

# Provider Billing Tips & Tricks



# Introduction

In this webinar, we will cover the following billing tips regarding:

- Billing Tips
- Locating Legacy Remittance Vouchers
- Billing Agents/Clearinghouses



# Billing Tips



# Before Submitting a Bill

- ✓ Check Claimant Eligibility for accepted diagnosis code(s).
- ✓ Confirm Claimant Case Status.
- ✓ Check to see if an authorization is required.
- ✓ If applicable, make sure authorizations are in "Approved" status prior to submitting bills.
- ✓ Review the Fee Schedule for what services are covered by DOL.



# Bill Processes – Good to Know

- It takes up to thirty (30) days within receipt of the bill to process.
- Submitting bills online assists with preventing keying errors or missed content.
- EFT payments are paid for DCMWC on Wednesdays, DEEOIC on Thursdays and DFEC on Fridays.
- Remittance Vouchers are sent to the mailing addresses on file on Mondays prior to the EFT Payment.
- It takes up to eight (8) business days after receipt to process a bill adjustment received electronically. Adjustments received on paper take up to fifteen (15) business days after receipt.



# Entering Appropriate Diagnosis Code(s)

The Diagnosis Code(s) on the bill should be related to the claimant's accepted conditions. Please refer to the claimant eligibility inquiry on the provider portal OR the approved authorization.

Patient Status:	<input type="text"/>	↓*
Auto Accident State:	<input type="text"/>	↓
<b>DIAGNOSIS INFORMATION (Do not use decimals or spaces)</b>		
Diagnosis Code Category:	<input type="text"/>	↓*
Principal Diagnosis Code:	<input type="text"/>	*
Admitting Diagnosis Code:	<input type="text"/>	
Reason For Visit:	1: <input type="text"/>	2: <input type="text"/>
		3: <input type="text"/>
Present On Admission: <input type="text"/>		
PPS/DRG: <input type="text"/>		
<b>+ OTHER DIAGNOSIS INFORMATION</b>		
<b>+ CONDITION INFORMATION</b>		
<b>+ OCCURRENCE INFORMATION</b>		
<b>+ OCCURRENCE SPAN INFORMATION</b>		
<b>+ VALUE INFORMATION</b>		
<b>+ DELAY REASON</b>		

# Adding an Authorization Number

Although not required, it is highly recommended that you include the authorization number on all bills that have an approved authorization.

Under Bill Information, add the Prior Authorization Number for any approved services.

Note: asterisks ( \* ) denote required fields.

**Basic Bill Info**

Provider | Claimant | Bill | Service

Special Bill Indicator: NONE

Program: [Redacted] Submitter ID: [Redacted]

**ADJUSTMENT INFORMATION**

\* Original TCN: [Redacted]

