

Entering Bills Online

Direct Data Entry (DDE)



Introduction

This webinar will outline the process to submit bills online via Direct Data Entry (DDE) in the WCMBP Provider Portal. We will review the steps on how to submit 3 types of bills.

- Professional
- Institutional
- Dental





Submitting Bills in the WCMBP System

How it works:


- 1 Log in to the WCMBP System. The system will display the default "Select a provider ID Number" page. Select the appropriate profile from the drop-down menu.
- 2 Select the "On-line Bills Entry" link under Bills.


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


Available Provider IDs: 

 Go

Select a profile to use during this session:



 Go

Bills 

- Bill Inquiry
- View Payment
- Bill Adjustment/Void
- On-line Bills Entry**
- Resubmit Denied/Voiced Bill
- Retrieve Saved Bills
- Manage Templates
- Create Bills from Saved Templates

Bill Submission

After the provider selects the "On-line Bills Entry" hyperlink, the provider will choose the type of bill they wish to complete and submit for payment consideration.

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

Choose an Option.

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

Submitting a Professional Bill
in the WCMBP System



Submitting a Professional Bill in the WCMBP System

- 1 The provider will select the "Submit Professional" hyperlink to begin entering a Professional claim via DDE.

 Close

Choose an Option.

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

Provider Information

1 The provider must select the program of the claimant they are submitting the bill for if it isn't auto-populated.

Note: Provider information such as: (Provider ID, Provider Name and Address) will be displayed based on the provider that is logged in.

The screenshot shows a web interface for 'Basic Bill Info' with tabs for 'Provider', 'Claimant', 'Bill', and 'Service'. The 'Program' dropdown menu is highlighted with an orange box. Below it is the 'PROVIDER INFORMATION' section, which includes 'BILLING PROVIDER INFORMATION' with fields for Provider ID, Type (OWCP ID), Taxonomy Code, Provider Name (Total Body Care), Address Line 1, Address Line 2, Address Line 3, City/Town, State/Province, County, Country (UNITED STATES), and Zip Code. The 'Address' button next to the Zip Code field is also highlighted with an orange box.

Provider Information – Continued

1 Step one of completing the Professional bill is the section titled "Is the Billing Location also the Service Facility Location?"

This section will automatically default to "YES." If the address for the billing location is different from the practice address, the provider should select "NO."

Note: If you answer "No," the grid expands. Enter the Servicing Facility Provider ID in the Servicing Facility Provider ID field and select NPI from the Type drop-down.

2 Step two of completing the Professional bill is the section titled "Is the Billing Provider also the Rendering Provider?"

This section will automatically default to "NO." If the Billing Provider and the Rendering Provider are the same, the provider should select "YES."

Note: If you select "No," the grid expands. Enter and select the rendering provider's details in the Provider ID, Type, and Taxonomy Code fields.

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

Is the Billing Provider also the Rendering Provider? Yes No

Provider Information – Continued

3 Step three of completing the Professional bill is the section titled "Is the Billing Provider also the Supervising Provider?"

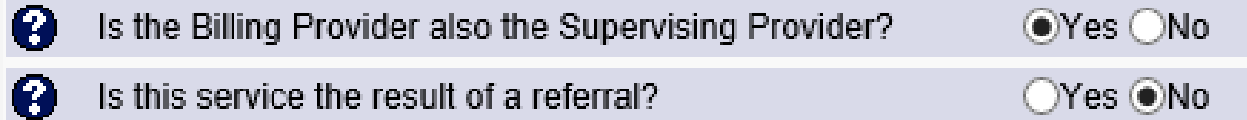
This section will automatically default to "Yes." If the Billing Provider is different from the Supervising Provider, the provider should select "No."

Note: If you select "No," the grid expands. Enter and select the supervising provider details in the Provider ID and Type fields.

4 Step four of completing the Professional bill is the section titled "Is the Service the result of a referral?"

This section will automatically default to "No." If the service is a result of a referral, the provider should select "Yes."

Note: If you select "Yes," the grid expands. Enter and select the referring provider details in the Provider ID and Type fields.



Is the Billing Provider also the Supervising Provider? Yes No

Is this service the result of a referral? Yes No

Two orange arrows point from the text above to the form. One arrow points from the '3' section to the first question, and another points from the '4' section to the second question.

Claimant Information

1

In this section, the provider will enter the necessary information about the claimant. Some fields are mandatory, and others are optional. The mandatory fields have an asterisk "*".

1. Enter the Claimant ID.
2. Select the Type: (Case Number).

Note: DCMWC & DEEOIC can enter SSN or Case Number. DFEC can only enter Case Number

Note: Once the Type (Case Number) is selected, the claimant's Name and Date of Birth (DOB) will be displayed.

3. Enter the Claimant's Date of Birth.
4. Select the Gender of the Claimant (F-Female/M-Male/U-Unknown).

The screenshot shows a web form titled "CLAIMANT INFORMATION". The form is divided into two columns. The left column contains fields for "Claimant ID", "Last Name", "Middle Name", "Date of Birth", and "Date of Death". The right column contains fields for "Type", "First Name", "Suffix", and "Gender". Mandatory fields are marked with an asterisk (*). The "Date of Birth" and "Date of Death" fields are split into three boxes labeled "mm", "dd", and "ccyy".

