



INJURY/WORKERS' COMPENSATION CHECKLIST

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| 1. | <p><u>Report Injury – MUST SUBMIT CA-1 OR CA-2 TO RECEIVE OWCP CLAIM NUMBER</u></p> <ul style="list-style-type: none"> ■ Electronically submit CA-1, Traumatic Injury or CA-2 Occupational Disease ■ Website: https://www.ecomp.dol.gov/# Ensure that TSL1.1 or 1.2 security protocols are enabled on internet browser (Click on the Tools icon (blue gear) and select "Internet options" Click on the "Advanced" tab and scroll down to the "Security" section. Under the "Security" section, select "Use TLS 1.0", "Use TLS 1.1" and "Use TLS 1.2" Click "OK") ■ Once ECOMP site is accessed, Click: File Form ■ See User Guide for filing forms: https://www.ecomp.dol.gov/content/help/FilingFormsAsAnInjuredWorker/index.html ■ For Recurrence Claims, submit CA-2A MANUALLY to ICPA |
| 2. | <p><u>Notify Safety</u></p> <ul style="list-style-type: none"> ■ Report the incident to local Safety Office ■ DO NOT PROVIDE SAFETY WITH OWCP CLAIM FORMS ■ If the Safety Office asks for copies of OWCP claim, notify the Injury Compensation Program Administrators (ICPAs) or DON FECA Program Manager |
| 3. | <p><u>Provide Medical Documentation – MUST BE SIGNED BY A PHYSICIAN (Medical Doctor)</u></p> <ul style="list-style-type: none"> ■ CA-20, Attending Physician's report (each time medical treatment is received and/or office visit, <i>form must be returned directly to the ICPA</i>) ■ CA-17, Duty Status Report (good practice for completion after each change in treatment- <i>form may be returned to supervisor</i>) ■ INJURED EMPLOYEE MUST NOTIFY PHYSICIAN THAT AGENCY OFFERS LIGHT DUTY |
| 4. | <p><u>Claim Continuation of Pay (COP) – Must be supported by Medication Documentation</u></p> <ul style="list-style-type: none"> ■ 45 Calendar days entitlement following date of traumatic injury (CA-1 must be received within 30 days of the date of injury) ■ Medical documentation must be submitted to ICPA within 10 workdays or the agency may stop COP ■ Timekeeping for COP: "LU" for date of Injury & "LT" 45 days lost time after injury ■ Four digit codes for time card are month and day of injury ■ If claim is denied, change COP to Sick Leave (LS), Annual Leave (LA) or other applicable leave status |
| 5. | <p><u>Obtain Medical Authorization – Must be supported by medical justification</u></p> <ul style="list-style-type: none"> ■ Physician requests authorization: Phone (866-335-8319) or fax (800-215-4901) or Website: http://owcp.dol.acs-inc.com/ for request forms ■ Medical Provider must have ACS Provider Number to receive authorization ■ Physician must state IDC-10 Code (diagnosis code), CPT (Procedure code), and OWCP Claim Number; requested treatment/procedure must match accepted condition |
| 6. | <p><u>Claim Compensation after 45 days of COP – Must be supported by Medical Documentation</u></p> <ul style="list-style-type: none"> ■ May choose to go in LWOP (Leave without Pay) status or use sick/annual leave ■ If in LWOP status, complete CA-7, Claim for Compensation AND CA-7a, every two weeks until notified otherwise by OWCP or ICPA ■ Submit SF-1199A, Direct Deposit along with first CA-7 submitted ■ After 80 hours of LWOP, submit SF-52 to HRO requesting LWOP (KD) status ■ Pay Rate is 75% of salary with dependents and 66% without dependents ■ If choosing to use sick/annual leave and want to buy the leave back, must complete CA-7 AND CA-7b |
| 7. | <p><u>Submit Medical Bills</u></p> <ul style="list-style-type: none"> ■ Submit bills electronically via billing portal: http://owcp.dol.acs-inc.com/ ■ Medical Provider must have an ACS Provider Number to receive payment ■ Bills submitted manually must be submitted on HCFA-1500, OWCP-1500 or UB-92. ■ Mailing address: Department of Labor, P.O. Box 8300, London, KY 40742-8300 ■ ACS Customer Service (844-493-1966) |
| 8. | <p><u>Submit Reimbursement Claims</u></p> <ul style="list-style-type: none"> ■ OWCP-915, Medical expense reimbursement, submit with required documentation ■ OWCP-957, Travel Reimbursement, submit with medical documentation ■ Send completed forms, along with medical documentation, to Department of Labor, P.O. Box 8300, London, KY 40742-8300 |
| 9. | <p><u>Agency Point of Contact:</u></p> <ul style="list-style-type: none"> ■ Workers Compensation Program Administrator: George Martinez, (831)656-1187, gcmartin@nps.edu |