

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

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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**.

Welcome to the WCMBP Provider Portal



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

Available Provider IDs:  \*

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

## Selecting Profile

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

Welcome to the Workers' Compensation Medical Bill Process System

**eCAMS<sup>TM</sup>**  
**HCE** ✓  
Powered by CNSI

Select a profile to use during this session:

Profile: EXT Provider Bills Submitter \*

# Selecting On-line Bills Entry

5. Select **On-line Bills Entry**.

The screenshot shows the eCAMS HCE Provider Portal interface. The user is logged in as 'EXT Provider Bills Submitter'. The 'On-line Bills Entry' option is highlighted in the 'Bills' menu. The 'My Reminders' section shows no records found. The 'Your Recent Online Activities' section shows the user's login history.

**Online Services**

- Bills**
  - Bill Inquiry
  - View Payment
  - Bill Adjustment/Void
  - On-line Bills Entry**
  - Resubmit Denied/voided Bill
  - Retrieve Saved Bills
  - Manage Templates
  - Create Bills from Saved Templates
- Claimant**
  - Eligibility Inquiry
- Authorization**
  - On-line Authorization Submission
- Provider**
  - Maintain Provider Information
- HIPAA**
  - Submit HIPAA Batch Transaction
  - Retrieve HIPAA Batch Responses
  - SFTP User Details
- Admin**
  - Maintain Users
  - Switch OWCP Provider ID
- My Interactions**
  - Correspondences

**Manage Alerts**

**My Reminders**

Filter By : [ ] - [ ] Read Status [ ] Go

<input type="checkbox"/>	Alert Type	Alert Message	Alert Date
No Records Found!			

**Your Recent Online Activities**

- You have logged in with testprovider003gmail Account with IP Address 207.138.47.62
- Previous Site Visit: 04/06/2023 03:31:50 PM
- Last login failed attempt:

# 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.



The screenshot displays the eCAMS HCEV Provider Portal interface. At the top left is the eCAMS HCEV logo. A dark blue header bar contains the text "Profile: EXT Provider Bills Submitter" with a dropdown arrow. Below the header, a breadcrumb trail shows "Provider Portal" and "Bill Submission". A "Close" button is located in the top left of the main content area. The main content area features a "Choose an Option." label above a table with three rows. The first row, "Submit Professional", is highlighted with a red border. The second row is "Submit Institutional" and the third row is "Submit Dental".

Submit Professional	Submit Professional
Submit Institutional	Submit Institutional
Submit Dental	Submit Dental

# 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.

The screenshot shows a web application interface for submitting a professional bill. At the top, there is a navigation bar with the user's profile information: "618049000 Provider, Test Profile: EXT Provider Bills Submitter". Below this, there are navigation links for "Provider Portal", "Bill Submission", and "Professional Bill". A toolbar contains buttons for "Close", "Save Bill", "Submit Bill", and "Reset".

The main content area is titled "Professional Bill" and includes a note: "Note: asterisks ( \* ) denote required fields." Below this is a "Basic Bill Info" section with tabs for "Provider", "Claimant", "Bill", and "Service". The "Program" dropdown menu is highlighted with a red box and contains the text "DCMWC - Division of Coal Mine Workers' Compensation". To the right of this dropdown is a "Submitter ID" field.

The "PROVIDER INFORMATION" section is expanded and contains the following fields:

- BILLING PROVIDER INFORMATION**
- Provider ID: [Redacted]
- Type: OWCP ID
- Taxonomy Code: [Empty]
- Provider Name: [Redacted]
- Address Line 1: [Redacted]
- Address Line 2: [Empty]
- Address Line 3: [Empty]
- City/Town: CUMBERLAND
- State/Province: Kentucky
- County: Harlan
- Country: United States
- Zip Code: 40823 - 1590

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

## Entering Provider Information – Continued (Service Facility Location)

### 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:
  - a. Select **No**. The section expands to include **Servicing Facility Location** fields.
  - b. Enter the **Servicing Facility Location** information.

Yes  No

**SERVICING FACILITY LOCATION**

Servicing Facility Provider ID: \*      Type: \*

Provider Name:

Address Line 1: \*      Address Line 2:

Address Line 3:

City/Town: \*

State/Province: \*

County: \*

Country: \*

Zip Code:  -

## Entering Provider Information – Continued (Rendering Provider)

### 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**.

Country:  \*

Zip Code:  -

? Is the Billing Provider also the Rendering Provider?  Yes  No

**RENDERING PROVIDER INFORMATION**

Provider ID:  \*      Type:  \*      Taxonomy Code:

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

? Is this service the result of a referral?  Yes  No

## Entering Provider Information – Continued (Supervising Provider)

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**.

Yes  No

**SUPERVISING PROVIDER INFORMATION**

Provider ID: \* Type: \*

Yes  No

**CLAIMANT INFORMATION**

**CLAIMANT**

Claimant ID: \* Type: \*

Last Name: \* First Name: \*

## Entering Provider Information – Continued (Result of a Referral)

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**.

