1	2	3a PAT. CNTL#	4 TYPE OF BILL
		b. MED. REC. #	
		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM THROUGH
			7

8 PATIENT NAME	a	9 PATIENT ADDRESS	a
b		b	c d e

10 BIRTHDATE	11 SEX	ADMISSION 12 DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30

	31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37	
a																a
b																b

38		39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
	a						
	b						
	c						
	d						

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23		***PAGE ____ OF ____***	***CREATION DATE***		***TOTALS***				23

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI		
A							57		A
B							OTHER		B
C							PRV ID		C

	58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.	
A						A
B						B
C						C

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	
A				A
B				B
C				C

66 DX	67	A	B	C	D	E	F	G	H	68
	I	J	K	L	M	N	O	P	Q	

69 ADMIT DX		70 PATIENT REASON DX	a	b	c	71 PPS CODE		72 ECI	a	b	c	73

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

80 REMARKS	81CC		
	a		
	b		
	c		
	d		

76 ATTENDING	NPI		QUAL	
LAST		FIRST		
77 OPERATING	NPI		QUAL	
LAST		FIRST		
78 OTHER	NPI		QUAL	
LAST		FIRST		
79 OTHER	NPI		QUAL	
LAST		FIRST		

UB-04 CMS-1450 APPROVED OMB NO. NUBC National Uniform Billing Committee LIC9213257 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Instructions for completing OWCP-04 Uniform Billing Form for Medical Services Provided under the FEDERAL EMPLOYEES' COMPENSATION ACT (FECA), the BLACK LUNG BENEFITS ACT (BLBA), and the ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM ACT of 2000 (EEOICPA)

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 EEOICPA (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 automated 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 and treatment.

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 eligibility of 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 necessary to administer these programs. For example, it may be necessary to disclose information about the benefits you have used to a hospital or doctor. Additional disclosures are made through routine uses for information contained in Department of Labor systems DOL/GOVT -1, DOL/E SA-5, DOL/ESA-6, DOL/ESA-29, DOL/ESA-30, DOL/ESA-43, DOL/ESA-44, DOL/ESA-49 and DOL/ESA-50 published in the Federal Register, Vol. 67, page 16816, Mon. April 8, 2002, or as updated and republished.

You should be aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988," permits the government to verify information by way of computer matches.

FORM SUBMISSION

DFEC- FECA: Send all forms for FECA to OWCP/DFEC- FECA, PO Box 8300, London, KY 40742-8300 unless otherwise instructed.
DEEOIC: Send all forms for DEEOIC to Energy Employees Occupational Illness Compensation Programs, PO Box 8304, London, KY 40742-8304, unless otherwise instructed.
DCMWC: Send all forms for DCMWC to Federal Black Lung program, PO Box 8302, London, KY 40742-8302, 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 guilty of a criminal act punishable under law and may be subject to civil penalties.

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.

Block 1 Type or print complete provider name, street address, city, state and zip code. Also include area code and phone number.
Block 2 Blank field.
Block 3a Not required.
Block 3b Not required.
Block 4 Type of bill classification using appropriate three-digit code: 1st position indicates type of facility, 2nd position indicates type of care, 3rd position indicates billing sequence.
Block 5 Type or print Federal tax I.D. assigned for tax reporting purposes.
Block 6 Type or print dates for the full ranges of services being invoiced (period from/through using MM/DD/YY).
Block 7 Type or print number of covered days.
Block 8 Type or print patient's name. Use a comma or space to separate the last and first names, do not use titles such as Mr. or Mrs., and do not leave a space before a prefix to a last name. If last name is hyphenated, both names should be capitalized, and a space should separate a last name and any suffix. For BLBA and EEOICPA, type or print name as it appears on the Medical Benefits Identification Card.
Block 9 Type or print complete mailing address of patient.
Block 10 Type or print month, year, and day of patient's birth (MM/DD/YY).
Block 11 Type or print sex of patient, using M or F only.
Block 12 Type or print month, day, and year (MM/DD/YY) of admission.
Block 13 Enter the code for admission hour.
Block 14 Required for Inpatient.
Block 15 Enter source of admission (Required for Inpatient).
Block 16 Type or print patient's two-digit status code on the last day of the billing period.

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). (If billing an unlisted J-Code with RCC 0636, a valid NDC Code must be specified in this block and the drug quantity listed in Block 46.)
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 Required. Enter Billing provider NPI.
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 67mType 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.

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 Enter Attending provider NPI. When attending NPI is entered, attending taxonomy is required in Block 81CCB.

Block 77 Not required.

Block 78 Not required.

Block 79 Not required.

Block 80 Not required.

Block 81

81CCa: Required. Enter Taxonomy code for the billing provider. OMISSION WILL RESULT IN DELAYED BILL PROCESSING.

81CCb: Required. Enter Taxonomy code for the attending provider. When attending taxonomy provider is entered attending NPI is required in Block 76.

Burden Disclosure Notice

Public reporting burden for this data collection is estimated to average six minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is needed by OWCP and authorized by 5 USC 8101 et seq., 30 USC 901 et seq., and 42 USC 7384d to collect this information to administer the FECA, BLBA and EEOICPA. The information collected is used to identify the eligibility of the claimant for benefits, and to determine coverage of services provided. Please send comments regarding the burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, and reference OMB control number 1240-0019 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. NOTE: Please do not send your completed form to this address.

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.