HOW TO SUBMIT OWCP-04 BILLS TO ACS

The following services should be billed on the OWCP-04 Form:

General Hospital
Hospice
Nursing Home
Rehabilitation Centers

As a provider you have the option of sending your bills either electronically or by paper.

PAPER BILLS SHOULD BE SENT TO:

US Department of Labor
P O Box 8300
DFEC Central Mailroom
London, KY 40742-8300

ELECTRONIC BILL SUBMISSION

Submitting DOL bills via electronic media offers the advantage of speed in processing. Providers may submit electronic bills or choose a billing agent that offers electronic bill submission services. Billing agents must enroll as DOL providers.

The Electronic Data Interchange (EDI) Support Unit assists providers who have questions about electronic bill submission. ACS's EDI Support Unit is available to all providers Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern Standard Time at 800-987-6717.

EDI Support will:

- Provide information on available services.
- Assist in enrolling users for electronic bills submission and report retrieval.
- Process test transmissions.
- Provide technical assistance on transmission difficulties

AUTHORIZATION REQUIREMENTS

The FECA Program pays for medical services rendered for work-related injury or disease. Some services require prior authorization. Listed below are some of the services that require prior authorization:

◦**All inpatient admissions**	◦**Some durable medical equipment**
◦**Emergency admissions within 48 hours of admission**	◦**All surgical procedures**
◦**Some injections**	◦**Home health services**

◦**Physical/Occupational therapy services – Physical/Occupational therapy authorization requests must be accompanied by a physician's prescription and a treatment plan. Authorization will be given for the number of modalities to be done per day and the number of days requested.**

◦**Anesthesia CPT codes 01995 and 01996**

Routine services such as office/clinic visits, diagnostic tests and laboratory service <u>do not</u> require prior authorization.

Please call (850) 558-1818, fax (800) 215-4901 using the attached authorization forms, or access our website ***owcp.dol.acs-inc.com*** to request an authorization.

BILLING REQUIREMENTS

1. **All bills must contain the Federal Employees' Compensation (FECA) 9-digit case number of your patient or client as well as, the 9-digit ACS Provider Number.**

2. Laboratory, x-ray, physical therapy, and clinical test such as ECGs, etc. must be identified with the correct CPT code.

3. Facility charges for outpatient surgery billing must be billed using the surgical CPT code.
4. Inpatient bills must include the 9-digit ACS Provider Number in block 51a of the OWCP-04 form.
5. Inpatient bills must include the Medicare number in block 51b of the OWCP-04 form.

6. It is recommended that the NPI number is included in block 56 on the OWCP-04 form.

7. Please refer to the attached OWCP-04 list and the required fields for additional instructions.

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	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	CONDITION CODES 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

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				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	

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

80 REMARKS	81CC		
	a		
	b		
	c		
	d		

UB-04 CMS-1450 APPROVED OMB NO.

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

NUBC National Uniform Billing Committee

LIC:9213257

OWCP- 04 CLAIM ITEM	TITLE	ACTION
1	**Provider Name, Address, and Telephone Number**	Enter the provider's name and address as well as the telephone number.
2	**Pay-to Name, address, and Secondary Identification Fields**	Required when the pay-to name and address information is different than the Billing Provider information.
3 a	**Patient Control Number**	Enter the claimant's Patient Control Number. (Optional)
3 b	**Medical/Health Record Number**	The number assigned to the patient's medical/health record by the provider.
4	**Type of Bill**	Enter the appropriate three-digit code for the Type of Bill.
5	**Federal Tax Number**	Enter the Federal Tax Number
6	**Statement Covers Period**	**Mandatory field.** **Inpatient:** Enter the service dates in MM/DD/YY format.
7	**Not Used**	Reserved
8	**Patient's Name**	Enter the patient's last name, first name, and, if any, middle initial, along with patient ID (if different than the subscriber/insured's ID).
9	**Patient's Address**	Enter the claimant's address. (Optional)
10	**Patient's Date of Birth**	Enter the patient's date of birth in the eight-digit MM/DD/YY format. If full birth date is unknown; indicate zeros for all eight digits.
11	**Patient's Sex**	No Entry Required.
12	**Admission Date**	Enter the date the patient was admitted for inpatient care (MMDDYY).
13	**Admission Hour**	No Entry Required.
14	**Type of Admission/Visit**	Required on Inpatient bills only. Code Structure: 1 Emergency 2 Urgent 3 Elective 4 Newborn 5 Trauma Center 6-8 Reserved for National Assignment 9 Information Not Available
15	**Source of Admission**	The provider enters the code indicating the source of the referral for this admission or visit. (Optional)
16	**Discharge Hour**	No Entry Required.

