

Enter Bills Online

Direct Data Entry (DDE)



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:

- Submitting Bills in the WCMBP System
- Bill Submissions via DDE
 - Professional
 - Institutional
 - Dental
- Retrieving Saved Bills
- Adding Attachments After Bill Submission



Submitting Bills in the WCMBP System (1 of 4)

How it works:

1. To access the **Existing User** login page, select the [WCMBP System](#) link. Enter the provider's email address and select **LOGIN**. **Note:** If a provider is not an existing user, select the new user option to create an account.



The screenshot shows the OWCP Connect login page. The header is blue with the United States Department of Labor logo on the left and the OWCP logo on the right. The main content area is divided into three columns. The first column, titled 'OWCP Connect', lists various services available to users. The second column, titled 'Existing User', contains a login form with an email address input field, a 'LOGIN' button, and links for 'Forgot password?' (PASSWORD RESET) and 'Change Email?' (CHANGE EMAIL). The third column, titled 'New User', contains a 'CREATE ACCOUNT' button and a section for 'Information for Medical Providers' with three numbered steps.

United States Department of Labor
Office of Workers' Compensation Programs

OWCP
Office of Workers' Compensation Programs
Protecting Injured Workers Responsibly and Compassionately

Help | FAQ

OWCP Connect

Once your identity is verified, you can enroll and login to OWCP's Medical Bill Processing Portal to:

- Look up a claimant's case number
- Find a claimant's accepted diagnosis code(s)
- Check eligibility for specific procedures
- Submit prior authorization requests
- Submit/resubmit bills and adjustments
- View payment status
- View correspondence
- Utilize Fee Schedule Calculator
- Maintain provider enrollment information
- Add additional users who can use the portal

Existing User

Login Using Email Address:

LOGIN

Forgot password?
PASSWORD RESET

Change Email?
CHANGE EMAIL

New User

First time using OWCP Connect?
Create a new account here.

CREATE ACCOUNT

Information for Medical Providers

1. This process generally takes 3-5 minutes
2. Enrollment Tutorials ([Click Here](#))
3. Contact Us ([Click Here](#))

Submitting Bills in the WCMBP System (2 of 4)

2. Enter the password and select **SUBMIT**.



United States Department of Labor
Office of Workers' Compensation Programs



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[Help](#) | [FAQ](#)

Login

Welcome **Converted Provider1**. Please verify your security image and enter password.

Security Image



Key Phrase

tree

Password *

* Required Field

SUBMIT

Instructions

Please make sure that the image and key phrase match what you selected and entered when you created your account.

Please enter a new password that meets the criteria listed below, and click SUBMIT.

PASSWORD CRITERIA

Passwords must be at least 8 characters long, composed of characters from the each of the following four categories:

- Uppercase letters (including, but not limited to A, B, C, Y, Z, etc.)
- Lowercase letters (including, but not limited to a, b, c, y, z, etc.)
- Special Characters (limited to #, ?, !, @, \$, %, ^, &, *, -)
- Numbers (including, but not limited to, 1, 2, 3, 4, 5, etc.)

Passwords cannot contain the text of User ID, first name, last name or street address.

Submitting Bills in the WCMBP System (3 of 4)

The system displays the default **Select a Provider ID Number to continue to the Provider Portal** page.

3. Select the applicable provider ID from the **Available Provider IDs** field and select **Go**.

4. Select **EXT Provider Bills Submitter** from the **Profile** drop-down list and select **Go**.

Welcome to the WCMBP Provider Portal



Select a Provider ID Number to continue to the Provider Portal:

Available Provider IDs:

Users can toggle between multiple OWCP Provider IDs using the Switch OWCP Provider ID link on the Provider Portal.

Welcome to the Workers' Compensation Medical Bill Process System



Select a profile to use during this session:

Profile:

Submitting Bills in the WCMBP System (4 of 4)

5. Select the **On-line Bills Entry** link under **Bills**.

The screenshot displays the WCMBP System Provider Portal interface. At the top, a dark blue header bar contains the user profile 'Profile: EXT Provider Bills Submitter', along with links for 'External Links', 'Help', and 'Logout'. Below the header, a breadcrumb trail shows 'Provider Portal'. The left sidebar, titled 'Online Services', lists various functions under the 'Bills' category. The 'On-line Bills Entry' link is highlighted with a red rectangular box. Other links in the 'Bills' category include 'Bill Inquiry', 'View Payment', 'Bill Adjustment', 'Resubmit Denied Bill', 'Retrieve Saved Bills', 'Manage Templates', 'Create Bills from Saved Templates', 'View Accounts Receivable', and 'Fee Schedule Calculator'. Below the 'Bills' category, there is a 'Claimant' section with links for 'Eligibility Inquiry' and 'Case Look-up'. The main content area on the right features a 'ManageAlerts' tab and a 'My Reminders' section. The 'My Reminders' section includes a filter bar with dropdowns for 'Filter By', a date range, and 'Read Status', along with 'Go', 'Save Filter', and 'My Filters' buttons. Below the filter bar is a table with columns: 'Alert Type', 'Alert Message', 'Alert Date', 'Due Date', 'Read', and 'Attachment'. The table currently displays 'No Records Found!'. At the bottom of the main content area, there is a 'Your Recent Online Activities' section with a checkbox icon.

Completing Bill Submission

The list of bill type options displays. Providers can now select the desired bill type to complete and submit for payment consideration.

Note: PROVIDER INFORMATION—to access and view the **Bill Submission** page after submitting a bill, providers must disable their popup blocker.

 > [Provider Portal](#) > [Bill Submission](#)

 Close

Choose an Option.	
Submit Professional (OWCP-1500)	Submit Professional Use this option for services rendered by providers enrolled as Individual, Group or Ambulatory Surgical Centers.
Submit Institutional (OWCP-04)	Submit Institutional Use this option for services rendered by providers enrolled as a facility.
Submit Dental	Submit Dental

Submitting a **Professional Bill** in the WCMBP System



Submitting a Professional Bill in the WCMBP System (1 of 1)

1. To begin entering a Professional claim using Direct Data Entry (DDE), select the **Submit Professional** link.

Note: PROVIDER INFORMATION—to access and view the **Bill Submission** page after submitting a bill, providers must disable their popup blocker.

 > [Provider Portal](#) > [Bill Submission](#)

 Close

Choose an Option.

Submit Professional (OWCP-1500)	Submit Professional Use this option for services rendered by providers enrolled as Individual, Group or Ambulatory Surgical Centers.
Submit Institutional (OWCP-04)	Submit Institutional Use this option for services rendered by providers enrolled as a facility.
Submit Dental	Submit Dental

Entering Provider Information – Professional (1 of 9)

1. Select the claimant program from the **Program** drop-down list for the bill being submitted.

The screenshot displays a web form titled "Professional Bill". At the top, there are buttons for "Close", "Save Bill", "Submit Bill", and "Reset". Below the title bar, a note states: "Note: asterisks (*) denote required fields." The form is divided into sections. The "Basic Bill Info" section is currently active, with tabs for "Provider", "Claimant", "Bill", and "Service". Within this section, the "Program:" dropdown menu is highlighted with a red rectangular box. To the right of the "Program:" field is a "Submitter ID:" field. Below the "Program:" field is a "Special Bill Indicator:" dropdown menu set to "NONE". The "PROVIDER INFORMATION" section is also visible, containing a sub-section "BILLING PROVIDER INFORMATION". This section includes fields for "Provider ID:", "NPI:", "Provider Name:", "Address Line 1:" (marked with an asterisk), "Address Line 2:", "Address Line 3:", "City/Town:" (marked with an asterisk), "State/Province:" (marked with an asterisk), "County:" (marked with an asterisk), "Country:" (marked with an asterisk), and "Zip Code:". There is also a "Type:" dropdown menu set to "OWCP ID" and a "Taxonomy Code:" field. An "Address" button is located at the bottom right of the provider information section.

Entering Provider Information – Professional (2 of 9)

Note: BILLING PROVIDER INFORMATION—such as Provider ID, Type, Provider Name, and Address—will display based on the provider profile of the user logged in. If applicable, enter the National Provider ID (NPI) and the billing Taxonomy code in the designated fields.

The screenshot displays a web form titled "Professional Bill" with a sub-section "BILLING PROVIDER INFORMATION" highlighted by a red rectangular border. The form includes several input fields and dropdown menus. At the top, there are buttons for "Close", "Save Bill", "Submit Bill", and "Reset". Below these, a note states: "Note: asterisks (*) denote required fields." The "Basic Bill Info" section includes a "Program:" dropdown, a "Special Bill Indicator:" dropdown set to "NONE", and a "Submitter ID:" field with the value "613171200". The "BILLING PROVIDER INFORMATION" section contains the following fields: "Provider ID:" (text input), "NPI:" (text input), "Provider Name:" (text input), "Address Line 1:" (text input, marked with an asterisk), "Address Line 2:" (text input), "Address Line 3:" (text input), "City/Town:" (dropdown, marked with an asterisk), "State/Province:" (dropdown, marked with an asterisk), "County:" (dropdown, marked with an asterisk), "Country:" (dropdown, marked with an asterisk), and "Zip Code:" (text input). A "Type:" dropdown is set to "OWCP ID", and a "Taxonomy Code:" text input is present. An "Address" button is located at the bottom right of the highlighted section.

Entering Provider Information – Professional (3 of 9)

2. To make changes to the Billing Provider address, select **+Address**. The **Address details** window opens.
 - a. Enter the address and zip code in the **Address Line 1** and **Zip Code** fields.
 - b. Select **Validate Address**. The remaining address fields automatically populate.
 - c. To return to the **Professional Bills Online Submission** page, select **OK**.

The screenshot shows a window titled "Address details" with a close button in the top right corner. The window contains the following fields and controls:

- Address Line 1:** A text input field with a blue highlight and an asterisk (*). Below it is the instruction "(Enter Street Address or PO Box Only)".
- Address Line 2:** A text input field.
- Address Line 3:** A text input field.
- City/Town:** A dropdown menu with a blue highlight and an asterisk (*).
- State/Province:** A dropdown menu with a blue highlight and an asterisk (*).
- County:** A dropdown menu with a blue highlight and an asterisk (*).
- Country:** A dropdown menu with a blue highlight and an asterisk (*).
- Zip Code:** A text input field with a blue highlight, followed by a hyphen and another empty text input field.
- Validate Address:** A button with a plus icon and the text "Validate Address".
- OK:** A button with a plus icon and the text "OK", which is highlighted with a red rectangle.
- Cancel:** A button with a plus icon and the text "Cancel".

Entering Provider Information – Professional (4 of 9)

The **Is the Billing Location also the Service Facility Location** section automatically defaults to **No**.

Is the Billing Location also the Service Facility Location?
☐ Yes ☒ No

SERVICING FACILITY LOCATION
Servicing Facility Provider ID: *
Type: *
Provider Name:
Address Line 1: *
Address Line 2:
Address Line 3:
City/Town: *
State/Province: *
County: *
Country: *
Zip Code: -

Entering Provider Information – Professional (5 of 9)

3. Complete the **SERVICING FACILITY LOCATION** as applicable:
- If yes (the Billing Location is also the Service Facility Location), select **Yes**. The **SERVICING FACILITY LOCATION** grid collapses.
 - If no (the Billing Location address differs from the practice address), complete the following:
 - a. Enter the Servicing Facility NPI in the **Servicing Facility Provider ID** field.
 - b. Select the NPI from the **Type** drop-down list.

Is the Billing Location also the Service Facility Location?
☐ Yes ☒ No

SERVICING FACILITY LOCATION

Servicing Facility Provider ID: * Type: *

Provider Name:

Address Line 1: * Address Line 2:

Address Line 3:

City/Town: *

State/Province: *

County: *

Country: *

Zip Code: -

Entering Provider Information – Professional (6 of 9)

- a. To enter the Servicing Facility address:
 - i. Select **+Address**. The **Address details** window opens.
 - ii. Enter the address and zip code in the **Address Line 1** and **Zip Code** fields.
 - iii. Select **Validate Address**. The remaining address fields automatically populate.
 - iv. To return to the **Professional Bills Online Submission** page, select **OK**.

The screenshot shows a window titled "Address details" with a grid icon on the top left and a close icon on the top right. The window contains the following fields and controls:

- Address Line 1:** A text input field with an asterisk (*) to its right. Below it is the instruction "(Enter Street Address or PO Box Only)".
- Address Line 2:** A text input field.
- Address Line 3:** A text input field.
- City/Town:** A dropdown menu with a downward arrow and an asterisk (*) to its right.
- State/Province:** A dropdown menu with a downward arrow and an asterisk (*) to its right.
- County:** A dropdown menu with a downward arrow and an asterisk (*) to its right.
- Country:** A dropdown menu with a downward arrow and an asterisk (*) to its right.
- Zip Code:** Two text input fields separated by a hyphen (-), followed by a "Validate Address" button with a circular arrow icon.

At the bottom right of the window, there are two buttons: "OK" and "Cancel". The "OK" button is highlighted with a red box.

Entering Provider Information – Professional (7 of 9)

The **Is the Billing Provider also the Rendering Provider** section automatically defaults to **No**.

Is the Billing Provider also the Rendering Provider?

☐ Yes ☒ No

RENDERING PROVIDER INFORMATION

Provider ID: *

Type: *

Taxonomy Code:

4. Complete the **Is the Billing Provider also the Rendering Provider** section as applicable:
 - If yes (the Billing Provider is also the Rendering Provider), select **Yes**. The **RENDERING PROVIDER INFORMATION** section collapses.
 - If no (the Billing Provider differs from the Rendering Provider), complete the following:
 - a. Enter the Rendering Provider NPI in the **Provider ID*** field.
 - b. Select the NPI from the **Type** drop-down list.

Note: Group providers are required to enter the **Taxonomy Code**.

Is the Billing Provider also the Rendering Provider?

☐ Yes ☒ No

RENDERING PROVIDER INFORMATION

Provider ID: *

Type: *

Taxonomy Code:

Entering Provider Information – Professional (8 of 9)

The **Is the Billing Provider also the Supervising Provider?** section automatically defaults to **Yes**.

5. Complete the **Is the Billing Provider also the Supervising Provider?** section.
 - If yes (the Billing Provider is also the Supervising Provider), proceed to the next step.
 - If no (the Billing Provider differs from the Supervising Provider), select **No**. The **SUPERVISING PROVIDER INFORMATION** section expands.
 - a. Enter the supervising provider's NPI in the **Provider ID** field.
 - b. Select **NPI** from the **Type** drop-down list.

 Is the Billing Provider also the Supervising Provider? ☐ Yes ☒ No

SUPERVISING PROVIDER INFORMATION

Provider ID: * Type: *

Entering Provider Information – Professional (9 of 9)

The **Is the Service the result of a referral?** section automatically defaults to **No**.

6. Complete the **Is the Service the result of a referral?** section.

- If no (the service is not a result of a referral), proceed to the next step.
- If yes (the service is a result of a referral), select **Yes**. The **REFERRING PROVIDER INFORMATION** section expands.
 - a. Enter the referring provider's NPI in the **Provider ID** field.
 - b. Select **NPI** from the **Type** drop-down list.

?

Is this service the result of a referral?

☒ Yes ☐ No

REFERRING PROVIDER INFORMATION

Provider ID:

Type:

Entering Claimant Information

In this section, the provider will enter the necessary information about the claimant. Some fields are optional; the mandatory fields have an asterisk icon.

1. Complete the **Claimant ID** field.
2. Select **Case Number** from the **Type** drop-down list.

Note: FECA, DCMWC, and DEEOIC can enter a social security number (SSN) or Case Number. If an SSN is entered for a FECA claimant, the **Date of Injury** field is required.