Zip Code:  -

? Is the Billing Provider also the Rendering Provider?  Yes  No

**RENDERING PROVIDER INFORMATION**

Provider ID: \* Type: \* Taxonomy Code:

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

**SUPERVISING PROVIDER INFORMATION**

Provider ID: \* Type: \*

? Is this service the result of a referral?  Yes  No

**REFERRING PROVIDER INFORMATION**

Provider ID: \* Type: \*

# Entering Claimant Information

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**.

**CLAIMANT INFORMATION**

**CLAIMANT**

Claimant ID: \*

Last Name: \*

Middle Name:

Date of Birth:  mm  dd  ccyy\*

Date of Death:  mm  dd  ccyy

Zip Code:

Type: \*

First Name: \*

Suffix:

Gender: \*

State/Province:

Yes  No

**Third Party Liability Information**

Third Party Liability Amount:

# Entering Bill 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

**RELEVANT DATES**

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

**BILL INFORMATION**

**RELEVANT DATES**

**PRIOR AUTHORIZATION**

Prior Authorization Number:

**BILL NOTE**

Bill Note:

Characters Remaining: 500

**RELATED CAUSES INFORMATION**

Is this bill accident related? \*  Yes  No

Related Causes: 1  \* 2

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

# Entering Related Cause Information

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**.

**BILL NOTE**

**?** 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 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 (-).

**BILL DATA**

Patient Account No.:

Place of Service: \*

**Diagnosis Codes (Do not use decimals or spaces)**

Diagnosis Code Category: \*

Diagnosis Codes: 1: \* 2:  3:  4:  5:  6:

7:  8:  9:  10:  11:  12:

**+ ANESTHESIA RELATED PROCEDURE**

**+ CONDITION INFORMATION**

**+ DELAY REASON**

# 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)

**Diagnosis Codes (Do not use decimals or spaces)**

Diagnosis Code Category:  \*

Diagnosis Codes:

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

ANESTHESIA RELATED PROCEDURE

CONDITION INFORMATION

DELAY REASON

# Entering Basic Line Item Information

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.

**BASIC LINE ITEM INFORMATION**

**BASIC SERVICE LINE ITEMS**

Service Date From: mm dd ccy \* \* \* Service Date To: mm dd ccy \* \* \*

Place of Service (If different from header):

Procedure Code:

Submitted Charges: \$:

Units/Quantity:

Third Party Liability Amount:

EMG:

Bill Note:

Characters Remaining: 500

Prior Authorization Number:

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

Ordering Provider ID:  Type:

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

Taxonomy Code:

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

**LINE DRUG INFORMATION**

# 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.

Previously Entered Line Item Information														Total Submitted Charges: \$ 100.00		
Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number		
	From	To		1	2	3	4	1	2	3	4					
<a href="#">1</a>	02/01/2020	02/01/2020	25109									\$ 100.00	1		<a href="#">Delete</a>	

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.

The screenshot shows a web interface for submitting a professional bill. At the top, there is a breadcrumb trail: "Provider Portal > Bill Submission > Professional Bill". Below this, there are four buttons: "Close", "Save Bill", "Submit Bill", and "Reset". The "Save Bill", "Submit Bill", and "Reset" buttons are highlighted with a red box. Below the buttons, there is a section titled "Professional Bill" with a note: "Note: asterisks ( \* ) denote required fields." Underneath, there is a "Basic Bill Info" section with a sub-header "Provider | Claimant | Bill | Service". At the bottom, there is a "Special Bill Indicator" dropdown menu currently set to "NONE".

# 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**.

Profile: EXT Provider Bills Submitter

Bill Submission > Professional Bill

Bill Submit Bill Reset

Submitted Professional Bill

Do you want to submit any Backup Documentation?

**OK** Cancel

The 'Submit' button must be clicked to send the Bill for processing. If not, the Bill will be available under 'Retrieve Saved Bills' menu for later submission.

Transaction Control Number (TCN): 320023100004199000  
Provider ID: [REDACTED]  
Claimant ID: [REDACTED]  
Date of Service: 04/06/2023-04/06/2023  
Total Bill Charges: \$ 120.00