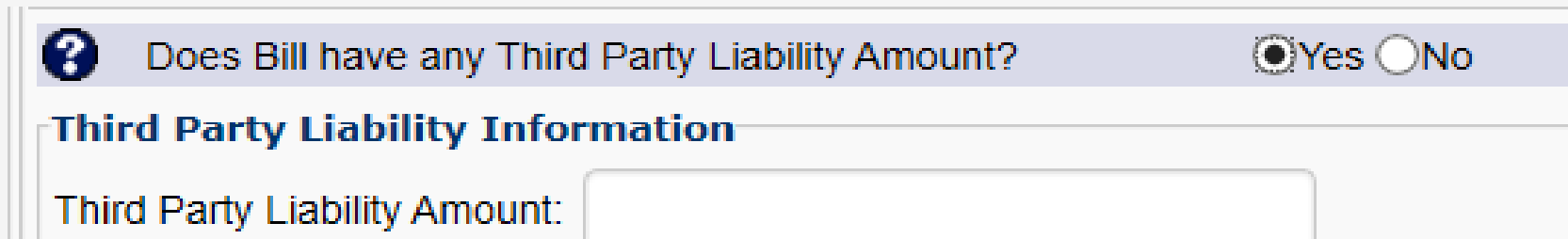
CLAIMANT INFORMATION	
CLAIMANT	
Claimant ID: <input type="text"/> *	Type: <input type="text"/> *
Last Name: <input type="text"/> *	First Name: <input type="text"/> *
Middle Name: <input type="text"/>	Suffix: <input type="text"/>
Date of Birth: <input type="text"/> mm <input type="text"/> *dd <input type="text"/> *ccyy	Gender: <input type="text"/> *
Date of Death: <input type="text"/> mm <input type="text"/> dd <input type="text"/> ccyy	

Third Party Liability Amount

1 In this step, complete the Professional bill section titled "Does Bill have any Third-Party Liability Amount?"

This section will automatically default to "NO." Only if there is a Third-Party Amount to be listed, will the provider select "YES."

Note: If "YES" is selected, the provider must enter the amount.



?

Does Bill have any Third Party Liability Amount? Yes No

Third Party Liability Information

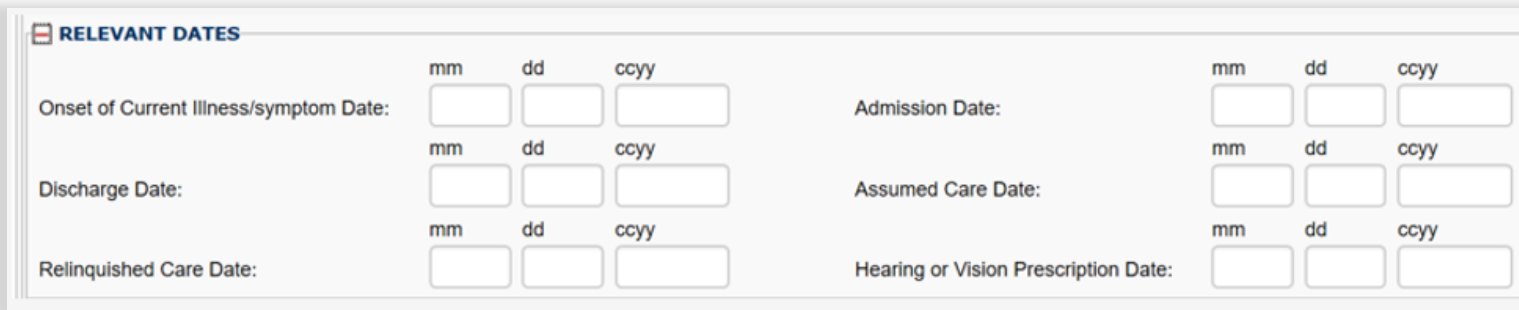
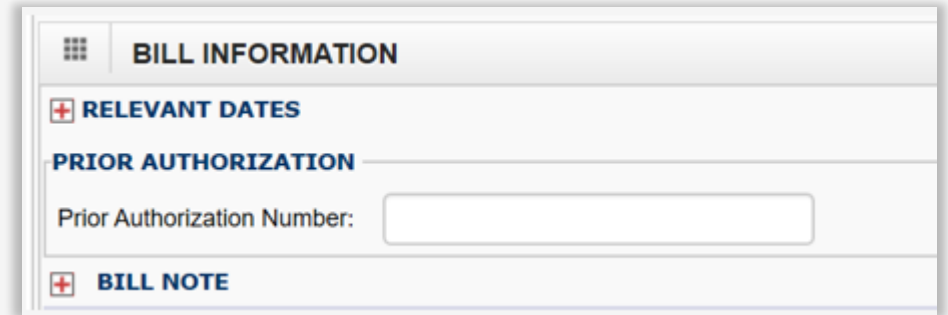
Third Party Liability Amount:

Bill Information

1 In this section, the provider will enter the necessary bill information pertaining to the service provided to the claimant.

Enter Relevant Dates, a Prior Authorization Number and/or a Bill Note.

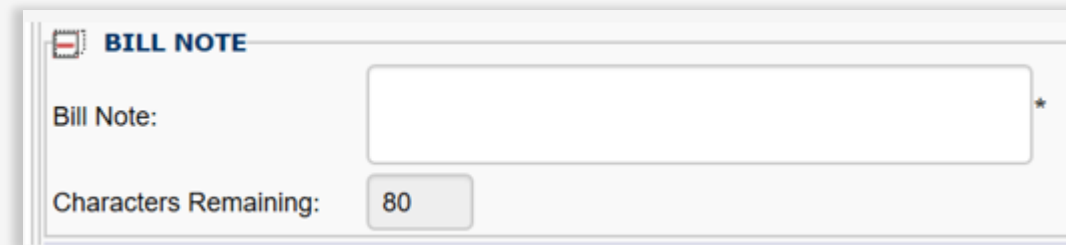
Note: These are not required fields. Click on the + to enter Relevant Dates or a Bill Note, and - to minimize it if it's no longer needed.



2 This dialogue box will open allowing you to enter Relevant Dates related to the services.

3 This dialogue box will allow you to enter a Bill Note related to the services.

Note: Up to 80 characters can be entered.



