

Create Bill Templates



Effective 4/5/2025

Introduction

The Workers' Compensation Medical Bill Process (WCMBP) System features templates that allow providers to create preset formats for billing Office of Workers' Compensation Programs (OWCP), reducing the need to recreate an entire bill with each submission. The purpose of this tutorial is to educate providers on the use of bill templates for Direct Data Entry (DDE) online bill submission. It is broken out into these three sections:

- [Creating and Managing Bill Templates](#)
- [Updating Bill Templates](#)
- [Deleting Bill Templates](#)



Creating and Managing Bill Templates

Effective 4/5/2025



Creating and Managing Bill Templates (1 of 23)

1. Log in to the [WCMBP System](#). The system displays the **Select a Provider ID Number** page.

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

Available Provider IDs: ▼ *

2. Select the **Ext Provider Bills Submitter** profile from the drop-down list and select **Go**.

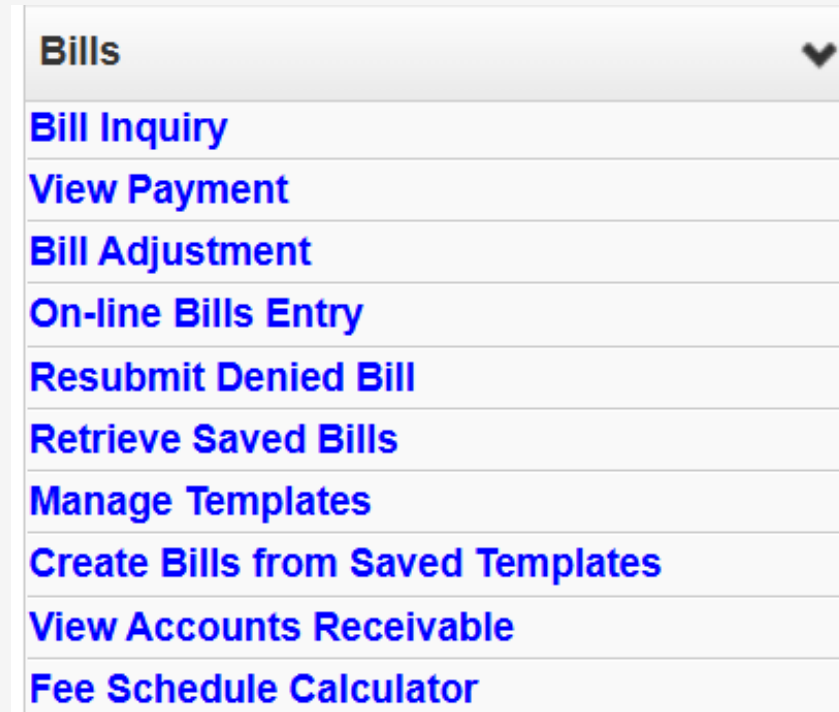
Select a profile to use during this session:

▼ *

Creating and Managing Bill Templates (2 of 23)

3. From the **Bills** column, select the **Manage Templates** link.

Note: Under **Admin, Maintain Users** and **Switch OWCP Provider ID** are two different links.



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Create a Bill Template:

4. Select **Professional**, **Institutional**, or **Dental** from the **Type Of Claim** drop-down list dependent on the type of bill for which the provider wants to create a template and select **Add**.

Close Add

Create a Bill Template

Type Of Claim: *

Edit View Delete SaveAs/Copy Create Batch Create Batch All Auto Batch

Bills Template List

Filter By : And Go Clear Filter Save Filter My Filters

<input type="checkbox"/>	Template Name ▲▼	Template Type ▲▼	Last Updated By ▲▼	Last Updated Date ▲▼
No Records Found!				

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The **Professional Bill** page opens where the provider must enter Basic Bill information to create the provider template.

5. Select the program from the **Program** drop-down list at the top.
6. In the **Template Name** field, enter a name for the provider template.

Note: The **Submitter ID** is displayed at the top right side of the page, based on the provider login credentials.

The screenshot displays a web form titled "Professional Bill". At the top, there are buttons for "Close", "Save Template", and "Reset". Below the title, a note states "Note: asterisks (*) denote required fields." The form is divided into two main sections: "Basic Bill Info" and "PROVIDER INFORMATION".