Please click "Add Attachment" button, to attach the documents. Add Attachment

Attachment List

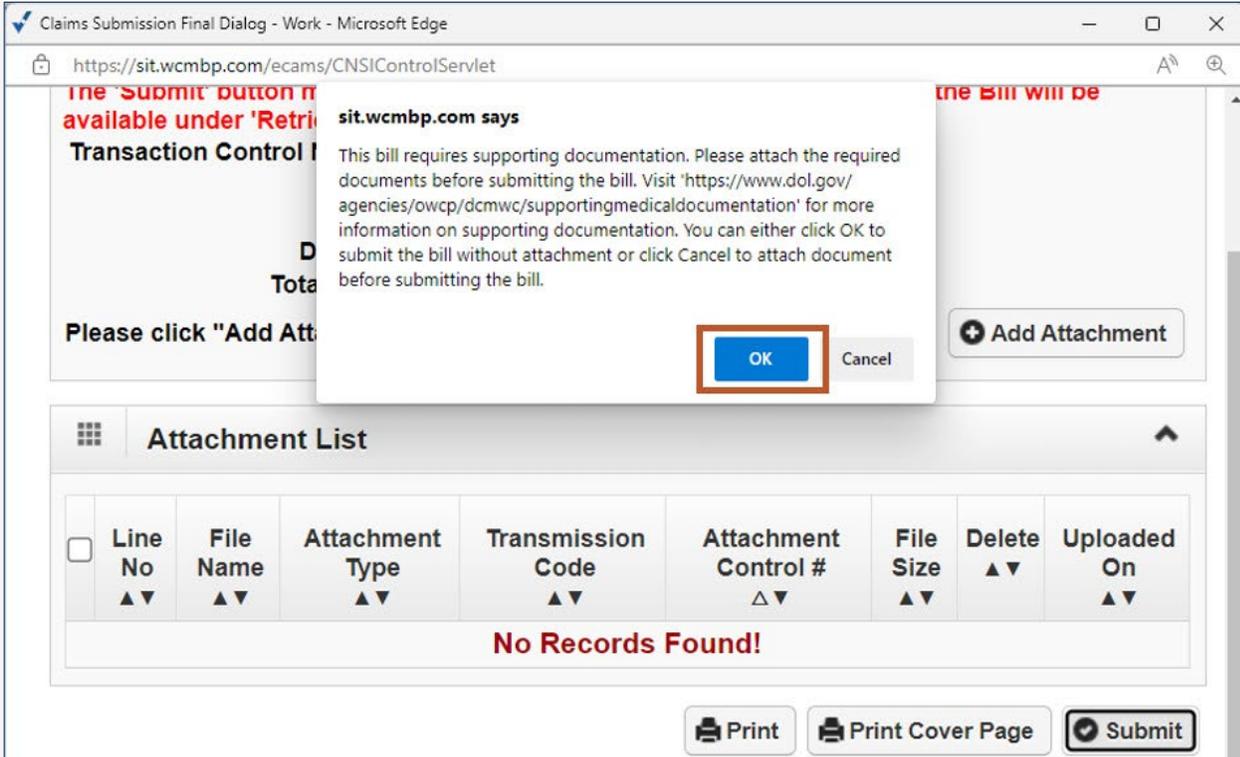
Line No	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
No Records Found!							

# Submitting Professional Bill Details – Continued (Attachments Required)

**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**.



The screenshot shows a Microsoft Edge browser window titled "Claims Submission Final Dialog - Work - Microsoft Edge" with the URL "https://sit.wcmbp.com/ecams/CNSIControlServlet". A warning dialog box is displayed in the center, titled "sit.wcmbp.com says". The dialog text reads: "This bill requires supporting documentation. Please attach the required documents before submitting the bill. Visit 'https://www.dol.gov/agencies/owcp/dcmwc/supportingmedicaldocumentation' for more information on supporting documentation. You can either click OK to submit the bill without attachment or click Cancel to attach document before submitting the bill." The dialog has "OK" and "Cancel" buttons. The "OK" button is highlighted with a red box. Below the dialog, there is an "Attachment List" section with a table header and a "No Records Found!" message. The table header includes columns for Line No, File Name, Attachment Type, Transmission Code, Attachment Control #, File Size, Delete, and Uploaded On. At the bottom of the browser window, there are buttons for "Print", "Print Cover Page", and "Submit".

Line No	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
No Records Found!							

# Submitting Professional Bill Details – Continued (Add Attachment)

29. To attach supporting documentation, select **Add Attachment**.

### Submitted Professional Bill Details

The 'Submit' button must be clicked to send the Bill for processing. If not, the Bill will be available under 'Retrieve Saved Bills' menu for later submission.

Transaction Control Number (TCN): 320023100004199000  
Provider ID:   
Claimant ID:   
Date of Service: 04/06/2023-04/06/2023  
Total Bill Charges: \$ 120.00

Please click "Add Attachment" button, to attach the documents.

**Add Attachment**

### Attachment List

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

# 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.

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

Attachment Type: 03-03-Report Justifying Treatment f  
Transmission Code: AA-Available on Request at Provid  
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 No file uploaded

Please be sure the supporting documentation/attachments is for the treated claimant ONLY.  
Please do not upload supporting documentation/attachments for any other claimant.

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

Submitted Professional Bill Details

The 'Submit' button must be clicked to send the Bill for processing. If not, the Bill will be available under 'Retrieve Saved Bills' menu for later submission.

Transaction Control Number (TCN): 320023100004199000  
Provider ID:  
Claimant ID:  
Date of Service: 04/06/2023-04/06/2023  
Total Bill Charges: \$ 120.00

Please click "Add Attachment" button, to attach the documents.

