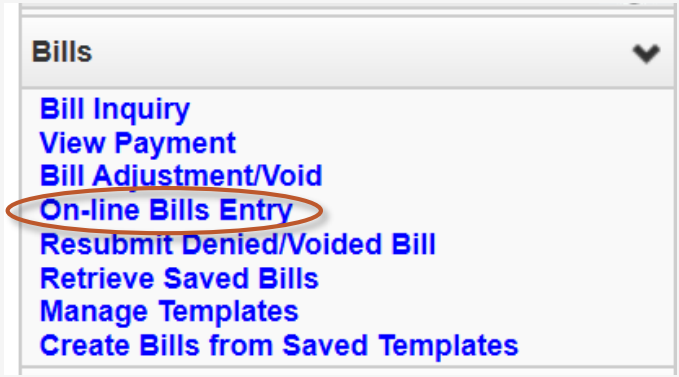
How it works:

1. Log in to the WCMBP System. The system will display the default “Select a provider ID Number” page. Select the appropriate profile “Ext Provider Bills Submitter” from the drop-down.





2. Select the “On-line Bills Entry" link under Bills.



Bill Submission

After the provider selects the "On-line Bills Entry" hyperlink, the provider will choose the type of bill they are wanting to complete and submit for payment consideration.

Provider Portal > Bill Submission

Close

Choose an Option.	
Submit Professional	Submit Professional
Submit Institutional	Submit Institutional
Submit Dental	Submit Dental

Submitting a Professional Bill in the WCMBP System

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Submitting a Professional Bill in the WCMBP System

1 The provider will select the “Submit Professional” hyperlink to begin entering a Professional claim via DDE.

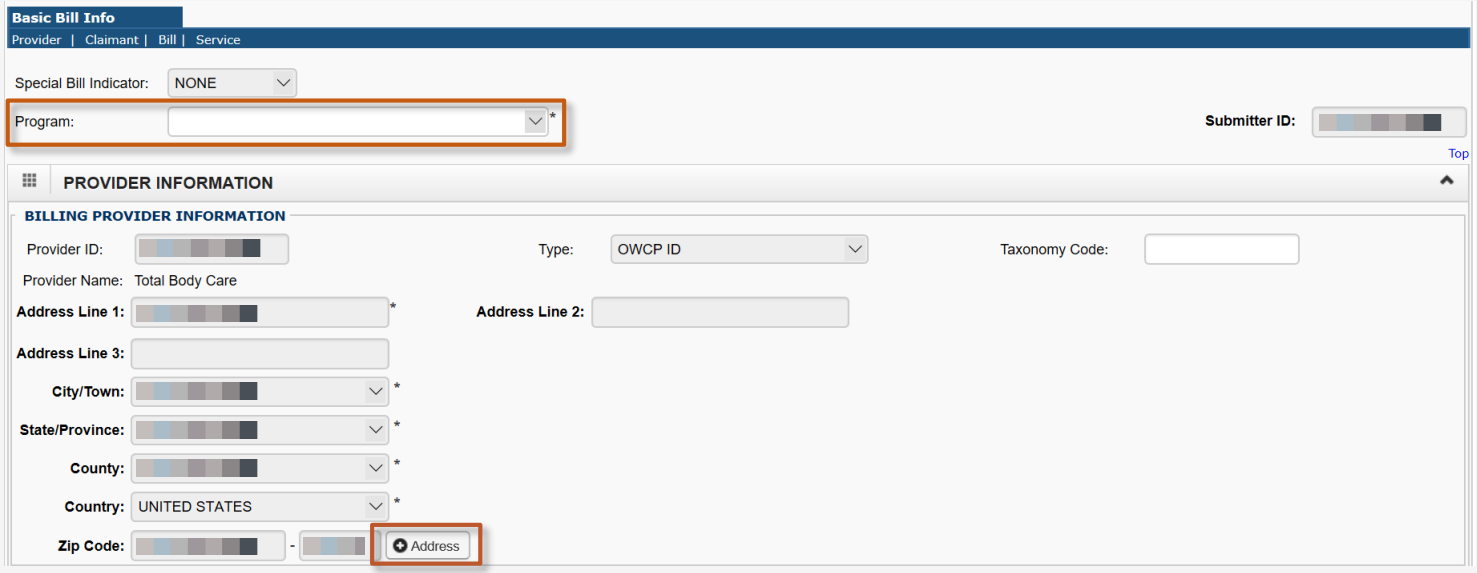
Close

Choose an Option.	
Submit Professional	Submit Professional
Submit Institutional	Submit Institutional
Submit Dental	Submit Dental

Provider Information

1. The provider must select the program of the claimant they are submitting the bill for if it isn't auto populated.

Note: Provider information such as: (Provider ID, Provider Name and Address) will be displayed based on the profile of the provider that is logged in.



Provider Information – Cont.

1. Step one of completing the Professional bill is the section titled "Is the Billing Location also the Service Facility Location?"

   This section will automatically default to "YES." If the address for the billing location is different from the practice address, the provider should select "NO."

   Note: If you answer "No," the grid expands. Enter the Servicing Facility Provider ID in the Servicing Facility Provider ID field, and select NPI from the Type drop-down.

2. Step two of completing the Professional bill is the section titled "Is the Billing Provider also the Rendering Provider?"

   This section will automatically default to "NO." If the Billing Provider and the Rendering Provider are the same, the provider should select "YES."

   Note: If you select "No," the grid expands. Enter and select the rendering provider's details in the Provider ID, Type, and Taxonomy Code fields.

Provider Information – Cont.

3 Step three of completing the Professional bill is the section titled "Is the Billing Provider also the Supervising Provider?"

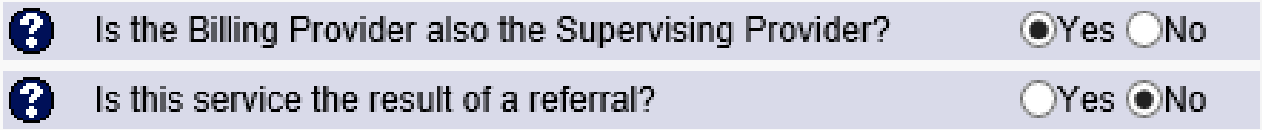
This section will automatically default to "Yes." If the Billing Provider is different from the Supervising Provider, the provider should select "No."

Note: If you select "No," the grid expands. Enter and select the supervising provider details in the Provider ID and Type fields.

4 Step four of completing the Professional bill is the section titled "Is the Service the result of a referral?"

This section will automatically default to "No." If the service is a result of a referral, the provider should select "Yes."

Note: If you select "Yes," the grid expands. Enter and select the referring provider details in the Provider ID and Type fields.



Claimant Information

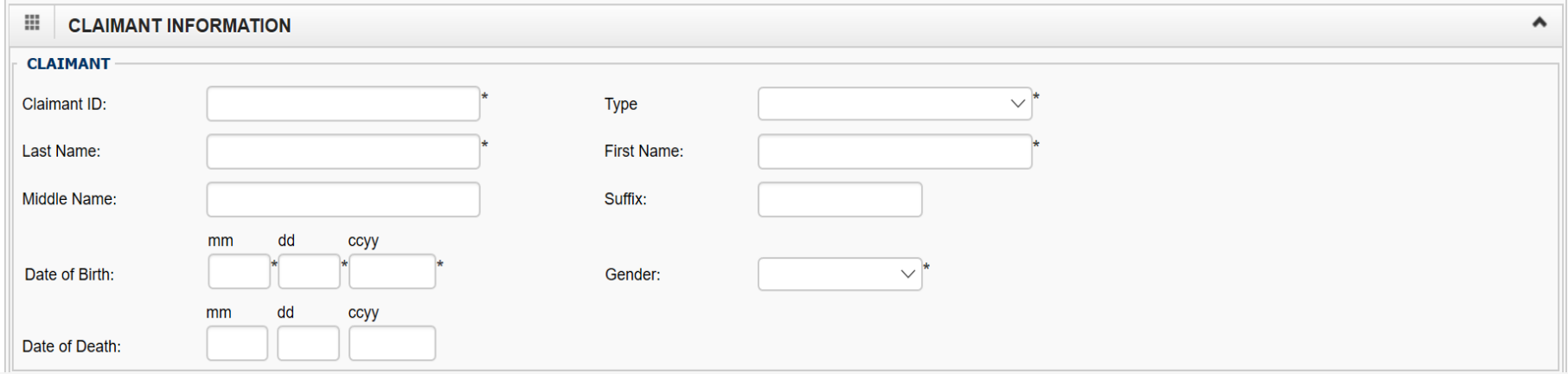
1 In this section, the provider will enter the necessary information about the claimant. Some fields are mandatory, and others are optional. The mandatory fields have an asterisk "*".

1. Enter the Claimant ID.
2. Select the Type: (Case Number).

Note: DCMWC & DEEOIC can enter SSN or Case Number.

Note: Once the Type (Case Number) is selected, the claimant's Name and Date of Birth (DOB) will be displayed.

3. Enter the Claimant's Date of Birth.
4. Select the Gender of the Claimant (F- Female/M-Male/U-Unknown).

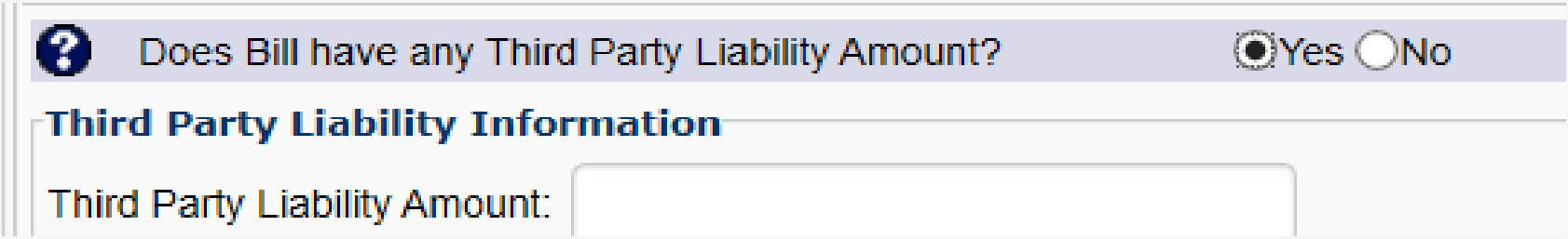


Third Party Liability Amount

1. In this step, complete the Professional bill section titled "Does Bill have any Third-Party Liability Amount?"

   This section will automatically default to "NO." Only if there is a Third-Party Amount to be listed, will the provider select "YES."

   Note: If "YES" is selected, the provider must enter the amount.

