

Billing Tutorial

Direct Data Entry (DDE)



Introduction

This tutorial outlines the process to submit bills via Direct Data Entry (DDE) in the WCMBP Provider Portal. The following information will be covered:

- Overview
- Submitting Bills in the WCMBP System
- Bill Submissions via DDE
 - Professional
 - Institutional
 - Dental
- Retrieve Saved Bills



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 "Ext Provider Bills Submitter" from the drop-down.
- 2 Select the "On-line Bills Entry" link under Bills.

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

Available Provider IDs: ▼

Select a profile to use during this session:

▼

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 are wanting to complete and submit for payment consideration.

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

Choose an Option.

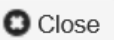
Submit Professional	Submit Professional
Submit Institutional	Submit Institutional
Submit Dental	Submit Dental

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, Type, Taxonomy Code, National Provider ID (NPI), Provider Name, and Address) will be displayed based on the profile of the provider that is logged in.

The screenshot displays a web form titled "Professional Bill". At the top, there is a note: "Note: asterisks (*) denote required fields." Below this, the "Basic Bill Info" section is active, with tabs for "Provider", "Claimant", "Bill", and "Service". The "Special Bill Indicator" is set to "NONE". The "Program:" dropdown menu is highlighted with a red box and has an asterisk, indicating it is a required field. To its right is the "Submitter ID:" field. Below this is the "PROVIDER INFORMATION" section, titled "BILLING PROVIDER INFORMATION". It contains several fields: "Provider ID:" (text input), "Type:" (dropdown menu set to "OWCP ID"), "Taxonomy Code:" (text input), "NPI:" (text input), "Provider Name:" (text input, value: "Test Medical"), "Address Line 1:" (text input, marked with an asterisk), "Address Line 2:" (text input), "Address Line 3:" (text input), "City/Town:" (dropdown menu, marked with an asterisk), "State/Province:" (dropdown menu, value: "Ohio", marked with an asterisk), "County:" (dropdown menu, marked with an asterisk), "Country:" (dropdown menu, value: "United States", marked with an asterisk), and "Zip Code:" (text input). A red box highlights a small "Address" button with a plus icon located at the bottom right of the "Zip Code:" field.

Provider Information – Cont.

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 – Cont.

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

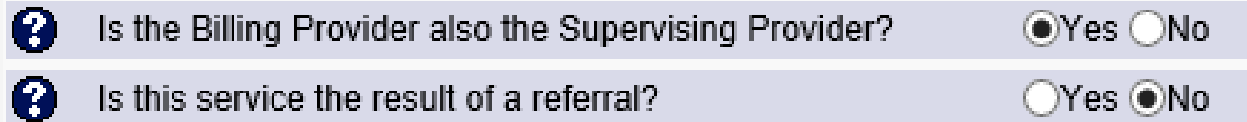
This section will automatically default to "Yes." If the Billing Provider is different from the Supervising Provider, the provider should select "No."

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 radio buttons in the form. One arrow points from the 'No' option of the first question, and another points from the 'No' option of 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.
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".

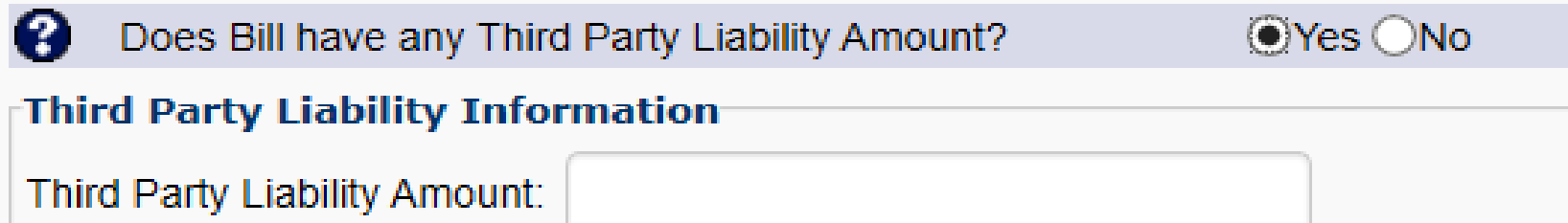
CLAIMANT INFORMATION	
CLAIMANT	
Claimant ID: <input type="text"/> *	Type: <input type="text"/> *
Last Name: <input type="text"/> *	First Name: <input type="text"/> *
Middle Name: <input type="text"/>	Suffix: <input type="text"/>
Date of Birth: <input type="text"/> mm <input type="text"/> *dd <input type="text"/>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