Note: If claimant information is found based on Type (Case Number or SSN), the system will auto-populate the claimant's information. If the system cannot locate claimant information, the system will display a message stating, "CLAIMANT INFORMATION—Claimant details not found for the program selected". Providers will need to manually enter the claimant information.

The screenshot shows a web form titled "CLAIMANT INFORMATION". The form is divided into two main sections: "CLAIMANT" and "Type". The "CLAIMANT" section contains the following fields:

- Claimant ID: A text input field with an asterisk icon, highlighted by a red box.
- Date of Injury: A date selection field with MM, DD, and CCYY labels, and an asterisk icon. A note below it says "(Required when SSN is keyed in to submit bill for DFEC Claimant)".
- Last Name: A text input field with an asterisk icon.
- Middle Name: A text input field.
- Date of Birth: A date selection field with MM, DD, and CCYY labels, and an asterisk icon.
- Date of Death: A date selection field with MM, DD, and CCYY labels.
- Zip Code: A text input field.

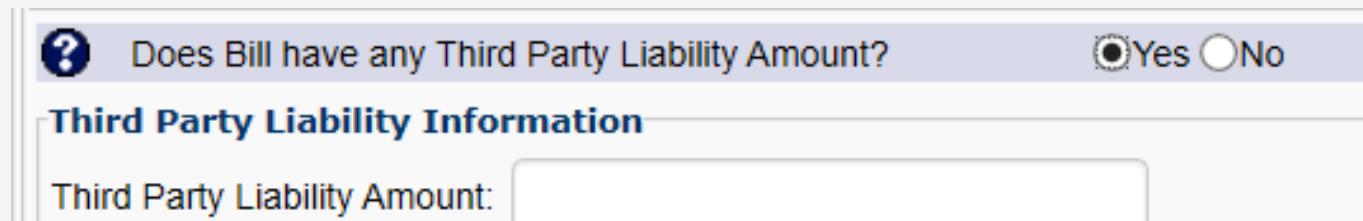
The "Type" section contains the following fields:

- Type: A drop-down menu with an asterisk icon, highlighted by a red box.
- First Name: A text input field with an asterisk icon.
- Suffix: A text input field.
- State/Province: A drop-down menu with an asterisk icon.

Entering Third Party Liability Amount

The **Does Bill have any Third-Party Liability Amount?** section (Professional bill section) automatically defaults to **No**.

1. Complete the **Does Bill have any Third-Party Liability Amount?** section as applicable:
 - If no (the bill does not include Third-Party Liability (TPL) amount), proceed to the next step.
 - If yes (there is a TPL amount to be listed), select **Yes** and enter the amount that was paid by a Third-Party Liability (TPL) in the **Third Party Liability Amount** field.



The screenshot shows a form section with a header bar containing a question mark icon, the text "Does Bill have any Third Party Liability Amount?", and two radio buttons labeled "Yes" and "No". Below the header bar is a section titled "Third Party Liability Information" in blue. Under this title is a label "Third Party Liability Amount:" followed by a text input field.

 Does Bill have any Third Party Liability Amount?	☒ Yes ☐ No
Third Party Liability Information	
Third Party Liability Amount:	

Entering Bill Information – Professional (1 of 8)

The following slides guide providers through completing the **Bill Information** section. The sub-headings that have a plus icon next to them are expandable. When the provider selects the plus icon, the provider can enter information as needed in the expanded subsection.

When a subsection expands, fields with an asterisk icon are mandatory. To collapse a subsection without including any additional information, providers can select the minus icon.

The following fields default as optional until the provider expands them:

- Relevant Dates
- Bill Note
- Anesthesia Related Procedure
- Condition Information
- Delay Reason

The screenshot displays the 'BILL INFORMATION' form with the following sections and fields:

- BILL INFORMATION** (Header)
- + RELEVANT DATES** (Expandable section)
- PRIOR AUTHORIZATION** (Section)
 - Prior Authorization Number: [Text Field]
- + BILL NOTE** (Expandable section)
 - Is this bill accident related? ☒ Yes ☐ No
- RELATED CAUSES INFORMATION** (Section)
 - Related Causes: 1 [Dropdown] * 2 [Text Field]
 - Auto Accident State: [Dropdown] Auto A
- BILL DATA** (Section)
 - Patient Account No.: [Text Field]
 - Place of Service: [Dropdown] *
- Diagnosis Codes (Do not use decimals or spaces)** (Section)
 - Diagnosis Code Category: [Dropdown] *
 - Diagnosis Codes: 1: [Text Field] * 2: [Text Field]
 - 7: [Text Field] 8: [Text Field]
- + ANESTHESIA RELATED PROCEDURE** (Expandable section)
- + CONDITION INFORMATION** (Expandable section)
- + DELAY REASON** (Expandable section)

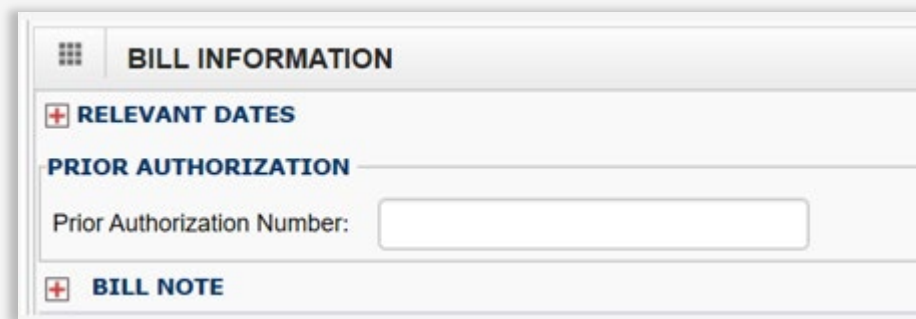
Entering Bill Information – Professional (2 of 8)

In this section, the provider may enter additional bill information pertaining to the service provided to the claimant.

1. If applicable, complete the following:

- **RELEVANT DATES**
- **PRIOR AUTHORIZATION NUMBER**
- **BILL NOTE**

Note: To enter Relevant Dates or a Bill Note, the provider must select the plus icon. The minus icon can be used to collapse it if it is no longer needed.

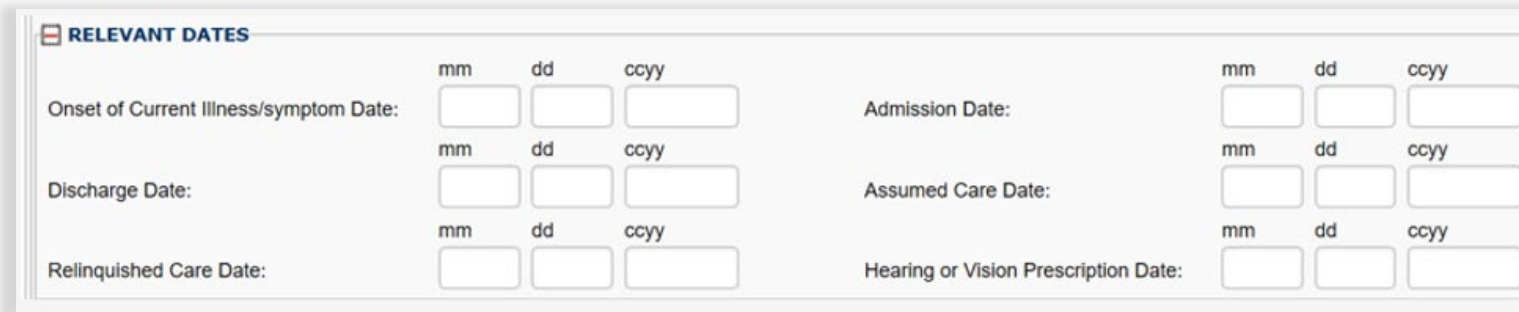


The screenshot shows a web form titled "BILL INFORMATION" with a grid icon in the top left corner. Below the title, there are three expandable sections, each with a plus icon (+) to its left:

- RELEVANT DATES**
- PRIOR AUTHORIZATION**
Below this section header is a text input field labeled "Prior Authorization Number:".
- BILL NOTE**

Entering Bill Information – Professional (3 of 8)

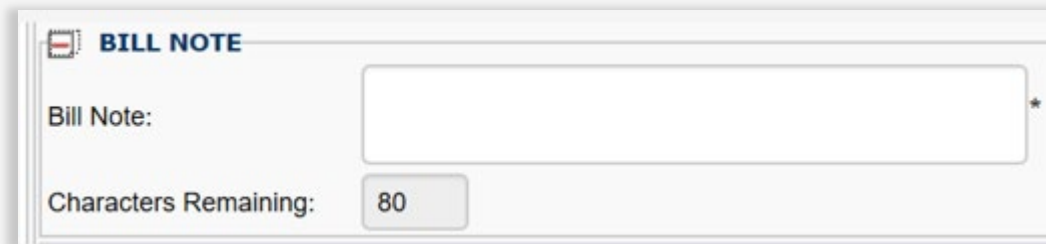
2. In the **RELEVANT DATES** section, enter **Relevant Dates** related to the services.



The screenshot shows a form section titled "RELEVANT DATES" with a minus icon on the left. It contains six date input fields arranged in two columns. Each field is labeled with its purpose and has three sub-fields for month (mm), day (dd), and year (ccyy).

Label	mm	dd	ccyy
Onset of Current Illness/symptom Date:			
Admission Date:			
Discharge Date:			
Assumed Care Date:			
Relinquished Care Date:			
Hearing or Vision Prescription Date:			

3. Within the **BILL NOTE** section, enter a bill note related to the services in the **Bill Note** field.



The screenshot shows a form section titled "BILL NOTE" with a minus icon on the left. It contains a large text area for the bill note and a character count display.

Bill Note:

Characters Remaining: 80

Note: Providers can enter up to 80 characters in this field.

Entering Bill Information – Professional (4 of 8)

The **Is this bill accident related?** section automatically defaults to **No**.

? * Is this bill accident related? ☒ Yes ☐ No

RELATED CAUSES INFORMATION

Related Causes: 1 2

Auto Accident State: Auto Accident Country: US Accident Date: mm dd ccyy *

4. Complete the **Is the bill accident related?** section as applicable:
 - If no (the bill is not accident related), proceed to the next step.
 - If yes (the bill is accident related), select **Yes**. The **Related Causes Information** section expands.
 - a. Select the related cause or causes (AA-Auto Accident, EM-Employment, or OA-Other Accident) from the **Related Causes** drop-down list.
 - b. Enter the accident date in the **Accident Date** field.

? * Is this bill accident related? ☒ Yes ☐ No

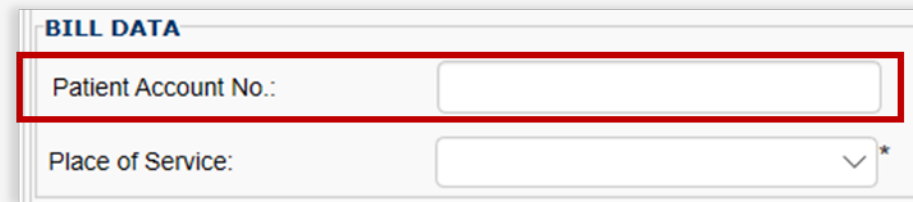
RELATED CAUSES INFORMATION

Related Causes: 1 2

Auto Accident State: Auto Accident Country: US Accident Date: mm dd ccyy *

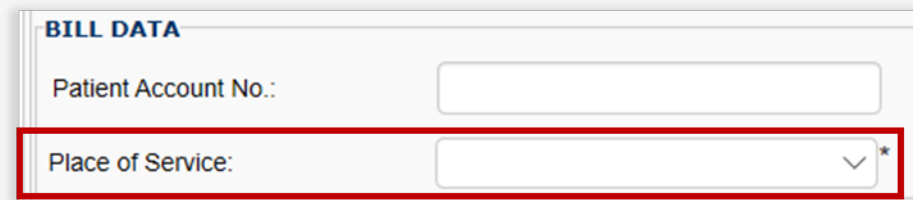
Entering Bill Information – Professional (5 of 8)

5. Enter the patient account number within the provider's organization in the **Patient Account No.** field.



The screenshot shows a form titled "BILL DATA" with two fields. The first field, "Patient Account No.:", is a text input field and is highlighted with a red rectangular box. The second field, "Place of Service:", is a dropdown menu with a downward arrow and an asterisk, indicating it is required.

6. Select the place of service from the **Place of Service** drop-down list.



The screenshot shows the same "BILL DATA" form. In this step, the "Place of Service:" dropdown menu is highlighted with a red rectangular box, indicating it should be selected.

Entering Bill Information – Professional (6 of 8)

7. Select the diagnosis code category (ICD-9 or ICD-10) based on the date of service from the **Diagnosis Code Category** drop-down list and enter the appropriate diagnosis codes in the **Diagnosis Codes** fields.

Note:

- At least one Diagnosis Code is required
- Providers must list all ICD-9 or ICD-10 codes based on the date of service (DOS)
- Providers must list ICD Codes in sequential order, one through 12 (do not 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)

Diagnosis Code Category: ▼ *												
Diagnosis Codes:												
1:		*	2:		3:		4:		5:		6:	
7:		8:		9:		10:		11:		12:		
☒ ANESTHESIA RELATED PROCEDURE ☒ CONDITION INFORMATION ☒ DELAY REASON												

Entering Bill Information – Professional (7 of 8)

The **ANESTHESIA RELATED PROCEDURE**, **CONDITION INFORMATION**, and **DELAY REASON** expandable sub-headings are optional. Providers can select the plus icon to add an Anesthesia Related Procedure, Condition Information, or a Delay Reason, and they can select the minus icon to collapse it if it is no longer needed.

8. In the **ANESTHESIA RELATED PROCEDURE** section, complete the **Principle HCPCS Code** field.
9. In the **CONDITION INFORMATION** section, complete the **Condition Code** field.

Note: To add another condition code, providers can select the **Add Another** link.

The screenshot shows a billing form with three expandable sections. The first section, **ANESTHESIA RELATED PROCEDURE**, is highlighted with a red box and contains a 'Principle HCPCS Code' field with an asterisk and an 'Other HCPCS Code' field. The second section, **CONDITION INFORMATION**, is also highlighted with a red box and contains a '1 Condition Code' field with an asterisk, an 'Add Another' link, and a 'Delay Reason Code' dropdown menu with an asterisk. The third section, **DELAY REASON**, is not highlighted. A 'Top' link is visible in the bottom right corner of the form area.

Entering Bill Information – Professional (8 of 8)

10. In the **DELAY REASON** section, select an option from the **Delay Reason Code** drop-down list.

☐ **ANESTHESIA RELATED PROCEDURE**

Principle HCPCS Code: * Other HCPCS Code:

☐ **CONDITION INFORMATION**

1 Condition Code: * [Add Another](#)

☐ **DELAY REASON**

Delay Reason Code: *

Top

- 1-Proof of Eligibility Unknown or Unavailable
- 10-Administration Delay in the Prior Approval Process
- 11-Other
- 15-Natural Disaster
- 2-Litigation
- 3-Authorization Delays
- 4-Delay in Certifying Provider
- 5-Delay in Supplying Billing Forms
- 6-Delay in Delivery of Custom Made Appliances
- 7-Third Party Processing Delay
- 8-Delay in Eligibility Determination
- 9-Claim Denied Unrelated to Billing Limitation Rules

Entering Basic Line Item Information – Professional (1 of 12)

1. Enter the date of service range in the **Service Date From** and **Service Date To** fields.

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

Service Date From: MM DD CCYY Service Date To: MM DD CCYY

Place of Service (If different from header):

Procedure Code: *

Submitted Charges: \$: *

Units/Quantity: *

Third Party Liability Amount:

EMG:

Bill Note:

Characters Remaining: 500

Prior Authorization Number:

Rendering Provider ID (If different from header): Type:

Ordering Provider ID: Type:

Referring Provider ID (If different from header): Type:

Modifiers: 1: 2: 3: 4:

Diagnosis Pointers: 1: 2: 3: 4:

Taxonomy Code:

Entering Basic Line Item Information – Professional (2 of 12)

2. Select a place of service (POS) from the **Place of Service (if different from header)** drop-down list (two-digit POS code representing where services are rendered, if different than the POS selected in the **Bill information** section).

