WCMBP System

Bill Submission

DCMWC
Introduction

The intent of this webinar is to outline the process of bill submission and various methods of bill submission available to the Providers.
Bill Submission Methods
Bill Submission Methods

Providers including Billing Agents and Clearinghouses can submit bills through the following methods:

- Direct Data Entry (DDE)
- Electronic Data Interchange (EDI) Batch
- Paper
Direct Data Entry (DDE)
Direct Data Entry - Overview

- Providers can use the Workers’ Compensation Medical Bill Processing Portal (WCMBP) System to submit bills online. This is called Direct Data Entry (DDE).

- Providers can submit the following bill types via DDE:
  - Professional Bills
  - Institutional Bills
  - Dental Bills

- Providers can create, save, and reuse bill templates to reduce data entry time.

- Providers can upload supporting documents.

Note: The following slides demonstrate the process of submitting a bill via DDE in the WCMBP System.
DDE Demonstration
Logging In

1. Select **Provider ID**.
2. Select **Go**.

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

3. Select **EXT Provider Bills Submitter** profile from the **Profile** drop-down list.

4. Select **Go**.
Selecting On-line Bills Entry

5. Select **On-line Bills Entry**.
Submitting Professional Bill

6. Select an option applicable to the bill type that needs to be submitted.

**Note:** For this demonstration, we are selecting Submit Professional to submit a professional bill.
Entering Provider Information

7. Enter Bill Information.

**Note:** The system automatically populates Provider information based on the Provider ID used to log in.

8. If it does not automatically populate, select the **Program** from the drop-down list.
9. Select an option for **Is the Billing Location also the Service Facility Location?**

- If the **Billing Location** is also the **Service Facility Location**, select **Yes**.
- If the **Billing Location** is different from the practice address:
  - Select **No**. The section expands to include **Servicing Facility Location** fields.
  - Enter the **Servicing Facility Location** information.
10. Select an option for **Is the Billing Provider also the Rendering Provider?**
   - If the **Billing Provider** is also the **Rendering Provider**, select **Yes**.
   - If the **Billing Provider** is different from the **Rendering Provider**:
     a. Select **No**. The section expands.
     b. Enter the **Rendering Provider Information**.
11. Select an option for **Is the Billing Provider also the Supervising Provider?**
   - If the **Billing Provider** is also the **Supervising Provider**, select Yes.
   - If the **Billing Provider** is different from the **Supervising Provider**:
     a. Select No. The section expands.
     b. Enter the **Supervising Provider Information**.
12. Select an option for **Is this service the result of a referral?**
   - If the service is not a result of a referral, select **No**.
   - If the service is a result of a referral:
     a. Select **Yes**. The section expands.
     b. Enter the **Referring Provider Information**.

![Form Image]
13. Enter **Claimant Information**.

14. Select an option for **Does the Bill Have Third Party Liability?**

- If the bill does not have third party liability, select **No**.
- If the bill does have third party liability:
  a. Select **Yes**. The section expands.
  b. Enter the **Third Party Liability Information**.
15. Enter the following **Bill Information**:

**Note:** These are not required fields. Select the orange plus icon (+) to enter Relevant Dates or a Bill Note. Select the orange minus icon (−) to minimize it if it is no longer needed.

- **Relevant Dates** related to the services
- A **Prior Authorization Number**
- A **Bill Note** related to the services
16. Select an option for **Is this bill accident related?**

- If the bill is not accident related, select **No**.
- If the bill is accident related:
  
a. Select **Yes**. The section expands.
  
b. Enter the **Related Causes Information**.
Entering Bill Data

17. Enter **Bill Data**.

18. Enter **Diagnosis Codes**.
   a. Select the diagnosis code category from the **Diagnosis Code Category** drop-down list.
   b. Enter the diagnosis codes in the corresponding fields.
   c. As applicable, enter the required codes in the **Anesthesia Related Procedure**, **Condition Information**, and **Delay Reason** expandable sub-headings. To add a reason code for one of these expandable sub-headings, select the orange plus icon (+). To minimize it if it is no longer needed, select the minus icon (−).
Diagnosis Codes Criteria

- List ICD Codes in sequential order, one to twelve (1 to 12), and cannot skip a number
- List all ICD-9 or ICD-10 codes based on the Date of Service (DOS)
  - 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)
19. Enter **Basic Line Item Information**.