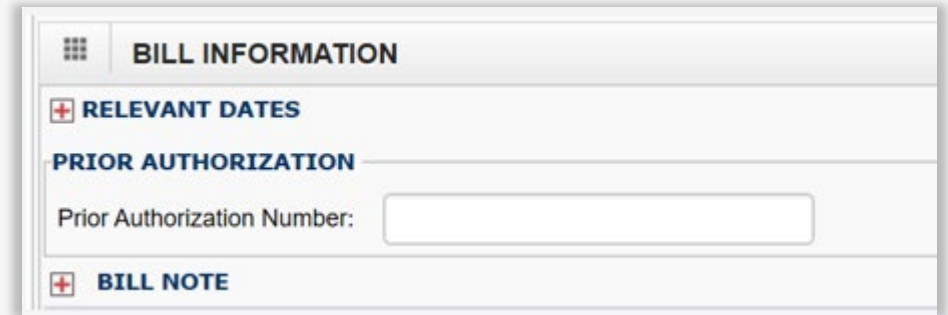
Third Party Liability Amount:

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.

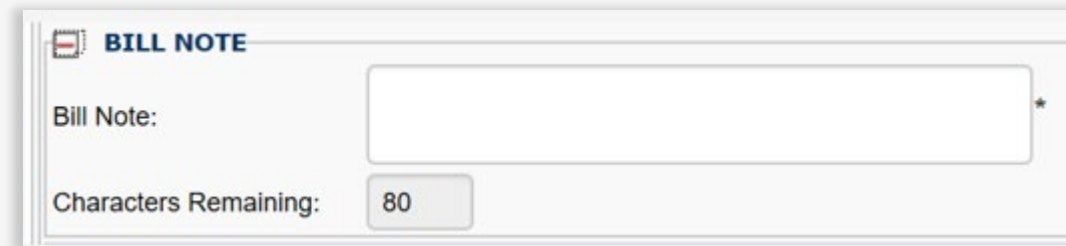
Note: These are not required fields. Click on the + to enter Relevant Dates or a Bill Note, and - to minimize it if it's no longer needed.



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.

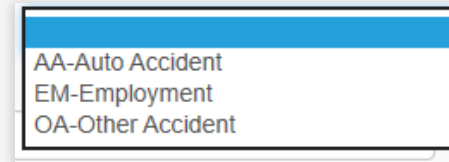
Note: Up to 80 characters can be entered.



Bill Information – Accident Related

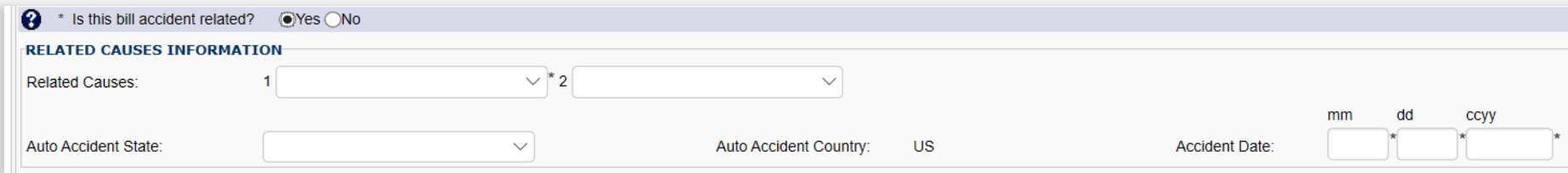
1 Is the bill accident related?

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



AA-Auto Accident
EM-Employment
OA-Other Accident

← Related Causes Options



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 dropdown.

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).