Basic Bill Info:

- Program:** A dropdown menu with "DFEC - Division of Federal Employees' Compensation" selected.
- Special Bill Indicator:** A dropdown menu with "Carrier Payments" selected.
- Template Name:** A text input field with an asterisk indicating it is required.
- Submitter ID:** A greyed-out text field on the right side.

PROVIDER INFORMATION:

BILLING PROVIDER INFORMATION:

- Provider ID:** A greyed-out text field.
- Type:** A dropdown menu with "OWCP ID" selected.
- Taxonomy Code:** A text input field.
- NPI:** A text input field.
- Provider Name:** A text input field.
- Address Line 1:** A text input field with an asterisk.
- Address Line 2:** A text input field.
- Address Line 3:** A text input field.
- City/Town:** A dropdown menu with an asterisk.
- State/Province:** A dropdown menu with an asterisk.
- County:** A dropdown menu with an asterisk.
- Country:** A dropdown menu with an asterisk.
- Zip Code:** A text input field with an asterisk.

At the bottom of the form, there is a question: "Is the Billing Location also the Service Facility Location?" with radio buttons for "Yes" and "No".

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Billing provider information populates based on the provider login credentials.

7. The Provider can enter rendering servicing facility information.

Close Save Template Reset

Professional Bill

Note: asterisks (*) denote required fields.

Basic Bill Info

Provider | Claimant | Bill | Service

Program: DFEC - Division of Federal Employees' Compensation *

Special Bill Indicator: Carrier Payments

Submitter ID: []

Template Name: [] *

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

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

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8. Complete the following under the **CLAIMANT INFORMATION** section:
 - a. Enter the claimant ID in the **Claimant ID** field.
 - b. Select **CASE NUMBER** from the **Type** drop-down list.
 - c. Enter the claimant's name in the **Last Name**, **First Name**, and **Middle Name** fields.
 - d. Enter the claimant's date of birth (DOB) in the **Date of Birth** fields.
 - e. Select the gender from the **Gender** drop-down list.

CLAIMANT INFORMATION

CLAIMANT

Claimant ID:	<input type="text"/>	Type:	<input type="text"/>
Date of Injury:	MM <input type="text"/> DD <input type="text"/> CCYY <input type="text"/> <small>(Required when SSN is keyed in to submit bill for DFEC Claimant)</small>		<input type="text"/>
Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Middle Name:	<input type="text"/>	Suffix:	<input type="text"/>
Date of Birth:	MM <input type="text"/> DD <input type="text"/> CCYY <input type="text"/>	Gender:	<input type="text"/>
Date of Death:	MM <input type="text"/> DD <input type="text"/> CCYY <input type="text"/>	State/Province:	<input type="text"/>
Zip Code:	<input type="text"/>		

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Note: Once the provider selects the case number type, the claimant information may auto-populate.

Note: The template can be reused for the same claimant or a different claimant.

If the template will be used for a different claimant but for same type of services, the claimant information need not be added.

9. Select **Yes or No** to the question **Does Bill have any Third-Party Liability Amount?**

- If **Yes** is selected, enter the TPL amount in the **Third Party Liability Amount** field below.

