

About Your Injury



U.S. Department of Labor
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Office of Worker's Compensation Programs

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The purpose of this booklet is to answer some of the questions you may have after filing for benefits under the Federal Employees' Compensation Act (FECA). Please take the time to read the entire booklet, and keep it for future reference. Additional information including the complete law, regulations and procedures governing federal workers' compensation claims, and printable versions of forms referenced in this publication may be obtained at the Internet site:
<http://www.dol.gov/dol/esa/dfec.htm>.

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OUR PURPOSE

The Federal Employees' Compensation program provides Federal employees who sustain work-related injury or illness with benefits such as medical care, wage loss replacement, and help in returning to work. Our goal is to provide the proper benefits as quickly as possible.

CONTACTING OWCP

If you have questions after reading this booklet, your supervisor or the Injury Compensation Specialist at your agency may be able to answer them. If they cannot provide the advice you need, use the following information to contact us:

YOUR CASE NUMBER IS LOCATED ON THE ADDRESS LABEL IMMEDIATELY ABOVE YOUR NAME. USE THIS NUMBER FOR ALL COMMUNICATION REGARDING YOUR CLAIM.

Telephone Calls: For case-specific information about an established claim, call OWCP's toll-free, **Interactive Voice Response (IVR) line**. That number is **(866) OWCP-IVR (692-7487)**. This line provides information regarding case status, compensation payments, reimbursement of medical treatment and travel expenses, and authorization of certain medical treatment such as physical therapy. Have your 9-digit case file number and social security number available when calling.

OWCP also has a **National Call Center**. Call **(866) 999-3322** to obtain answers to general questions about the FECA and related Regulations, and to obtain forms or publications. Case specific information is not available from this number.

The phone number for the district office handling your claim is located with the return address. Most district offices have automated telephone systems. Following the menu fully may provide the answer to your question. If you leave a message, please speak distinctly, and be prepared to leave the following information when asked: your name, your case file number, your telephone number (including area code), and a brief message with your specific questions. We need this information to locate your file and address your specific concerns.

We will make every effort to return your call within 3 business days.

Letters: *Please include your case number on all letters, bills, etc. sent to OWCP.* It is also recommended that you keep a copy of all documents sent to OWCP. Please ask specific questions concerning your claim, instead of general questions about its status. **Please write or type clearly on 8-1/2 by 11 paper and write your case number at the top of each page of correspondence, to assist in our conversion to paperless claims.**

You may expect a reply to a specific request in a timely manner.

Office Visits: It is rarely necessary to visit the district office, as most business is done by mail. However, if you do plan to visit the district office, please call ahead and make an appointment so that your case file and claims examiner are available. This will enable us to better serve you.

ADJUDICATING YOUR CASE

If you have filed a **Form CA-1** for a traumatic injury, and have not lost time from work, limited

medical expenses may be paid by OWCP without a formal review of your claim being conducted. In such case, you will not receive a written decision on your claim and may not receive any further correspondence. If you are working with a workers' compensation specialist in your agency, they may be able to advise you if your claim was accepted for "limited medical only".

If we make a formal review of your case, you are responsible for providing enough factual and medical information for OWCP to decide if you are entitled to benefits. We will help you to meet this responsibility, which is called burden of proof, by asking you for the information we need that is not already included in your file. Generally, you should send any additional information in writing. If you are claiming an occupational disease, make sure that you provide all information outlined in the instructions included with **Form CA-2**, as soon as possible.

If we approve your case after formal review and you have lost time from work due to the injury, we will advise you in writing of the acceptance and send you further information about your benefits. If we deny your case, we will provide you with an explanation of why your claim is denied, and advise you fully of your appeal rights, including the time frames for exercising these rights and the offices you should contact.

Disability for Work:

The FECA provides wage loss benefits for periods of disability that are due to a work-related injury or illness. All periods of wage loss must be supported by medical reports showing that you are disabled for work.

It is your responsibility to advise your agency once your physician finds you capable of returning to work in some capacity. You need to arrange for your physician to advise your agency of any physical limitations due to the injury. **Form CA-17** is generally used for this purpose. If your agency can provide suitable employment, you are required to return to work.