Bill Information – Accident Related

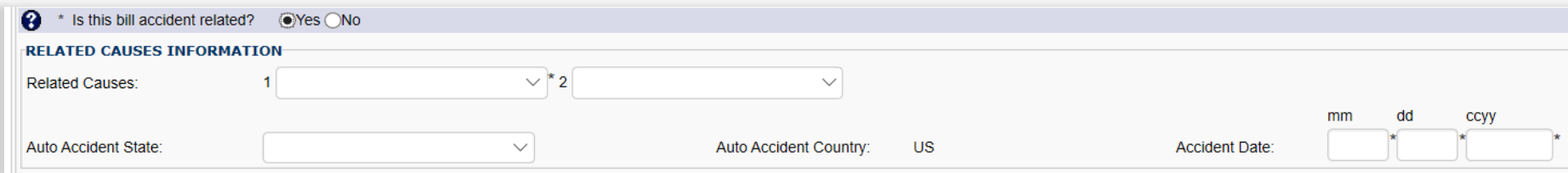
1 Is the bill accident related?

Note: If “Yes” is selected, enter the Related Causes Information.



AA-Auto Accident
EM-Employment
OA-Other Accident

← Related Causes Options

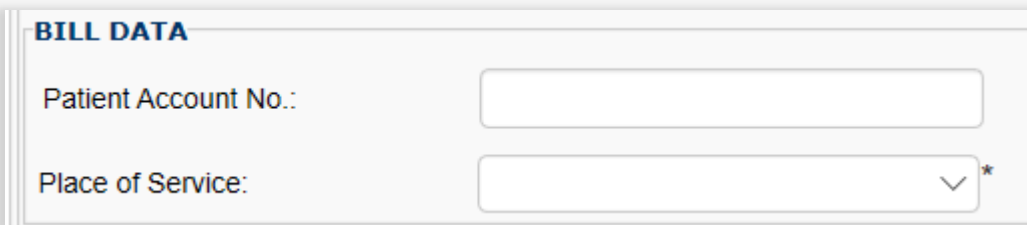


? * Is this bill accident related? Yes No

RELATED CAUSES INFORMATION

Related Causes: 1 2

Auto Accident State: Auto Accident Country: US Accident Date: mm dd ccyy



BILL DATA

Patient Account No.:

Place of Service:

2 Is the bill accident related?

Note: If “No” is selected, enter the Patient Account Number and select the Place of Service from the drop-down menu.

Bill Information - Diagnosis

1 Select the diagnosis code category from the Diagnosis Code Category drop-down and enter the diagnosis codes in the Diagnosis Codes fields.

If applicable, enter the required codes in the Anesthesia Related Procedure, Condition Information, and Delay Reason expandable sub-headings. Click on the **+** to add an Anesthesia Related Procedure, Condition Information and/or a Delay Reason, and **-** to minimize it if it's no longer needed.

Note:

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

The screenshot shows a form for entering diagnosis codes. It includes a 'Diagnosis Code Category' dropdown menu, followed by 12 numbered input fields for 'Diagnosis Codes'. Below these fields are three expandable sections: 'ANESTHESIA RELATED PROCEDURE', 'CONDITION INFORMATION', and 'DELAY REASON', each with a plus sign icon to its left.

Basic Line Item Information

Enter the Basic Service Line Information:

1. Date of Service Range (when were services rendered?)
2. Place of Service (POS) (2-Digit POS Code representing where services are rendered)
3. Procedures, Services, or Supplies (enter the 5-character HCPCS, CPT and/or 2-digit Modifier)
4. Charges (list the sub charge for the line item)
5. Diagnosis Pointer (enter the diagnostic reference number (1-12 from bill information section) to relate the DOS and procedure performed to the appropriate DX.

The screenshot shows a web form titled "BASIC LINE ITEM INFORMATION". The form contains several input fields and dropdown menus. Numbered callouts (1-9) are placed over the form to indicate the fields described in the list on the left:

- 1: Service Date From and Service Date To (mm dd ccyy)
- 2: Place of Service (dropdown)
- 3: Procedure Code (text) and Modifiers (text)
- 4: Submitted Charges (\$) (text)
- 5: Diagnosis Pointers (1-4 dropdowns)
- 6: Units/Quantity (text)
- 7: Third Party Liability Amount (text)
- 8: EMG (dropdown)
- 9: Bill Note (text)

At the bottom of the form, there is a "Characters Remaining" field with the value "80".

*6-9 is covered on the next slide.

Basic Line Item Information

Enter the Basic Service Line Information – Continued:

- Units (enter the number of units provided during the DOS range listed)
- Third Party Liability Amount (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.
- EMG (Is this an emergency service? Y/N) - **Optional**
- Bill Note (a Bill Note can be entered - up to 80 characters) - **Optional**

The screenshot shows a web form titled "BASIC LINE ITEM INFORMATION". The form contains the following fields and callouts:

- 1:** Points to the "Service Date From" date input fields (mm, dd, ccyy).
- 2:** Points to the "Place of Service" dropdown menu.
- 3:** Points to the "Procedure Code" input field.
- 4:** Points to the "Submitted Charges: \$" input field.
- 5:** Points to the "Diagnosis Pointers" dropdown menus (1, 2, 3, 4).
- 6:** Points to the "Units/Quantity" input field.
- 7:** Points to the "Third Party Liability Amount" input field.
- 8:** Points to the "EMG" dropdown menu.
- 9:** Points to the "Bill Note" text area.

Other fields include "Service Date To" (mm, dd, ccyy), "Modifiers" (1, 2, 3, 4), and "Characters Remaining" (80).

Bill Information – Continued

1 Providers can enter a Prior Authorization Number and/or the Rendering/Ordering/Referring Provider NPI numbers if they are different from the header provider information.

Note: These are not required fields.

2 Is the Header Service Facility Location also the Service Line Facility Location?

Note: If "No" is selected, a dialogue box will open to add the Service Line Facility's NPI and Address.

