



FILLING OUT YOUR CLAIM FORM

It is important to complete all blocks of the OWCP-1500 or OWCP-04 forms to ensure complete and accurate processing. If any fields within the blocks are incomplete, left blank, or not keyed accurately, this may result in the bill being Returned to Provider (RTP).

Note: This section highlights *nine* “key” areas on the OWCP-1500 and OWCP-04 forms that need to be completed, or the bill may be denied or returned.

Key Area #	Key Area	Action to be Taken
#1	<p>Ensure the billing provider 9-digit OWCP Provider ID is in the correct place on the OWCP-1500 or the OWCP-04 forms.</p> <p>The 9-digit OWCP Provider ID is provided upon successful enrollment into the respective OWCP Program and is located on the Provider Welcome Letter. The Provider Welcome Letter is located under Correspondence.</p> <p>Ensure both provider NPI and taxonomy information are entered in the correct blocks on the OWCP-1500 or OWCP-04 forms.</p>	<ul style="list-style-type: none"> ▪ Health Insurance Claim Form (OWCP-1500) <li style="margin-left: 20px;">Block 33 <li style="margin-left: 40px;">• Enter the address of the provider that is billing for the service. <li style="margin-left: 40px;">• In the allowed space on the upper right side of Block 33, enter the 9-digit individual or group OWCP Provider ID of the provider that is billing for the service. <li style="margin-left: 40px;">• Enter the billing provider NPI in Block 33a. <li style="margin-left: 40px;">• Enter the billing provider taxonomy in Block 33b. <li style="margin-left: 20px;">Note: If you have been submitting your 9-digit billing OWCP Provider ID using Block 33b., enter your OWCP Provider ID in Block 33 in the correct space per the form's instructions. <li style="margin-left: 20px;">Block 32 <li style="margin-left: 40px;">• Enter the complete name of the hospital, facility, or physician's office where services were rendered. <li style="margin-left: 40px;">• Enter the servicing facility provider NPI in Block 32a. <li style="margin-left: 40px;">• Enter the servicing facility provider taxonomy in Block 32b. <li style="margin-left: 20px;">Block 24J <li style="margin-left: 40px;">• Enter the servicing (rendering) provider taxonomy in the shaded area of Block 24J. <li style="margin-left: 40px;">• Enter the servicing (rendering) provider NPI in the unshaded area of Block 24J. ▪ Uniform Health Insurance Claim Form (OWCP-04) <li style="margin-left: 20px;">Block 57 <li style="margin-left: 40px;">• Enter the 9-digit OWCP Provider ID number. <li style="margin-left: 40px;">• On the line titled PRV ID, enter the OWCP Provider ID number, as is required. <li style="margin-left: 20px;">Note: The Provider must use their OWCP Provider ID, <i>not their</i> National Provider Indicator (NPI) in this block. <li style="margin-left: 20px;">Block 56 <li style="margin-left: 40px;">• In Block 56, enter the billing provider NPI.



Key Area #	Key Area	Action to be Taken
		<p>Block 81CCa</p> <ul style="list-style-type: none"> In Block 81CCa, enter the billing provider taxonomy. <p>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, <i>causing a delay in payment consideration</i>.</p> <p>Block 76</p> <ul style="list-style-type: none"> In Block 56, enter the attending (servicing) NPI. <p>Block 81CCb</p> <ul style="list-style-type: none"> In Block 81CCb, enter the attending (servicing) taxonomy.
#2	Ensure your Tax Identification number is present on the bill and keyed accurately.	<ul style="list-style-type: none"> <p>▪ Health Insurance Claim Form (OWCP-1500)</p> <p>Block 25</p> <ul style="list-style-type: none"> Enter the 9-digit Federal Tax ID number. Select either SSN or EIN to identify your Tax ID. <p>▪ Uniform Health Insurance Claim Form (OWCP-04)</p> <p>Block 5</p> <ul style="list-style-type: none"> Enter the 9-digit Federal Tax ID number. <p>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 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>.</p>
#3	Claimant ID (Case Number)	<ul style="list-style-type: none"> <p>▪ Health Insurance Claim Form (OWCP-1500)</p> <p>Block 1a</p> <ul style="list-style-type: none"> List the Claimant ID number, as is required. <p>▪ Uniform Health Insurance Claim Form (OWCP-04)</p> <p>Block 60</p> <ul style="list-style-type: none"> List the Claimant ID number, as is required. <p>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. If the Claimant ID number is missing or invalid, the bill will be Returned to Provider (RTP) and will have to be resubmitted, <i>causing a delay in payment consideration</i>.</p>
#4	Patient Signature	<ul style="list-style-type: none"> <p>▪ Health Insurance Claim Form (OWCP-1500)</p> <p>Block 12</p> <ul style="list-style-type: none"> The claimant or authorized person must add their signature.



