

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.

The screenshot shows the OWCP Connect login page. The header is blue and contains the United States Department of Labor logo on the left, the OWCP logo in the center, and 'Help | FAQ' on the right. The main content area is white and divided into three columns:


- OWCP Connect:** A box with a title 'OWCP Connect' and a list of services available after login, such as 'Look up a claimant's case number' and 'Submit prior authorization requests'.
- Existing User:** A box with the title 'Existing User' and a login form. It includes a text input field for 'Login Using Email Address:', a 'LOGIN' button, a 'Forgot password?' link with a 'PASSWORD RESET' button, and a 'Change Email?' link with a 'CHANGE EMAIL' button.
- New User:** A box with the title 'New User' and a 'CREATE ACCOUNT' button. It also includes a section for 'Information for Medical Providers' with a list of steps: '1. This process generally takes 3-5 minutes', '2. Enrollment Tutorials (Click Here)', and '3. Contact Us (Click Here)'.

Submitting Bills in the WCMBP System (2 of 5)

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




United States Department of Labor
Office of Workers' Compensation Programs



Help | FAQ

Login

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

Security Image 

Key Phrase tree

Password *

* Required Field

SUBMIT

Instructions

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

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

PASSWORD CRITERIA

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

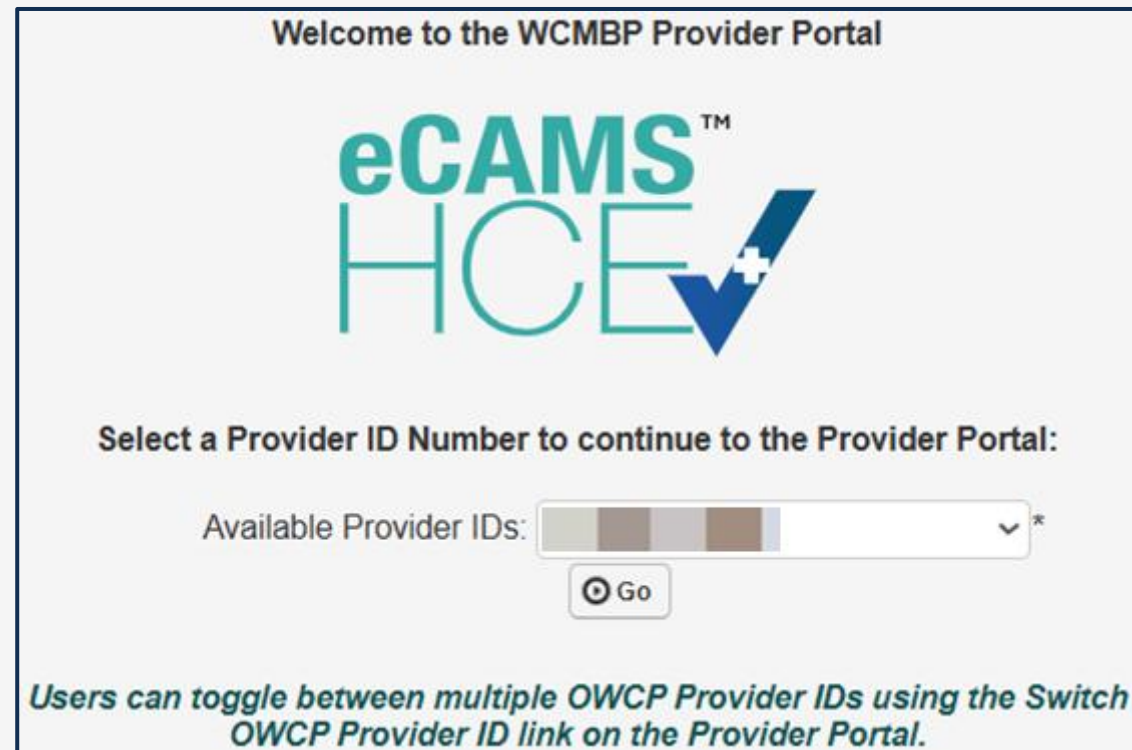
- Uppercase letters (including, but not limited to A, B, C, Y, Z, etc.)
- Lowercase letters (including, but not limited to a, b, c, y, z, etc.)
- Special Characters (limited to #, ?, !, @, \$, %, ^, &, *, -)
- Numbers (including, but not limited to, 1, 2, 3, 4, 5, etc.)

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


Submitting Bills in the WCMBP System (3 of 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**.



Welcome to the WCMBP Provider Portal

eCAMSTM
HCE 

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


Available Provider IDs:

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


Submitting Bills in the WCMBP System (4 of 5)

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

Welcome to the Workers' Compensation Medical Bill Process System

eCAMSTM
HCE 

Select a profile to use during this session:

Profile: *

Submitting Bills in the WCMBP System (5 of 5)

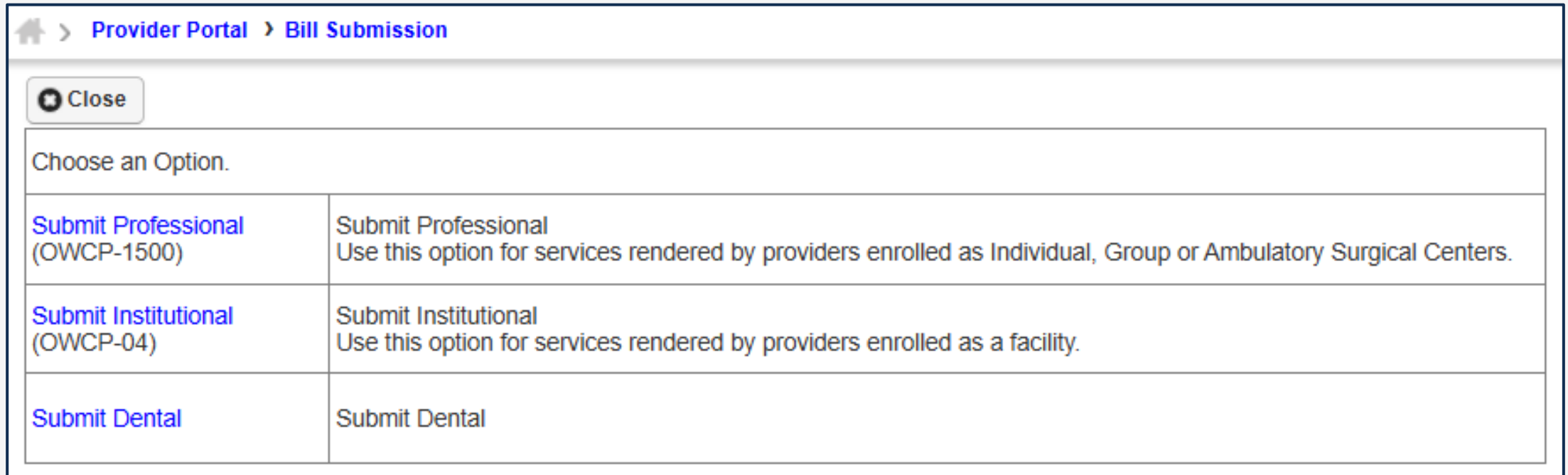
5. Select the **On-line Bills Entry** link under **Bills**.

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

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.



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

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

Effective 09/12/2025



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

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

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

Provider Portal > Bill Submission

Close

Choose an Option.