 Does Bill have any Third Party Liability Amount? Yes No

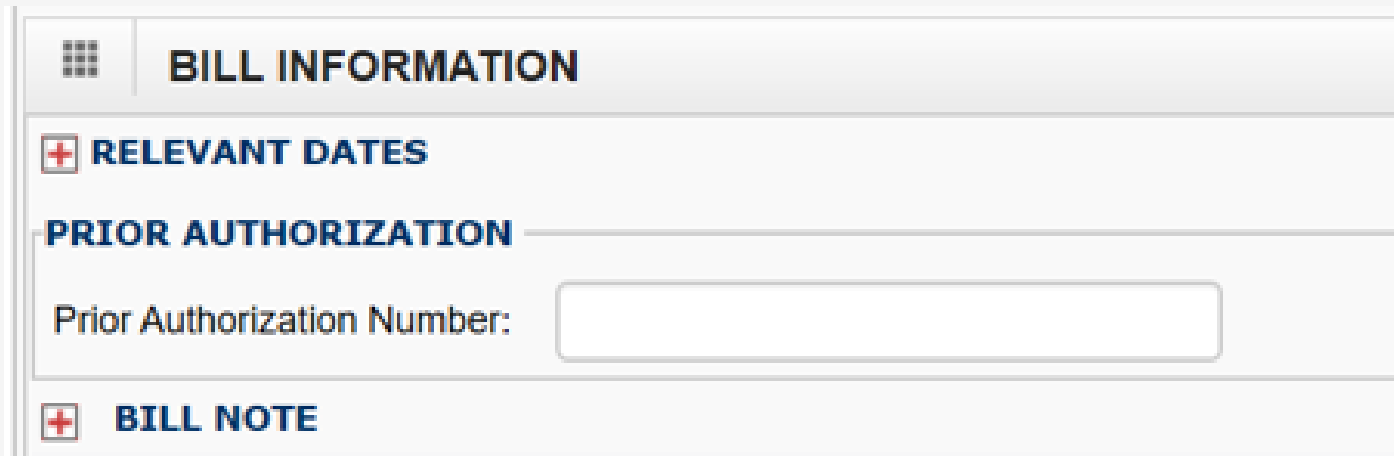
Third Party Liability Information

Third Party Liability Amount:

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10. Below the **CLAIMANT INFORMATION** section on this page, enter the **BILL INFORMATION**.

Note: Although these are not required fields, providers can select the plus icons to open the screens to enter Relevant Dates or a Bill Note. These fields are optional.




The screenshot shows a software interface for entering bill information. At the top, there is a header bar with a grid icon on the left and the text "BILL INFORMATION" in bold. Below this header, there are three main sections, each with a plus icon in a red square to its left:

- RELEVANT DATES**: This section is currently collapsed.
- PRIOR AUTHORIZATION**: This section is expanded and contains a label "Prior Authorization Number:" followed by an empty rectangular input field.
- BILL NOTE**: This section is currently collapsed.

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11. To enter relevant dates, select the plus icon next to **RELEVANT DATES**. A new dialogue box appears to enter the information.

 **RELEVANT DATES**

Onset of Current Illness/symptom Date:	mm	dd	ccyy	Admission Date:	mm	dd	ccyy
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Discharge Date:	mm	dd	ccyy	Assumed Care Date:	mm	dd	ccyy
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Relinquished Care Date:	mm	dd	ccyy	Hearing or Vision Prescription Date:	mm	dd	ccyy
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

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12. To enter a bill note related to the services the provider is entering on this bill, select the plus icon next to **BILL NOTE**. A new dialogue box appears to enter the information.

Note: Up to 80 characters can be entered.



BILL NOTE

Bill Note:

Characters Remaining: 80

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13. Proceed as applicable depending on the answer selected for "Is this bill accident related?"

- If "Yes" is selected, a screen opens for information to be entered. Select the applicable option from the **Related Causes** drop-down list.

? * 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 *

Related Causes Options

- AA-Auto Accident
- EM-Employment
- OA-Other Accident

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- If “No” is selected, complete these steps:
 - a. Enter the patient account number in the **Patient Account No** field.
 - b. Select the applicable option from the **Place of Service** drop-down list.

 * Is this bill accident related? Yes No

BILL DATA

Patient Account No.:

Place of Service:

*

Creating and Managing Bill Templates (13 of 23)

In the Bill Data, Diagnosis Codes section enter the information as described herein:

14. From the **Diagnosis Code Category** drop-down list, select the code category the provider will be using, ICD-9 or ICD-10.
15. In the **Diagnosis Codes** fields, enter up to 12 diagnosis codes. List the ICD Codes in primary order.

Notes:

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

Diagnosis Codes (Do not use decimals or spaces)

Diagnosis Code Category: *

Diagnosis Codes:

1:	<input type="text" value=""/>	2:	<input type="text" value=""/>	3:	<input type="text" value=""/>	4:	<input type="text" value=""/>	5:	<input type="text" value=""/>	6:	<input type="text" value=""/>
7:	<input type="text" value=""/>	8:	<input type="text" value=""/>	9:	<input type="text" value=""/>	10:	<input type="text" value=""/>	11:	<input type="text" value=""/>	12:	<input type="text" value=""/>

- ANESTHESIA RELATED PROCEDURE
- CONDITION INFORMATION
- DELAY REASON

Diagnosis Code Category Options

*

- ICD-10-CM
- ICD-9-CM

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16. To add an **ANESTHESIA RELATED PROCEDURE**, **CONDITION INFORMATION**, and **DELAY REASON**, select the plus icon next each of these sections. These sections open to reveal required fields.

