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**PAGE 1 of 10**

**CREATION DATE**

**TOTALS**
GENERAL INFORMATION—FECA AND EEOICPA CLAIMANTS: Claims filed under FECA (5 USC 8101 et seq.) are for employment-related illness or injury. Claims filed under EEO ICRA (42 USC 7384 et seq.) are for occupational illnesses defined under that Act. Benefits provided under these statutes include Inpatient/outpatient hospital services, ambulatory surgical care, chemotherapy treatment services, and other non-professional medical services for covered injuries or occupational illnesses. Services provided by skilled nursing facilities, nursing homes and hospices (including medications and other services such as oxygen and respiratory services), as well as personal care services provided by a home health aide, licensed practical nurse or similarly trained individual, may also be provided.

FEES: The Department of Labor’s Office of Workers’ Compensation Programs (OWCP) is responsible for payment of all reasonable charges stemming from covered medical services provided to claimants eligible under FECA and EEOICPA. OWCP uses a condition-specific fee schedule based on the Prospective Payment System devised by the Centers for Medicare and Medicaid Services (CMS) and other tests to determine reasonableness. Schedule limitations are applied through an atotomized billing system that is based on the identification of procedures as defined in the AMA’s Current Procedural Terminology (CPT). Revenue Center codes and Diagnosis-Related Group (DRG) codes; therefore, use of correct codes and modifier(s) is required. Incorrect coding will result in inappropriate or delayed payment. For specific information about schedule limits, call the Dept. of Labor’s Federal Employees’ Compensation office or Energy Employees Occupational Illness Compensation office that services your area.

ITEMIZED BILLS AND TREATMENT PLANS: All forms submitted for inpatient hospital services must be accompanied by an itemized billing statement and an admission/discharge summary. Forms submitted for hospice services or for personal care services provided in the home must be accompanied by a plan of care.

GENERAL INFORMATION—BLBA CLAIMANTS: The BLBA (30 USC 901 et seq.) provides medical services to eligible beneficiaries for diagnostic and therapeutic services for black lung disease as defined under the BLBA. For specific information about reimbursable services, call the Department of Labor’s Black Lung office that services your facility or call the National Office in Washington, D.C.

SIGNATURE OF PHYSICIAN OR SUPPLIER: Your submission of a bill with this form indicates your agreement to accept the charge determination of OWCP on covered services as payment in full, and indicates your agreement not to seek reimbursement from the patient of any amounts not paid by OWCP for covered services as the result of the application of its fee schedule or related tests for reasonableness (appeals are allowed). Your submission of a bill with this form also indicates that the services shown on this form were medically indicated and necessary for the health of the patient and were personally furnished by you or were furnished incident to your professional services by your employee under your immediate personal supervision, except as otherwise expressly permitted by FECA, BLBA or EEOICPA regulations. Finally, your submission of a bill with this form indicates that you understand that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

NOTICE TO PATIENT ABOUT THE COLLECTION AND USE OF INFORMATION
(PRIVACY ACT STATEMENT)

OWCP is authorized by 5 USC 8101 et seq., 30 USC 901 et seq., and 42 USC 7384d to collect information needed to administer the FECA, BLBA and EEOICPA. The information collected is used to identify the claimant for benefits, and to determine coverage of services provided. There are no penalties for failure to supply information; however, failure to furnish information regarding the medical service(s) received or the amount charged will prevent payment of the claim. Failure to supply the claim number or required codes will delay payment or may result in rejection of the bill because of incomplete information.

The information may also be given to other providers of services, carriers, intermediaries, medical review boards, health plans, and other organizations or Federal agencies, for the effective administration of Federal provisions that require other third party payers to pay primary to Federal programs, and as otherwise instructed.

INSTRUCTIONS FOR COMPLETING THE FORM: A brief description of each data element and its applicability to requirements under FECA, BLBA and EEOICPA are listed below. For further information contact OWCP.