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

Entering Provider Information – Professional (1 of 9)

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

The screenshot shows a web application interface for entering provider information. At the top, there are buttons for 'Close', 'Save Bill', 'Submit Bill', and 'Reset'. Below these is a header for 'Professional Bill' with a note: 'Note: asterisks (*) denote required fields.' The form is divided into sections: 'Basic Bill Info' and 'PROVIDER INFORMATION'. Under 'Basic Bill Info', there is a 'Program' dropdown menu with an asterisk, a 'Special Bill Indicator' dropdown set to 'Carrier Payments', and a 'Submitter ID' field. The 'PROVIDER INFORMATION' section is titled 'BILLING PROVIDER INFORMATION' and contains fields for 'Provider ID', 'NPI', 'Provider Name', 'Type' (set to 'OWCP ID'), and 'Taxonomy Code'. Below these are address fields: 'Address Line 1' (with an asterisk), 'Address Line 2', 'Address Line 3', 'City/Town', 'State/Province', 'County', 'Country', and 'Zip Code'. A blue link '+Address' is present at the bottom right of the address section.

Entering Provider Information – Professional (2 of 9)

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

The screenshot shows a web application interface for entering professional provider information. At the top, there are buttons for 'Close', 'Save Bill', 'Submit Bill', and 'Reset'. Below these is a section titled 'Professional Bill' with a sub-section 'Basic Bill Info' containing a 'Program' dropdown menu and a 'Special Bill Indicator' set to 'Carrier Payments'. A 'Submitter ID' field is also visible. The main section is 'PROVIDER INFORMATION' with a sub-section 'BILLING PROVIDER INFORMATION'. This section includes fields for 'Provider ID', 'NPI', 'Provider Name', 'Type' (set to 'OWCP ID'), and 'Taxonomy Code'. Below these are address fields: 'Address Line 1', 'Address Line 2', 'Address Line 3', 'City/Town', 'State/Province', 'County', 'Country', and 'Zip Code'. A blue link '+Address' is present at the bottom right of the address section. A note states: 'To enter address details, click +Address. A new window will open where address details can be entered.'

Entering Provider Information – Professional (3 of 9)

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

The screenshot shows a window titled "Address details" with a grid icon in the top left and a close button in the top right. Below the title bar, there are three lines of blue text: "Enter the street number and name in the Address Line 1 field.", "Enter the zip code in the Zip Code field.", and "Select Validate Address." The form contains several input fields: "Address Line 1" (with a placeholder and an asterisk), "Address Line 2" (empty), "Address Line 3" (empty), "City/Town" (with a dropdown arrow and asterisk), "State/Province" (with a dropdown arrow and asterisk), "County" (with a dropdown arrow and asterisk), "Country" (with a dropdown arrow and asterisk), and "Zip Code" (with a placeholder and asterisk). To the right of the "Zip Code" field is a "Validate Address" button with a plus icon. At the bottom right of the window are "OK" and "Cancel" buttons.

Entering Provider Information – Professional (4 of 9)

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

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

SERVICING FACILITY LOCATION

Servicing Facility Provider ID: * Type: *

Provider Name:

To enter address details, click +Address. A new window will open where address details can be entered.

Address Line 1: * Address Line 2:

Address Line 3:

City/Town: *

State/Province: *

County: *

Country: *

Zip Code: -

Entering Provider Information – Professional (5 of 9)

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

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

SERVICING FACILITY LOCATION

Servicing Facility Provider ID: * Type: *

Provider Name:

To enter address details, click +Address. A new window will open where address details can be entered.

Address Line 1: * Address Line 2:

Address Line 3:

City/Town: *

State/Province: *

County: *

Country: *

Zip Code: -

Entering Provider Information – Professional (6 of 9)

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

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: *
(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: *

State/Province: *

County: *

Country: *

Zip Code: -

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.

Is the Billing Provider also the Supervising Provider?

Yes No

SUPERVISING PROVIDER INFORMATION

Provider ID: *

Type: *

Entering Provider Information – Professional (9 of 9)

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

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

Is this service the result of a referral?

Yes No

REFERRING PROVIDER INFORMATION

Provider ID: *

Type: *

Entering Claimant Information

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

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

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

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

The screenshot displays a web form titled "CLAIMANT INFORMATION". The form is organized into two columns. The left column contains fields for "Claimant ID" (with an asterisk), "Date of Injury" (with MM, DD, CCYY sub-labels and an asterisk, and a note "(Required when SSN is keyed in to submit bill for DFEC Claimant)"), "Last Name" (with an asterisk), "Middle Name", "Date of Birth" (with MM, DD, CCYY sub-labels and an asterisk), "Date of Death" (with MM, DD, CCYY sub-labels), and "Zip Code". The right column contains fields for "Type" (a drop-down menu with an asterisk), "First Name" (with an asterisk), "Suffix", a field with a color-coded bar and a drop-down menu (with an asterisk), and "State/Province" (a drop-down menu). All mandatory fields are marked with an asterisk.

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.

Does Bill have any Third Party Liability Amount?

Yes No

Third Party Liability Information

Third Party Liability Amount:

Entering Bill Information – Professional (1 of 8)

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

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

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

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

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

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

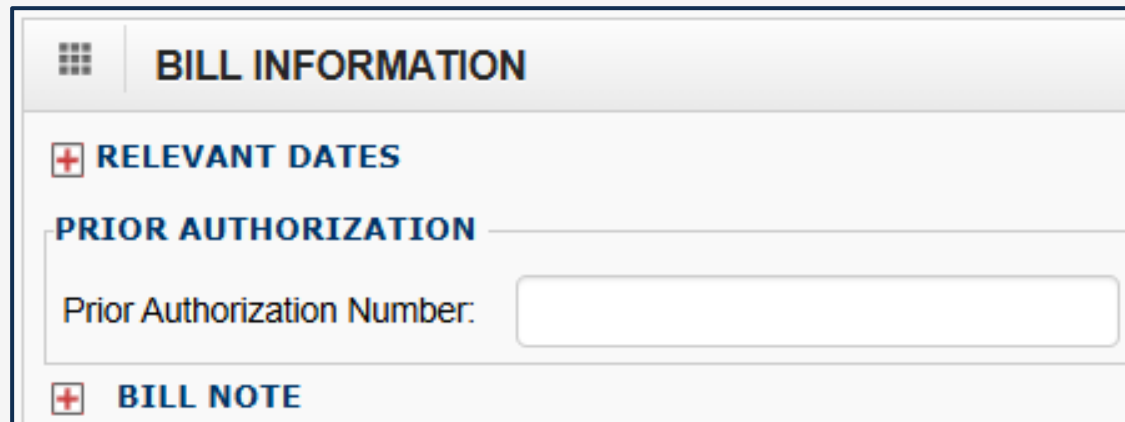
Entering Bill Information – Professional (2 of 8)

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

1. If applicable, complete the following:

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

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



The screenshot shows a form titled "BILL INFORMATION" with a grid icon on the left. Below the title are three expandable sections, each with a plus icon to its left:

- RELEVANT DATES**
- PRIOR AUTHORIZATION** — This section is expanded to show a text input field labeled "Prior Authorization Number:".
- BILL NOTE**

Entering Bill Information – Professional (3 of 8)

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

[-] 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"/>

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

[-] BILL NOTE	
Bill Note:	<input type="text"/>
Characters Remaining:	500

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

Entering Bill Information – Professional (4 of 8)

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

Is this bill accident related?
 Yes No

RELATED CAUSES INFORMATION

Related Causes: 1 * 2

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

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

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

Is this bill accident related?
 Yes No

RELATED CAUSES INFORMATION

Related Causes: 1 * 2

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

Entering Bill Information – Professional (5 of 8)

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

BILL DATA

Patient Account No.:

Place of Service: *

Entering Bill Information – Professional (6 of 8)

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

Note:

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

Diagnosis Code Category:	<input type="text" value=""/>	*				
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=""/>
<input type="checkbox"/> ANESTHESIA RELATED PROCEDURE						
<input type="checkbox"/> CONDITION INFORMATION						
<input type="checkbox"/> DELAY REASON						

Entering Bill Information – Professional (7 of 8)

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

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

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

The screenshot displays a form with three expandable sections, each with a minus icon in a red box to its left:

- ANESTHESIA RELATED PROCEDURE**: Contains two input fields. The first is labeled "Principle HCPCS Code:" followed by a text box with an asterisk (*). The second is labeled "Other HCPCS Code:" followed by a text box.
- CONDITION INFORMATION**: Contains one input field labeled "1 Condition Code:" followed by a text box with an asterisk (*). To the right of the text box is a blue link labeled "Add Another".
- DELAY REASON**: Contains one input field labeled "Delay Reason Code:" followed by a dropdown menu with a downward arrow and an asterisk (*).