20. Select an option for **Is the Header Service Facility Location also the Service Line Facility Location?**
   - If it is, select **Yes**.
   - If the Service Line Facility Location is different from the Header Service Facility Location, then
     a. Select **No**. The section expands.
     b. Enter the **Servicing Facility Location Information**.

21. Use the orange plus icon (+) to expand the **Line Drug Information** section, which is required.

22. Select **Add Service Line Item** to add the line item to the bill.

23. As applicable, select **Update Service Line Item** to update a line item that has already been added.
Entering Basic Line Item Information - Continued

**Note:** Once a line item is added, the line item information displays.

24. Update or remove a line item as applicable:
   - To update a line item, select the **Line No.** link.
   - To remove a line item, select the **Delete** link.

25. Once all line items are entered, scroll back to the top of the page and select **Submit Bill** to submit your bill.

**Note:** You also have options to **Save** the bill and return later or **Reset** the bill if you want to start over. Saved Bills are available under the “Retrieve Saved Bills” list for a later submission.
Submitting Professional Bill Details

**Note:** Once you select **Submit Bill**, a pop-up window opens with a prompt asking if you want to submit any attachments along with the **Transaction Control Number (TCN)**.

26. Select **OK**.
Note: Attachments (supporting documentation) are required.

27. If you select **Submit** without attaching any supporting documentation, a warning message opens reminding you that bills require supporting documentation.

28. Select **OK**.
29. To attach supporting documentation, select **Add Attachment**.
Adding an Attachment

30. Select the **Attachment Type** from the drop-down list you are submitting in relation to the services you are rendering.

31. Use **Upload File** to upload the documentation.

32. Select the **Transmission Code** from the drop-down list.

**Note:** Once the attachment is added, it is listed in the Attachment List section.

33. Select **Submit** to submit your bill.
Bill Submission Successful

Once you submit the bill, a success message pop-up window opens.
Attachment Requirement

Effective May 13, 2023, the Division of Coal Miner Workers’ Compensation Program (DCMWC) will require medical providers and facilities to submit supporting medical documentation for services they provide to claimants for their covered black lung conditions.

The provider submitting the reimbursement form is responsible for attaching sufficient supporting documentation to substantiate the medical services or supplies billed. The supporting documentation must be attached to the bill submission and must support the billing codes submitted on the reimbursement form. All medical services provided to DCMWC claimants must be documented in the submitted supporting documentation, including the date of service, the miner’s name and date of birth, and a signature of the rendering provider that is both legible and time and date stamped.

More information is available on the Medical Bill Processing Portal: DCMWC News | OFFICE OF WORKERS' COMPENSATION PROGRAMS (dol.gov).
### Supporting Medical Documentation Requirement