Most employees who suffer disabling traumatic injuries are entitled to receive Continuation of their regular Pay (COP) for disability from work. In order to be eligible for COP, you must provide medical evidence showing that you are disabled for work because of effects of the injury. Your employing agency pays COP, and the usual deductions from your salary are made. COP cannot be paid for more than 45 calendar days.

Where disability continues after entitlement to COP ends, compensation from OWCP can be paid. In order to claim disability compensation, complete **Form CA-7**, which may be obtained from your employing agency, and submit it to your supervisor or injury compensation specialist. Be sure to include medical evidence supporting disability for all periods claimed. If compensation is approved and you begin receiving compensation payments from this Office, you should continue to submit **Form CA-7** every two weeks, unless you are notified by this Office that this is no longer necessary.

COP is not payable in claims for occupational disease. **Form CA-7** should be filed to claim compensation beginning with the date that disability for work begins.

MEDICAL CARE

The FECA provides medical benefits and services needed to treat the accepted injury.

Authorization in Traumatic Injury

Claims: If you are claiming a traumatic injury, your employing agency may have issued you a **Form CA-16** so that you could obtain medical treatment right away. This authorization covers non-surgical treatment and continues for up to 60 calendar days. If your case is approved, you will remain entitled to medical treatment for your accepted condition. However, if your case is denied, the authorization provided by **Form CA-16** will not be valid after the date of denial. **Form CA-16** is not issued for occupational disease cases.

Initial Choice of Physician: You have the right to select the first doctor who treats you for your injury. If that physician refers you to a specialist, we will honor that referral as long as it is for the work-related condition. If you are seen by a physician designated by your employer first, you still have the right to choose your treating physician.

If you wish to change physicians from this initial choice, you must request approval from OWCP. Send a letter stating your reasons for wanting this change, along with the name, address and specialty of the physician to whom you wish to change. We will advise you of our decision in this matter. We will only pay bills from the physician you chose first, until a change in physician is approved.

Chiropractic Care: The FECA recognizes chiropractors as physicians **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. This subluxation must be shown by x-ray to exist. The x-ray **must** be taken shortly after the claimed injury. The chiropractor's report **must** provide an exact diagnosis of your condition based upon this x-ray and explain how the subluxation is related to the claimed injury. Referrals by a chiropractor for other treatment must be approved by OWCP in advance.

Physical Therapy: If your injury requires physical therapy, OWCP can authorize it for 120 days from the date of injury. We will need further medical support for physical therapy beyond 120 days.

Surgery and Other Procedures: OWCP must approve in advance any surgery other than emergency surgery (that is, a procedure which must be performed right away to preserve life or the function of an organ or body part). You should contact OWCP for authorization at least 30 days before the intended date of the procedure. We will advise you of the information needed to determine whether OWCP can pay for the requested procedure.

MEDICAL BILLS

Bills from Medical Providers other than hospitals and pharmacies should be submitted to this Office on **Form HCFA-1500 (also known as OWCP-1500)**. This is a standard medical billing form that is readily available to all medical providers. Please be sure your case number is printed in block 8.

Hospital bills should be submitted on **Form UB-92**. The hospital admission/discharge summary should be included with the bill.

Pharmacy Bills: The preferred method of payment is for the pharmacy to directly bill this office **electronically**. If your pharmacy is unable to use this method, they may submit their bills on the **Universal Claim Form** or its equivalent.

Reimbursements to you for bills you have paid must still be submitted on the same, required forms listed above, with proof of your payment. It is useful to include **Form CA-915** with all requests for reimbursement. **Travel** reimbursements must be submitted on **SF-1012**, available at your personnel or injury compensation office. Pharmacy reimbursement claims must include the **Universal Claims Form** and the vendor's **tax ID number**.

ADDITIONAL INFORMATION

Other information you may need to know right away is stated below. Further questions may be addressed to the district office handling your case.

Attorneys and Representatives: You do not need the services of an attorney or representative to claim benefits under the FECA. However, you may obtain such services if you wish to do so, at your own expense. Before we can release information to or discuss your case with any representative, including a family member, we will need a statement signed by you, stating that you designated a particular individual to represent you in reference to your claim with OWCP.

Change of Address: If your mailing address or telephone number changes, notify us promptly in **writing** over your signature. We cannot accept these changes over the telephone.