Entering Bill Information – Professional (8 of 8)


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

The screenshot displays a web-based form with three main sections, each with a collapse icon (a minus sign in a square) to its left:

- ANESTHESIA RELATED PROCEDURE**: Contains two input fields: "Principle HCPCS Code:" followed by a text box with an asterisk, and "Other HCPCS Code:" followed by another text box.
- CONDITION INFORMATION**: Contains a label "1 Condition Code:" followed by a text box with an asterisk, and a blue link labeled "Add Another".
- DELAY REASON**: Contains a label "Delay Reason Code:" followed by a dropdown menu with an asterisk. The dropdown menu is open, showing a list of options:
 - 1-Proof of Eligibility Unknown or Unavailable
 - 10-Administration Delay in the Prior Approval Process
 - 11-Other
 - 15-Natural Disaster
 - 2-Litigation
 - 3-Authorization Delays
 - 4-Delay in Certifying Provider
 - 5-Delay in Supplying Billing Forms
 - 6-Delay in Delivery of Custom Made Appliances
 - 7-Third Party Processing Delay
 - 8-Delay in Eligibility Determination
 - 9-Claim Denied Unrelated to Billing Limitation Rules

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

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

 **BASIC LINE ITEM INFORMATION**

BASIC SERVICE LINE ITEMS

Service Date From: * * * Service Date To: * * *

Place of Service (if different from header): ▼

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.

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):	<input type="text"/>															
Procedure Code:	<input type="text"/>							Modifiers:	1:	<input type="text"/>	2:	<input type="text"/>	3:	<input type="text"/>	4:	<input type="text"/>

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	*		
	<input type="text"/>		<input type="text"/>		<input type="text"/>			<input type="text"/>		<input type="text"/>		<input type="text"/>			
Place of Service (If different from header):	<input type="text" value=""/>														
Procedure Code:	<input type="text"/>				*	Modifiers:	1:	<input type="text"/>	2:	<input type="text"/>	3:	<input type="text"/>	4:	<input type="text"/>	
Submitted Charges: \$:	<input type="text"/>				*	Diagnosis Pointers:	1:	<input type="text" value="v"/>	*	2:	<input type="text" value="v"/>	3:	<input type="text" value="v"/>	4:	<input type="text" value="v"/>

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

Service Date From:	MM	*	DD	*	CCYY	*	Service Date To:	MM	*	DD	*	CCYY	*
	<input type="text"/>		<input type="text"/>		<input type="text"/>			<input type="text"/>		<input type="text"/>		<input type="text"/>	
Place of Service (If different from header):	<input type="text"/>												
Procedure Code:	<input type="text"/>											*	
Submitted Charges: \$:	<input type="text"/>											*	
Units/Quantity:	<input type="text"/>											*	
Third Party Liability Amount:	<input type="text"/>												
Modifiers:	1:	<input type="text"/>	2:	<input type="text"/>	3:	<input type="text"/>	4:	<input type="text"/>					
Diagnosis Pointers:	1:	<input type="text"/>	*	2:	<input type="text"/>	*	3:	<input type="text"/>	*	4:	<input type="text"/>	*	

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: <input type="text" value="MM"/> * <input type="text" value="DD"/> * <input type="text" value="CCYY"/> *	Service Date To: <input type="text" value="MM"/> * <input type="text" value="DD"/> * <input type="text" value="CCYY"/> *
Place of Service (If different from header): <input type="text" value=""/>	
Procedure Code: <input type="text" value=""/>	Modifiers: 1: <input type="text" value=""/> 2: <input type="text" value=""/> 3: <input type="text" value=""/> 4: <input type="text" value=""/>
Submitted Charges: \$: <input type="text" value=""/>	Diagnosis Pointers: 1: <input type="text" value=""/> * 2: <input type="text" value=""/> * 3: <input type="text" value=""/> * 4: <input type="text" value=""/> *
Units/Quantity: <input type="text" value=""/>	
Third Party Liability Amount: <input type="text" value=""/>	
EMG: <input type="text" value=""/>	
Bill Note: <input style="width: 100%;" type="text"/>	
Characters Remaining: <input type="text" value="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**.

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"/>	

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

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

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

+ LINE DRUG INFORMATION

[+ Add Service Line Item](#) [✎ Update Service Line Item](#)

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

- c. Select **+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:

To enter address details, click **+Address**. A new window will open where address details can be entered.

Address Line 1: * Address Line 2:

Address Line 3:

City/Town: *

State/Province: *

County: *

Country: *

Zip Code: - **+ Address**

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.

☰ **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: <input style="width: 90%;" type="text"/> *	Address Line 2: <input style="width: 90%;" type="text"/>
(Enter Street Address or PO Box Only)	
Address Line 3: <input style="width: 90%;" type="text"/>	
City/Town: <input style="width: 90%;" type="text"/>	*
State/Province: <input style="width: 90%;" type="text"/>	*
County: <input style="width: 90%;" type="text"/>	*
Country: <input style="width: 90%;" type="text"/>	*
Zip Code: <input style="width: 30%;" type="text"/> - <input style="width: 10%;" type="text"/>	<input type="button" value="Validate Address"/>

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.

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				

- LINE DRUG INFORMATION				
National Drug Code:	<input type="text" value="*"/>	Quantity:	<input type="text" value="*"/>	Unit: <input style="float: right;" type="text" value="v"/>
Qualifier:	<input type="text" value="v"/>	Prescription/Link No:	<input type="text"/>	Prescription Date: <input type="text" value="MM"/> <input type="text" value="DD"/> <input type="text" value="CCYY"/>

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.

LINE DRUG INFORMATION

National Drug Code:	<input type="text"/> *	Quantity:	<input type="text"/> *	Unit:	<input type="text"/> *
Qualifier:	<input type="text"/> ▼	Prescription/Link No:	<input type="text"/>	Prescription Date:	MM DD CCYY

Previously Entered Line Item Information – Professional

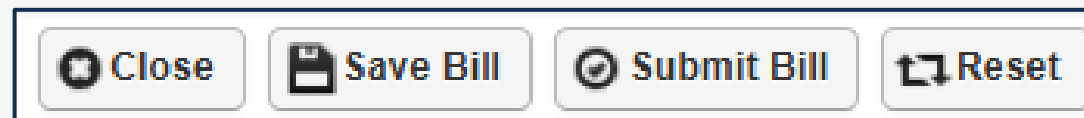
Once a line item has been added, the line item information displays.

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.