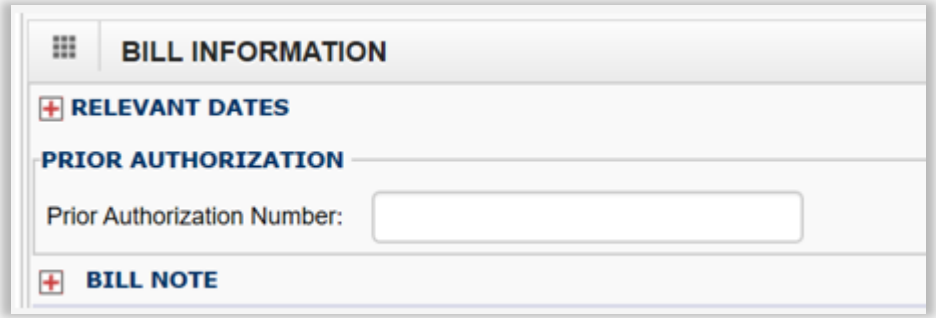


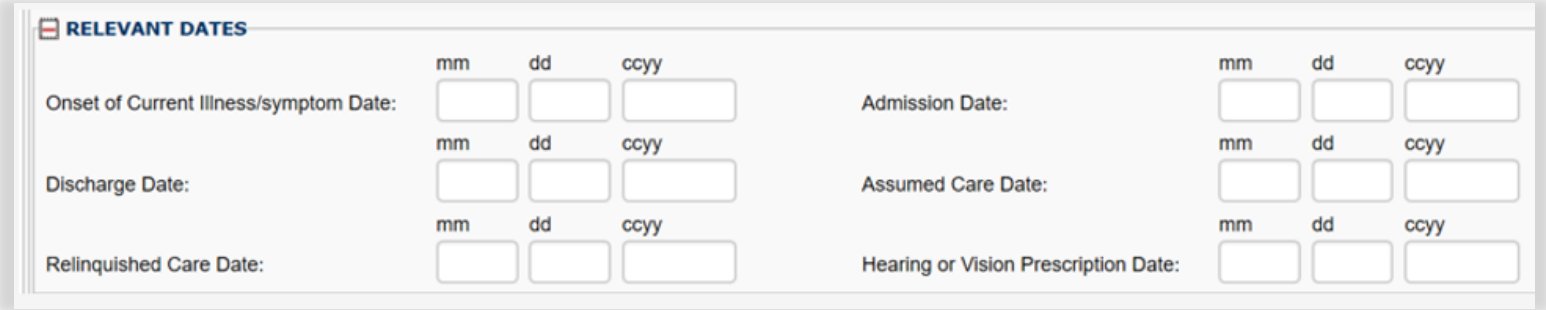
Bill Information

1. In this section, the provider will enter the necessary bill information pertaining to the service provided to the claimant.

   Enter Relevant Dates, a Prior Authorization Number and/or a Bill Note.

   Note: These are not required fields. Click on the **+** to enter Relevant Dates or a Bill Note, and **–** to minimize it if it's no longer needed.

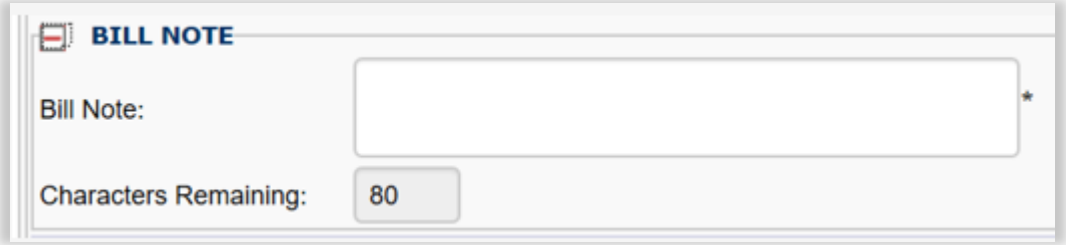




2. This Dialogue Box will open allowing you to enter Relevant Dates related to the services.

3. This Dialogue Box will allow you to enter a Bill Note related to the services.

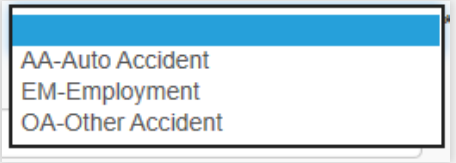
   Note: Up to 80 characters can be entered.



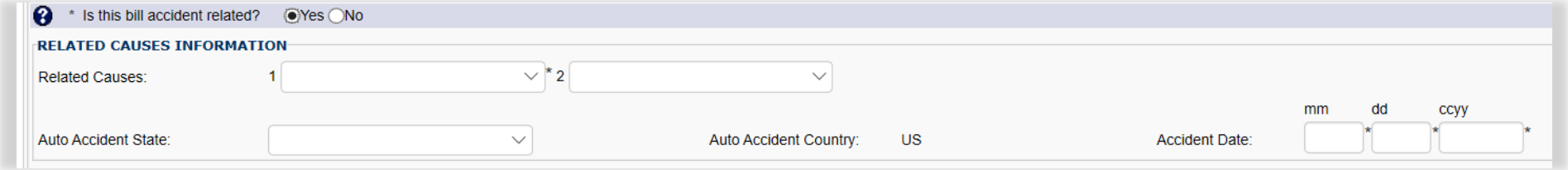
Bill Information – Accident Related

1 Is the bill accident related?

Note: If "Yes" is selected, enter the Related Causes Information.



Related Causes Options



2 Is the bill accident related?

Note: If "No" is selected, enter the Patient Account Number and select the Place of Service from the dropdown.

Bill Information - Diagnosis

1. Select the diagnosis code category from the Diagnosis Code Category drop-down and enter the diagnosis codes in the Diagnosis Codes fields.

   If applicable, enter the required codes in the Anesthesia Related Procedure, Condition Information, and Delay Reason expandable sub-headings. Click on the **+** to add an Anesthesia Related Procedure, Condition Information and/or a Delay Reason, and **–** to minimize it if it's no longer needed.

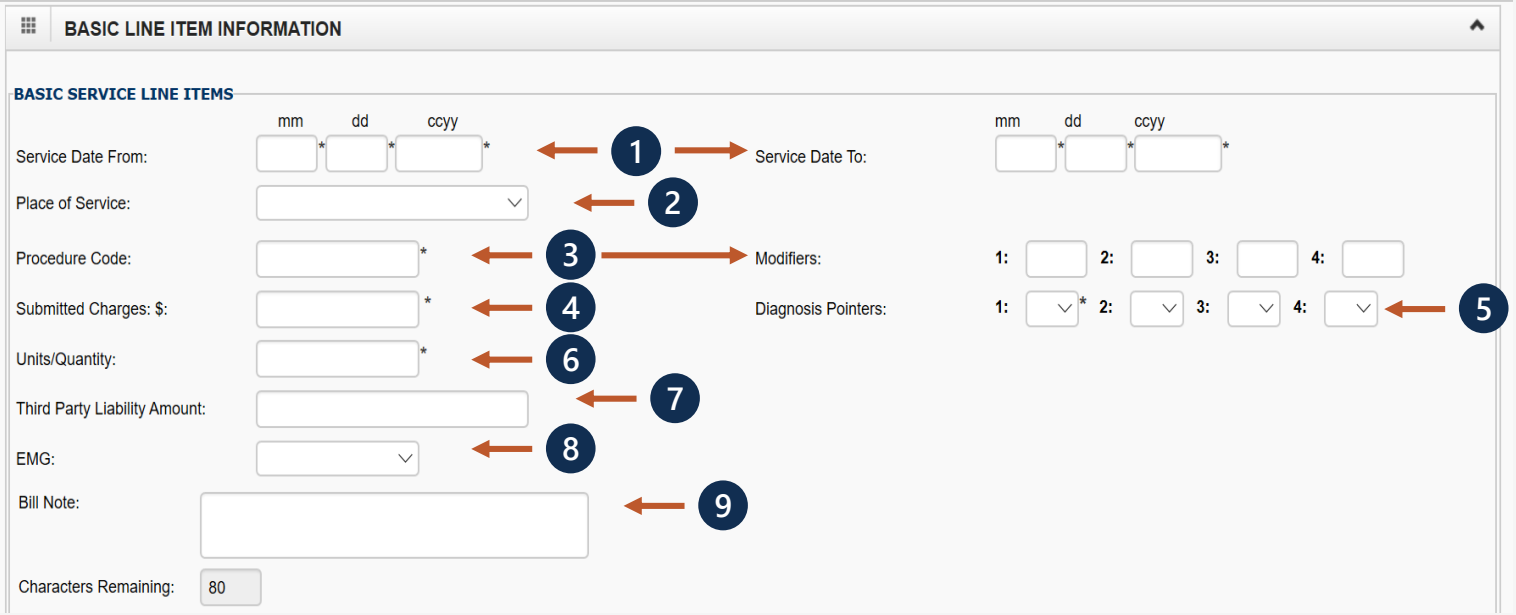
   Note:

   - Must list all ICD-9 or ICD-10 codes based on the Date of Service (DOS)
   - ICD Codes must be listed in sequential order, 1-12 (cannot skip a number).
   - ICD-9 Diagnosis Codes (applies if DOS is on or prior to September 30, 2015)
   - ICD-10 Diagnosis Codes (applies if DOS is on or after October 1, 2015)

Basic Line Item Information

Enter the Basic Service Line Information:

1. Date of Service Range (when were services rendered?)
2. Place of Service (POS) (2 Digit POS Code representing where services are rendered)
3. Procedures, Services, or Supplies (enter the 5-character HCPCS, CPT and/or 2 digit Modifier)
4. Charges (list the sub charge for the line item)
5. Diagnosis Pointer (enter the diagnostic reference number (1-12 from bill information section) to relate the DOS and procedure performed to the appropriate DX.

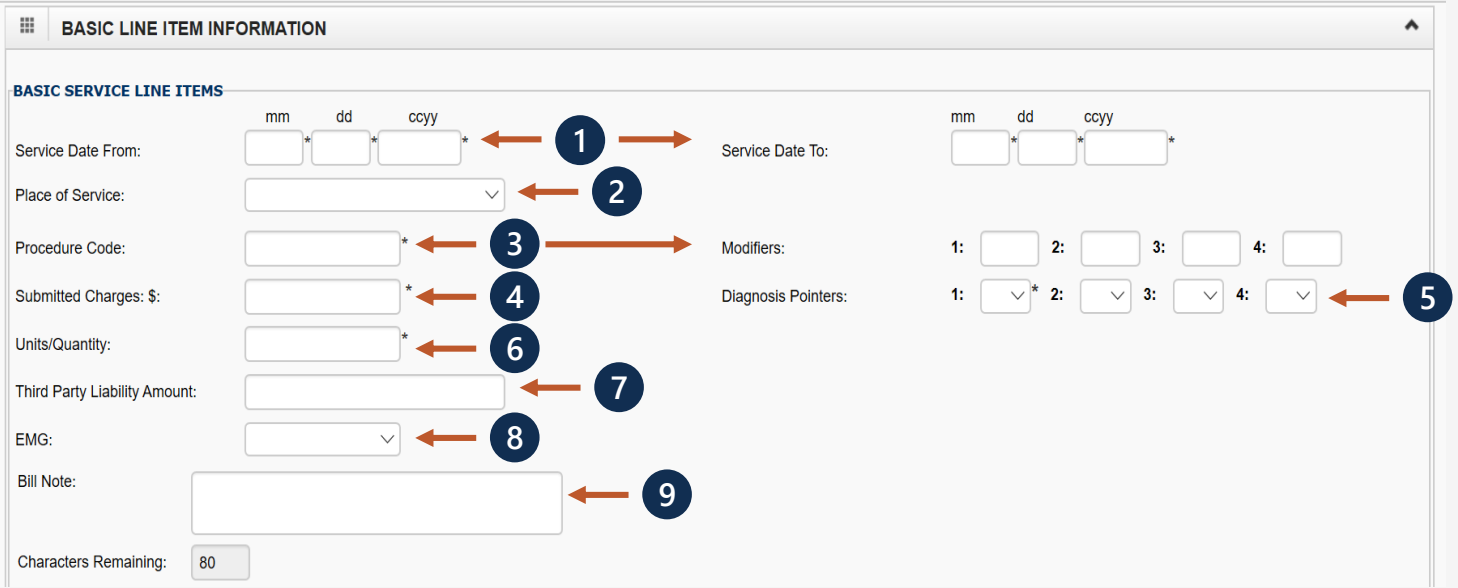


*6-9 is covered on the next slide.

