

USDA FSIS Workers' Compensation Guide

HUMAN RESOURCES BUSINESS SYSTEMS DIVISION

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INTRODUCTION

When an accident occurs, employees and supervisors are confronted with an array of forms and procedures required to successfully achieve the physical mending and financial compensation of the injured party to return them to safe and efficient performance of their duties. This GUIDE is an attempt to sort through those forms and procedures to clearly define the information necessary for attaining the recovery process. Careful attention to these instructions in completing the required forms will enable the Office of Workers' Compensation Programs (OWCP) to timely evaluate injury/occupational cases and render decisions concerning payment.

Keep in mind that all injured Federal employees' claims flow through the Office of Workers' Compensation (OWCP), Department of Labor (DOL). Their workload is heavy, and the more help we give them, the better and faster job they can do for the agency. Your continued cooperation is appreciated. The Food Safety and Inspection Service (FSIS) Workers' Compensation Group (WCG) has very experienced Specialists and Technicians to assist you in any way they can.

It is crucial for information to flow freely between the field supervisor, the injured employee, and the compensation claims technician, Specialist, and District Office. Requests for additional information from OWCP or WCG are not meant to hinder the supervisor's duties but to present a complete package to OWCP, expediting financial relief for the injured employee.

The materials in this GUIDE are general and intended for all supervisors and employees in FSIS. You may periodically receive updates to this GUIDE and supplemental information via email. These procedures are important for every supervisor/employee to keep handy. We must all work together to be successful.

WORKPLACE INJURIES

A workplace injury can occur in a single day or over time.

A traumatic injury is defined as a wound or other condition of the body caused by external force, including stress or strain. The injury must be identifiable by time and place of occurrence and member of the body affected; it must be caused by a specific event or incident or series of events or incidents within a single day or work shift.

An occupational injury/illness under FECA is a condition produced in the work environment over a period of longer than one workday or shift. Occupational Disease is caused by infections, repeated stress or strain, or prolonged exposure to work environments over multiple days (e.g., hearing loss, carpal tunnel syndrome, tendonitis).

FSIS employees who have suffered a work-related injury/illness can file a workers' compensation claim using the Employees' Compensation Operations and Management Portal (ECOMP), hyperlinked [here](#). ECOMP is an electronic reporting system that also enables employees to manage their claim. For the ECOMP registration tutorial, click on the attached hyperlink [here](#).

To Get Started, The Employee Will Need:

- An account with ECOMP, tutorial [here](#).
- Government organization name/code (OFO, OM, OIEA, etc.) and supervisor's name and email address
- Details of the injury/illness (place, time, extent of injury)
- Medical documentation in electronic format (if available)

Once the employee has registered and logged into ECOMP he/she must select the type of claim they are filing (more info. enclosed on the different claims). Options include the following:

1. Form CA-1 - Traumatic Injury (injury occurred on one day or one shift),
2. Form CA-2 - Occupational Disease Claim (injury developed over multiple days/ shifts), or
3. Form CA-7- Claim for Compensation. ***NOTE: the employee must have an accepted claim prior to submitting a for CA-7- Claim for Compensation.***

FORMS AND PROCESSES

FORM CA-1- TRAUMATIC INJURY

Electronic Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation is used to report the occurrence of a traumatic injury. A traumatic injury is defined as a wound or other condition of the body caused by external force, including stress or strain. The injury must be identifiable by time and place of occurrence and member of the body affected; it must be caused by a specific event or incident or series of events or incidents within a single day or work shift. 20 CFR Part 10. CA-1 also functions as the injured employee's claim for 'Continuation of Pay' (COP – Code 67). Refer to page 11 for more information on COP. OWCP will not pay any medical expenses or even establish a case file until the CA-1 is received.

The CA-1 should be submitted immediately after the injury occurs. Once the employee has completed their portion of the electronic form, the form should be forwarded to the immediate supervisor to complete their portion of the form.

EMPLOYEE RESPONSIBILITY

- Create an account in ECOMP (refer to page 3)
- Access ECOMP with username and password and submit CA-1. Videos/instructions for completing the CA-1 can be found hyperlinked [here](#).
- Employees should ensure they have their duty station address and the CORRECT spelling of their supervisor's name and CORRECT email address for their supervisor prior to beginning the process.

SUPERVISOR RESPONSIBILITY

- When an employee submits a CA-1, the Supervisor will receive an e-mail notification that an employee has submitted a work-related claim.
- Supervisors will need access ECOMP with username and password.
- Videos/instructions for filling out the supervisor portion of the CA-1 can be found hyperlinked [here](#).
- When you finish your portion, if prompted, enter: askworkerscomp@usda.gov
- Click "Submit" to complete your part.

FORMS NEEDED FOR TRAUMATIC INJURIES AT WORK

IF	AND	THEN COMPLETE
No Medical Expense	No Lost Time	Form CA-1
No Medical Expense	Lost Time	Form CA-1
Medical Expense	No Lost Time	Form CA-1; CA-16
Medical Expense	Lost Time and Less Than 45 Days COP	Form CA-1; CA-16; CA-17*
Medical Expense	Lost Time and Beyond 45 Days COP	Form CA-1; CA-16 CA-17; CA-7**; CA- 20***

* CA-17 – Given to employee each time they have a doctor’s appointment. Advise employee to return it to their official supervisor for review, comment and forwarding to HRFO, right after their appointment. Physician may have their own version of the form or Form CA-20 may be used. As long as it contains the same information including the date of the next appointment it is acceptable for WCG.

** CA-7 - Given to employee if they choose to take Leave Without Pay (LWOP) and have OWCP compensate them for loss of wages due to disability for a work-related injury. Also used for schedule awards and Leave Buy-Backs.

