



OWCP TIPS FOR FILLING OUT A CLAIM FORM

The following tips help providers better understand how to complete the OWCP-1500 and OWCP-04 forms to ensure complete and accurate processing. If any fields within the blocks are incomplete, left blank, or not keyed accurately, the bill may be Returned to Provider (RTP'd). For more information, refer to the [Provider Manual](#), Section 6.3.

KEY AREAS FOR THE OWCP-1500 AND OWCP-04 FORMS

This section highlights key areas on the OWCP-1500 and OWCP-04 forms that must be completed correctly to prevent the bill from being denied or returned.

Key Area #	Key Area	Action to be Taken
1.	Billing Provider's OWCP Provider ID Number - The billing provider 9-digit OWCP Provider ID must be accurately entered in the designated fields on the OWCP-1500 or the OWCP-04 form. - The 9-digit OWCP Provider ID is issued upon successful enrollment in the OWCP Program and is located on the Provider Welcome Letter, under the Correspondences on the WCMBP Portal located at https://owcpmed.dol.gov/portal/.	Health Insurance Claim Form (OWCP-1500) Block 33: Enter the 9-digit individual or group OWCP Provider ID of the provider who is billing for the service, in the specified area on the upper right side of Block 33 or in any available space within Block 33 only. You must <u>not</u> enter OWCP Provider ID in Block 33a or 33b. Uniform Health Insurance Claim Form (OWCP-04) Block 57 - Enter the 9-digit OWCP Provider ID number. - On the line titled PRV ID, add the Provider ID number, as required. Note: Enter the facility's Medicare Number in Block 51B. Note: If the 9-digit OWCP Provider ID is missing or invalid, the bill will be Returned to Provider (RTP) and will need to be resubmitted, resulting in delays in payment processing.



Key Area #	Key Area	Action to be Taken
2a.	Billing National Provider Identifier (NPI) and Billing Taxonomy Required for Professional and Institutional bills. An exception applies to providers who are not required to have NPI and taxonomy, such as non-medical vendors, fiscal intermediaries, and non-emergency transportation.	Health Insurance Claim Form (OWCP-1500) Block 33a: Enter the billing provider NPI. Block 33b: Enter the billing provider taxonomy. Uniform Health Insurance Claim Form (OWCP-04) Block 56: Enter the billing provider NPI. Block 81CCa: Enter the billing provider taxonomy. Note: The billing NPI and taxonomy on the bill must match the NPI and taxonomy in the OWCP Provider File. If the billing NPI or taxonomy is missing, invalid, or does not match the NPI and taxonomy on the provider file, the bill may be denied or rejected.
2b.	Servicing National Provider Identifier (NPI) and Servicing Taxonomy - Group Practice providers must submit servicing or rendering NPI and taxonomy when submitting Professional bills. - Attending provider information is optional for Institutional bills. If included on the bill, both the attending NPI and taxonomy must be submitted.	Health Insurance Claim Form (OWCP-1500) Block 24J: Enter the servicing or rendering provider taxonomy in the shaded area and enter the servicing or rendering provider NPI in the unshaded area. Note: The servicing or rendering provider NPI and taxonomy on the bill must match the servicing NPI and taxonomy in the OWCP Provider File. If the NPI or taxonomy is missing, invalid, or does not match the NPI and taxonomy on the provider file, the bill may be denied or rejected. Uniform Health Insurance Claim Form (OWCP-04) Block 76: Enter the attending provider NPI. Block 81CCb: Enter the attending provider taxonomy.



Key Area #	Key Area	Action to be Taken
3.	Tax Identification Number The Tax Identification number is present on the bill and is entered accurately.	Health Insurance Claim Form (OWCP-1500) Block 25: Enter the 9-digit Federal Tax ID number (either SSN or FEIN). Uniform Health Insurance Claim Form (OWCP-04) Block 5: Enter the 9-digit Federal Tax ID number. Note: The Tax ID on the bill must match the Tax ID on the OWCP Provider File. If the Tax ID is missing, invalid, or does not match the Tax ID on the provider file, the bill will be Returned to Provider (RTP) and will have to be resubmitted, <i>causing a delay in payment consideration.</i>



Key Area #	Key Area	Action to be Taken
4.	Claimant ID (Case Number)	▪ Health Insurance Claim Form (OWCP-1500) Block 1a: List the Claimant ID number, as required. ▪ Uniform Health Insurance Claim Form (OWCP-04) Block 60: List the Claimant ID number, as required. Note: The Claimant ID is the number assigned to an injured worker by the Department of Labor (DOL), Office of Workers Compensation Program (OWCP) and may be obtained from the injured worker. The claimant's SSN is not their Claimant ID number and therefore should not be used here. If the Claimant ID number is missing or invalid, the bill will be Returned to Provider (RTP) and will have to be resubmitted, causing a delay in payment consideration.