FORM SUBMISSION

FECA: Send all forms for FECA to the DFEC Central Mailroom, P.O. Box 8300, London, KY 40742-8300, unless otherwise instructed.
BLBA: Send all forms for BLBA to the Federal Black Lung Program, P.O. Box 8302, London, KY 40742-8302, unless otherwise instructed.

EEOICPA: Send all forms for EEOICPA to the Energy Employees Occupational Illness Compensation Program, P.O. Box 8304, London, KY 40742-8304, unless otherwise instructed.

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be subject to a criminal penalty punishable under law and may be subject to civil penalties.
Block 17  Enter status code.
Block 18  Enter condition codes.
Block 19  Enter condition codes.
Block 20  Enter condition codes.
Block 21  Enter condition codes.
Block 22  Enter condition codes.
Block 23  Enter condition codes.
Block 24  Enter condition codes.
Block 25  Enter condition codes.
Block 26  Enter condition codes.
Block 27  Enter condition codes.
Block 28  Enter condition codes.
Block 29  Not required.
Block 30  Blank field.
Block 31  Enter occurrence code and occurrence date.
Block 32  Enter occurrence code and occurrence date.
Block 33  Enter occurrence code and occurrence date.
Block 34  Enter occurrence code and occurrence date.
Block 35  Enter occurrence span code and occurrence span from date.
Block 36  Enter occurrence span code and occurrence span from date.
Block 37  Blank field.
Block 38  Not required.
Block 39  Enter value code 01-99 and A1-29, and value codes amount.
Block 40  Enter value code 01-99 and A1-29, and value codes amount.
Block 41  Enter value code 01-99 and A1-29, and value codes amount.
Block 42  Type or print Revenue Center Code(s).
Block 43  Type or print Revenue Center Code description(s).
Block 44  Type or print applicable private/semi-private room rate, and the CPT or HCPCS codes and modifiers based on bill type (inpatient or outpatient).
Block 45  Enter service date for outpatient services not required for inpatient for each RCC.
Block 46  Type or print units of service for inpatient. For outpatient, enter units of service for each RCC.
Block 47  Type or print total charges by RCC and procedure code.
Block 48  Not required.
Block 49  Blank field.
Block 50  Type or print program payer: U.S. DOL-OWCP-FECA, -BLBA or -EEOICPA, as appropriate, and Medicare number (51B) for inpatient services.
Block 51  Medicare number 51B.
Block 52  Not required.
Block 53  Not required.
Block 54  Type or print the amount of any prior payments made.
Block 55  Not required.
Block 56  Type or print the NPI number of the facility.
Block 57  Type or print other provider ID. OWCP provider number.
Block 58  Type or print insured's last name, first name.
Block 59  Not required.
Block 60  For EEOICPA and BLBA: type or print patient’s SSN. For FECA: type or print patient’s claim/case number.
Block 61  Not required.
Block 62  Not required.
Block 63  Not required.
Block 64  Not required.
Block 65  Not required.
Block 66  Type or print ICD diagnosis version.
Block 67a Type or print complete ICD-9-CM/ICD-10 diagnosis code for principal diagnosis. Enter the 4th and 5th digits if applicable. Each diagnosis must be valid for the date of service.
Block 67b Type or print complete ICD-9-CM/ICD-10 diagnosis code for other diagnosis (if applicable).
Block 67c Type or print complete ICD-9-CM/ICD-10 diagnosis code for other diagnosis (if applicable).
Block 67d Type or print complete ICD-9-CM/ICD-10 diagnosis code for other diagnosis (if applicable).
Block 67e Type or print complete ICD-9-CM/ICD-10 diagnosis code for other diagnosis (if applicable).
Block 67f Type or print complete ICD-9-CM/ICD-10 diagnosis code for other diagnosis (if applicable).
Block 67g Type or print complete ICD-9-CM/ICD-10 diagnosis code for other diagnosis (if applicable).
Block 67h Type or print complete ICD-9-CM/ICD-10 diagnosis code for other diagnosis (if applicable).
Block 67i Type or print complete ICD-9-CM/ICD-10 diagnosis code for other diagnosis (if applicable).
Block 67j Type or print complete ICD-9-CM/ICD-10 diagnosis code for other diagnosis (if applicable).
Block 67k Type or print complete ICD-9-CM/ICD-10 diagnosis code for other diagnosis (if applicable).
Block 67l Type or print complete ICD-9-CM/ICD-10 diagnosis code for other diagnosis (if applicable).
Block 67m Type or print complete ICD-9-CM/ICD-10 diagnosis code for other diagnosis (if applicable).
Block 67n Type or print complete ICD-9-CM/ICD-10 diagnosis code for other diagnosis (if applicable).
Block 67o Type or print complete ICD-9-CM/ICD-10 diagnosis code for other diagnosis (if applicable).
Block 67p Type or print complete ICD-9-CM/ICD-10 diagnosis code for other diagnosis (if applicable).
Block 67q Type or print complete ICD-9-CM/ICD-10 diagnosis code for other diagnosis (if applicable).
Block 68  Blank field.
Block 69  Type or print complete ICD-9-CM/ICD-10 diagnosis code for admission diagnosis. Enter the 4th and 5th digit if applicable. Each diagnosis must be valid for the date of service.
Block 70  Type or print patient’s reason for visit code.
Block 71  Not required.
Block 72  Not required.
Block 73  Blank field.
Block 74  Type or print principal procedure using ICD-9-CM codes and date of occurrence (MM/DD/YY) during hospitalization. Inpatient claims and all surgical procedures require ICD-9-CM procedure codes. Outpatient claims require CPT/HCPCS codes.
Block 74a Type or print any other procedure using ICD-9-CM codes and dates of occurrence (MM/DD/YY). Inpatient claims and all surgical procedures require ICD-9-CM procedure codes. Outpatient claims require CPT/HCPCS codes.