Key Area #	Key Area	Action to be Taken
		<p>Note: A signature authorizes the release of any medical information necessary when submitting a bill for services rendered.</p> <p>Block 13</p> <ul style="list-style-type: none"> The claimant or authorized person must add their signature. <p>Note: A signature authorizes payment for billed services to go to the Provider.</p> <p>Note: The following are examples of acceptable signatures for Blocks 12 and 13.</p> <ul style="list-style-type: none"> Assignment on File Authorization on File Signature on File (SOF) <p>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, <i>causing a delay in payment consideration</i>.</p> <p>Note: A claimant signature is not required on the Uniform Health Insurance Claim Form (OWCP-04).</p>
#5	Diagnosis Codes and Diagnosis Indicator or Version	<ul style="list-style-type: none"> Health Insurance Claim Form (OWCP-1500) <p>Block 21</p> <ul style="list-style-type: none"> In Block 21 A–L, the ICD diagnosis code or 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, the Provider must indicate if the billed DX codes are ICD-9 or ICD-10 and document it in the ICD Ind. box. <p>Note: Options should be “9” for ICD-9 or “0” for ICD-10.</p> <ul style="list-style-type: none"> Uniform Health Insurance Claim Form (OWCP-04) <p>Blocks 66, 67, and 69</p> <ul style="list-style-type: none"> The ICD diagnosis version (ICD-9 or ICD-10) must appear on the bill in Block 66. <p>Note: Options should be “9” for ICD-9 or “0” for ICD-10.</p> <ul style="list-style-type: none"> ICD diagnosis codes must be listed in Block 67. Providers cannot submit a combination of ICD-9 and ICD-10 codes on a bill. <p>The admitting diagnosis must appear in Block 69.</p> <p>Note: This indicates the condition identified by the Provider at the time of the claimant’s admission required hospitalization.</p>



Key Area #	Key Area	Action to be Taken
		<p>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, <i>causing a delay in payment consideration.</i></p>
#6	Diagnosis Pointer (OWCP-1500)	<ul style="list-style-type: none"> ▪ Health Insurance Claim Form (OWCP-1500) Block 24E <ul style="list-style-type: none"> • 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 diagnoses and should be reflected in block 24E. <p>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, <i>causing a delay in payment consideration.</i></p>
#7	Dates of Service (OWCP-1500) Statement Covers Period vs Admission Date (OWCP-04)	<ul style="list-style-type: none"> ▪ Health Insurance Claim Form (OWCP-1500) Block 24A <ul style="list-style-type: none"> • The Date of Service (DOS) “From” and “To” must be added for each individual procedure code. <p>Note: If date of service is missing or invalid the bill will be Returned to Provider (RTP) and will have to be resubmitted, <i>causing a delay in payment consideration.</i></p> ▪ Uniform Health Insurance Claim Form (OWCP-04) Block 6 <ul style="list-style-type: none"> • The “Statement Covers Period” should be the beginning and ending dates billed for services rendered. • This time period includes the admission date as the “From” date and the discharge date as the “Through” date. <p><i>The following is for Inpatient Bills only:</i></p> <ul style="list-style-type: none"> • The Admission Date can be prior to the “From” date of the “Statement Covers Period” if: <ul style="list-style-type: none"> ○ 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”. <p>Example: <i>10/04/2023: Pre-Op visit in hospital facility (used as the Admission Date).</i></p>