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

MM

DD

CCYY

Service Date From:

*

*

*

Place of Service (If different from header):

▼

Procedure Code:

*

Submitted Charges: \$:

*

Units/Quantity:

*

Third Party Liability Amount:

EMG:

▼

Bill Note:

Characters Remaining:

500

Prior Authorization Number:

Rendering Provider ID (If different from header):

Type:

▼

Taxonomy Code:

Ordering Provider ID:

Type:

▼

Referring Provider ID (If different from header):

Type:

▼

MM

DD

CCYY

Service Date To:

*

*

*

Modifiers:

1:

2:

3:

4:

Diagnosis Pointers:

1:

▼

*

2:

▼

3:

▼

4:

▼

Entering Basic Line Item Information – Professional (3 of 12)

Note: The following two steps are for procedures, services, or supplies.

3. Enter the five-character HCPCS or CPT code in the **Procedure Code** field, if applicable.
4. Enter the two-digit modifier in the **Modifiers** fields, if applicable.

The screenshot shows a web form titled "BASIC LINE ITEM INFORMATION". Under the "BASIC SERVICE LINE ITEMS" section, there are several input fields. A red rectangle highlights the "Procedure Code" field and the "Modifiers" fields (1, 2, 3, 4). The "Procedure Code" field is a text input with an asterisk. The "Modifiers" fields are four separate text inputs, each with a number (1, 2, 3, 4) and an asterisk. Other fields include "Service Date From" and "Service Date To" (with mm, dd, ccyy labels), "Place of Service (If different from header)" (a dropdown), "Submitted Charges: \$" (a text input with an asterisk), "Units/Quantity" (a text input with an asterisk), "Third Party Liability Amount" (a text input), "EMG" (a dropdown), "Bill Note" (a text area), "Characters Remaining" (a text input showing 500), "Prior Authorization Number" (a text input), "Rendering Provider ID (If different from header)" (a text input), "Ordering Provider ID" (a text input), "Referring Provider ID (If different from header)" (a text input), "Type" (a dropdown menu currently showing "NPI"), and "Taxonomy Code" (a text input).

Entering Basic Line Item Information – Professional (4 of 12)

5. Enter the submitted charges for the line item in the **Submitted Charges** field.
6. In the **Diagnosis Pointers** fields, enter the diagnostic reference number (one through 12 from the **Bill Information** section) to associate the Date of Service (DOS) and the procedure with the corresponding diagnosis).

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

Service Date From: mm dd ccyy Service Date To: mm dd ccyy *

Place of Service (If different from header):

Procedure Code: * Modifiers: 1: 2: 3: 4:

Submitted Charges: \$: * **Diagnosis Pointers: 1: * 2: 3: 4:**

Units/Quantity: *

Third Party Liability Amount:

EMG:

Bill Note:

Characters Remaining: 500

Prior Authorization Number:

Rendering Provider ID (If different from header): Type: NPI Taxonomy Code:

Ordering Provider ID: Type:

Referring Provider ID (If different from header): Type:

Entering Basic Line Item Information – Professional (5 of 12)

7. In the **Units/Quantity** field, enter the number of units provided during the date of service range entered.
8. In the **Third Party Liability Amount** field, enter the 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.

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

Service Date From: mm dd ccyy * Service Date To: mm dd ccyy *

Place of Service (If different from header): *

Procedure Code: *

Submitted Charges: \$: *

Units/Quantity: *

Third Party Liability Amount: *

EMG: *

Bill Note: *

Characters Remaining: 500

Prior Authorization Number: *

Rendering Provider ID (If different from header): * Type: NPI Taxonomy Code: *

Ordering Provider ID: * Type: *

Referring Provider ID (If different from header): * Type: *

Entering Basic Line Item Information – Professional (6 of 12)

9. If applicable, select **Yes** or **No** from the **EMG** drop-down list to identify if this an emergency service. (Optional)
10. If applicable, enter a bill note (up to 500 characters) in the **Bill Note** field. (Optional)

The screenshot shows a web form titled "BASIC LINE ITEM INFORMATION". The form contains several input fields and dropdown menus. A red rectangular box highlights the "EMG:" dropdown menu and the "Bill Note:" text area. Below the "Bill Note:" field, it says "Characters Remaining: 500". At the bottom of the form, there are fields for "Prior Authorization Number:", "Rendering Provider ID (If different from header):", "Ordering Provider ID:", and "Referring Provider ID (If different from header):", each followed by a "Type:" dropdown menu. The "Rendering Provider ID" type is set to "NPI". There is also a "Taxonomy Code:" field.

BASIC SERVICE LINE ITEMS			
Service Date From:	mm dd ccyy	Service Date To:	mm dd ccyy
Place of Service (If different from header):			
Procedure Code:		Modifiers:	1: 2: 3: 4:
Submitted Charges \$:		Diagnosis Pointers:	1: 2: 3: 4:
Units/Quantity:			
Third Party Liability Amount:			
EMG:			
Bill Note:			
Characters Remaining: 500			
Prior Authorization Number:			
Rendering Provider ID (If different from header):	Type:	NPI	Taxonomy Code:
Ordering Provider ID:	Type:		
Referring Provider ID (If different from header):	Type:		

Entering Basic Line Item Information – Professional (7 of 12)

11. Complete the **Prior Authorization Number** field as applicable:

- Leave the field blank, if the prior authorization number matches the number entered in the header during the **Provider Information** section.
- Enter a prior authorization number in the **Prior Authorization Number** field, if the prior authorization number differs from the number provided in the header during the **Provider Information** section.

Prior Authorization Number:			
Rendering Provider ID (If different from header):		Type:	Taxonomy Code:
Ordering Provider ID:		Type:	
Referring Provider ID (If different from header):		Type:	

12. Complete the following fields as applicable:

- If the rendering provider, ordering provider, or referring provider is the same as the header provider information, then leave blank.
- If the rendering provider, ordering provider, or referring provider differ from the header provider information input during the **Provider Information** section, enter the National Provider ID (NPI) in the **Rendering Provider ID**, **Ordering Provider ID**, or **Referring Provider ID** field and select **NPI** from the **Type** drop-down list.

Note: If a rendering provider NPI is submitted, providers are required to also enter the appropriate **Taxonomy Code**.

Prior Authorization Number:			
Rendering Provider ID (If different from header):		Type:	Taxonomy Code:
Ordering Provider ID:		Type:	
Referring Provider ID (If different from header):		Type:	

Entering Basic Line Item Information – Professional (8 of 12)

The **Is the Header Service Facility Location** section defaults to **Yes**.

Is the Billing Location also the Service Facility Location?
☐ Yes ☒ No

SERVICING FACILITY LOCATION
Servicing Facility Provider ID: *
Provider Name:
Type: *
Address Line 1: *
Address Line 2:
Address Line 3:
City/Town: *
State/Province: *
County: *
Country: *
Zip Code: -

Entering Basic Line Item Information – Professional (9 of 12)

13. Is the header service facility location also the service line facility location?

- If yes, leave as is and proceed to the next step.
- If no (the service line facility location is different from the Header Service Facility Location in the **Billing Provider Information** section), select **No**. A dialogue box expands to add the Service Line Facility Location information.
 - a. Enter the servicing facility provider ID in the **Servicing Facility Provider ID** field.
 - b. Select **NPI** from the **Type** drop-down list.

Is the Billing Location also the Service Facility Location?
☐ Yes ☒ No

SERVICING FACILITY LOCATION

Servicing Facility Provider ID: * Type: *

Provider Name:

Address Line 1: * Address Line 2:

Address Line 3:

City/Town: *

State/Province: *

County: *

Country: *

Zip Code: -

Entering Basic Line Item Information – Professional (10 of 12)

- c. Select **+Address**. The **Address details** window opens.

Is the Billing Location also the Service Facility Location?
☐ Yes ☒ No

SERVICING FACILITY LOCATION

Servicing Facility Provider ID: * Type: *

Provider Name:

Address Line 1: * Address Line 2:

Address Line 3:

City/Town: * State/Province: *

County: * Country: *

Zip Code: - **+ Address**

Entering Basic Line Item Information – Professional (11 of 12)

- d. To enter the servicing facility location address, complete the **Address Line 1** and **Zip Code** fields, then select **Validate Address**. The other address fields automatically populate.
- e. Select **OK** to return to the **Professional Bills Online Submission** page.

The screenshot shows a web form titled "Address details". The form contains several input fields and a "Validate Address" button. A red rectangular box highlights the following fields: "Address Line 1:" (with a text input field and an asterisk), "(Enter Street Address or PO Box Only)", "Address Line 3:" (with a text input field), "City/Town:" (with a dropdown menu and an asterisk), "State/Province:" (with a dropdown menu and an asterisk), "County:" (with a dropdown menu and an asterisk), "Country:" (with a dropdown menu and an asterisk), and "Zip Code:" (with two text input fields separated by a hyphen and a "Validate Address" button). Another red rectangular box highlights the "OK" button at the bottom right of the form, next to a "Cancel" button.

Entering Basic Line Item Information – Professional (12 of 12)

14. Complete the **LINE DRUG INFORMATION** section as applicable:

- To add **Line Drug Information**, select the plus icon.
- If this section is no longer needed, select the minus icon to collapse it.

Prior Authorization Number:
Rendering Provider ID (If different from header): Type: Taxonomy Code:
Ordering Provider ID: Type:
Referring Provider ID (If different from header): Type:
Is the Header Service Facility Location also the Service Line Facility Location? ☒ Yes ☐ No
LINE DRUG INFORMATION
Add Service Line Item Update Service Line Item
National Drug Code: * Quantity: * Unit: *
Qualifier: Prescription/Link No: Prescription Date: mm dd ccyy

15. To include the line item in the bill, select **Add Service Line Item**. Repeat this process for each additional line. A window displays to confirm the Service Line is added successfully.

16. Select **OK** to close the window.

Note: Providers can select **Update Service Line Item** to make corrections and enter missing information to a line item that was previously added.

Prior Authorization Number:
Rendering Provider ID (If different from header): Type: Taxonomy Code:
Ordering Provider ID: Type:
Referring Provider ID (If different from header): Type:
Is the Header Service Facility Location also the Service Line Facility Location? ☒ Yes ☐ No
LINE DRUG INFORMATION
Add Service Line Item Update Service Line Item

Previously Entered Line Item Information – Professional

Once a line item has been added, the line item information displays.

1. Proceed with the line item information as follows:
 - To update the line item information, select the **Line No** link.
 - To remove the line item, select the **Delete** link.

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 the provider enters all line items, scroll back to the top of the page and select **Submit Bill** to submit the bill.

Note: The provider also has the option to save the bill and return later or reset the bill to start over. To view the steps on retrieving a saved bill, proceed to the [Retrieving Saved Bills](#) section of this document.



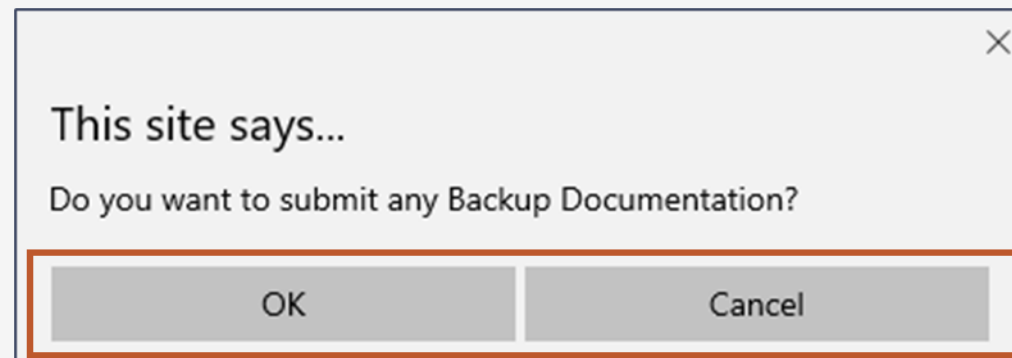
Note: Saved bills are available under the **Retrieve Saved Bills** menu for a later submission.

Adding an Attachment – Professional (1 of 4)

When selecting **OK** to proceed to add or update the line, a popup window opens with the message "Do you want to submit any Backup Documentation?"

1. Proceed as applicable:

- To add attachments, select **OK**. The **Add Attachments** window opens.
- To proceed without attachments (no attachment is needed), select **Cancel**. The submitted professional bill details display.



Adding an Attachment – Professional (2 of 4)

2. In the **Add Attachments** window, select the **Attachment Type** being submitted for the services rendered and select the **Transmission Code**.

Note: Attachments can only be attached if selecting Transmission Code of **EL** or **FT**.

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 E ▼ *	Transmission Code: EL-Electronically Only ▼ *
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 *

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

AA-Available on Request at Provid

BM-By Mail
EL-Electronically Only
EM-E-Mail
FT-FT-File Transfer
FX-By-Fax

Adding an Attachment – Professional (3 of 4)

- To locate and add the attachment, select **Upload File**, then select **OK**.

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 E ▼ *	Transmission Code:	EL-Electronically Only ▼ *
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

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

Adding an Attachment – Professional (4 of 4)

Once the **Submit Bill** tab is selected, the Transaction Control Number (TCN) displays and the option to add additional attachments displays. Once the attachment is added, it will be listed in the **Attachment List** section.

- To complete the physician or supplier attestation, select the **SIGNATURE OF PHYSICIAN OR SUPPLIER** checkbox.

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): [REDACTED]
Provider ID: [REDACTED]
Claimant ID: [REDACTED]
Date of Service: 10/31/2023-10/31/2024
Total Bill Charges: \$ 600.00

☐ **SIGNATURE OF PHYSICIAN OR SUPPLIER**

Checking this box indicates your agreement to accept the charge determination of OWCP on covered services as payment in full, and indicates your agreement not to seek reimbursement from the patient of any amounts not paid by OWCP for covered services as the result of the application of its fee schedule or related tests for reasonableness (appeals are allowed). Checking this box also indicates that the services shown on this form were medically indicated and necessary for the health of the patient and were personally furnished by you or were furnished incident to your professional services by your employee under your immediate personal supervision, except as otherwise expressly permitted by FECA, BLBA or EEOICPA regulations. For services to be considered as "incident" to a physician's professional service, 1) they must be rendered under the physician's immediate personal supervision by his/her employee, 2) they must be an integral, although incidental, part of a covered physician's service, 3) they must be of kinds commonly furnished in physician's offices, and 4) the services of non-physicians must be included on the bills. Finally, your acknowledgement indicates that you understand that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

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 ▲▼
☐	1	Supporting Document.pdf	03	EL	201446514	27kb	X	05/07/2025

View Page: 1

Go

+ Page Count

Viewing Page: 1

SaveToCSV

First

Prev

Next

Last

Print

Print Cover Page

Submit

Submitted Professional Bill Details

5. To submit the bill, select **Submit**. Once submitted, the “Do you want to Submit another Bill?” confirmation alert message displays.



Important: For transmission codes of AA, BM, EM, and FX, the provider will need to select **Print Cover Page** to mail or fax the attachments. Refer to [How to View PDFs Using Adobe Reader](#) for instructions on how to view PDFs using Adobe Reader.