17	**Patient Status**	This code indicates the patient's status as of the "Through" date of the billing period (FL 6). Outpatient no entry required **Patient Status Codes**: 01 Discharged to home or self care (routine discharge) 02 Discharged/transferred to another short-term general hospital for inpatient care 03 Discharged/transferred to skilled nursing facility 04 Discharged/transferred to an intermediate care facility 05 Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution 06 Discharged/transferred to home under care of organized home health service organization 07 Left against medical advice or discontinued care **Outpatient:** No Entry Required
18 - 28	**Condition Codes**	No Entry Required
29	**Accident State**	No Entry Required.
31 – 34	**Occurrence Codes and Dates**	Required when there is a condition code that applies to this claim. (Optional)
35 and 36	**Occurrence Span Code and Dates**	Required For Inpatient. The provider enters codes and associated beginning and ending dates defining a specific event relating to this billing period. Event codes are two alpha-numeric digits and dates are shown numerically as MMDDYY. (Optional)
37	**(Untitled)**	No Entry Required.
38	**Responsible Party Name and Address**	No Entry Required.
39 – 41	**Value Codes and Amounts**	No Entry Required.
42	**Revenue Code**	**Mandatory Field**. Enter the appropriate three-digit revenue code(s) itemizing all services and/or items furnished to the patient in your facility.
43	**Revenue Description**	Enter a narrative description or standard abbreviation for each revenue code included on this bill.
44	**HCPCS/Rates/HIPPS Rate Codes**	When coding HCPCS for outpatient services, the provider enters the HCPCS code describing the procedure here. On inpatient hospital bills the accommodation rate is shown here.
45	**Service Date**	No Entry Required for Inpatient Services.
46	**Units of Service**	**Inpatient:** Enter the number of units of service and number of days for accommodations. A late discharge may not be billed as an additional day. **Outpatient:** Enter the units of service for each revenue code.

47	**Total Charges - Not Applicable for Electronic Billers**	**Mandatory Field**. Enter the total charge for each revenue code or procedure code entry. This entry must be the sum of the individual charges. Decimal Point required (999999.99)
48	**Noncovered Charges**	No Entry Required.
49	**Untitled**	No Entry Required.
50 A, B, C	**Payer Identification**	If Medicare is the primary payer, the provider must enter Medicare" on line A. Entering Medicare indicates that the provider has developed for other insurance and determined that Medicare is the primary payer. If Medicare is the secondary or tertiary payer, the provider identifies the primary payer on line A and enters Medicare information on line B or C as appropriate.
51 A, B, C	**Health Plan ID**	ACS Provider Number is required. Medicare number is required for inpatient services.
52 A, B, C	**Release of Information Certification Indicator**	A "Y" code indicates that the provider has on file a signed statement permitting it to release data to other organizations in order to adjudicate the claim. Required when state or federal laws do not supersede the HIPAA Privacy Rule by requiring that a signature be collected. An "I" code indicates Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes. Required when the provider has not collected a signature and state or federal laws do not supersede the HIPAA Privacy Rule by requiring a signature be collected.
53 A, B, C	**Assignment of Benefits Certification Indicator**	No Entry Required.
54 A, B, C	**Prior Payments**	Situational. For all services other than inpatient hospital or SNF the provider must enter the sum of any amounts collected from the patient toward deductibles (cash and blood) and/or coinsurance on the patient (fourth/last line) of this column.
55 A, B, C	**Estimated Amount Due From Patient**	No Entry Required.
56	**NPI**	National Provider ID-Recommended for Inpatient Services.
57	**Other Provider ID (primary, secondary, and/or tertiary)**	Situational. Use this field to report other provider identifiers as assigned by a health plan (as indicated in FL50 lines 1-3) prior to May 23, 2007.