<table>
<thead>
<tr>
<th>Type of Bill</th>
<th>Procedure/Visit Type</th>
<th>Brief Description</th>
<th>Required Attachment Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional</td>
<td>Office Visit</td>
<td>E&amp;M visit, Follow Up visit</td>
<td>Physician Report, Office Note, Consultation Note/Report</td>
</tr>
<tr>
<td>Professional or Institutional</td>
<td>Pulmonary Rehab Bill</td>
<td>Pulmonary Rehab Session, Initial Evaluation, Re-Evaluation</td>
<td>Physician prescribed exercise (e.g., mode of exercise, target intensity, duration of each session, and frequency of sessions), Progress notes, and Assessments (e.g., Psychosocial assessment, and outcomes assessment), Individualized treatment plan.</td>
</tr>
<tr>
<td>Professional or Institutional</td>
<td>Radiology/CT/MRI</td>
<td>Diagnostic test</td>
<td>Interpretation Report</td>
</tr>
<tr>
<td>Professional or Institutional</td>
<td>Chemotherapy Treatment</td>
<td>Treatment</td>
<td>Treatment Plan, Plan of Care</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>Professional or Institutional</td>
<td>Surgical Procedure</td>
<td>Surgical Procedure</td>
<td>Operative Report</td>
</tr>
<tr>
<td>Professional</td>
<td>Ambulance</td>
<td>Transportation Services</td>
<td>Emergency Room Report, Certification of Travel, Travel Log sheet</td>
</tr>
<tr>
<td>Professional</td>
<td>DME</td>
<td>DME</td>
<td>Approved Certificate of Medical Necessity (CMN)</td>
</tr>
<tr>
<td>Institutional</td>
<td>Outpatient Services</td>
<td>E&amp;M visit, Follow Up visit</td>
<td>Physician Report, E&amp;M Visit Report, Treatment Note</td>
</tr>
<tr>
<td>Professional or Institutional</td>
<td>ER Visits</td>
<td>ER Visit</td>
<td>Emergency Room Report, Itemized Statement, Ambulance Log From/To Travel</td>
</tr>
<tr>
<td>Institutional</td>
<td>Inpatient Treatment</td>
<td>Inpatient Services, Organ Transplantation</td>
<td>Admission History Report, Admission and Discharge Summary, Itemized Statement</td>
</tr>
<tr>
<td>Professional or Institutional</td>
<td>Any Type of services</td>
<td>Unlisted Procedure</td>
<td>Supporting documentation that documents the services rendered.</td>
</tr>
</tbody>
</table>

**Note:** Providers are responsible for ensuring the appropriate supporting documentation is attached to the reimbursement forms.

Link to this document: [BILLATTACHMENTREQUIREMENTS_FinalforWeb030822.pdf](http://dol.gov). This link is also available on the DCMWC News section on the OWCP Medical Bill Processing Portal.
Edits

Attachments are required. If no attachments are submitted, the system will deny the bill using **Edit 90970**. EOB Message: Insufficient treatment records for the treatment bills.

1. To view the denial reason, select the **TCN** link.
2. Select the **Denied** link on the **Bill Details** page.
Edits - Continued

**Note:** When an attachment is submitted, the bill will show a status of “In Process” indicating the attachment is under review.

![Bill Status Table]

**Note:** If the attached supporting documents are deemed insufficient after review, the bill will be denied using **Edit 91970**.

![Edit 91970 Table]
Electronic Data Exchange (EDI)
Overview: HIPAA Batch

EDI Bills can be submitted via:

- **HIPAA Batch**: This feature is available for all Providers and Billing Agents and Clearinghouses
  - It is accessible via the “HIPAA Batch Transaction” link on the WCMBP Provider Portal
  - The size limit of the EDI Batch file is 50MB
  - Providers can see all submitted EDI files, along with acknowledgment and response files
  - It does not allow for the attachment of supporting documentation
Electronic Data Exchange (EDI) Overview: SFTP Batch

EDI Bills can be submitted via:

- Secure File Transfer Protocol (SFTP) Batch: This feature is available via the WCMBP System and requires the use of an SFTP client
  - It is accessible via the “SFTP User Details” link on the Provider Portal
  - The size limit of the SFTP file allows up to 100MB
  - It allows for the attachment of supporting documentation
HIPAA Batch Transaction
Submitting a HIPAA Batch

**Note:** The process of submitting a HIPAA Batch remains the same.

1. Log in to the WCMBP System. The system displays the default “Select a Provider ID Number...” page.

2. Select the applicable **Profile** “Ext Provider Bills Submitter” from the drop-down list and select **Go**.

3. In the column on the left under HIPAA, select the **Submit HIPAA Batch Transaction** link.
Submitting a HIPAA Batch - Continued (2 of 3)

4. Select **Upload** to add attachments.

5. Select **Browse...** to upload the EDI file.

**Note:** The WCBMP System limits file size to 50 MB.

**Notes: EDI files must meet the following criteria:**

- **File Size:** The file cannot be empty, such as 0 kb.
- **Filename Extension:** The filename extension must be .dat in all lowercase, for example - *My_Hipaa_File.dat*.
- **Filename Length:** The file name length (including the file name extension) cannot be greater than 50 characters.
- **Filename Special Characters:** The filename cannot contain special characters.
6. After selecting the EDI file, select **OK** to upload. A notification opens showing the file is successfully uploaded, along with the following information:
   - Filename
   - Date and Time the file was submitted