Basic Line Item Information

Enter the Basic Service Line Information – Continued:

6. Units (enter the number of units provided during the DOS range listed)
7. Third Party Liability Amount (amount that was paid by a Third-Party Liability (TPL)) **Note:** DOL is primary, leave blank. If listed, monies will be deducted from the allowed reimbursement amount.
8. EMG (Is this an emergency service? Y/N) - **Optional**
9. Bill Note (a Bill Note can be entered - up to 80 characters) - **Optional**



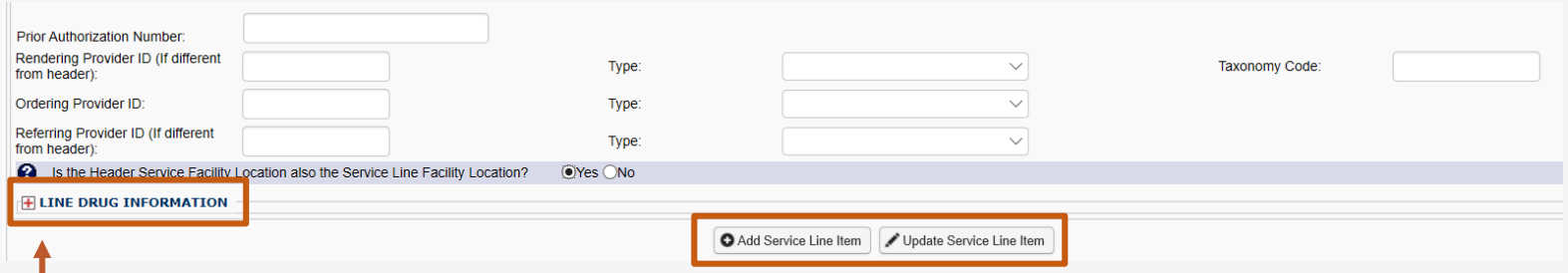
Bill Information – Cont.

1 Providers can enter a Prior Authorization Number and/or the Rendering/Ordering/Referring Provider NPI numbers if they are different from the header provider information.

Note: These are not required fields.

2 Is the Header Service Facility Location also the Service Line Facility Location?

Note: If "No" is selected, a dialogue box will open to add the Service Line Facility's NPI and Address.



3 Click on the **+** to add Line Drug Information, and **–** to minimize it if it is no longer needed.

4 Click "Add Service Line Item" to add the line item to the bill and repeat to add additional lines.

Note: Click "Update Service Line item" to update a line item that has been entered.

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Previously Entered Line Item Information

1. Once a line item has been added, the line item information will be displayed. Click the “Line No” hyperlink to update or the “Delete” hyperlink to remove the Line Item.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: $ 100.00

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	02/01/2020	02/01/2020	25109									$ 100.00	1		Delete

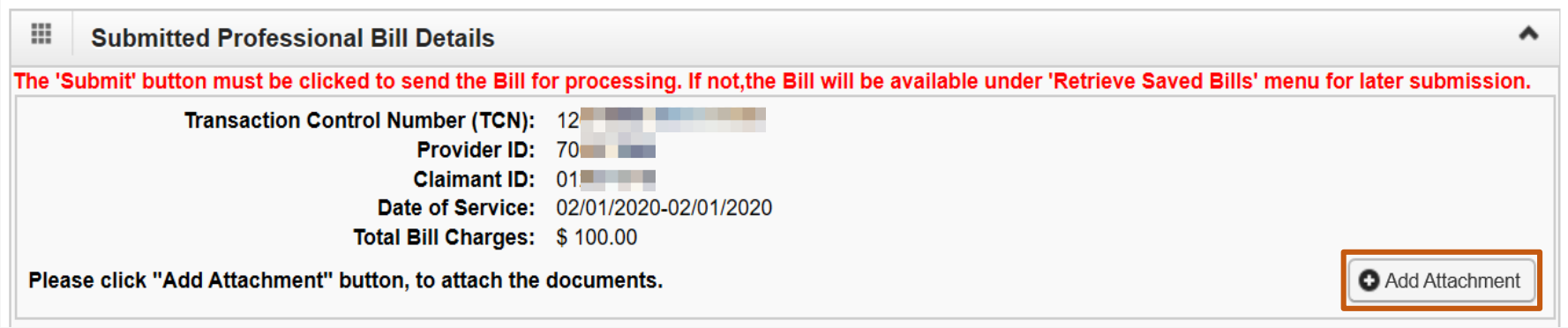
2. Once you have entered all line items scroll back to the top of the page and click “Submit Bill” to submit your bill.

Note: You have an option to save the bill and return later or Reset the bill if you want to start over.

Note: Saved Bills will be available under “Retrieve Saved Bills” menu for a later submission.

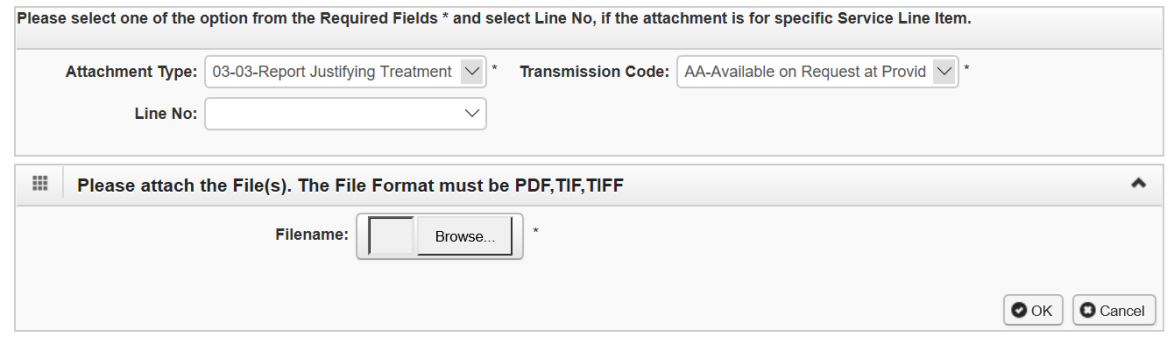
Submitted Professional Bill Details

1. Once the “Submit Bill” tab is clicked, the Transaction Control Number (TCN) will be displayed and give an option to add an attachment.



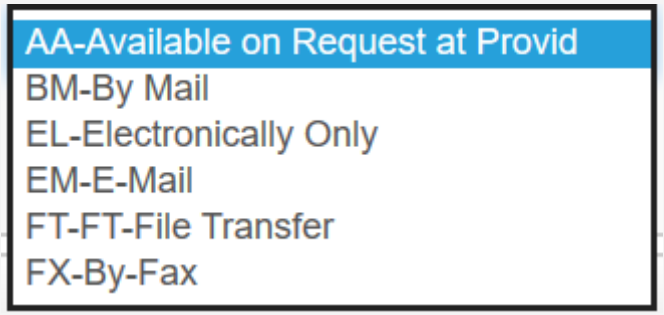
Adding an Attachment

1. Select the type of attachment you are submitting in relation to the services you are rendering.



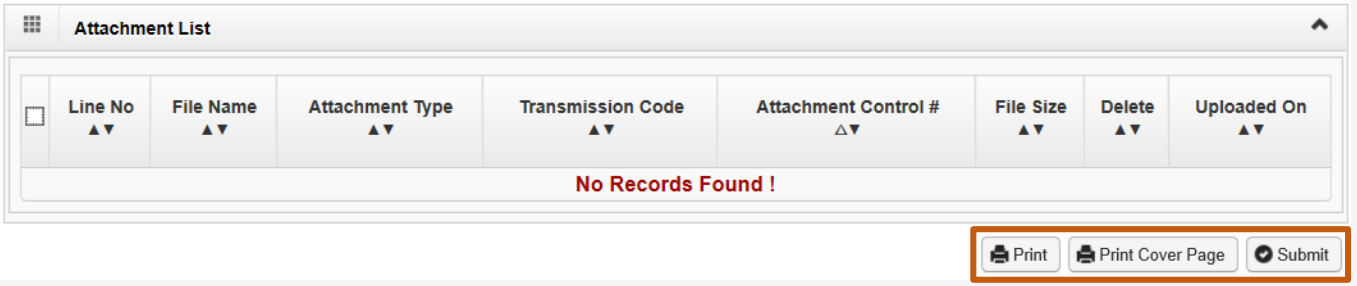
2. Select the Transmission Code from the dropdown.

Note: Attachments can only be attached if EL or FT is selected.



3. Once the attachment is added, it will be listed in the Attachment List section. Click "Submit" to submit your bill.

Important: Click "Print Cover Page" to mail or fax the attachments for transmission codes of AA, BM, EM and FX.



Submitting an Institutional Bill in the WCMBP System

Submitting an Institutional Bill in the WCMBP System

1. Select the “Submit Institutional” hyperlink to begin entering an Institutional claim via Direct Data Entry (DDE).

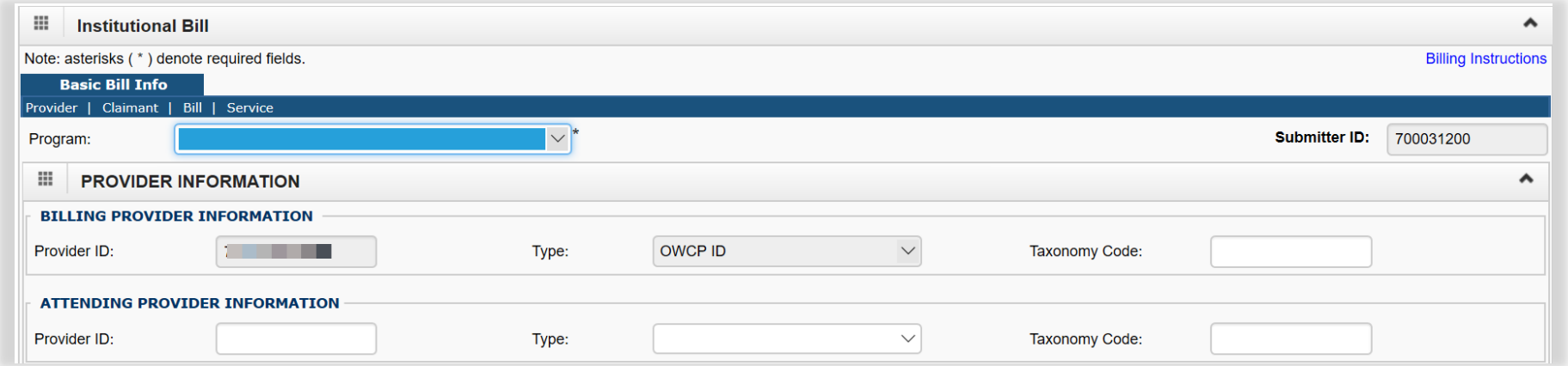
Close

Choose an Option.	
Submit Professional	Submit Professional
Submit Institutional	Submit Institutional
Submit Dental	Submit Dental

Provider Information

1. Select the Program of the claimant you are submitting the bill for.

   Note: Provider information (Provider ID and Type) will be displayed based on the provider profile of the user logged in.