**PROVIDER INFORMATION**

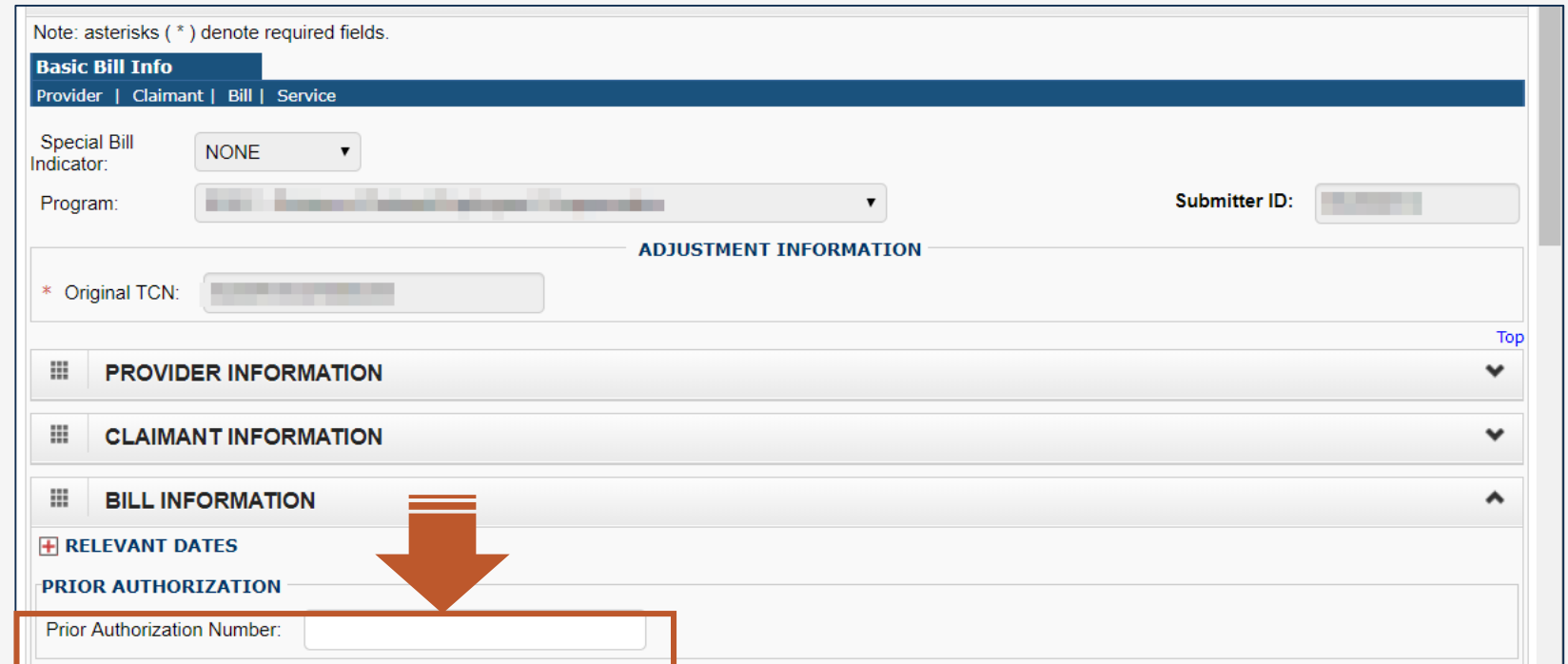
**CLAIMANT INFORMATION**

**BILL INFORMATION**

**RELEVANT DATES**

**PRIOR AUTHORIZATION**

Prior Authorization Number: [Redacted]

A screenshot of a web form interface. The form is titled 'Basic Bill Info' and has tabs for 'Provider', 'Claimant', 'Bill', and 'Service'. It contains several input fields: 'Special Bill Indicator' (set to 'NONE'), 'Program' (with a redacted dropdown), and 'Submitter ID' (with a redacted input). Below these is a section for 'ADJUSTMENT INFORMATION' with a required field for '\* Original TCN' (redacted). A large red arrow points down to the 'Prior Authorization Number' field, which is highlighted with a red border. The form also has expandable sections for 'PROVIDER INFORMATION', 'CLAIMANT INFORMATION', and 'BILL INFORMATION', and a 'RELEVANT DATES' section.

# Verify Dates of Service Match with Authorization

If applicable, verify that the date of service on the bill is within the date of service identified on the approved authorization.

**BASIC LINE ITEM INFORMATION**

**BASIC SERVICE LINE ITEMS**

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

Place of Service:  ▼

Procedure Code:  \*

Submitted Charges: \$:  \*

Units/Quantity:  \*

Third Party Liability Amount:

EMG:  ▼

Bill Note:

Characters Remaining:  80

Modifiers: 1:  2:  3:  4:

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



# Bill Inquiry Search by Claimant ID

Close Submit

## Provider Bill Inquiry Search

Please enter available information in the following fields before clicking 'Submit'.