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):
Provider ID:
Claimant ID:
Date of Service: 10/31/2023-10/31/2024
Total Bill Charges: \$ 600.00

☐ **SIGNATURE OF PHYSICIAN OR SUPPLIER**

Checking this box indicates your agreement to accept the charge determination of OWCP on covered services as payment in full, and indicates your agreement not to seek reimbursement from the patient of any amounts not paid by OWCP for covered services as the result of the application of its fee schedule or related tests for reasonableness (appeals are allowed). Checking this box also indicates that the services shown on this form were medically indicated and necessary for the health of the patient and were personally furnished by you or were furnished incident to your professional services by your employee under your immediate personal supervision, except as otherwise expressly permitted by FECA, BLBA or EEOICPA regulations. For services to be considered as "incident" to a physician's professional service, 1) they must be rendered under the physician's immediate personal supervision by his/her employee, 2) they must be an integral, although incidental, part of a covered physician's service, 3) they must be of kinds commonly furnished in physician's offices, and 4) the services of non-physicians must be included on the bills. Finally, your acknowledgement indicates that you understand that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

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 ▲▼
☐	1	Supporting Document.pdf	03	EL	201446514	27kb	X	05/07/2025

View Page: 1Go+ Page Count

Viewing Page: 1

« First◀ PrevNext ▶ Last

PrintPrint Cover PageSubmit

Missing Data Message – Professional (1 of 2)

Most billing providers are required to include the Billing NPI. For OWCP bills submitted from providers such as non-medical vendors, fiscal intermediaries, and non-emergency transportation, Billing NPI is not required.

- If the **NPI** is missing or does not match the provider file NPI, an error message will display.

The following is required information that the provider may be prompted to enter:

- Warning! The billing provider NPI submitted on the bill does not match the provider file. Please correct the NPI and submit the bill.
- Warning! Providers are required to submit Billing NPI at header.
- If the **Taxonomy Code** is missing or invalid, an error message will display.
 - Warning! The billing provider taxonomy submitted on the bill does not match any taxonomies on the provider file. Please correct the taxonomy and submit the bill.
 - Warning! Providers are required to submit Billing Taxonomy at header.

Missing Data Message – Professional (2 of 2)

For **Group Providers**, if the **Rendering Provider NPI** is missing or does not match the provider file NPI, an error message will display.

The following is required information that the provider may be prompted to enter:

- Warning! Providers are required to submit rendering NPI matching to the provider file at the header and/or line level. Please review the following mismatch NPI information.

For all other Provider types, if one of the **Rendering Provider NPI** or **Rendering Taxonomy Code** is entered, the other item is recommended to be entered. The system will return a message indicating that both items are encouraged.

When this system message is received, proceed as applicable:

- Select **Cancel** to return to the bill, enter the missing information, and select **Submit Bill**, or
- Select **OK** to proceed with the current information.

Submitting an **Institutional Bill** in the WCMBP System



Submitting an Institutional Bill in the WCMBP System (1 of 1)

1. To begin entering an Institutional claim using Direct Data Entry (DDE), select the **Submit Institutional** link.

Note: PROVIDER INFORMATION — To access and view the **Bill Submission** page after submitting a bill, providers must disable their popup blocker.

 Close

Choose an Option.

Submit Professional (OWCP-1500)	Submit Professional Use this option for services rendered by providers enrolled as Individual, Group or Ambulatory Surgical Centers.
Submit Institutional (OWCP-04)	Submit Institutional Use this option for services rendered by providers enrolled as a facility.
Submit Dental	Submit Dental

Provider Information – Institutional (1 of 3)

1. To select the program of the claimant for which the bill is being submitted, select from the **Program** drop-down list.

Institutional Bill

Note: asterisks (*) denote required fields.

Basic Bill Info

Provider | Claimant | Bill | Service

Program:

*

Special Bill Indicator:

NONE

Submitter ID:

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID:

Type:

OWCP ID

Taxonomy Code:

NPI:

Medicare Number:

Provider Name:

Address Line 1:

*

Address Line 2:

Address Line 3:

City/Town:

*

State/Province:

*

County:

*

Country:

*

Zip Code:

Address

ATTENDING PROVIDER INFORMATION

Provider ID:

Type:

Taxonomy Code:

Provider Information – Institutional (2 of 3)

Note: Billing Provider information – such as Provider ID and Type — will display based on the provider profile of the user logged in. The provider is required to enter the National Provider ID (**NPI***) and is also required to enter the **Taxonomy Code*** in the designated field when selecting the provider type. If the provider type requires a Medicare Number, the provider will enter it in the **Medicare Number*** field.

Institutional Bill

Note: asterisks (*) denote required fields.

Basic Bill Info

Provider | Claimant | Bill | Service

Program: *

Special Bill Indicator: NONE

Submitter ID:

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID:

Type: OWCP ID

Taxonomy Code:

NPI:

Medicare Number:

Provider Name:

Address Line 1: *

Address Line 2:

Address Line 3:

City/Town: *

State/Province: *

County: *

Country: *

Zip Code: -

ATTENDING PROVIDER INFORMATION

Provider ID:

Type:

Taxonomy Code:

Provider Information – Institutional (3 of 3)

2. Enter the Attending Provider NPI number in the **Provider ID** field.

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

Institutional Bill

Note: asterisks (*) denote required fields.

Basic Bill Info

Provider | Claimant | Bill | Service

Program: *

Special Bill Indicator: NONE

Submitter ID:

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID:

Type: OWCP ID

Taxonomy Code:

NPI:

Medicare Number:

Provider Name:

Address Line 1: *

Address Line 2:

Address Line 3:

City/Town: *

State/Province: *

County: *

Country: *

Zip Code: -

ATTENDING PROVIDER INFORMATION

Provider ID:

Type:

Taxonomy Code:

Claimant Information – Institutional (1 of 2)

1. Enter the **Claimant ID**.
2. Select the case number from the **Type** drop-down list.

Note: FECA, DCMWC, and DEEOIC can enter SSN or Case Number. If SSN is entered for a FECA claimant, the **Date of Injury** field is required.

Note: If claimant information is found based on Type (Case Number or SSN), the system will auto-populate the claimant's information. If the system cannot locate claimant information, the system will display a message stating, "CLAIMANT INFORMATION—Claimant details not found for the program selected." The Provider will need to manually enter the claimant information.

 CLAIMANT INFORMATION 

CLAIMANT

Claimant ID: *

Type: *

Date of Injury:

MM *

DD *

CCYY *

 (Required when SSN is keyed in to submit bill for DFEC Claimant)

Last Name: *

First Name: *

Middle Name:

Suffix:

Date of Birth:

MM *

DD *

CCYY *

State/Province:

Zip Code:

Claimant Information – Institutional (2 of 2)

The **Does Bill have any Third Party Liability Amount** section defaults to **No**.

3. Complete the **Does Bill have any Third-Party Liability Amount** section as applicable:

- If no (the bill does not include Third-Party Liability (TPL) amount), proceed to the next step.
- If yes (there is a TPL amount to be listed), select **Yes** and enter the amount that was paid by a Third-Party Liability (TPL) in the **Third Party Liability Amount** field.

CLAIMANT INFORMATION			
CLAIMANT			
Claimant ID:		Type:	
Date of Injury:			
	MM DD CCYY		
Last Name:		First Name:	
Middle Name:		Suffix:	
Date of Birth:			
	MM DD CCYY		
State/Province:		Zip Code:	
☐ Does Bill have any Third Party Liability Amount? ☐ Yes ☒ No			

Bill Information – Institutional (1 of 13)

Enter the following bill information:

1. In the **Patient Account No.** field, enter the patient's account number within the provider's organization.
2. In the **Medical Record Number** field, enter the medical record number within the provider's organization.

BILL INFORMATION	
BILL DATA	
Patient Account No.:	
Medical Record Number:	
Type Of Facility:	*
Bill Frequency:	*
Bill Classification:	*
Statement Dates: From:	MM DD CCYY* * * *
Admission Date/Hour:	MM DD CCYY HH MM - :
Admission Type:	
Admission Source:	*
Discharge Hour:	HH MM :
To:	MM DD CCYY* * * *

Bill Information – Institutional (2 of 13)

3. Select the type of facility (the first digit for the type of bill) from the **Type Of Facility** drop-down list.
4. Select the bill frequency (the third digit for the type of bill) from the **Bill Frequency** drop-down list.
5. Select the bill classification (the second digit for the type of bill) from the **Bill Classification** drop-down list.

BILL INFORMATION	
BILL DATA	
Patient Account No.:	
Medical Record Number:	
Type Of Facility:	
Bill Frequency:	
Bill Classification:	
Statement Dates: From:	MM DD CCYY
Admission Date/Hour:	MM DD CCYY HH MM
Admission Type:	
Admission Source:	
Discharge Hour:	HH MM

Type of Facility Options

1-Hospital
2-Skilled Nursing
3-Home Health +
4-Religious Non-Medical Health Care Institutions - Hospital Inpatient (formerly referred to as Christi
5-Religious Non-Medical Health Care Institutions - Post-Hospital Extended Care Services (formerly refe
6-Intermediate Care
7-Clinic
8-Special Facility

Bill Information – Institutional (3 of 13)

6. Enter the statement date range (cover period) in the **Statement Dates From** and **To** fields.
7. Enter admission date and time (in hours and minutes) in the **Admission Date/Hour** fields.

BILL INFORMATION											
BILL DATA											
Patient Account No.:											
Medical Record Number:											
Type Of Facility:		*									
Bill Frequency:		*									
Bill Classification:		*									
Statement Dates: From:		MM	DD	CCYY				To:	MM	DD	CCYY
			*	*	*					*	*
Admission Date/Hour:		MM	DD	CCYY	HH	MM					
					-		:				
Admission Type:											
Admission Source:		*									
Discharge Hour:		HH	MM								
			:								

Bill Information – Institutional (4 of 13)

8. Select the admission type (required for Inpatient Stay only) from the **Admission Type** drop-down list.
9. Select the admission source from the **Admission Source** drop-down list.

BILL INFORMATION												
BILL DATA												
Patient Account No.:												
Medical Record Number:												
Type Of Facility:		*										
Bill Frequency:		*										
Bill Classification:		*										
Statement Dates: From:		MM	DD	CCYY	To:					MM	DD	CCYY
Admission Date/Hour:		MM	DD	CCYY	HH	MM						
Admission Type:												
Admission Source:												
Discharge Hour:		HH	MM									

Bill Information – Institutional (5 of 13)

10. Enter the discharge time (in hours and minutes) in the **Discharge Hour** fields.

BILL INFORMATION											
BILL DATA											
Patient Account No.:											
Medical Record Number:											
Type Of Facility:		*									
Bill Frequency:		*									
Bill Classification:		*									
Statement Dates: From:		MM	DD	CCYY	To:						
					MM	DD	CCYY	HH	MM		
Admission Date/Hour:					-		:				
Admission Type:											
Admission Source:											
Discharge Hour:		HH	MM								

Bill Information – Institutional (6 of 13)

11. Select the patient status from the **Patient Status** drop-down list.
12. When the bill is related to an auto accident, select the state where it occurred from the **Auto Accident State** drop-down list.

Patient Status:

Auto Accident State:

DIAGNOSIS INFORMATION (Do not use decimals or spaces)

Diagnosis Code Category:

Principal Diagnosis Code:

Admitting Diagnosis Code:

Reason For Visit: 1: 2: 3:

Present On Admission:

PPS/DRG:

OTHER DIAGNOSIS INFORMATION

CONDITION INFORMATION

OCCURRENCE INFORMATION

OCCURRENCE SPAN INFORMATION

VALUE INFORMATION

DELAY REASON

61

Bill Information – Institutional (7 of 13)

13. Select the diagnosis code category (ICD-9 or ICD-10) based on the cover period from the **Diagnosis Code Category** drop-down list.
14. Enter the principal diagnosis code in the **Principal Diagnosis Code** field.

Patient Status:		*
Auto Accident State:		
DIAGNOSIS INFORMATION (Do not use decimals or spaces)		
Diagnosis Code Category:		*
Principal Diagnosis Code:		*
Admitting Diagnosis Code:		
Present On Admission:		
PPS/DRG:		
Reason For Visit:	1:	2: 3:
+ OTHER DIAGNOSIS INFORMATION		
+ CONDITION INFORMATION		
+ OCCURRENCE INFORMATION		
+ OCCURRENCE SPAN INFORMATION		
+ VALUE INFORMATION		
+ DELAY REASON		

Bill Information – Institutional (8 of 13)

Note:

- At least one Diagnosis Code is required
- Providers must list all ICD-9 or ICD-10 codes based on the date of service (DOS)
- Providers must list ICD Codes in sequential order, one through 12 (do not 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)

Bill Information – Institutional (9 of 13)

16. Enter the admitting diagnosis code in the **Admitting Diagnosis Code** field.
17. Enter the reasons for the visit (diagnosis code describing the patient's stated reason for seeking care) in the **Reason For Visit** fields.

Patient Status:		*
Auto Accident State:		
DIAGNOSIS INFORMATION (Do not use decimals or spaces)		
Diagnosis Code Category:		*
Principal Diagnosis Code:		*
	Present On Admission:	
Admitting Diagnosis Code:		PPS/DRG:
Reason For Visit:	1:	2: 3:
+ OTHER DIAGNOSIS INFORMATION		
+ CONDITION INFORMATION		
+ OCCURRENCE INFORMATION		
+ OCCURRENCE SPAN INFORMATION		
+ VALUE INFORMATION		
+ DELAY REASON		

Bill Information – Institutional (10 of 13)

The following slides guide providers through completing the **Bill Information** section. The sub-headings that have a plus icon next to them are expandable. When the provider selects the plus icon, the provider can enter information as needed in the expanded subsection. All expandable fields are optional until expanded. Once expanded, certain fields may become mandatory, indicated by an asterisk icon. Fields collapse and return to the default optional state by selecting the minus icon.

When a subsection expands, fields with an asterisk icon are mandatory. To collapse a subsection without including any additional information, providers can select the minus icon.

The following fields default as optional until the provider expands them:

- OTHER DIAGNOSIS INFORMATION
- CONDITION INFORMATION
- OCCURRENCE INFORMATION
- OCCURRENCE SPAN INFORMATION
- VALUE INFORMATION
- DELAY REASON

The screenshot displays a form titled "Bill Information" with several input fields and expandable sections. At the top, there are two dropdown menus for "Patient Status" and "Auto Accident State", both marked with an asterisk. Below these is a section titled "DIAGNOSIS INFORMATION (Do not use decimals or spaces)". This section contains a "Diagnosis Code Category" dropdown set to "ICD-10-CM" (marked with an asterisk), a "Principal Diagnosis Code" field (marked with an asterisk), and a "Present On Admission" dropdown. Below these are an "Admitting Diagnosis Code" field and a "PPS/DRG" field. At the bottom of this section is a "Reason For Visit" field with three sub-fields labeled "1:", "2:", and "3:". Below the "Reason For Visit" field is a list of expandable subsections, each with a plus icon and a title: "OTHER DIAGNOSIS INFORMATION", "CONDITION INFORMATION", "OCCURRENCE INFORMATION", "OCCURRENCE SPAN INFORMATION", "VALUE INFORMATION", and "DELAY REASON". A red rectangular box highlights this list of subsections.

Bill Information – Institutional (11 of 13)

In this section, the provider may enter additional bill information pertaining to the service provided to the claimant.

18. If applicable, complete the following:

- OTHER DIAGNOSIS INFORMATION
- CONDITION INFORMATION
- OCCURRENCE INFORMATION
- OCCURRENCE SPAN INFORMATION
- VALUE INFORMATION
- DELAY REASON

Note: To enter additional information, providers can select the **Add Another** link.