Key Area #	Key Area	Action to be Taken
		<ul style="list-style-type: none"> 10/07/2023: Inpatient stay (used as the "From" date), for the Statement Covers Period.
#8	Place of Service (OWCP-1500)	<ul style="list-style-type: none"> Health Insurance Claim Form (OWCP-1500) Block 24B <ul style="list-style-type: none"> 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. <p>Example: A Chiropractor, Provider Type 28, should not bill be using a POS (21-Birthing Center).</p> Select this link for the complete Place of Service Codes. These codes can also be found on the OWCP-1500 form.
#9	Signature of Physician (OWCP-1500)	<ul style="list-style-type: none"> Health Insurance Claim Form (OWCP-1500) Block 31 Physician or Supplier is required <ul style="list-style-type: none"> 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 examples of acceptable signatures for FECA Only: <ul style="list-style-type: none"> Signature stamp, or "Signature on file" For DCMWC and DEEOIC, Providers must sign and date the form. <p>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.</p> <p>Signature Date</p> <ul style="list-style-type: none"> The signature date should not occur before the date of service (DOS). <p>Example: The DOS on the bill line is 10/01/2023 to 10/01/2023. The signature date on the claim form should not be 09/30/2023, as the services have not yet been rendered.</p>



Top 5 Reasons Bills are Returned to Providers or Denial Reasons

Top Reasons	Most Common Examples	
	OWCP -1500	OWCP-1500
1.	Provider ID missing or invalid	<ul style="list-style-type: none"> ▪ The Provider ID in block 33 is missing or invalid <ul style="list-style-type: none"> • The Provider has added their National Provider Identifier (NPI) instead of the OWCP Provider ID ▪ The Provider has left block 33 blank
2.	Claimant ID missing or invalid	<ul style="list-style-type: none"> ▪ The Claimant ID in block 1A is missing or invalid <ul style="list-style-type: none"> • 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.	Provider Signature missing	<ul style="list-style-type: none"> ▪ The Provider signature in Block 31 is missing <ul style="list-style-type: none"> • The Provider or supplier signature is left blank or does not follow rules listed above
4.	Procedure Code missing or invalid	<ul style="list-style-type: none"> ▪ The Procedure Code in block 24D is missing or invalid <ul style="list-style-type: none"> • The appropriate procedure, HCPCS, or OWCP generic procedure code must be five digits
5.	Patient Signature missing	<ul style="list-style-type: none"> ▪ The Claimant signature in blocks 12 and 13 is missing <ul style="list-style-type: none"> • Blocks 12 and 13
	OWCP-04	OWCP-04
1.	Provider ID missing or invalid	<ul style="list-style-type: none"> ▪ The Provider ID in block 57 is missing or invalid <ul style="list-style-type: none"> • The Provider submits the bill using their National Provider Identifier (NPI) instead of the OWCP-issued Provider ID • Block 57 is left blank
2.	Statement covers period	<ul style="list-style-type: none"> ▪ The "Statement Covers Period" in block 6 should be the beginning and ending dates being billed for services rendered <ul style="list-style-type: none"> • The "From" date in block 6 is more than 72 hours after the admission date
3.	Principal Diagnosis Code missing or invalid	<ul style="list-style-type: none"> ▪ The Diagnosis (DX) Indicator version in block 66 is missing



Top Reasons	Most Common Examples	
4.	ICD Indicator missing	<ul style="list-style-type: none">▪ The ICD indicator was either left blank or the version does not correspond with the diagnosis codes listed in block 67
5.	Claimant ID missing or invalid	<ul style="list-style-type: none">▪ The Claimant ID in block 60 is missing or invalid Note: The Claimant ID is the number assigned to an injured worker.