Enter Bills Online

Direct Data Entry (DDE)

Effective 09/12/2025

Introduction

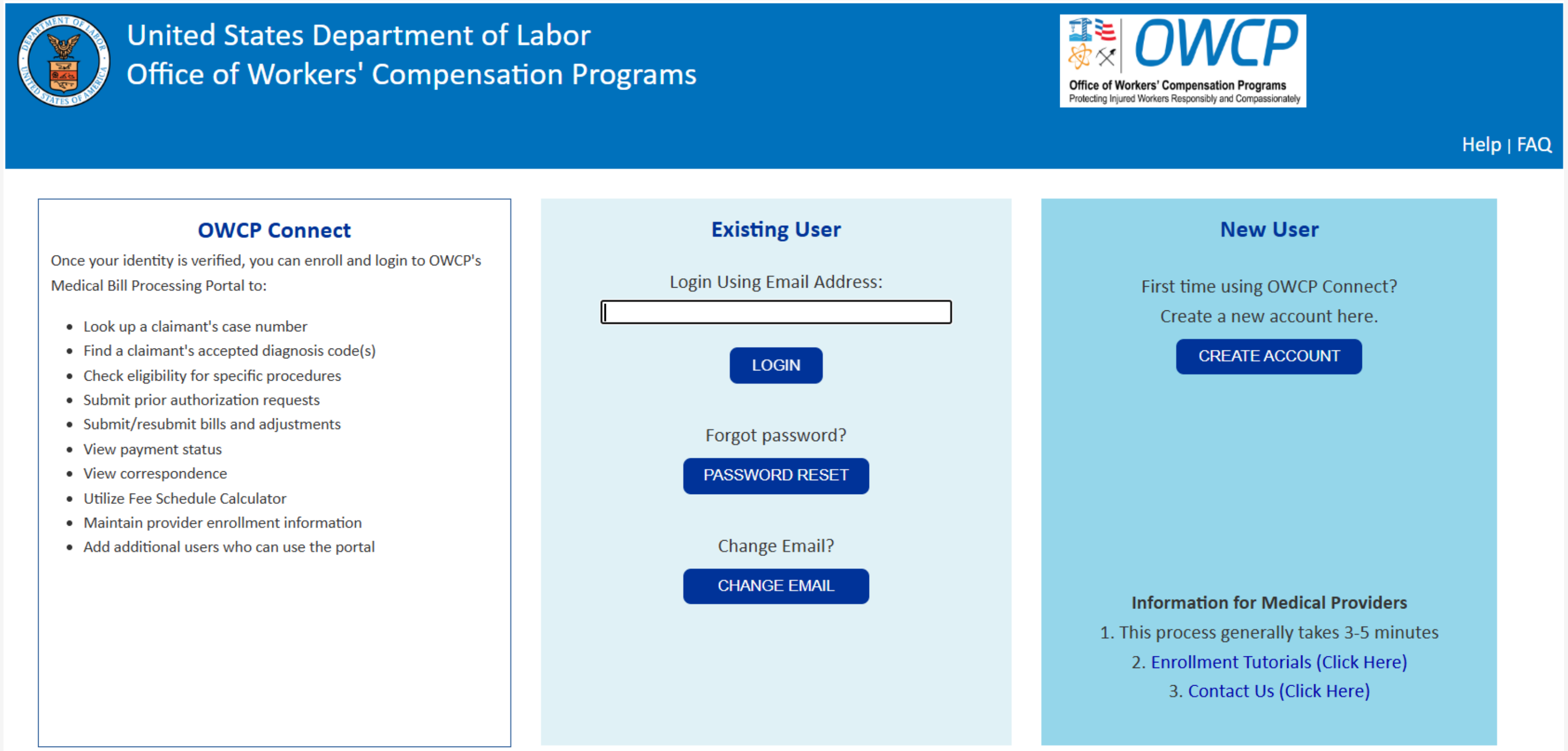
This tutorial outlines the process to submit bills via Direct Data Entry (DDE) in the WCMBP Provider Portal. The following information will be covered:

- 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 5)

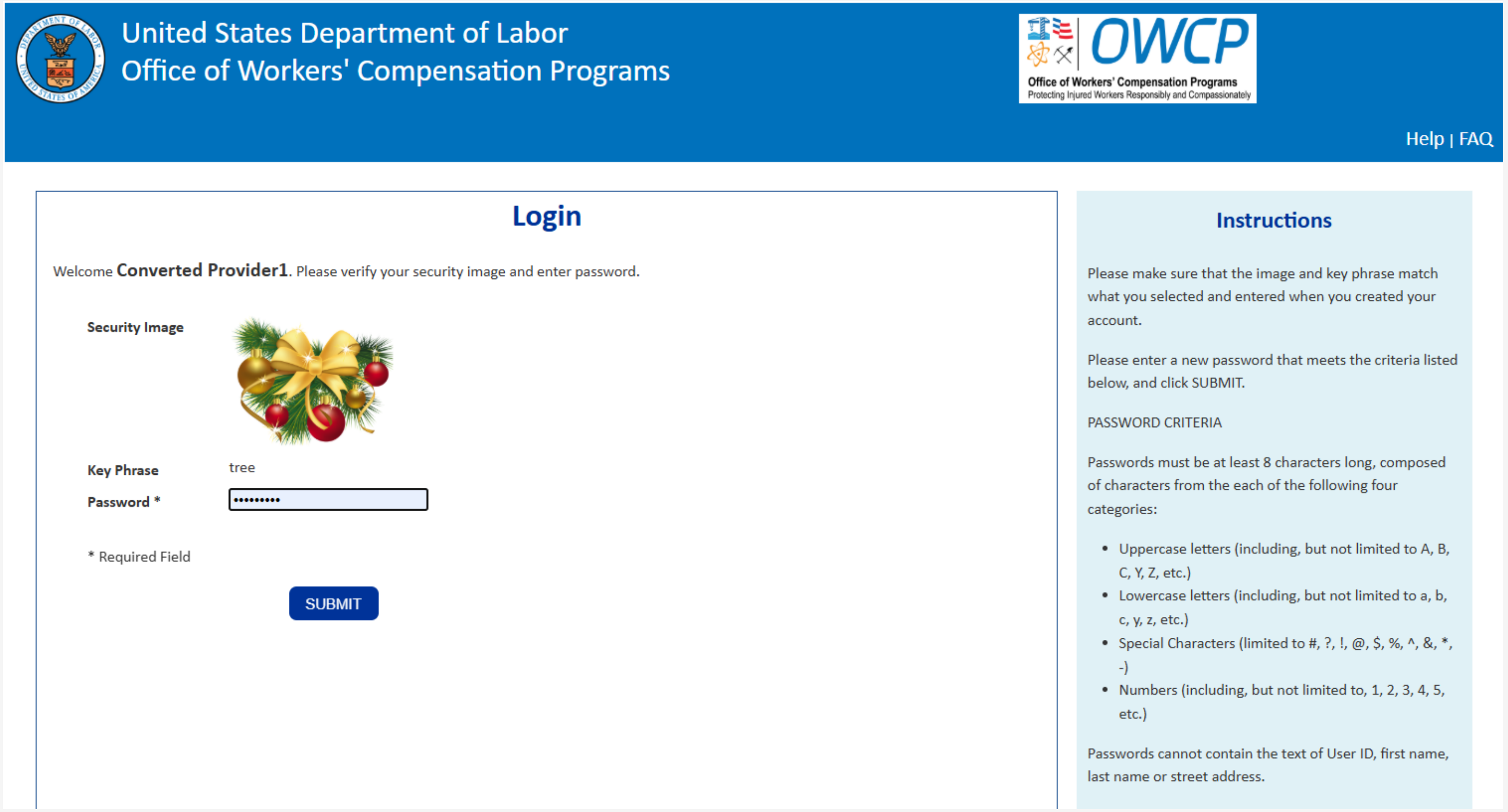
How it works:

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.



Submitting Bills in the WCMBP System (2 of 5)

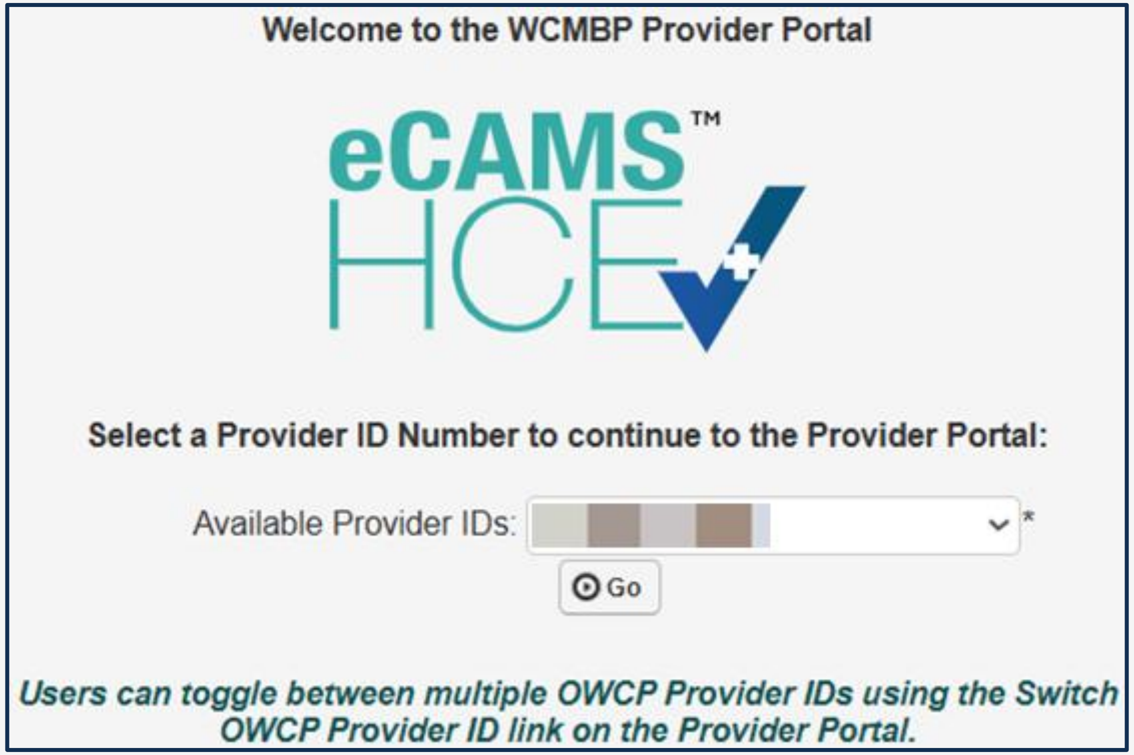
2. Enter the password and select **SUBMIT**.



Submitting Bills in the WCMBP System (3 of 5)

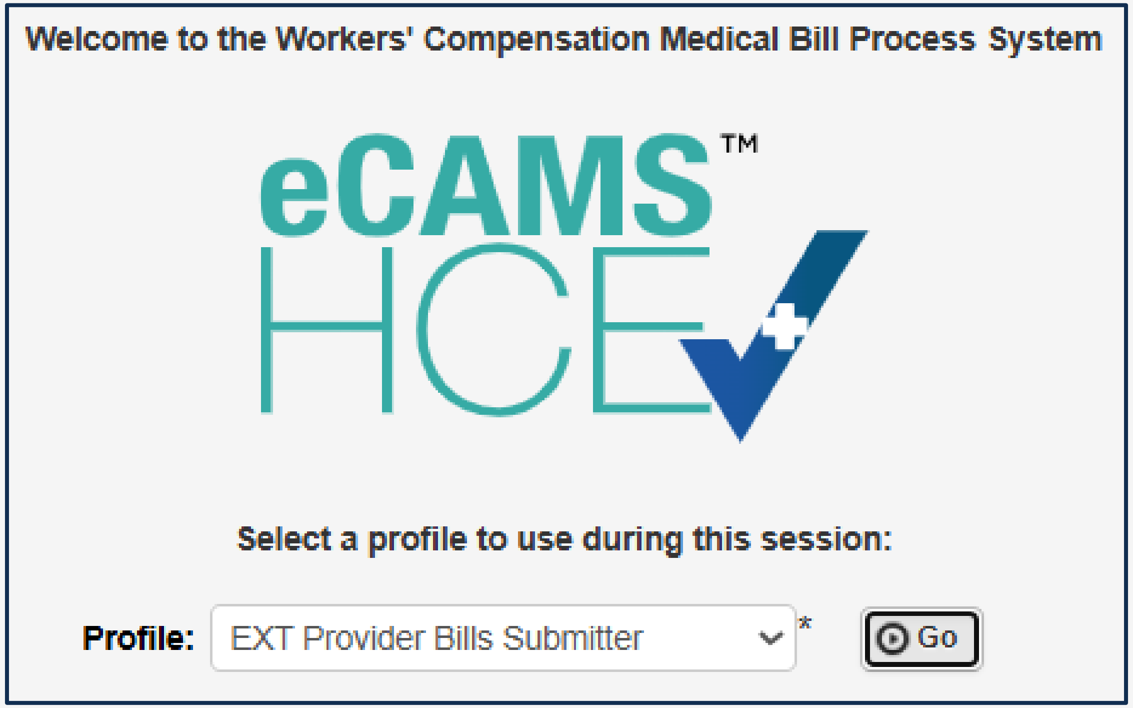
The system displays the default **Select a Provider ID Number to continue to the Provider Portal** page.

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



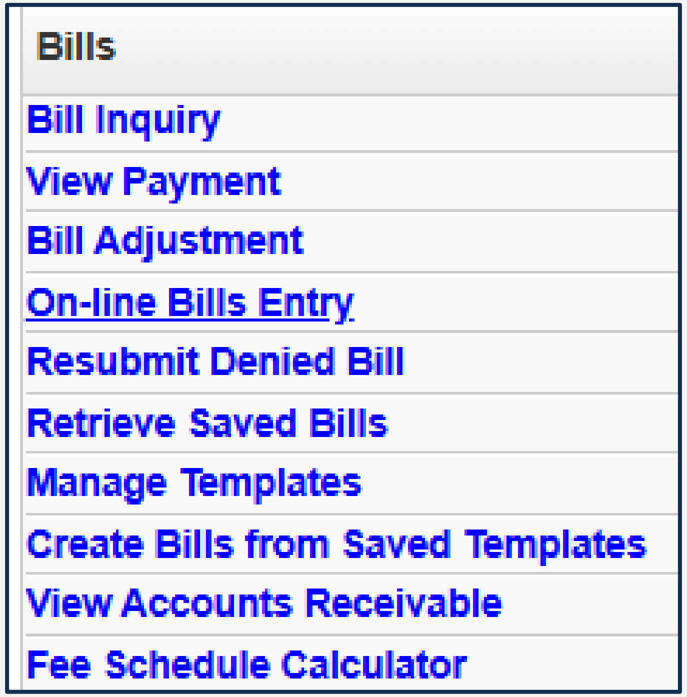
Submitting Bills in the WCMBP System (4 of 5)

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



Submitting Bills in the WCMBP System (5 of 5)

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



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

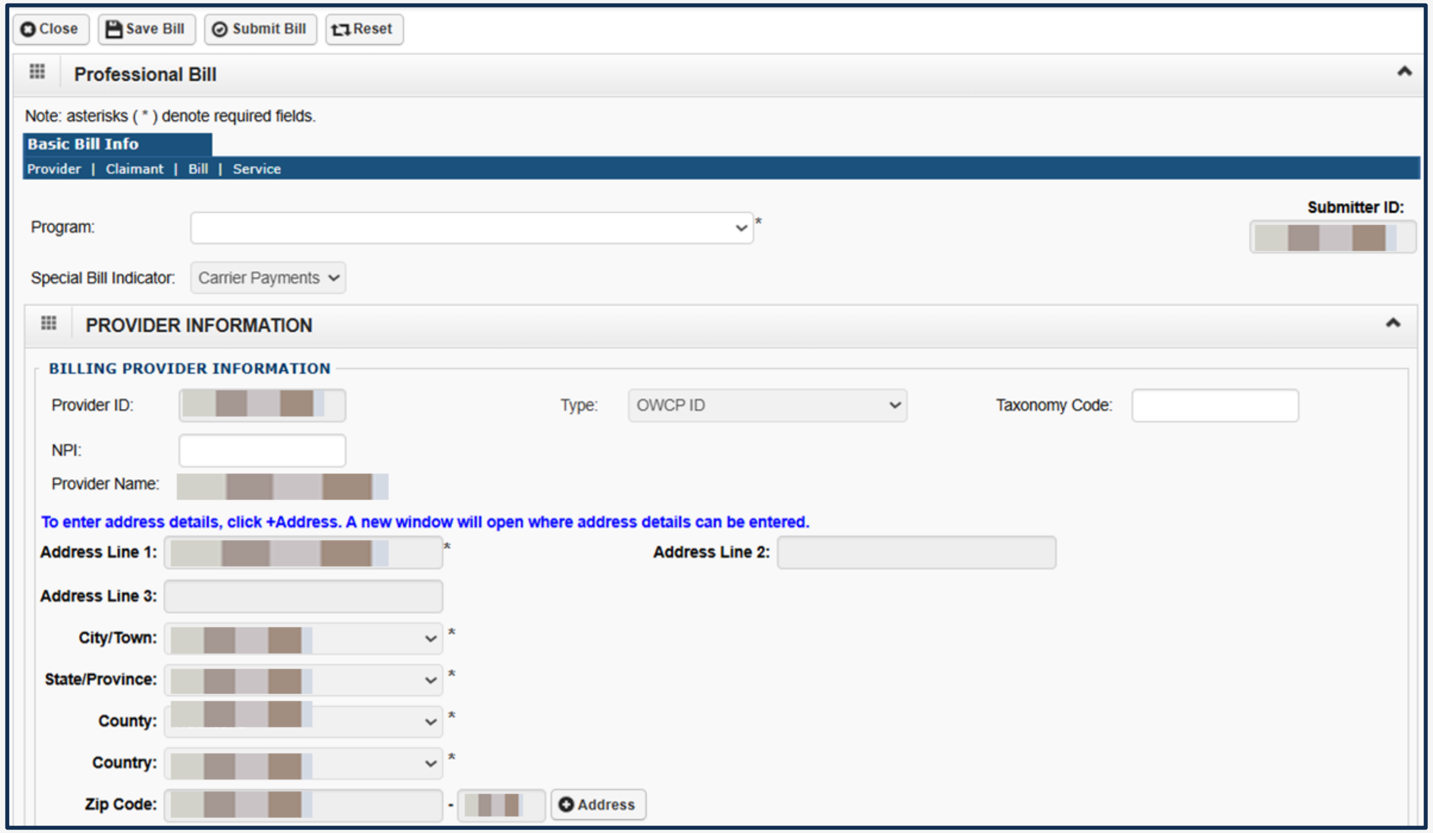
Close

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

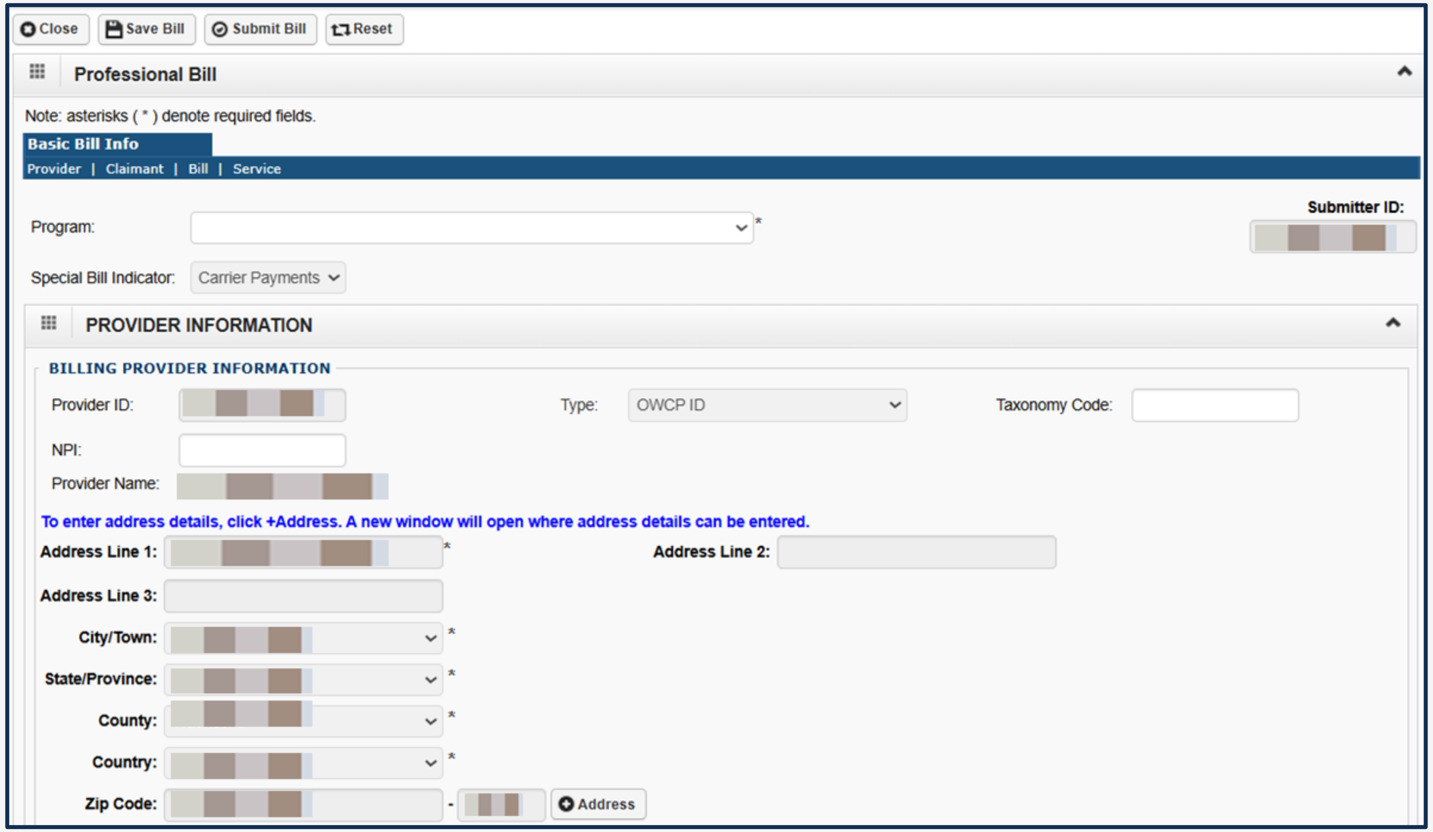
Entering Provider Information – Professional (1 of 9)

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



Entering Provider Information – Professional (2 of 9)

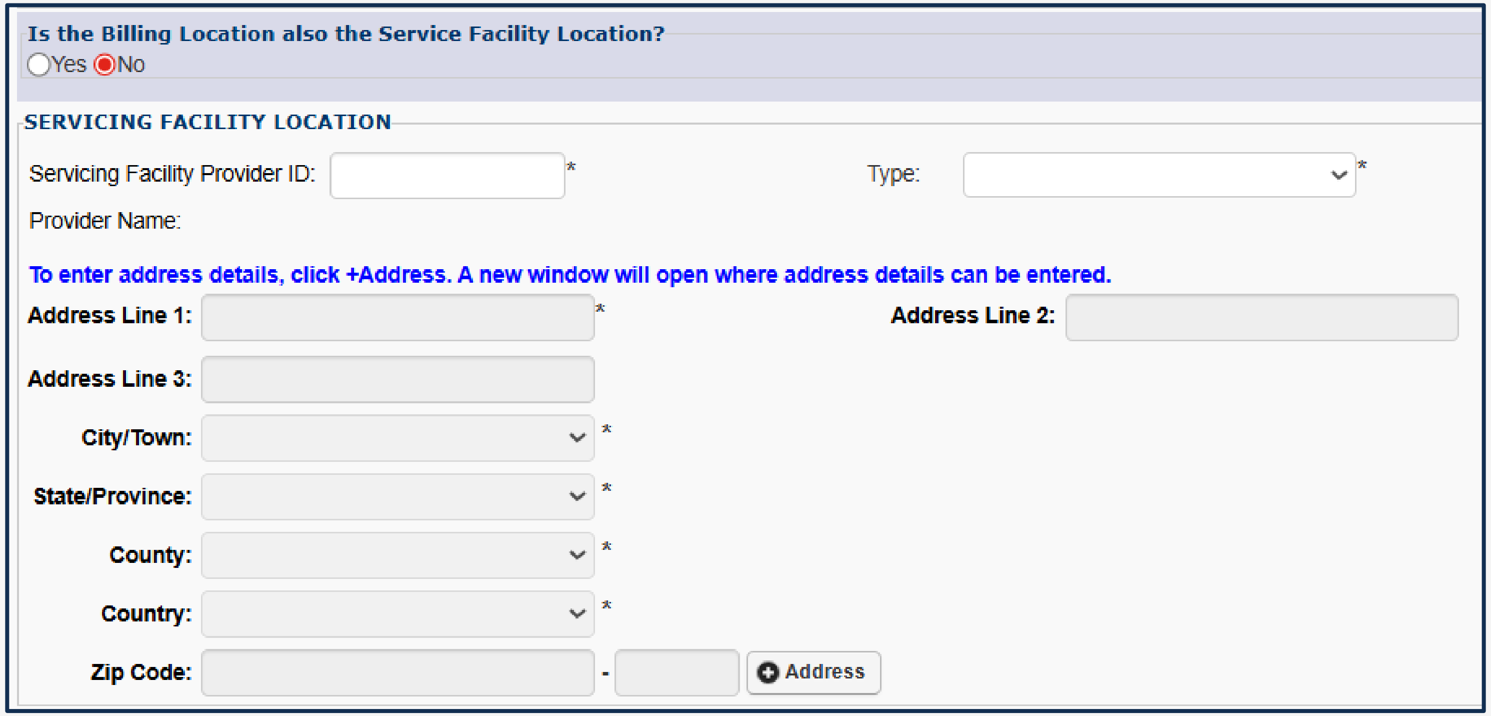
Note: BILLING PROVIDER INFORMATION—such as Provider ID, Type, Provider Name, and Address—will display based on the provider profile of the user logged in. If applicable, enter the National Provider ID (NPI) and the billing Taxonomy code in the designated fields.



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



Entering Provider Information – Professional (5 of 9)

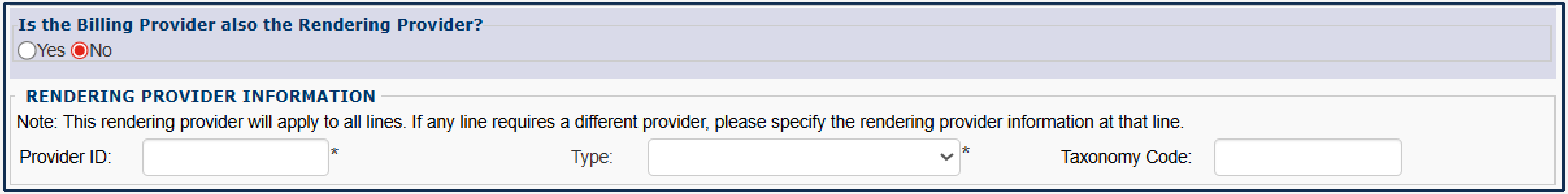
3. Complete the **SERVICING FACILITY LOCATION** as applicable:
   - If yes (the Billing Location is also the Service Facility Location), select **Yes**. The **SERVICING FACILITY LOCATION** grid collapses.
   - If no (the Billing Location address differs from the practice address), complete the following: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

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**.