Prior Authorization Number:

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

Ordering Provider ID: Type:

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

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

+ LINE DRUG INFORMATION

3 Click on the + to add Line Drug Information, and - to minimize it if it is no longer needed.

4 Click "Add Service Line Item" to add the line item to the bill and repeat to add additional lines.

Note: Click "Update Service Line item" to update a line item that has been entered.

+ LINE DRUG INFORMATION

National Drug Code: * Quantity: * Unit: *

Qualifier: Prescription/Link No: Prescription Date: mm dd ccyy

Previously Entered Line Item Information

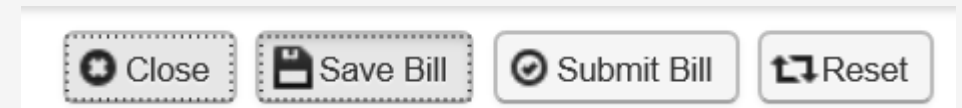
- 1 Once a line item has been added, the line item information will be displayed. Click the "Line No" hyperlink to update or the "Delete" hyperlink to remove the line item.

Previously Entered Line Item Information
Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$ 100.00

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1	02/01/2020	02/01/2020	25109									\$ 100.00	1		Delete

- 2 Once you have entered all line items, scroll back to the top of the page and click "Submit Bill" to submit your bill.

Note: You have an option to save the bill and return later or Reset the bill if you want to start over.



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

Submitted Professional Bill Details

- 1 Once the "Submit Bill" tab is clicked, the Transaction Control Number (TCN) will be displayed and give an option to add an 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): 12 [REDACTED]
Provider ID: 70 [REDACTED]
Claimant ID: 01 [REDACTED]
Date of Service: 02/01/2020-02/01/2020
Total Bill Charges: \$ 100.00

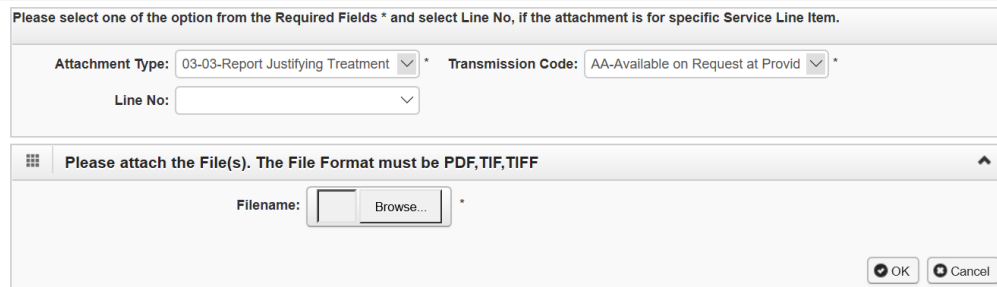
Please click "Add Attachment" button, to attach the documents.

[+ Add Attachment](#)

Adding an Attachment

1 Select the type of attachment you are submitting in relation to the services you are rendering.

Note: "Line No" is optional.



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 * Transmission Code: AA-Available on Request at Provid *

Line No:

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

Filename: Browse...

OK Cancel

3 Once the attachment is added, it will be listed in the Attachment List section. Click "Submit" to submit your bill.

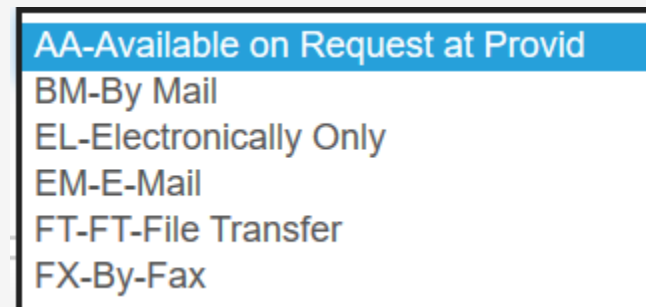
Note: Attachments will be available at the header level.



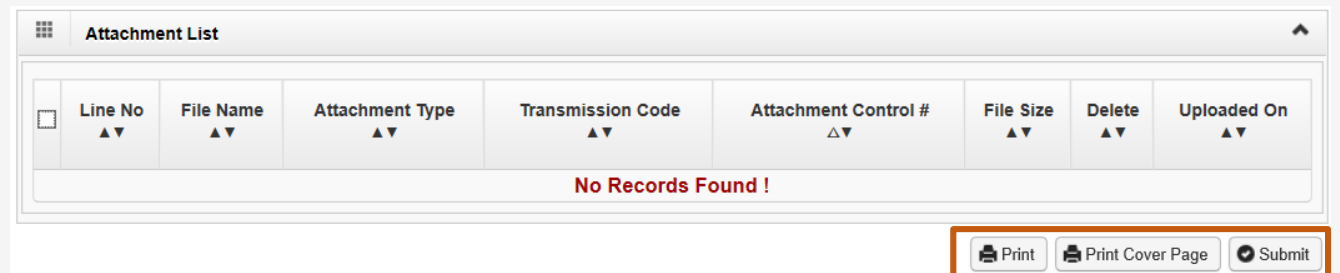
Important: Click "Print Cover Page" to mail or fax the attachments for transmission codes of AA, BM, EM and FX.

2 Select the Transmission Code from the drop-down menu.

Note: Attachments can only be attached if EL or FT is selected.



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



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

Print Print Cover Page Submit

Submitting an Institutional Bill
in the WCMBP System



Submitting an Institutional Bill in the WCMBP System

- 1 Select the "Submit Institutional" hyperlink to begin entering an Institutional claim via Direct Data Entry (DDE).

 Close

Choose an Option.

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

Provider Information

1 Select the Program of the claimant for which you are submitting the bill.

Note: Provider information (Provider ID and Type) will be displayed based on the provider user logged in.