- Required: TCN or Claimant ID/SSN AND Bill Service Period (To date is optional)
- You may request status for bills processed within the past seven years
- The Bill Service Period From and To date range cannot exceed 3 months


OWCP ID: \*

TCN:

Claimant ID:

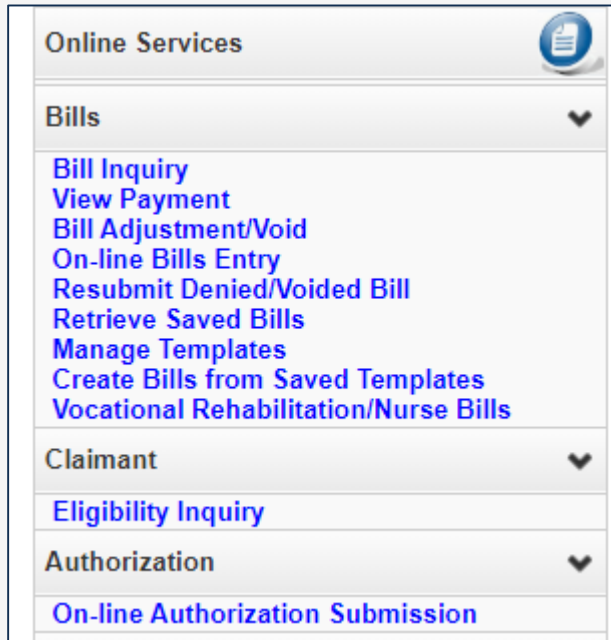
SSN:

Bill Service Period From:  

Bill Service Period To:  

Entering the Claimant ID number AND the Bill Service Period From date returns a list of ALL bills that were billed under Provider OWCP ID for that claimant. If the TCN is entered, it only returns that ONE bill.

# Claimant Case Status and Authorization Requirement



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
- Vocational Rehabilitation/Nurse Bills

Claimant

- Eligibility Inquiry

Authorization

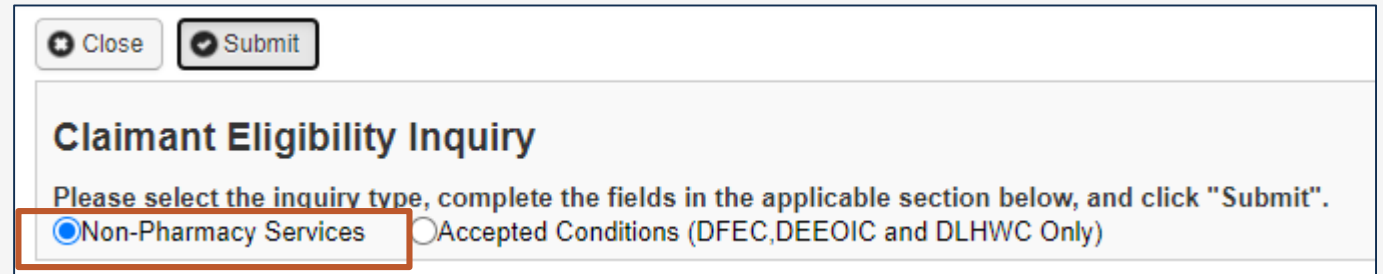
- On-line Authorization Submission

1 Select the "Eligibility Inquiry" link under Claimant.

2 Enter all appropriate fields under Non-Pharmacy Services and click "Submit".

3

Case Status and Authorization info is provided.  
**Note:** Level 2 or Level 3 requires authorization.