- In the **ANESTHESIA RELATED PROCEDURE** section, update **Principle HCPCS Code** or **Other HCPCS Code**.
- In the **CONDITION INFORMATION** section, update **Condition Code**. Add another **Code** if necessary.
- In the **DELAY REASON** section, select a reason from the **Delay Reason Code** drop-down list.

Note: Providers can select the minus icon next to each of these fields to minimize or exit the screen if it is no longer needed. Providers can select **Add Another** to add another Code.

The screenshot displays a form with three expandable sections, each with a plus icon on the left:

- ANESTHESIA RELATED PROCEDURE**: Contains two text input fields: "Principle HCPCS Code:" (with an asterisk) and "Other HCPCS Code:".
- CONDITION INFORMATION**: Contains one text input field: "1 Condition Code:" (with an asterisk) and a blue "Add Another" link.
- DELAY REASON**: Contains a dropdown menu labeled "Delay Reason Code:" (with an asterisk). The dropdown is open, showing a list of delay reason codes: 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, and 9-Claim Denied Unrelated to Billing Limitation Rules.

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17. In the **BASIC LINE ITEM INFORMATION** section, complete the following basic service line items:

- **Service Date From** and **Service Date To:** Enter the date of service range (when the services were rendered)
- **Place of Service:** (if different from header) Enter the two-digit POS Code representing where services were rendered
- **Procedure Code:** Enter the five-character HCPCS, CPT, or CDT.
- **Submitted Charges:** Enter the charge for the line item
- **Units/Quantity:** Enter the number of units provided during the DOS range listed

The screenshot displays the 'BASIC LINE ITEM INFORMATION' form with the following fields:

- Service Date From:** mm dd ccyy (mm, dd, ccyy are dropdowns, ccyy is a text input)
- Service Date To:** mm dd ccyy (mm, dd, ccyy are dropdowns, ccyy is a text input)
- Place of Service:** dropdown menu
- Procedure Code:** text input with an asterisk
- Submitted Charges: \$:** text input with an asterisk
- Units/Quantity:** text input with an asterisk
- Third Party Liability Amount:** text input
- EMG:** dropdown menu
- Bill Note:** text area
- Characters Remaining:** 80
- Modifiers:** 1: dropdown, 2: dropdown, 3: dropdown, 4: dropdown
- Diagnosis Pointers:** 1: dropdown with an asterisk, 2: dropdown, 3: dropdown, 4: dropdown

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18. In the **BASIC LINE ITEM INFORMATION** section, complete the following basic service line items:

- **Third Party Liability Amount:** Enter the amount that was paid by a third party

Note: If listed, monies will be deducted from the allowed reimbursement amount (Third Party Liability Amount).

- **EMG:** (Optional) Select **Yes** or **No** as to whether this is an emergency service
- **Bill Note:** (Optional) Enter a bill note, up to 500 characters
- **Modifiers:** These are separate fields (up to four modifiers can be entered)
- **Diagonal Pointers:** Enter the diagnostic reference number (one to twelve) from the **Bill Information** section) to relate the DOS and procedure performed to the appropriate DX

The screenshot displays the 'BASIC LINE ITEM INFORMATION' form. It includes the following fields and controls:

- Service Date From:** Three input boxes for month (mm), day (dd), and year (ccyy), each with an asterisk.
- Service Date To:** Three input boxes for month (mm), day (dd), and year (ccyy), each with an asterisk.
- Place of Service:** A dropdown menu.
- Procedure Code:** An input box with an asterisk.
- Submitted Charges: \$:** An input box with an asterisk.
- Units/Quantity:** An input box with an asterisk.
- Third Party Liability Amount:** An input box.
- EMG:** A dropdown menu.
- Bill Note:** A large text area.
- Characters Remaining:** A small box showing the value '80'.
- Modifiers:** Four input boxes labeled 1, 2, 3, and 4, each with an asterisk.
- Diagnosis Pointers:** Four dropdown menus labeled 1, 2, 3, and 4, each with an asterisk.

