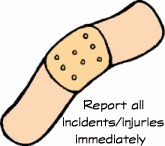
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**What to do if an employee is injured at work:**

**Traumatic Injury**

Defined: Traumatic injury results from a specific event, incident, or series of events or incidents within a single day or work shift. Traumatic injury is defined as a wound or other condition of the body caused by external force, included stress or strain. It must be identifiable by time and place or occurrence and member of the body affected.

**The Employee’s and Supervisor’s responsibilities:**

1. Injured employee immediately reports work-related injury to supervisor.
2. If medical treatment is needed, the supervisor will provide the injured employee an ***Authorization for Examination*, CA-16 and a *Duty Status Report,* CA-17.** If possible, before the injured employee obtains medical treatment, supervisor should complete Part A of the CA-16 and Side A of the CA-17 forms. Emergency medical treatment may be obtained without prior authorization. If the injured employee requires emergent medical care and cannot obtain prior authorization, the supervisor or a designated other shall ensure both forms, with required supervisory sections completed, are received by the attending medical facility as soon as possible.

**IMPORTANT NOTE: ALL MEDICAL INFORMATION MUST BE SIGNED BY A DOCTOR, NOT A PHYSICIAN’S ASSISTANT OR A NURSE**

1. The injured employee may initially select a physician of his/her choice to provide necessary treatment. **Note:** **The original CA-16 may also cover medical provider payment for referrals for additional testing or specialized treatment pending OWCP claim adjudication.**
2. Once medical treatment has been received, the employee or supervisor must ensure the completed CA-16 is faxed to the attention the COSO OWCP Specialist, Cynthia Felkins at (303)239-3946.
3. As soon as possible, but not later than 30 days after the injury, the employee or supervisor initiates the CA-1 in the Safety Management Information System (SMIS) on-line at <https://www.smis.doi.gov/index.cfm?module=guest.home>. The online claim will then be reviewed by the COSO OWCP specialist prior to submission to the Department of Labor (DOL). The DOL will generate a claim number generally within two to three business days. The claim number is critical and should be referenced on all claim-related documents.
4. Be sure to print the CA-1 form from SMIS. Both employee and supervisor MUST sign and forward the completed hard-copy CA-1 to the COSO OWCP Specialist, Cynthia Felkins, as soon as possible.
5. **The employee and/or designated other MUST scan and upload all documents related to their case in the ECOMP SYSTEM at** [**https://www.ecomp.dol.gov/#Upload\_Documents**](https://www.ecomp.dol.gov/#Upload_Documents)**. The case number and date of injury date are required in order to upload documents. Contact Cynthia Felkins at (303) 239-3946 for assistance as needed.**
6. Injured employees may be eligible for COP (Continuation of Pay) for traumatic injury related medical appointments or absence from work if the employee’s CA-1 was filed within 30 days of the injury.

* The employee and supervisor must closely coordinate use of COP with the COSO OWCP Specialist and unit timekeeper to ensure he/she does not exceed his/her benefit.
* To be eligible for COP, the employee must provide medical documentation to the COSO OWCP Specialist to support his/her absence(s) or medical appointment. If the employee fails to provide evidence within 10 working days, his/her COP may be terminated and the resulting absence must be changed to sick or annual leave, or leave without pay.
* If the employee exceeds his/her benefits or the claim is denied, COP must be reversed and retroactively charged to sick or annual leave or the employee may incur a debt if no leave is available.

1. **Time & Attendance Coding:**

**CA-1 only**

* **060** - Admin Leave (to be used for needed time off on date of injury ONLY, not to extend past regularly scheduled work hours). **Exception: If injury occurs prior to official working hours – then code time as 160 COP**
* **160** - COP during regular Tour of Duty (first 45 days from date of injury – must submit medical documentation showing disability within 10 working days)
* **161** - COP unpaid time (typically used for weekends in non-pay status)

**CA-1 or CA-2**

* **034 -** Sick leave used in lieu of FECA (after 45 day COP period if not submitting CA-7s)
* **024** - Annual in lieu of FECA (after 45 day COP period if not submitting CA-7s)
  + **162** - LWOP (When submitting CA-7s – Department of Labor is compensating employee’s salary)

**NOTE:** The injured employee may claim continuation of pay (COP) not to exceed 45 calendar days or use leave. If disabled beyond the COP period, or if the employee is not entitled to COP, the employee may claim compensation on form ***Claim for Compensation, CA-7*** or use accrued leave. Appropriate medical documentation is required within 10 workdays of claiming COP.

If continued medical attention is required, the employee must ensure the medical provider is a participating provider with the Department of Labor (Federal Workers Compensation). To verify the provider’s participation access the **ACS WEB BILL PROCESSING PORTAL at**

[**http://owcp.dol.acs-inc.com/portal/main.do**](http://owcp.dol.acs-inc.com/portal/main.do) **. This portal also allows employees to monitor case status to include billing.**

1. If continued medical attention is required beyond the initial treatment, the employee must ensure his/her doctor **fully** completes the ***Attending Physician’s Report, CA-20 and the* *Duty Status, CA-17 Report,* for** **EACH doctor’s visit**. **The CA-20 form is required before payment of compensation for loss of wages can be made to the employee. The CA-17 form provides critical medical information regarding limitations or restrictions as ordered by the doctor.**  As with all case-related documents, the employee must timely upload each CA-20 and CA-17 to the ECOMP system.