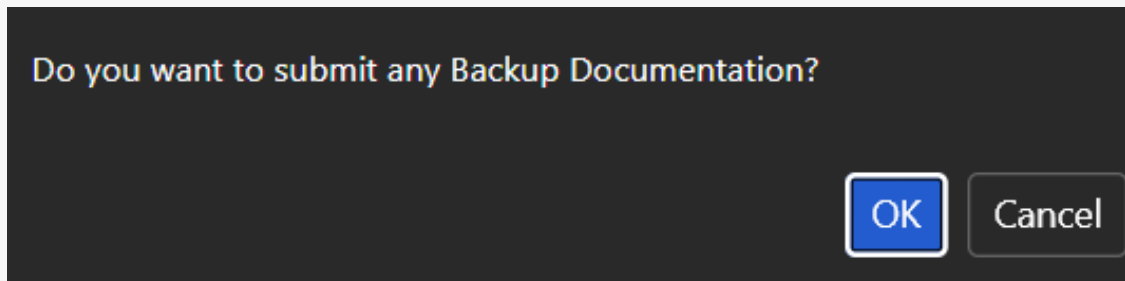
Note: Saved bills are available under the **Retrieve Saved Bills** menu for a later submission.

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**.

Please select one of the option from the Required Fields * and select Line No, if the attachment is for specific Service Line Item.

Attachment Type: 03-03-Report Justifying Treatment E * **Transmission Code:** EL-Electronically Only *

Line No: (Do not select Line No to attach a document at header level)

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

Upload File

Please be sure the supporting documentation/attachments is for the treated claimant ONLY.
Please do not upload supporting documentation/attachments for any other claimant as this could potentially cause a denial of your bill or an unintended disclosure of protected health information (PHI).

OK Cancel

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



Adding an Attachment – Professional (3 of 4)

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

Please select one of the option from the Required Fields * and select Line No, if the attachment is for specific Service Line Item.

Attachment Type: 03-03-Report Justifying Treatment E * **Transmission Code:** EL-Electronically Only *

Line No: (Do not select Line No to attach a document at header level)

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

Please be sure the supporting documentation/attachments is for the treated claimant ONLY.
Please do not upload supporting documentation/attachments for any other claimant as this could potentially cause a denial of your bill or an unintended disclosure of protected health information (PHI).

Adding an Attachment – 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): [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

<input type="checkbox"/>	Line No ▲▼	File Name ▲▼	Attachment Type ▲▼	Transmission Code ▲▼	Attachment Control # ▲▼	File Size ▲▼	Delete ▲▼	Uploaded On ▲▼
<input type="checkbox"/>		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.

Adjust Professional 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

<input type="checkbox"/>	Line No ▲▼	File Name ▲▼	Attachment Type ▲▼	Transmission Code ▲▼	Attachment Control # ▲▼	File Size ▲▼	Delete ▲▼	Uploaded On ▲▼
<input type="checkbox"/>		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

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

Effective 09/12/2025



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.

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

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.

The screenshot displays the 'Institutional Bill' form. At the top, there is a 'Basic Bill Info' section with a 'Program' drop-down menu and a 'Special Bill Indicator' set to 'Carrier Payments'. Below this is the 'PROVIDER INFORMATION' section, which is divided into 'BILLING PROVIDER INFORMATION' and 'ATTENDING PROVIDER INFORMATION'. The 'BILLING PROVIDER INFORMATION' section includes fields for 'Provider ID', 'NPI', 'Provider Name', 'Address Line 1', 'Address Line 2', 'Address Line 3', 'City/Town', 'State/Province', 'County', 'Country', and 'Zip Code'. The 'ATTENDING PROVIDER INFORMATION' section includes fields for 'Provider ID', 'Type', and 'Taxonomy Code'. A note at the top of the form states: 'Note: asterisks (*) denote required fields.' A blue link below the 'Provider Name' field reads: 'To enter address details, click +Address. A new window will open where address details can be entered.'

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.

The screenshot displays a web form titled "Institutional Bill". At the top, there is a note: "Note: asterisks (*) denote required fields." Below this, the "Basic Bill Info" section includes a "Program:" dropdown menu with an asterisk, a "Special Bill Indicator:" dropdown menu set to "Carrier Payments", and a "Submitter ID:" field. The "PROVIDER INFORMATION" section is divided into two parts. The "BILLING PROVIDER INFORMATION" section contains fields for "Provider ID:" (with an asterisk), "NPI:" (with an asterisk), "Provider Name:", "Type:" (dropdown menu set to "OWCP ID"), "Medicare Number:", "Taxonomy Code:" (with an asterisk), "Address Line 1:" (with an asterisk), "Address Line 2:", "Address Line 3:", "City/Town:" (dropdown menu with an asterisk), "State/Province:" (dropdown menu with an asterisk), "County:" (dropdown menu with an asterisk), "Country:" (dropdown menu with an asterisk), and "Zip Code:" (with an asterisk). A blue link below the address fields reads: "To enter address details, click +Address. A new window will open where address details can be entered." Below this is a "+ Address" button. The "ATTENDING PROVIDER INFORMATION" section at the bottom has fields for "Provider ID:", "Type:" (dropdown menu), and "Taxonomy Code:".

Provider Information – Institutional (3 of 3)

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

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

The screenshot displays the 'Institutional Bill' form. At the top, there is a 'Basic Bill Info' section with a 'Program' dropdown menu and a 'Special Bill Indicator' dropdown menu set to 'Carrier Payments'. To the right is a 'Submitter ID' field. Below this is the 'PROVIDER INFORMATION' section, which is divided into 'BILLING PROVIDER INFORMATION' and 'ATTENDING PROVIDER INFORMATION'. The 'BILLING PROVIDER INFORMATION' section includes fields for 'Provider ID', 'NPI', 'Provider Name', 'Type' (set to 'OWCP ID'), 'Medicare Number', and 'Taxonomy Code'. It also has three address lines: 'Address Line 1', 'Address Line 2', and 'Address Line 3'. Below the address lines are dropdown menus for 'City/Town', 'State/Province', 'County', and 'Country'. A 'Zip Code' field is at the bottom of this section, with an '+Address' button next to it. The 'ATTENDING PROVIDER INFORMATION' section is partially visible at the bottom, showing 'Provider ID', 'Type', and 'Taxonomy Code' fields.

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:	<input type="text"/>	*	Type: <input type="text"/>
Date of Injury:	MM <input type="text"/>	DD <input type="text"/>	CCYY <input type="text"/> (Required when SSN is keyed in to submit bill for DFEC Claimant)
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"/>
State/Province:	<input type="text"/>		Zip Code: <input type="text"/>

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	
BILL DATA	
Patient Account No.:	<input type="text"/>
Medical Record Number:	<input type="text"/>

Bill Information – Institutional (2 of 13)

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

BILL INFORMATION

BILL DATA

Patient Account No.:

Medical Record Number:

Type Of Facility: *

Bill Frequency: *

Bill Classification: *

Type of Facility Options

1-Hospital

2-Skilled Nursing

3-Home Health +

4-Religious Non-Medical Health Care Institutions - Hospital Inpatient (formerly referred to as Christi

5-Religious Non-Medical Health Care Institutions - Post-Hospital Extended Care Services (formerly refe

6-Intermediate Care

7-Clinic

8-Special Facility

Bill Information – Institutional (4 of 13)

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

BILL INFORMATION

BILL DATA

Patient Account No.:

Medical Record Number:

Type Of Facility: *

Bill Frequency: *

Bill Classification: *

Statement Dates: From: MM DD CCYY * To: MM DD CCYY *

Admission Date/Hour: MM DD CCYY - HH : MM

Admission Type:

Admission Source: *

Bill Information – Institutional (5 of 13)

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

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

Bill Information – Institutional (6 of 13)

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

Patient Status:	<input type="text"/>	▼*
Auto Accident State:	<input type="text"/>	▼