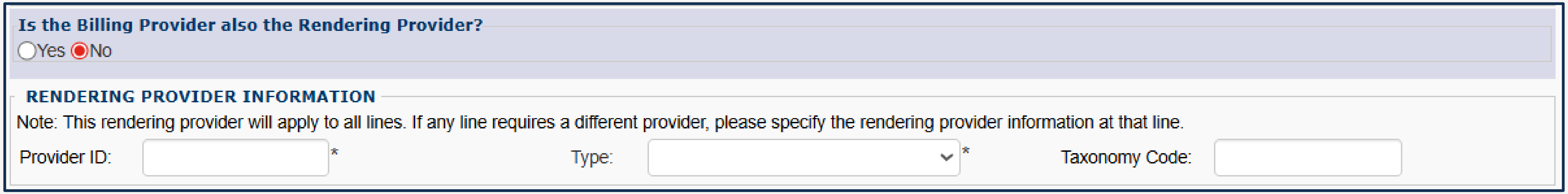
Entering Provider Information – Professional (7 of 9)

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
Note: This rendering provider will apply to all lines. If any line requires a different provider, please specify the rendering provider information at that line.
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.

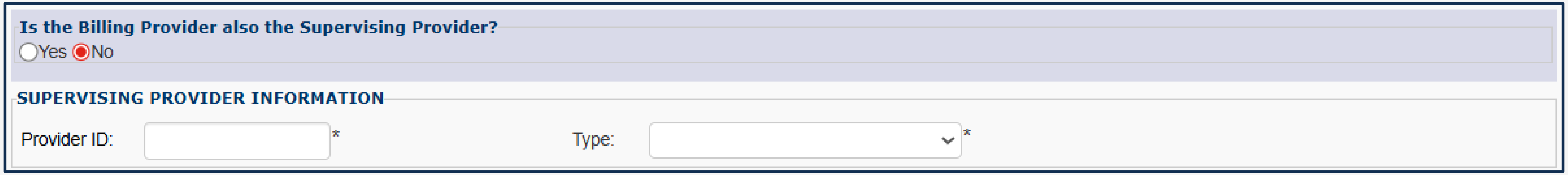
Note: Group providers are required to enter the **Taxonomy Code**.


Is the Billing Provider also the Rendering Provider?
Yes No
RENDERING PROVIDER INFORMATION
Note: This rendering provider will apply to all lines. If any line requires a different provider, please specify the rendering provider information at that line.
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**.

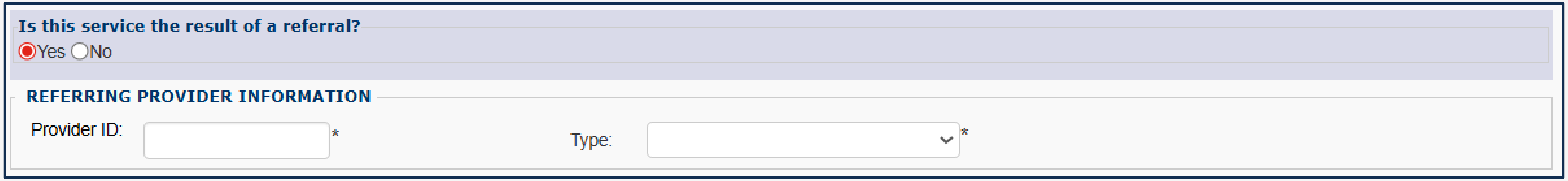
5. Complete the **Is the Billing Provider also the Supervising Provider?** section.
   - If yes (the Billing Provider is also the Supervising Provider), proceed to the next step.
   - If no (the Billing Provider differs from the Supervising Provider), select **No**. The **SUPERVISING PROVIDER INFORMATION**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



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.



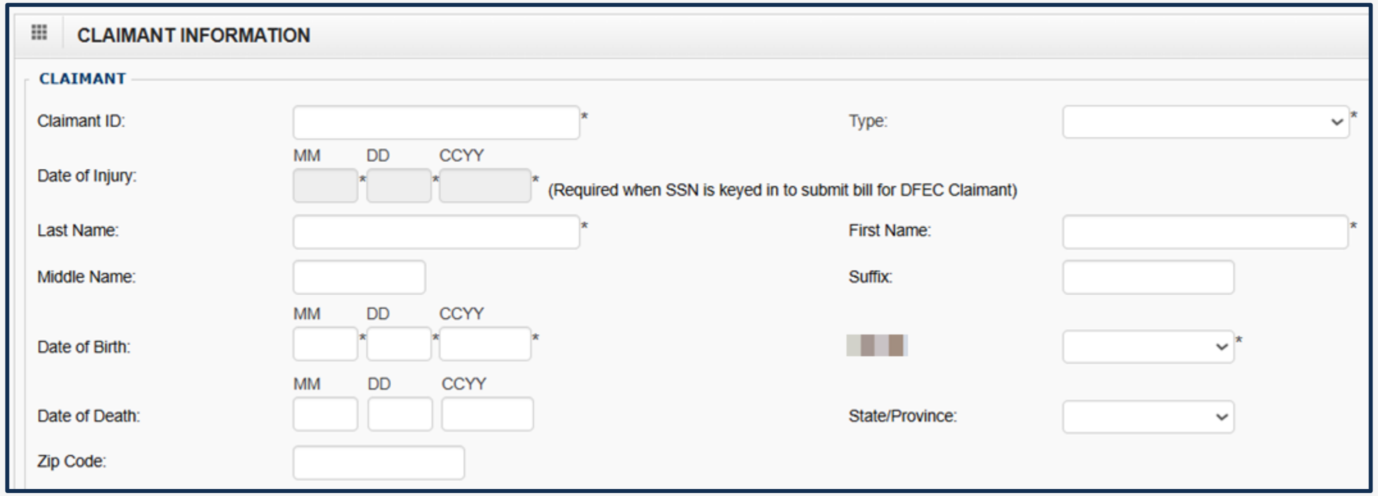
Entering Claimant Information

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.

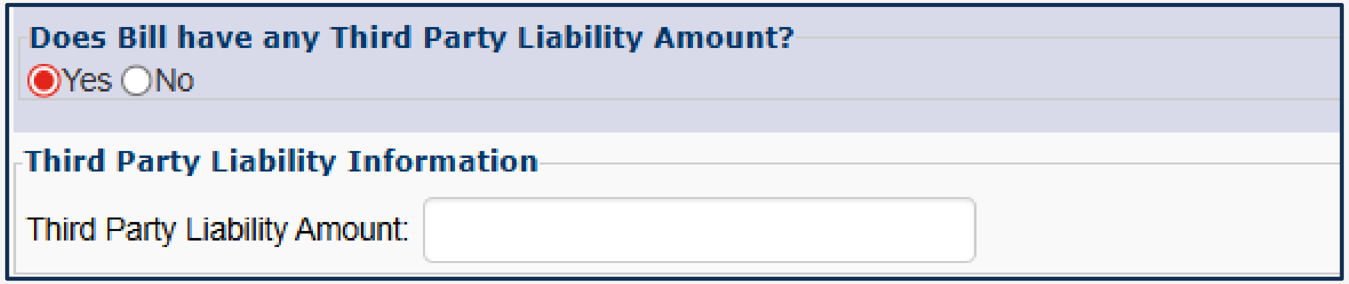
Note: If claimant information is found based on Type (Case Number or SSN), the system will auto-populate the claimant's information. If the system cannot locate claimant information, the system will display a message stating, “CLAIMANT INFORMATION—Claimant details not found for the program selected”.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



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.



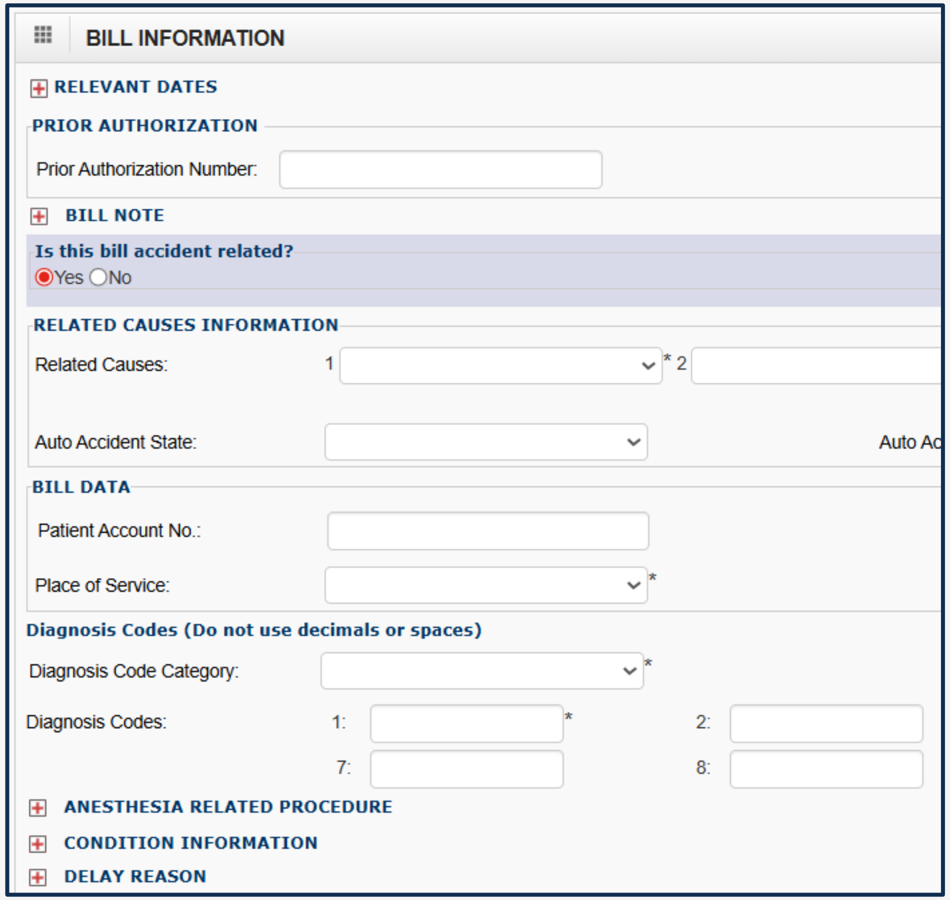
Entering Bill Information – Professional (1 of 8)

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



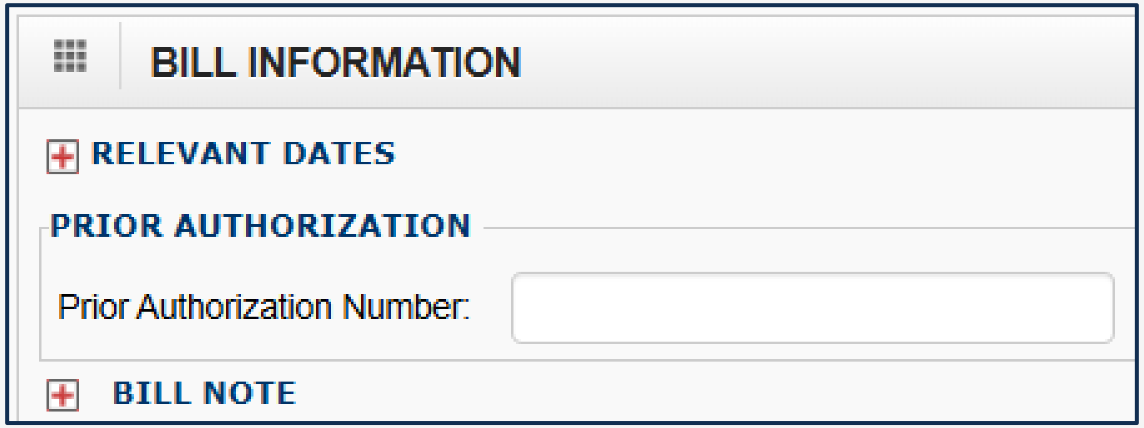
Entering Bill Information – Professional (2 of 8)

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

1. If applicable, complete the following:

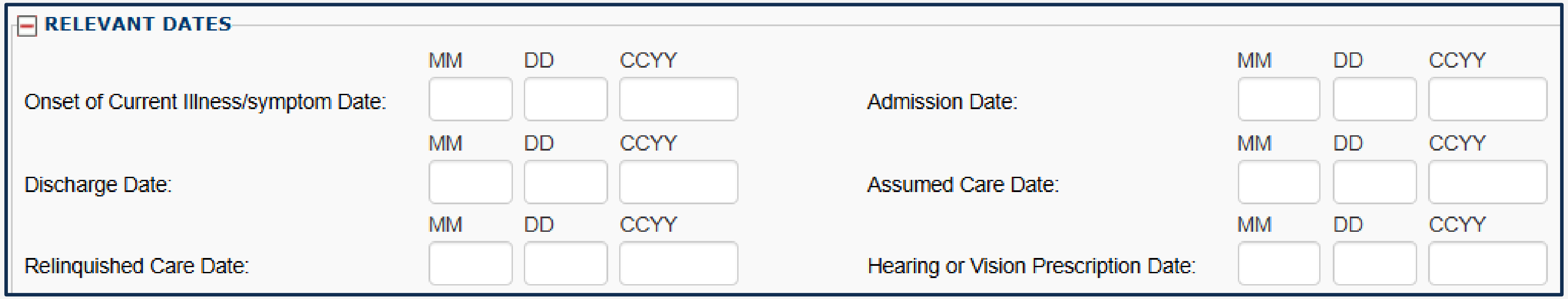
   - **RELEVANT DATES**
   - **PRIOR AUTHORIZATION NUMBER**
   - **BILL NOTE**

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.



Entering Bill Information – Professional (3 of 8)

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

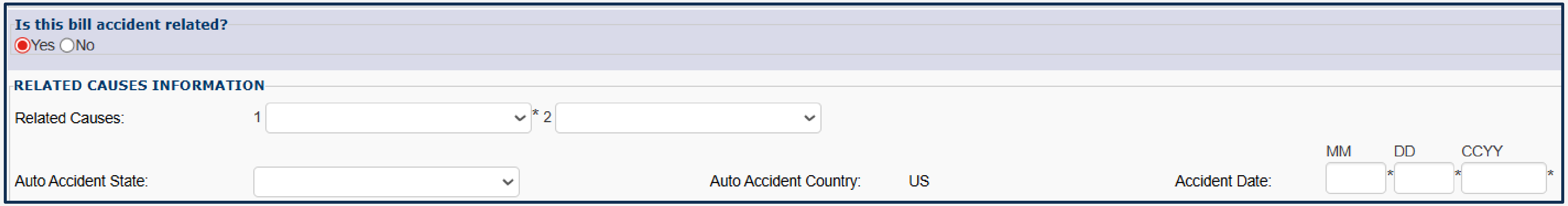


3. Within the **BILL NOTE** section, enter a bill note related to the services in the **Bill Note** field.

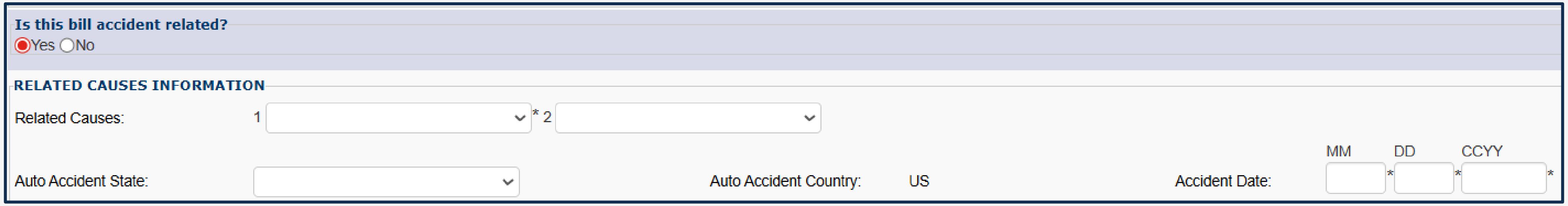
Note: Providers can enter up to 80 characters in this field.

Entering Bill Information – Professional (4 of 8)

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



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.



Entering Bill Information – Professional (5 of 8)

5. Enter the patient account number within the provider's organization in the **Patient Account No.** field.
6. Select the place of service from the **Place of Service** drop-down list.

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:

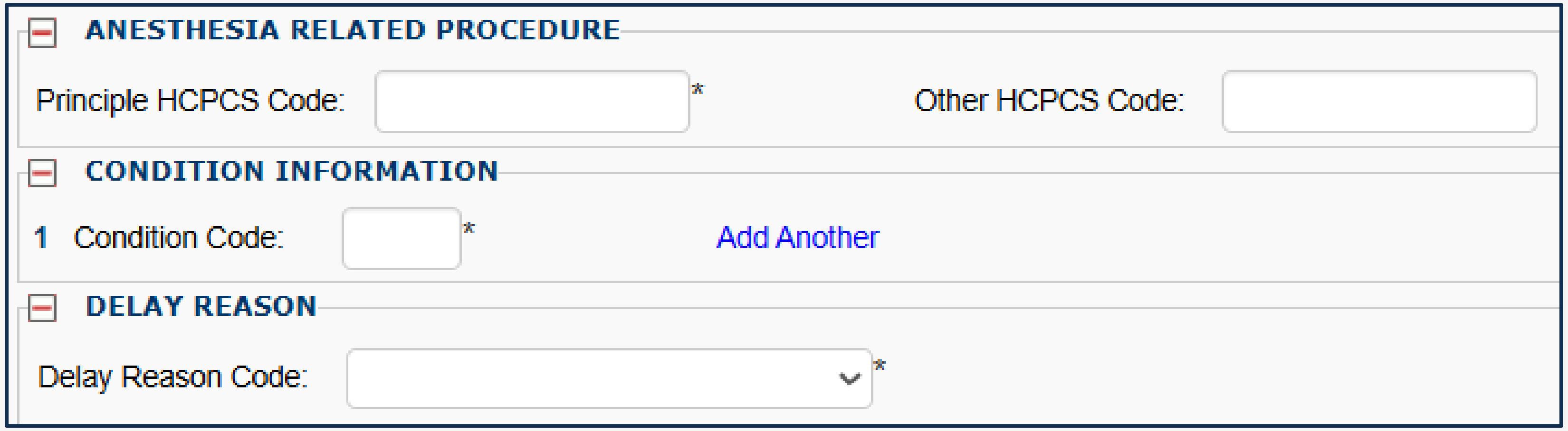
- At least one Diagnosis Code is required
- Providers must list all ICD-9 or ICD-10 codes based on the date of service (DOS)
- Providers must list ICD Codes in sequential order, one through 12 (do not skip a number)
- ICD-9 Diagnosis Codes (applies if DOS is on or prior to September 30, 2015)
- ICD-10 Diagnosis Codes (applies if DOS is on or after October 1, 2015)

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.

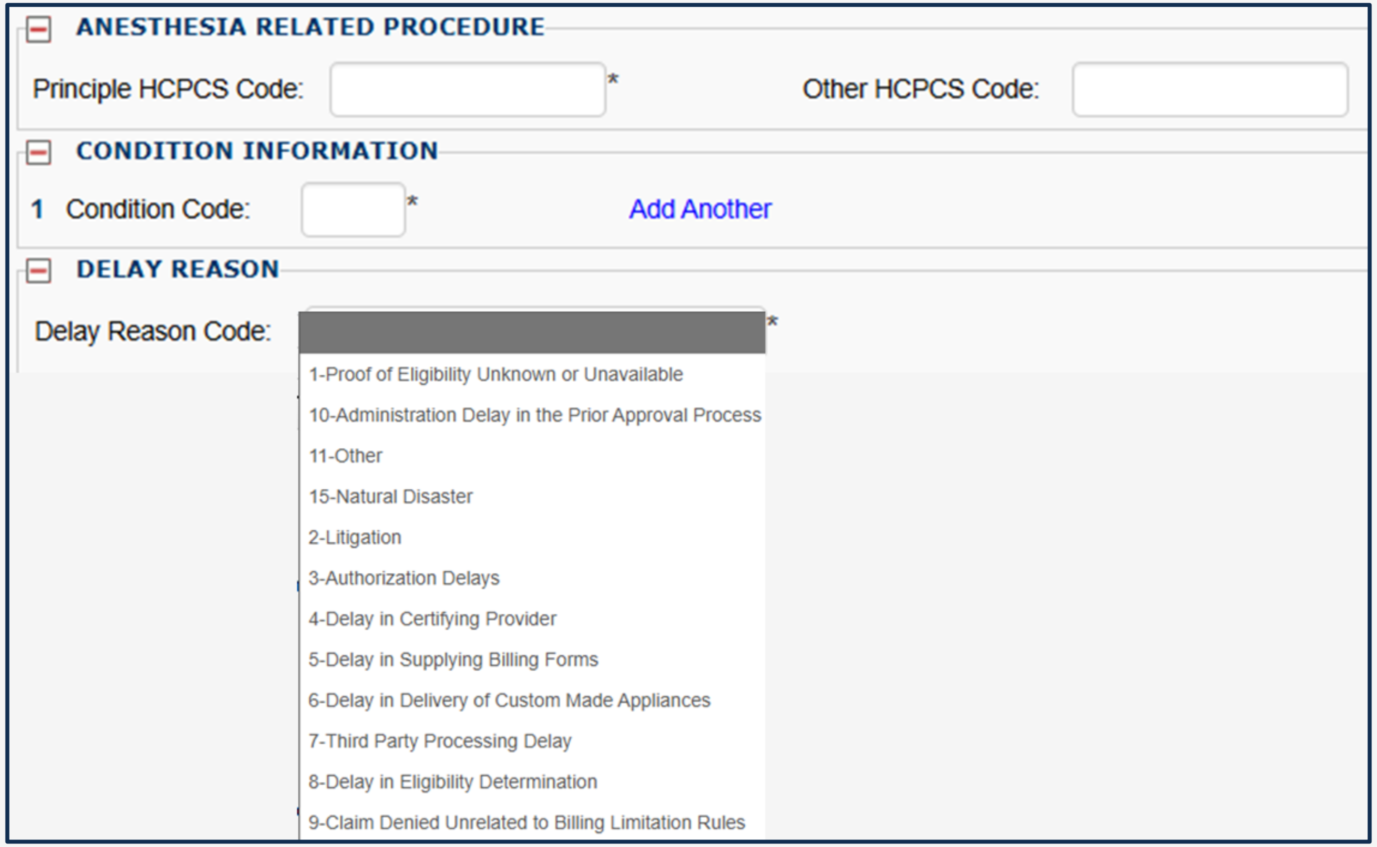
8. In the **ANESTHESIA RELATED PROCEDURE** section, complete the **Principle HCPCS Code** field.
9. In the **CONDITION INFORMATION** section, complete the **Condition Code** field.

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



Entering Bill Information – Professional (8 of 8)

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



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.
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).

Entering Basic Line Item Information – Professional (2 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.

Entering Basic Line Item Information – Professional (3 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: *

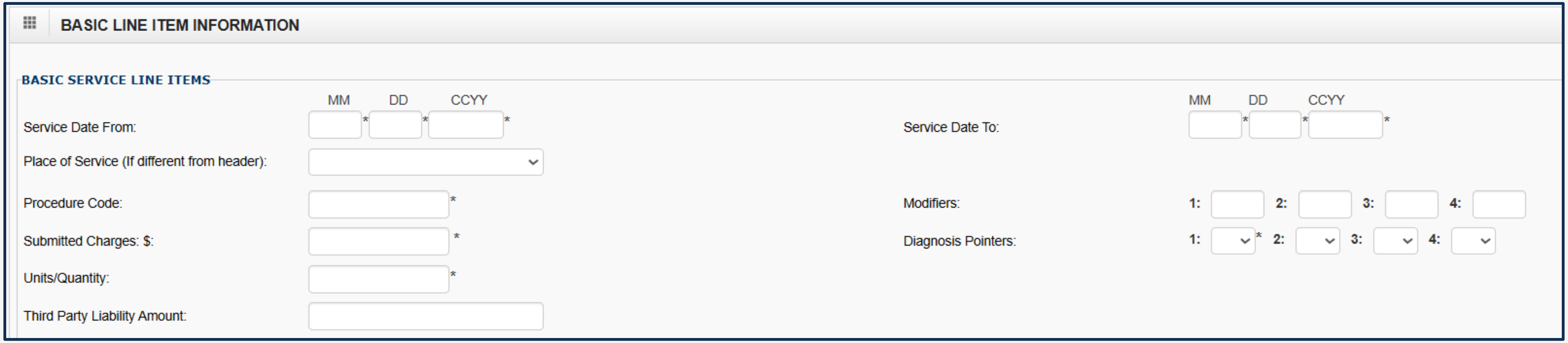
Modifiers: 1: 2: 3: 4:

Submitted Charges: $: *

Diagnosis Pointers: 1: * 2: 3: 4:

Entering Basic Line Item Information – Professional (4 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.



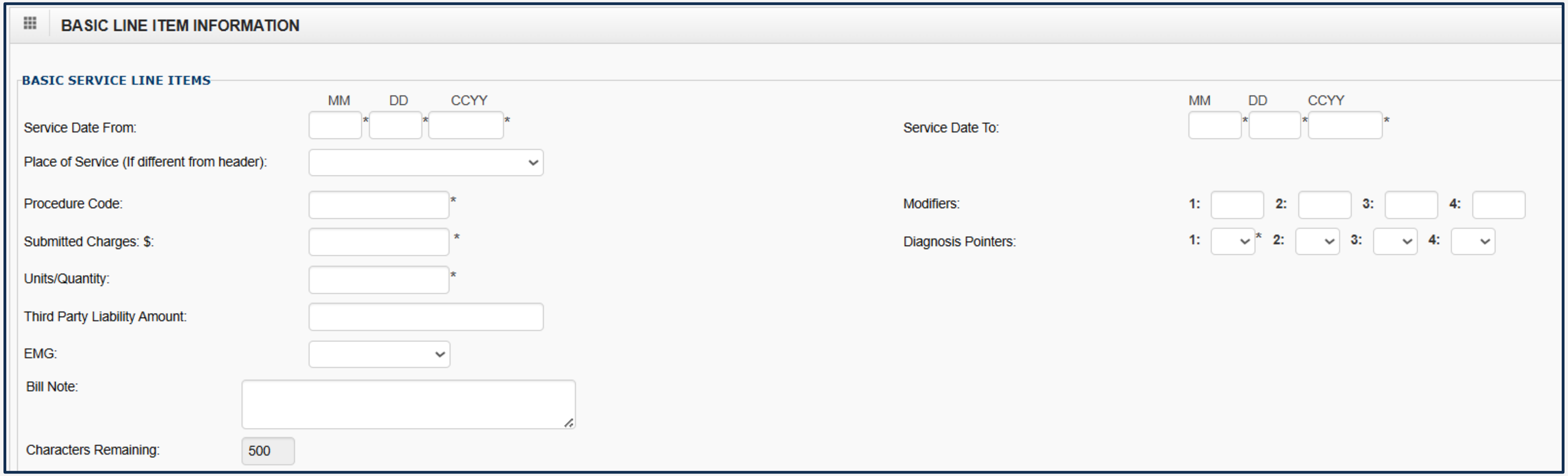
BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

MM DD CCYY
Service Date From: * * *
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:

Entering Basic Line Item Information – Professional (5 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)


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:

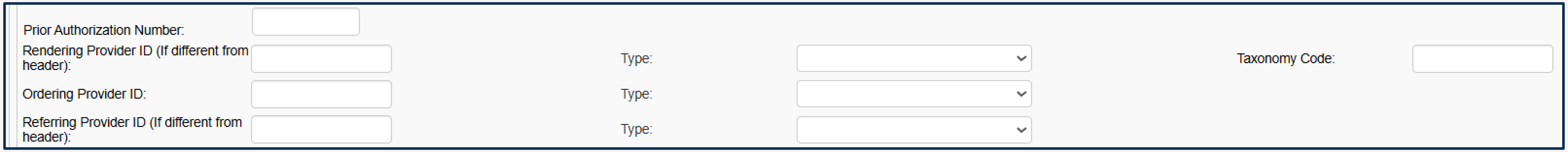
Bill Note:

Characters Remaining: 500

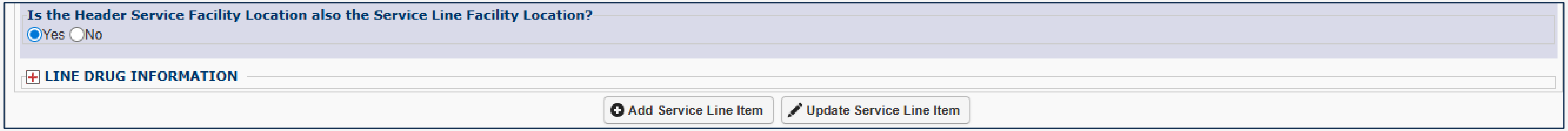
Entering Basic Line Item Information – Professional (6 of 12)

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.
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.