NOTE: If the CA-20 form is not completed by the physician the following information is required on the doctor’s note:

(a) Dates of examination and treatment;

(b) History given by the employee;

(c) Physical findings;

(d) Results of diagnostic tests;

(e) Diagnosis;

(f) Course of treatment;

(g) A description of any other conditions found but not due to the claimed injury;

(h) The treatment given or recommended for the claimed injury;

(i) The physician’s opinion, with medical reasons, as to causal relationship between the diagnosed condition and the factors or conditions of the employment;

(j) The extent of disability affecting the employee’s ability to work due to the injury;

(k) The prognosis for recovery;

(l) All other material findings.

1. If the employee requires continued medical care, the employee should request that the medical facility submit all billing to the following address:

**U.S. Department of Labor**

**DFEC Central Mailroom**

**P.O. Box 8300, District 12**

**London, KY 40742-8300**

**NOTE:** The employee must provide their OWCP claim number to all medical providers and pharmacies for billing. Ultimately, the employee is responsible for assuring his/her medical bills are paid.

1. Prior to the employee’s doctor visit, the supervisor must complete the supervisory component of the CA-17 and include a copy of the employee’s current position description as an attachment.
2. Once completed by the physician, the employee must provide his/her supervisor a copy of the completed CA-17 form.
3. The employee is obligated to return to regular duty as soon as he/she receives medical documentation (CA-17) that supports full return to duty or with light duty restrictions. Light duty restriction may include adjustments to hours of work or duty restrictions e.g. lifting.

NOTE: Supervisor must forward the completed CA-17 to the COSO OWCP Specialist via scanned email or fax.

**Other Important things to know:**

* **MEDICAL AUTHORIZATIONS:** Some medical procedures, surgeries and equipment may require prior approval on DOL’s *Authorization Request* form. This form can be found under FECA at <https://owcp.dol.acs-inc.com/portal/formsAndLinks.do>.
* **Physical Therapy:** If you require physical therapy, employees do NOT need prior authorization for the first 120 days after the date of injury. If it goes beyond 120 days, the Authorization Request form is required.
* **Non-Emergency Surgery:** Surgery must be approved in advance by OWCP. Please schedule surgery at least 30 days out. Your physician MUST submit the Authorization Request form and medical documentation stating the need for the surgery.
* **Examples of other procedures or equipment requiring Authorization Requests:** MRI’s, Cortisone shots, Hearing aids and lip reading services, Endoscopy, Nursing home care, Private hospital bed, Orthopedic appliances and shoes. Contact ACS at 844-493-1966 for more procedure or equipment that requires prior authorization.
* **CHIROPRACTIC CARE:** Chiropractors are recognized as physicians under the FECA only to the extent that their treatment consists of manual manipulation of the spine, and only where the accepted condition is a **subluxation** of the spine.
* The chiropractor’s report must provide an exact diagnosis of your condition based upon x-rays taken shortly after the claimed injury, and the report must explain how the subluxation is related to the claimed injury.
* Referrals by a chiropractor for other treatment must be approved by OWCP in advance.
* **CHANGE OF PHYSICIANS:** You are not authorized to change medical providers without prior approval from OWCP. Request change in writing, stating your reasons for wanting this change, name, address and specialty of the physician. OWCP will notify you of their decision.

Two exceptions:

* You may select a doctor of your choice for follow up care after you are initially seen in an emergency room or urgent care facility.
* You may see a specialist if you are referred by your original provider.
* **CLAIMANT REIMBURSEMENTS:** Employees may be entitled to reimbursement for out-of pocket expenses incurred for mileage, travel, co-pays, prescriptions, equipment, etc. Include the OWCP Case # on top right of every page. Upload reimbursement documents directly to the ECOMP System.
* Reimbursement claims must be accompanied by proof of payment.
* Employees may claim medical expenses on *OWCP Form 915 Claim for Medical Reimbursement*. This form can be found at <http://www.dol.gov/owcp/dfec/regs/compliance/forms.htm>.
* Employees may claim travel expenses on *OWCP Form 957 Medical travel Refund Request*. This form can be found at <http://www.dol.gov/owcp/dfec/regs/compliance/forms.htm>.
* Costs for overnight lodging, air travel, or travel over 25 miles (one way), must be approved by your OWCP Claim Examiner prior to travel.

**OTHER HELPFUL LINKS:**

**INJURY COMPENSATION FOR FEDERAL EMPLOYEES**

[**http://www.dol.gov/owcp/dfec/regs/compliance/DFECfolio/CA-810.pdf**](http://www.dol.gov/owcp/dfec/regs/compliance/DFECfolio/CA-810.pdf)

**ACS WEB BILL PROCESSING PORTAL– BILL PAY**

[**http://owcp.dol.acs-inc.com/portal/main.do**](http://owcp.dol.acs-inc.com/portal/main.do)

* **CA-20 – Attending Physician’s Report**

<http://www.dol.gov/owcp/regs/compliance/ca-20.pdf>

* **CA-17 – Duty Status Report**

<http://www.dol.gov/owcp/regs/compliance/ca-17.pdf>

* **OWCP-1500**

<http://www.dol.gov/owcp/dfec/regs/compliance/OWCP-1500.pdf>

* **CA-7 - Claim for Compensation**

<http://www.dol.gov/owcp/regs/compliance/ca-7.pdf>