Key Area #	Key Area	Action to be Taken
5.	Patient Signature ■ The claimant or authorized user signatures are required in Block 12 and Block 13 of the OWCP-1500. ■ A claimant signature is not required on the Uniform Health Insurance Claim Form (OWCP- 04)	■ Health Insurance Claim Form (OWCP-1500) Block 12: The claimant or authorized user must add their signature. A signature authorizes the release of any necessary medical information when submitting a bill for services rendered. Block 13: The claimant or authorized user must add their signature. A signature authorizes payment for billed services to go to the Provider. The following are considered acceptable signatures for Blocks 12 and 13: • Assignment of File • Authorization on File • Signature on File (SOF) Note: If either Block 12 or 13 is left blank, or if the signature is not one of the acceptable signatures, the bill will be Returned to Provider (RTP) and will have to be resubmitted, causing a delay in payment consideration.



Key Area #	Key Area	Action to be Taken
6.	Diagnosis Codes and Diagnosis Indicator or Version	▪ Health Insurance Claim Form (OWCP-1500) Block 21 • In Block 21 A-L, the ICD diagnosis codes (DX) must be present on the bill and must be valid. • Providers cannot submit a combination of ICD-9 and ICD-10 codes on a bill. • When entering the DX of the treated conditions, indicate if the billed DX codes are ICD-9 or ICD-10 in the ICD Ind. block. Note: Options should be "9" for ICD-9 or "0" for ICD-10. ▪ Uniform Health Insurance Claim Form (OWCP-04) Blocks 66, 67, and 69 • Enter the ICD diagnosis version in the ICD diagnosis version (ICD-9 or ICD-10) in Block 66. Note: Options should be "9" for ICD-9 or "0" for ICD-10. • List the ICD diagnosis codes in Block 67. • Providers cannot submit a combination of ICD-9 and ICD-10 codes on a bill. • Provide the admit diagnosis in Block 69. Note: This indicates the condition identified by the Provider at the time of the claimant's admission required hospitalization. Note: If the Diagnosis Code or the ICD Indicator is missing or invalid, the bill will be Returned to Provider (RTP) and will have to be resubmitted, causing a delay in payment consideration.



Key Area #	Key Area	Action to be Taken
7.	Diagnosis Pointer (OWCP-1500)	▪ Health Insurance Claim Form (OWCP-1500) Block 24E • The diagnosis pointer in Block 24E should correspond to the letter of the diagnosis listed in Block 21. • Each billed line item must have at least one associated diagnosis reported in Block 24E. • A bill line can have multiple associated diagnosis and should be reflected in Block 24E. Note: If multiple diagnosis codes are keyed in Block 21 (A-L) and the diagnosis pointer in Block 24E is blank, the bill will be Returned to Provider (RTP) and will have to be resubmitted, causing a delay in payment consideration.



Key Area #	Key Area	Action to be Taken
8.	Dates of Service (OWCP-1500) Statement Covers Period vs Admission Date (OWCP-04)	▪ Health Insurance Claim Form (OWCP-1500) Block 24A: Enter the Date of Service (DOS) as follows for each individual procedure code, From MM/DD/YYYY and To MM/DD/YYYY. Note: If the date of service is missing or invalid, the bill will be Returned to Provider (RTP) and will have to be resubmitted, causing a delay in payment consideration. ▪ Uniform Health Insurance Claim Form (OWCP-04) Block 6 • Enter the "Statement Covers Period" including the start and end dates billed for services rendered. • This time period includes the admission date as the "From" date and the discharge date as the "Through" date. The following is for Inpatient Bills only: • The Admission Date can be prior to the "From" date of the "Statement Covers Period" if: ○ The hospital visits or outpatient pre-op service is performed prior to the "From" date of the "Statement Covers Period" and ○ The Admission Date is 72 hours prior to the "From" date of the "Statement Covers Period". Example: 10/04/2023: Pre-Op visit in hospital facility (used as the Admission Date). 10/07/2023: Inpatient stay (used as the "From" date), for the Statement Covers Period.