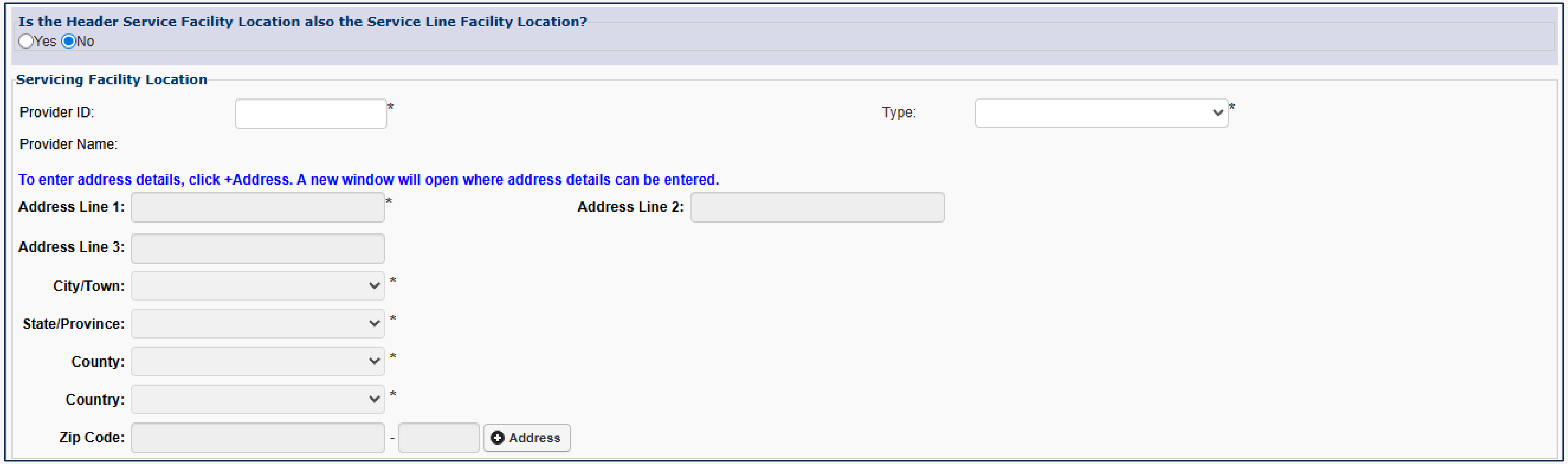
    Note: If a rendering provider NPI is submitted, providers are required to also enter the appropriate **Taxonomy Code**.



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

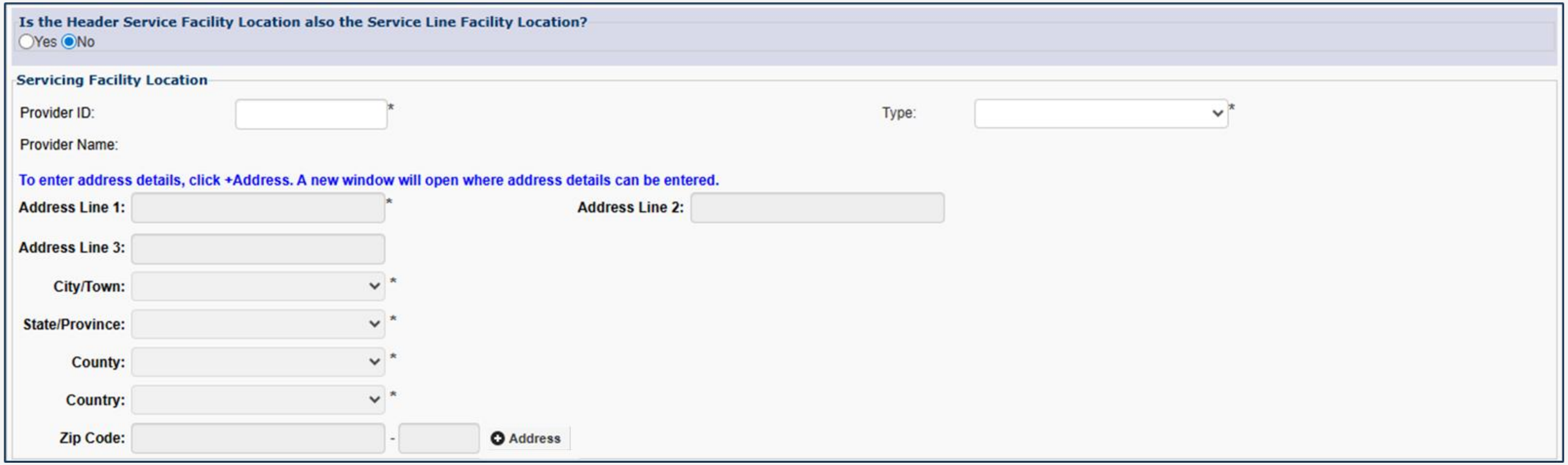


13. Is the header service facility location also the service line facility location?
    - If yes, leave as is and proceed to the next step.
    - If no (the service line facility location is different from the Header Service Facility Location in the **Billing Provider Information** section), select **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.



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

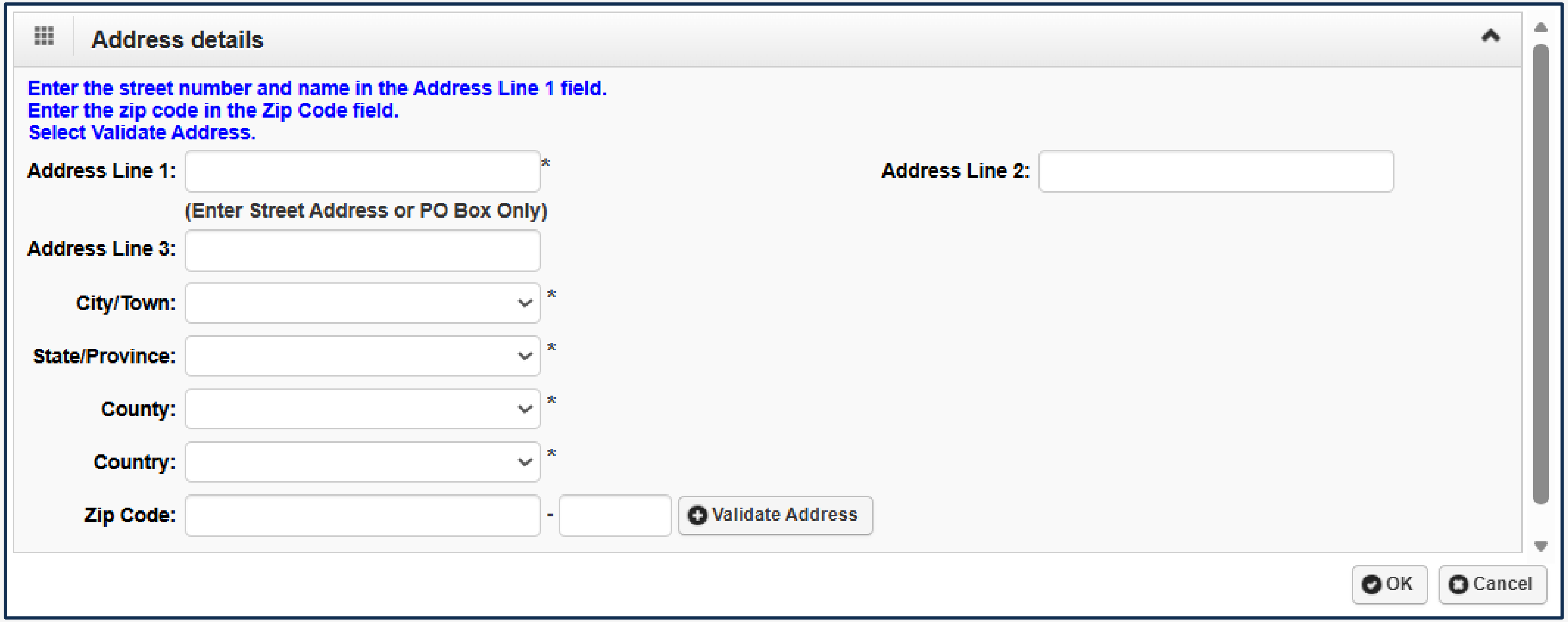
c. Select **+Address**. The **Address details** window opens.



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

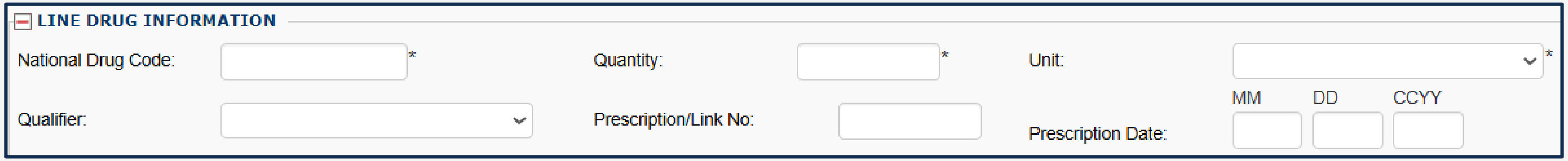
d. To enter the servicing facility location address, complete the **Address Line 1** and **Zip Code** fields, then select **Validate Address**. The other address fields automatically populate.

e. Select **OK** to return to the **Professional Bills Online Submission** page.



Entering Basic Line Item Information – Professional (11 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.



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

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.

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 Units/Quantity: 0.000 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												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.

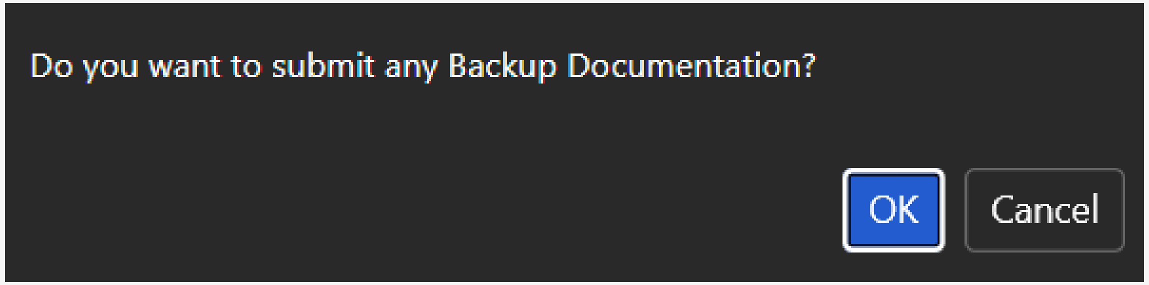
Note: The provider also has the option to save the bill and return later or reset the bill to start over. To view the steps on retrieving a saved bill, proceed to the Retrieving Saved Bills section of this document.

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?"

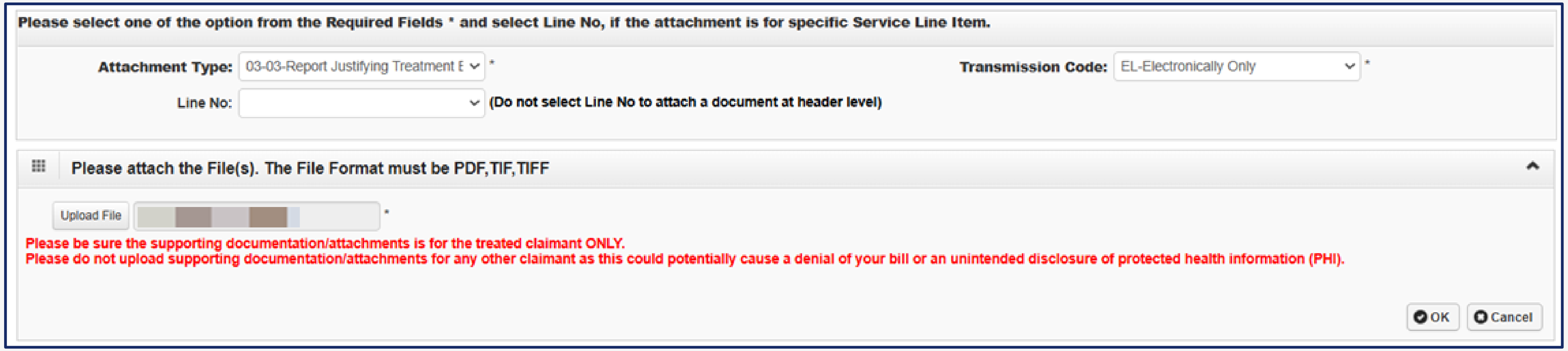
1. Proceed as applicable:
    - To add attachments, select **OK**. The **Add Attachments** window opens.
    - To proceed without attachments (no attachment is needed), select **Cancel**. The submitted professional bill details display.

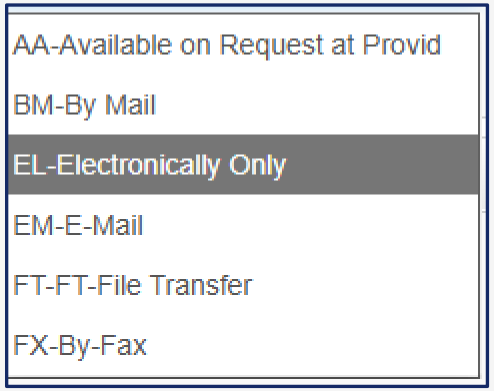


Adding an Attachment – Professional (2 of 4)

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

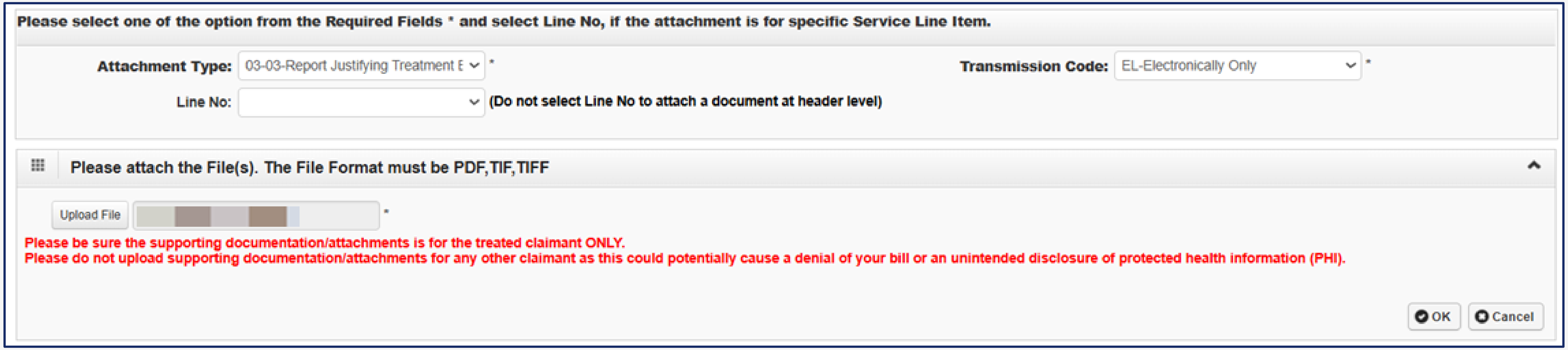
Note: Attachments can only be attached if selecting Transmission Code of **EL** or **FT**.





Adding an Attachment – Professional (3 of 4)

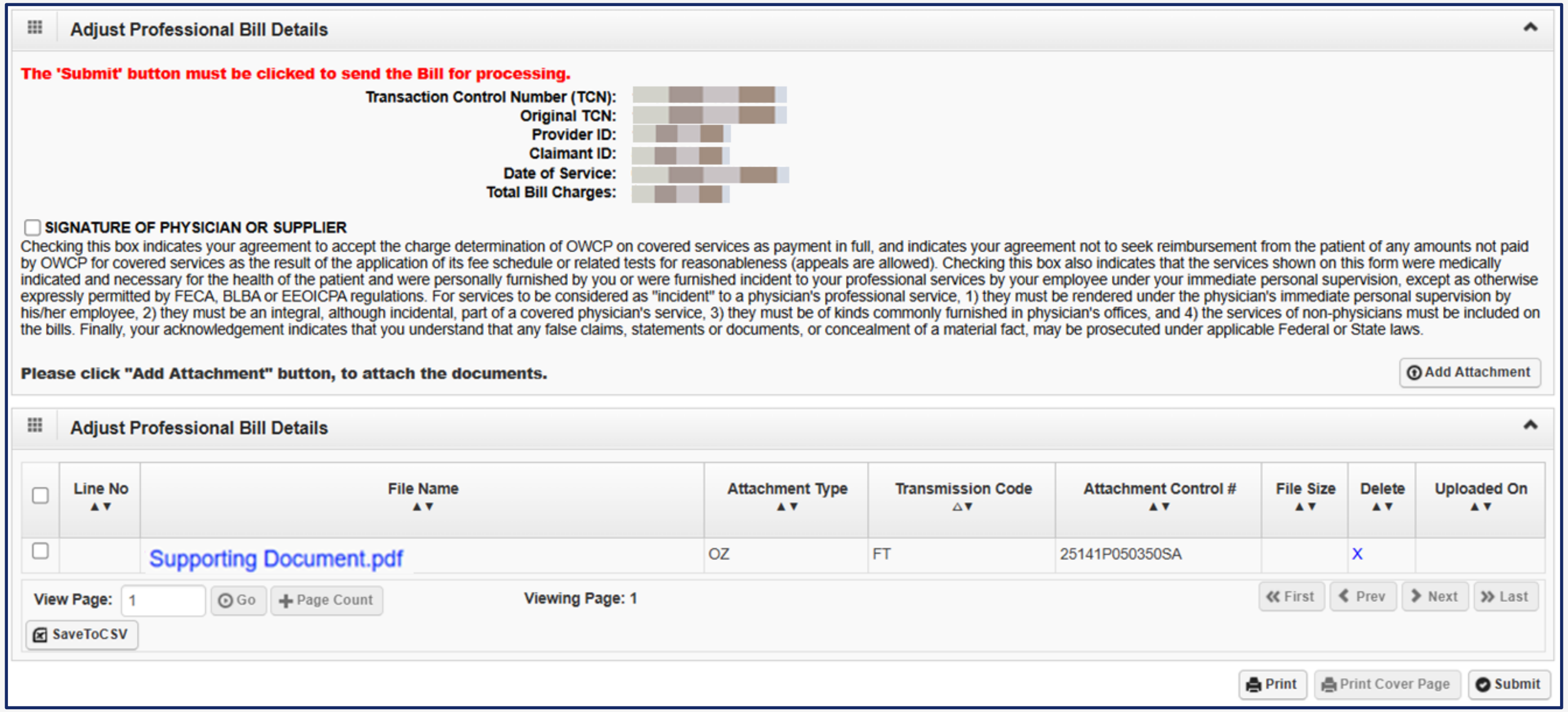
3. To locate and add the attachment, select **Upload File**, then select **OK**.



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.

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



Adjust Professional Bill Details

The 'Submit' button must be clicked to send the Bill for processing.

Transaction Control Number (TCN):
Original TCN:
Provider ID:
Claimant ID:
Date of Service:
Total Bill Charges:

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

Adjust Professional Bill Details

	Line No	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
		Supporting Document.pdf	OZ	FT	25141P050350SA		X	

View Page: 1 Go Page Count Viewing Page: 1 First Prev Next Last

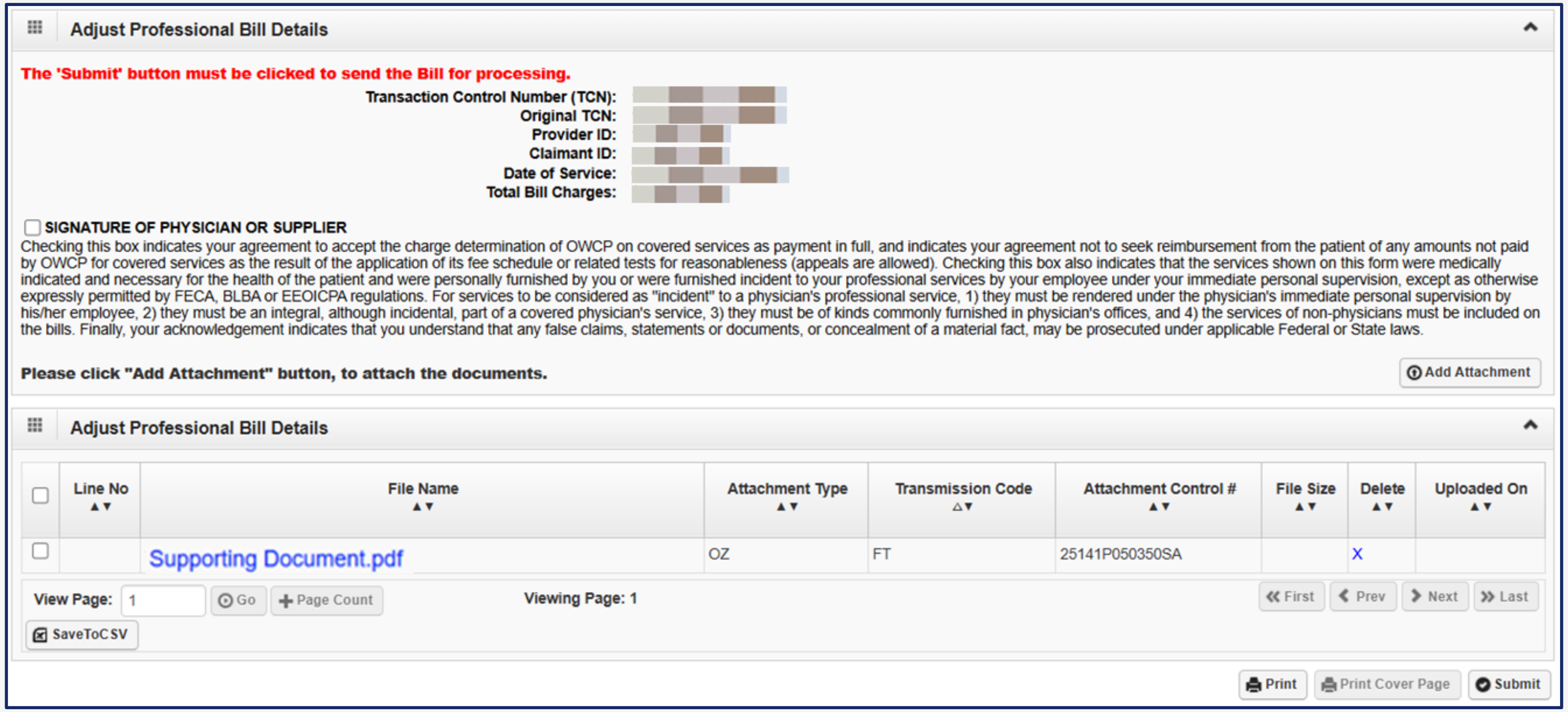
SaveToCSV

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.



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.

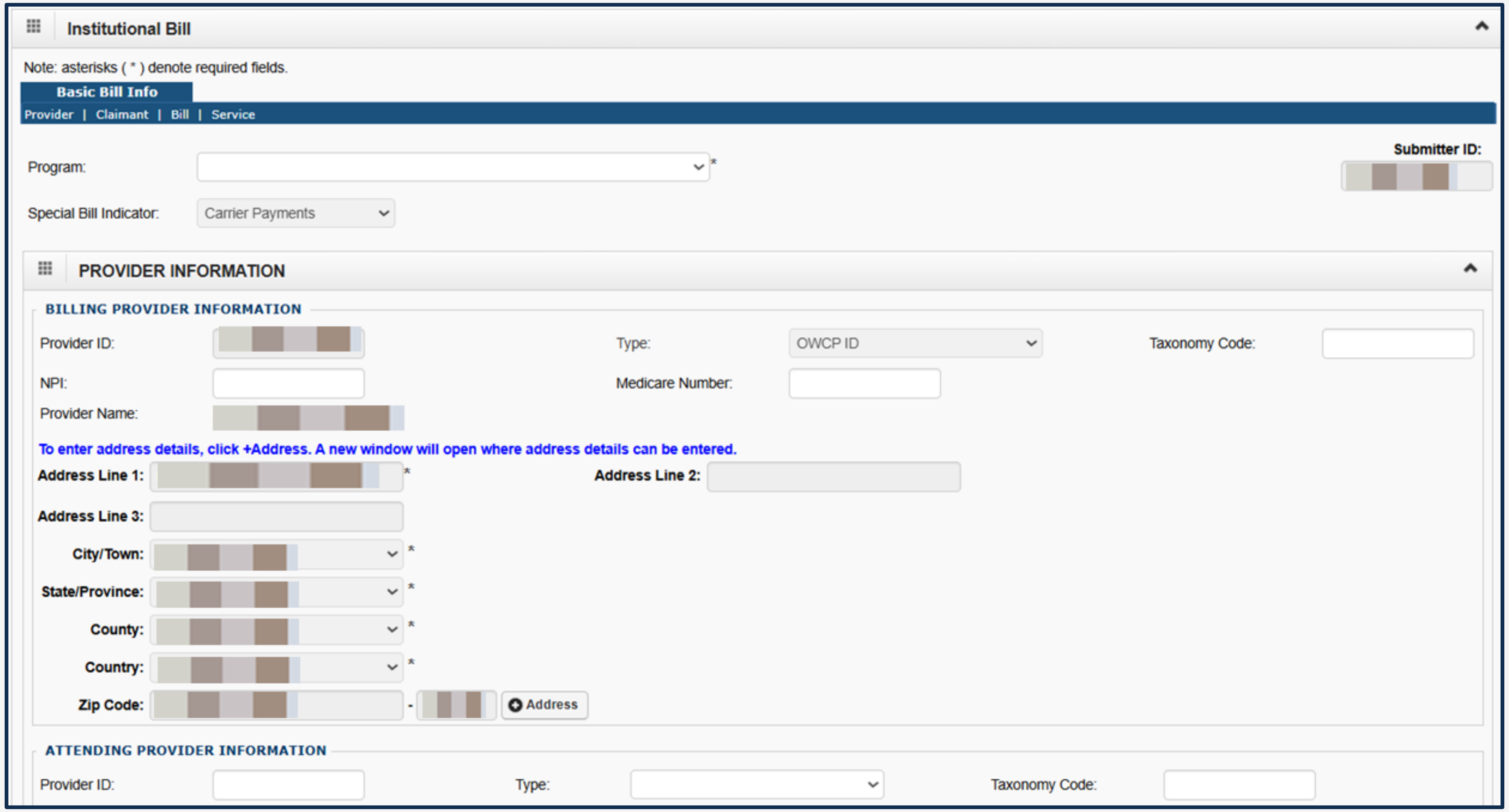
Provider Portal › Bill Submission

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

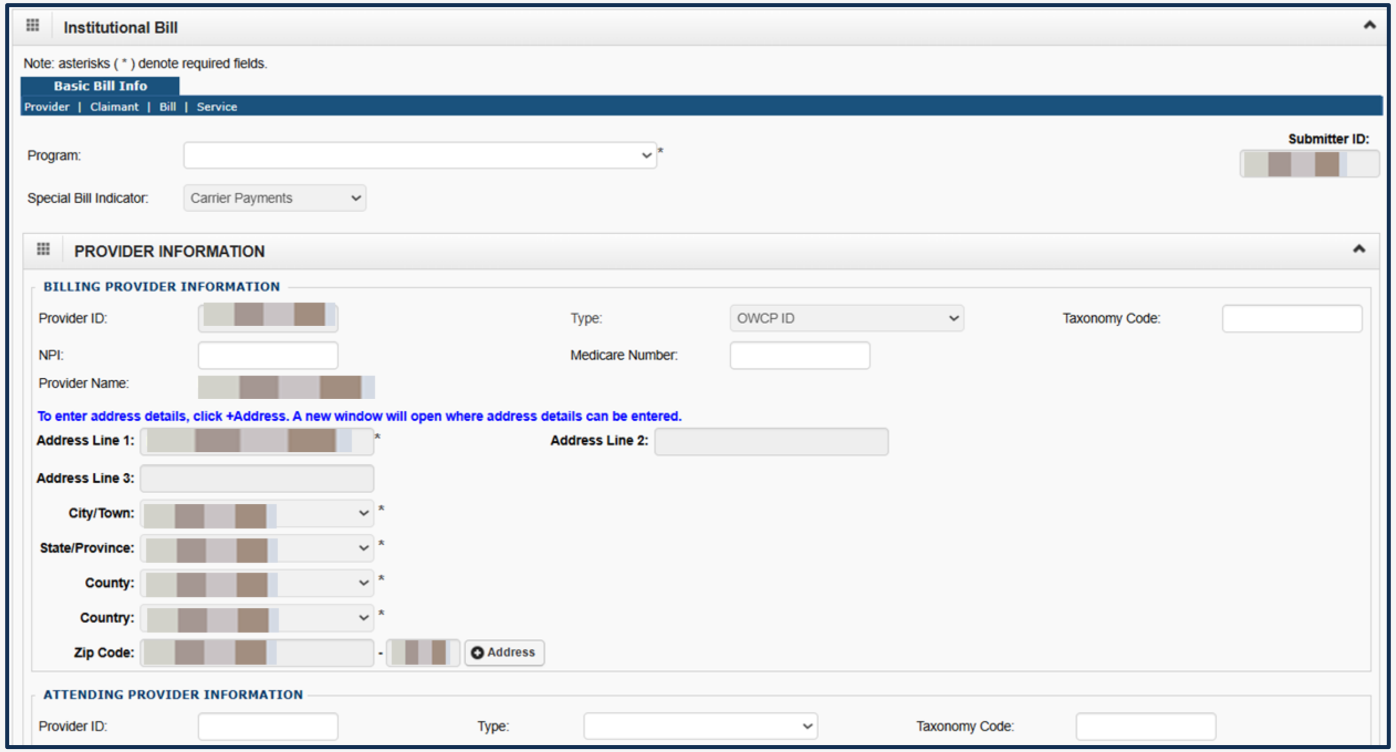
Provider Information – Institutional (1 of 3)

