

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.