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19. In the **BASIC LINE ITEM INFORMATION** section, complete the following basic service line items:



Prior Authorization Number: Enter the provider authorization number

- **Rendering Provider ID (if different from header):** Enter if different from the header provider information
- **Ordering Provider ID:** Enter if different from the header provider information
- **Referring Provider ID (if different from header):** Enter if different from the header provider information

Note: The **Prior Authorization Number**, **Rendering Provider ID**, **Ordering Provider ID**, and **Referring Provider ID** fields are not required.

- Select the applicable response (Yes or No) next to **Is the Header Service Facility Location also the Service Line Facility Location?**

Note: If "No" is selected, a dialogue box will allow the provider to add the Servicing Facility Location (address), Provider ID, and Type information.

Prior Authorization Number:	<input type="text"/>			
Rendering Provider ID (If different from header):	<input type="text"/>	Type:	<input type="text" value="v"/>	Taxonomy Code: <input type="text"/>
Ordering Provider ID:	<input type="text"/>	Type:	<input type="text" value="v"/>	
Referring Provider ID (If different from header):	<input type="text"/>	Type:	<input type="text" value="v"/>	
 Is the Header Service Facility Location also the Service Line Facility Location?	<input checked="" type="radio"/> Yes <input type="radio"/> No			
 LINE DRUG INFORMATION				
<input type="button" value="+ Add Service Line Item"/> <input type="button" value="✎ Update Service Line Item"/>				

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20. In the **BASIC LINE ITEM INFORMATION** section, complete the following basic service line items:

- **Is the Header Service Facility Location also the Service Line Facility Location?:** Proceed as applicable depending on the answer selected.

Note: This section automatically defaults to **Yes**.

- If **Yes**, proceed to the next step.
- If selecting **No**, a dialogue box opens to add the Service Line Facility Location in the Billing Provider Information.
 - a. In the **Provider ID** field, enter the Servicing Facility Provider ID.
 - b. Select **NPI** from the **Type** drop-down list.
 - c. Select the plus icon next to **Address** to enter the Servicing Facility Location address. The **Address details** window opens.

Is the Header Service Facility Location also the Service Line Facility Location?
 Yes No

Servicing Facility Location

Provider ID: * Type: *

Provider Name:

Address Line 1: * Address Line 2:

Address Line 3:

City/Town: *

State/Province: *

County: *

Country: *

Zip Code: -

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- d. Complete the **Address Line 1** and **Zip Code** fields, then select **Validate Address**. The remaining address fields automatically populate.
- e. To return to the **Professional Bills Online Submission** page, select **OK**.

Address details

Enter the street number and name in the Address Line 1 field.
Enter the zip code in the Zip Code field.
Select Validate Address.

Address Line 1: * Address Line 2:
(Enter Street Address or PO Box Only)

Address Line 3:

City/Town: *

State/Province: *

County: *

Country: *

Zip Code: -

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21. In the **BASIC LINE ITEM INFORMATION** section, complete the following basic service line items:
- To add an additional line, select the plus icon next to **LINE DRUG INFORMATION**.
 - To add additional line items to the bill, select **Add Service Line Item**. Repeat this step for additional lines.

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**

Note: Providers can select **Update Service Line Item** to update an existing line item.

+ **LINE DRUG INFORMATION**

National Drug Code: * Quantity: * Unit: *

Qualifier: Prescription/Link No: Prescription Date: MM DD CCYY

Previously Entered Line Item Information
Click a Line No. below to view/update that Line Item Information. Total Units/Quantity: 0.000 Total Submitted Charges: \$ 0.00

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Ptrns				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				

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22. Once a line item has been selected, the line item information added will be displayed.

Note: Providers can select the **Line No** link to make updates or they can select the **Delete** link to remove the line item.