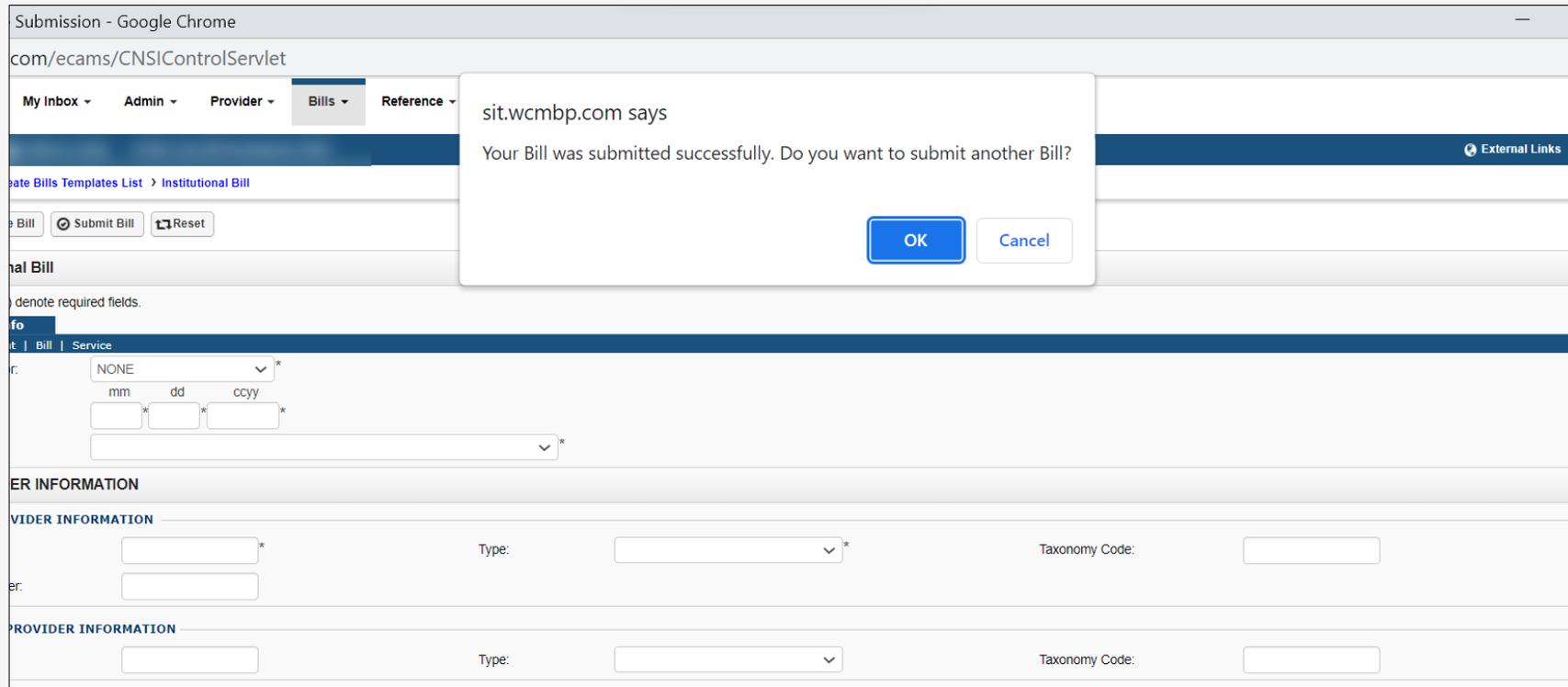
Attachment List

Line No	File Name	Attachment Type	Transmission Code	Attachment Control #	File Size	Delete	Uploaded On
	Training Medical Documentation Supplement.pdf	03	AA	358541028	33kb	X	04/10/2023

View Page: 1  
Save To CSV  
Print Print Cover Page Submit

# Bill Submission Successful

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



## Attachment Requirement

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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

Type of Bill	Procedure/Visit Type	Brief Description	Required Attachment Example
Professional	Office Visit	E&M visit, Follow Up visit	Physician Report, Office Note, Consultation Note/Report
Professional or Institutional	Pulmonary Rehab Bill	Pulmonary Rehab Session, Initial Evaluation, Re-Evaluation	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.
Professional or Institutional	Radiology/CT/MRI	Diagnostic test	Interpretation Report
Professional or Institutional	Chemotherapy	Treatment	Treatment Plan, Plan of Care

Type of Bill	Procedure/Visit Type	Brief Description	Required Attachment Example
Professional or Institutional	Surgical Procedure	Surgical Procedure	Operative Report
Professional	Ambulance	Transportation Services	Emergency Room Report, Certification of Travel, Travel Log sheet
Professional	DME	DME	Approved Certificate of Medical Necessity (CMN)
Institutional	Outpatient Services	E&M visit, Follow Up visit	Physician Report, E&M Visit Report, Treatment Note
Professional or Institutional	ER Visits	ER Visit	Emergency Room Report, Itemized Statement, Ambulance Log From/To travel
Institutional	Inpatient Treatment	Inpatient Services, Organ Transplantation	Admission History Report, Admission and Discharge Summary, Itemized Statement
Professional or Institutional	Any Type of services	Unlisted Procedure	Supporting documentation that documents the services rendered.