The screenshot shows a web form titled "Institutional Bill". At the top, there is a note: "Note: asterisks (*) denote required fields." and a link for "Billing Instructions". Below this is a "Basic Bill Info" section with tabs for "Provider", "Claimant", "Bill", and "Service". The "Program" field is a dropdown menu with an asterisk, and the "Submitter ID" field contains the value "700031200". The "PROVIDER INFORMATION" section is expanded, showing two parts: "BILLING PROVIDER INFORMATION" and "ATTENDING PROVIDER INFORMATION". The "BILLING PROVIDER INFORMATION" section has fields for "Provider ID" (with a blurred value), "Type" (set to "OWCP ID"), and "Taxonomy Code". The "ATTENDING PROVIDER INFORMATION" section has fields for "Provider ID", "Type", and "Taxonomy Code".

2 Enter the Attending Provider NPI number.

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

Claimant Information

1

1. Enter the Claimant ID.

2. Select the Type (Case Number).

Note: DCMWC & DEEOIC can enter SSN or Case Number.

Note: Once the Type (Case Number) is selected, the claimant's Name and Date of Birth (DOB) will be displayed.

3. Select the Gender of the Claimant (F-Female/M-Male/U-Unknown).

CLAIMANT INFORMATION

CLAIMANT

Claimant ID:	<input type="text"/>	*	Type	<input type="text"/>	*		
Last Name:	<input type="text"/>	*	First Name:	<input type="text"/>	*		
Middle Name:	<input type="text"/>		Suffix:	<input type="text"/>			
Date of Birth:	<input type="text"/>	mm	<input type="text"/>	dd	<input type="text"/>	ccyy	*
Date of Death:	<input type="text"/>	mm	<input type="text"/>	dd	<input type="text"/>	ccyy	
			Gender:	<input type="text"/>	*		

Bill Information

Enter the following Bill information:

1. Patient Account Number within your organization.
2. Medical Record Number within your organization.
3. Select the Type of Facility.
4. Select the Bill Classification.
5. Statement Date Range (Cover Period).
6. Enter Admission date, hour and minutes.
7. Enter Admission Type (required for Inpatient Stay Only).
8. Select the Admission Source from the drop-down menu.
9. Enter the Discharge Hour and Minutes.

The screenshot shows a web form titled "BILL INFORMATION" with a "BILL DATA" section. The fields are: Patient Account No., Medical Record Number, Type Of Facility (dropdown), Bill Classification (dropdown), Statement Dates (From and To, each with mm, dd, ccyy sub-fields), Admission Date/Hour (mm, dd, ccyy, hh, mm), Admission Type (dropdown), Admission Source (dropdown), and Discharge Hour (hh, mm). Numbered callouts 1 through 9 are placed over the form, with arrows pointing to the corresponding input fields.

- 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

← Type of Facility Options

Bill Information – Continued

Enter the following Bill information:

1. Select the Patient Status from the drop-down menu.
2. If the bill is related to an Auto Accident, enter the State where it occurred.
3. Select the Diagnosis Code Category.
4. Enter the Principal Diagnosis Code and also select if Principal Diagnosis Code was present at the time of admission.
5. Enter Admitting Diagnosis Code.
6. Enter the Reasons for Visit (Diagnosis Code describing the patient's stated reason for seeking care on Outpatient bills).

Note: Click on the + to add Other Diagnosis, Condition, Occurrence, Occurrence Span, Value Information and a Delay Reason, and - to minimize it if it is no longer needed.

The screenshot shows a form for entering bill information. It includes the following fields and callouts:

- 1:** Patient Status (drop-down menu)
- 2:** Auto Accident State (drop-down menu)
- 3:** Diagnosis Code Category (drop-down menu)
- 4:** Principal Diagnosis Code (text input)
- 5:** Admitting Diagnosis Code (text input)
- 6:** Reason For Visit (three text input fields labeled 1, 2, and 3)

Other fields include: Present On Admission (drop-down menu), PPS/DRG (text input), and a section for additional information with expandable/collapsible options:

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

Bill Information - Continued

- 1 When you maximize a section, the respective section will allow you to enter the information that is required on the bill.
Note: Click the "Add Another" hyperlink to add additional information.

OTHER DIAGNOSIS INFORMATION

1 Other Diagnosis Code: * Present On Admission: [Add Another](#)

CONDITION INFORMATION

1 Condition Code: * [Add Another](#)

OCCURRENCE INFORMATION

1 Occurrence Code: * Occurrence Date: mm dd ccyy* [Add Another](#)

OCCURRENCE SPAN INFORMATION

1 Occurrence Span Code * From Date: mm dd ccyy* Through Date: mm dd ccyy* [Add Another](#)

VALUE INFORMATION

1 Value Code: * Value Amount: \$ * [Add Another](#)

DELAY REASON

Delay Reason Code: *

Does Bill have any Third Party Liability Amount? Yes No

Third Party Liability Information

Third Party Liability Amount:

- 2 Does Bill have any Third Party Liability (TPL) Amount?
Note: If "Yes" is selected, enter the TPL amount.



Bill Information - Continued

1

Enter the Prior Authorization Number that you want to apply to this bill. (Optional)

Note: Click on the + to add Procedure, Other Procedure, Operating Physician, Other Operating Physician, Rendering Physician, Referring Physician Information and a Bill Note, and - to minimize it if it is no longer needed.