**Notes:**
- The WCMBP System limits a file size to 50 MB while uploading HIPAA files through the WCMBP Provider Portal.

7. Continue by either uploading another file or select **Close** to return to the home page.
Submitting Supporting Documentation

Perform the following steps to send supporting documents to the WCMBP System for the bills submitted via HIPAA Batch Transaction:

1. For each supporting document, assign a unique Attachment Control Number (ACN) and use it in 2300 Loop PWK segment following the Transaction Specifications in Section 3 below.

2. From the WCMBP Portal (dol.gov), download the Bills Supporting Documents Cover Sheet (under Supporting Document Cover Sheet > Bills Cover Sheet).

3. Complete all required information on the Bills Supporting Documents Cover Sheet.
   - Select EDI Attachment Control Number as the Identifier Type
   - Enter the Attachment Control Number in the Identifier Value field

4. Print the completed Bills Supporting Documents Cover Sheet.

5. Mail the completed Bills Supporting Documents Cover Sheet with the supporting document to the address listed for the respective claimant’s program on the cover sheet.

Note: The supporting documentation requirement for EDI bills is the same as other submission methods.
SFTP
SFTP Folders

Once the SFTP user account is set up, you can access the SFTP folders using an SFTP client, such as WinSCP or FileZilla with your username and password. Make sure to note the host name and port number displayed in the following image. These settings are required for the SFTP connection.

**Note:** The following example shows the WinSCP SFTP client session setup screen. Any SFTP client can be selected.

**Note:** The process of submitting bills and attachments via SFTP remains the same. For detailed instructions refer to the “Submitting Bills via EDI” training on the **Training & Tutorials for Provider** page.
Edits for EDI Batch Submission

EDI bills with assigned ACN will be in an In Process status while awaiting attachments.

Note: If no ACN is present, the bill is denied with edit 90970 an EOB message “Insufficient treatment records for the treatment bills.”

1. To view the denial reason, select the TCN link.
2. Select the Denied link on the Bill Details page.
Edits for EDI Batch Submission

**Note:** If the attachment is not received within seven (7) days, the bill will auto-deny with edit 92970 and an EOB message “Insufficient treatment records for the treatment bills.”

1. To view the denial reason, select the **TCN** link.
2. Select the **Denied** link on the **Bill Details** page.
Paper Bills
Submitting Paper Bills

Providers can submit paper bills via mail. The following bill forms are downloadable from the WCMBP Provider Portal:

- **OWCP-1500/HCFA-1500 (Professional) Form:** Standard form used by physicians and other providers when submitting bills or claims for reimbursement for health services rendered to an OWCP claimant.

- **OWCP-04 (Institutional) Form:** Standard claim form that an Institutional provider can use for the billing of medical and mental health claims rendered to an OWCP claimant.

**Note:** Review the DCMWC program-specific instructions for completion.
Mailing Address

**Note:** Be sure to send bills and supporting documents to the mailing address below:

**Federal Black Lung Program**
PO Box 8302
London, KY 40742-8302

**Note:** The supporting documentation requirement for paper bills is the same as other submission methods.

- Bills received without supporting documentation will be **denied** with **Edit 91970** and an EOB message “Insufficient treatment records for the treatment bills.”
- Bills received with supporting documentation will be in an **In Process** status for attachment review.
Summary

- Providers can submit bills via:
  - Paper
  - Direct Data Entry (DDE) using the WCMBP Provider Portal
  - Electronic Data Interchange (EDI)

- Supporting documentation is required for all DCMWC bills

- Providers will see new edits in the system for bill submissions with and without attachment

- Examples of required documentation according to each bill type are available in the document: BILLATTACHMENTREQUIREMENTS_FinalforWeb030822.pdf (dol.gov)

Note: This link is also available on the DCMWC News section on the OWCP Medical Bill Processing Portal.