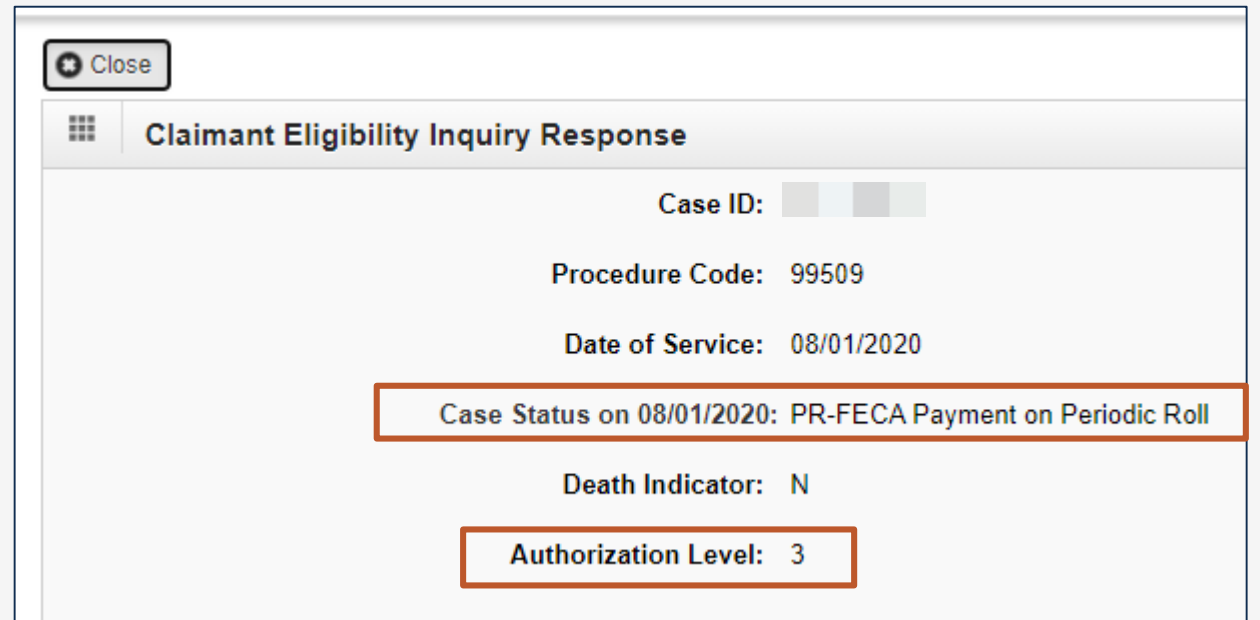


Close Submit

### Claimant Eligibility Inquiry

Please select the inquiry type, complete the fields in the applicable section below, and click "Submit".

Non-Pharmacy Services  Accepted Conditions (DFEC, DEEOIC and DLHWC Only)



Close

### Claimant Eligibility Inquiry Response

Case ID: [REDACTED]