Previously Entered Line Item Information

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

Total Submitted Charges: \$ 100.00

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Ptrs				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1			97140									\$ 100.00	3		Delete

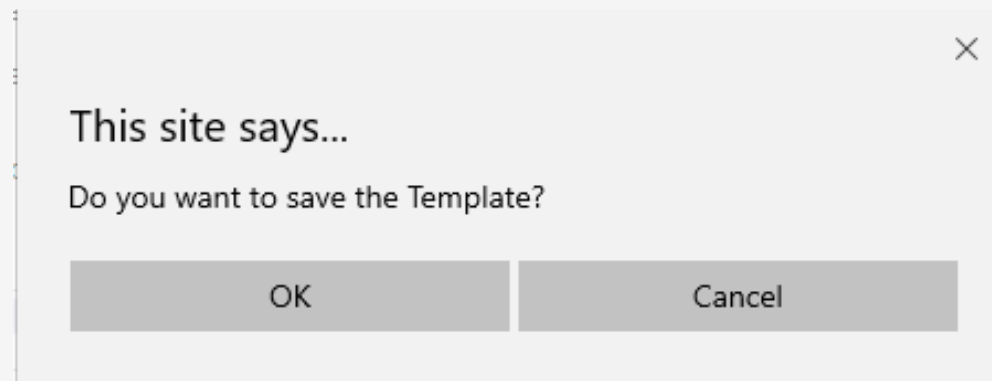
Creating and Managing Bill Templates (22 of 23)

23. Once providers have entered all line items, scroll back to the top of the page and select **Save Template** to save the provider bill template.

Note: Providers have an option to reset the bill if they want to start all over.



Note: A dialogue displays requesting confirmation that the provider wants to save the template.



Updating Bill Templates

Effective 4/5/2025



Updating Bill Templates (1 of 4)

1. Log in to the WCMBP System. The system will display the default **Select a Provider ID Number** page.

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

Available Provider IDs: ▼ *

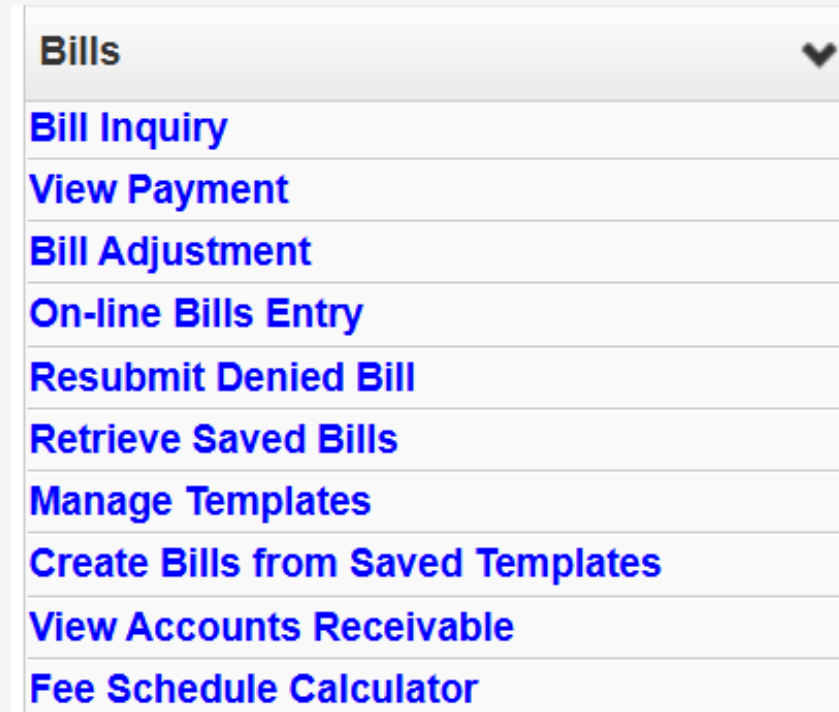
2. Select the appropriate profile, **EXT Provider Bills Submitter**, from the drop-down list and select **Go**.

Select a profile to use during this session:

▼ *

Updating Bill Templates (2 of 4)

3. In the column under **Bills**, select **Manage Templates**.



Updating Bill Templates (3 of 4)

4. Select the checkbox to the left of the Template Name the provider wants to modify.
5. Select **Edit**.

The screenshot displays a web interface for managing bill templates. At the top, there is a toolbar with buttons for Edit, View, Delete, SaveAs/Copy, Create Batch, Create Batch All, and Auto Batch. Below the toolbar is a header for "Bills Template List". A filter section allows users to filter by multiple criteria, with a "Go" button and options to clear, save, or view filters. The main table has columns for Template Name, Template Type, Last Updated By, and Last Updated Date. The first row, "EN-P-25" (Professional), is selected with a checked checkbox. The bottom of the interface includes pagination controls for viewing page 1 of 1, with buttons for First, Prev, Next, and Last.