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Block 74b Type or print any other procedure using ICD-9-CM codes and dates of occurrence (MM/DD/YY). Inpatient claims and all surgical procedures require ICD-9-CM procedure codes. Outpatient claims require CPT/HCPCS codes.

Block 74c Type or print any other procedure using ICD-9-CM codes and dates of occurrence (MM/DD/YY). Inpatient claims and all surgical procedures require ICD-9-CM procedure codes. Outpatient claims require CPT/HCPCS codes.

Block 74d Type or print any other procedure using ICD-9-CM codes and dates of occurrence (MM/DD/YY). Inpatient claims and all surgical procedures require ICD-9-CM procedure codes. Outpatient claims require CPT/HCPCS codes.

Block 74e Type or print any other procedure using ICD-9-CM codes and dates of occurrence (MM/DD/YY). Inpatient claims and all surgical procedures require ICD-9-CM procedure codes. Outpatient claims require CPT/HCPCS codes.

Block 75 Blank field.

Block 76 Not required.

Block 77 Not required.

Block 78 Not required.

Block 79 Not required.

Block 80 Not required.

Block 81 Not required.

Public Burden Statement
According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1240-0019. We estimate that it will take an average of seven minutes to complete this collection of information, including time for reviewing instructions, abstracting information from the patient’s records and entering the data onto the form. This time is based on familiarity with standardized coding structures and prior use of this common form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Workers’ Compensation Programs, Department of Labor, Room S3522, 200 Constitution Avenue NW, Washington, DC 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1240-0019), Washington, DC 20503. DO NOT SEND THE COMPLETED FORM TO EITHER OF THESE OFFICES.

Notice
If you have a substantially limiting physical or mental impairment, Federal disability nondiscrimination law gives you the right to receive help from OWCP in the form of communication assistance, accommodation and modification to aid you in the claims process. For example, we will provide you with copies of documents in alternate formats, communication services such as sign language interpretation, or other kinds of adjustments or changes to account for the limitations of your disability. Please contact our office or your claims examiner to ask about this assistance.