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

Service Date From: mm dd ccyy * **1** Service Date To: mm dd ccyy *

Place of Service (If different from header): **2**

Procedure Code: * **3** Modifiers: 1: 2: 3: 4:

Submitted Charges: \$: * **4** Diagnosis Pointers: 1: * 2: 3: 4: **5**

Units/Quantity: *

Third Party Liability Amount:

EMG:

Bill Note:

Characters Remaining: 500

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:

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**
- Taxonomy Code(s) that correspond to the service(s) provided in the relevant field(s). If the Taxonomy Code(s) is not entered, a warning message will display prompting that the Taxonomy Code(s) be entered.

The screenshot shows the 'BASIC LINE ITEM INFORMATION' form with the following fields and callouts:

- 6:** Points to the 'Units/Quantity' field.
- 7:** Points to the 'Third Party Liability Amount' field.
- 8:** Points to the 'EMG' dropdown menu.
- 9:** Points to the 'Bill Note' text area.
- 10:** Points to the 'Taxonomy Code' field.

Other fields visible in the form include:

- Service Date From: mm dd ccy (with asterisks)
- Service Date To: mm dd ccy (with asterisks)
- Place of Service (If different from header): dropdown
- Procedure Code: dropdown
- Submitted Charges: \$: text input
- Modifiers: 1: [input] 2: [input] 3: [input] 4: [input]
- Diagnosis Pointers: 1: [dropdown] 2: [dropdown] 3: [dropdown] 4: [dropdown]
- Characters Remaining: 500
- Prior Authorization Number: text input
- Rendering Provider ID (If different from header): text input, Type: dropdown
- Ordering Provider ID: text input, Type: dropdown
- Referring Provider ID (If different from header): text input, Type: dropdown

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)

Diagnosis Code Category:	<input type="text"/>											
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"/>
<input type="checkbox"/> ANESTHESIA RELATED PROCEDURE												
<input type="checkbox"/> CONDITION INFORMATION												
<input type="checkbox"/> DELAY REASON												

Bill Information – Cont.

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 ccy

Bill Information – Add/ Update Service Line Warning

When adding/updating line details to a bill, make sure to add both NPI and Taxonomy information if available.

If the system warns you (refer to the system warning message on the right) that either or both line servicing NPI or taxonomy is missing, it is essential to enter the missing information.

The provider has two options:

- Click "**Cancel**" to return to the bill and enter the missing Taxonomy information.
- Click "**OK**" to proceed to add/update the line but note that this may result in bill rejection or payment processing delays.

Note: Providing both NPI and Taxonomy information is strongly encouraged.

Providers are encouraged to provide both NPI and Taxonomy details. Click Cancel to return to the bill and enter the missing Taxonomy information or Click OK to proceed to Add/Update line.

OK

Cancel

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.

Missing or Invalid Data Warning

1 A valid NPI and taxonomy code must be included for both billing and rendering providers at the header and line(s) level for accurate processing. Accuracy in entering all required information is strongly encouraged to ensure successful bill submission.

- If the NPI and/or taxonomy code is missing or invalid, a warning message (refer to the system warning message on the right) will be displayed. Required missing information that you may be prompted to enter includes:
 - Billing Provider Information - Taxonomy Code
 - Billing Provider Information - NPI
 - Rendering Provider - Taxonomy Code
 - Line Rendering Provider - Taxonomy Code for Line(s) 1

Providers are encouraged to submit both NPI and Taxonomy details for Billing, Rendering at header and line(s).

Please review the following missing NPI, Taxonomy information.

- Billing Provider Information - Taxonomy Code
- Billing Provider Information - NPI
- Rendering Provider - Taxonomy Code
- Line Rendering Provider - Taxonomy Code for Line(s) 1

Click Cancel to return to the bill and enter the details or Click OK to proceed with bill submission.

OK

Cancel

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.

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

- 2 Select the Transmission Code from the dropdown.

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. Click "Submit" to submit your bill.



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

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 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 you are submitting the bill for.

Note: Provider information (Provider ID, Taxonomy Code, National Provider ID (NPI), and Type) will be displayed based on the provider profile of the user logged in.