OWCP- 04 CLAIM ITEM	TITLE	ACTION
58 A, B, C	**Insured's Name**	Enter the insured's last name first.
59 A, B, C	**Patient's Relationship to Insured**	No Entry Required.
60 A, B, C	**Insured's Unique ID (Certificate/Social Security Number/HI Claim/Identification Number (HICN))**	**Mandatory Field**. Claimant's 9-digit Claimant ID
61 A, B, C	**Insurance Group Name**	No Entry Required.
62 A, B, C	**Insurance Group Number**	No Entry Required.
63	**Treatment Authorization Code**	No Entry Required.
64	**Document Control Number (DCN)**	No Entry Required.
65	**Employer Name**	No Entry Required.
66	**Diagnosis and Procedure code Qualifier (ICD Version Indicator)**	Required. The qualifier that denotes the version of International Classification of Diseases (ICD) reported.
67	**Principal Diagnosis Code**	The hospital enters the ICD code for the principal diagnosis. The code **must** be the full ICD-9 diagnosis code, including all five digits where applicable.
67A - 67Q	**Other Diagnoses (Other Than Principal)**	Inpatient Required. The hospital enters the full ICD codes for up to eight additional conditions if they co-existed at the time of admission or developed subsequently, and which had an effect upon the treatment or the length of stay.
68	**(Untitled)**	Reserved
69	**Admitting Diagnosis**	For inpatient hospital claims the admitting diagnosis is required.
70A – 70C	**Patient's Reason for Visit**	Situational. Patient's Reason for Visit is required for all un-scheduled outpatient visits for outpatient bills.
71	**Prospective Payment System (PPS) Code**	No Entry Required.
72	**External Cause of Injury (ECI) Codes**	No Entry Required.
73	**Untitled**	No Entry Required.
74	**Principal Procedure Code and Date**	Situational. Required on inpatient claims when a procedure was performed. Not used on outpatient claims.
75	**Untitled**	No Entry Required.
76	**Attending Provider Name and Identifiers (including NPI)**	Required when claim contains any services other than nonscheduled transportation services.
77	**Operating Provider Name and Identifiers (including**	Required when a surgical procedure code is listed on this claim.

	NPI)	
78 and 79	**Other Provider Name and Identifiers (including NPI)**	The name and ID number of the individual corresponding to the qualifier category indicated in this section of the claim. Provider Type Qualifier Codes/Definition/Situational Usage Notes: DN - Referring Provider. The provider who sends the patient to another provider for services. Required on an outpatient claim when the Referring Provider is different than the Attending Physician. If not required, do not send. ZZ - Other Operating Physician. An individual performing a secondary surgical procedure or assisting the Operating Physician. Required when another Operating Physician is involved. If not required, do not send. 82 - Rendering Provider. The health care professional who delivers or completes a particular medical service or non-surgical procedure. Report when state or federal regulatory requirements call for a combined claim, i.e., a claim that includes both facility and professional fee components (e.g., a Medicaid clinic bill or Critical Access Hospital claim). If not required, do not send. Secondary Identifier Qualifiers: 0B - State License Number 1G - Provider UPIN Number EI - Employer's Identification Number SY - Social Security Number
80	**Remarks**	Situational. For DME billings the provider shows the rental rate, cost, and anticipated months of usage so that the provider's FI may determine whether to approve the rental or purchase of the equipment. Where Medicare is not the primary payer because WC, automobile medical, no-fault, liability insurer or an EGHP is primary, the provider enters special annotations. In addition, the provider enters any remarks needed to provide information that is not shown elsewhere on the bill but which is necessary for proper payment. For Renal Dialysis Facilities, the provider enters the first month of the 30-month period during which Medicare benefits are secondary to benefits payable under an EGHP. (See Occurrence Code 33.)
81	**Code-Code Field**	Situational. To report additional codes.