PRIOR AUTHORIZATION

Prior Authorization Number:

- PROCEDURE INFORMATION**
- OPERATING PHYSICIAN INFORMATION**
- OTHER OPERATING PHYSICIAN INFORMATION**
- RENDERING PHYSICIAN INFORMATION**
- REFERRING PHYSICIAN INFORMATION**
- BILL NOTE**

PROCEDURE INFORMATION

Principal Procedure Code: * Procedure Date: mm dd ccy *

Other Procedure Information

1 Other Procedure Code: * Procedure Date: mm dd ccy * [Add Another](#)

OPERATING PHYSICIAN INFORMATION

Provider ID: * Type: *

OTHER OPERATING PHYSICIAN INFORMATION

Provider ID: * Type: *

RENDERING PHYSICIAN INFORMATION

Provider ID: * Type: *

REFERRING PHYSICIAN INFORMATION

Provider ID: * Type: *

BILL NOTE

Bill Note: *

Characters Remaining:

Service Line Item Information

Enter the following Service Line information:

1. Revenue Code
2. HCPCS Code

Note: All Revenue Codes do not require a HCPCS/Procedure Code.

3. Modifiers – Optional
4. List the Service Date and Last Date of Service for the Line Item
5. Service Units
6. Total Line Charges
7. Third Party Liability Amount – Optional
8. Non-covered Line Charges – Optional

The screenshot shows a web form titled "SERVICE LINE ITEM INFORMATION". The form contains several input fields and sections:

- Revenue Code:** A text input field with an asterisk, pointed to by callout 1.
- HCPCS Code:** A text input field containing "97140", pointed to by callout 2.
- Service Date:** A date input field with "mm dd ccy" labels, pointed to by callout 4.
- Last Date of Service:** A date input field with "mm dd ccy" labels, pointed to by callout 4.
- Service Units:** A text input field with an asterisk, pointed to by callout 5.
- Total Line Charges:** A text input field with an asterisk, pointed to by callout 6.
- Third Party Liability Amount:** A text input field, pointed to by callout 7.
- Modifiers:** A section with the label "Modifiers:" followed by four numbered input fields (1, 2, 3, 4), pointed to by callout 3.
- Non-covered Line Charges:** A text input field, pointed to by callout 8.

Service Line Item Information - Continued


1 You can enter the Operating Physician/Other Operating Physician/Rendering and/or Referring Providers NPI number if it is different from the header provider information.

Note: These are optional fields.

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**

2 Click on the + to add Line Drug Information, and - to minimize it if it is no longer needed.

 **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"/>									

Service Line Item Information - Continued

1 Click "Add Service Line Item" to add a line item to the bill and repeat to add additional lines.

Note: Click "Update Service Line Item" to update a line item that is already added.

2 Once a line item has been added, the line item information added will be displayed. Click the "Line No" hyperlink to update or the "Delete" hyperlink to remove the Line Item.

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

3 Once you have entered all line items, scroll back to the top of the page and click "Submit Bill" to submit your bill.

Note: You have an option to Save Bill and return later or Reset the bill if you want to start over.

[Close](#) [Save Bill](#) [Submit Bill](#) [Reset](#)

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

Submitted Professional Bill Details

- 1 Once the "Submit Bill" button is clicked, the Transaction Control Number (TCN) will display to give you an option to add an attachment.

 Submitted Institutional 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):	12 [REDACTED]
Provider ID:	70 [REDACTED]
Claimant ID:	01 [REDACTED]
Date of Service:	02/20/2020-02/20/2020
Total Bill Charges:	\$ 200.00

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



Adding an Attachment

- 1 Select the type of attachment you are submitting in relation to the services you are rendering.

Note: "Line No" is optional.

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 * Transmission Code: AA-Available on Request at Provid *

Line No:

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

Filename: Browse... *

OK Cancel

- 3 Once the attachment is added, it will be listed in the Attachment List section. Click "Submit" to submit your bill.

Note: Attachments will be available at the header level.



Important: Click "Print Cover Page" to mail or fax the attachments for transmission codes of AA, BM, EM and FX.

- 2 Select the Transmission Code from the drop-down list.

Note: Attachments can only be attached if EL or FT is selected.

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

Attachment List

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

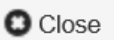
Print Print Cover Page Submit

Submitting a Dental Bill in the
WCMBP System



Submitting a Dental Bill in the WCMBP System

- 1 Select the "Submit Dental" hyperlink to begin entering a Dental claim via Direct Data Entry (DDE).

 Close

Choose an Option.

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

Provider Information

1 Select the program of the claimant for which you are submitting the bill.

Note: Provider information (Provider ID and Type) will be displayed based on the Provider ID you logged in as.

The screenshot shows a web form titled "Institutional Bill". At the top, there is a note: "Note: asterisks (*) denote required fields." and a link for "Billing Instructions". Below this is the "Basic Bill Info" section, which includes a "Program:" dropdown menu with an asterisk and a "Submitter ID:" field containing the value "700031200". The "PROVIDER INFORMATION" section is expanded, showing two sub-sections: "BILLING PROVIDER INFORMATION" and "ATTENDING PROVIDER INFORMATION". The "BILLING PROVIDER INFORMATION" section has fields for "Provider ID:" (700031200), "Type:" (OWCP ID), and "Taxonomy Code:". The "ATTENDING PROVIDER INFORMATION" section has fields for "Provider ID:", "Type:", and "Taxonomy Code:", all of which are currently empty.

2 Enter the Attending Provider NPI number.

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

Provider Information

1 Select the program of the claimant for which you are submitting the bill.

Note: Provider information (Provider ID and Type) will be displayed based on the Provider ID you logged in with.

3 Is the Billing Provider also the Supervising Provider?

Note: If you select "No," the grid expands. Enter and select the supervising provider details in the Provider ID and Type fields.

4 Is this service a result of a referral?

Note: If "Yes," the grid expands. Enter and select the referring provider details in the Provider ID and Type fields.

2 Is the Billing Provider also the Rendering Provider?

Note: If "No" is selected, enter the NPI of the Rendering Provider.