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:	<input type="text"/>	*
Auto Accident State:	<input type="text"/>	
DIAGNOSIS INFORMATION (Do not use decimals or spaces)		
Diagnosis Code Category:	<input type="text"/>	*
Principal Diagnosis Code:	<input type="text"/>	*
	Present On Admission:	<input type="text"/>

Bill Information – Institutional (8 of 13)

Note:

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

Bill Information – Institutional (9 of 13)

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

Patient Status:	<input type="text"/>	▼*
Auto Accident State:	<input type="text"/>	▼
DIAGNOSIS INFORMATION (Do not use decimals or spaces)		
Diagnosis Code Category:	<input type="text"/>	▼*
Principal Diagnosis Code:	<input type="text"/>	*
Admitting Diagnosis Code:	<input type="text"/>	
Reason For Visit:	1: <input type="text"/>	2: <input type="text"/>
		3: <input type="text"/>
	Present On Admission:	<input type="text"/>
	PPS/DRG:	<input type="text"/>

Bill Information – Institutional (10 of 13)

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

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

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

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

The screenshot displays a form for 'Bill Information'. At the top, there are two dropdown menus: 'Patient Status:' and 'Auto Accident State:'. Below these is a section titled 'DIAGNOSIS INFORMATION (Do not use decimals or spaces)'. This section contains several fields: 'Diagnosis Code Category:' (dropdown), 'Principal Diagnosis Code:' (text field with an asterisk), 'Admitting Diagnosis Code:' (text field), 'Present On Admission:' (dropdown), and 'Reason For Visit:' (three text fields labeled 1, 2, and 3). To the right of the 'Principal Diagnosis Code' field is a 'PPS/DRG:' text field. At the bottom of the form, there are six expandable sections, each with a plus icon and a title: 'OTHER DIAGNOSIS INFORMATION', 'CONDITION INFORMATION', 'OCCURRENCE INFORMATION', 'OCCURRENCE SPAN INFORMATION', 'VALUE INFORMATION', and 'DELAY REASON'.

Bill Information – Institutional (12 of 13)

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

PRIOR AUTHORIZATION
Prior Authorization Number: <input type="text"/>

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.


<input type="checkbox"/> PROCEDURE INFORMATION	
Principal Procedure Code: <input type="text"/> *	Procedure Date: <input type="text"/> MM <input type="text"/> DD <input type="text"/> CCYY*
<input type="checkbox"/> Other Procedure Information	
1 Other Procedure Code: <input type="text"/> *	Procedure Date: <input type="text"/> MM <input type="text"/> DD <input type="text"/> CCYY Add Another
<input type="checkbox"/> OPERATING PHYSICIAN INFORMATION	
Provider ID: <input type="text"/> *	Type: <input type="text"/> *
<input type="checkbox"/> OTHER OPERATING PHYSICIAN INFORMATION	
Provider ID: <input type="text"/> *	Type: <input type="text"/> *
<input type="checkbox"/> RENDERING PHYSICIAN INFORMATION	
Provider ID: <input type="text"/> *	Type: <input type="text"/> *
<input type="checkbox"/> REFERRING PHYSICIAN INFORMATION	
Provider ID: <input type="text"/> *	Type: <input type="text"/> *
<input type="checkbox"/> BILL NOTE	
Bill Note: <input type="text"/> *	
Characters Remaining: <input type="text"/> 500	

Service Line Item Information – Institutional (1 of 9)

Enter the following Service Line Item information:

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

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

 **SERVICE LINE ITEM INFORMATION**

Service Line Items


Revenue Code: *

HCPCS Code:

Modifiers: 1: 2: 3: 4:

Service Line Item Information – Institutional (2 of 9)

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

 **SERVICE LINE ITEM INFORMATION**

Service Line Items

Revenue Code: *

HCPCS Code:

Service Date:
MM DD CCYY

Last Date of Service:
MM DD CCYY

Modifiers: 1: 2: 3: 4:

Service Line Item Information – Institutional (3 of 9)

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

SERVICE LINE ITEM INFORMATION	
Service Line Items	
Revenue Code:	<input type="text"/> *
HCPCS Code:	<input type="text"/>
Service Date:	MM DD CCYY <input type="text"/> <input type="text"/> <input type="text"/>
Last Date of Service:	MM DD CCYY <input type="text"/> <input type="text"/> <input type="text"/>
Service Units:	<input type="text"/> *
Total Line Charges:	<input type="text"/> *
Modifiers:	1: <input type="text"/> 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/>
Non-covered Line Charges:	<input type="text"/>

Service Line Item Information – Institutional (4 of 9)

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

SERVICE LINE ITEM INFORMATION

Service Line Items

Revenue Code: *

HCPCS Code: Modifiers: 1: 2: 3: 4:

Service Date:
MM DD CCYY

Last Date of Service:
MM DD CCYY

Service Units: *

Total Line Charges: * Non-covered Line Charges:

Third Party Liability Amount:

Service Line Item Information – Institutional (5 of 9)


9. Complete the following fields as applicable:

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

Operating Physician ID (If different from header):	<input type="text"/>	Type:	<input type="text"/>
Other Operating Physician ID (If different from header):	<input type="text"/>	Type:	<input type="text"/>
Rendering Physician ID (If different from header):	<input type="text"/>	Type:	<input type="text"/>
Referring Physician ID (If different from header):	<input type="text"/>	Type:	<input type="text"/>
 LINE DRUG INFORMATION			

Service Line Item Information – Institutional (6 of 9)

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

 **LINE DRUG INFORMATION**



National Drug Code: * Quantity: * Unit: * Qualifier:

Prescription/Link No:

Service Line Item Information – Institutional (7 of 9)

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

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

 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

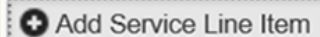
Line No	Revenue Code	HCPCS Code	Modifiers				Dates		Units	Charges	Non-covered Charges	
			1	2	3	4	Service Date	Last DOS				
1	0320						02/20/2020	02/20/2020	2	\$ 200.00		Delete

Service Line Item Information – Institutional (8 of 9)

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.



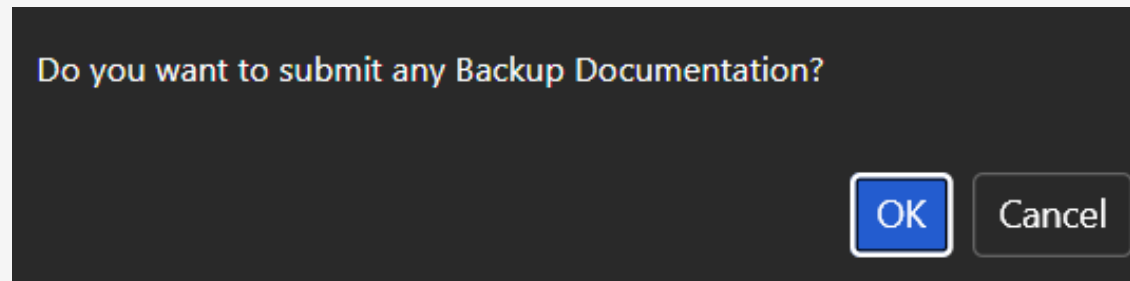
Note: Saved Bills will be available under the **Retrieve Saved Bills** menu for a later submission.

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**.

Please select one of the option from the Required Fields * and select Line No, if the attachment is for specific Service Line Item.

Attachment Type: 03-03-Report Justifying Treatment E * **Transmission Code:** EL-Electronically Only *

Line No: (Do not select Line No to attach a document at header level)

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

Please be sure the supporting documentation/attachments is for the treated claimant ONLY.
Please do not upload supporting documentation/attachments for any other claimant as this could potentially cause a denial of your bill or an unintended disclosure of protected health information (PHI).

