FILLING OUT YOUR CLAIM FORM

It is important for you to complete all blocks of the HCFA-1500 or UB-04 Forms to ensure complete and accurate processing. If some fields within the blocks are incomplete, left blank, or not keyed accurately, it could result in the bill getting Returned to Provider (RTP'd).

This section will highlight nine (9) "Key" areas on the HCFA-1500 and UB-04 that that must be completed, or your bill will be denied or returned.

Key area # 1 **Ensure the billing providers' 9-digit OWCP Provider ID is in the correct place on the HCFA-1500 or the UB04 forms.** *The 9-digit OWCP Provider ID is provided upon successful enrollment into the OWCP Program and can be found on the Provider Welcome Letter. You can locate the Provider Welcome Letter under Correspondence.*	Health Insurance Claim Form (OWCP-1500) **Block 33** • Enter the address of the provider who is billing for the service • Enter the 9-digit individual or group OWCP Provider ID of the provider who is billing for the service • Uniform Health Insurance Claim Form (OWCP-04) **Block 57** • Enter the 9-digit OWCP Provider ID number • Provider ID number must be added on the line titled (PRV ID) • Provider should not use their National Provider Indicator (NPI) instead of their OWCP Provider ID **Note**: *If the 9-Digit OWCP Provider ID 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 # 2 **Ensure your Tax Identification number is present on the bill and keyed accurately.**	Health Insurance Claim Form (OWCP-1500) **Block 25** • Enter the 9-digit Federal Tax-ID number • Select either SSN/EIN to indicate if your Tax-ID is an (SSN or EIN). 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 or invalid, the bill will be Returned to Provider (RTP) and will have to be resubmitted causing a delay in payment consideration.*
Key area # 3 **Claimant ID (Case Number)**	Health Insurance Claim Form (OWCP-1500) **Block 1a.** • The Claimant ID number must be listed here. Uniform Health Insurance Claim Form (OWCP-04) **Block 60** The Claimant ID number must be listed here. *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 # 4 **Patient Signature**	Health Insurance Claim Form (OWCP-1500) **Block 12** • The claimant or authorized person must add their signature • The signature authorizes the release of any medical information necessary when submitting a bill for services rendered. **Block 13** • The claimant or authorized person must add their signature • The signature authorizes payment for billed services to go to the provider

	The following are considered acceptable signatures for Block 12 & 13:
	  ○ Assignment on File
	  ○ Authorization on File
	  ○ Signature on File/SOF
	
	Note: If 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.
	
	Claimant signature is not required on the Uniform Health Insurance Claim Form (OWCP-04).

Key Area # 5
 	
Diagnosis Code(s) and Diagnosis Indicator/Version
	<u>Health Insurance Claim Form (OWCP-1500)</u>
	Block 21
	  • The ICD diagnosis code(s) (DX) must be present on the bill in block 21 A - L and must be a valid code.
	  • Providers cannot submit a combination of ICD-9 and ICD-10 codes on a bill.
	  • When entering the DX of the treated conditions, the provider must indicate if the billed DX codes are ICD-9 or ICD-10 and document it in the box marked "ICD ind."
	    ○ Options should be "9" for ICD-9 or "0" for ICD-10
	
	<u>Uniform Health Insurance Claim Form (OWCP-04)</u>
	Blocks 66, 67, and 69
	  • The ICD diagnosis version (ICD-9 or ICD-10) must appear on the bill in **block 66**
	  • Options should be "9" for ICD-9 or "0" for ICD-10
	  • ICD diagnosis code(s) must be listed in **block 67**
	  • Providers cannot submit a combination of ICD-9 and ICD-10 codes on a bill.
	  • The admit diagnosis must appear in **block 69**. This indicates the condition identified by the provider at the time of the claimant's admission requiring hospitalization.
	    ○
	Note: If the Diagnosis Code and/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 # 6
 	
Diagnosis Pointer (OWCP-1500)
	<u>Health Insurance Claim Form (OWCP-1500)</u>
	Block 24E
	  ▪ The diagnosis pointer in block 24E should be consistent with the letter of the diagnosis referenced 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.
	
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Key Area # 7
 	
OWCP-1500
 	
  • **Date(s) of service**
 	
OWCP-04
 	
  • **Statement Covers Period vs Admission Date**
	<u>Health Insurance Claim Form (OWCP-1500)</u>
	Block 24A
	  • The Date of Service (DOS) "from/to" must be added for each individual procedure code.
	
	Note: *If 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.*
	
	<u>Uniform Health Insurance Claim Form (OWCP-04)</u>
	Block 6
	  • The "Statement Covers Period" should be the beginning and ending dates billed for services rendered
	  • The cover period should include the admission date as the "from date", and the discharge date as the "through date"
	
	Note: For Inpatient Bills Only:

	• *The Admission Date can be prior to the "From Date" of the Statement Covers Period if:* ○ *If the hospital visits or outpatient pre-op service is performed prior to the from date of the cover period, and* ○ *The admission date is 72-hours prior to the from date of the cover period* **Example***:* *10/04/2021 – Post-Op visit in hospital facility (Used as the Admission Date)* *10/07/2021 – Inpatient stay. (Used as the "From" date), for the Statement Covers Period*
Key Area # 8 **Place of Service (OWCP-1500 only)**	**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 used to determine the appropriateness of the billing by the provider based on provider type. **Example***: A Chiropractor, Provider Type 28, should not bill be using a POS (21-Birthing Center)* *Click* here *for the complete Place of Service Codes. These codes can also be found on the OWCP-1500 form*
Key Area # 9 **Signature of Physician (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 FECA Only: • Signature stamp, or • "Signature on file" ▪ For DCMWC and DEEOIC, Providers must sign and date the form *Note: if 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 DOS should not be after the date the claim form was signed by the provider • Example: The DOS on the bill line is 01/01/2021 to 01/01/2021. The signature date on the claim form should not be 12/31/2020, as the service has not yet been rendered.
Top 5 Reasons bills are Returned to Providers (RTP), or Denial Reasons. **HCFA-1500** 1. Provider ID missing/invalid 2. Claimant ID missing/invalid 3. Missing Provider signature 4. Procedure Code missing/invalid 5. Patient Signature missing **UB-04** 1. Provider ID missing/Invalid 2. Statement cover period 3. ICD Indicator Missing 4. Principal Diagnosis Code Missing/Invalid 5. Claimant ID missing/Invalid	<u>**OWCP-1500**</u> • 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 • The Claimant ID is missing or invalid in **block 1A** ○ 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 claimants ID number • The Provider signature in **Block 31** is missing ○ The provider or supplier signature is left blank or does not follow rules listed above. • Missing/Invalid procedure code in **block 24D** ○ The appropriate procedure, HCPCS, or OWCP generic procedure code must be 5-digits. • The Claimant signature in **Block 12 & 13** is missing ○ Block 12 & 13: ▪ The signature in either area is left blank or does not follow rules listed above

	UB-04

	• The Provider ID in **block 57,** is missing or invalid
	   ○ Provider submits the bill using their National Provider Identifier (NPI) instead of OWCP issued Provider ID
	   ○ Block 57 is left blank
	
	• The "Statement Covers Period" in **block 6** should be the beginning and ending dates being billed for services rendered
	   ○ The cover period "From" date is more than 72-hrs after the admission date.
	
	• The Diagnosis (DX) Indicator version in **block 66** is missing
	   ○ The ICD indicator was either left blank or the version does not correspond with the diagnosis codes listed in block 67
	
	Principle Diagnosis Code
	
	• The Claimant ID is missing/invalid in **block 60**
	   ○ The Claimant ID is the number assigned to an injured worker