The screenshot displays the 'Basic Bill Info' form with several sections: 'PROVIDER INFORMATION', 'BILLING PROVIDER INFORMATION', 'RENDERING PROVIDER INFORMATION', 'SUPERVISING PROVIDER INFORMATION', and 'REFERRING PROVIDER INFORMATION'. Each section includes fields for 'Provider ID', 'Type', and 'Taxonomy Code'. There are also checkboxes for 'Is the Billing Provider also the Rendering Provider?', 'Is the Billing Provider also the Supervising Provider?', and 'Is this service the result of a referral?'. An orange box highlights the 'BILLING PROVIDER INFORMATION' section, and an arrow points from the 'Note' for step 2 to the 'Is the Billing Provider also the Rendering Provider?' checkbox. Another arrow points from the 'Note' for step 3 to the 'Is the Billing Provider also the Supervising Provider?' checkbox. A third arrow points from the 'Note' for step 4 to the 'Is this service the result of a referral?' checkbox.

Claimant Information

1. Enter the Claimant ID.
2. Select the Type (Case Number).

Note: DCMWC & DEEOIC can enter SSN or Case Number.

Note: Once the Type (Case Number) is selected, the claimant's Name and Date of Birth (DOB) will be displayed.

3. Select the Gender of the Claimant (F-Female/M-Male/U-Unknown).

The screenshot shows a web form titled "CLAIMANT INFORMATION". It contains the following fields:

- Claimant ID: *
- Last Name: *
- Middle Name:
- Date of Birth: mm dd ccyy *
- Date of Death: mm dd ccyy
- Type: *
- First Name: *
- Suffix:
- Gender: *

- 2 Does the Bill have any Third Party Liability (TPL) Amount?

Note: If "Yes" is selected, enter the TPL amount.

The screenshot shows a form section titled "Third Party Liability Information". It contains the following elements:

- Question: Yes No
- Field: Third Party Liability Amount:

Bill Information

1 Enter the following bill information:

1. Patient Account number within your organization.
2. Select the Place of Service from the drop-down menu.
3. Enter the Date of Service range.

BILL INFORMATION

BILL DATA

Patient Account No: ← 1

Place of Service: * ← 2

Service Start Date: mm dd ccy * ← 3 → Service End Date: mm dd ccy *

PRIOR AUTHORIZATION

Prior Authorization Number:

DELAY REASON

Delay Reason Code: *

BILL NOTE

Bill Note: *

Characters Remaining: 80

2 You can enter a Prior Authorization Number, a Delay Reason and/or a Bill Note.

Note: These are optional fields. Click on the + to enter Relevant Dates or a Bill Note, and - to minimize it if it no longer needed.

Bill Information - Continued

1 Is the bill accident related?

Note: If "Yes" is selected, enter the Related Causes Information.

2 Is the bill related to orthodontic services?

Note: If "Yes" is selected, enter the Orthodontic Treatment Information.

3 Does this bill require a diagnosis code?

Note: If "Yes" is selected, select the diagnosis code category and enter the diagnosis codes.

The screenshot shows a form with three main sections, each with a question and a note:

- Section 1:** Question: "Is this bill accident related?" (Yes/No). Note: "If 'Yes' is selected, enter the Related Causes Information." An arrow points from the note to the "RELATED CAUSES INFORMATION" section.
- Section 2:** Question: "Is this bill related to orthodontic services?" (Yes/No). Note: "If 'Yes' is selected, enter the Orthodontic Treatment Information." An arrow points from the note to the "ORTHODONTIC TREATMENT" section.
- Section 3:** Question: "Does this bill require a diagnosis code?" (Yes/No). Note: "If 'Yes' is selected, select the diagnosis code category and enter the diagnosis codes." An arrow points from the note to the "Diagnosis Codes" section.

The form fields include:

- RELATED CAUSES INFORMATION:** Two dropdown menus for "Related Causes", "Auto Accident State", "Accident Country" (US), and "Accident Date" (mm, dd, ccy).
- ORTHODONTIC TREATMENT:** Input fields for "Orthodontics Treatment Months", "Orthodontics Treatment Months Remaining", and "Appliance Placement Date" (mm, dd, ccy).
- TOOTH STATUS:** A table with columns for "Tooth Number" and "Tooth Status Code", and an "Add Another" link.
- Diagnosis Codes:** A dropdown for "Diagnosis Code Category" and four input fields for "Diagnosis Codes" (1, 2, 3, 4).

Basic Line Item Information

Enter the following Basic Line Item Information:

1. Date of Service
2. Appliance Placement Date
3. Treatment Completion Date
4. Select Place Of Service from the drop-down menu if different from header
5. Select the Oral Cavity Designation from the drop-down menus
6. Fees (Sub charge for line item)

Note: Click on the + to add Tooth Information, and - to minimize it if it is no longer needed.

The screenshot shows a web form titled "BASIC LINE ITEM INFORMATION". It is divided into two main sections: "BASIC SERVICE LINE ITEMS" and "Tooth Information".

BASIC SERVICE LINE ITEMS

- Service Date/ Treatment Start Date:** Three input fields for month (mm), day (dd), and year (ccyy). Callout 1 points to the year field.
- Appliance Placement Date:** Three input fields for month (mm), day (dd), and year (ccyy). Callout 2 points to the year field.
- Treatment Completion Date:** Three input fields for month (mm), day (dd), and year (ccyy). Callout 3 points to the year field.
- Place of Service (if different from header):** A dropdown menu. Callout 4 points to the dropdown.
- Oral Cavity Designation:** Five dropdown menus labeled 1 through 5. Callout 5 points to the first dropdown.
- Fees:** A text input field with an asterisk. Callout 6 points to the field.

Tooth Information

- Tooth Number/Letter:** A text input field. An "Add Another:" link is to its right.
- Tooth Surface:** Five dropdown menus labeled 1 through 5.