2. Enter the Attending Provider NPI number.

   Note: Attending Provider is the doctor overseeing the patient's general care.

Claimant Information

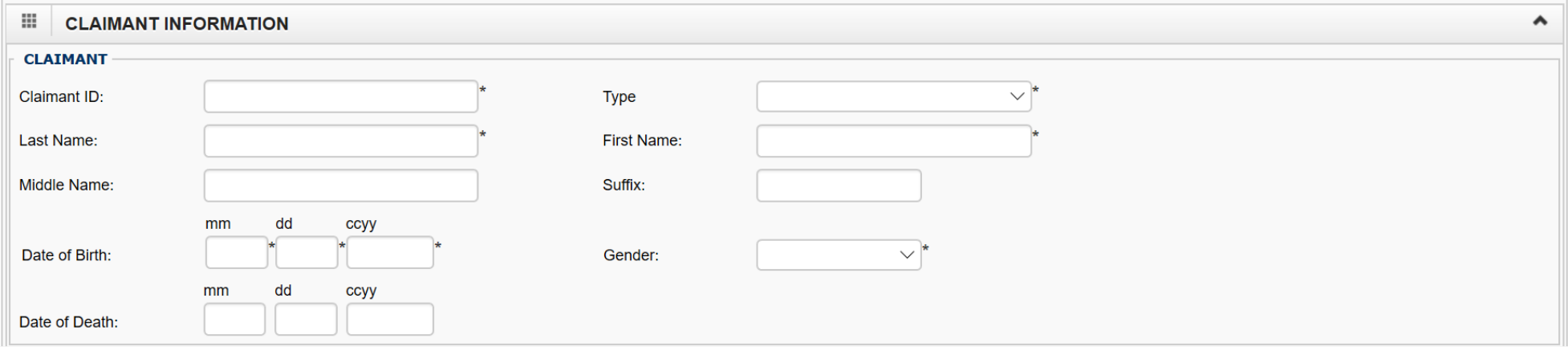
1

1. Enter the Claimant ID.
2. Select the Type (Case Number).

Note: DCMWC & DEEOIC can enter SSN or Case Number.

Note: Once the Type (Case Number) is selected, the claimant's Name and Date of Birth (DOB) will be displayed.

3. Select the Gender of the Claimant (F-Female/M-Male/U-Unknown).



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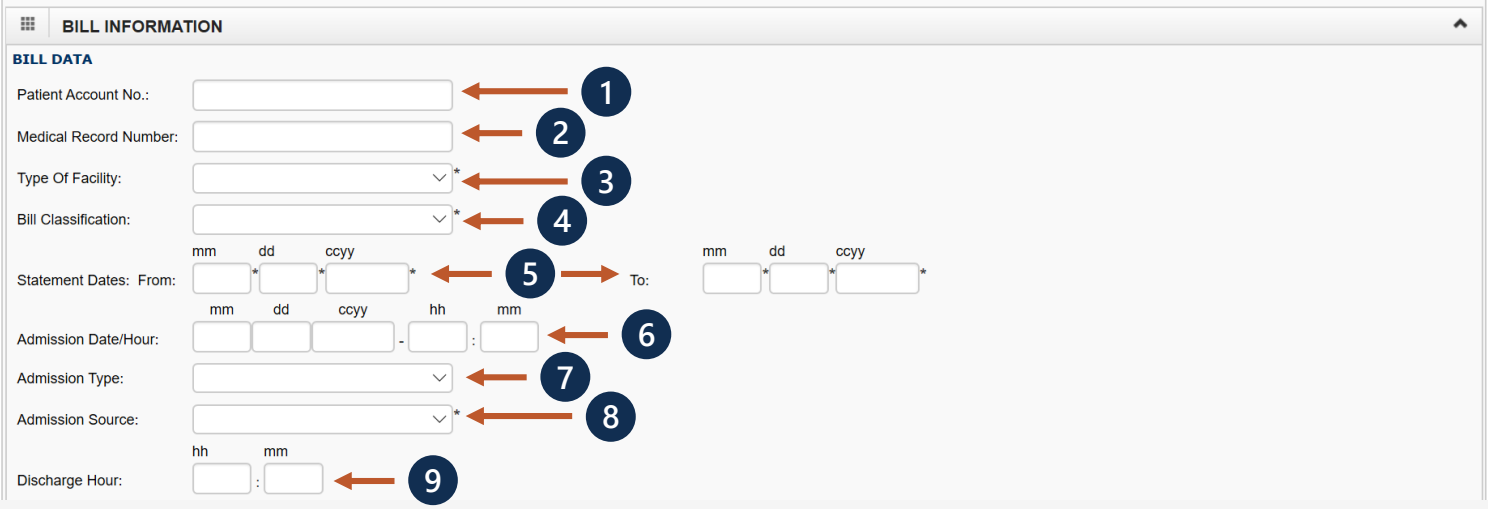
Bill Information

Enter the Following bill information:

1. Patient Account Number within your organization.
2. Medical Record Number within your organization.
3. Select the Type of Facility.
4. Select the Bill Classification.
5. Statement Date Range (Cover Period).
6. Enter Admission date, hour and minutes.
7. Enter Admission Type (required for Inpatient Stay Only).
8. Select the Admission Source from the dropdown.
9. Enter the Discharge Hour and Minutes.



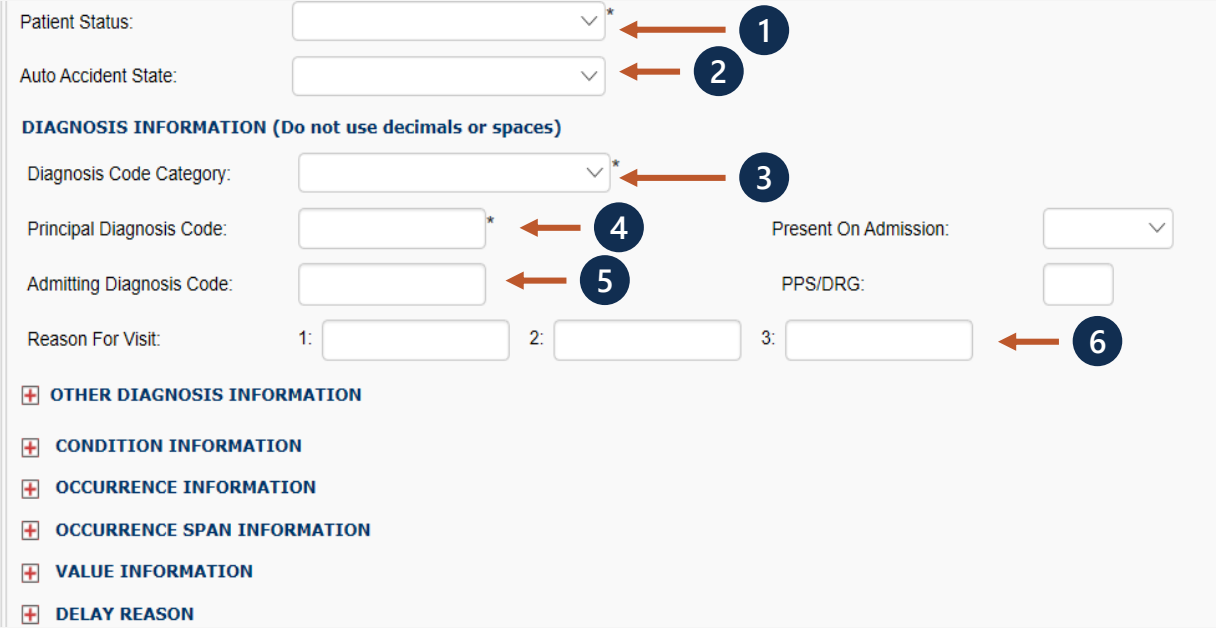
Type of Facility Options

Bill Information – Cont.

Enter the Following bill information:

1. Select the Patient Status from the dropdown.
2. If bill is related to an Auto Accident, enter the State where it occurred.
3. Select the Diagnosis Code Category.
4. Enter the Principal Diagnosis Code and also select if Principal Diagnosis Code was present at the time of admission.
5. Enter Admitting Diagnosis Code.
6. Enter the Reasons for Visit (Diagnosis Code describing the patient's stated reason for seeking care on Outpatient bills).

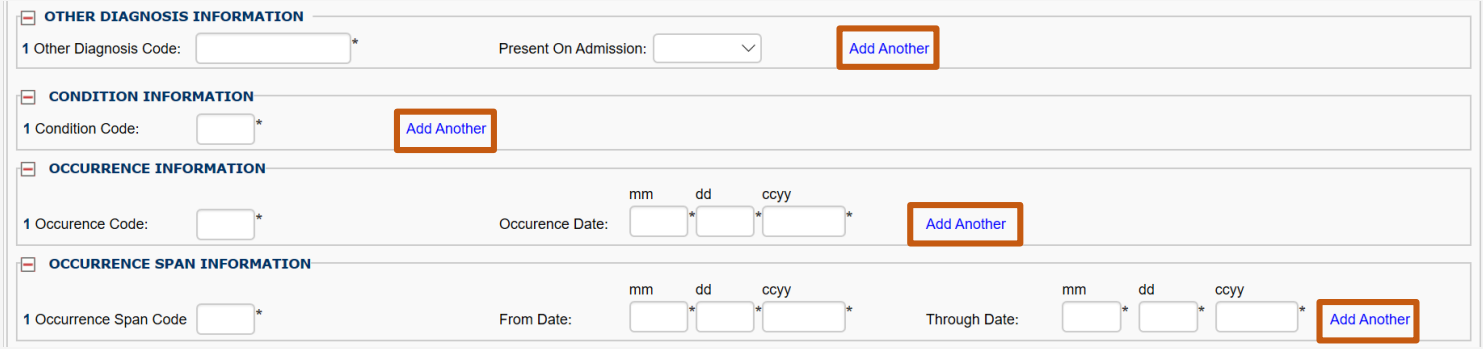
Note: Click on the **+** to add Other Diagnosis, Condition, Occurrence, Occurrence Span, Value Information and a Delay Reason, and **–** to minimize it if it is no longer needed.

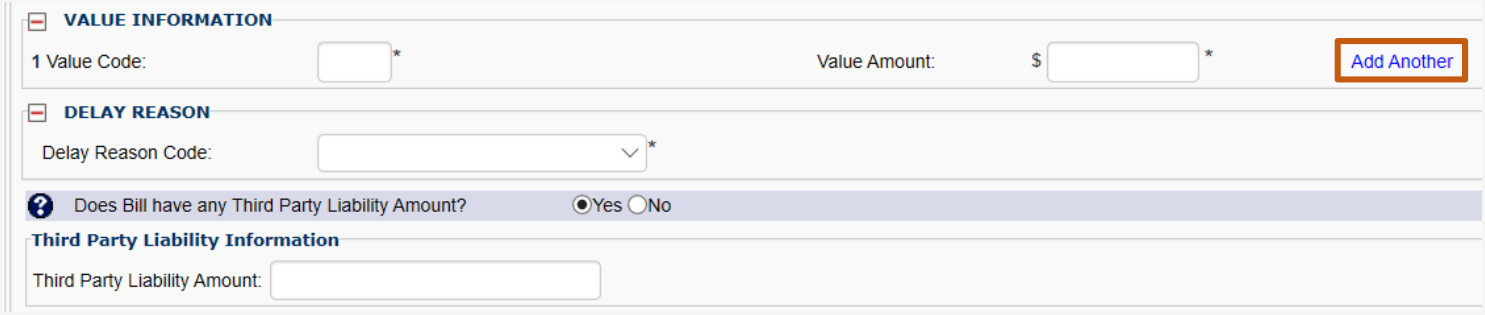


Bill Information Cont.