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

Adding an Attachment – Institutional (3 of 4)

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

Please select one of the option from the Required Fields * and select Line No, if the attachment is for specific Service Line Item.

Attachment Type: 03-03-Report Justifying Treatment E ▾ * **Transmission Code:** EL-Electronically Only ▾ *

Line No: ▾ (Do not select Line No to attach a document at header level)

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

Upload File *

Please be sure the supporting documentation/attachments is for the treated claimant ONLY.
Please do not upload supporting documentation/attachments for any other claimant as this could potentially cause a denial of your bill or an unintended disclosure of protected health information (PHI).

OK Cancel

Adding an Attachment – 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): ██████████
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

<input type="checkbox"/>	Line No ▲▼	File Name ▲▼	Attachment Type ▲▼	Transmission Code ▲▼	Attachment Control # ▲▼	File Size ▲▼	Delete ▲▼	Uploaded On ▲▼
<input type="checkbox"/>		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.

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

<input type="checkbox"/>	Line No ▲▼	File Name ▲▼	Attachment Type ▲▼	Transmission Code ▲▼	Attachment Control # ▲▼	File Size ▲▼	Delete ▲▼	Uploaded On ▲▼
<input type="checkbox"/>		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

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

Effective 09/12/2025



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.

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

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.

The screenshot shows a web application interface for submitting a dental bill. At the top, there is a navigation bar with a home icon, a breadcrumb trail: "Provider Portal > Bill Submission > Dental Bill", and user information: "Profile: EXT Provider Bills Submitter". On the right side of the navigation bar are links for "Help", "External Links", and "Logout". Below the navigation bar, there are four buttons: "Close", "Save Bill", "Submit Bill", and "Reset". A section header "Dental Bill" is followed by a note: "Note: asterisks (*) denote required fields." Below this, there is a "Basic Bill Info" section with a sub-header "Provider | Claimant | Bill | Service". The "Program:" field is a required drop-down menu (indicated by an asterisk) currently showing a blank selection. The "Special Bill Indicator:" field is a drop-down menu currently set to "Carrier Payments". On the right side, there is a "Submitter ID:" field with a masked input area.

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

BILLING PROVIDER INFORMATION

Provider ID: Type: Taxonomy Code:

NPI:

Provider Name:

To enter address details, click +Address. A new window will open where address details can be entered.

Address Line 1: * Address Line 2:

Address Line 3:

City/Town: *

State/Province: *

County: *

Country: *

Zip Code: -

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

BILLING PROVIDER INFORMATION

Provider ID: Type: Taxonomy Code:

NPI:

Provider Name:

To enter address details, click +Address. A new window will open where address details can be entered.

Address Line 1: * Address Line 2:

Address Line 3:

City/Town: *

State/Province: *

County: *

Country: *

Zip Code: -

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**.

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: *
(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: *

State/Province: *

County: *

Country: *

Zip Code: -

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**.

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:

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.

Is the Billing Provider also the Supervising Provider?
 Yes No

SUPERVISING PROVIDER INFORMATION

Provider ID: * Type: *

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**.

Is this service the result of a referral?
 Yes No

REFERRING PROVIDER INFORMATION

Provider ID: * Type: * Taxonomy Code:

Claimant Information – Dental (1 of 2)

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

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

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

CLAIMANT INFORMATION

CLAIMANT

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

Claimant Information – Dental (2 of 2)

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

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

Does Bill have any Third Party Liability Amount?

Yes No


Third Party Liability Information

Third Party Liability Amount:

Bill Information – Dental (1 of 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**

BILL DATA

Patient Account No:

Place of Service: *

Service Start Date: * * *

Service End Date: * * *

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

The screenshot displays a form titled "PRIOR AUTHORIZATION" in blue. It contains three main sections, each with a minus icon to its left:

- PRIOR AUTHORIZATION**: A text input field labeled "Prior Authorization Number:".
- DELAY REASON**: A dropdown menu labeled "Delay Reason Code:" with a downward arrow and an asterisk (*) indicating it is mandatory.
- BILL NOTE**: A large text area labeled "Bill Note:" with an asterisk (*) indicating it is mandatory. Below the text area is a "Characters Remaining:" field showing the value "500".

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.

Is this bill accident related?

Yes No

RELATED CAUSES INFORMATION

Related Causes: 1. * 2.

Auto Accident State: * Accident Country: US Accident Date: * * *

MM DD CCYY

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.

Is this bill related to orthodontic services?

Yes No


ORTHODONTIC TREATMENT

Orthodontics Treatment Months:

Orthodontics Treatment Months Remaining:

MM DD CCYY

Appliance Placement Date:

 **TOOTH STATUS**

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

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.

Does this bill require a diagnosis code?

Yes No

Diagnosis Codes (Do not use decimals or spaces)

Diagnosis Code Category: *

Diagnosis Codes: 1: * 2: 3: 4:

Basic Line Item Information – Dental (1 of 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		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	*		<input type="text"/>	<input type="text"/>	<input type="text"/>		
Place of Service (If different from header):	<input type="text"/>									
Oral Cavity Designation:	1:	<input type="text"/>	2:	<input type="text"/>	3:	<input type="text"/>	4:	<input type="text"/>	5:	
Fees:	<input type="text"/>									
+ Tooth Information										
Procedure Code:	<input type="text"/>				Quantity:	<input type="text"/>				
Third Party Liability Amount:	<input type="text"/>									
Diagnosis Pointers:	1:	<input type="text"/>	2:	<input type="text"/>	3:	<input type="text"/>	4:	<input type="text"/>		
Prior Authorization Number:	<input type="text"/>									
Rendering Provider ID (If different from header):	<input type="text"/>				Type:	<input type="text"/>			Taxonomy Code:	<input type="text"/>
Supervising Provider ID (If different from header):	<input type="text"/>				Type:	<input type="text"/>				

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

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: *

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


BASIC SERVICE LINE ITEMS

Service Date: MM DD CCYY * * * * Appliance Placement Date: MM DD CCYY

Place of Service (If different from header):

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

Fees: *

 **Tooth Information**

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

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

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

BASIC SERVICE LINE ITEMS

Service Date: MM DD CCYY * * * * Appliance Placement Date: MM DD CCYY

Place of Service (If different from header):

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

Fees: *

Tooth Information

Tooth Number/Letter: Add Another:

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

Basic Line Item Information – Dental (5 of 11)

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

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

Service Date: MM DD CCYY * * * * Appliance Placement Date: MM DD CCYY

Place of Service (If different from header):

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

Fees: *

[-] Tooth Information

Tooth Number/Letter: Add Another:

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

Procedure Code: * Quantity: *

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.