OTHER DIAGNOSIS INFORMATION						
1 Other Diagnosis Code:		Present On Admission:		Add Another		
CONDITION INFORMATION						
1 Condition Code:		Add Another				
OCCURRENCE INFORMATION						
1 Occurrence Code:		Occurrence Date:		Add Another		
OCCURRENCE SPAN INFORMATION						
1 Occurrence Span Code		From Date:		Through Date:		Add Another
VALUE INFORMATION						
1 Value Code:		Value Amount:	\$		Add Another	
DELAY REASON						
Delay Reason Code:						

Bill Information – Institutional (12 of 13)

19. Enter the prior authorization number to be applied to this bill in the **Prior Authorization Number** field. (Optional)

PRIOR AUTHORIZATION

Prior Authorization Number:

☐

PROCEDURE INFORMATION

☐

OPERATING PHYSICIAN INFORMATION

☐

OTHER OPERATING PHYSICIAN INFORMATION

☐

RENDERING PHYSICIAN INFORMATION

☐

REFERRING PHYSICIAN INFORMATION

☐

BILL NOTE

Bill Information – Institutional (13 of 13)

Note: Providers can select the plus icon to add Procedure Information, Other Procedure Information, Operating Physician Information, Other Operating Physician Information, Rendering Physician Information, Referring Physician Information, and a Bill Note. Providers can select the minus icon to minimize a section if no longer needed.

The form displays several expandable sections, each with a plus icon in a red box on the left:

- PROCEDURE INFORMATION**
Principal Procedure Code: *
Procedure Date: mm dd ccyy *
- Other Procedure Information**
1 Other Procedure Code: *
Procedure Date: mm dd ccyy [Add Another](#)
- OPERATING PHYSICIAN INFORMATION**
Provider ID: *
Type: *
- OTHER OPERATING PHYSICIAN INFORMATION**
Provider ID: *
Type: *
- RENDERING PHYSICIAN INFORMATION**
Provider ID: *
Type: *
- REFERRING PHYSICIAN INFORMATION**
Provider ID: *
Type: *
- BILL NOTE**
Bill Note: *
Characters Remaining: 80

Service Line Item Information – Institutional (1 of 9)

Enter the following Service Line Item information:

1. Complete the **Revenue Code** field.
2. Enter the CPT or HCPCS Code in the **HCPCS Code** field.

Note: Not all revenue codes require a CPT or HCPCS Code.

SERVICE LINE ITEM INFORMATION				
Service Line Items				
Revenue Code:			*	
HCPCS Code:			Modifiers: 1: 2: 3: 4:	
Service Date:	MM	DD	CCYY	
Last Date of Service:	MM	DD	CCYY	
Service Units:			*	
Total Line Charges:			*	
Third Party Liability Amount:			Non-covered Line Charges:	

Service Line Item Information – Institutional (2 of 9)

3. Enter modifiers in the **Modifiers** fields. (Optional)
4. Complete the **Service Date** and **Last Date of Service** fields for the line item.

 **SERVICE LINE ITEM INFORMATION** 

Service Line Items

Revenue Code:

HCPCS Code:

Service Date:

MM DD CCYY

Last Date of Service:

MM DD CCYY

Service Units:

Total Line Charges:

Third Party Liability Amount:

Modifiers: 1: 2: 3: 4:

Non-covered Line Charges:

Service Line Item Information – Institutional (3 of 9)

5. Complete the **Service Units** fields.
6. Complete the **Total Line Charges** fields.

SERVICE LINE ITEM INFORMATION				
Service Line Items				
Revenue Code:				
HCPCS Code:		Modifiers: 1: 2: 3: 4:		
Service Date:				
Last Date of Service:				
Service Units:				
Total Line Charges:				
Third Party Liability Amount:				
	Non-covered Line Charges:			

Service Line Item Information – Institutional (4 of 9)

7. Complete the **Third Party Liability Amount** field. (Optional)
8. Complete the **Non-covered Line Charges** field. (Optional)

SERVICE LINE ITEM INFORMATION									
Service Line Items									
Revenue Code:									
HCPCS Code:							Modifiers:	1:	
	MM	DD	CCYY					2:	
Service Date:								3:	
	MM	DD	CCYY					4:	
Last Date of Service:									
Service Units:									
Total Line Charges:									
Third Party Liability Amount:									
							Non-covered Line Charges:		

Service Line Item Information – Institutional (5 of 9)

9. Complete the following fields as applicable:

- If the operating physician, other operating physician, rendering physician, or referring physician is the same as the header provider information, then leave blank.
- If the operating physician, other operating physician, rendering physician, or referring physician differ from the header provider information input during the **Provider Information** section, enter the National Provider ID (NPI) in the **Operating Physician ID**, **Other Operating Physician ID**, **Rendering Physician ID**, or **Referring Physician ID** field and select **NPI** from the **Type** drop-down list.

Operating Physician ID (If different from header):		Type:	v
Other Operating Physician ID (If different from header):		Type:	v
Rendering Physician ID (If different from header):		Type:	v
Referring Physician ID (If different from header):		Type:	v

 **LINE DRUG INFORMATION**

Service Line Item Information – Institutional (6 of 9)

Note: Providers can select the plus icon to add **LINE DRUG INFORMATION** or the minus icon to minimize it if it is no longer needed.

 LINE DRUG INFORMATION			
National Drug Code:	*	Quantity:	*
		Unit:	*
Prescription/Link No:			

Service Line Item Information – Institutional (7 of 9)

10. To add a line item to the bill, select **Add Service Line Item**. Repeat this process for each additional line. A window displays to confirm the Service Line is added successfully.
11. Select **OK** to close the window.

Note: Providers can select **Update Service Line Item** to update a line item that was previously added.



Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

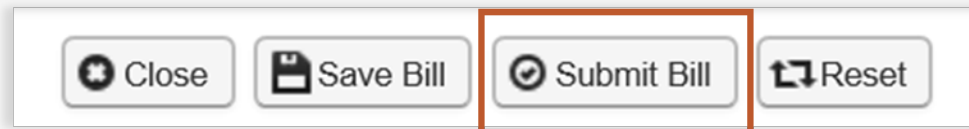
Total Submitted Charges: \$ 200.00

Line No	Revenue Code	HCPCS Code	Modifiers				Dates		Units	Charges	Non-covered Charges	
			1	2	3	4	Service Date	Last DOS				
1	0320						02/20/2020	02/20/2020	2	\$ 200.00		Delete

Service Line Item Information – Institutional (9 of 9)

13. Once the provider enters all line items, scroll back to the top of the page and select **Submit Bill** to submit the bill.

Note: The provider also has the option to save the bill and return later or reset the bill to start over. To view the steps on retrieving a saved bill, proceed to the [Retrieving Saved Bills](#) section of this document.



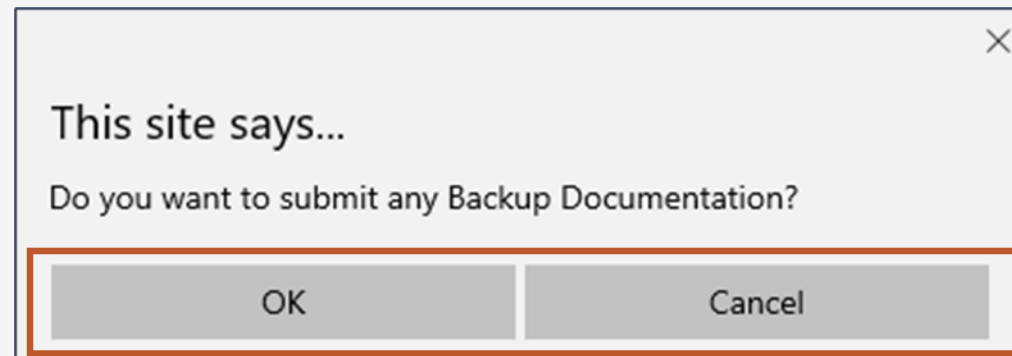
Note: Saved Bills will be available under the **Retrieve Saved Bills** menu for a later submission.

Adding an Attachment – Institutional (1 of 4)

After selecting **OK** to proceed to add or updated the line, a popup window opens with the message "Do you want to submit any Backup Documentation?"

1. Proceed as applicable:

- To add attachments, select **OK**. The **Add Attachments** window opens.
- To proceed without attachments (no attachment is needed), select **Cancel**.



Adding an Attachment – Institutional (2 of 4)

2. In the **Add Attachments** window, select the **Attachment Type** being submitted for the services rendered and select the **Transmission Code**.

Note: Attachments can only be attached if selecting Transmission Code of **EL** or **FT**.

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 E ▼ *	Transmission Code: EL-Electronically Only ▼ *
---	--

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 

*

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).

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

Adding an Attachment – Institutional (3 of 4)

- To locate and add the attachment, select **Upload File**, then select **OK**.

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 & * Line No: (Do not select Line No to attach a document at header level)	Transmission Code:	EL-Electronically Only *
------------------	---	--------------------	--------------------------

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

*

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).

Adding an Attachment – Institutional (4 of 4)

Once the **Submit Bill** tab is selected, the Transaction Control Number (TCN) displays and the option to add additional attachments displays. Once the attachment is added, it will be listed in the **Attachment List** section.

4. To complete the physician or supplier attestation, select the **SIGNATURE OF PHYSICIAN OR SUPPLIER** checkbox.

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):
Provider ID:
Claimant ID:
Date of Service: 10/31/2023-10/31/2024
Total Bill Charges: \$ 600.00

☐ **SIGNATURE OF PHYSICIAN OR SUPPLIER**

Checking this box indicates your agreement to accept the charge determination of OWCP on covered services as payment in full, and indicates your agreement not to seek reimbursement from the patient of any amounts not paid by OWCP for covered services as the result of the application of its fee schedule or related tests for reasonableness (appeals are allowed). Checking this box also indicates that the services shown on this form were medically indicated and necessary for the health of the patient and were personally furnished by you or were furnished incident to your professional services by your employee under your immediate personal supervision, except as otherwise expressly permitted by FECA, BLBA or EEOICPA regulations. For services to be considered as "incident" to a physician's professional service, 1) they must be rendered under the physician's immediate personal supervision by his/her employee, 2) they must be an integral, although incidental, part of a covered physician's service, 3) they must be of kinds commonly furnished in physician's offices, and 4) the services of non-physicians must be included on the bills. Finally, your acknowledgement indicates that you understand that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

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 ▲▼
☐	1	Supporting Document.pdf	03	EL	201446514	27kb	X	05/07/2025

View Page: 1 Go Page Count

Viewing Page: 1

SaveToCSV

Print Print Cover Page Submit

Submitted Institutional Bill Details

5. To submit the bill, select **Submit**. Once submitted, the “Do you want to Submit another Bill?” confirmation alert message displays.



Important: For transmission codes of AA, BM, EM, and FX, the provider will need to select **Print Cover Page** to mail or fax the attachments. Refer to [How to View PDFs Using Adobe Reader](#) for instructions on how to view PDFs using Adobe Reader.

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): [REDACTED]
Provider ID: [REDACTED]
Claimant ID: [REDACTED]
Date of Service: 10/31/2023-10/31/2024
Total Bill Charges: \$ 600.00

☐ **SIGNATURE OF PHYSICIAN OR SUPPLIER**

Checking this box indicates your agreement to accept the charge determination of OWCP on covered services as payment in full, and indicates your agreement not to seek reimbursement from the patient of any amounts not paid by OWCP for covered services as the result of the application of its fee schedule or related tests for reasonableness (appeals are allowed). Checking this box also indicates that the services shown on this form were medically indicated and necessary for the health of the patient and were personally furnished by you or were furnished incident to your professional services by your employee under your immediate personal supervision, except as otherwise expressly permitted by FECA, BLBA or EEOICPA regulations. For services to be considered as "incident" to a physician's professional service, 1) they must be rendered under the physician's immediate personal supervision by his/her employee, 2) they must be an integral, although incidental, part of a covered physician's service, 3) they must be of kinds commonly furnished in physician's offices, and 4) the services of non-physicians must be included on the bills. Finally, your acknowledgement indicates that you understand that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

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 ▲▼
☐	1	Supporting Document.pdf	03	EL	201446514	27kb	X	05/07/2025

View Page: 1

Go

+ Page Count

Viewing Page: 1

<< First

< Prev

> Next

>> Last

SaveToCSV

Print

Print Cover Page

Submit

Missing Data Message – Institutional (1 of 2)

Most billing providers are required to include the Billing NPI. For OWCP bills submitted from providers such as non-medical vendors, fiscal intermediaries, and non-emergency transportation, Billing NPI is not required.

- If the **NPI** is missing or does not match the provider file NPI, an error message will display.

The following is required information that the provider may be prompted to enter:

- Warning! The billing provider NPI submitted on the bill does not match the provider file. Please correct the NPI and submit the bill.
- Warning! Providers are required to submit Billing NPI at header.
- If the **Taxonomy Code** is missing or invalid, an error message will display.
 - Warning! The billing provider taxonomy submitted on the bill does not match any taxonomies on the provider file. Please correct the taxonomy and submit the bill.
 - Warning! Providers are required to submit Billing Taxonomy at header.

Missing Data Message – Institutional (2 of 2)

For **Group Providers**, if the **Attending Provider NPI** is missing or does not match the provider file NPI, an error message will display.

The following is required information that the provider may be prompted to enter:

- Warning! Providers are required to submit rendering NPI matching to the provider file at the header and/or line level. Please review the following mismatch NPI information.

For all other Providers, if one of the **Attending Provider NPI** or **Rendering Taxonomy Code** is entered, the other item is recommended to be entered. The system will return a message indicating that both items are encouraged.

When this system message is received, proceed as applicable:

- Select **Cancel** to return to the bill, enter the missing information, and select **Submit Bill**, or
- Select **OK** to proceed with the current information.

Submitting a **Dental Bill** in the WCMBP System



Submitting a Dental Bill in the WCMBP System (1 of 1)

1. To begin entering a Dental claim using Direct Data Entry (DDE), select the **Submit Dental** link.

Note: PROVIDER INFORMATION — To access and view the **Bill Submission** page after submitting a bill, providers must disable their popup blocker.

Close

Choose an Option.

Submit Professional (OWCP-1500)	Submit Professional Use this option for services rendered by providers enrolled as Individual, Group or Ambulatory Surgical Centers.
Submit Institutional (OWCP-04)	Submit Institutional Use this option for services rendered by providers enrolled as a facility.
Submit Dental	Submit Dental

Program – Dental

2. Select the claimant program for the bill being submitted from the **Program** drop-down list.

  Profile: EXT Provider Bills Submitter▼

[External Links](#) [Help](#) [Logout](#)

[Home](#) > [Provider Portal](#) > [Bill Submission](#) > [Dental Bill](#)

Close

Save Bill

Submit Bill

Reset

 Dental Bill 

Note: asterisks (*) denote required fields.

Basic Bill Info

Provider | Claimant | Bill | Service

Program:

▼*

Special Bill Indicator:

NONE ▼

Submitter ID:

Provider Information – Dental (1 of 7)

1. Enter the Billing Provider National Provider ID (NPI) number in the **NPI** field.

Note: BILLING PROVIDER INFORMATION—such as Provider ID, Type, Provider Name, and Address—will display based on the provider profile of the user logged in. The provider is required to enter the National Provider ID (NPI) and is strongly encouraged to enter the billing Taxonomy Code in the designated field.



PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID:

Type:

Taxonomy Code:

NPI:

Provider Name:

Address Line 1: *

Address Line 2:

Address Line 3:

City/Town: *

State/Province: *

County: *

Country: *

Zip Code: -

Provider Information – Dental (2 of 7)

2. To make changes to the Billing Provider address, select **+Address**. The **Address details** window opens.

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID:

Type:

OWCP ID

Taxonomy Code:

NPI:

Provider Name:

Address Line 1: *

Address Line 2:

Address Line 3:

City/Town: *

State/Province: *

County: *

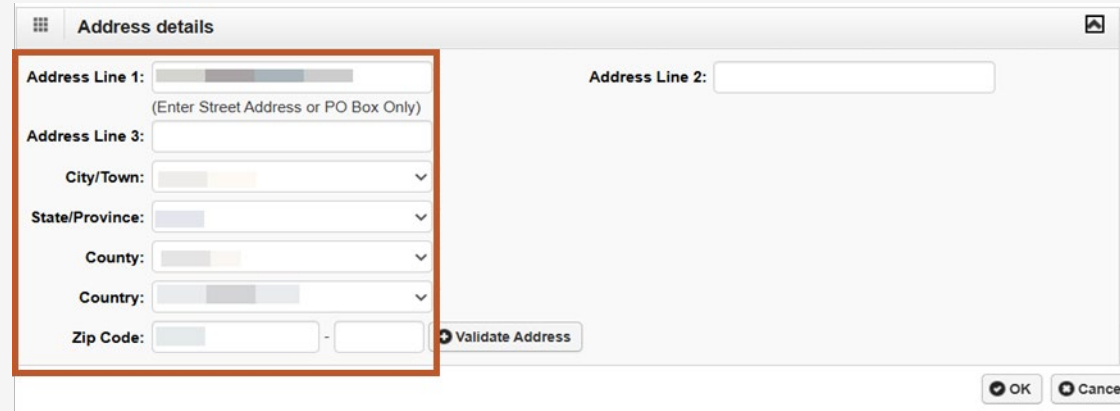
Country: *

Zip Code: -

Address

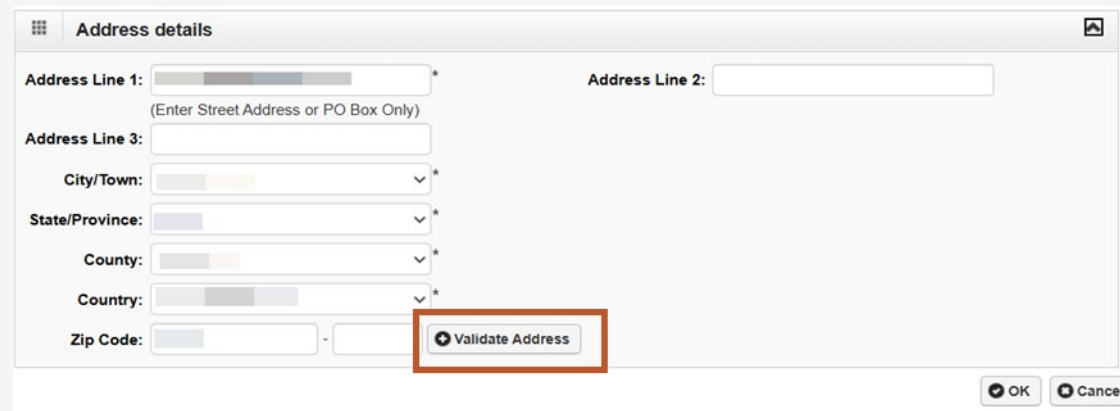
Provider Information – Dental (3 of 7)

3. Enter the address and zip code in the **Address Line 1** and **Zip Code** fields.



The screenshot shows a web form titled "Address details". It contains several input fields: "Address Line 1" (with a placeholder "(Enter Street Address or PO Box Only)"), "Address Line 2", "Address Line 3", "City/Town", "State/Province", "County", "Country", and "Zip Code". The "Address Line 1" and "Zip Code" fields are highlighted with a red rectangular box. A "Validate Address" button is located to the right of the "Zip Code" field. At the bottom right, there are "OK" and "Cancel" buttons.

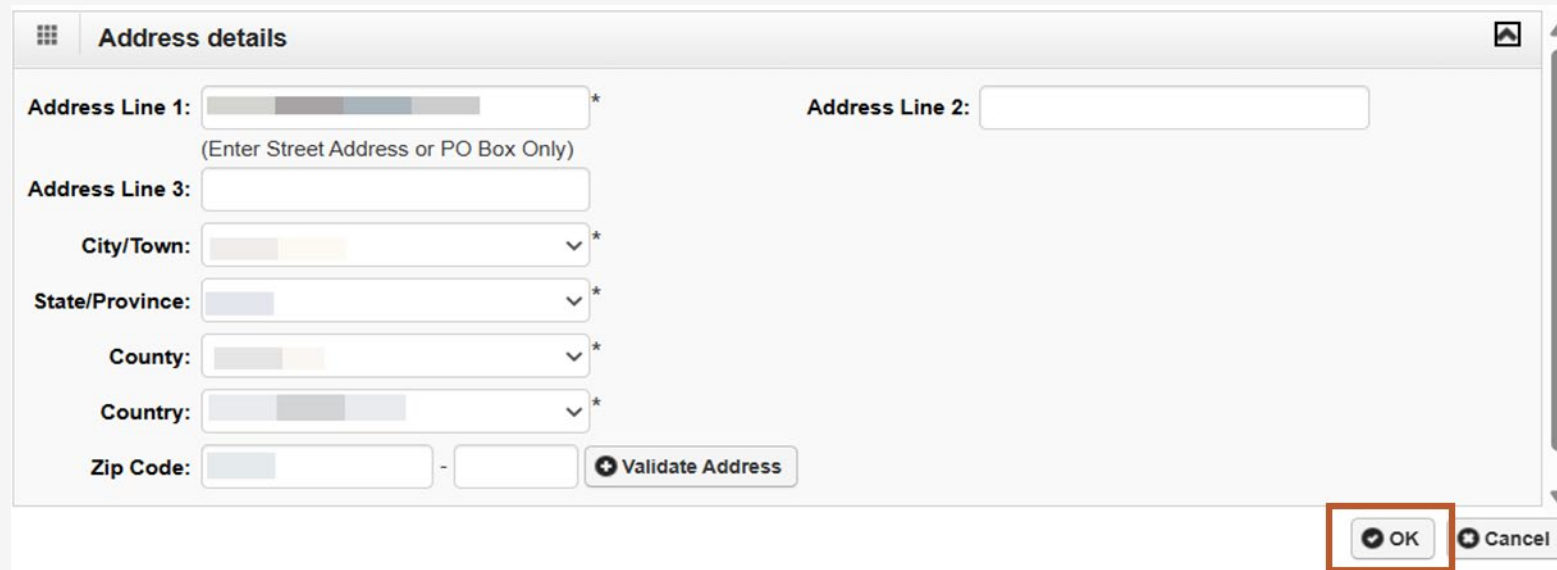
4. Select **Validate Address**. The remaining address fields automatically populate.



The screenshot shows the same "Address details" form as before, but now the "Validate Address" button is highlighted with a red rectangular box. The "Address Line 1" and "Zip Code" fields are no longer highlighted. The "Validate Address" button is located to the right of the "Zip Code" field. At the bottom right, there are "OK" and "Cancel" buttons.

Provider Information – Dental (4 of 7)

5. To return to the **Professional Bills Online Submission** page, select **OK**.



The screenshot shows a web form titled "Address details" with a grid icon on the left and a close icon on the right. The form contains the following fields and controls:

- Address Line 1:** A text input field with a placeholder bar and an asterisk (*).
- Address Line 2:** A text input field.
- Address Line 3:** A text input field.
- City/Town:** A dropdown menu with a placeholder bar and an asterisk (*).
- State/Province:** A dropdown menu with a placeholder bar and an asterisk (*).
- County:** A dropdown menu with a placeholder bar and an asterisk (*).
- Country:** A dropdown menu with a placeholder bar and an asterisk (*).
- Zip Code:** Two text input fields separated by a hyphen (-).
- Validate Address:** A button with a plus icon and the text "Validate Address".
- OK:** A button with a checkmark icon and the text "OK", which is highlighted with a red rectangle.
- Cancel:** A button with a plus icon and the text "Cancel".

Provider Information – Dental (5 of 7)

The **Is the Billing Provider also the Rendering Provider?** section automatically defaults to **No**.

6. Complete the **Is the Billing Provider also the Rendering Provider** section as applicable:
- If yes (the Billing Provider is also the Rendering Provider), select **Yes**. The **RENDERING PROVIDER INFORMATION** section collapses.
 - If no (the Billing Provider differs from the Rendering Provider), complete the following:
 - a. Enter the Rendering Provider NPI in the **Provider ID** field.
 - b. Select the NPI from the **Type** drop-down list.

Note: Providers are encouraged to enter the **Taxonomy Code**.

? Is the Billing Provider also the Rendering Provider? ☐ Yes ☒ No		
RENDERING PROVIDER INFORMATION		
Provider ID: *	Type: *	Taxonomy Code:
? Is the Billing Provider also the Supervising Provider? ☐ Yes ☒ No		
SUPERVISING PROVIDER INFORMATION		
Provider ID: *	Type: *	
? Is this service the result of a referral? ☒ Yes ☐ No		
REFERRING PROVIDER INFORMATION		
Provider ID: *	Type: *	Taxonomy Code:

Provider Information – Dental (6 of 7)

The **Is the Billing Provider also the Supervising Provider?** section automatically defaults to **Yes**.

7. Complete the **Is the Billing Provider also the Supervising Provider?** section.
 - If yes (the Billing Provider is also the Supervising Provider), proceed to the next step.
 - If no (the Billing Provider differs from the Supervising Provider), select **No**. The **SUPERVISING PROVIDER INFORMATION** section expands.
 - a. Enter the supervising provider's NPI in the **Provider ID** field.
 - b. Select **NPI** from the **Type** drop-down list.

? Is the Billing Provider also the Rendering Provider? ☐ Yes ☒ No		
RENDERING PROVIDER INFORMATION		
Provider ID: *	Type: *	Taxonomy Code:
? Is the Billing Provider also the Supervising Provider? ☐ Yes ☒ No		
SUPERVISING PROVIDER INFORMATION		
Provider ID: *	Type: *	
? Is this service the result of a referral? ☒ Yes ☐ No		
REFERRING PROVIDER INFORMATION		
Provider ID: *	Type: *	Taxonomy Code:

Provider Information – Dental (7 of 7)

The **Is the Service the result of a referral?** section automatically defaults to **No**.

8. Complete the **Is the Service the result of a referral?** section.
 - If no (the service is not a result of a referral), proceed to the next step.
 - If yes (the service is a result of a referral), select **Yes**. The **REFERRING PROVIDER INFORMATION** section expands.
 - a. Enter the referring provider's NPI in the **Provider ID** field.
 - b. Select **NPI** from the **Type** drop-down list.

Note : Providers are encouraged to enter **Taxonomy**.

Is the Billing Provider also the Rendering Provider? ☐ Yes ☒ No		
RENDERING PROVIDER INFORMATION		
Provider ID: *	Type: *	Taxonomy Code:
Is the Billing Provider also the Supervising Provider? ☐ Yes ☒ No		
SUPERVISING PROVIDER INFORMATION		
Provider ID: *	Type: *	
Is this service the result of a referral? ☒ Yes ☐ No		
REFERRING PROVIDER INFORMATION		
Provider ID: *	Type: *	Taxonomy Code:

Claimant Information – Dental (1 of 2)

1. Enter the **Claimant ID**.
2. Select the case number from the **Type** drop-down list.

Note: FECA, DCMWC, and DEEOIC can enter a social security number (SSN) or Case Number. If an SSN is entered for a FECA claimant, the **Date of Injury** field is required.

Note: If claimant information is found based on Type (Case Number or SSN), the system will auto-populate the claimant's information. If the system cannot locate claimant information, the system will display a message stating, "CLAIMANT INFORMATION—Claimant details not found for the program selected". Providers will need to manually enter the claimant information.

The screenshot shows a web form titled "CLAIMANT INFORMATION" with a sub-section "CLAIMANT". The form contains the following fields:

- Claimant ID:** A text input field with a red border and an asterisk.
- Type:** A dropdown menu with a red border and an asterisk.
- Date of Injury:** Three input fields for MM, DD, and CCYY, each with an asterisk. A note below reads: "(Required when SSN is keyed in to submit bill for DFEC Claimant)".
- Last Name:** A text input field with an asterisk.
- First Name:** A text input field with an asterisk.
- Middle Name:** A text input field.
- Suffix:** A text input field.
- Date of Birth:** Three input fields for MM, DD, and CCYY, each with an asterisk.
- State/Province:** A dropdown menu.
- Zip Code:** A text input field.

Claimant Information – Dental (2 of 2)

The **Does Bill have any Third-Party Liability Amount?** section automatically defaults to **No**.

3. Complete the **Does Bill have any Third-Party Liability Amount?** section as applicable:
 - If no (the bill does not include Third-Party Liability (TPL) amount), proceed to the next step.
 - If yes (there is a TPL amount to be listed), select **Yes** and enter the amount that was paid by a Third-Party Liability (TPL) in the **Third Party Liability Amount** field.

 Does Bill have any Third Party Liability Amount? ☒ Yes ☐ No

Third Party Liability Information

Third Party Liability Amount:

Bill Information – Dental (1 of 7)

Enter the following bill information:

1. In the **Patient Account No.** field, enter the patient's account number within the provider's organization.

BILL INFORMATION

BILL DATA

Patient Account No:

Place of Service:

Service Start Date: MM DD CCYY

Service End Date: MM DD CCYY

PRIOR AUTHORIZATION

Prior Authorization Number:

DELAY REASON

Delay Reason Code:

BILL NOTE

Bill Note:

Characters Remaining:

Bill Information – Dental (2 of 7)

2. Select the place of service from the **Place of Service** drop-down list.

BILL INFORMATION	
BILL DATA	
Patient Account No:	
Place of Service:	v *
Service Start Date:	mm * dd * ccyy *
Service End Date:	mm * dd * ccyy *
PRIOR AUTHORIZATION	
Prior Authorization Number:	
DELAY REASON	
Delay Reason Code:	v *
BILL NOTE	
Bill Note:	
Characters Remaining:	80

Bill Information – Dental (3 of 7)

3. Enter the date of service range in the **Service Start Date** and **Service End Date** fields.

BILL INFORMATION											
BILL DATA											
Patient Account No:											
Place of Service:		*									
Service Start Date:		mm	dd	ccyy	*	Service End Date:		mm	dd	ccyy	*
PRIOR AUTHORIZATION											
Prior Authorization Number:											
DELAY REASON											
Delay Reason Code:		*									
BILL NOTE											
Bill Note:		*									
Characters Remaining:		80									

Bill Information – Dental (4 of 7)

The following slides guide providers through completing the **Bill Information** section. The sub-headings that have a plus icon next to them are expandable. When the provider selects the plus icon, the provider can enter information as needed in the expanded subsection.

When a subsection expands, fields with an asterisk icon are mandatory. To collapse a subsection without including any additional information, select the minus icon.

The following fields default as optional until the provider expands them:

- DELAY REASON
- BILL NOTE

The screenshot displays the 'BILL INFORMATION' form. It features three expandable sections: 'PRIOR AUTHORIZATION', 'DELAY REASON', and 'BILL NOTE'. The 'PRIOR AUTHORIZATION' section includes a 'Prior Authorization Number' field. The 'DELAY REASON' section includes a 'Delay Reason Code' dropdown menu. The 'BILL NOTE' section includes a 'Bill Note' text area. A red box highlights the 'PRIOR AUTHORIZATION', 'DELAY REASON', and 'BILL NOTE' sections. The 'BILL DATA' section at the top includes fields for 'Patient Account No.', 'Place of Service', 'Service Start Date', and 'Service End Date'. The 'Service Start Date' and 'Service End Date' fields are formatted as mm/dd/ccyy. The 'Characters Remaining' indicator shows 80 characters remaining.