1. When you maximize a section, the respective section will allow you to enter the information that is required on the bill.

Note: Click the "Add Another" hyperlink to add additional information.





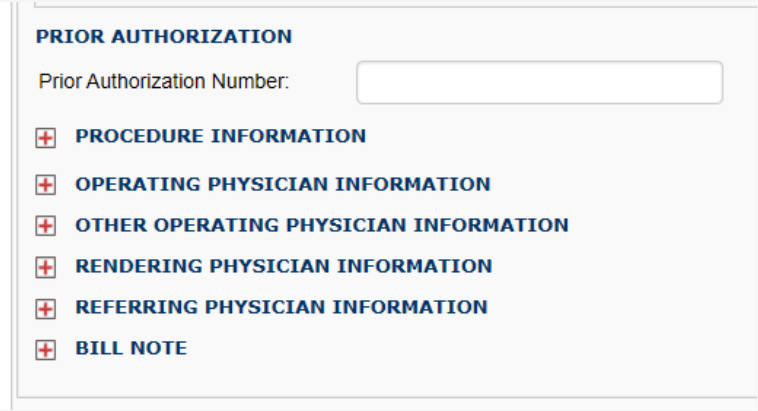
2. Does Bill have any Third Party Liability (TPL) Amount?

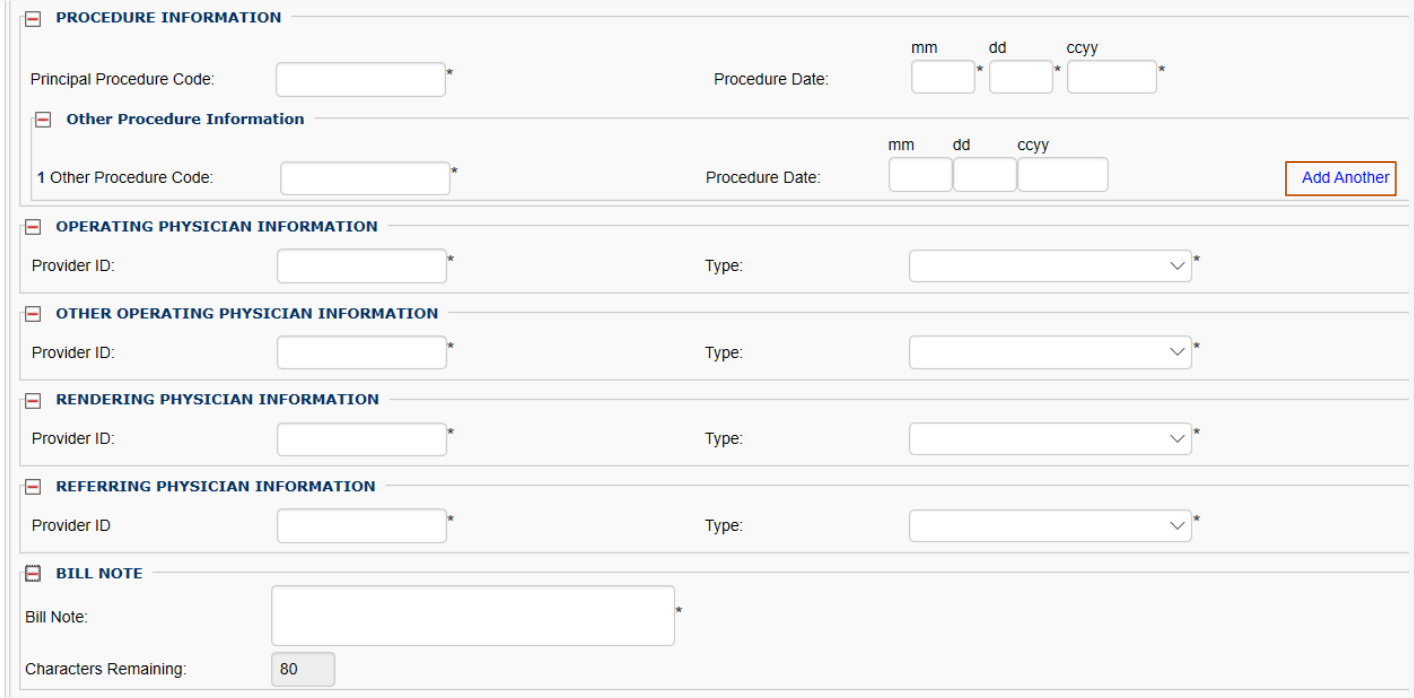
Note: If "Yes" is selected, enter the TPL amount.

Bill Information Cont.

1 Enter the Prior Authorization Number that you want to apply to this bill. (Optional)

Note: Click on the **+** to add Procedure, Other Procedure, Operating Physician, Other Operating Physician, Rendering Physician, Referring Physician Information and a Bill Note, and **–** to minimize it if it is no longer needed.





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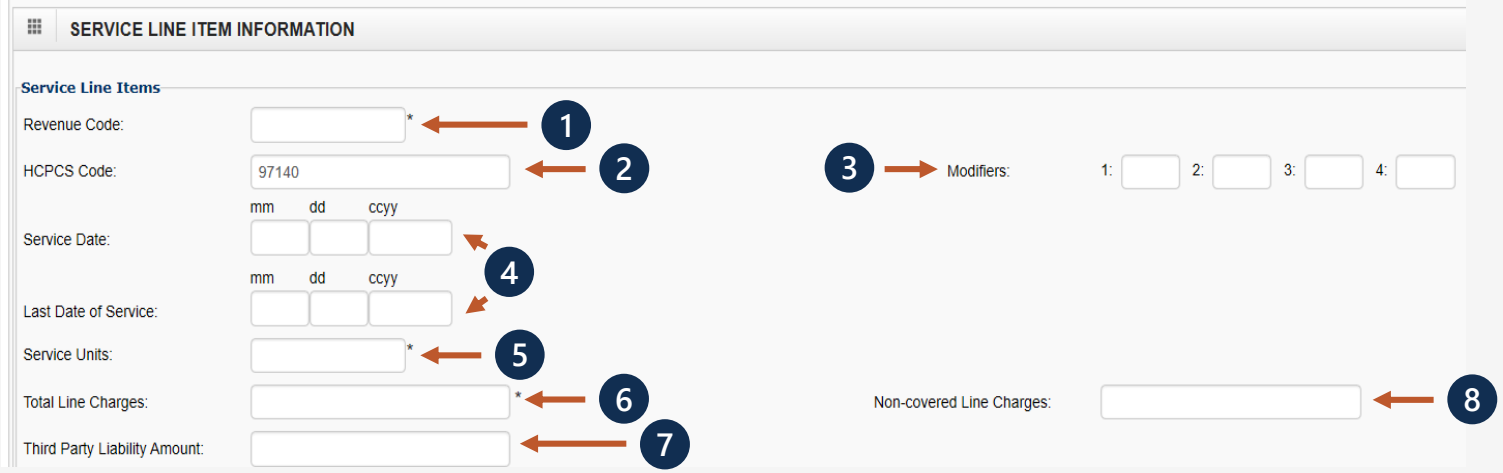
Service Line Item Information

Enter the Following Service Line information:

1. Revenue Code
2. HCPCS Code

Note: All Revenue Codes do not require a HCPCS/Procedure Code.

3. Modifiers – Optional
4. List the Service Date and Last Date of Service for the Line Item
5. Service Units
6. Total Line Charges
7. Third Party Liability Amount – Optional
8. Non-covered Line Charges – Optional



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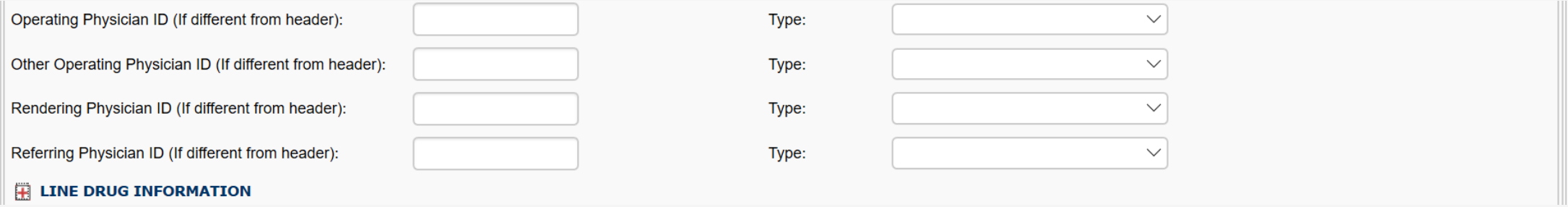
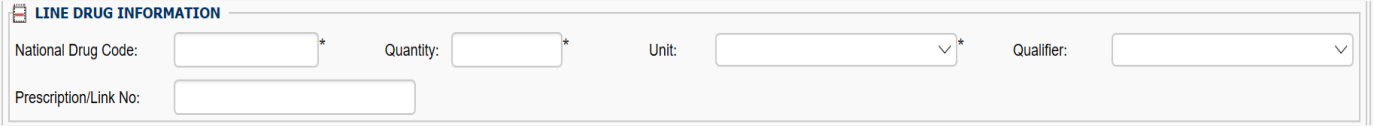
Service Line Item Information Cont.

1. You can enter the Operating Physician/Other Operating Physician/Rendering and/or Referring Providers NPI number if it is different from the header provider information.

   Note: These are optional fields.



2. Click on the **+** to add Line Drug Information, and **–** to minimize it if it is no longer needed.

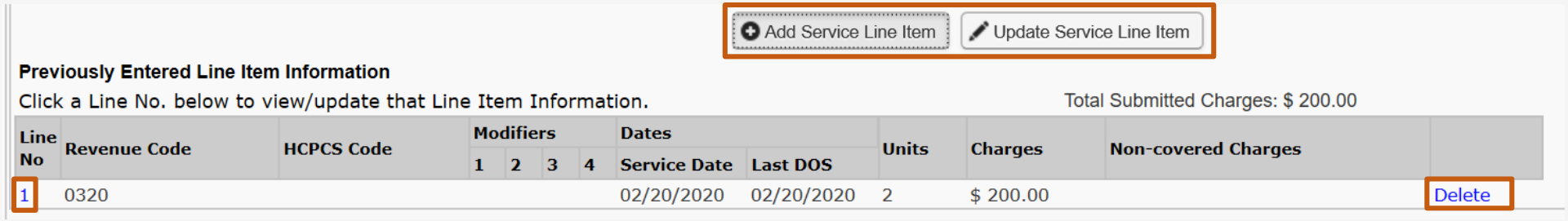


Service Line Item Information Cont.

1. Click "Add Service Line Item" to add a line item to the bill and repeat to add additional lines.

   Note: Click "Update Service Line Item" to update a line item that is already added.

2. Once a line item has been added, the line item information added will be displayed. Click the "Line No" hyperlink to update or the "Delete" hyperlink to remove the Line Item.