The screenshot shows a web form titled "Institutional Bill". At the top, there is a note: "Note: asterisks (*) denote required fields." Below this is a section titled "Basic Bill Info" with a sub-section "Special Bill Indicator" set to "NONE". The "Program:" dropdown menu is highlighted with a red box and has an asterisk next to it. Below the "Basic Bill Info" section is a section titled "PROVIDER INFORMATION". This section is divided into two parts: "BILLING PROVIDER INFORMATION" and "ATTENDING PROVIDER INFORMATION". In the "BILLING PROVIDER INFORMATION" section, the "Provider ID:" field is highlighted with a red box. In the "ATTENDING PROVIDER INFORMATION" section, the "Provider ID:" field is also highlighted with a red box. Other fields include "Type:", "Taxonomy Code:", and "Medicare Number:".

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 dropdown.
9. Enter the Discharge Hour and Minutes.

The screenshot shows a 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, both mm/dd/ccyy), Admission Date/Hour (mm/dd/ccyy - hh:mm), Admission Type (dropdown), Admission Source (dropdown), and Discharge Hour (hh:mm). Numbered callouts 1 through 9 point to these fields in the following order: 1 (Patient Account No.), 2 (Medical Record Number), 3 (Type Of Facility), 4 (Bill Classification), 5 (Statement Dates), 6 (Admission Date/Hour), 7 (Admission Type), 8 (Admission Source), and 9 (Discharge Hour).

- 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 – Cont.

Enter the Following bill information:

1. Select the Patient Status from the dropdown.
2. If 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 (dropdown menu)
- 2:** Auto Accident State (dropdown menu)
- 3:** Diagnosis Code Category (dropdown 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 (dropdown menu), PPS/DRG (text input), and a list of expandable sections: OTHER DIAGNOSIS INFORMATION, CONDITION INFORMATION, OCCURRENCE INFORMATION, OCCURRENCE SPAN INFORMATION, VALUE INFORMATION, and DELAY REASON.

Bill Information Cont.

- 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: <input type="text"/>	Present On Admission: <input type="text"/> Add Another
CONDITION INFORMATION	
1 Condition Code: <input type="text"/>	Add Another
OCCURRENCE INFORMATION	
1 Occurrence Code: <input type="text"/>	Occurrence Date: <input type="text"/> <input type="text"/> <input type="text"/> Add Another
OCCURRENCE SPAN INFORMATION	
1 Occurrence Span Code <input type="text"/>	From Date: <input type="text"/> <input type="text"/> <input type="text"/> Through Date: <input type="text"/> <input type="text"/> <input type="text"/> Add Another
VALUE INFORMATION	
1 Value Code: <input type="text"/>	Value Amount: \$ <input type="text"/> Add Another
DELAY REASON	
Delay Reason Code: <input type="text"/>	
Does Bill have any Third Party Liability Amount? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Third Party Liability Information	
Third Party Liability Amount: <input type="text"/>	

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

Bill Information Cont.

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: 80

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 form titled "SERVICE LINE ITEM INFORMATION" with the following fields and callouts:

- Revenue Code:** An empty text box with an asterisk, pointed to by callout 1.
- HCPCS Code:** A text box containing "97140", pointed to by callout 2.
- Service Date:** A date input field with "mm dd ccyy" labels, pointed to by callout 4.
- Last Date of Service:** A date input field with "mm dd ccyy" labels, pointed to by callout 4.
- Service Units:** A text box with an asterisk, pointed to by callout 5.
- Total Line Charges:** A text box with an asterisk, pointed to by callout 6.
- Third Party Liability Amount:** A text box, pointed to by callout 7.
- Modifiers:** A label "Modifiers:" followed by four empty text boxes labeled "1:", "2:", "3:", and "4:", pointed to by callout 3.
- Non-covered Line Charges:** A text box, pointed to by callout 8.

Service Line Item Information Cont.

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 Cont.

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 "Retrieve Saved Bills" menu for a later submission.

Bill Information – Add/ Update Service Line Warning

When adding/updating line details to a bill, make sure to add both NPI and Taxonomy information if available.

If the system warns you (refer to the system warning message on the right) that either or both line servicing NPI or taxonomy is missing, it is essential to enter the missing information.

The provider has two options:

- Click "**Cancel**" to return to the bill and enter the missing Taxonomy information.
- Click "**OK**" to proceed to add/update the line but note that this may result in bill rejection or payment processing delays.

Note: Providing both NPI and Taxonomy information is strongly encouraged.