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



Provider Information – Institutional (2 of 3)

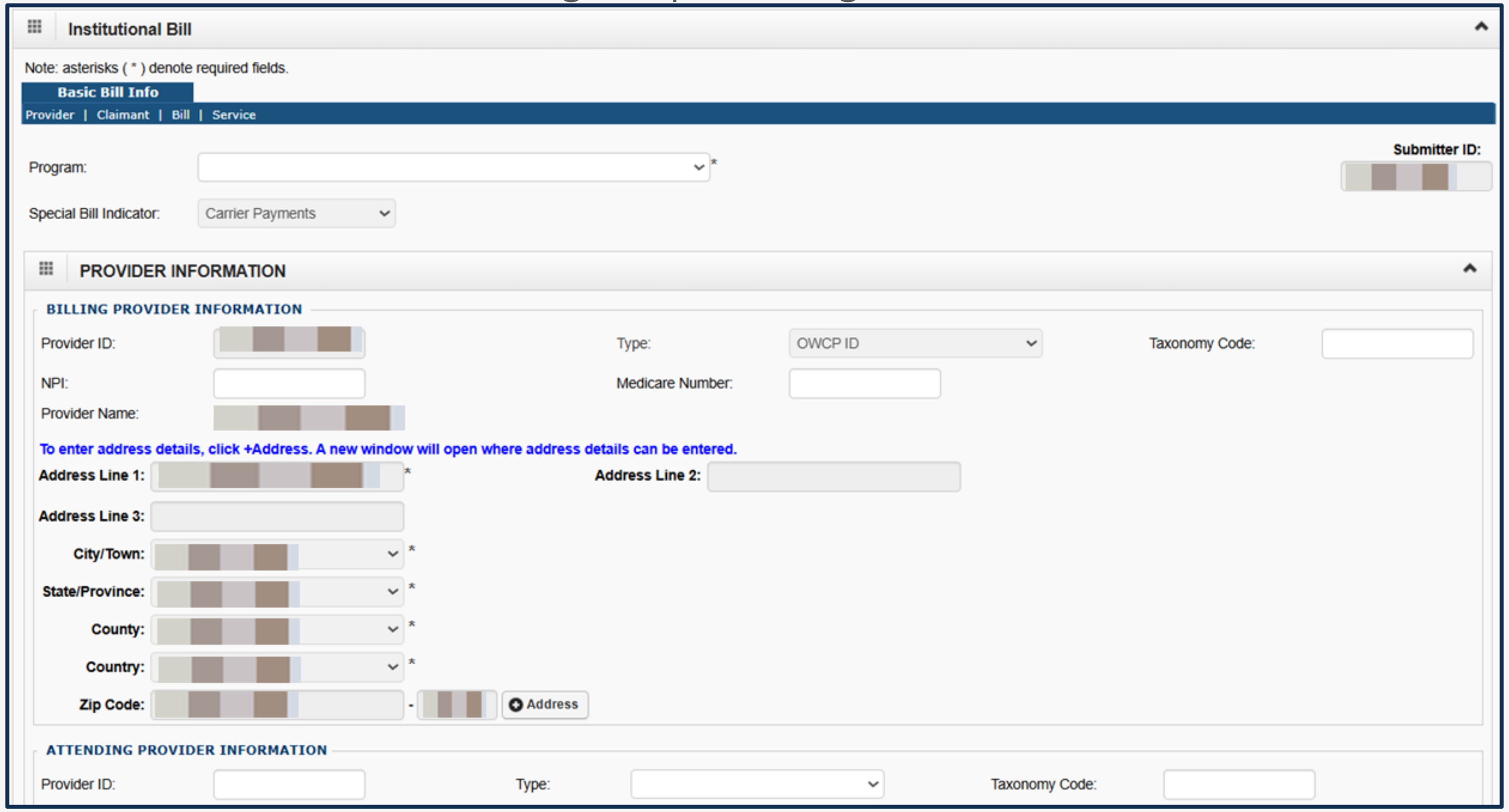
Note: Billing Provider information – such as Provider ID and Type — will display based on the provider profile of the user logged in. The provider is required to enter the National Provider ID (**NPI***) and is also required to enter the **Taxonomy Code*** in the designated field when selecting the provider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



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.

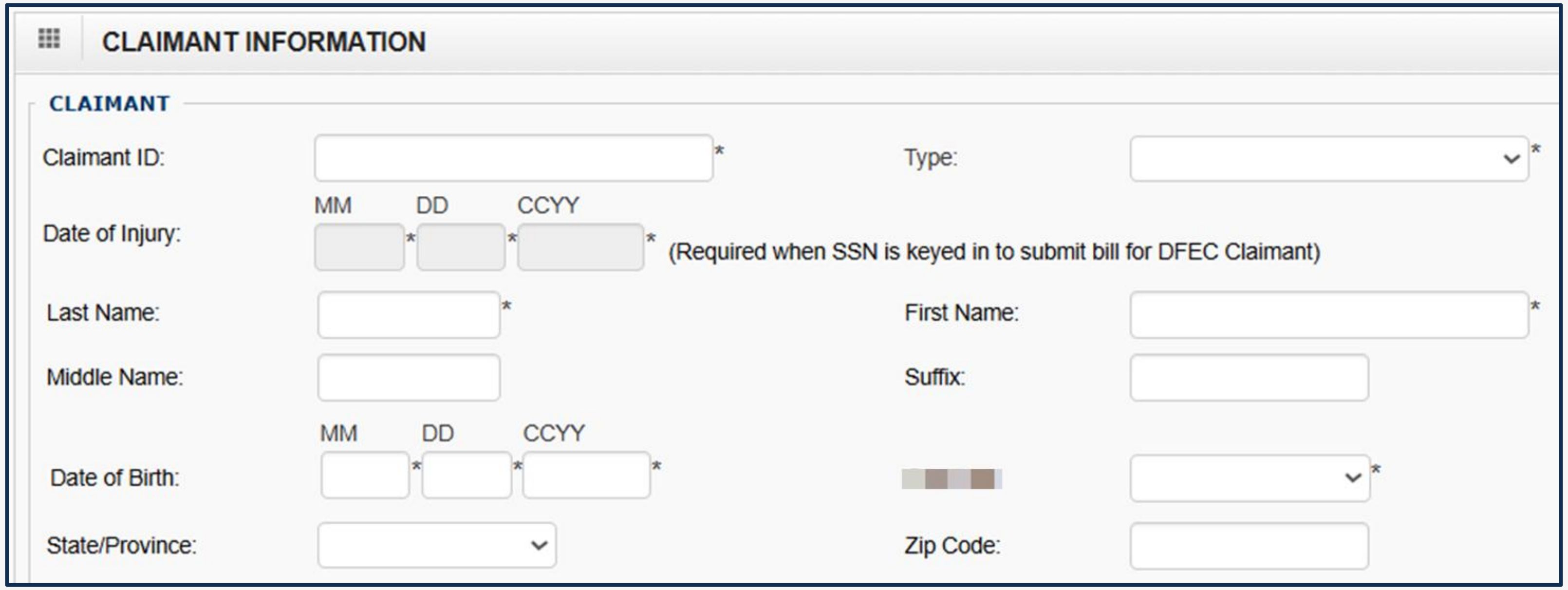


Claimant Information – Institutional (1 of 2)

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:

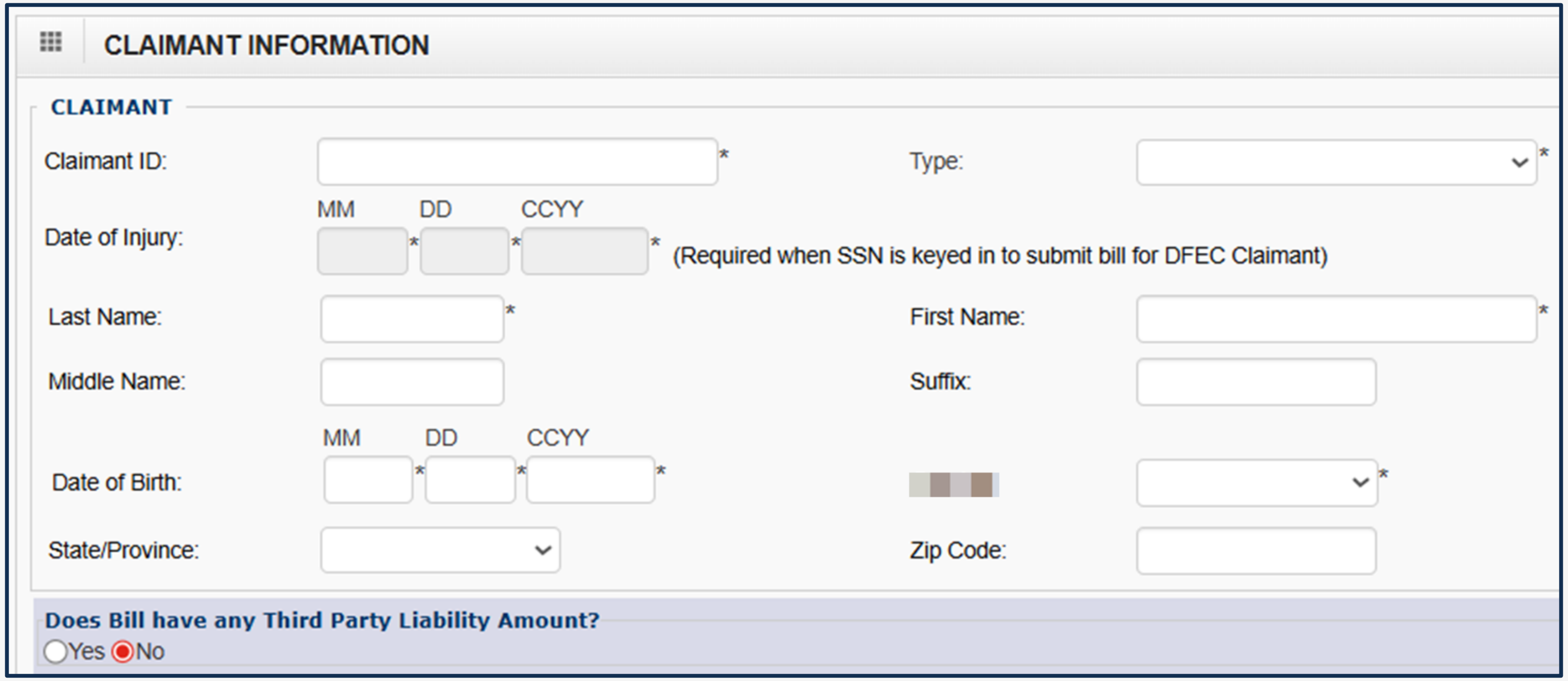
Date of Birth: MM * DD * CCYY *

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 * (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:

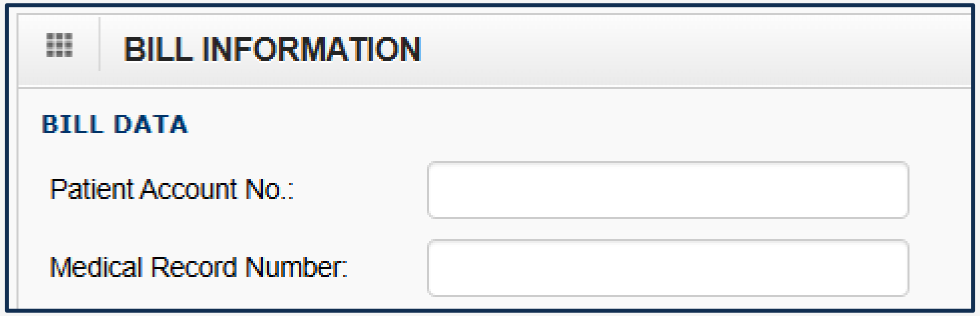
Does Bill have any Third Party Liability Amount?

Yes No

Bill Information – Institutional (1 of 13)

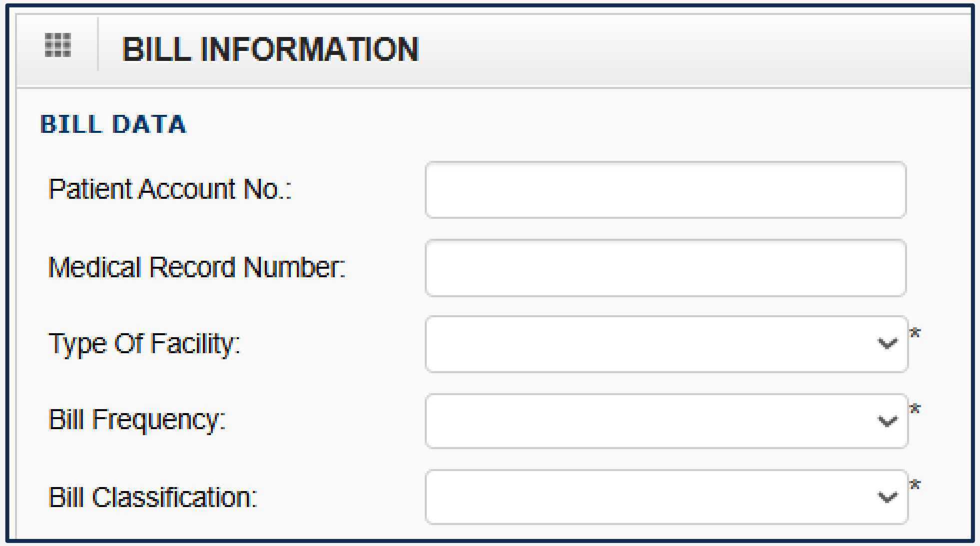
Enter the following bill information:

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 – Institutional (2 of 13)

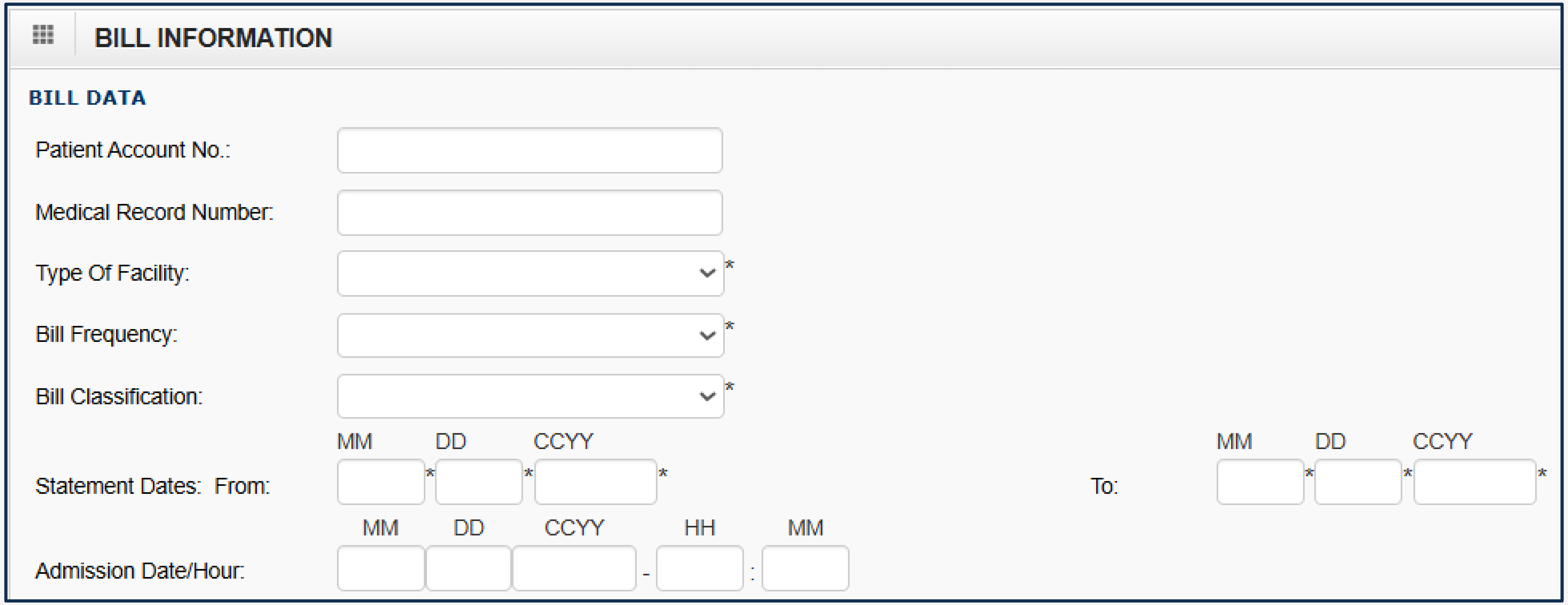
3. Select the type of facility (the first digit for the type of bill) from the **Type Of Facility** drop-down list.
4. Select the bill frequency (the third digit for the type of bill) from the **Bill Frequency** drop-down list.
5. Select the bill classification (the second digit for the type of bill)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



Type of Facility Options

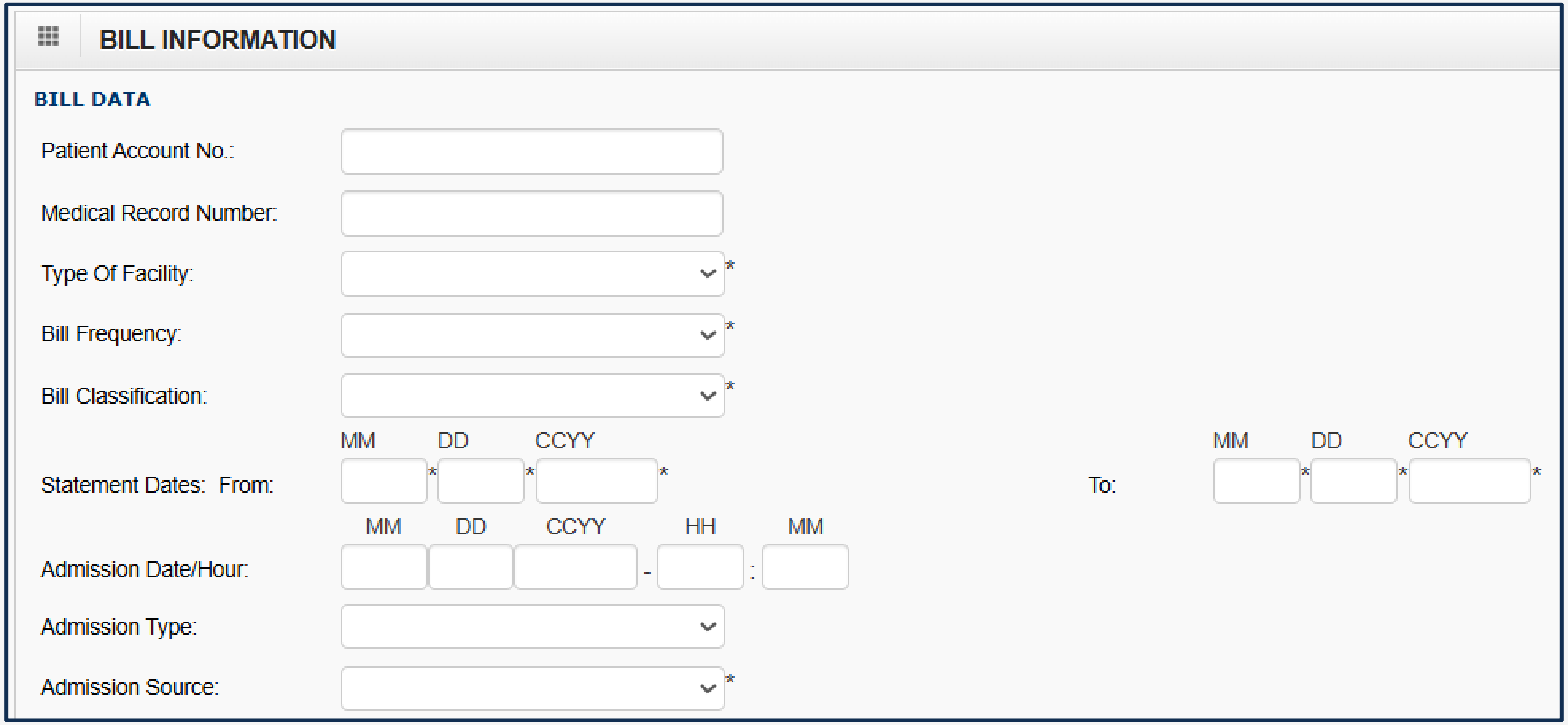
Bill Information – Institutional (3 of 13)

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.

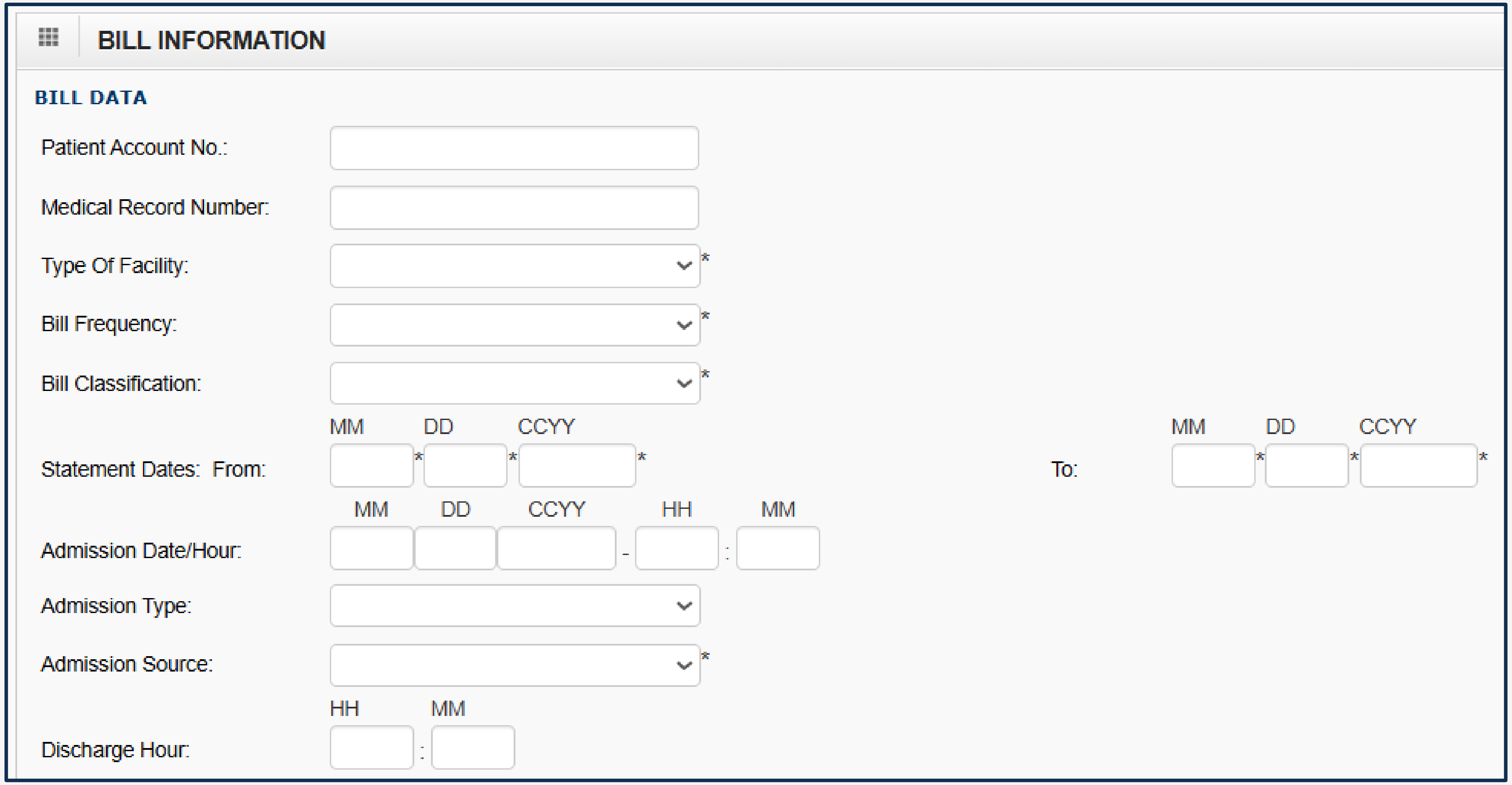


Bill Information – Institutional (4 of 13)

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.



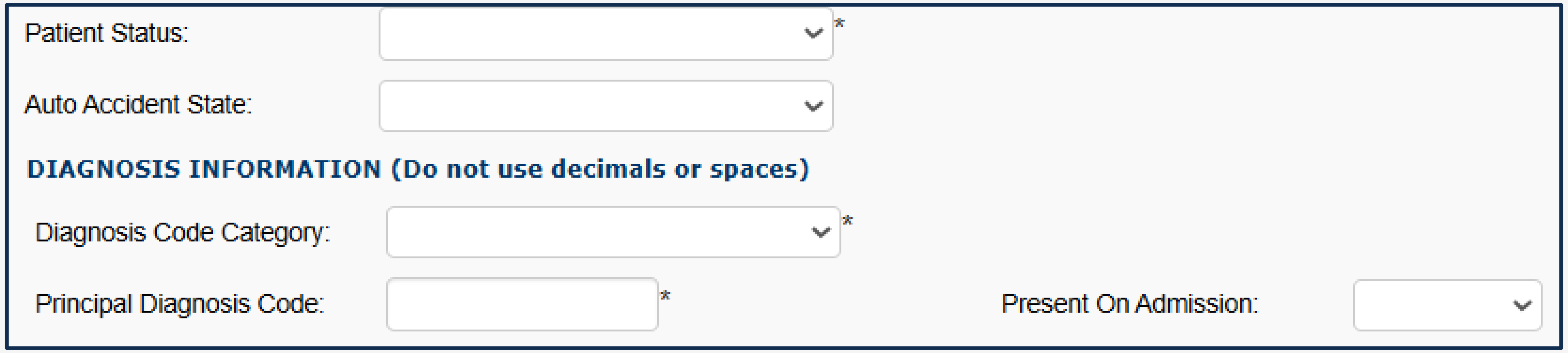
10. Enter the discharge time (in hours and minutes) in the **Discharge Hour** fields.



