**NOTE TO REVIEWER**

**Date**: March 14, 2018

**Request Type**: Non-substantive change to a currently approved collection

**Employing Agency**: Office of Workers’ Compensation Programs (OWCP)

**Form Number/Name**: OWCP-1500 Health Insurance Claim Form

**OMB/Expiration Date**: 1240-0044, May 31, 2019

**Justification:**

We need to make minor change to the form:

We need to process a non - material change the OWCP 1500 form associated instructions, page 3, as well as apply the changes to the fillable form that appears on OWCP.

1. Place of Service (POS) Codes for Item 24B (page 3 instructions): add following POS codes and descriptions to the existing list.
2. Update the fillable form Block 24b – Place of Service – add the codes to existing drop down menu.

02 Telehealth

09 Prison

13 Assisted Living

14 Group Home

17 Walk - in Retail Health Clinic

18 Place of Employment/Worksite

49 Independent Clinci

57 Non- residential Substance Abuse Treatment Centr

This change does not impact the content, instructions, or the information being requested.