Type of Bill	Procedure/Visit Type	Brief Description	Required Attachment Example
Carrier	Third Party Reimbursement	All services paid by other insurance carrier or other Government Agency	OWCP Carrier Reimbursement Form, Copy, attaching a copy of the original billed services submitted on the HCFA- 1500 or the UB04.

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

Link to this document: [BILLATTACHMENTREQUIREMENTS\\_FinalforWeb030822.pdf \(dol.gov\)](#). This link is also available on the

DCMWC News section on the OWCP Medical Bill Processing Portal.

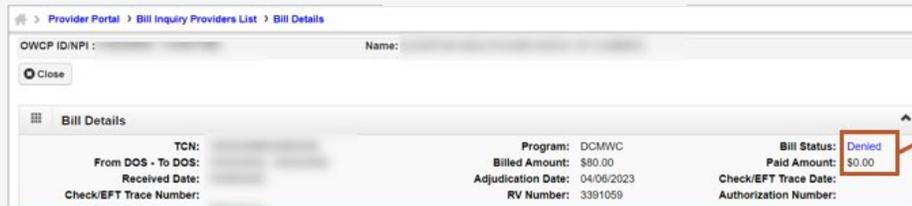
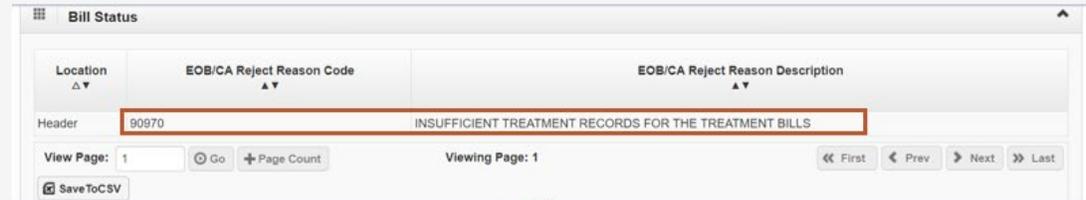
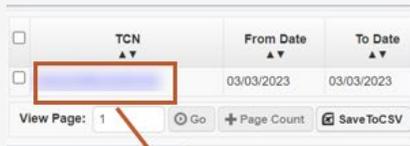
# Edits

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.

<input type="checkbox"/>	TCN ▲▼	From Date ▲▼	To Date ▲▼	Bill Status ▲▼	Bill Charged Amount ▲▼	Bill Payment Amount ▲▼	Claimant Name ▲▼	Claimant ID ▲▼	Program ▲▼
<input type="checkbox"/>		03/03/2023	03/03/2023	Denied	\$80.00	\$0.00			DCMWC

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

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.

<input type="checkbox"/>	TCN ▲▼	From Date ▲▼	To Date ▲▼	Bill Status ▲▼	Bill Charged Amount ▲▼	Bill Payment Amount ▲▼	Claimant Name ▲▼	Claimant ID ▲▼	Program ▲▼
<input type="checkbox"/>	3:	03/01/2022	03/05/2022	In Process	\$10,700.00	\$0.00			DCMWC

View Page: 1    Go    + Page Count    SaveToCSV    Viewing Page: 1    << First    < Prev    Next >    >> Last

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

Location ▲▼	EOB/CA Reject Reason Code ▲▼	EOB/CA Reject Reason Description ▲▼
Header	91970	INSUFFICIENT TREATMENT RECORDS FOR THE TREATMENT BILLS

View Page: 1    Go    + Page Count    Viewing Page: 1    << First    < Prev    Next >    >> Last