3. Once you have entered all line items scroll back to the top of the page and click "Submit Bill" to submit your bill.

   Note: You have an option to Save Bill and return later or Reset the bill if you want to start over.

Note: Saved Bills will be available under "Retrieve Saved Bills" menu for a later submission.

Submitted Professional Bill Details

1. Once the “Submit Bill” button is clicked, the Transaction Control Number (TCN) will be displayed and give you an option to add an attachment.

Submitted Institutional 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.

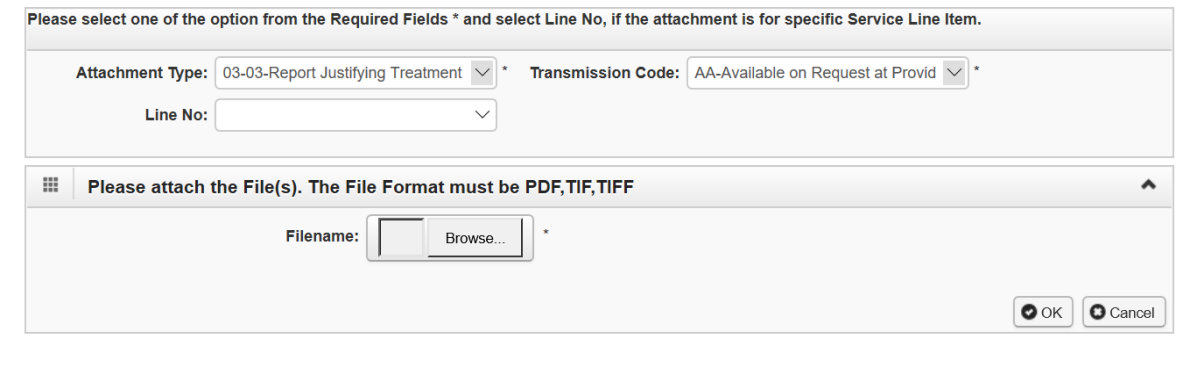
Transaction Control Number (TCN):	12
Provider ID:	70
Claimant ID:	01
Date of Service:	02/20/2020-02/20/2020
Total Bill Charges:	$ 200.00

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

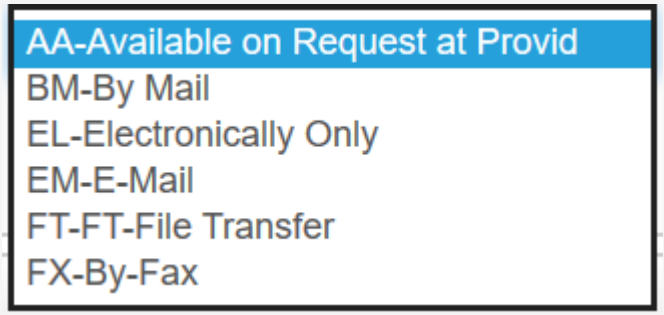
Add Attachment

Adding an Attachment

1. Select the type of attachment you are submitting in relation to the services you are rendering.

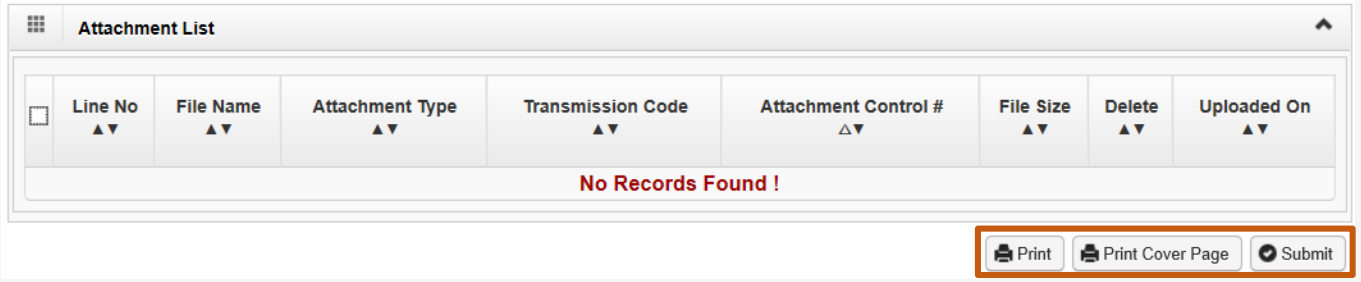


2. Select the Transmission Code from the dropdown. **Note:** Attachments can only be attached if EL or FT is selected.



3. Once the attachment is added, it will be listed in the Attachment List section. Click "Submit" to submit your bill.

Important: Click "Print Cover Page" to mail or fax the attachments for transmission codes of AA, BM, EM and FX.



Submitting a Dental Bill in the WCMBP System

CNSI

Submitting an Dental Bill in the WCMBP System

1 Select the “Submit Dental” hyperlink to begin entering a Dental claim via Direct Data Entry (DDE).

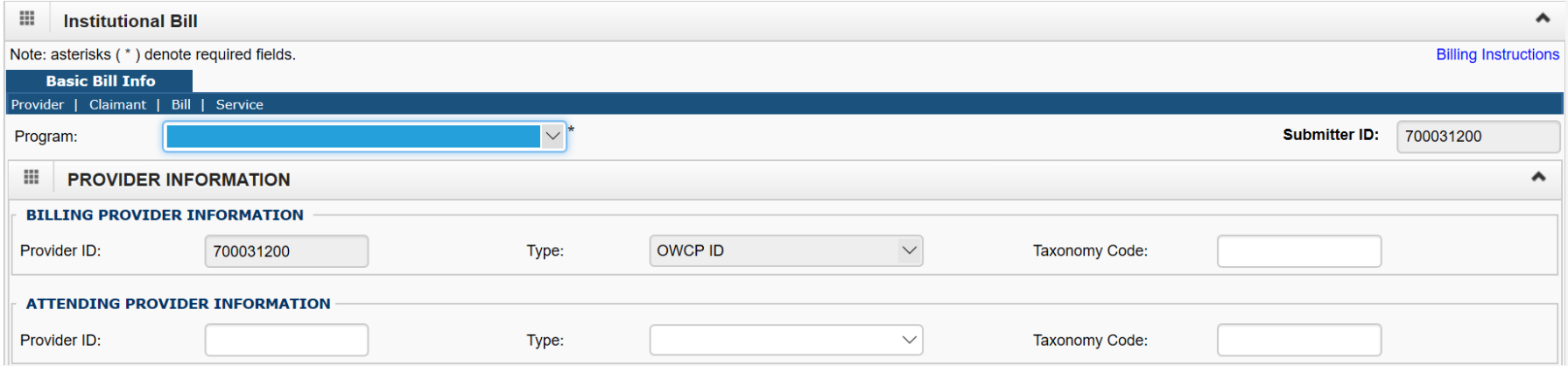
Close

Choose an Option.	
Submit Professional	Submit Professional
Submit Institutional	Submit Institutional
Submit Dental	Submit Dental

Provider Information

1. Select the program of the claimant your are submitting the bill for.

   Note: Provider information (Provider ID and Type) will be displayed based on the Provider ID you logged in as.



2. Enter the Attending Provider NPI number.

   Note: Attending Provider is the doctor overseeing the patient's general care.

Provider Information

1. Select the program of the claimant your are submitting the bill for.

   Note: Provider information (Provider ID and Type) will be displayed based on the Provider ID you logged in with.

2. Is the Billing Provider also the Rendering Provider?

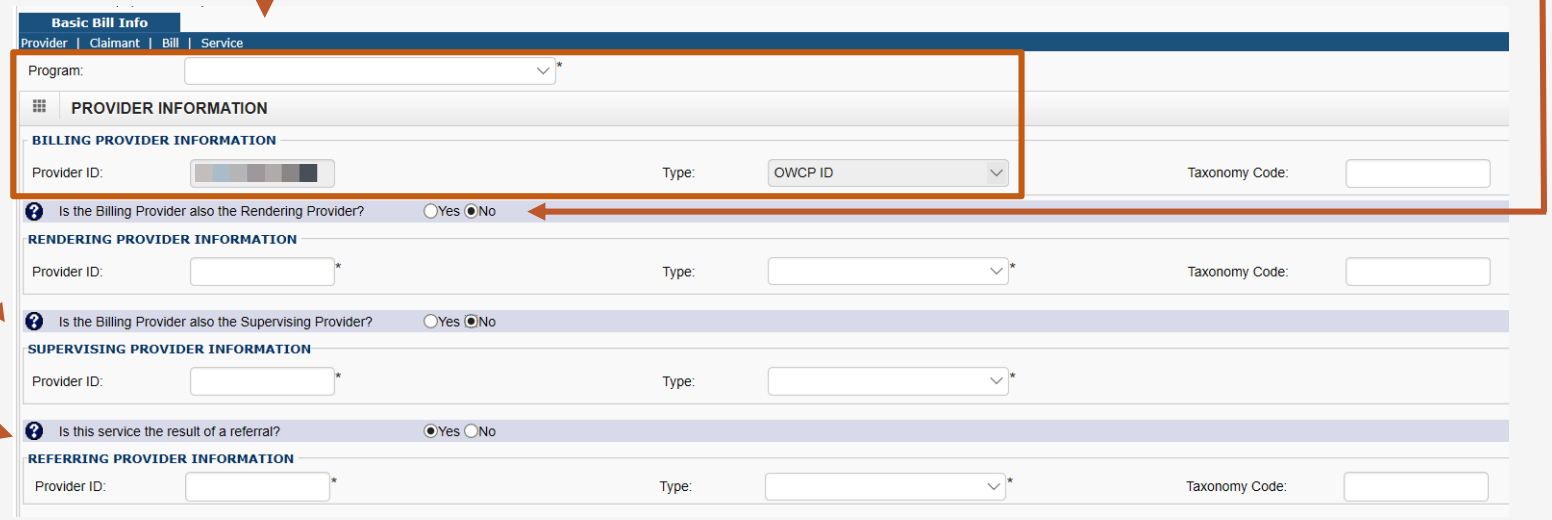
   Note: If "No" is selected, enter the NPI of the Rendering Provider.

3. Is the Billing Provider also the Supervising Provider?

   Note: If you select "No," the grid expands. Enter and select the supervising provider details in the Provider ID and Type fields.

4. Is this service a result of a referral?

   Note: If select "Yes," the grid expands. Enter and select the referring provider details in the Provider ID and Type fields.



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Claimant Information

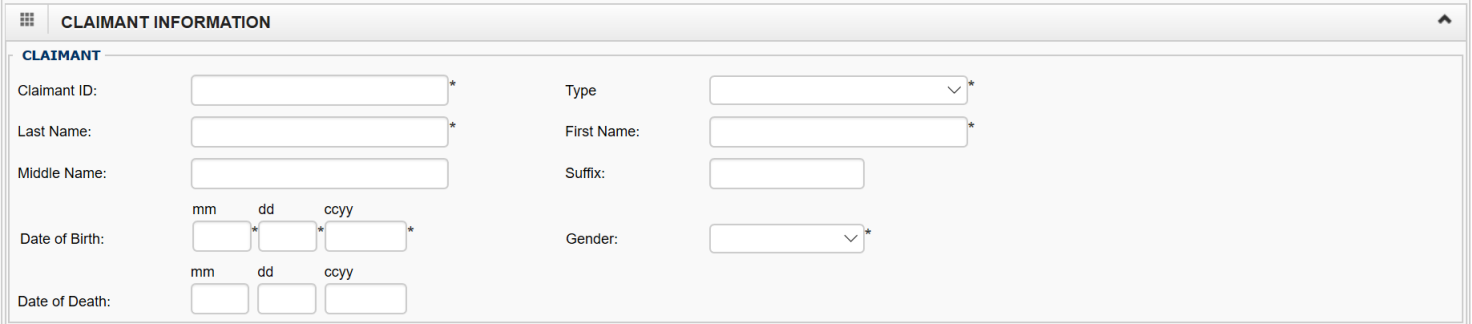
1

1. Enter the Claimant ID.
2. Select the Type (Case Number).

Note: DCMWC & DEEOIC can enter SSN or Case Number.