BILL INFORMATION			
BILL DATA			
Patient Account No:			
Place of Service:			
Service Start Date:	mm	dd	ccyy
Service End Date:	mm	dd	ccyy
PRIOR AUTHORIZATION			
Prior Authorization Number:			
DELAY REASON			
Delay Reason Code:			
BILL NOTE			
Bill Note:			
Characters Remaining:	80		

Bill Information – Dental (5 of 7)

The **Is this bill accident related?** section automatically defaults to **No**.

4. Complete the **Is the bill accident related?** section as applicable:

- If no (the bill is not accident related), proceed to the next step.
- If yes (the bill is accident related), select **Yes**. The **Related Causes Information** section expands.
 - a. Select the related cause or causes from the **Related Causes** drop-down list.
 - b. Enter the accident date in the **Accident Date** field.

?

Is this bill accident related?

☒ Yes ☐ No

RELATED CAUSES INFORMATION

Related Causes: 1. 2.

Auto Accident State: Accident Country: US Accident Date:

?

Is this bill related to orthodontic services?

☒ Yes ☐ No

ORTHODONTIC TREATMENT

Orthodontics Treatment Months:

Orthodontics Treatment Months Remaining:

Appliance Placement Date:

TOOTH STATUS

1 Tooth Number: Tooth Status Code: [Add Another:](#)

?

Does this bill require a diagnosis code?

☒ Yes ☐ No

Diagnosis Codes (Do not use decimals or spaces)

Diagnosis Code Category:

Diagnosis Codes: 1: 2: 3: 4:

Bill Information – Dental (6 of 7)

The **Is this bill related to orthodontic services?** section automatically defaults to **No**.

5. Complete the **Is this bill related to orthodontic services?** section as applicable:

- If no (the bill is not orthodontic related), proceed to the next step.
- If yes (the bill is orthodontic related), select **Yes**. The **ORTHODONTIC TREATMENT** section expands.
 - a. Enter the orthodontic treatment information
 - b. To expand the **TOOTH STATUS** section, select the plus icon.

?

Is this bill accident related?

☒ Yes ☐ No

RELATED CAUSES INFORMATION

Related Causes: 1. 2.

Auto Accident State: Accident Country: US Accident Date:

?

Is this bill related to orthodontic services?

☒ Yes ☐ No

ORTHODONTIC TREATMENT

Orthodontics Treatment Months:

Orthodontics Treatment Months Remaining:

MM DD CCYY

Appliance Placement Date:

TOOTH STATUS

1 Tooth Number: Tooth Status Code: [Add Another:](#)

?

Does this bill require a diagnosis code?

☒ Yes ☐ No

Diagnosis Codes (Do not use decimals or spaces)

Diagnosis Code Category:

Diagnosis Codes: 1: 2: 3: 4:

Bill Information – Dental (7 of 7)

The **Does this bill require a diagnosis code** section automatically defaults to **No**.

6. Complete the **Does the bill require a diagnosis code** section as applicable:

- If no (the bill does not require a diagnosis code), proceed to the next step.
- If yes (the bill requires a diagnosis code), select **Yes**. The section expands.
 - a. Select the diagnosis code from the **Diagnosis Code Category** drop-down list.
 - b. Enter the diagnosis code or codes in the **Diagnosis Codes** fields.

?

Is this bill accident related?

☒ Yes ☐ No

RELATED CAUSES INFORMATION

Related Causes: 1. 2.

Auto Accident State: Accident Country: US Accident Date: MM DD CCYY

?

Is this bill related to orthodontic services?

☒ Yes ☐ No

ORTHODONTIC TREATMENT

Orthodontics Treatment Months:

Orthodontics Treatment Months Remaining:

Appliance Placement Date: MM DD CCYY

TOOTH STATUS

1 Tooth Number: Tooth Status Code: [Add Another:](#)

?

Does this bill require a diagnosis code?

☒ Yes ☐ No

Diagnosis Codes (Do not use decimals or spaces)

Diagnosis Code Category:

Diagnosis Codes: 1: 2: 3: 4:

Basic Line Item Information – Dental (1 of 13)

Enter the following Basic Line Item information:

1. Enter the date of service in the **Service Date** fields.
2. Enter the appliance placement date in the **Appliance Placement Date** fields.

BASIC LINE ITEM INFORMATION									
BASIC SERVICE LINE ITEMS									
Service Date:	MM	DD	CCYY	Appliance Placement Date:	MM	DD	CCYY		
Place of Service (If different from header):									
Oral Cavity Designation:	1:		2:		3:		4:		5:
Fees:									
Procedure Code:				Quantity:					
Third Party Liability Amount:									
Diagnosis Pointers:	1:		2:		3:		4:		
Prior Authorization Number:									
Rendering Provider ID (If different from header):				Type:				Taxonomy Code:	
Supervising Provider ID (If different from header):				Type:					

Basic Line Item Information – Dental (2 of 13)

3. Select a place of service from the **Place of Service (if different from header)** drop-down list.

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

Service Date:MMDDCCYY

Appliance Placement Date:MMDDCCYY

Place of Service (If different from header):

Oral Cavity Designation: 1:2:3:4:5:

Fees:

Procedure Code:

Third Party Liability Amount:

Diagnosis Pointers: 1:2:3:4:

Prior Authorization Number:

Rendering Provider ID (If different from header):

Supervising Provider ID (If different from header):

Quantity:

+

Tooth Information

Type:

Taxonomy Code:

Basic Line Item Information – Dental (3 of 13)

4. Select the oral cavity designation from the **Oral Cavity Designation** drop-down lists.

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

Service Date:MMDDCCYY

Appliance Placement Date:MMDDCCYY

Place of Service (If different from header):

Oral Cavity Designation: 1:2:3:4:5:

Fees:

Procedure Code:Quantity:

Third Party Liability Amount:

Diagnosis Pointers: 1:2:3:4:

Prior Authorization Number:

Rendering Provider ID (If different from header):Type:Taxonomy Code:

Supervising Provider ID (If different from header):Type:

Basic Line Item Information – Dental (4 of 13)

5. Enter submitted charges for the line item in the **Fees** field.

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

Service Date:MMDDCCYY

Appliance Placement Date:MMDDCCYY

Place of Service (If different from header):

Oral Cavity Designation: 1:2:3:4:5:

Fees:

Procedure Code:

Third Party Liability Amount:

Diagnosis Pointers: 1:2:3:4:

Prior Authorization Number:

Rendering Provider ID (If different from header):

Supervising Provider ID (If different from header):

Quantity:

Type:

Type:

Taxonomy Code:

+

Tooth Information

Basic Line Item Information – Dental (5 of 13)

The **Tooth Information** section is collapsed by default.

6. To enter relevant tooth information, select the plus icon. The **Tooth Information** section expands.

 BASIC LINE ITEM INFORMATION 

BASIC SERVICE LINE ITEMS

Service Date: MM DD CCYY ***

Appliance Placement Date: MM DD CCYY

Place of Service (If different from header):

Oral Cavity Designation: 1: 2: 3: 4: 5:

Fees: *

 Tooth Information

Tooth Number/Letter:

Add Another: [Add Another](#)

1. Tooth Surface: 1: 2: 3: 4: 5:

Procedure Code: *

Quantity: *

108

Basic Line Item Information – Dental (6 of 13)

7. Enter the relevant information in the **Tooth Number/Letter** field.
8. Enter the relevant information in the **Tooth Surface** fields.

 BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

Service Date: MM DD CCYY
 * * *

Appliance Placement Date: MM DD CCYY

Place of Service (If different from header):

Oral Cavity Designation: 1: 2: 3: 4: 5:

Fees: *

 **Tooth Information**

1
Tooth Number/Letter: [Add Another:](#)

1
Tooth Surface: 1: 2: 3: 4: 5:

Procedure Code: * Quantity: *

Basic Line Item Information – Dental (7 of 13)

9. Complete the **Procedure Code** field.
10. Complete the **Quantity** field.

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

Service Date:

MM

DD

CCYY

*

Appliance Placement Date:

MM

DD

CCYY

Place of Service (If different from header):

Oral Cavity Designation: 1:

2:

3:

4:

5:

Fees:

*

Tooth Information

Tooth Number/Letter:

1.

Tooth Surface:

1:

2:

3:

4:

5:

Procedure Code:

*

Quantity:

*

110

Basic Line Item Information – Dental (8 of 13)

11. Complete the **Third Party Liability Amount** field.
12. Select a Diagnosis Pointer—the diagnostic reference number (one through four from the **Bill Information** section) to relate the date of service and procedure performed to the appropriate diagnosis code—from the **Diagnosis Pointers** drop-down lists.

Procedure Code:		Quantity:	
Third Party Liability Amount:			
Diagnosis Pointers:	1:	2:	3: 4:
Prior Authorization Number:			
Rendering Provider ID (If different from header):		Type:	
Supervising Provider ID (If different from header):		Type:	
Taxonomy Code:			
Additional Service Line Information			
Prosthesis, Crown or Inlay Code:		Replacement Date:	mm dd ccyy
		Prior Placement Date:	mm dd ccyy
Add Service Line Item Update Service Line Item			

Basic Line Item Information – Dental (9 of 13)

13. Complete the **Prior Authorization Number** field.

Procedure Code:		Quantity:	
Third Party Liability Amount:			
Diagnosis Pointers:	1: 2: 3: 4:		
Prior Authorization Number:			
Rendering Provider ID (if different from header):		Type:	
Supervising Provider ID (if different from header):		Type:	
Taxonomy Code:			
Additional Service Line Information			
Prosthesis, Crown or Inlay Code:		Replacement Date:	
		Prior Placement Date:	
Add Service Line Item Update Service Line Item			

Basic Line Item Information – Dental (10 of 13)

14. Complete the following fields as applicable:

- If the rendering provider, ordering provider, or supervising provider is the same as the header provider information, then leave blank.
- If the rendering provider or supervising provider differ from the header provider information input during the **Provider Information** section, enter the National Provider ID (NPI) in the **Rendering Provider ID** or **Supervising Provider ID** fields and select **NPI** from the corresponding **Type** drop-down list.

Note: If a rendering provider NPI is submitted, providers are encouraged to also enter the appropriate taxonomy code.

Procedure Code:		Quantity:	
Third Party Liability Amount:			
Diagnosis Pointers:	1:	2:	3: 4:
Prior Authorization Number:			
Rendering Provider ID (If different from header):		Type:	
Supervising Provider ID (If different from header):		Type:	
Taxonomy Code:			
Additional Service Line Information			
Prosthesis, Crown or Inlay Code:		Replacement Date:	mm dd ccyy
		Prior Placement Date:	mm dd ccyy
Add Service Line Item Update Service Line Item			

(11 of 13)

15. Enter the rendering provider's taxonomy code in the **Taxonomy Code** field.

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

Service Date:

MM

DD

CCYY

Appliance Placement Date:

MM

DD

CCYY

Place of Service (If different from header):

Oral Cavity Designation: 1:

2:

3:

4:

5:

Fees:

Procedure Code:

Quantity:

Third Party Liability Amount:

Diagnosis Pointers: 1:

2:

3:

4:

Prior Authorization Number:

Rendering Provider ID (If different from header):

Type:

Taxonomy Code:

Supervising Provider ID (If different from header):

Type:

Basic Line Item Information – Dental (12 of 13)

Note: The **Additional Service Line Information** section is collapsed by default.

- Providers can select the plus icon to expand this section to enter relevant information in the **Additional Service Line Information** section.
- If this section is no longer needed, providers can select the minus icon to minimize it.

Procedure Code:		*	Quantity:		*
Third Party Liability Amount:					
Diagnosis Pointers:	1:	2:	3:	4:	
Prior Authorization Number:					
Rendering Provider ID (If different from header):		Type:		Taxonomy Code:	
Supervising Provider ID (If different from header):		Type:			
 Additional Service Line Information					
Prosthesis, Crown or Inlay Code:		Replacement Date:			
			mm	dd	ccyy
Prior Placement Date:					
			mm	dd	ccyy
 Add Service Line Item  Update Service Line Item					

Basic Line Item Information – Dental (13 of 13)

16. To include the line item in the bill, select **Add Service Line Item**. Repeat this process for each additional line. A window displays to confirm the Service Line is added successfully.

17. Select **OK** to close the window.

Note: Providers can select **Update Service Line Item** to make corrections and enter missing information to a line item that was previously added.

Procedure Code: *

Quantity: *

Third Party Liability Amount:

Diagnosis Pointers: 1: 2: 3: 4:

Prior Authorization Number:

Rendering Provider ID (If different from header): Type: Taxonomy Code:

Supervising Provider ID (If different from header): Type:

Additional Service Line Information

Prosthesis, Crown or Inlay Code:

Replacement Date: mm dd ccyy

Prior Placement Date: mm dd ccyy

Previously Entered Line Item Information – Dental

Once a line item has been added, the line item information displays.

1. Proceed with the line item information as follows:
 - To update the line item information, select the **Line No** link.
 - To remove the line item, select the **Delete** link.

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 the provider has entered all line items scroll back to the top of the page and select **Submit Bill** to submit the bill.

Note: The provider also has the option to save the bill and return later or reset the bill to start over. To view the steps on retrieving a saved bill, proceed to the [Retrieving Saved Bills](#) section of this document.



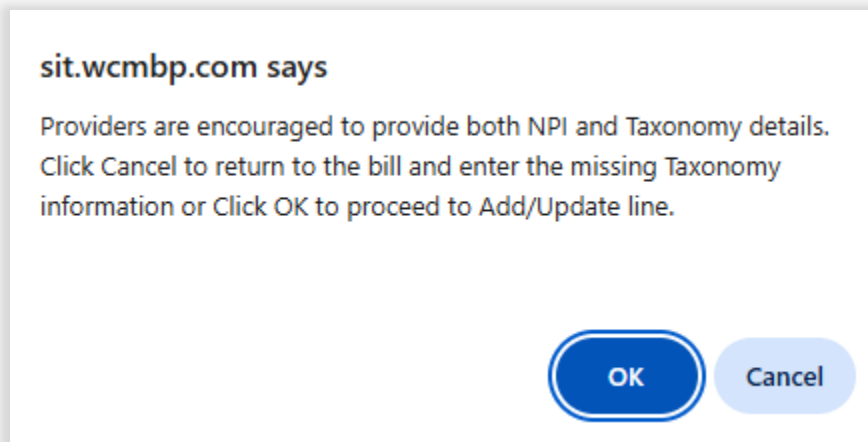
Note: Saved bills are available under the **Retrieve Saved Bills** menu for a later submission.

Bill Information—Add or Update Service Line Warning

If the provider enters one item (rendering provider NPI or rendering taxonomy code), the other item is recommended to be entered. The system will return a message indicating that both items are encouraged.

When this system message is received, proceed as applicable.

- To return to the bill and enter the missing taxonomy, select **Cancel**.
- To proceed to add or update the line, select **OK**.

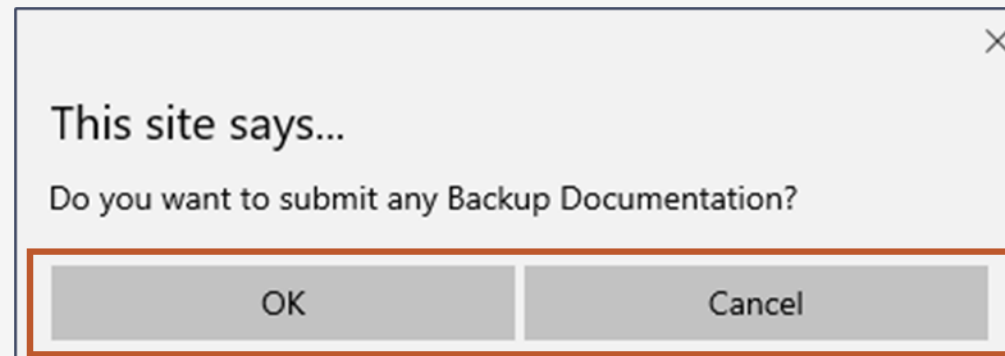


Adding an Attachment – Dental (1 of 3)

When selecting **OK** to proceed to add or update the line, a popup window opens with the message "Do you want to submit any Backup Documentation?"