Procedure Code: 99509

Date of Service: 08/01/2020

Case Status on 08/01/2020: PR-FECA Payment on Periodic Roll

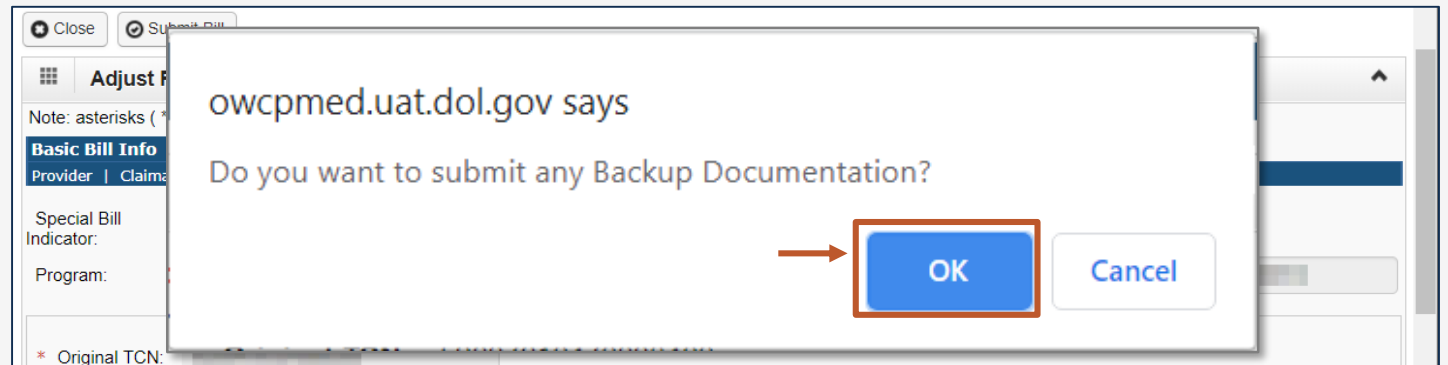
Death Indicator: N

Authorization Level: 3

# Backup Documentation – Pop-Up Blocker

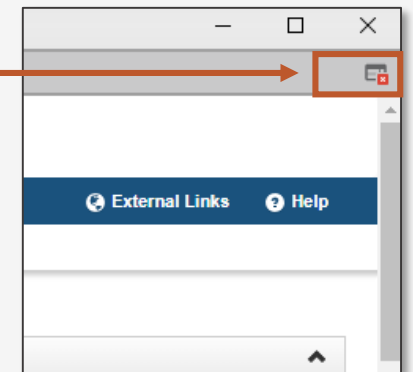
When submitting your bills online, the system displays a pop-up window to ask if you want to submit any Backup Documentation.

If you are unable to see this pop-up, it may indicate that your pop-up blocker is turned on.



**Note:** Screenshot here is showing the icon for blocked pop-ups in the Chrome browser. Your browser may display this differently.

If pop-ups are blocked, you will need to allow pop-ups for your web browser to proceed.



# Bill Adjustment/Void vs. Resubmit Denied/Voided Bill

## Bill Adjustment/Void

Providers can adjust previously **paid bills (not denied bills)** that have been submitted on paper or online within the last seven years for **DFEC** and **DCMWC**.

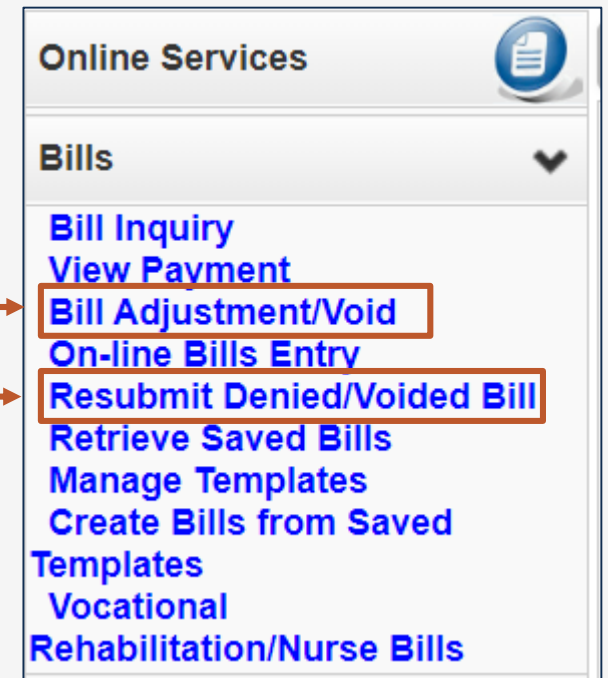
**DEEOIC** and **DCMWC** providers are not able to void bills in the WCMBP System. Voided bills create an overpayment that will be automatically withheld from future payments.

**Bill Adjustment/Void** →

**Resubmit Denied/Voided Bill** →

## Resubmit Denied/Voided Bill

Denied bills cannot be adjusted. They can be resubmitted as a new bill. The denial reasons are located on the remittance vouchers.



# Tips regarding Legacy Remittance Vouchers



# What are Legacy Remittance Vouchers?

The documents that the provider submitted in the legacy system, Conduent, or generated by the legacy system are referred to as legacy documents.