SaveToCSV

# Electronic Data Exchange (EDI) Bill Submission

# 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:

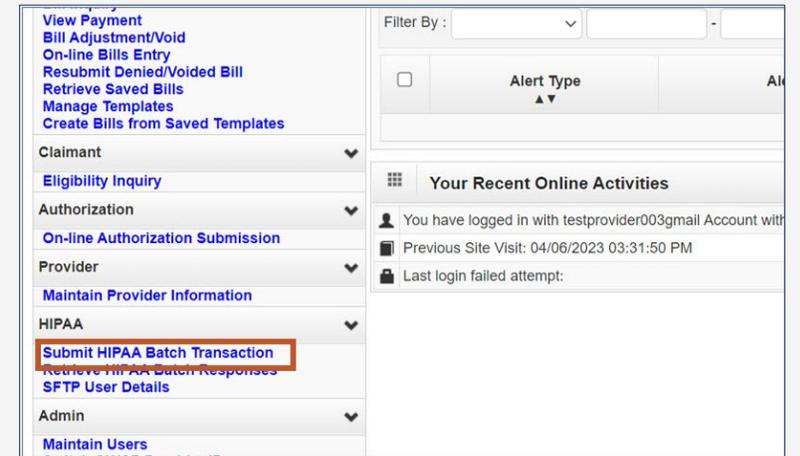
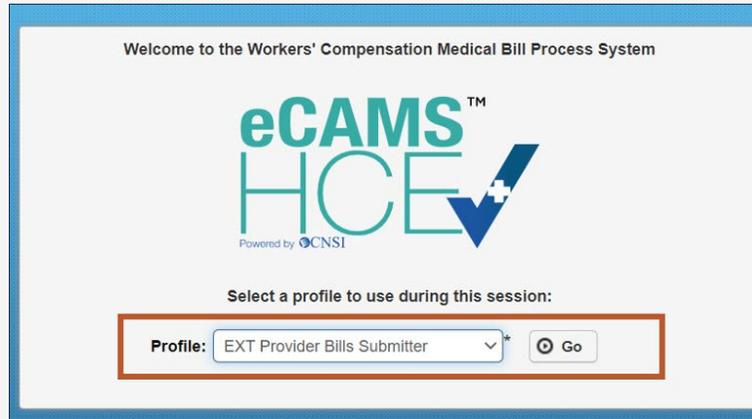
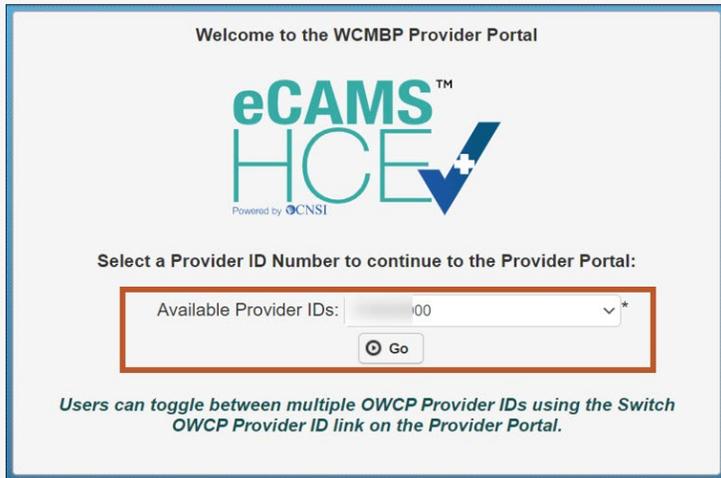
- ❑ Secure File Transfer Protocol (SFTP) Batch: This feature is available via the WCMBP System and requires the use of an SFTP client
  - It is accessible via the “SFTP User Details” link on the Provider Portal
  - The size limit of the SFTP file allows up to 100MB
  - It allows for the attachment of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

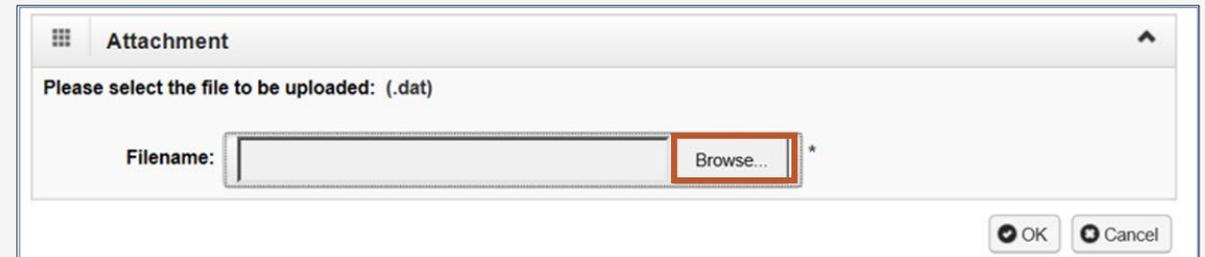
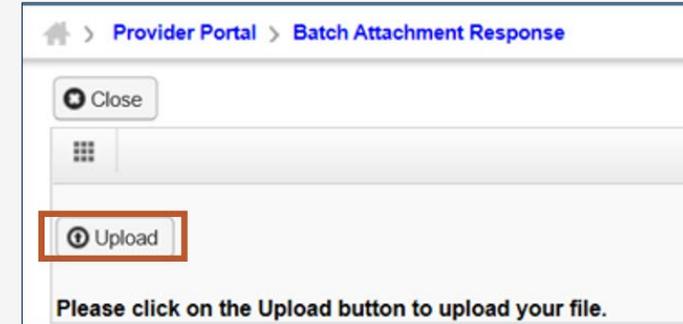
4. Select **Upload** to add attachments.

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.