1. Proceed as applicable:

- To add attachments, select **OK**. The **Add Attachments** window opens.
- To proceed without attachments (no attachment is needed), select **Cancel**. The submitted professional bill details display.



Adding an Attachment – Dental (2 of 3)

2. In the **Add Attachments** window, select the **Attachment Type** being submitted for the services rendered and select the **Transmission Code**.

Note: Attachments can only be attached if selecting Transmission Code of **EL** or **FT**.

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 f ▼ *	Transmission Code: EL-Electronically Only ▼ *
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 *

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

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

Adding an Attachment – Dental (2 of 3)

3. To locate and add the attachment, select **Upload File**, then select **OK**.

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 E ▼ *	Transmission Code:	EL-Electronically Only ▼ *
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

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

Adding an Attachment – Dental (3 of 3)

Once the **Submit Bill** tab is selected, the Transaction Control Number (TCN) displays and the option to add additional attachments displays. Once the attachment is added, it will be listed in the **Attachment List** section.

4. To complete the attestation, select the **SIGNATURE OF PHYSICIAN OR SUPPLIER** checkbox.

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): [REDACTED]
Provider ID: [REDACTED]
Claimant ID: [REDACTED]
Date of Service: 10/31/2023-10/31/2024
Total Bill Charges: \$ 600.00

☐ **SIGNATURE OF PHYSICIAN OR SUPPLIER**

Checking this box indicates your agreement to accept the charge determination of OWCP on covered services as payment in full, and indicates your agreement not to seek reimbursement from the patient of any amounts not paid by OWCP for covered services as the result of the application of its fee schedule or related tests for reasonableness (appeals are allowed). Checking this box also indicates that the services shown on this form were medically indicated and necessary for the health of the patient and were personally furnished by you or were furnished incident to your professional services by your employee under your immediate personal supervision, except as otherwise expressly permitted by FECA, BLBA or EEOICPA regulations. For services to be considered as "incident" to a physician's professional service, 1) they must be rendered under the physician's immediate personal supervision by his/her employee, 2) they must be an integral, although incidental, part of a covered physician's service, 3) they must be of kinds commonly furnished in physician's offices, and 4) the services of non-physicians must be included on the bills. Finally, your acknowledgement indicates that you understand that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

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 ▲▼
☐	1	Supporting Document.pdf	03	EL	201446514	27kb	X	05/07/2025

View Page: 1 Go Page Count

Viewing Page: 1

<< First < Prev > Next >> Last

SaveToCSV Print Print Cover Page Submit

Submitted Dental Bill Details

5. To submit the bill, select **Submit**. Once submitted, the “Do you want to Submit another Bill?” confirmation alert message displays.



Important: For transmission codes of AA, BM, EM and FX, the provider will need to select **Print Cover Page** to mail or fax the attachments. Refer to [How to View PDFs Using Adobe Reader](#) for instructions on how to view PDFs using Adobe Reader.

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):
Provider ID:
Claimant ID:
Date of Service: 10/31/2023-10/31/2024
Total Bill Charges: \$ 600.00

☐ **SIGNATURE OF PHYSICIAN OR SUPPLIER**

Checking this box indicates your agreement to accept the charge determination of OWCP on covered services as payment in full, and indicates your agreement not to seek reimbursement from the patient of any amounts not paid by OWCP for covered services as the result of the application of its fee schedule or related tests for reasonableness (appeals are allowed). Checking this box also indicates that the services shown on this form were medically indicated and necessary for the health of the patient and were personally furnished by you or were furnished incident to your professional services by your employee under your immediate personal supervision, except as otherwise expressly permitted by FECA, BLBA or EEOICPA regulations. For services to be considered as "incident" to a physician's professional service, 1) they must be rendered under the physician's immediate personal supervision by his/her employee, 2) they must be an integral, although incidental, part of a covered physician's service, 3) they must be of kinds commonly furnished in physician's offices, and 4) the services of non-physicians must be included on the bills. Finally, your acknowledgement indicates that you understand that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

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 ▲▼
☐	1	Supporting Document.pdf	03	EL	201446514	27kb	X	05/07/2025

View Page: 1Go+ Page Count

Viewing Page: 1

<< First< Prev> Next>> Last

Save To CSV

PrintPrint Cover PageSubmit

Missing or Invalid Data Message – Dental

If the **Billing NPI** code is missing, a warning message will display.

- Providers are encouraged to submit Billing NPI at header

If the **Taxonomy Code** is missing or invalid, a warning message will display.

- Providers are encouraged to submit taxonomy details for Billing Provider and NPI or taxonomy details for Rendering Provider at header and lines.
- Review the following missing NPI or taxonomy information:
 - Billing Provider Information - Taxonomy Code
 - Rendering Provider - Taxonomy Code
 - Line Rendering Provider - Taxonomy Code for Lines

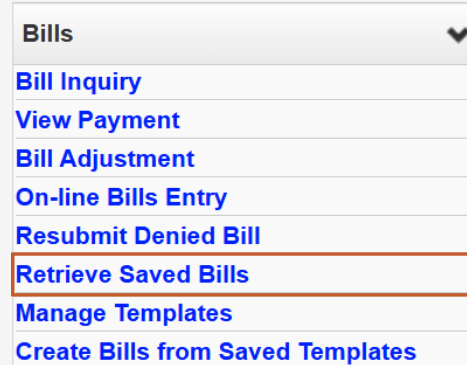
Note: The provider can select **Cancel** to return to the bill and enter the details or they can select **OK** to proceed with submission.

Retrieving Saved Bills

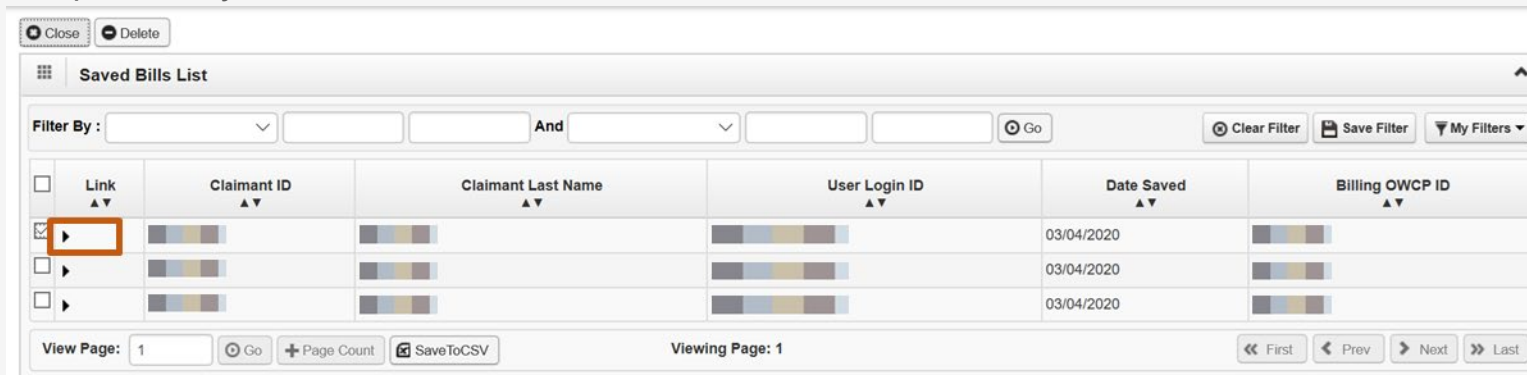


Retrieving Saved Bills (1 of 1)

1. Select the **Retrieve Saved Bills** link under **Bills**. A link of all saved bills displays.



2. From the **Link** column, select the right-facing triangle icon. The system displays the corresponding bill (Professional, Institutional, or Dental Bill) that was previously saved.



3. Continue making changes and submit the bill.

Billing Additional Information



Billing – Additional Information

- Prior to submitting bills:
 - Check claimant eligibility
 - Check to see if an authorization is required
 - Confirm authorizations are approved
- It takes up to 28 days to process a bill submitted via mail
- EFT payments differ depending on the program
 - DCMWC payments are paid on Wednesdays
 - DEEOIC payments are paid on Thursdays
 - DFEC payments are paid on Fridays
- For providers who elect against electronic correspondence, Explanation of Benefits (EOB) are mailed to the mailing address on file on the Monday prior to the EFT Payment
- It takes eight business days to process an Adjustment
- System features allow users to create and update bill templates
- Create bills from saved templates
- EDI bills are processed **three times faster** than mail and DDE bills
- Review the Fee Schedule to see what services are covered by DOL

Adding Attachments After Bill Submission in the WCMBP System

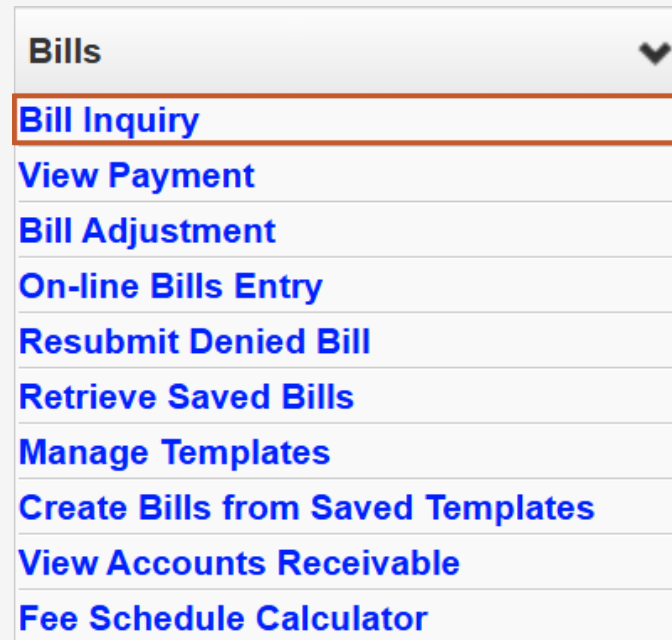


Adding an Attachment to “In Process” Status Bills (1 of 6)

The Bill Inquiry process is consistent across all three bill submission types (Professional, Institutional, and Dental). This section provides a unified approach to reviewing and managing bills, ensuring that the same steps apply regardless of the bill type being submitted.

- Attachments can be added to a submitted bill when the bill status is “In Process.”
- Attachments cannot be added to a submitted bill with other status types.

1. To initiate this process, select the **Bill Inquiry** link under **Bills**.



A screenshot of a web application's dropdown menu. The menu is titled "Bills" and has a downward arrow icon. The first item, "Bill Inquiry", is highlighted with a red border. Below it are several other items: "View Payment", "Bill Adjustment", "On-line Bills Entry", "Resubmit Denied Bill", "Retrieve Saved Bills", "Manage Templates", "Create Bills from Saved Templates", "View Accounts Receivable", and "Fee Schedule Calculator".

Bills
Bill Inquiry
View Payment
Bill Adjustment
On-line Bills Entry
Resubmit Denied Bill
Retrieve Saved Bills
Manage Templates
Create Bills from Saved Templates
View Accounts Receivable
Fee Schedule Calculator

Adding an Attachment to “In Process” Status Bills (2 of 6)

The system only displays bills processed within the last seven years.

By default, search results are limited to the most recent 100 bills; however, providers can use filters to display all bills that meet the specified criteria.

TCN ▲▼	From Date ▲▼	To Date ▲▼	Bill Status ▲▼	Bill Charged Amount ▲▼	Bill Payment Amount ▲▼	Claimant Name ▲▼	Claimant ID ▲▼
	01/05/2017	01/05/2017	Paid				
	11/09/2016	11/09/2016	Denied				
	05/14/2012	07/27/2012	Denied				
	05/14/2012	07/27/2012	Denied				
	05/14/2012	07/27/2012	Denied				
	05/14/2012	07/27/2012	Denied				
	05/30/2018	06/20/2018	Adjustment - Credit				
	03/19/2018	05/09/2018	Adjustment - Credit				
	08/01/2017	08/01/2017	Adjustment - Credit				
	09/26/2016	10/14/2016	Adjustment - Credit				

Adding an Attachment to "In Process" Status Bills (3 of 6)

2. Complete these steps to add an attachment:
 - a. Select the **TCN** link for the "In Process" bill.

☐	TCN ▲▼	From Date ▲▼	To Date ▲▼	Bill Status ▲▼	Bill Charged Amount ▲▼	Bill Payment Amount ▲▼	Claimant Name ▲▼	Claimant ID ▲▼	Program ▲▼
☐		06/04/2020	06/04/2020	In Process	\$1,462.51	\$818.94	P [REDACTED] JR	2 [REDACTED]	DCMWC

- b. Select **View/Add Attachment**.

Close **View/Add Attachment** View/Add Attachment

Bill Details

TCN: 32 [REDACTED] 00

Parent TCN:

From DOS - To DOS: 10/28/2022 - 10/28/2022

Received Date: 11/18/2022

Check/EFT Trace Number: 7122581

Patient Control Number:

Program: DCMWC

Original TCN:

Billed Amount: \$27.14

Adjudication Date: 11/18/2022

RV Number: 3000000

Bill Status: In Process

Paid Amount: \$27.14

Check/EFT Trace Date: 11/30/2022

Authorization Number:

Billing Provider Name: D [REDACTED] AND CREDIT ADVISORY SERVICES

Billing Provider NPI: 1 [REDACTED] 1

OWCP ID: 000000000

Billing Provider Taxonomy Code:

Tax ID: [REDACTED]

- c. Select **Upload Images/Attachments**.

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

TCN ID: 310124128046472000

Close **Upload Images/Attachments**

Images/Attachments Retrieval Page

Filter By : And And And Go

Image ID ▲▼	Image Title ▲▼	Created By ▲▼	Created Date ▲▼	Receiv ▲
ATT73289254 0110506050	4127307336 TIF	SUNUSER	05/07/2024	05/06/2024

Adding an Attachment to "In Process" Status Bills (4 of 6)

Note: If the error message "The bill processing is complete, and additional attachments cannot be added" appears, it is because although the bill may show as "In Process" on the portal, it is awaiting the payment decision. When this error message appears, the option to add attachments is not available.

Close

Upload Images/Attachments

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

Images/Attachments Retrieval Page

Filter By :

AndAndAnd

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	

View Page: 1

Go

+ Page Count

SaveToCSV

Viewing Page: 1

<< First

< Prev

Next >

>> Last

Adding an Attachment to “In Process” Status Bills (5 of 6)

3. To upload documentation, select **Upload File**.

 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 **OK**.

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

Upload File

Supporting Document.pdf *

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

Adding an Attachment to “In Process” Status Bills (6 of 6)

The system displays the uploaded file in the **Image/Attachments Retrieval Page** section.

5. To view the file, select the **Image ID** link.

🏠 > [Provider Portal](#) > [Bill Inquiry Providers List](#) > [Bill Details](#) > [Images/Attachment List](#)

TCN ID:

[Close](#) [Upload Images/Attachments](#)

Images/Attachments Retrieval Page

Filter By : And And And [Go](#)

[Clear Filter](#) [Save Filter](#) [My Filters](#)

Image ID ▲▼	Image Title ▲▼	Created By ▲▼	Created Date ▲▼	Received Date ▲▼	TCN ▲▼
ATTCP723998776	Test portal attachment - Copy.pdf		03/24/2025	03/24/2025	
ATTCP723998774	Test portal attachment.pdf		03/24/2025	03/24/2025	

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

THANK YOU!

