How to Submit UB-04 Bills to The Federal Black Lung Program

Office of Workers' Compensation Programs
Division of Coal Mine Worker's Compensation

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

General Hospital
Inpatient Hospice
Nursing Home
Rehabilitation Centers

BILLS SHOULD BE SENT TO:

US Department of Labor
PO Box 8302
London, KY 40742-8302

HOW WE WILL PROCESS YOUR BILL:

Bills will be processed by the Fiscal Agent for the Office of Worker's Compensation Programs, which includes the Federal Black Lung Program. The facility in London, Kentucky will receive and scan your bill. If the bill must be returned without processing, you will be notified with a Return to Provider letter giving the reason. The bill should be resubmitted with the necessary corrections to London.

After the bill is scanned and entered into the processing system, it will be reviewed to determine if it is payable under the Federal Black Lung Program. You will then be issued a Remittance Voucher (RV), approximately one week from date of payment, describing the payment made, the reason for denial, and the reason why full payment was not approved, if applicable. The RV will be mailed to you from London, Kentucky. At approximately the same time, and electronic funds transfer of the approved amount will be made to your financial institution.

Bills that exceed certain amounts will be suspended briefly for review, and all bills are subject to audit.

ELECTRONIC SERVICES

We are pleased to offer enhanced services through our Fiscal Agent on their web portal (https://owcpmed.dol.gov/portal/main.do). To take advantage of these services, and others that may be added in the future, you will need to know the patient's information including the claim number and the Medical Benefits Identification Card number, which is a 10-digit number on the reverse side of the card that every eligible beneficiary receives. The claim number is the patient's Social Security number, which does not appear on the card for security reasons.

REMITTANCE VOUCHER RETRIEVAL

Retrieving the DOL remittance vouches via electronic media offers the advantage of speed in retrieval. Providers may access reports online as well as receive paper copies of the remittance vouchers.

The Electronic Data Interchange (EDI) Support Unit assists providers who have questions about electronic bill submission. The 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 report retrieval.
- Provide technical assistance on retrieval difficulties.

CLAIMANT ELIGIBILITY INQUIRY

Because the Federal Black Lung Program is limited to coverage of treatment for the patient's pneumoconiosis and related illnesses, the web portal also allows you to help determine if a procedure or diagnosis is covered, or if the patient was covered on a specific date of service.

AUTHORIZATION REQUIREMENTS

Lung transplants may be covered in some cases, but are subject to strict requirements and always require pre-approval by DCMWC. The appropriate District Office should be contacted.

If your facility provides home nursing services, pulmonary rehabilitation, or durable medical equipment, these services require prior authorization in the form of a Certificate of Medical Necessity (CM-893). Because the Federal Black Lung Program has unique requirements and standards for authorization, the CM-893 is required. Also, these services should be billed on the OWCP-1500, not on the UB-04.

BILLING REQUIREMENTS

1. **All bills must contain the 9-digit Social Security number of your patient or client and your 9-digit Federal Black Lung Provider Number. Your patient's SSN is not shown on the Black Lung Identification Card for privacy reasons.**

2. Both Inpatient and Outpatient services will use the UB-04 form for billing since pricing will be based on Revenue Center Codes.