## Submitting a HIPAA Batch - Continued (3 of 3)

6. After selecting the EDI file, select **OK** to upload. A notification opens showing the file is successfully uploaded, along with the following information:

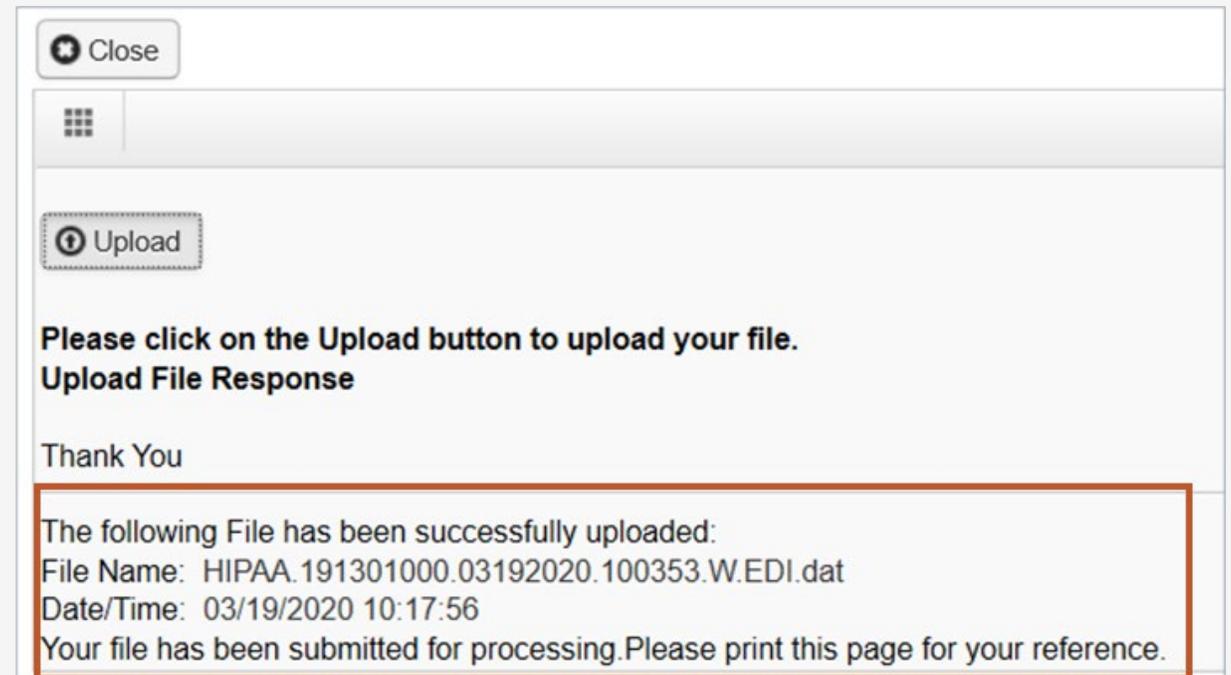
- Filename
- Date and Time the file was submitted

### 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.



The image shows a dialog box titled "Attachment". It contains the text "Please select the file to be uploaded: (.dat)". Below this is a text field for the filename, which contains "C:\Users\Clarks\OneDrive - CNSI\EDI.dat", followed by a "Browse..." button. At the bottom right of the dialog, there are two buttons: "OK" and "Cancel". The "OK" button is highlighted with a red rectangular box.



The image shows a notification dialog box. At the top left is a "Close" button. Below it is an "Upload" button with an information icon. The main text reads: "Please click on the Upload button to upload your file. Upload File Response". Below this is the text "Thank You". At the bottom, there is a text box containing the following information: "The following File has been successfully uploaded:  
File Name: HIPAA.191301000.03192020.100353.W.EDI.dat  
Date/Time: 03/19/2020 10:17:56  
Your file has been submitted for processing.Please print this page for your reference." This entire text box is highlighted with a red rectangular box.

# 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 \(dol.gov\)](http://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.



**Office of Workers' Compensation Programs (OWCP)**  
Bills Supporting Documents Cover Sheet

**Program Name:**

**Claimant Case Id:**  (Min 3 - Max 16 characters)

**Claimant Name:**  (First Name and Last Name)

**Identifier Type:**

**Identifier Value:**

**OWCP Provider ID:**  (9 digits)

**THIS COVER SHEET SHOULD BE THE FIRST PAGE OF YOUR FAX/MAIL WITH ALL SUPPORTING DOCUMENTATION BEHIND THIS COVER SHEET.**

DFEC	DEEOIC	DCMWC	DLHWC
U.S. Department of Labor OWCP/ DFEC PO Box 8300 London, KY 40742-8300	U.S. Department of Labor OWCP/ DEEOIC PO Box 8304 London, KY 40742-8304	U.S. Department of Labor OWCP/ DCMWC PO Box 8302 London, KY 40742-8302	U.S. Department of Labor OWCP/DLHWC PO Box 8313 London, KY 40742-8313