The providers that were enrolled and in "active" status in the legacy system, Conduent, and migrated to the WCMBP System are referred to as legacy providers.

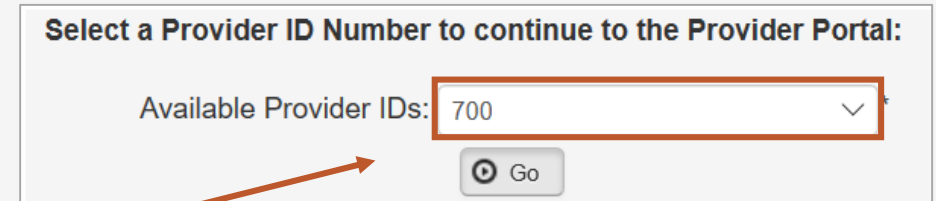
**Legacy Remittance Vouchers** are the explanation of benefit documents of the legacy providers that migrated to the WCMBP System. These are for bills processed in the Conduent system prior to 4/27/2020.


# Accessing Legacy Remittance Vouchers

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.


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

Available Provider IDs:  




 Go

Select a profile to use during this session:



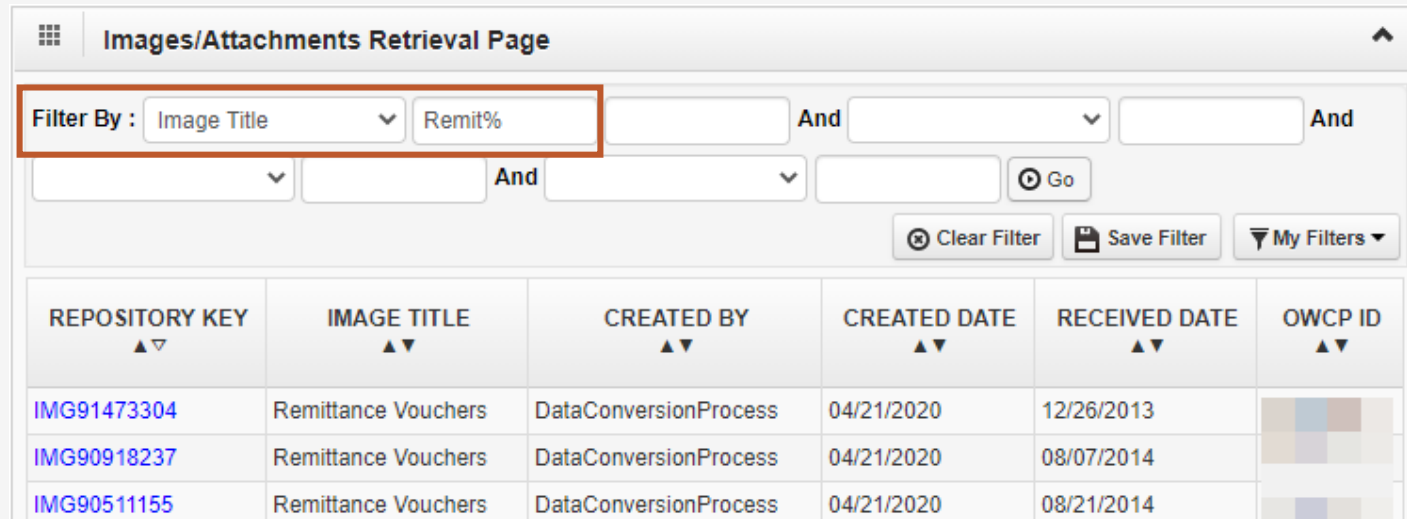
 Go

- 2 Select the "Correspondences" link under My Interactions.

- HIPAA 
  - [Submit HIPAA Batch Transaction](#)
  - [Retrieve HIPAA Batch Responses](#)
  - [SFTP User Details](#)
- Admin 
  - [Maintain Users](#)
- My Interactions 
  - [Correspondences](#)

# Images/Attachments Retrieval Page

A search can be performed using the filters to search by TCN, Image Title or Case Number. For the filter Image Title, in the adjacent text field, enter Remit%, then click the **Go** button. The system will display all remittance vouchers.