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

4. Use the appropriate ICD coding book to identify proper surgery codes.

5. Inpatient bills must include the Medicare number in block 51 of the UB-04 form.

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

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

Black Lung District Office List

JOHNSTOWN, PENNSYLVANIA **U.S. Department of Labor** **ESA/OWCP/DCMWC** **319 Washington Street, Second Floor** **Johnstown, Pennsylvania 15901** **Commercial: (814) 533-4323** **Toll-Free: (800) 347-3754**	Virginia Thirty-seven counties in Pennsylvania: Adams, Bedford, Berks, Blair, Bucks, Cambria, Cameron, Centre, Chester, Clearfield, Clinton, Cumberland, Dauphin, Delaware, Elk, Franklin, Fulton, Huntingdon, Indiana, Jefferson, Juniata, Lancaster, Lebanon, Lycoming, McKean, Mifflin, Montgomery, Montour, Northumberland, Perry, Philadelphia, Potter, Somerset, Snyder, Tioga, Union, and York.
GREENSBURG, PENNSYLVANIA **U.S. Department of Labor** **ESA/OWCP/DCMWC** **1225 South Main Street, Suite 405** **Greensburg, Pennsylvania 15601** **Commercial: (724) 836-7230** **Toll-Free: (800) 347-3753**	Maryland Sixteen counties in Pennsylvania: Allegheny, Armstrong, Beaver, Butler, Clarion, Crawford, Erie, Fayette, Forest, Greene, Lawrence, Mercer, Venango, Warren, Washington, and Westmoreland
WILKES-BARRE, PENNSYLVANIA **U.S. Department of Labor** **ESA/OWCP/DCMWC** **100 N. Wilkes-Barre Blvd., Room 300 A** **Wilkes-Barre, PA 18702** **Commercial: (570) 826- 6457** **Toll-Free: (800) 347-3755**	Connecticut, Delaware, District of Columbia, Maine, Massachusetts, New Hampshire, New Jersey, New York, Puerto Rico, Rhode Island, Vermont The following fourteen counties in Pennsylvania: Bradford, Carbon, Columbia, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Sullivan, Susquehanna, Wayne, and Wyoming.
CHARLESTON, WEST VIRGINIA **U.S. Department of Labor** **ESA/OWCP/DCMWC** **Charleston Federal Center - Suite 110** **500 Quarrier Street** **Charleston, West Virginia 25301** **Commercial: (304) 347-7100** **Toll-Free (800) 347-3749**	Fifteen counties in West Virginia including Boone, Cabell, Fayette, Kanawha, Lincoln, Logan, McDowell, Mercer, Mingo, Monroe, Putnam, Raleigh, Summers, Wayne and Wyoming.
PARKERSBURG, WEST VIRGINIA **U.S. Department of Labor** **ESA/OWCP/DCMWC, Suite 3116** **425 Juliana Street** **Parkersburg, West Virginia 26101** **Commercial: (304) 420-6385** **Toll-Free: (800) 347-3751**	All counties in West Virginia not under the jurisdiction of the Charleston Office.
PIKEVILLE, KENTUCKY **U.S. Department of Labor** **ESA/OWCP/DCMWC** **164 Main Street, Suite 508** **Pikeville, Kentucky 41501** **Commercial: (606) 432-0116** **Toll-Free: (800) 366-4599**	All claims from Kentucky. This office is part of the Jacksonville Region.

MOUNT STERLING, KENTUCKY **U.S. Department of Labor** **ESA/OWCP/DCMWC** **402 Campbell Way** **Mount Sterling, Kentucky 40353** **Commercial: (859) 498-9700** **Toll-Free: (800) 366-4628**	Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina, and Tennessee. This office is part of the Jacksonville Region.
COLUMBUS, OHIO **U.S. Department of Labor** **ESA/OWCP/DCMWC** **1160 Dublin Road Suite 300** **Columbus, Ohio 43215** **Commercial: (614) 469-5227** **Toll-Free: (800) 347-3771**	Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin.
DENVER, COLORADO **U.S. Department of Labor-Black Lung** **ESA/OWCP/DCMWC** **P.O. Box 25603** **Building 53 – Suite D2212** **One Denver Federal Center** **Denver, Colorado 80225-0603** **Commercial: (720) 264-3100** **Toll-Free: (800) 366-4612**	Alaska, American Samoa, Arizona, Arkansas, California, Colorado, Guam, Hawaii, Idaho, Iowa, Kansas, Louisiana, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, the North Mariana Islands, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, and Wyoming.

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
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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			76 ATTENDING	NPI	QUAL	
	a			LAST		FIRST	
	b			77 OPERATING	NPI	QUAL	
	c			LAST		FIRST	
	d			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.

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.
3a	**Patient Control Number**	Enter the claimant's Patient Control Number. (Optional)
3b	**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). **Not** Required for Outpatient bills.
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.

OWCP-04 CLAIM ITEM	TITLE	ACTION
17	**Patient Status**	This code indicates the patient's status as of the "Through" date of the billing period (FL 6). **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 Billing**	**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	**Non-covered Charges**	No Entry Required.
49	**(Untitled)**	No Entry Required.

OWCP-04 CLAIM ITEM	TITLE	ACTION
50 A, B, C	**Payer Identifications**	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**	DOL 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 Diagnosis Regulated by Federal Statues. 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.
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 diagnosis code, including all digits.
67A-67Q	**Other Diagnoses (Other than Principal)**	Inpatient Required. The hospital enters the full ICD codes for 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.

OWCP-04 CLAIM ITEM	TITLE	ACTION
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) Codes**	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 NPI)**	Required when a surgical procedure code is listed on this claim.
78 and 79	**Other Provider Name and Identifiers (including NPI)**	Provider Type Qualifier Codes/Definition/Situational Usage Notes: DN – Referring Provider. The provider who send 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.