Note: Once the Type (Case Number) is selected, the claimant's Name and Date of Birth (DOB) will be displayed.

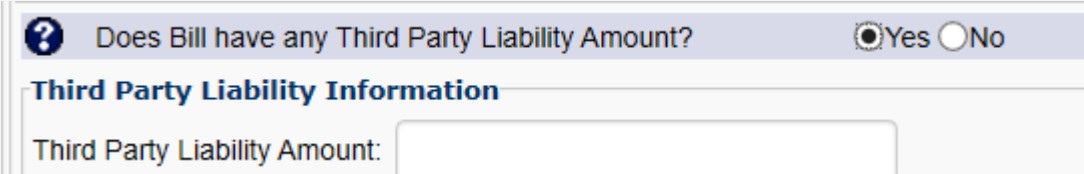
3. Select the Gender of the Claimant (F-Female/M-Male/U-Unknown).



2

Does Bill have any Third Party Liability (TPL) Amount?

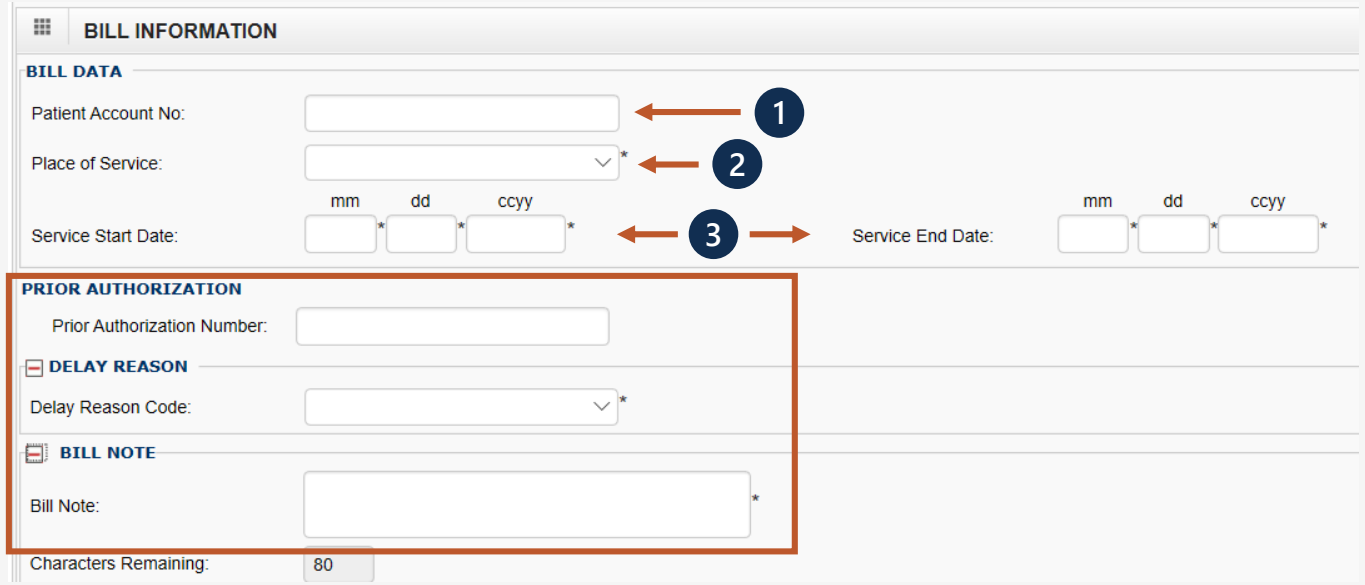
Note: If "Yes" is selected, enter the TPL amount.



Bill Information

1 **Enter the Following bill information:**

1. Patient Account number within your organization.
2. Select the Place of Service from the dropdown.
3. Enter the Date of Service range.



2 You can enter a Prior Authorization Number, a Delay Reason and/or a Bill Note.

Note: These are optional fields. Click on the **+** to enter Relevant Dates or a Bill Note, and **–** to minimize it if it no longer needed.

Bill Information Cont.

1. Is the bill accident related?

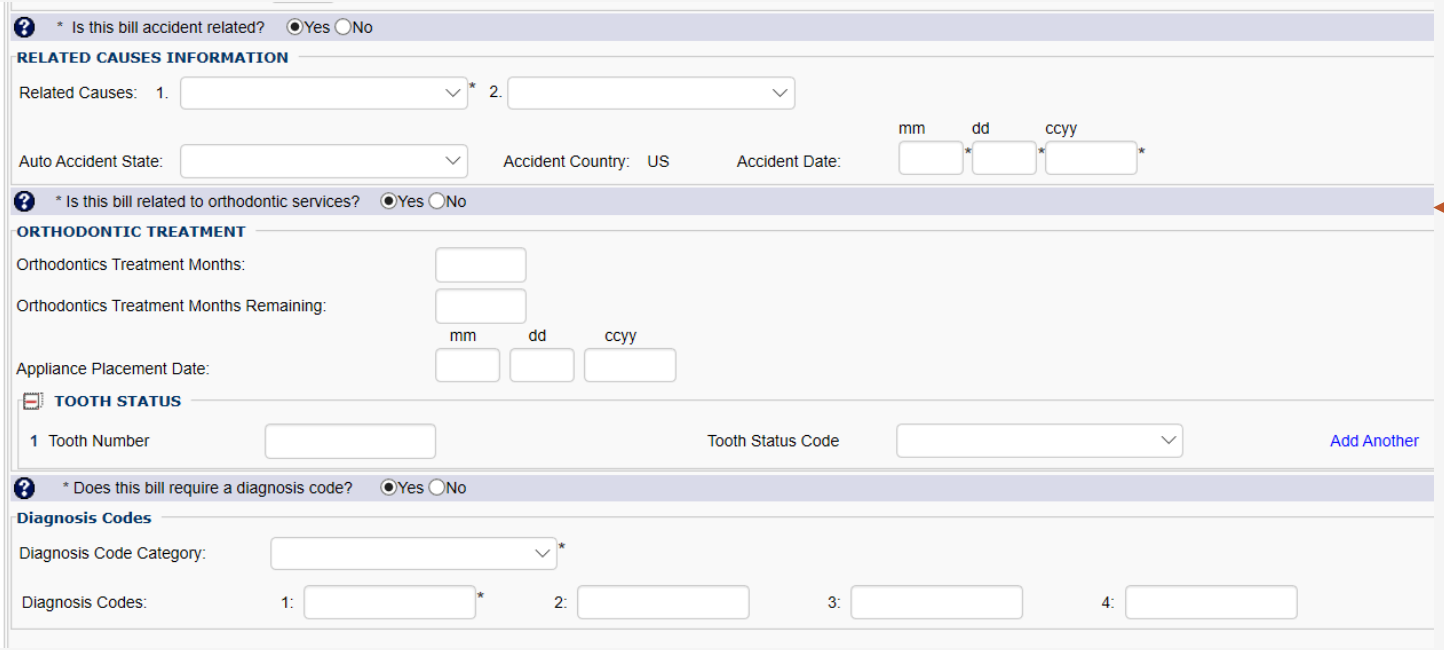
Note: If "Yes" is selected, enter the Related Causes Information.

2. Is the bill related to orthodontic services?

Note: If "Yes" is selected, enter the Orthodontic Treatment Information.

3. Does this bill require a diagnosis code?

Note: If "Yes" is selected, select the diagnosis code category and enter the diagnosis codes.



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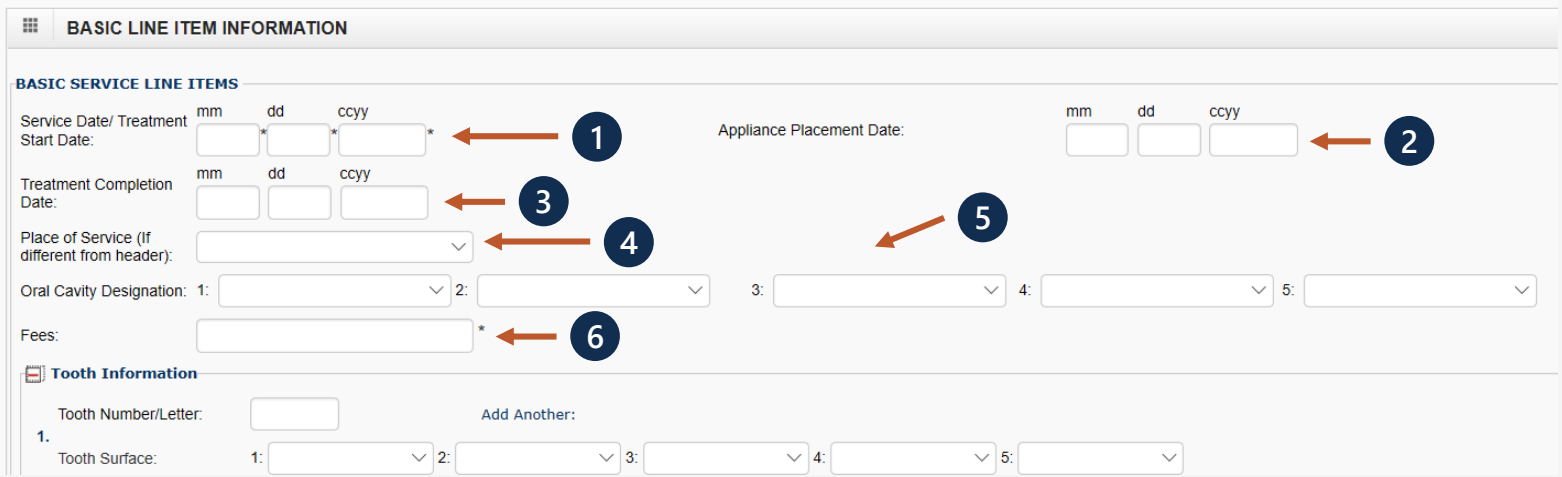
Basic Line Item Information

Enter the following Basic Line Item Information:

1. Date of Service
2. Appliance Placement Date
3. Treatment Completion Date
4. Select Place Of Service from the dropdown if different from header
5. Select the Oral Cavity Designation from the dropdowns
6. Fees (Sub charge for line item)

Note: Click on the **+** to add Tooth Information, and **–** to minimize it if it is no longer needed.