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.

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.

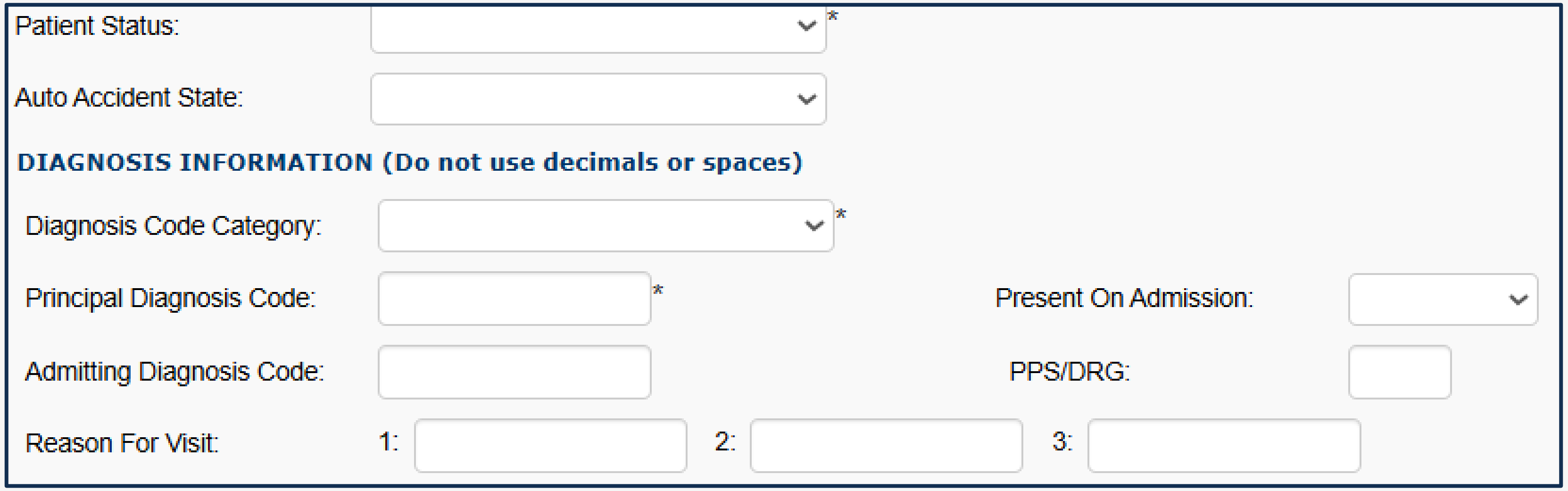

Patient Status: *
Auto Accident State:
DIAGNOSIS INFORMATION (Do not use decimals or spaces)
Diagnosis Code Category: *
Principal Diagnosis Code: *
Present On Admission:

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)

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.



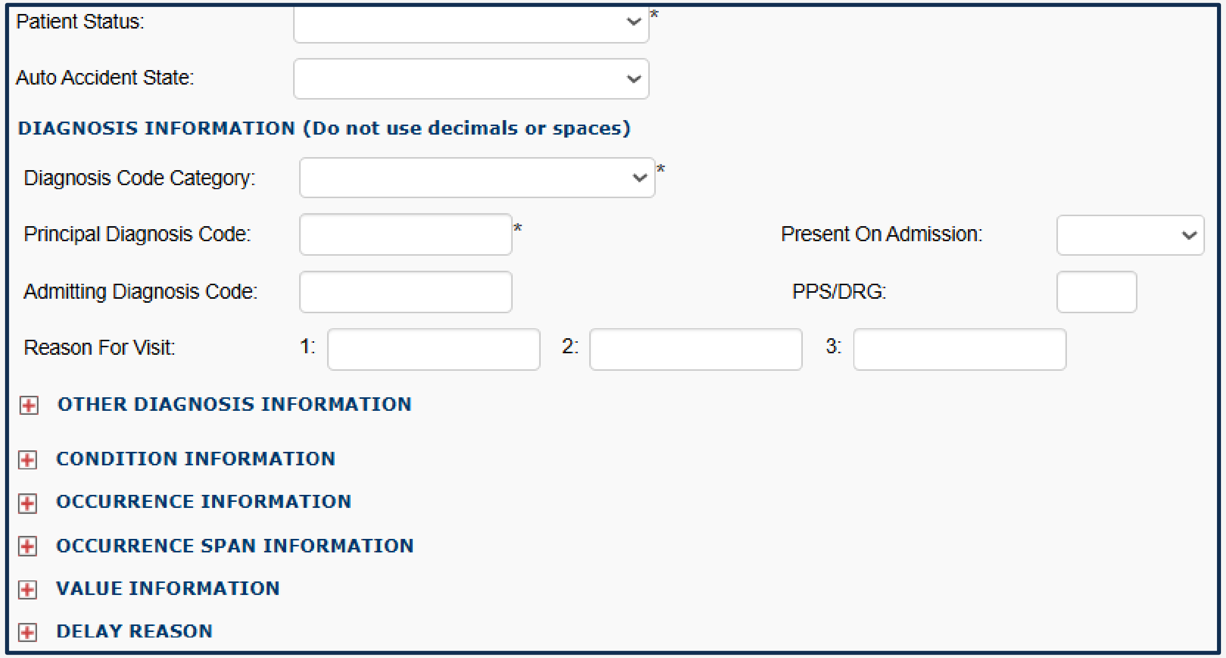
Bill Information – Institutional (10 of 13)

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

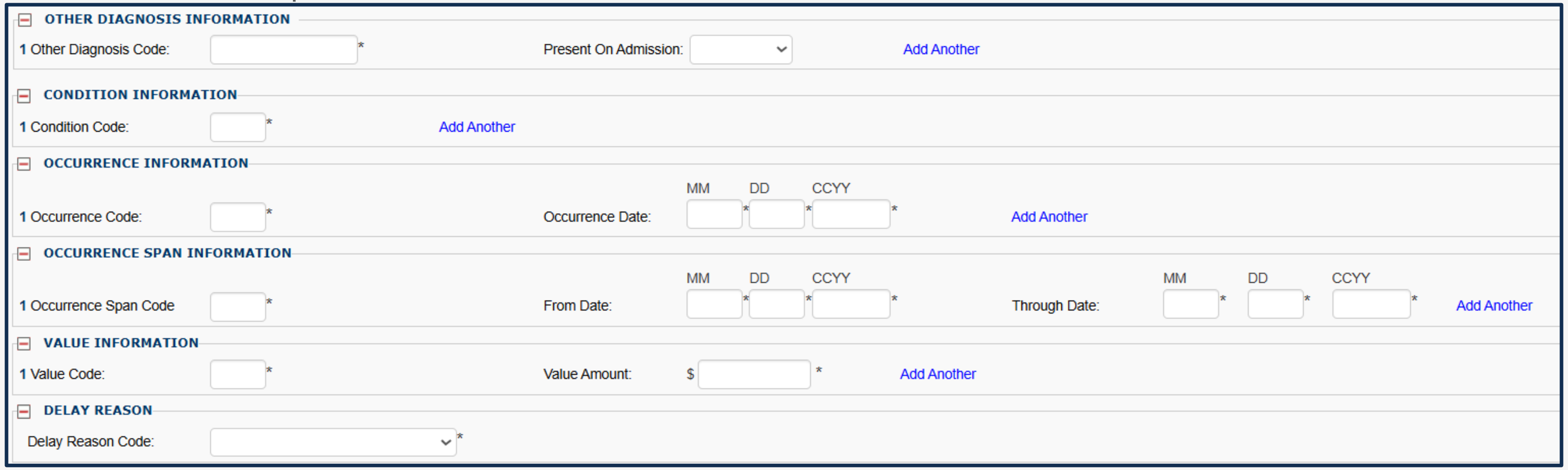


Bill Information – Institutional (11 of 13)

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

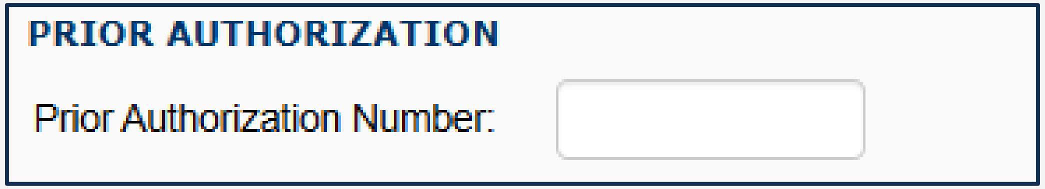
OCCURRENCE INFORMATION
1 Occurrence Code: * Occurrence Date: MM * DD * CCYY * Add Another

OCCURRENCE SPAN INFORMATION
1 Occurrence Span Code * From Date: MM * DD * CCYY * Through Date: MM * DD * CCYY * Add Another

VALUE INFORMATION
1 Value Code: * Value Amount: $ * Add Another

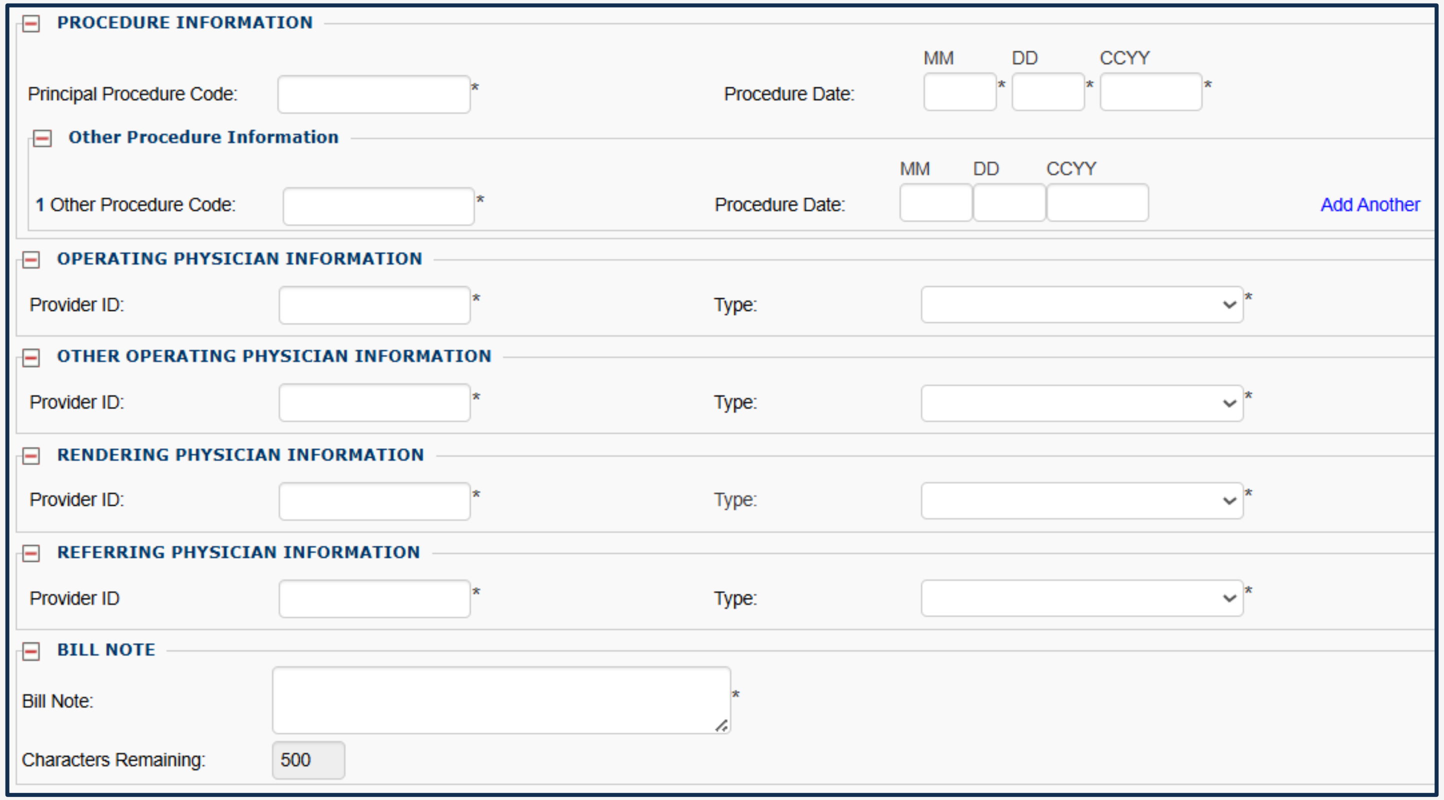
DELAY REASON
Delay Reason Code: *

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



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.

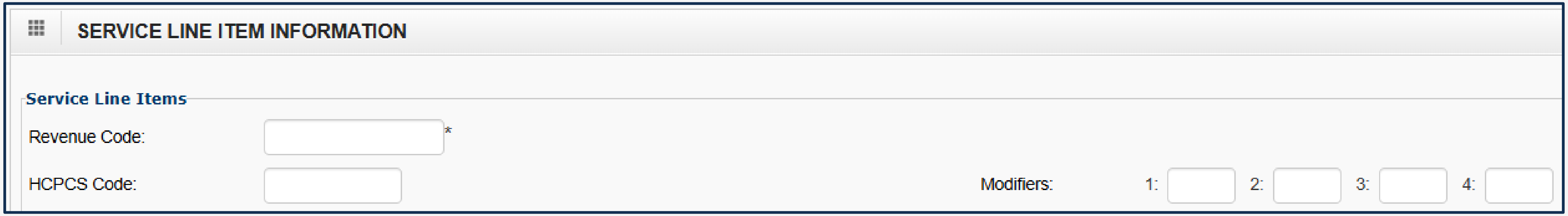


Service Line Item Information – Institutional (1 of 9)

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.



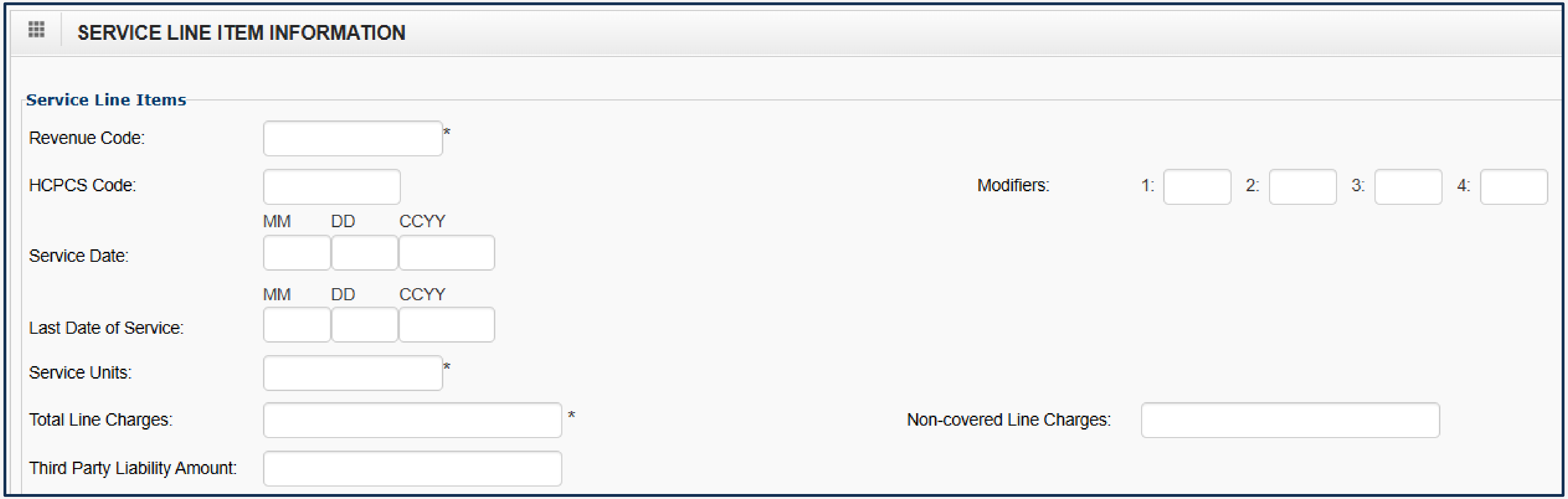
Service Line Item Information – Institutional (2 of 9)

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

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

Service Line Item Information – Institutional (4 of 9)

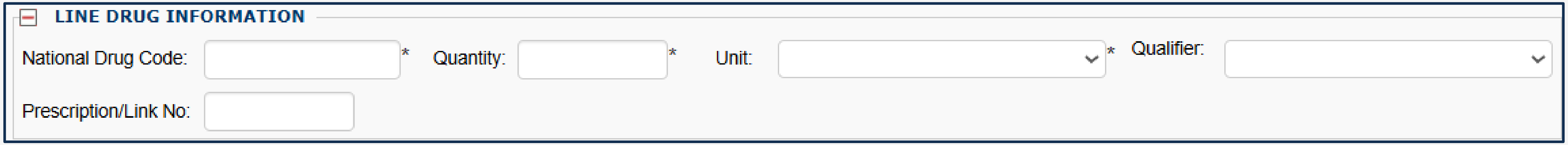
7. Complete the **Third Party Liability Amount** field. (Optional)
8. Complete the **Non-covered Line Charges** field. (Optional)



Service Line Item Information – 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.

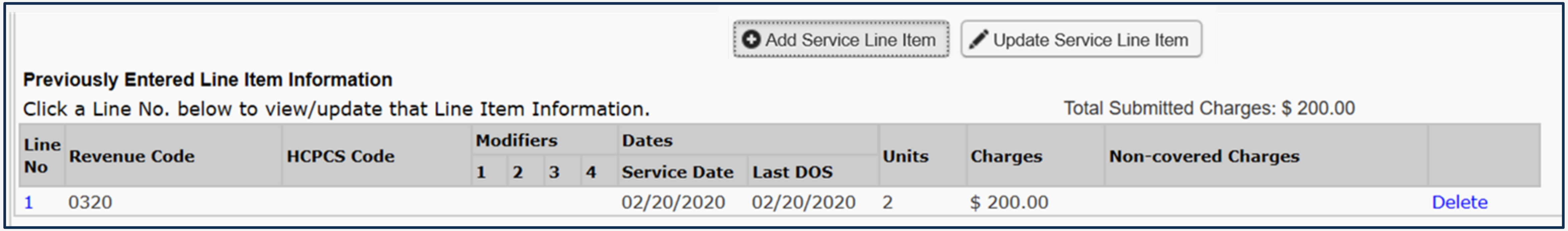
Note: Providers can select the plus icon to add **LINE DRUG INFORMATION** or the minus icon to minimize it if it is no longer needed.



Service Line Item Information – Institutional

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.



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

Service Line Item Information – Institutional

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

12. 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.

Add Service Line Item | Update Service Line Item

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.

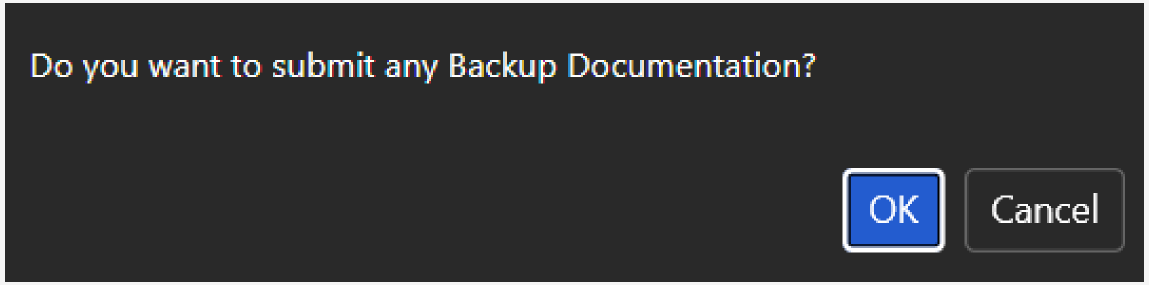
Note: The provider also has the option to save the bill and return later or reset the bill to start over. To view the steps on retrieving a saved bill, proceed to the Retrieving Saved Bills section of this document.

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?”

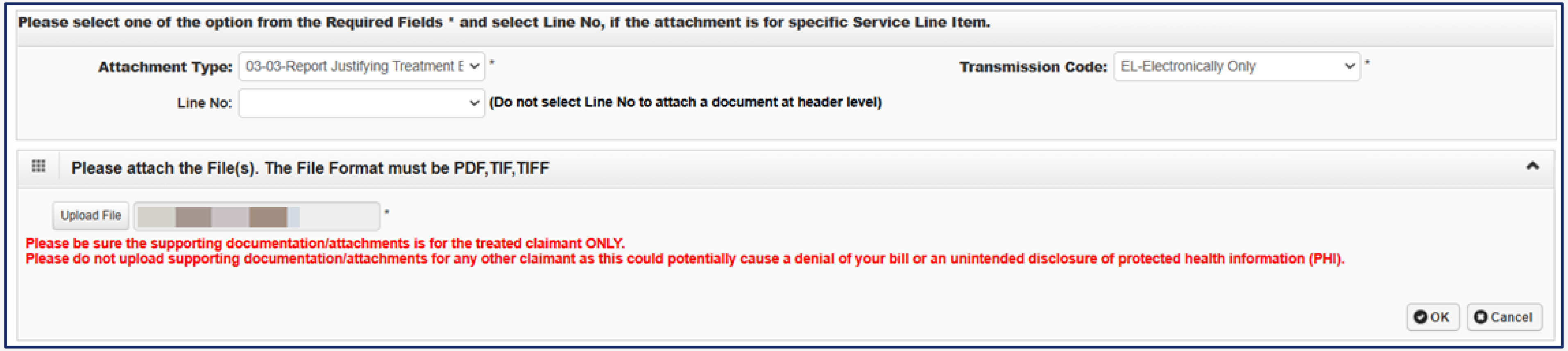
1. Proceed as applicable:
    - To add attachments, select **OK**. The **Add Attachments** window opens.
    - To proceed without attachments (no attachment is needed), select **Cancel**.

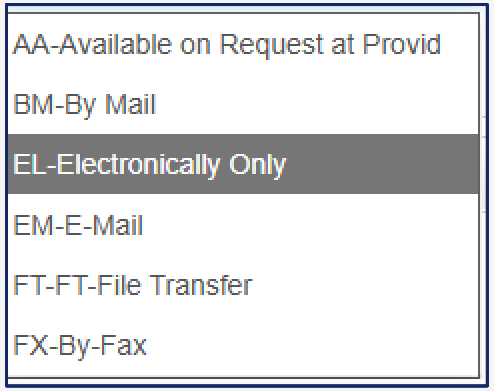


Adding an Attachment – Institutional (2 of 4)

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

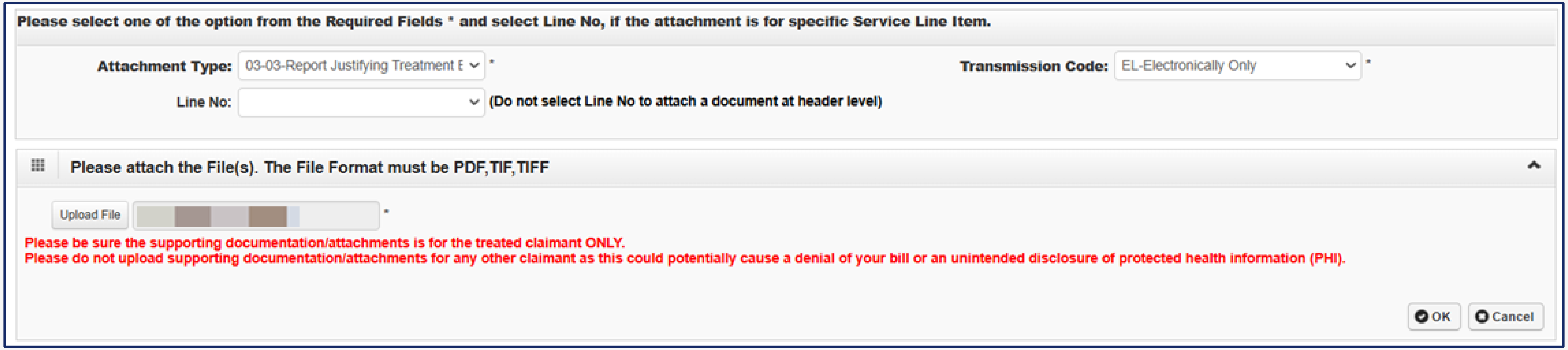
Note: Attachments can only be attached if selecting Transmission Code of **EL** or **FT**.





Adding an Attachment – Institutional (3 of 4)

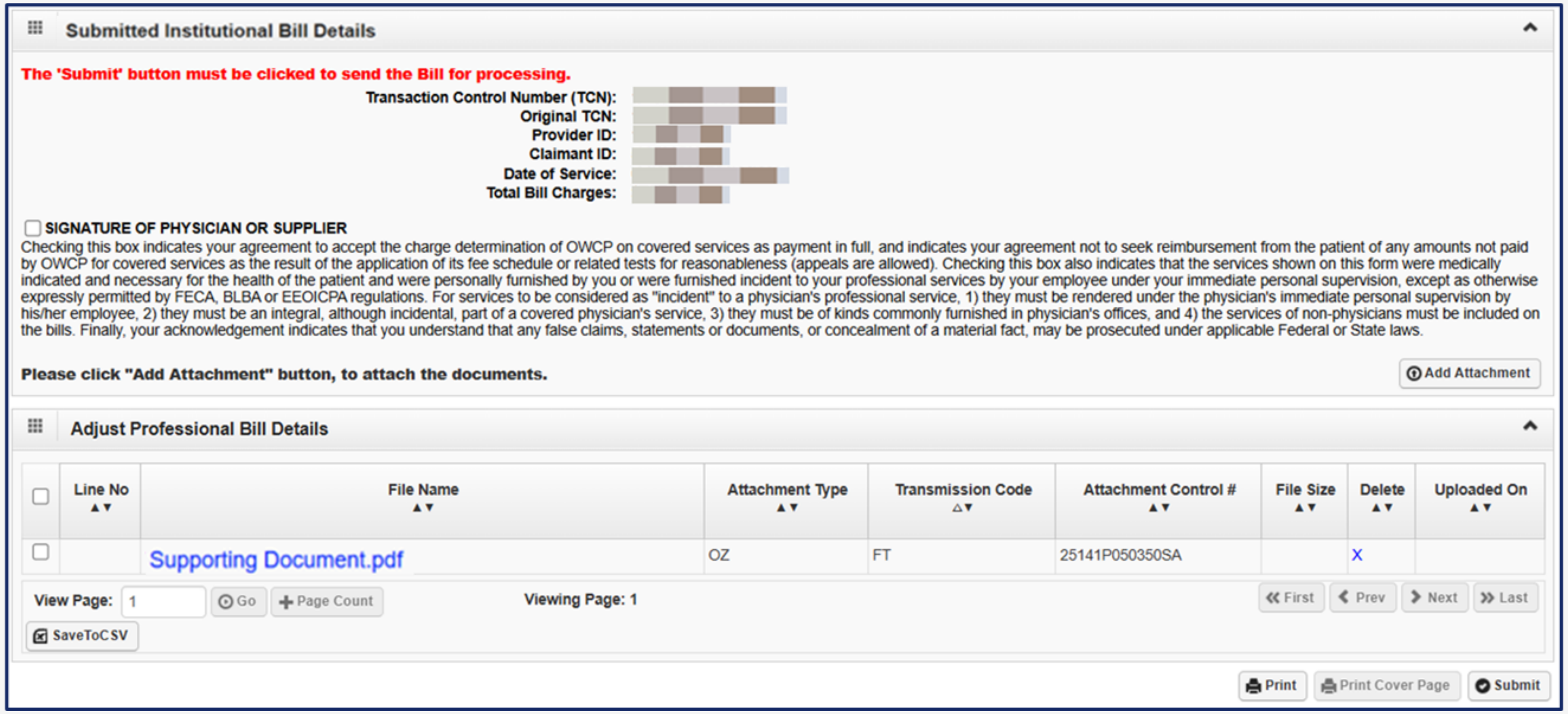
3. To locate and add the attachment, select **Upload File**, then select **OK**.