Key Area #	Key Area	Action to be Taken
9.	Place of Service (OWCP-1500)	▪ Health Insurance Claim Form (OWCP-1500) Block 24B: The Place of Service (POS) code is a two-digit code used on an OWCP-1500 to indicate where the health care services were rendered and is used to determine the appropriateness of the billing by the Provider based on provider type. Example: A Chiropractor, Provider Type 28, should not bill using a POS (21- Birthing Center). ▪ Select this link to view the complete Place of Service Codes. These codes can also be found on the OWCP-1500 form.



Key Area #	Key Area	Action to be Taken
10.	Signature of Physician or Supplier (OWCP-1500)	▪ Health Insurance Claim Form (OWCP-1500) Block 31 • Physician or Supplier is required. • The Provider signature certifies that the statements on the reverse side of the OWCP-1500 form are applicable to the submitted bill. • The signature can be printed, stamped, typed, or hand-signed, but must be the name of a person, not a facility. • The following are considered as acceptable signatures for DFEC Only: ○ Signature stamp, or ○ Signature on file • For DCMWC and DEEOIC, Providers must sign and date the form. Note: If the signature in Block 31 is missing or invalid, the bill will be Returned to Provider (RTP) and will have to be resubmitted, causing a delay in payment consideration. Signature Date • The Date of Service (DOS) should not be after the date the claim form was signed by the Provider. Example: The DOS on the bill line is 10/01/2025 to 10/01/2025. The signature date on the claim form cannot be 09/30/2025, since the services have not yet been rendered.



TOP REASONS FOR BILLS RETURNED TO PROVIDER OR DENIED

OWCP-1500 Most Common Examples

Top Reasons	Most Common Examples	Description
1.	The Provider ID in Block 33 is missing or invalid.	▪ The Provider has added their National Provider Identifier (NPI) instead of the OWCP Provider ID ▪ The Provider has left Block 33 blank. OWCP Provider ID may be entered in any available space within Block 33.
2.	The Claimant ID in Block 1A is missing or invalid.	▪ The Claimant ID is the number assigned to an OWCP injured worker. ▪ The Provider enters the claimant "patient record" number instead of OWCP assigned "claimant ID" number. ▪ The Provider leaves Block 1A blank causing the bill to be returned. ▪ The Provider adds the claimant's name in lieu of the claimant's ID number.
3.	The Provider signature in Block 31 is missing.	▪ The Provider or supplier signature is left blank or does not follow rules listed identified in Key Area #10.
4.	The Procedure Code in Block 24D is missing or invalid.	▪ The appropriate procedure, HCPCS, or OWCP generic procedure code must be five alpha-numeric characters.
5.	The Claimant signature in Blocks 12 and 13 is missing.	▪ Blocks 12 and 13 must include Claimant signature or one of the acceptable signatures identified in Key Area #5.



OWCP-04 Most Common Examples

Top Reasons	Most Common Examples	Description
1.	The Provider ID in Block 57 is missing or invalid.	▪ The Provider submits the bill using their National Provider Identifier (NPI) instead of the OWCP-issued Provider ID. ▪ Block 57 is left blank. ▪ Note: The facility Medicare Number must be entered into Block 51B.
2.	Statement Covers Period in Block 6 is missing or invalid.	▪ The "Statement Covers Period" in Block 6 should be the beginning and ending dates being billed for services rendered. ▪ The "From" date in Block 6 is more than 72 hours after the admission date.
3.	The Diagnosis (DX) indicator in Block 66 is missing or invalid.	▪ The Diagnosis ICD indicator was either left blank or the version does not correspond with the diagnosis codes listed in Block 67.
4.	The Principal Diagnosis in Block 67 is missing or invalid.	▪ The diagnosis must be entered and valid for the date of service.
5.	The Claimant ID in Block 60 is missing or invalid.	▪ The Claimant ID is the number assigned to an OWCP injured worker. ▪ The Provider enters the claimant "patient record" number instead of OWCP assigned "claimant ID" number. ▪ The Provider leaves Block 60 blank causing the bill to be returned. ▪ The Provider adds the claimant's name in lieu of the claimant's ID number.



PROGRAM MAILING ADDRESSES

Completed paper bills must be mailed to the address that corresponds with the OWCP program responsible for the patient's medical benefits.

OWCP Mailing Addresses for Bill Submission

DFEC

U.S. Department of Labor
DFEC Central Mailroom - General Bills PO Box 8300
London, KY 40742-8300

DEEOIC

U.S. Department of Labor
DEEOIC Central Mailroom - General Bills PO Box 8304
London, KY 40742-8304

DCMWC

U.S. Department of Labor
DCMWC Central Mailroom - General Bills PO Box 8302
London, KY 40742-8302