Providers are encouraged to provide both NPI and Taxonomy details. Click Cancel to return to the bill and enter the missing Taxonomy information or Click OK to proceed to Add/Update line.

OK

Cancel

Service Line Item Information Cont.

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 "Retrieve Saved Bills" menu for a later submission.

Missing or Invalid Data Warning

1 A valid NPI and taxonomy code must be included for both billing and attending providers for accurate processing. Accuracy in entering all required information is strongly encouraged to ensure successful bill submission.

- If the NPI and/or taxonomy code is missing or invalid, a warning message (refer to the system warning message on the right) will be displayed. Required missing information that you may be prompted to enter includes:
 - Billing Provider Information - Taxonomy Code
 - Billing Provider Information - NPI
 - Attending Provider - Taxonomy Code

Providers are encouraged to submit both NPI and Taxonomy details for Billing, Attending at header.

Please review the following missing NPI, Taxonomy information.

- Billing Provider Information - Taxonomy Code
- Billing Provider Information - NPI
- Attending Provider - Taxonomy Code

Click Cancel to return to the bill and enter the details or Click OK to proceed with bill submission.

OK

Cancel

Submitted Professional Bill Details

- 1 Once the "Submit Bill" button is clicked, the Transaction Control Number (TCN) will be displayed and 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.

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

- 2 Select the Transmission Code from the dropdown.
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. Click "Submit" to submit your bill.



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

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 an 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 you are submitting the bill for.

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

The screenshot shows a web form titled "PROVIDER INFORMATION". Under the sub-heading "BILLING PROVIDER INFORMATION", there are several input fields and dropdown menus. The "Provider ID" field is filled with a greyed-out value. The "Type" dropdown is set to "OWCP ID". The "Taxonomy Code" field is empty. The "NPI" field is also greyed out. The "Provider Name" is "Test Medical". The "Address Line 1" field is filled with a greyed-out value and has an asterisk. The "Address Line 2" field is empty. The "Address Line 3" field is empty. The "City/Town" dropdown is filled with a greyed-out value and has an asterisk. The "State/Province" dropdown is set to "Ohio" and has an asterisk. The "County" dropdown is filled with a greyed-out value and has an asterisk. The "Country" dropdown is set to "United States" and has an asterisk. The "Zip Code" field is filled with a greyed-out value and has an asterisk. There is a small "Address" button next to the zip code field.

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

- 2 Is the Billing Provider also the Rendering Provider?
Note: If "No" is selected, enter the NPI of the Rendering Provider.

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

Basic Bill Info
Provider | Claimant | Bill | Service

Program:

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID: Type: Taxonomy 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: * Taxonomy Code:

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 several input fields: "Claimant ID" (text box with asterisk), "Last Name" (text box with asterisk), "Middle Name" (text box), "Date of Birth" (three date pickers labeled mm, dd, ccy with asterisks), "Date of Death" (three date pickers labeled mm, dd, ccy), "Type" (dropdown menu with asterisk), "First Name" (text box with asterisk), "Suffix" (text box), and "Gender" (dropdown menu with asterisk).

- 2 Does 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 starts with a question: "Does Bill have any Third Party Liability Amount?" followed by radio buttons for "Yes" and "No". Below this is a text input field labeled "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 dropdown.
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 Cont.

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:

- Section 1: Accident Related**
 - Header: Yes No
 - Section: **RELATED CAUSES INFORMATION**
 - Fields: Related Causes (1 and 2), Auto Accident State, Accident Country (US), Accident Date (mm, dd, ccy).
- Section 2: Orthodontic Services**
 - Header: Yes No
 - Section: **ORTHODONTIC TREATMENT**
 - Fields: Orthodontics Treatment Months, Orthodontics Treatment Months Remaining (mm, dd, ccy), Appliance Placement Date (mm, dd, ccy).
- Section 3: Diagnosis Codes**
 - Header: Yes No
 - Section: **Diagnosis Codes**
 - Fields: Diagnosis Code Category, Tooth Status (Tooth Number, Tooth Status Code, Add Another), and 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 dropdown if different from header
5. Select the Oral Cavity Designation from the dropdowns
6. Fees (Sub charge for line item)
7. Taxonomy Code

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". The form contains several sections and fields:

- BASIC SERVICE LINE ITEMS** section:
 - Service Date/ Treatment Start Date: mm dd cyy (with asterisks) → 1
 - Appliance Placement Date: mm dd cyy → 2
 - Treatment Completion Date: mm dd cyy → 3
 - Place of Service (If different from header): dropdown → 4
 - Oral Cavity Designation: 1: dropdown 2: dropdown 3: dropdown 4: dropdown 5: dropdown → 5
 - Fees: text input with asterisk → 6
- Tooth Information** section (indicated by a + icon):
 - Procedure Code: text input with asterisk
 - Quantity: text input with asterisk
 - Third Party Liability Amount: text input
 - Diagnosis Pointers: 1: dropdown 2: dropdown 3: dropdown 4: dropdown
 - Prior Authorization Number: text input
 - Rendering Provider ID (If different from header): text input
 - Supervising Provider ID (If different from header): text input
 - Type: dropdown (for both Rendering and Supervising Provider)
 - Taxonomy Code: text input → 7

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 "Retrieve Saved Bills" menu for a later submission.

Basic Line Item Information Cont.

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 on 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. The fields are as follows:

- Procedure Code: *
- Quantity: *
- Third Party Liability Amount:
- Diagnosis Pointers: 1: 2: 3: 4:
- Prior Authorization Number:
- Rendering Provider ID (If different from header):
- Supervising Provider ID (If different from header):
- Type:
- Taxonomy Code:
- Additional Service Line Information (collapsible section):
 - Prosthesis, Crown or Inlay Code:
 - Replacement Date: mm dd ccyy
 - Prior Placement Date: mm dd ccyy

At the bottom of the form, there are two buttons: "Add Service Line Item" and "Update Service Line Item".

- 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.

Missing or Invalid Data Warning

1 A valid NPI and taxonomy code must be included for both billing and rendering providers at the header and line(s) level for accurate processing. Accuracy in entering all required information is strongly encouraged to ensure successful bill submission.

- If the NPI and/or taxonomy code is missing or invalid, a warning message will be displayed. Required missing information that you may be prompted to enter includes:
 - Billing Provider Information - Taxonomy Code
 - Billing Provider Information - NPI
 - Rendering Provider - Taxonomy Code
 - Line Rendering Provider - Taxonomy Code for Line(s) 1

Providers are encouraged to submit both NPI and Taxonomy details for Billing, Rendering at header and line(s).

Please review the following missing NPI, Taxonomy information.

- Billing Provider Information - Taxonomy Code
- Billing Provider Information - NPI
- Rendering Provider - Taxonomy Code
- Line Rendering Provider - Taxonomy Code for Line(s) 1

Click Cancel to return to the bill and enter the details or Click OK to proceed with bill submission.

OK

Cancel

Submitted Dental Bill Details

- 1 Once the "Submit Bill" button is clicked, the Transaction Control Number (TCN) will be displayed and 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.



Adding an Attachment

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

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

- 2 Select the Transmission Code from the dropdown.
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.



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

Attachment List

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

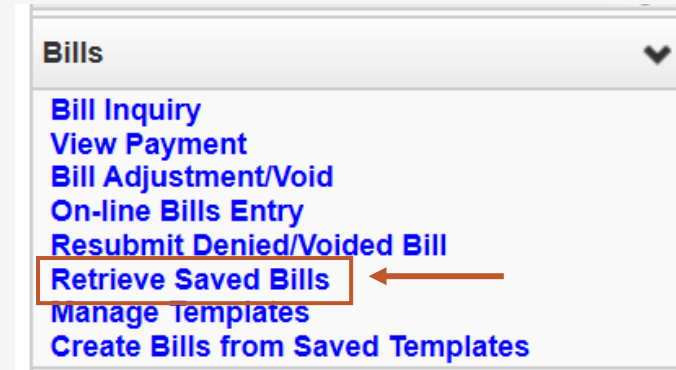
Print Print Cover Page Submit

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, and the "Link" column contains a right-pointing arrow (►). The table also includes a filter bar 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.
- EDI bills are processed 3x faster than mail and DDE bills.
- Review the Fee Schedule to see what services are covered by DOL.

THANK YOU!