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.

Transaction Control Number (TCN): [redacted]
Original TCN: [redacted]
Provider ID: [redacted]
Claimant ID: [redacted]
Date of Service: [redacted]
Total Bill Charges: [redacted]

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

Adjust Professional Bill Details

	Line No	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
		Supporting Document.pdf	OZ	FT	25141P050350SA		X	

View Page: 1 Go Page Count Viewing Page: 1 First Prev Next Last

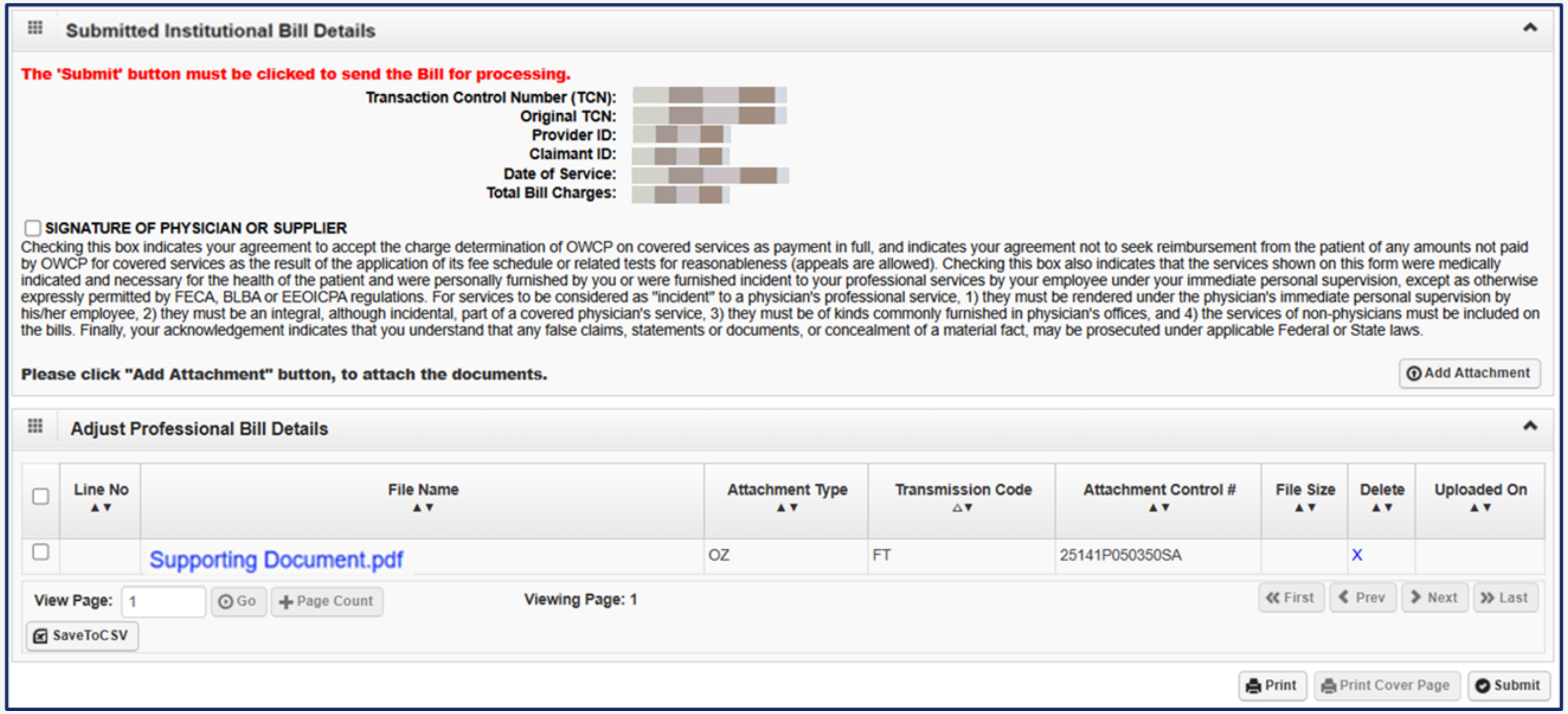
SaveToCSV

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.



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:

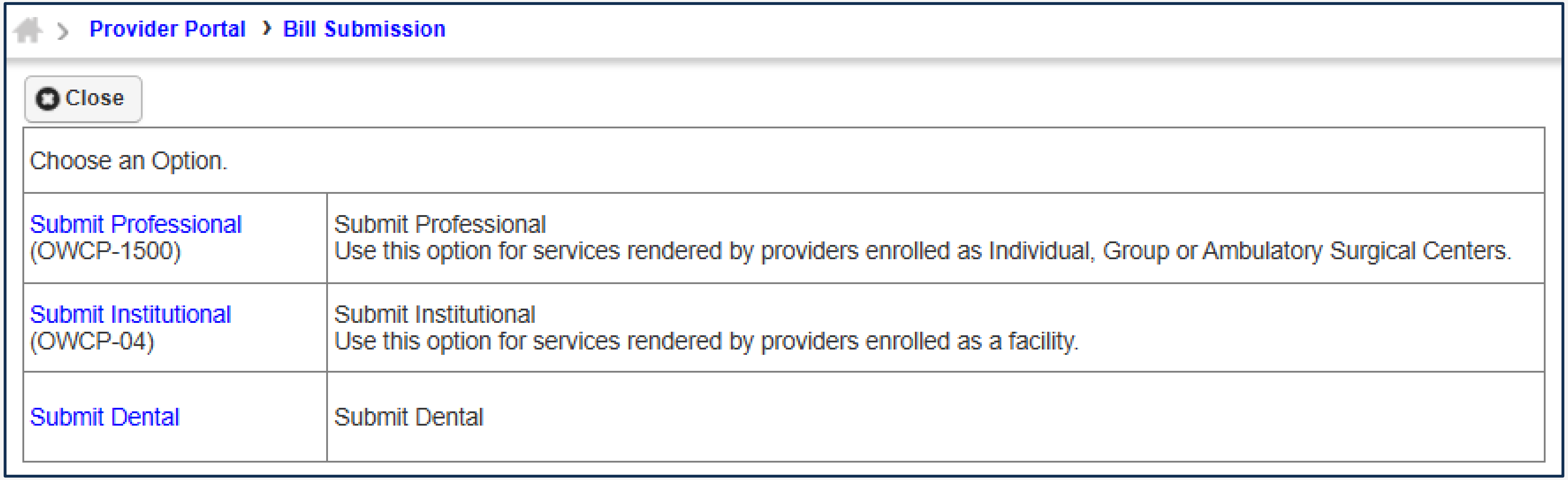
- Select **Cancel** to return to the bill, enter the missing information, and select **Submit Bill**, or
- Select **OK** to proceed with the current information.

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.



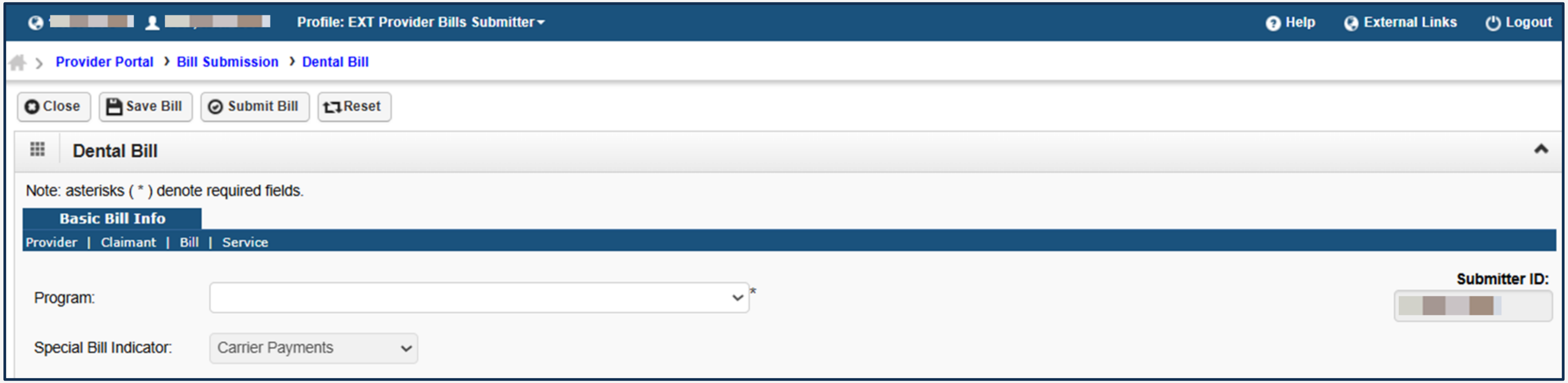
Provider Portal › Bill Submission

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

Program – Dental

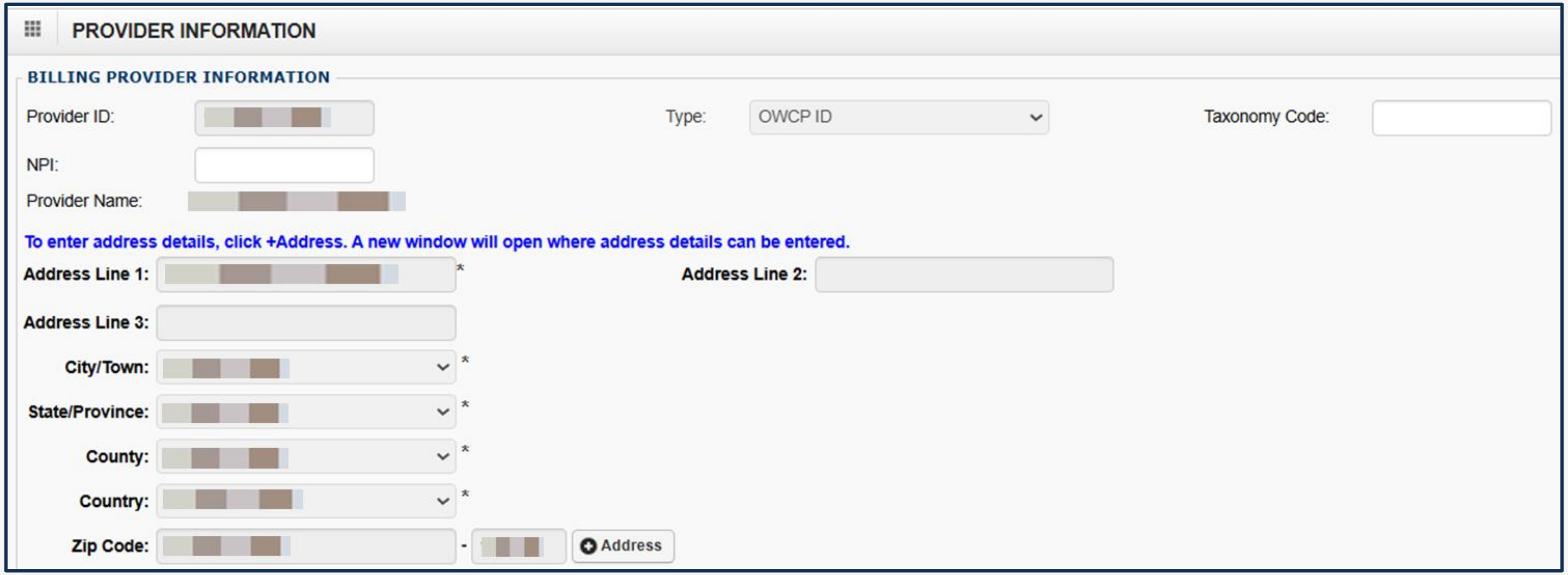
2. Select the claimant program for the bill being submitted from the **Program** drop-down list.



Provider Information – Dental (1 of 6)

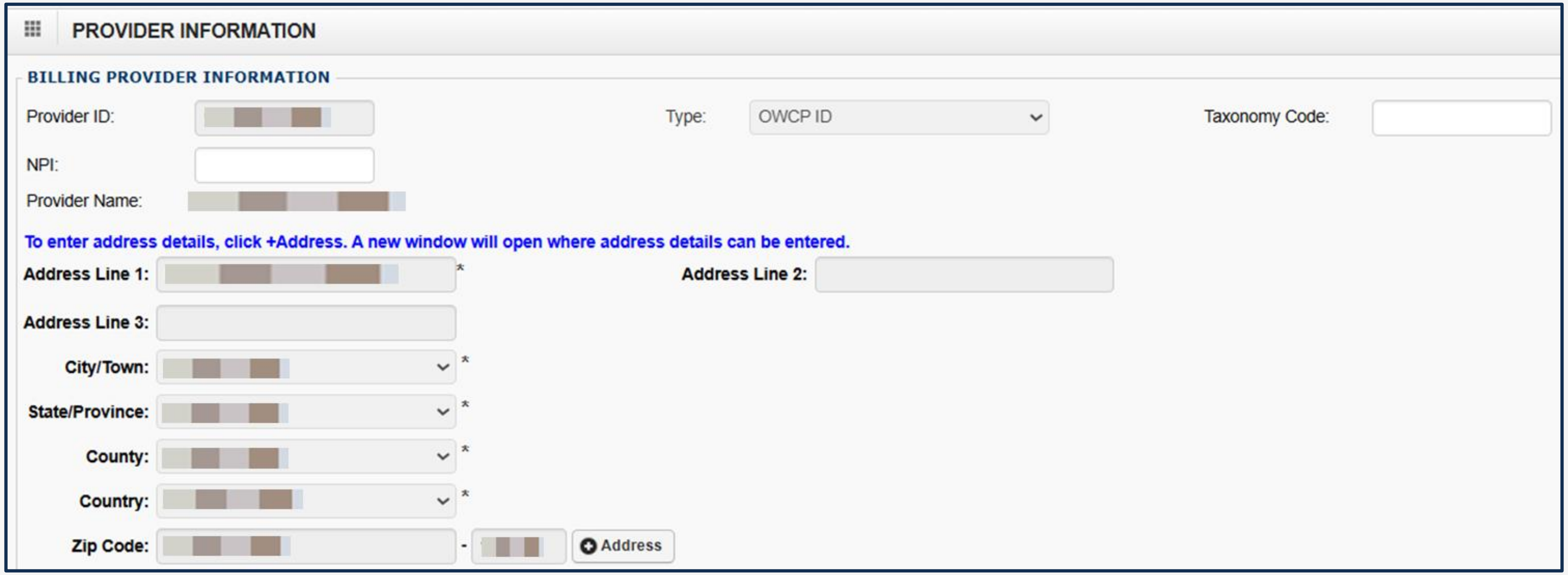
1. Enter the Billing Provider National Provider ID (NPI) number in the **NPI** field.

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 – Dental (2 of 6)

2. To make changes to the Billing Provider address, select **+Address**. The **Address details** window opens.
3. Enter the address and zip code in the **Address Line 1** and **Zip Code** fields.



Provider Information – Dental (3 of 6)

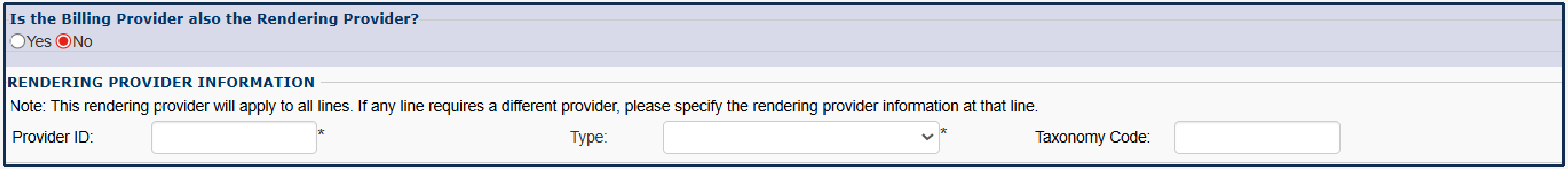
4. Select **Validate Address**. The remaining address fields automatically populate.
5. To return to the **Professional Bills Online Submission** page, select **OK**.

Provider Information – Dental (4 of 6)

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.

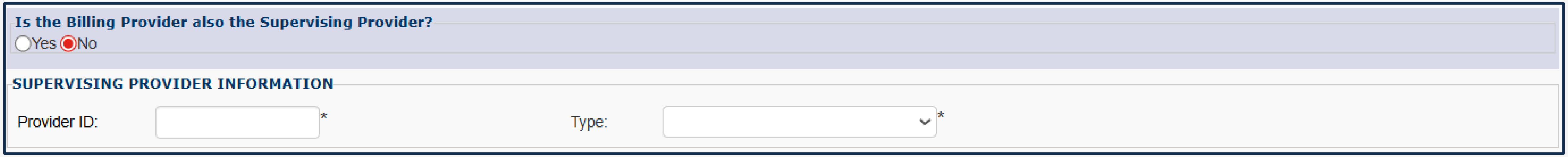
Note: Providers are encouraged to enter the **Taxonomy Code**.



Provider Information – Dental (5 of 6)

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.

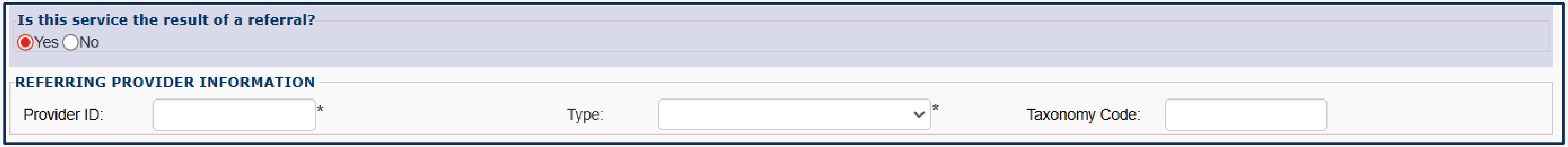


Provider Information – Dental (6 of 6)

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**.

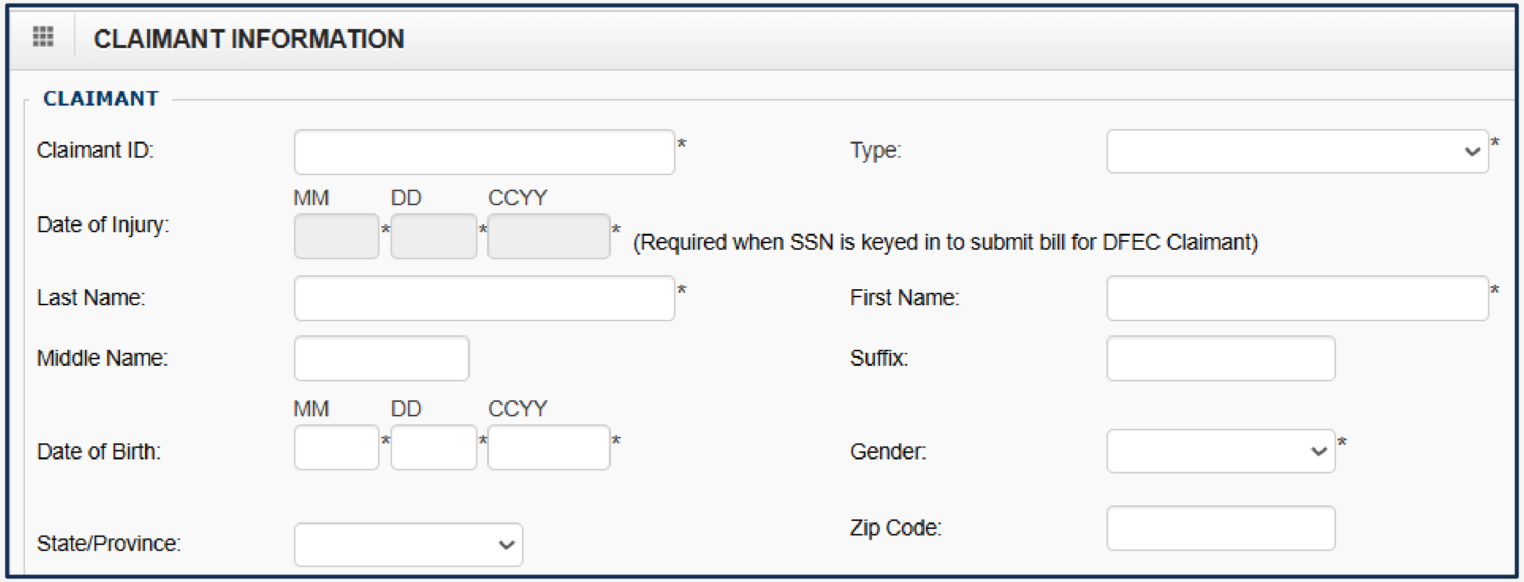


Claimant Information – Dental (1 of 2)

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.



Claimant Information – Dental (2 of 2)

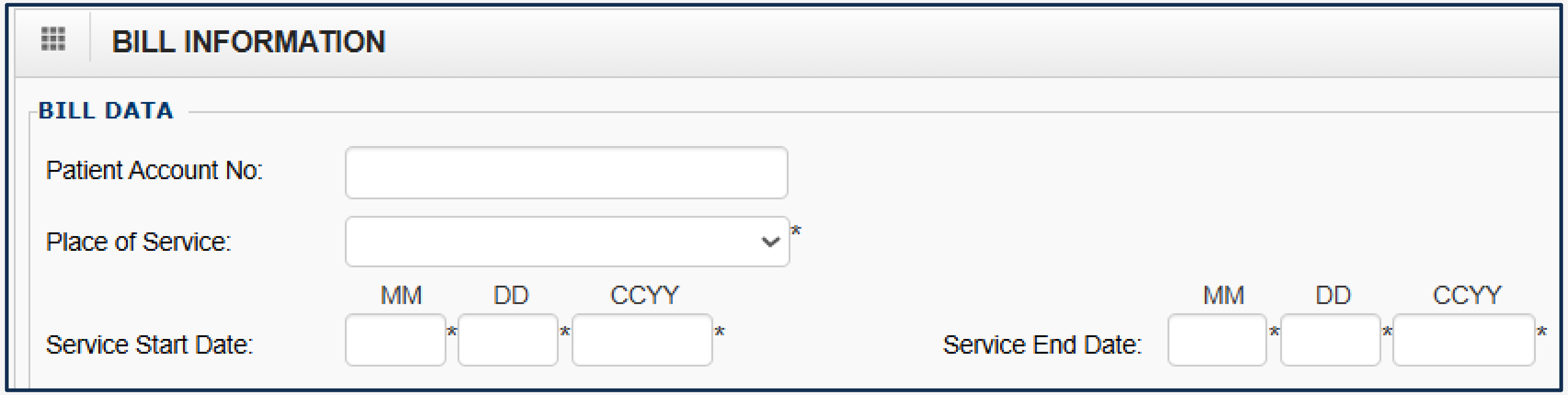
The **Does Bill have any Third-Party Liability Amount?** section automatically defaults to **No**.

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.

Bill Information – Dental (1 of 5)

Enter the following bill information:

1. In the **Patient Account No.** field, enter the patient's account number within the provider's organization.
2. Select the place of service from the **Place of Service** drop-down list.
3. Enter the date of service range in the **Service Start Date** and **Service End Date** fields.



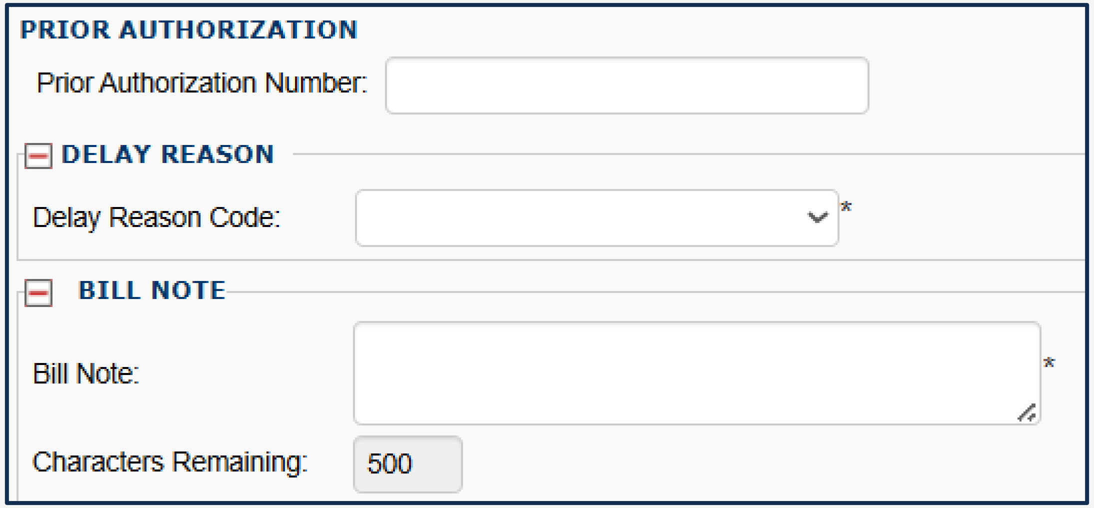
Bill Information – Dental (2 of 5)

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



Bill Information – Dental (3 of 5)

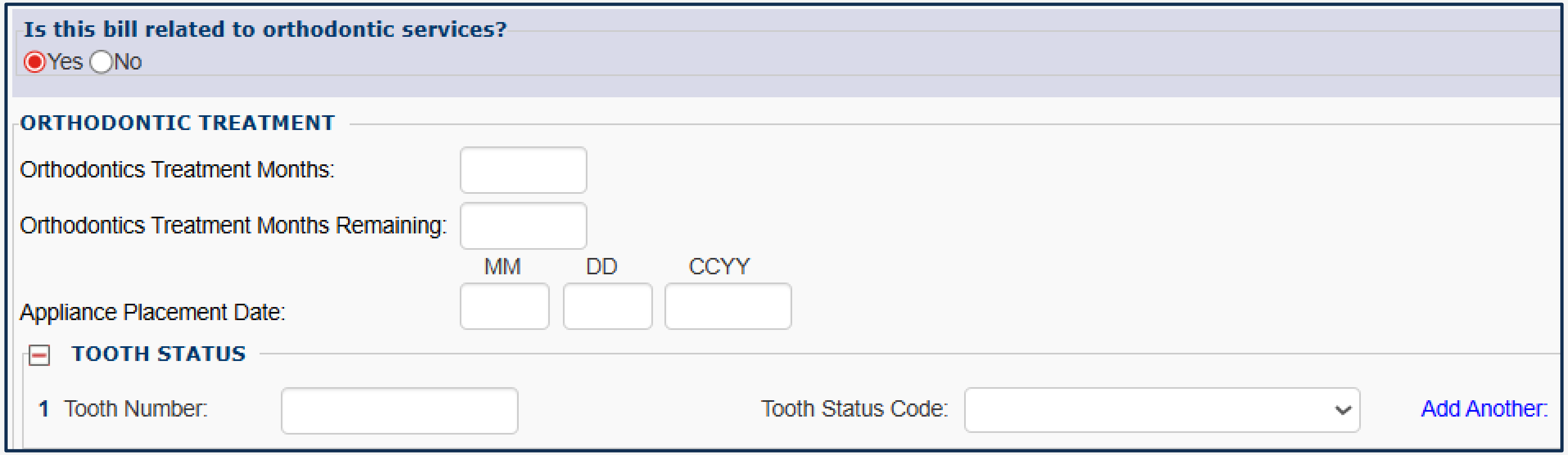
The **Is this bill accident related?** section automatically defaults to **No**.