The screenshot shows the 'Images/Attachments Retrieval Page' interface. At the top, there is a search filter section with a red box highlighting the 'Filter By' dropdown set to 'Image Title' and the text input field containing 'Remit%'. Below this are 'And' operators and another empty filter dropdown. A 'Go' button is visible. Further down are buttons for 'Clear Filter', 'Save Filter', and 'My Filters'. Below the filters is a table with the following data:

REPOSITORY KEY ▲▼	IMAGE TITLE ▲▼	CREATED BY ▲▼	CREATED DATE ▲▼	RECEIVED DATE ▲▼	OWCP ID ▲▼
<a href="#">IMG91473304</a>	Remittance Vouchers	DataConversionProcess	04/21/2020	12/26/2013	
<a href="#">IMG90918237</a>	Remittance Vouchers	DataConversionProcess	04/21/2020	08/07/2014	
<a href="#">IMG90511155</a>	Remittance Vouchers	DataConversionProcess	04/21/2020	08/21/2014	

**Note:** The percent symbol (%) is a “wildcard” character that allows you to substitute one or more characters in your search. In this case, the use of the percent symbol at the end of “Remit” will search for all Image Titles that begin with Remit. This wildcard character is especially useful if you are unsure of the full search term. The percent symbol can also be used in the beginning or middle of typed characters.



# Tips for Billing Agents/ Clearinghouses



# Billing Agents/Clearinghouses & EDI

- **Billing Agents/Clearinghouse responsibilities:** Each Billing Agent/Clearinghouse must have an OWCP provider ID number to submit bills via the WCMBP System and must provide their OWCP Provider ID number to each provider for whom they are billing.  
**Note:** If you are a Billing Agent/Clearinghouse that submitted bills on behalf of multiple providers in the Conduent system, and those providers were not enrolled and active in that system, they will be required to enroll in the WCMBP System in order for you to bill on their behalf.
- **Legacy Billing Agent/Clearinghouses:** OWCP provider information would transfer to the WCMBP system only if they had an OWCP ID. They will receive a Welcome and Registration letter that provides information on how to access the system.  
**Note:** If you only had a trading partner ID, you would need to enroll in the WCMBP System.
- **New Billing Agent/Clearinghouse:** Need to enroll with OWCP via the WCMBP System online enrollment process.
- **Payments** are sent to the billing provider and not to the Billing Agent/Clearinghouse.

# Billing Agents/Clearinghouse & EDI

**Provider Responsibility:** Any provider who chooses to utilize the services of a third-party biller (Billing Agent or Clearinghouse) to submit bills, must identify the OWCP provider ID assigned to the Billing Agent/Clearinghouse on their own provider profile. This means that the Billing Agent/Clearinghouse must be enrolled in the WCMBP System and have an OWCP ID.

- **Legacy Providers whose Provider profile is currently linked to a Billing Agent/Clearinghouse:** Information will transition over to the WCMBP System; the Billing Agent/Clearinghouse will be able to submit EDI claims on or after April 27, 2020, through the WCMBP System.
- **Legacy Providers whose Provider profile is NOT linked to a Billing Agent/Clearinghouse:** Providers need to update their existing provider profile with the Billing Agent/Clearinghouse provider information, including the Billing Agent/Clearinghouse's OWCP Provider ID.
- **New providers:** Providers who select the option to submit bills using a Billing Agent/Clearinghouse on their enrollment application must have the Billing Agent/Clearinghouse OWCP Provider ID. The tutorials on how to complete an enrollment application is available at <https://owcpmed.dol.gov> under Provider menu, Training and Tutorials.

# Thank you!

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

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Email: [CNSIOWCPOutreach@cns-inc.com](mailto: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