

## **Bill Submission via Direct Data Entry (DDE)**

Effective 05/13/2023, DCMWC requires medical providers and facilities to submit supporting medical documentation for services they provide to claimants for their covered black lung condition.

This quick reference guide outlines the process of attaching supporting documents for the various bill submission methods and highlights some new edits providers may encounter due to this change. It also provides examples of required supporting documentation that must be attached to the bill. More information is available on the Medical Bill processing Portal: <u>DCMWC</u> <u>News</u> | OFFICE OF WORKERS' COMPENSATION PROGRAMS (dol.gov)

The process of submitting bills via DDE remains the same. This process is covered in detail in the Bills Tutorials (<u>Bills Tutorial: Direct Data Entry (DDE)</u> located on the **Training & Tutorials for Provider** page.

1. Once all bill data is entered, select **Submit Bill**. The Transaction Control Number (TCN) appears.

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Note: aste	erisks (*) deno	ote required fields.		
Basic Bi	l Info			
Provider	Claimant   I	Bill   Service		



**Note:** Attachments are required. If **Submit** is selected without attaching any supporting documentation, the system displays a warning message. To close this message, **OK** can be selected.

**Note:** If a bill is submitted without attaching any supporting documentation, it will be denied.

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**Bill Submission via Direct Data Entry (DDE)** 

3. Select Add Attachment. The Attachment window opens.

**Note:** Refer to the <u>Supporting Medical Documentation Requirement</u> section for details of required supporting documents.

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## **Bill Submission via Direct Data Entry (DDE)**

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

8. Select **Submit** to submit a bill. A pop-up opens with a success message.

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## **Bill Attachment via Direct Data Entry (DDE)**

**Note:** Attachments can be added after a bill has been submitted, but only if the Bill Status is "In Process."

9. To add an attachment, select the **Bill Inquiry** link under **Bills**.

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

The **Bill Inquiry Providers List** page displays.

#### Note:

- The system will only display bills processed within the last seven years.
- By default, the search results are limited to the most recent 100 bills; however, filters can be used to display all bills that meet the specified criteria.

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		12/07/2017	12/07/2017	Paid	\$20.78	\$20.78		2	8	DCMWC
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DCMWC Treatment Bill Attachment Requirement (8 of 19)	uick Reference Guide
Bill Attachment via Direct Data Entry (DDE)	
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11. To upload attachments, select View/Add Attachment.	
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(10 of 19)	nt	achment		Quick Refere	ence Guide
Bill Attachment via D	Pirect Data Entry	(DDE)			
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### **Denials and Edits**

When no attachments are submitted, the bill is denied using Edit 90970.

EOB Message: Insufficient treatment records for the treatment bills.

	TCN		From Date	To Date	Bill Status	Bill Charged Amount ▲ ▼	Bill Payment Amount
			03/03/2023	03/03/2023	Denied	\$80.00	\$0.00
View Page:	1	⊙ Go	+ Page Count	Save ToCSV		Viewing Page: 1	

To view the denial reason:

1. Select the **TCN** link. The **Bill Details** page opens.





## **Denials and Edits**

2. Select the **Denied** link. The **Bill Status** page opens providing details of the edit or edits due to which the bill was denied.

			^
Program:	DCMWC	Bill Status: Deni	ed 2
Billed Amount:	\$80.00	Paid Amount: \$0.00	
udication Date:	04/06/2023	Check/EFT Trace Date:	
RV Number:	3391059	Authorization Number:	

III Bill Stat	tus					
Location △▼		EOB/CA	Reject Reason Code ▲▼	EOB/CA Reject Reason Descri ▲ ▼	ption	
Header	90970			INSUFFICIENT TREATMENT RECORDS FOR THE TREATMENT BILLS		
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#### **Bill Submission via Electronic Data Interchange (EDI)**

The process of submitting bills via EDI remains the same. The process is outlined in the Bills Tutorials (<u>Bills Tutorial: Direct Data Entry (DDE)</u> located on the **Training & Tutorials for Provider** page. This section walks through a new edit that Providers may see while submitting bills via EDI.

#### Notes:

- EDI bills remain in an **In Process** status while awaiting attachments.
- If supporting documents are not received within seven (7) days, the bill auto-denies with Edit 92970.

0	A V		From Date	To Date	Bill Status	Bill Ch	Amount	Bi	Il Payment Ame
3;			03/01/2022	03/05/2022	In Process	\$10,700.00		\$0.00	
View Page:	1	⊙ Go	+ Page Count	Save ToCSV		Viewi	ng Page: 1		
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#### **Bill Submission via Electronic Data Interchange (EDI)**

**EOB message:** Insufficient treatment records for the treatment bills.

**Note:** Refer to the <u>Supporting Medical Documentation Requirement</u> section of this document for details of required supporting documents.

III Bill Status					
Location △▼		EOB/CA Reject Reason	Code	EOB/CA Reject Reas	on Description
Header	92970			INSUFFICIENT TREATMENT RECORDS FOR THE TREATMENT BILLS	
View Page: 1	<b>O</b> 60	+ Page Count	Viewin	g Page: 1	~~
Save ToC SV					



## **Bill Submission via Paper**

Providers can submit paper bills via mail. The process of submitting paper bills remains the same.

The following bill forms, along with instructions, are available on the **WCMBP Web Portal**.

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

Send bills and supporting documentation to: Federal Black Lung Program P.O. Box 8302 London, KY 40742-8302

**Note:** Refer to the <u>Supporting Medical Documentation Requirement</u> section of this document for details of required supporting documents.



## **Supporting Medical Documentation Requirement**

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

The screenshots on this page and the following two pages are of the Bill Attachment Requirements table located in the document: <u>BILLATTACHMENTREQUIREMENTS\_FinalforWeb030822.pdf (dol.gov)</u>.

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



## **Supporting Medical Documentation Requirement**

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.



# Supporting Medical Documentation Requirement

Type of Bill	Procedure/Visit	Brief	Required Attachment
	Type	Description	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.