Procedure Code:	<input type="text"/>	*	Quantity:	<input type="text"/>	*
Third Party Liability Amount:	<input type="text"/>				
Diagnosis Pointers:	1: <input type="text"/>	2: <input type="text"/>	3: <input type="text"/>	4: <input type="text"/>	
Prior Authorization Number:	<input type="text"/>				
Rendering Provider ID (If different from header):	<input type="text"/>	Type:	<input type="text"/>	Taxonomy Code:	<input type="text"/>
Supervising Provider ID (If different from header):	<input type="text"/>	Type:	<input type="text"/>		
+ Additional Service Line Information					
<hr/>					
			<input type="button" value="+ Add Service Line Item"/>		
			<input type="button" value="✎ Update Service Line Item"/>		

Basic Line Item Information – Dental (7 of 11)

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

Procedure Code:	<input type="text"/>	*	Quantity:	<input type="text"/>	*
Third Party Liability Amount:	<input type="text"/>				
Diagnosis Pointers:	1: <input type="text"/>	2: <input type="text"/>	3: <input type="text"/>	4: <input type="text"/>	
Prior Authorization Number:	<input type="text"/>				
Rendering Provider ID (If different from header):	<input type="text"/>	Type:	<input type="text"/>	Taxonomy Code:	<input type="text"/>
Supervising Provider ID (If different from header):	<input type="text"/>	Type:	<input type="text"/>		
+ Additional Service Line Information					
<input type="button" value="+ Add Service Line Item"/> <input type="button" value="✎ Update Service Line Item"/>					

Basic Line Item Information – Dental (8 of 11)

14. Complete the following fields as applicable:

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

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

Procedure Code:	<input type="text"/>	*	Quantity:	<input type="text"/>	*
Third Party Liability Amount:	<input type="text"/>				
Diagnosis Pointers:	1: <input type="text"/>	2: <input type="text"/>	3: <input type="text"/>	4: <input type="text"/>	
Prior Authorization Number:	<input type="text"/>				
Rendering Provider ID (If different from header):	<input type="text"/>	Type:	<input type="text"/>	Taxonomy Code:	<input type="text"/>
Supervising Provider ID (If different from header):	<input type="text"/>	Type:	<input type="text"/>		
+ Additional Service Line Information					
<input type="button" value="+ Add Service Line Item"/> <input type="button" value="✎ Update Service Line Item"/>					

Basic Line Item Information – Dental (9 of 11)

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

Procedure Code:	<input type="text"/>	*	Quantity:	<input type="text"/>	*
Third Party Liability Amount:	<input type="text"/>				
Diagnosis Pointers:	1: <input type="text"/>	2: <input type="text"/>	3: <input type="text"/>	4: <input type="text"/>	
Prior Authorization Number:	<input type="text"/>				
Rendering Provider ID (If different from header):	<input type="text"/>	Type:	<input type="text"/>	Taxonomy Code:	<input type="text"/>
Supervising Provider ID (If different from header):	<input type="text"/>	Type:	<input type="text"/>		
+ Additional Service Line Information					
<input type="button" value="+ Add Service Line Item"/> <input type="button" value="✎ Update Service Line Item"/>					

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.

Rendering Provider ID (If different from header):	<input type="text"/>	Type:	<input type="text"/>	Taxonomy Code:	<input type="text"/>
Supervising Provider ID (If different from header):	<input type="text"/>	Type:	<input type="text"/>		
[-] Additional Service Line Information					
Prosthesis, Crown or Inlay Code:	<input type="text"/>	Replacement Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>
			MM DD CCYY	Prior Placement Date:	MM DD CCYY
<input type="button" value="+ Add Service Line Item"/> <input type="button" value="✎ Update Service Line Item"/>					

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.

Rendering Provider ID (If different from header):	<input type="text"/>	Type:	<input type="text"/>	Taxonomy Code:	<input type="text"/>
Supervising Provider ID (If different from header):	<input type="text"/>	Type:	<input type="text"/>		
Additional Service Line Information					
Prosthesis, Crown or Inlay Code:	<input type="text"/>	Replacement Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>
			MM DD CCYY		MM DD CCYY
		Prior Placement Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>
			MM DD CCYY		
<input type="button" value="Add Service Line Item"/> <input type="button" value="Update Service Line Item"/>					

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.

+ 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 Units/Quantity: 0.000 Total Fee: \$0.00

Line No	Procedure Code	Fees	Diagnosis Pntrs				Oral Cavity					Quantity	Service Date	Appliance Placement	Tooth/Surface	PA Number	
			1	2	3	4	1	2	3	4	5						
1																	Delete

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

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

⊞ Close 💾 Save Bill 🔄 Submit Bill ↺ Reset

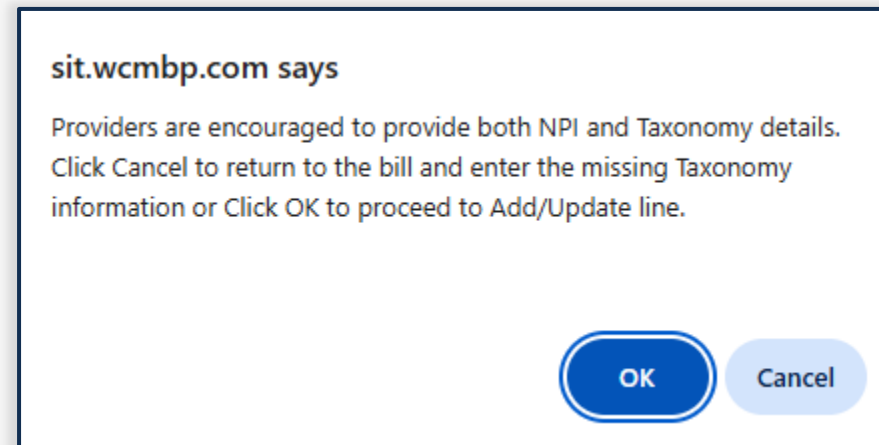
Note: Saved bills are available under the **Retrieve Saved Bills** menu for a later submission.

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**.

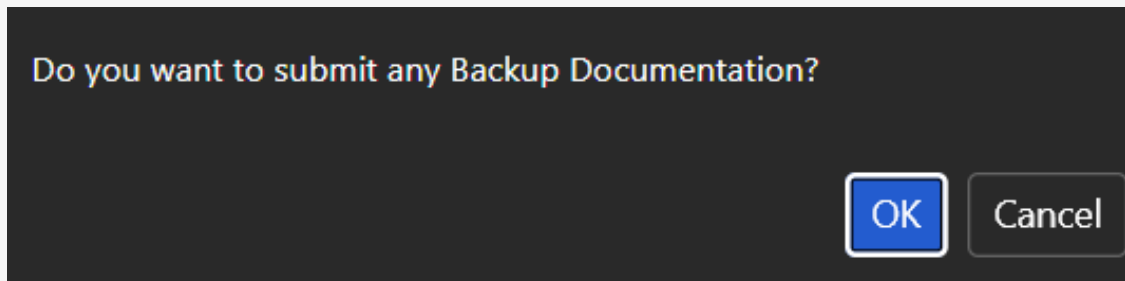


Adding an Attachment – Dental (1 of 4)

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**.

Please select one of the option from the Required Fields * and select Line No, if the attachment is for specific Service Line Item.

Attachment Type: 03-03-Report Justifying Treatment E * **Transmission Code:** EL-Electronically Only *

Line No: (Do not select Line No to attach a document at header level)

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

Please be sure the supporting documentation/attachments is for the treated claimant ONLY.
Please do not upload supporting documentation/attachments for any other claimant as this could potentially cause a denial of your bill or an unintended disclosure of protected health information (PHI).

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



Adding an Attachment – Dental (3 of 4)

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

Please select one of the option from the Required Fields * and select Line No, if the attachment is for specific Service Line Item.

