

Instructions for Completing OWCP-92 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.

**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/ESA-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.

SIGNATURE OF PROVIDER: Your signature in Block 85 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 signature in Block 85 also indicates that the services shown on this form were provided, and that the billing information submitted is both complete and accurate. Finally, your signature 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.

FORM SUBMISSION

FECA: Send all forms for FECA to the DFEC Central Mailroom, P.O. Box 8300, London, KY 40742, unless otherwise instructed.

BLBA: Send all forms for BLBA to the Federal Black Lung Program, P.O. Box 828, Lanham-Seabrook, MD 20703-0828, unless otherwise instructed.

EEOICPA: Send all forms for EEOICPA to the Energy Employees Occupational Illness Compensation Program, P.O. Box 727, Lanham-Seabrook, MD 20703-0727, 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 3 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 Not required.
- Block 9 Not required.
- Block 10 Not required.
- Block 11 Blank field.
- Block 12 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 EEOICPA, type or print name as it appears on the Medical Benefits Identification Card.
- Block 13 Type or print complete mailing address of patient.
- Block 14 Type or print month, year, and day of patient's birth (MM/DD/YY).
- Block 15 Type or print sex of patient, using M or F only.
- Block 16 Not required.
- Block 17 Type or print month, day, and year (MM/DD/YY) of admission.
- Block 18 Enter the code for admission hour.
- Block 19 Not required.

- Block 20 Not required.
- Block 21 Not required.
- Block 22 Type or print patient's two-digit status code on the last day of the billing period.
- Block 23 Not required.
- Block 24 Not required.
- Block 25 Not required.
- Block 26 Not required.
- Block 27 Not required.
- Block 28 Not required.
- Block 29 Not required.
- Block 30 Not required.
- Block 31 Blank field.
- Block 32 Not required.
- Block 33 Not required.
- Block 34 Not required.
- Block 35 Not required.
- Block 36 Not required.
- Block 37 Blank field.
- Block 38 Not required.
- Block 39 Not required.
- Block 40 Not required.
- Block 41 Not required.
- 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 Not required.
- 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 (on B) for inpatient services.
- Block 51 Type or print Provider I.D. Number provided by the program being billed, and Medicare number for inpatient services.
- 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 Not required.
- Block 57 Blank field.
- Block 58 Type or print insured's last name, first name.
- Block 59 Not required.
- Block 60 For EEOICPA: type or print patient's SSN. For FECA and BLBA: type or print patient's claim number.
- Block 61 Not required.
- Block 62 Not required.
- Block 63 Not required.
- Block 64 Not required.
- Block 65 Not required.
- Block 66 Not required.
- Block 67 Type or print complete ICD-9-CM diagnosis code for principal diagnosis. Enter the 4th and 5th digits if applicable. Each diagnosis must be valid for the date of service.
- Block 68 Type or print complete ICD-9-CM diagnosis code for other diagnosis (if applicable).
- Block 69 Type or print complete ICD-9-CM diagnosis code for other diagnosis (if applicable).
- Block 70 Type or print complete ICD-9-CM diagnosis code for other diagnosis (if applicable).
- Block 71 Type or print complete ICD-9-CM diagnosis code for other diagnosis (if applicable).
- Block 72 Type or print complete ICD-9-CM diagnosis code for other diagnosis (if applicable).
- Block 73 Type or print complete ICD-9-CM diagnosis code for other diagnosis (if applicable).
- Block 74 Type or print complete ICD-9-CM diagnosis code for other diagnosis (if applicable).
- Block 75 Type or print complete ICD-9-CM diagnosis code for other diagnosis (if applicable).
- Block 76 Type or print complete ICD-9-CM diagnosis code for admission diagnosis. Enter the 4th and 5th digits if applicable. Each diagnosis must be valid for the date of service.
- Block 77 Not required.
- Block 78 Blank field.
- Block 79 Type or print indicator for type of code used in Blocks 80 and 81.
- Block 80 Type or print principal procedure using ICD-9-CM and date of occurrence (MM/DD/YY) during hospitalization. Inpatient claims and all surgical procedures require ICD-9-CM codes. Outpatient claims require CPT/HCPCS codes.
- Block 81 Type or print any other procedure using ICD-9-CM and date of occurrence (MM/DD/YY) during hospitalization. Inpatient claims and all surgical procedures require ICD-9-CM codes. Outpatient claims require CPT/HCPCS codes.
- Block 82 Not required.
- Block 83 Not required.
- Block 84 Not required.
- Block 85 Signature block for provider representative. Attests to conformance with certifications on the form.
- Block 86 Type or print date bill is submitted (MM/DD/YY).

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 1215-0176. 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 (1215-0176), Washington, DC 20503. **DO NOT SEND THE COMPLETED FORM TO EITHER OF THESE OFFICES.**