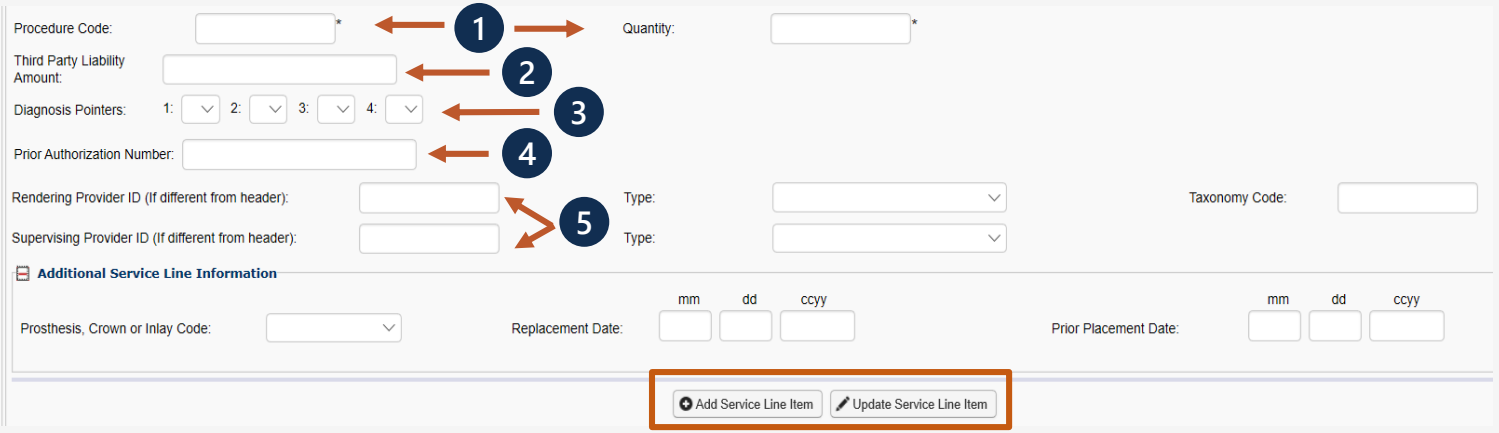


Basic Line Item Information Cont.

1 **Enter the following Basic Line Item Information:**

1. Procedure Code and Quantity
2. Third Party Liability Amount – Optional
3. Select a Diagnosis Pointer (enter the diagnostic reference number (1-4 from bill information section) to relate the DOS and procedure performed to the appropriate DX)
4. Prior Authorization Number
5. Rendering and/or Supervising Provider NPI if different from header

Note: Click on the **+** to add Additional Service Line Information and **–** to minimize it if it is no longer needed.



2 Click "Add Service Line Item" to add the line item to the bill and repeat to add additional lines.

Note: Click "Update Service Line item" to update a line item that has been added.

Previously Entered Line Item Information

1. Once a line item has been added, the line item information added will be displayed. Select the “Line No” hyperlink to update or the “Delete” hyperlink to remove the Line Item.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Fee: $345.00

Line No	Procedure Code	Fees	Diagnosis Pntrs				Oral Cavity					Quantity	Service Date/ Treatment Start Date	Appliance Placement	Tooth/Surface	PA Number	
			1	2	3	4	1	2	3	4	5						
1	D4150	$345.00	1				10					2	02/15/2020	02/15/2020			Delete

2. Once you have entered all line items scroll back to the top of the page and select the “Submit Bill” to submit your bill.

Note: You have an option to “Save Bill” and return later or “Reset” the bill if you want to start over.

Note: Saved Bills will be available under “Retrieve Saved Bills” menu for a later submission.

Submitted Dental Bill Details

1. Once the “Submit Bill” button is clicked, the Transaction Control Number (TCN) will be displayed and give you an option to add an attachment.

Submitted Dental 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.

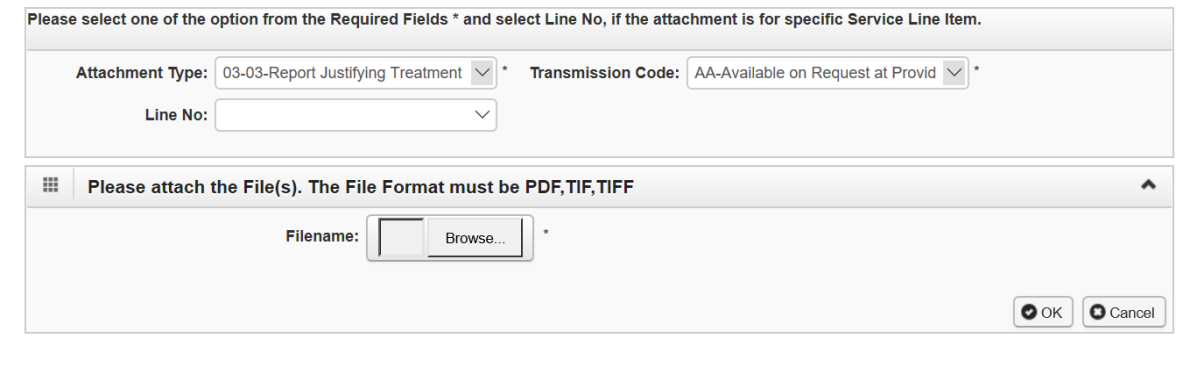
Transaction Control Number (TCN):	12
Provider ID:	70
Claimant ID:	01
Date of Service:	02/15/2020-02/15/2020
Total Bill Charges:	$ 345.00

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

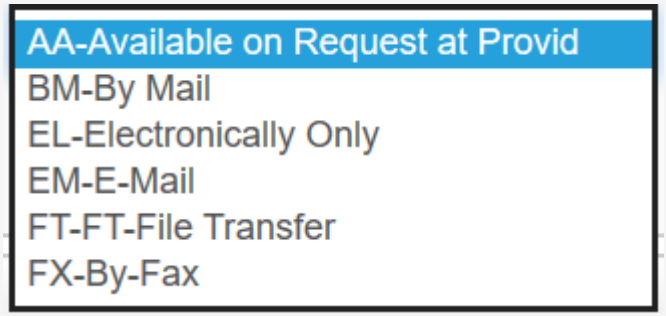
Add Attachment

Adding an Attachment

1. Select the type of attachment you are submitting in relation to the services you are rendering.

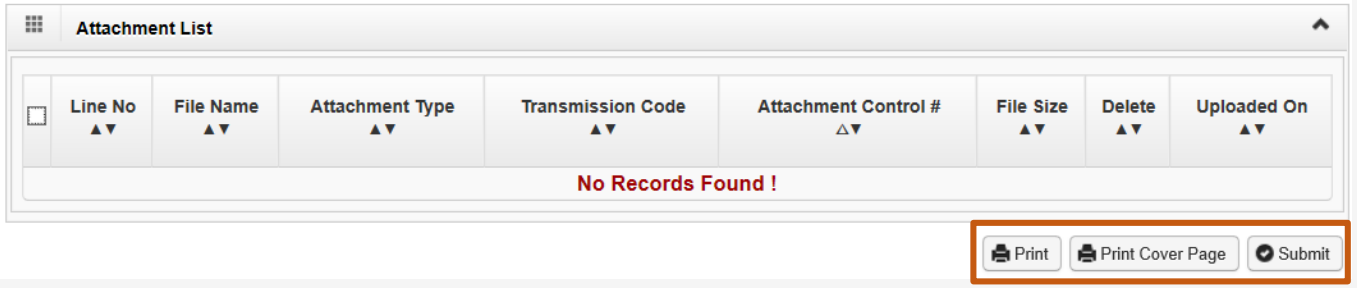


2. Select the Transmission Code from the dropdown. **Note:** Attachments can only be attached if EL or FT is selected.



3. Once the attachment is added, it will be listed in the Attachment List section. Select the "Submit" button to submit your bill.

Important: Select the "Print Cover Page" button to mail or fax the attachments for transmission codes of AA, BM, EM or FX.

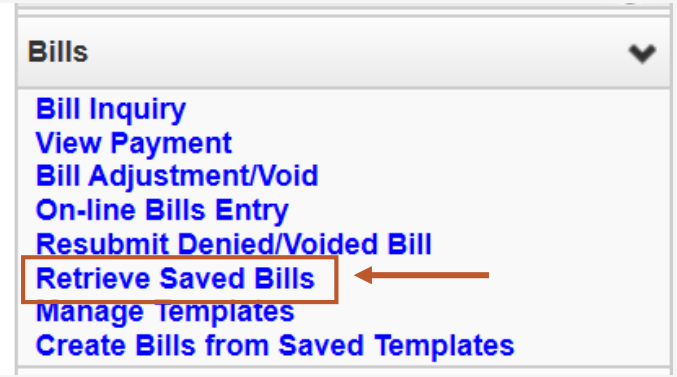


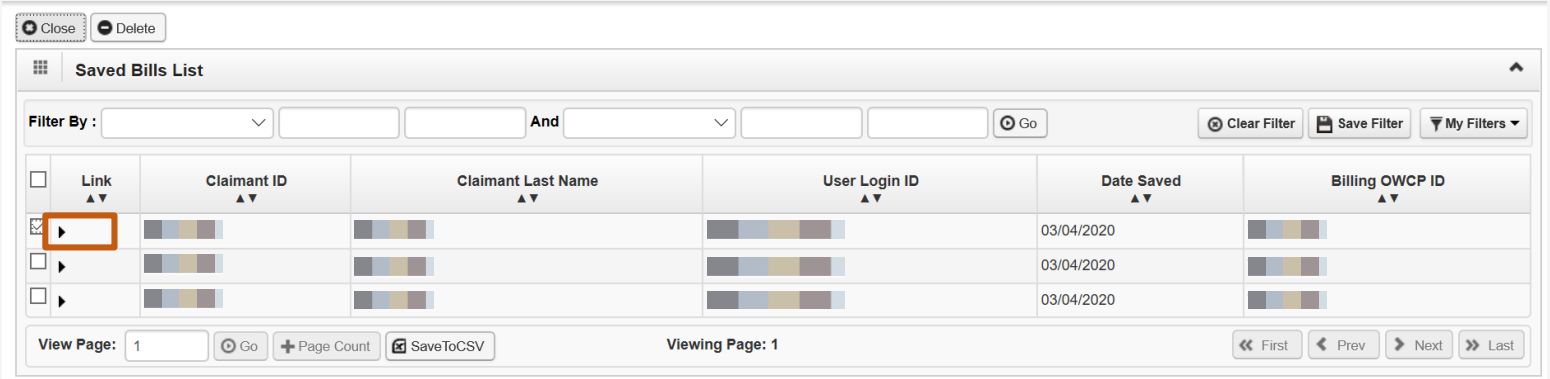
Retrieve Saved Bills

Retrieve Saved bills

1. Select the “Retrieve Saved Bills" link under Bills.

2. A list of all saved Bills will be displayed. Click the ▶ icon in the Link column.





3. The system will display the corresponding bill (Professional, Institutional or Dental Bill) that was previously saved. Continue making changes and submit the bill.

Billing – Additional Information

- Check claimant eligibility prior to submitting bills.
- Check to see if an authorization is required prior to submitting bills.
- Confirm authorizations are approved prior to submitting bills.
- It takes up to 28 days to process a bill submitted via mail.
- EFT payments are paid on Thursdays.
- Explanation Of Benefits (EOB) are mailed on the Monday prior to the EFT Payment to the mailing address on file.
- It takes 8 business days to process an Adjustment.
- System features allows users to create and update bill templates.
- Create bills from saved templates.
- EDI bills are processed 3x faster than mail and DDE bills.
- Review the Fee Schedule to see what services are covered by DOL.

THANK YOU!

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