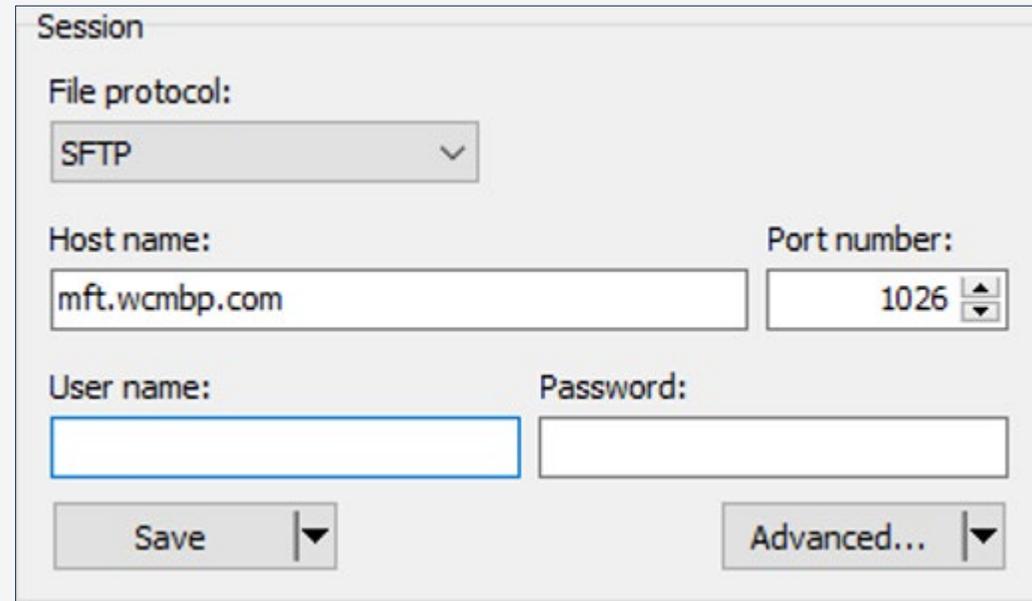
SFTP

# 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.



The image shows a screenshot of the WinSCP SFTP client session setup screen. The window is titled "Session" and contains the following fields and controls:

- File protocol:** A dropdown menu with "SFTP" selected.
- Host name:** A text input field containing "mft.wcmbp.com".
- Port number:** A spinner control set to "1026".
- User name:** An empty text input field.
- Password:** An empty text input field.
- Save:** A button with a dropdown arrow.
- Advanced...:** A button with a dropdown arrow.

# Edits for EDI Batch Submission

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

<input type="checkbox"/>	TCN ▲▼	From Date ▲▼	To Date ▲▼	Bill Status ▲▼	Bill Charged Amount ▲▼	Bill Payment Amount ▲▼	Claimant Name ▲▼	Claimant ID ▲▼	Program ▲▼
<input type="checkbox"/>	[REDACTED]	08/01/2022	08/01/2022	In Process	\$500.00	\$0.00	[REDACTED]	[REDACTED]	DCMWC

View Page: 1   Go   + Page Count   SaveToCSV   Viewing Page: 1   << First   < Prev   Next >>   Last

**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.

<input type="checkbox"/>	TCN ▲▼	From Date ▲▼	To Date ▲▼	Bill Status ▲▼	Bill Charged Amount ▲▼	Bill Pay ▲▼
<input type="checkbox"/>	[REDACTED]	08/25/2022	08/25/2022	Denied	\$227.00	\$0.00

View Page: 1   Go   + Page Count   SaveToCSV   Viewing Page: 1

<input type="checkbox"/>	TCN ▲▼	From Date ▲▼	To Date ▲▼
<input type="checkbox"/>	[REDACTED]	08/25/2022	08/25/2022

View Page: 1   Go   + Page Count   SaveToCSV

Program: DCMWC      Bill Status: Denied

Billed Amount: \$227.00      Paid Amount: \$0.00

Adjudication Date: 04/12/2023      Check/EFT Trace Date:

RV Number: 3395055      Authorization Number:

OWCP ID:      Tax ID:      Claimant ID:      SSN:      O1: J60

Location ▲▼	EOB/CA Reject Reason Code ▲▼	EOB/CA Reject Reason Description ▲▼
Header	90970	INSUFFICIENT TREATMENT RECORDS FOR THE TREATMENT BILLS

View Page: 1   Go   + Page Count   Viewing Page: 1   << First   < Prev   Next >>   Last

# 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.

The first screenshot shows a table with columns: TCN, From Date, and To Date. The TCN column contains a blue link. Below the table are buttons: View Page: 1, Go, Page Count, and SaveToCSV.

The second screenshot shows Bill Details for Program: DCMWC, Billed Amount: \$227.00, Adjudication Date: 04/12/2023, RV Number: 3395055. The Bill Status is 'Denied'. Other fields include Paid Amount: \$0.00, Check/EFT Trace Date, Authorization Number, OWCP ID, Tax ID, Claimant ID, and SSN.

The third screenshot shows a Bill Status table with columns: Location, EOB/CA Reject Reason Code, and EOB/CA Reject Reason Description. A row is highlighted with EOB/CA Reject Reason Code: 92970 and EOB/CA Reject Reason Description: INSUFFICIENT TREATMENT RECORDS FOR THE TREATMENT BILLS. Below the table are buttons: View Page: 1, Go, Page Count, and SaveToCSV.

# 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.