<input type="checkbox"/>	Template Name ▲▼	Template Type ▲▼	Last Updated By ▲▼	Last Updated Date ▲▼
<input checked="" type="checkbox"/>	EN-P-25	Professional		09/23/2025

Updating Bill Templates (4 of 4)

The Bill Template displays with the data prepopulated.

6. Make the necessary updates and select **Save Template**, or select **Close** to return to the previous page.

The screenshot shows the eCAMS HCE Professional Bill template update form. The header includes the eCAMS HCE logo, a user profile dropdown for 'EXT Provider Bills Submitter', and links for Help, External Links, and Logout. The breadcrumb trail is 'Provider Portal > Bills Template List > Professional Bill'. The form has three buttons: 'Close', 'Save Template', and 'Reset'. The main form area is titled 'Professional Bill' and contains a note: 'Note: asterisks (*) denote required fields.' Below this is a 'Basic Bill Info' section with a tabbed interface. The 'Program' dropdown is set to 'DCMWC - Division of Coal Mine Workers' Compensation' and is marked with an asterisk. The 'Special Bill Indicator' dropdown is set to 'NONE'. The 'Template Name' field contains 'blung' and is also marked with an asterisk. A 'Submitter ID' field is present but its value is obscured by a grey box.

Deleting Bill Templates

Effective 4/5/2025



Deleting Bill Templates (1 of 4)

1. Log in to the WCMBP System. The system will display the default **Select a Provider ID Number** page.

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

Available Provider IDs: *

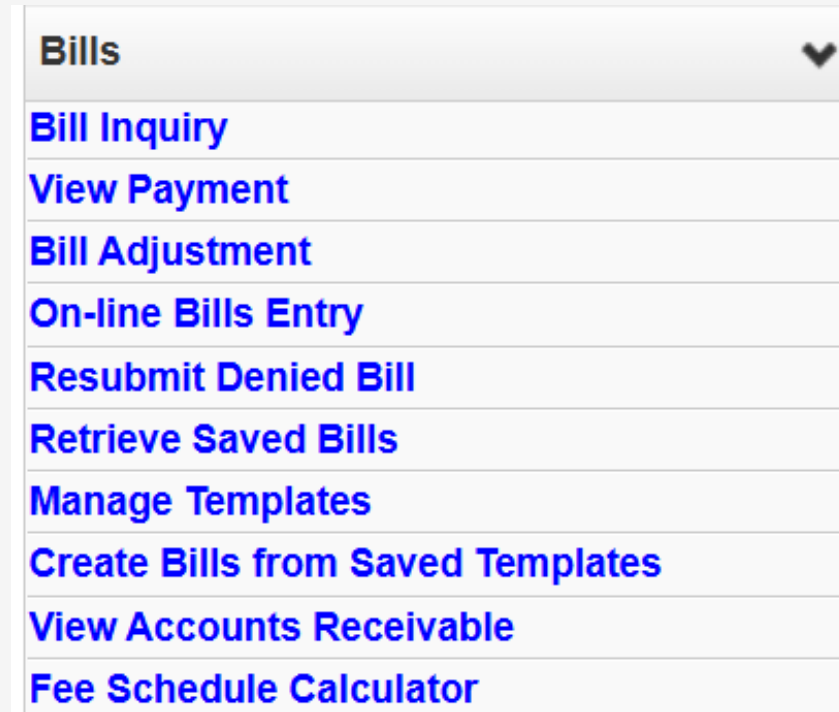
2. Select the appropriate profile, **EXT Provider Bills Submitter**, from the drop-down list and select **Go**.