Basic Line Item Information - Continued

1 Enter the following Basic Line Item Information:

1. Procedure Code and Quantity
2. Third Party Liability Amount – Optional
3. Select a Diagnosis Pointer (enter the diagnostic reference number (1-4 from bill information section) to relate the DOS and procedure performed to the appropriate DX.
4. Prior Authorization Number
5. Rendering and/or Supervising Provider NPI if different from header

Note: Click the + to add Additional Service Line Information and - to minimize it if it is no longer needed.

The screenshot shows a form for entering service line item information. It includes fields for Procedure Code, Quantity, Third Party Liability Amount, Diagnosis Pointers (1-4), Prior Authorization Number, Rendering Provider ID, Supervising Provider ID, Type, Taxonomy Code, Prosthesis, Crown or Inlay Code, Replacement Date, and Prior Placement Date. A red box highlights the 'Add Service Line Item' and 'Update Service Line Item' buttons at the bottom. Red arrows and numbered callouts (1-5) point to the Procedure Code, Third Party Liability Amount, Diagnosis Pointers, Prior Authorization Number, and the Provider ID fields respectively.

- 2 Click "Add Service Line Item" to add the line item to the bill and repeat to add additional lines.

Note: Click "Update Service Line item" to update a line item that has been added.

Previously Entered Line Item Information

- 1 Once a line item has been added, the line item information added will be displayed. Select the "Line No" hyperlink to update or the "Delete" hyperlink to remove the Line Item.

Previously Entered Line Item Information
Click a Line No. below to view/update that Line Item Information. Total Fee: \$345.00

Line No	Procedure Code	Fees	Diagnosis Pntrs				Oral Cavity					Quantity	Service Date/ Treatment Start Date	Appliance Placement	Tooth/Surface	PA Number	
			1	2	3	4	1	2	3	4	5						
1	D4150	\$345.00	1				10				2	02/15/2020	02/15/2020			Delete	

- 2 Once you have entered all line items, scroll back to the top of the page and select the "Submit Bill" to submit your bill.

Note: You have an option to "Save Bill" and return later or "Reset" the bill if you want to start over.



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

Submitted Dental Bill Details

- 1 Once the "Submit Bill" button is clicked, the Transaction Control Number (TCN) will be display to give you an option to add an attachment.

Submitted Dental 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): 12 [REDACTED]
Provider ID: 70 [REDACTED]
Claimant ID: 01 [REDACTED]
Date of Service: 02/15/2020-02/15/2020
Total Bill Charges: \$ 345.00

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

+ Add Attachment

Adding an Attachment

1 Select the type of attachment you are submitting in relation to the services you are rendering.

Note: "Line No" is optional.

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 * Transmission Code: AA-Available on Request at Provid *

Line No: [dropdown]

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

Filename: [input] Browse... *

OK Cancel

2 Select the Transmission Code from the drop-down menu.

Note: Attachments can only be attached if EL or FT is selected.

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

3 Once the attachment is added, it will be listed in the Attachment List section. Select the "Submit" button to submit your bill.

Note: Attachments will be available at the header level.



Important: Select the "Print Cover Page" button to mail or fax the attachments for transmission codes of AA, BM, EM or FX.

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

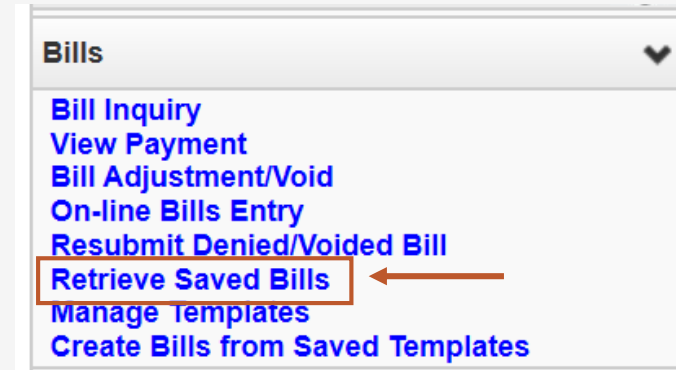
Print Print Cover Page Submit

Retrieve Saved Bills



Retrieve Saved bills

- 1 Select the "Retrieve Saved Bills" link under Bills.
- 2 A list of all saved Bills will be displayed. Click the ► icon in the Link column.



A screenshot of a web application interface showing a "Saved Bills List" table. The table has columns for Link, Claimant ID, Claimant Last Name, User Login ID, Date Saved, and Billing OWCP ID. The first row is highlighted with a red box around the "Link" column, which contains a right-pointing arrow icon. The table also includes a filter section at the top and navigation controls at the bottom.

Link	Claimant ID	Claimant Last Name	User Login ID	Date Saved	Billing OWCP ID
►				03/04/2020	
►				03/04/2020	
►				03/04/2020	

- 3 The system will display the corresponding bill (Professional, Institutional or Dental Bill) that was previously saved. Continue making changes and submit the bill.

Billing – Additional Information

- Check claimant eligibility prior to submitting bills.
- Check to see if an authorization is required prior to submitting bills.
- Confirm authorizations are approved prior to submitting bills.
- It takes up to 28 days to process a bill submitted via mail.
- EFT payments are paid on Thursdays.
- Explanation Of Benefits (EOB) are mailed on the Monday prior to the EFT Payment to the mailing address on file.
- It takes 8 business days to process an Adjustment.
- System features allows users to create and update bill templates.
- Create bills from saved templates.
- Review the Fee Schedule to see what services are covered by DOL.

Thank you!

CNSI is excited about being the new medical bill processing agent for OWCP programs and to continue working with each of you!

Email: CNSIOWCPOutreach@cns-inc.com

Call Center:

Division of Federal Employees' Compensation
(DFEC) 1-844-493-1966

Division of Energy Employees
Occupational Illness Compensation
(DEEOIC) 1-866-272-2682

Division of Coal Mine Workers' Compensation
(DCMWC) 1-800-638-7072