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.

Bill Information – Dental (4 of 5)

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

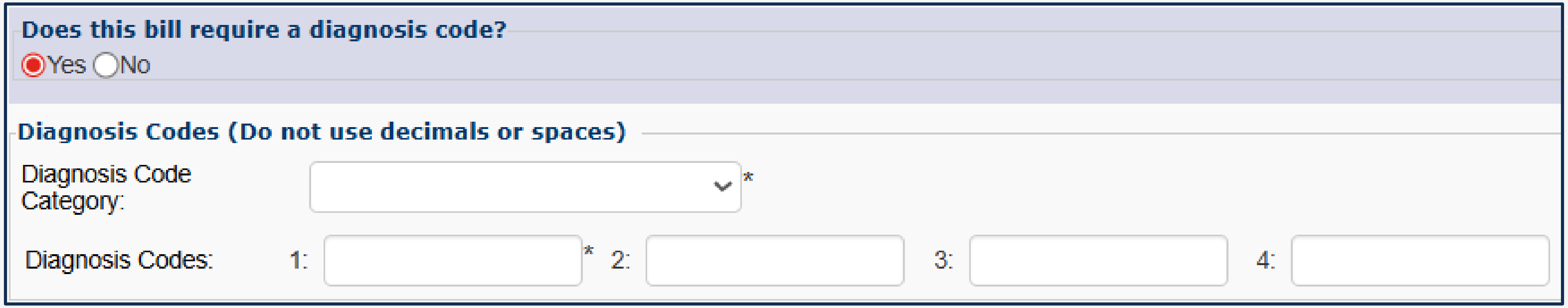
5. Complete the **Is this bill related to orthodontic services?** section as applicable:
   - If no (the bill is not orthodontic related), proceed to the next step.
   - If yes (the bill is orthodontic related), select **Yes**. The **ORTHODONTIC TREATMENT** section expands.
     a. Enter the orthodontic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



Bill Information – Dental (5 of 5)

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

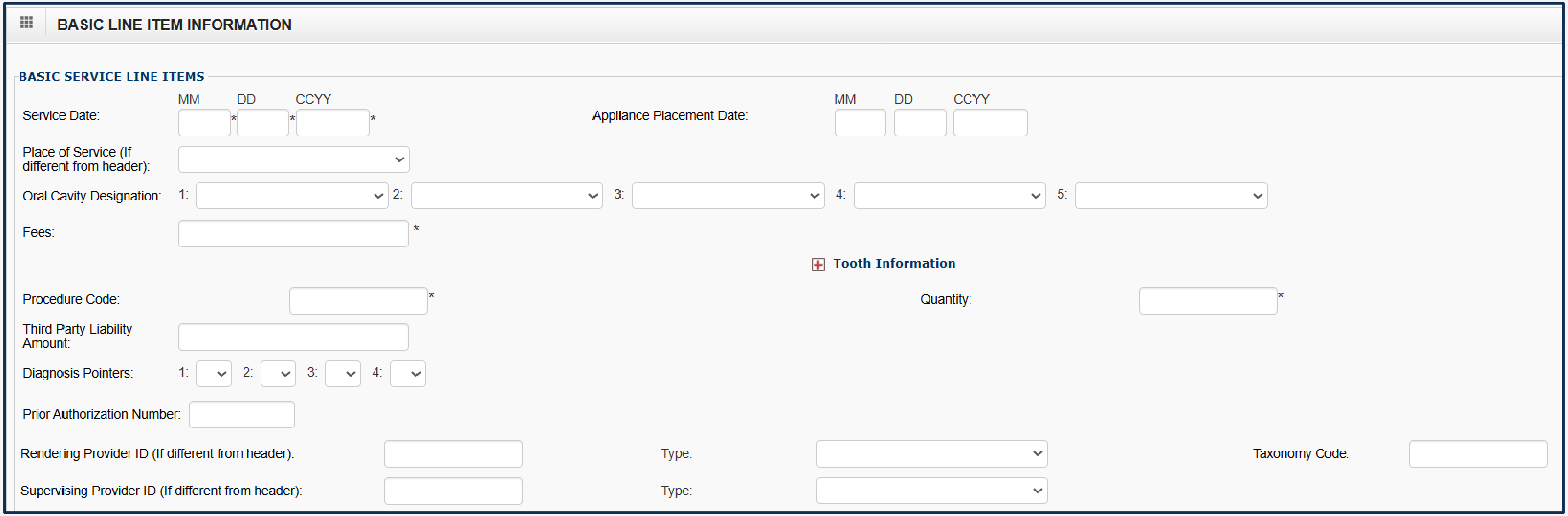
6. Complete the **Does the bill require a diagnosis code** section as applicable:
   - If no (the bill does not require a diagnosis code), proceed to the next step.
   - If yes (the bill requires a diagnosis code), select **Yes**. The section expands.
     a. Select the diagnosis code from the **Diagnosis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



Basic Line Item Information – Dental (1 of 11)

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: *

Tooth Information

Procedure Code: *

Quantity: *

Third Party Liability Amount:

Diagnosis Pointers: 1: 2: 3: 4:

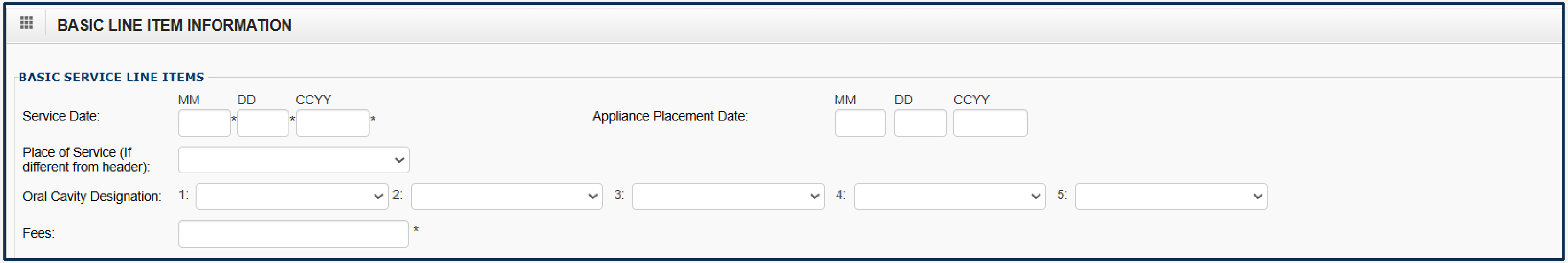
Prior Authorization Number:

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 11)

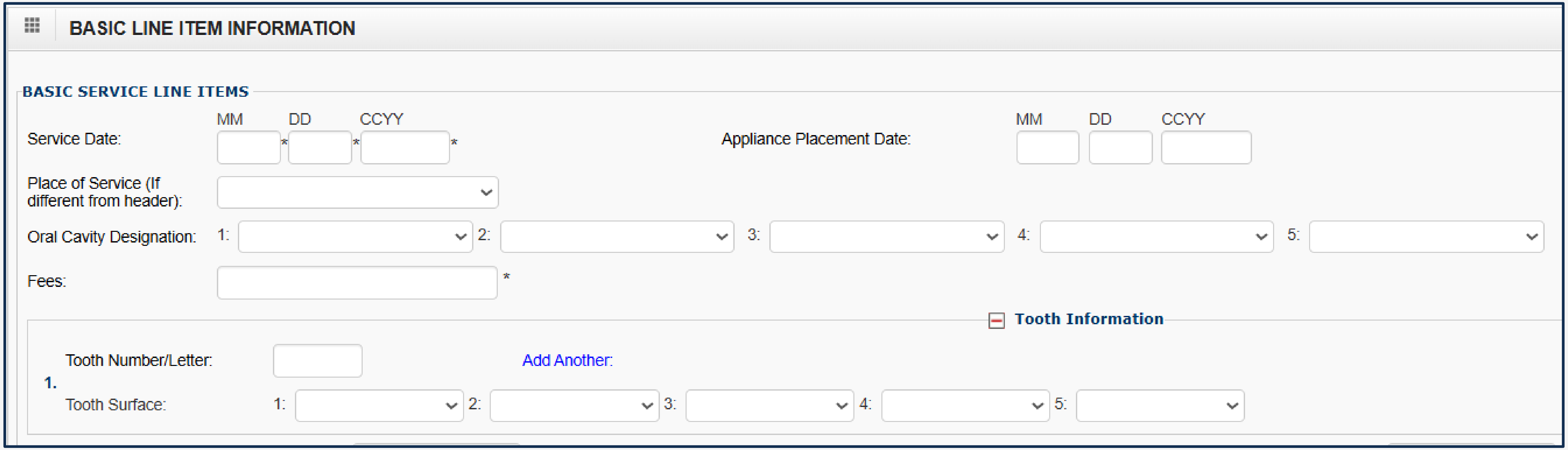
3. Select a place of service from the **Place of Service (if different from header)** drop-down list.
4. Select the oral cavity designation from the **Oral Cavity Designation** drop-down lists.
5. Enter submitted charges for the line item in the **Fees** field.



Basic Line Item Information – Dental (3 of 11)

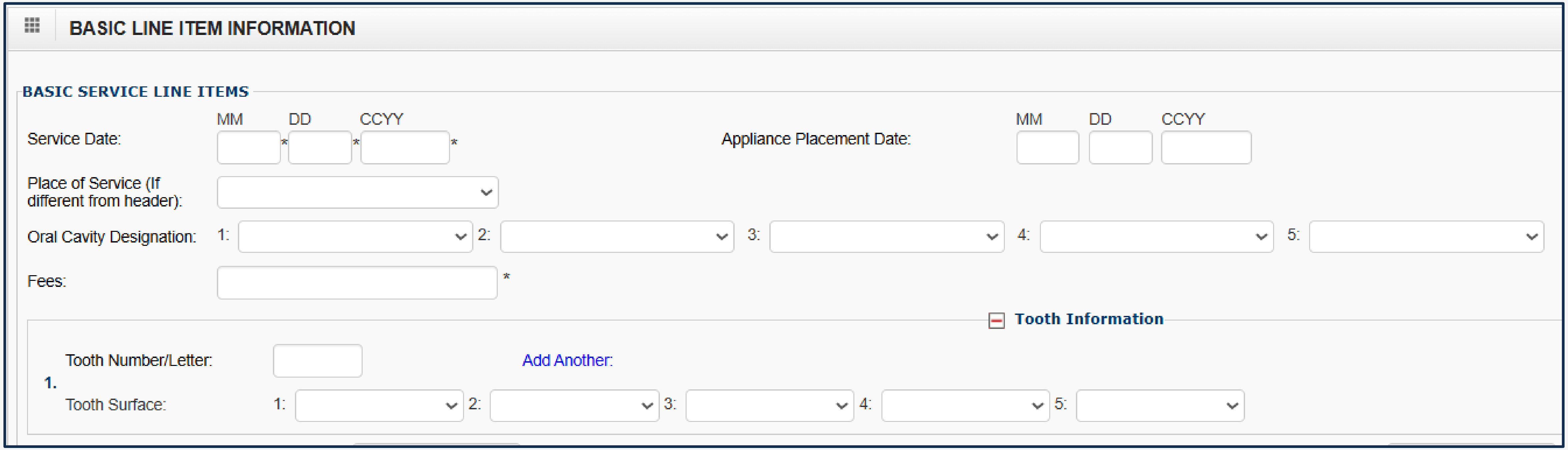
The **Tooth Information** section is collapsed by default.

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



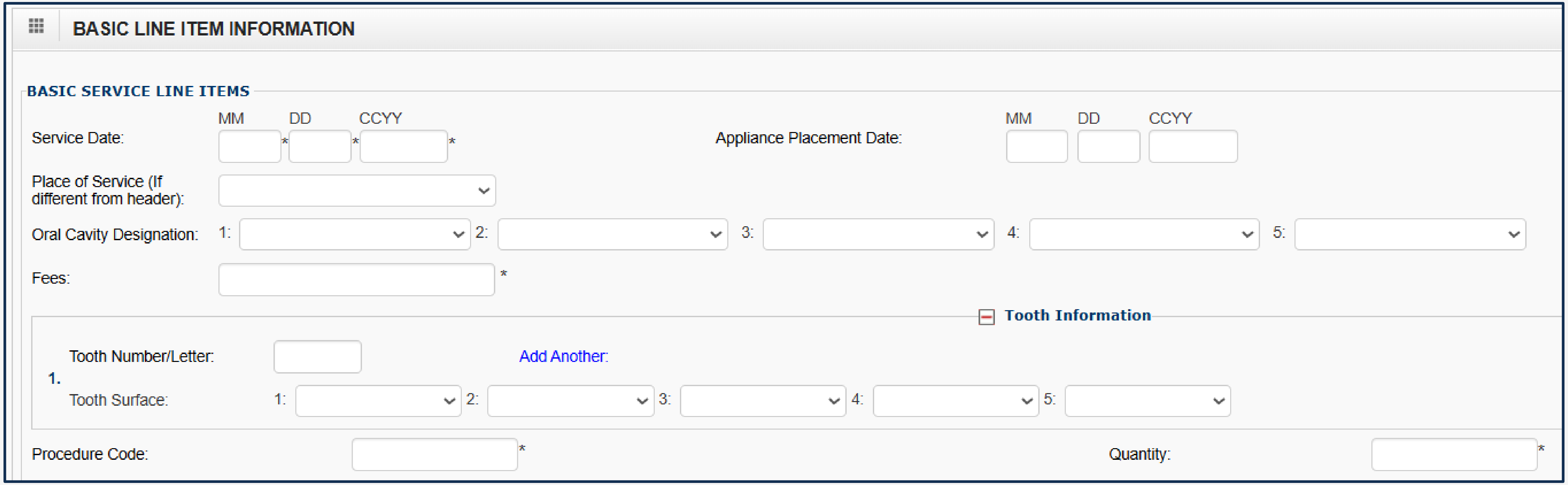
Basic Line Item Information – Dental (4 of 11)

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



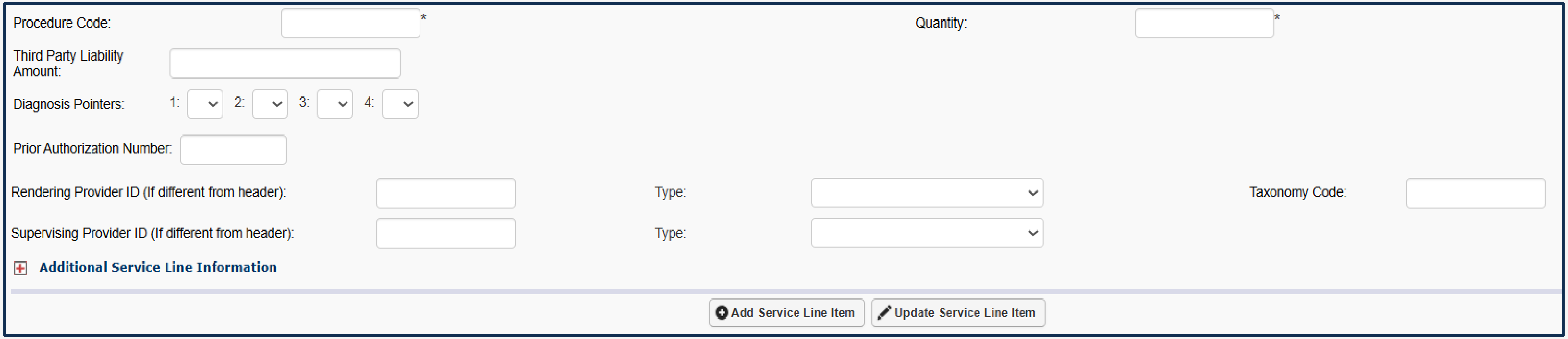
Basic Line Item Information – Dental (5 of 11)

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

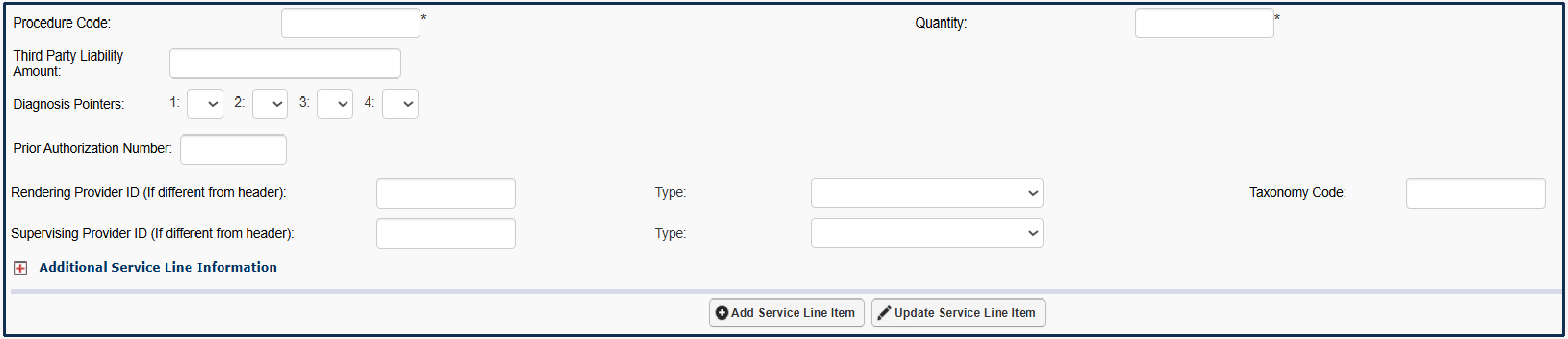


Basic Line Item Information – Dental (6 of 11)

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.

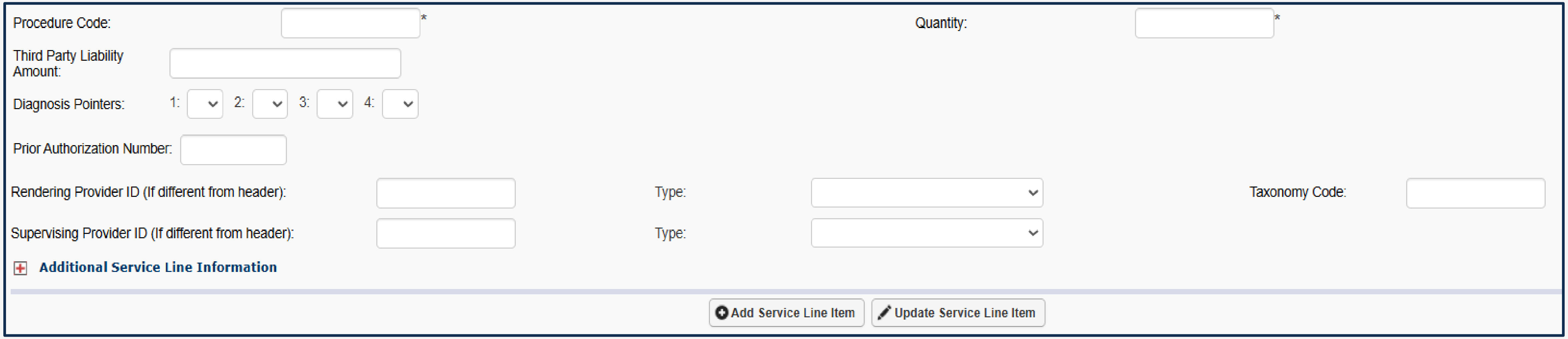


13. Complete the **Prior Authorization Number** field.



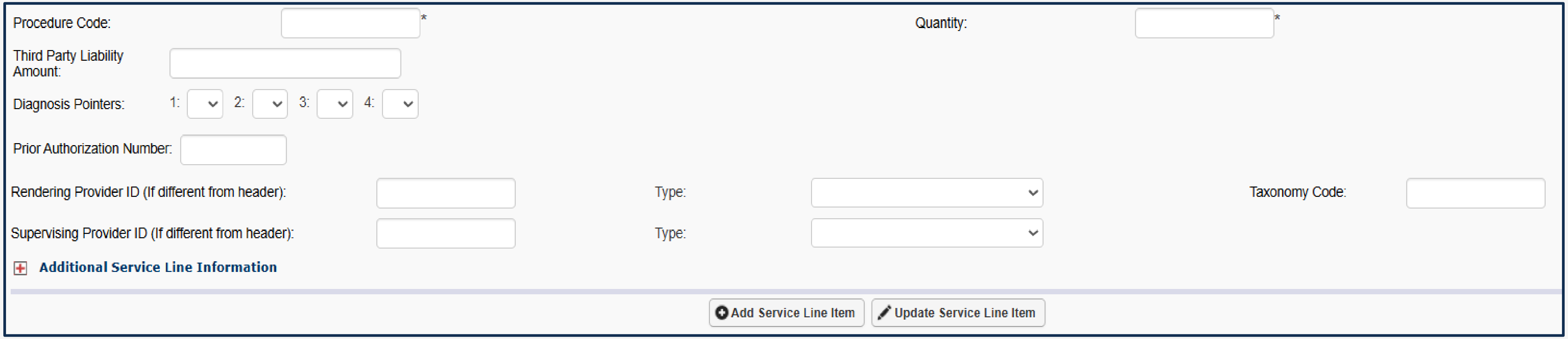
14. Complete the following fields as applicable:
    - If the rendering provider, ordering provider, or supervising provider is the same as the header provider information, then leave blank.
    - If the rendering provider or supervising provider differ from the header provider information input during 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.



Basic Line Item Information – Dental (9 of 11)

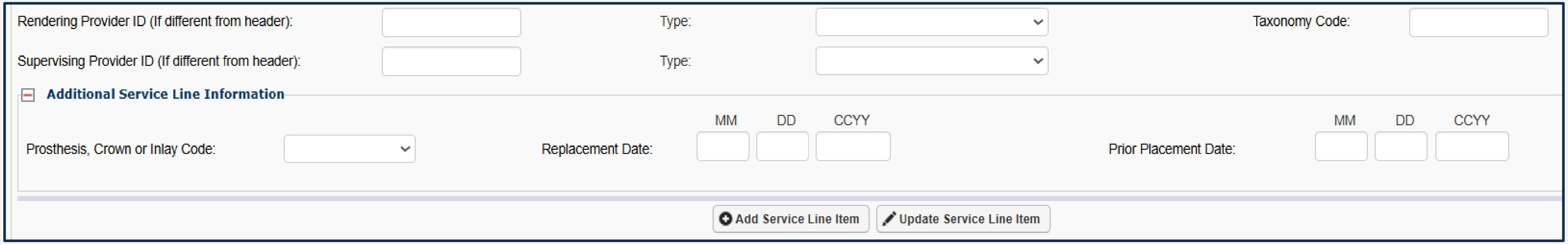
15. Enter the rendering provider's taxonomy code in the **Taxonomy Code** field.



Basic Line Item Information – Dental (10 of 11)

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

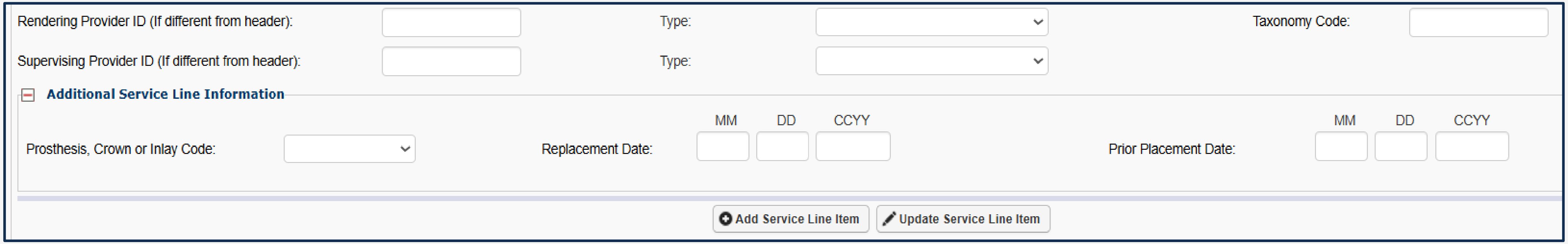
- Providers can select the plus icon to expand this section to enter relevant information in the **Additional Service Line Information** section.
- If this section is no longer needed, providers can select the minus icon to minimize it.



Basic Line Item Information – Dental (11 of 11)

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.

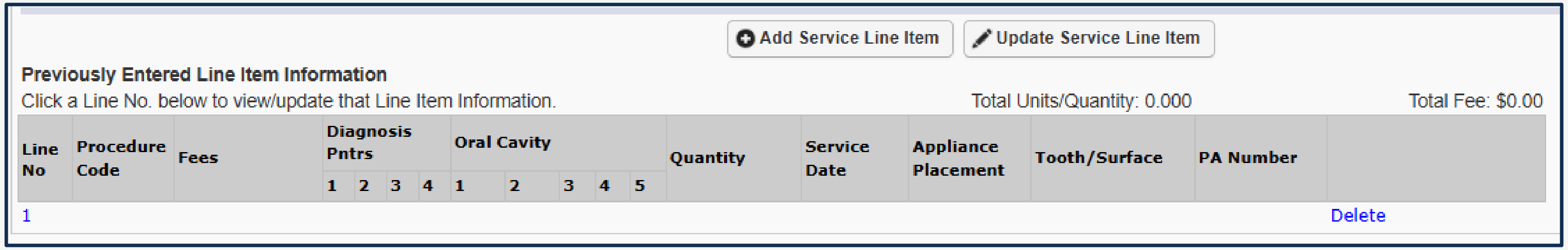
Note: Providers can select **Update Service Line Item** to make corrections and enter missing information to a line item that was previously added.



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.



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.

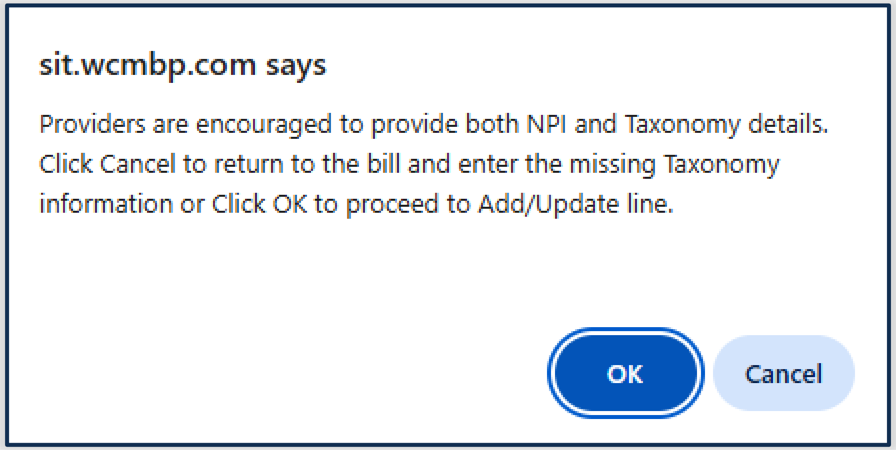
Note: Saved bills are available under the **Retrieve Saved Bills** menu for a later submission.

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.

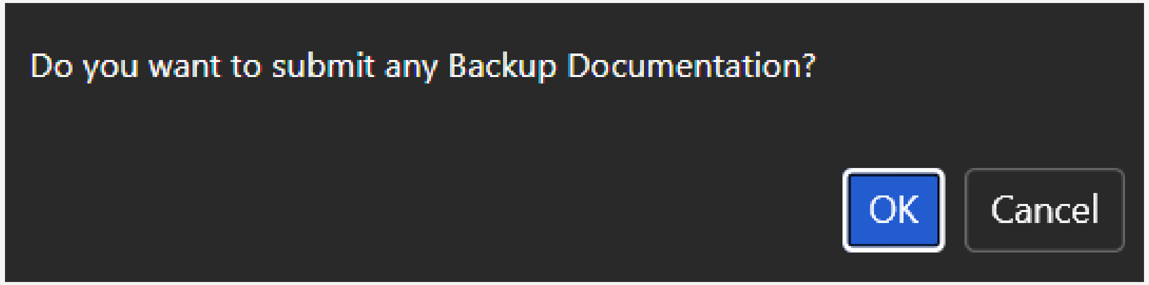
- To return to the bill and enter the missing taxonomy, select **Cancel**.
- To proceed to add or update the line, select **OK**.