Attachment Type: 03-03-Report Justifying Treatment E * **Transmission Code:** EL-Electronically Only *

Line No: (Do not select Line No to attach a document at header level)

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

**Please be sure the supporting documentation/attachments is for the treated claimant ONLY.
Please do not upload supporting documentation/attachments for any other claimant as this could potentially cause a denial of your bill or an unintended disclosure of protected health information (PHI).**

Adding an Attachment – 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

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

<input type="checkbox"/>	Line No ▲▼	File Name ▲▼	Attachment Type ▲▼	Transmission Code ▲▼	Attachment Control # ▲▼	File Size ▲▼	Delete ▲▼	Uploaded On ▲▼
<input type="checkbox"/>		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 Dental Bill Details

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



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

Submitted Dental Bill Details

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

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

<input type="checkbox"/>	Line No ▲▼	File Name ▲▼	Attachment Type ▲▼	Transmission Code ▲▼	Attachment Control # ▲▼	File Size ▲▼	Delete ▲▼	Uploaded On ▲▼
<input type="checkbox"/>		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

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

Effective 09/12/2025



Retrieving Saved Bills (1 of 2)

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

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

Retrieving Saved Bills (2 of 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.

The screenshot shows a web application window titled "Saved Bills List". At the top left, there are "Close" and "Delete" buttons. Below the title bar, there are filter controls: "Filter By:" followed by two input fields and an "And" label, and a "Go" button. To the right of the filter controls are "Clear Filter", "Save Filter", and "My Filters" buttons. The main area contains a table with the following columns: "Link", "Claimant ID", "Claimant Last Name", "User Login ID", "Date Saved", and "Billing OWCP ID". Each column has a small triangle icon indicating it is sortable. The "Link" column contains a right-facing triangle icon in each row. At the bottom of the window, there are pagination controls: "View Page: 2", a "Go" button, "Page Count", "SaveToCSV", "Viewing Page: 1", and navigation buttons for "First", "Prev", "Next", and "Last".

<input type="checkbox"/>	Link ▲▼	Claimant ID ▲▼	Claimant Last Name ▲▼	User Login ID ▲▼	Date Saved ▲▼	Billing OWCP ID ▲▼
<input type="checkbox"/>	▶					
<input type="checkbox"/>	▶					
<input type="checkbox"/>	▶					
<input type="checkbox"/>	▶					
<input type="checkbox"/>	▶					
<input type="checkbox"/>	▶					
<input type="checkbox"/>	▶					

- Continue making changes and submit the bill.

Billing Additional Information

Effective 09/12/2025



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

Effective 09/12/2025



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**.

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

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

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

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

The screenshot shows a web application interface titled "Bill Inquiry Providers List". It features a search and filter section at the top with various dropdown menus and buttons. Below this is a table with 9 columns: TCN, From Date, To Date, Bill Status, Bill Charged Amount, Bill Payment Amount, Claimant Name, and Claimant ID. The table contains 10 rows of data, all with a status of "In Process". At the bottom, there are navigation controls including "View Page: 2", "Go", "Page Count", "SaveToCSV", "Viewing Page: 1", and "First", "Prev", "Next", "Last" buttons.

<input type="checkbox"/>	TCN ▲▼	From Date ▲▼	To Date ▲▼	Bill Status ▲▼	Bill Charged Amount ▲▼	Bill Payment Amount ▲▼	Claimant Name ▲▼	Claimant ID ▲▼
<input type="checkbox"/>		07/25/2023	07/25/2023	In Process				
<input type="checkbox"/>		06/27/2024	06/27/2024	In Process				
<input type="checkbox"/>		01/13/2023	01/19/2023	In Process				
<input type="checkbox"/>		09/14/2022	09/21/2022	In Process				
<input type="checkbox"/>		08/19/2024	08/19/2024	In Process				
<input type="checkbox"/>		08/07/2024	08/07/2024	In Process				
<input type="checkbox"/>		05/09/2020	05/09/2024	In Process				
<input type="checkbox"/>		05/30/2024	05/30/2024	In Process				
<input type="checkbox"/>		08/01/2024	08/01/2024	In Process				
<input type="checkbox"/>		07/25/2024	07/25/2024	In Process				

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.

<input type="checkbox"/>	TCN ▲▼	From Date ▲▼	To Date ▲▼	Bill Status ▲▼	Bill Charged Amount ▲▼	Bill Payment Amount ▲▼	Claimant Name ▲▼	Claimant ID ▲▼
<input type="checkbox"/>	[REDACTED]	07/25/2023	07/25/2023	In Process	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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

Bill Details

TCN: [REDACTED]	Program: DFEC	Bill Status: In Process
Parent TCN: [REDACTED]	Original TCN: [REDACTED]	Bill Source: [REDACTED]
From DOS - To DOS: 07/25/2023 - 07/25/2023	Billed Amount: \$161.00	Paid Amount: \$0.00
Received Date: 06/06/2024	Adjudication Date: 06/05/2025	Check/EFT Trace Date: [REDACTED]
Check/EFT Trace Number: [REDACTED]	RV Number: [REDACTED]	Authorization Number: [REDACTED]
Patient Control Number: [REDACTED]	Type of Bill: 329	
Billing Provider Name: [REDACTED]	OWCP ID: [REDACTED]	Tax ID: [REDACTED]
Billing Provider NPI: [REDACTED]	Billing Provider Taxonomy Code: [REDACTED]	

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

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

TCN ID: [REDACTED]

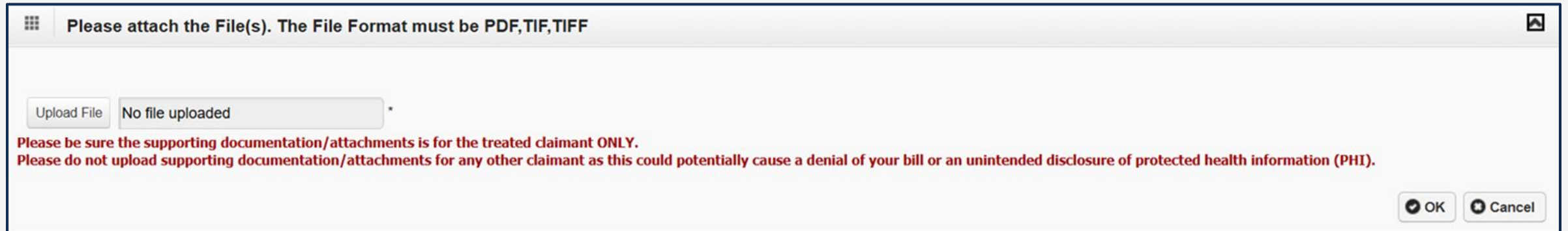
Images/Attachments Retrieval Page

Filter By : [] And [] And [] And []

Image ID ▲▼	Image Title ▲▼	Created By ▲▼	Created Date ▲▼	Received Date ▲▼	TCN ▲▼
ATTCP730040973	072523.1.1.pdf	[REDACTED]	06/09/2025	06/09/2025	[REDACTED]

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

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



The screenshot shows a dialog box with a title bar that reads "Please attach the File(s). The File Format must be PDF,TIF,TIFF". Inside the dialog, there is an "Upload File" button and a text field containing "No file uploaded". Below the text field, there is a red warning message: "Please be sure the supporting documentation/attachments is for the treated claimant ONLY. Please do not upload supporting documentation/attachments for any other claimant as this could potentially cause a denial of your bill or an unintended disclosure of protected health information (PHI).". At the bottom right of the dialog, there are "OK" and "Cancel" buttons.

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

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

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

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

TCN ID: [masked]

Close Upload Images/Attachments

Images/Attachments Retrieval Page

Filter By : [dropdown] [dropdown] And [dropdown] [dropdown] And [dropdown] [dropdown] And [dropdown] [dropdown] Go

Clear Filter Save Filter My Filters

Image ID ▲▼	Image Title ▲▼	Created By ▲▼	Created Date ▲▼	Received Date ▲▼	TCN ▲▼
ATTCP730040973	072523.1.1.pdf	[masked]	06/09/2025	06/09/2025	[masked]

THANK YOU!

Effective 09/12/2025