Select a profile to use during this session:

*

Deleting Bill Templates (2 of 4)

3. In the column under **Bills**, select **Manage Templates**.



Deleting Bill Templates (3 of 4)

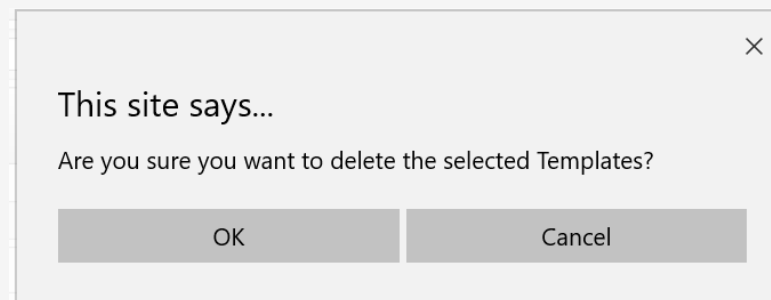
4. Select the checkbox to the left of the Template Name the provider wants to delete.
5. Select **Delete**. The system will display a dialogue requesting confirmation to delete the template.

The screenshot shows a web application interface for managing bill templates. At the top, there is a toolbar with buttons for Edit, View, Delete, SaveAs/Copy, Create Batch, Create Batch All, and Auto Batch. Below the toolbar is a header for 'Bills Template List'. A filter section allows users to filter by various criteria. The main area contains a table with the following data:

<input type="checkbox"/>	Template Name	Template Type	Last Updated By	Last Updated Date
<input checked="" type="checkbox"/>	Test	Professional	FLOW2BMSR	03/17/2020
<input type="checkbox"/>	Test 2	Professional	FLOW2BMSR	03/17/2020

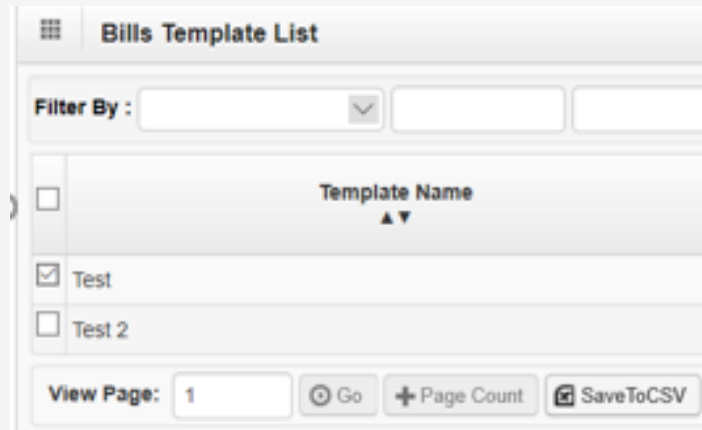
At the bottom of the interface, there are navigation controls including 'View Page: 1', 'Go', 'Page Count', 'SaveToCSV', 'Viewing Page: 1', and 'First', 'Prev', 'Next', 'Last' buttons.

6. Select **OK** to delete or select **Cancel** to keep it on the **Bill Template List**. When OK is selected, the system deletes the template.

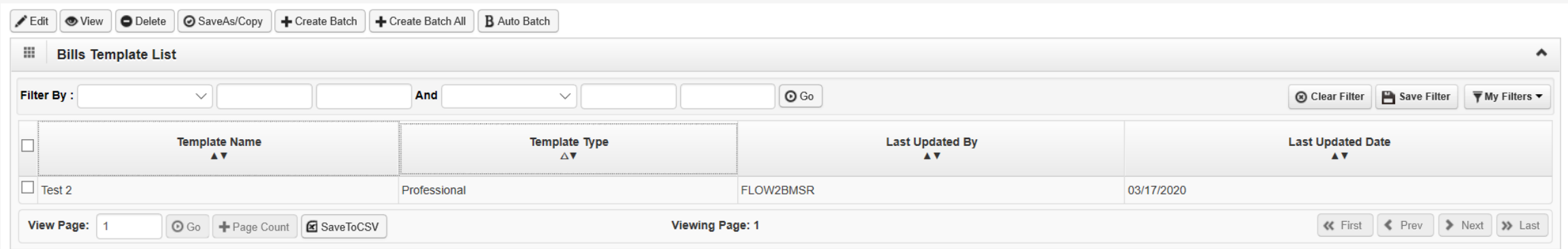


Deleting Bill Templates (4 of 4)

Note: Before deletion, the Bill Template List displayed two Template Names: Test and Test 2.



Note: After deletion, the deleted template – Test – no longer appears on the list page. Only Test 2 displays.



THANK YOU!

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