Adding an Attachment – Dental (1 of 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?"

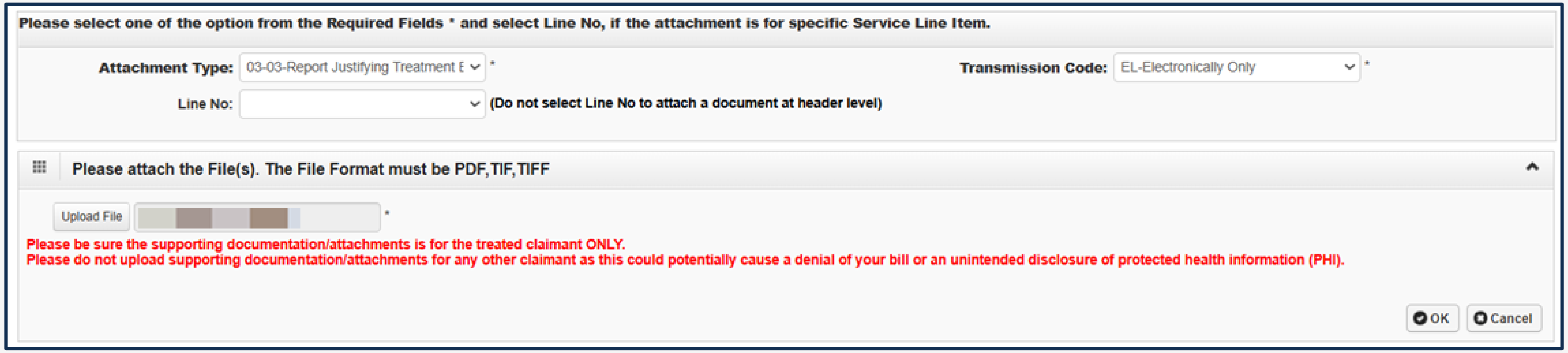
1. Proceed as applicable:
    - To add attachments, select **OK**. The **Add Attachments** window opens.
    - To proceed without attachments (no attachment is needed), select **Cancel**. The submitted professional bill details display.

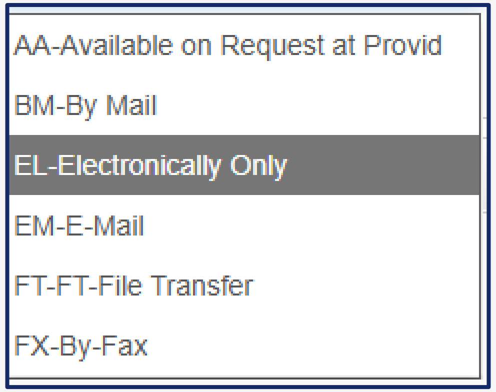


Adding an Attachment – Dental (2 of 4)

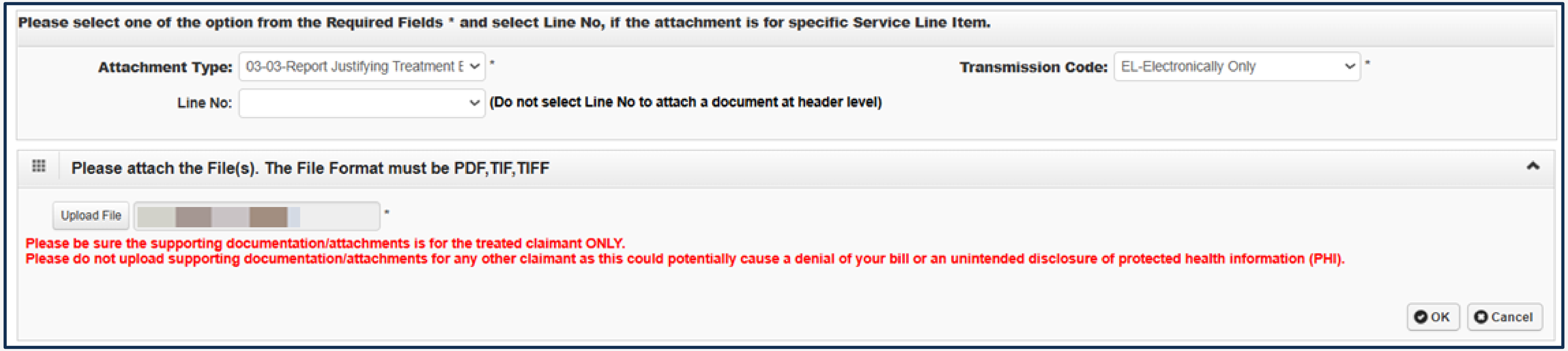
2. In the **Add Attachments** window, select the **Attachment Type** being submitted for the services rendered and select the **Transmission Code**.

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





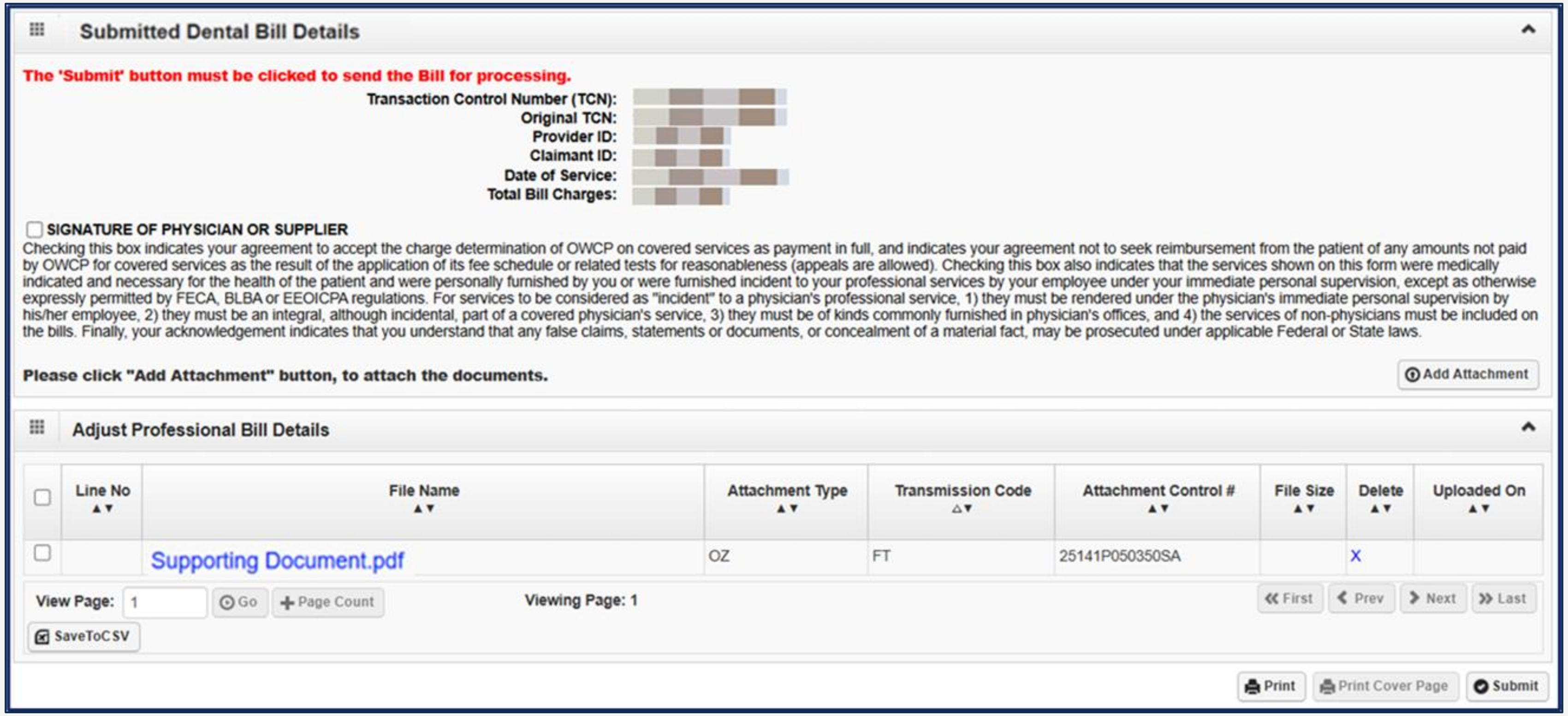
3. To locate and add the attachment, select **Upload File**, then select **OK**.



Adding an Attachment – Dental (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.

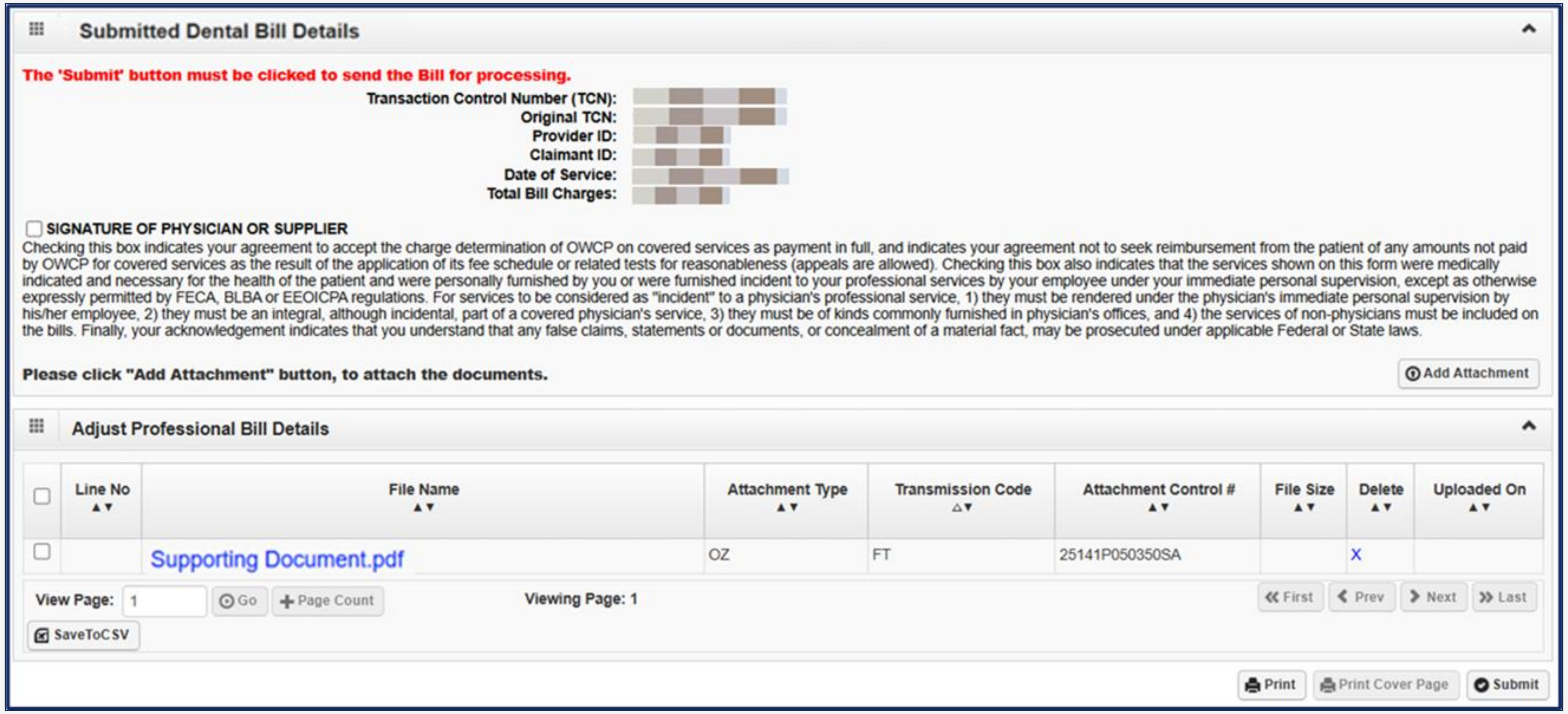
4. To complete the attestation, select the **SIGNATURE OF PHYSICIAN OR SUPPLIER** checkbox.



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.



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

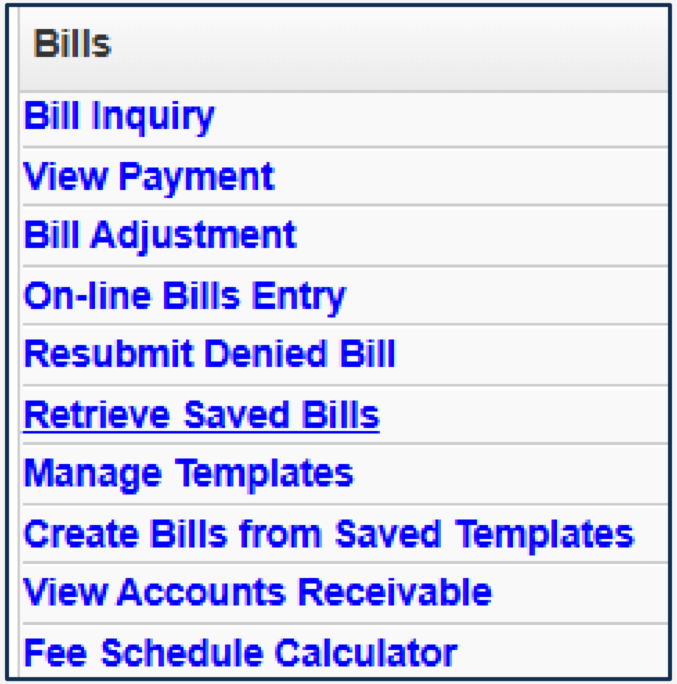
If the **Taxonomy Code** is missing or invalid, a warning message will display.

- 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.

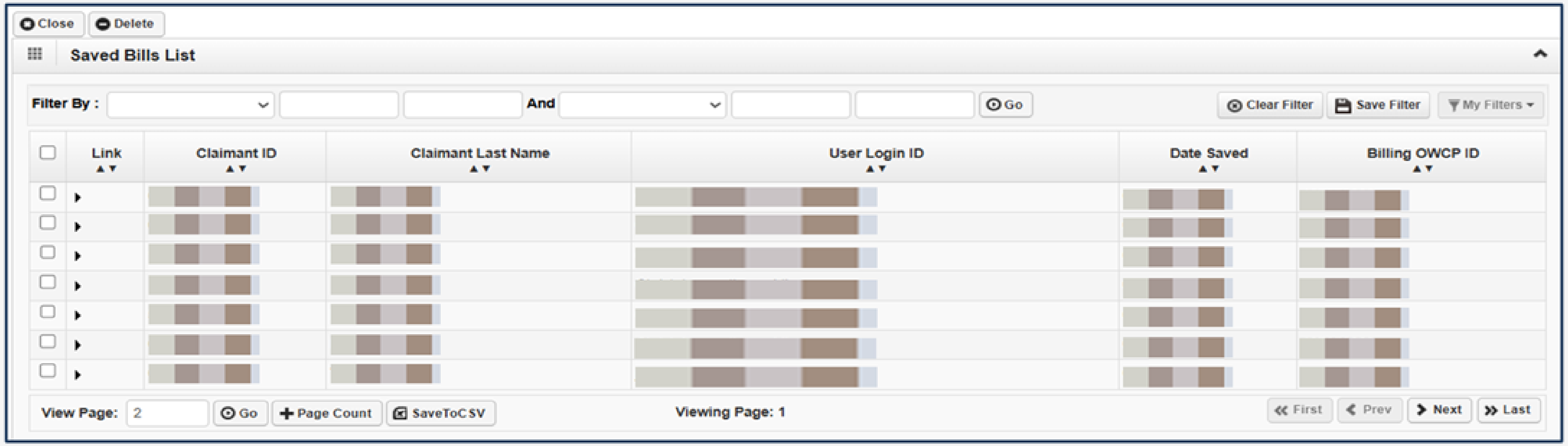
Retrieving Saved Bills

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



Retrieving Saved Bills (2 of 2)

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

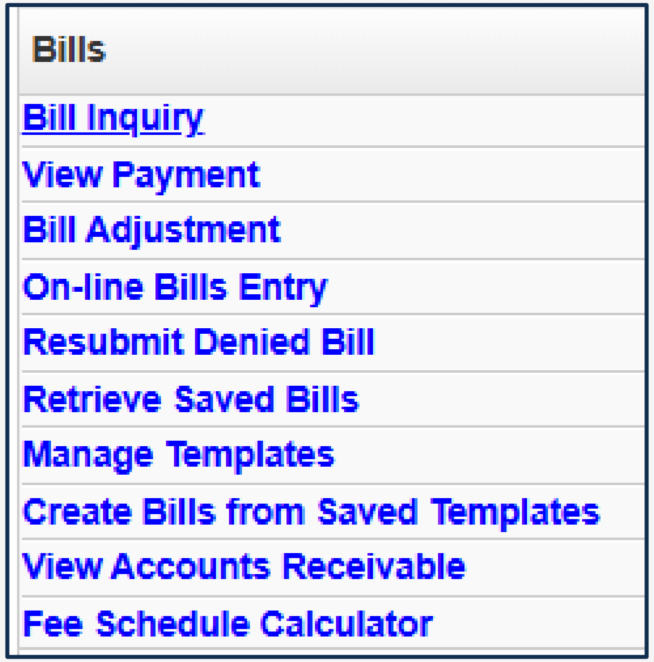
Adding Attachments After Bill Submission in the WCMBP System

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**.



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.

Bill Inquiry Providers List

Filter By : And And In Header List

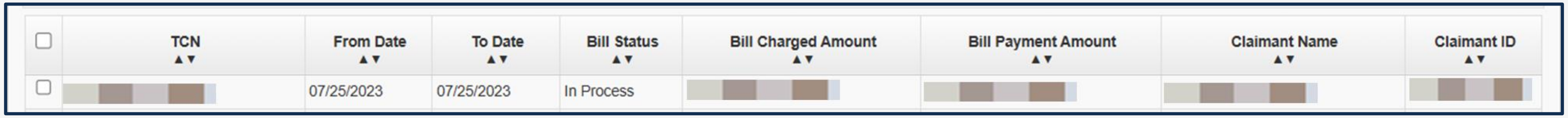
Programs All Bill Status All Bill Source All Go Clear Filter Save Filter My Filters

☐	TCN	From Date	To Date	Bill Status	Bill Charged Amount	Bill Payment Amount	Claimant Name	Claimant ID
☐	[redacted]	07/25/2023	07/25/2023	In Process	[redacted]	[redacted]	[redacted]	[redacted]
☐	[redacted]	06/27/2024	06/27/2024	In Process	[redacted]	[redacted]	[redacted]	[redacted]
☐	[redacted]	01/13/2023	01/19/2023	In Process	[redacted]	[redacted]	[redacted]	[redacted]
☐	[redacted]	09/14/2022	09/21/2022	In Process	[redacted]	[redacted]	[redacted]	[redacted]
☐	[redacted]	08/19/2024	08/19/2024	In Process	[redacted]	[redacted]	[redacted]	[redacted]
☐	[redacted]	08/07/2024	08/07/2024	In Process	[redacted]	[redacted]	[redacted]	[redacted]
☐	[redacted]	05/09/2020	05/09/2024	In Process	[redacted]	[redacted]	[redacted]	[redacted]
☐	[redacted]	05/30/2024	05/30/2024	In Process	[redacted]	[redacted]	[redacted]	[redacted]
☐	[redacted]	08/01/2024	08/01/2024	In Process	[redacted]	[redacted]	[redacted]	[redacted]
☐	[redacted]	07/25/2024	07/25/2024	In Process	[redacted]	[redacted]	[redacted]	[redacted]

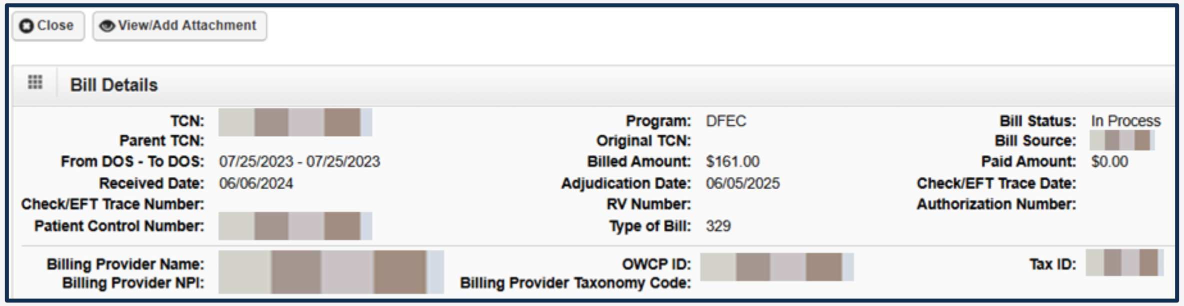
View Page: 2 Go Page Count SaveToCSV Viewing Page: 1 First Prev Next Last

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

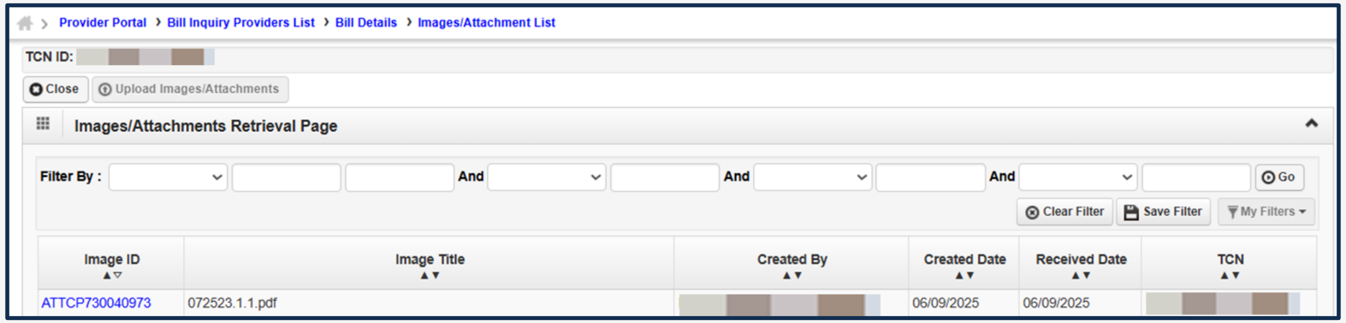
2. Complete these steps to add an attachment:
   a. Select the **TCN** link for the "In Process" bill.



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

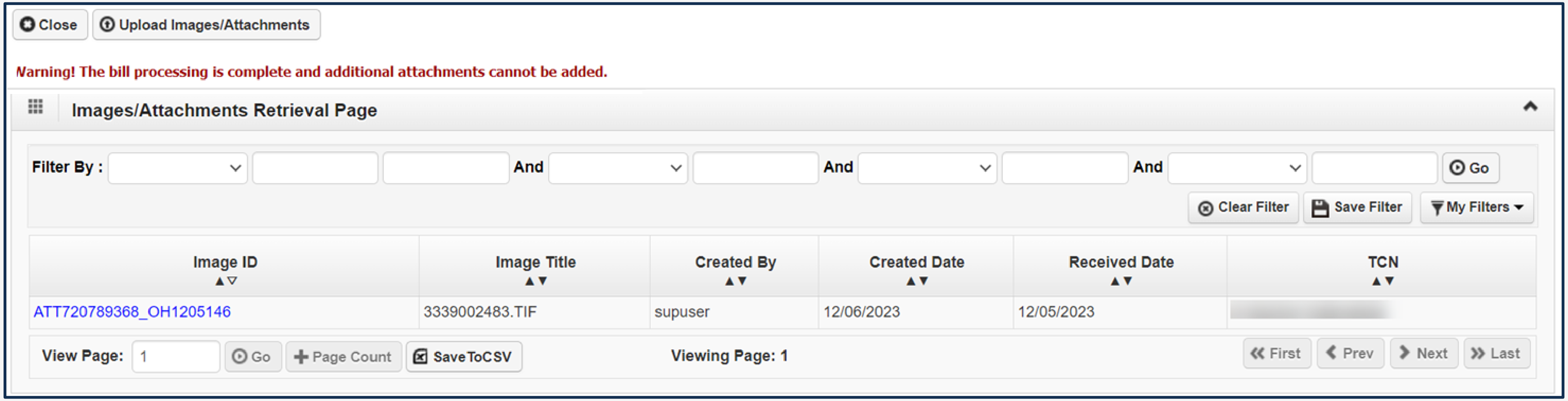


   c. Select **Upload Images/Attachments**.



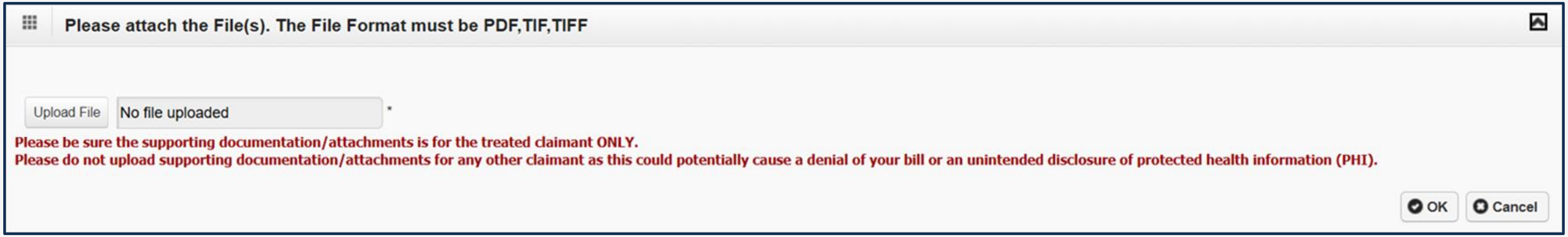
Adding an Attachment to “In Process” Status Bills (4 of 6)

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.



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

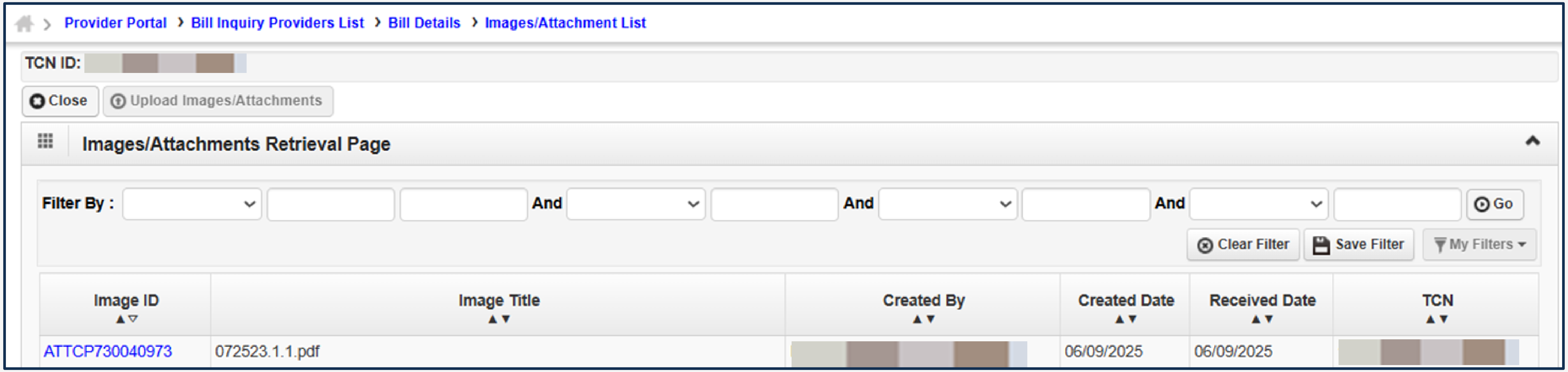
3. To upload documentation, select **Upload File**.
4. Select **OK**.



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.



THANK YOU!