*** CA-20 – Employee should have this form completed if they are filing Form CA-7, Claim for Compensation, each time they have a physician’s visit. OWCP may withhold compensation until a detailed doctor’s report is received.

These forms are not intended to replace any of the other forms the Agency may require to be filed in conjunction with OSHA, IPSA, or other Agency requirements regarding plant hazards.

FORM CA-16- AUTHORIZATION FOR EXAMINATION AND/OR TREATMENT

Form CA-16 is used to authorize examination and appropriate medical care when an employee sustains a TRAUMATIC INJURY ONLY.

The WCG office routinely gets requests for authorizations from medical providers for physical therapy, diagnostic testing, etc., for claims where cases have not yet been created. Therefore, the DOL is unable to authorize any kind of medical treatment, which may delay the employee's period of disability. In many cases, when an employee experiences a traumatic injury a CA-16 has been issued. The CA-16 is a contractual obligation to pay for medical services by or under the direction of the provider whose name appears on the form.

Because the CA-16 is like a "blank check" charged to our Agency, it is extremely important that the supervisor complete the form in full before the employee takes it to the physician.

- Form CA-16 should be issued within four hours of traumatic injury, but no more than 48 hours due to individual circumstances.
- If the supervisor doubts whether the employee's condition is related to the employment, he or she should indicate that on the CA-16, Section 6, (B)(2).
- If there is not time to complete a CA-16, the supervisor may authorize treatment by telephone or email.
- An employee may NOT use the CA-16 to authorize his/her own treatment.
- If a CA-16 is issued to a chiropractor for emergency care and the condition diagnosed is other than subluxation. OWCP will honor the charges incurred and terminate the authority of Form CA-16. USDA - FSIS will not allow the use of Continuation of Pay - Code 67 if the diagnosis from a chiropractor is other than subluxation.
- Form CA-16 is valid for a period not to exceed 60 days from the date the supervisor signed it or OWCP terminates the form in writing, whichever occurs first. This includes referrals to the family practitioner for follow-up care, specialists, physical therapy, x-ray or laboratory or emergency surgery. The attending physician would list the referral on Form CA-16, Box 33.
- Form CA-16 does not cover elective surgery.
- Email AskWorkersComp@usda.gov if a CA-16 is needed.
- Instructions on the completion of the CA-16 are attached to the form.

COMPLETION OF CA-16 BY AGENCY OFFICIAL/ SUPERVISOR

Must use black ink. If your writing is faint or not legible, please ask for assistance. These forms are scanned by OWCP. Keep a copy and advise the employee to keep a copy for further treatment within the 60-day period.

Part A – Authorization

Box 1 – Name and address of the
Physician or Medical Facility

Enter complete name and address.

Boxes 2-4 are self-explanatory.

Box 5 – Description of Injury/Disease

Be specific in describing the nature of the injury. This is what the physician may need to use to describe how the incident is related to the claimed medical condition.

Box 6 – Authorization Section

Check Box 1 or 2 under B. Generally, you will check box 1 to furnish the treatment as necessary. Only if there is grave doubt or a lapse in request for medical treatment would you check box 2.

Box 7 – OWCP Approval

Provided by WCG.

Boxes 8-11 are self-explanatory.

Box 12

This will be completed by the WCG and forwarded to OWCP with the initial CA-1, or if received after, forwarded to OWCP when a claim number is issued.

Box 13

Use the WCG Minneapolis address:
Human Resources Business Systems Division
Work/Life Services Branch
Workers Compensation, FSIS USDA
250 Marquette Ave. Suite 410
Minneapolis, MN 55401-2239

EMPLOYEES AND THE CA-16

Bring a copy of the original completed form to each provider you are seeing. The period under obligation is 60 days and is good for examination, referral to other medical providers, laboratory tests, diagnostic tests (MRIs, CT scans, for example), physical therapy (when authorized by the physician whose name appears on the CA-16), hospitalization and emergency surgery. Non-emergency surgery must have prior approval.

If physical therapy is needed beyond the 60-day window of treatment, you must have approval from OWCP. The request should be as specific as possible concerning the type of therapy, frequency, duration, and must be requested on the DOL Physical Therapy Authorization Request form.

If surgery is requested, the report should include the history of injury, course of treatment, the results hoped to achieve and must be requested on the DOL General Medical and Surgery Request form.

It is hoped that with the proper use of the CA-16, the issue of waiting for authorizations, which providers and employees endure, will be eliminated.

CA-16 PART B- ATTENDING PHYSICIANS REPORT

The injured employee takes the CA-16 completed by the agency to the physician or medical facility listed in Box 1.

The medical facility should complete Boxes 14 through 38 and have the employee take the form back to their supervisor for review and submittal to the WCG. If time is essential, the completed form may be emailed or mailed directly to the WCG.

When Box 33 on the CA-16 has a referral, a copy should be retained by the referring medical provider and the employee.

The injured employee should take the instructions for Form CA-16 with them to their medical provider. This explains the authorization, use of consultants, reports required, release of records, and billing for their services. (see pages 27-28 for additional information about physician assistants and nurse practitioners and chiropractors).

CONTINUATION OF PAY (COP)

NOTE: COP applies traumatic injuries only.

If an employee is unable to work due to a job-related traumatic injury, they are COP for up to 45 calendar days. The USDA continues the pay (not OWCP) using Transaction Code 67 on the employee's Time and Attendance Report. The employee must submit medical documentation to the WCG within the specified time frames, or COP (Code 67) may be denied.

To use Code 67, administrative justification by physician documentation within 10 calendar days is required. This can be done via Form CA-16, CA-20, or the physician's chart notes, which should include a history, diagnosis, test or x-ray results, dates of disability (work tolerance limits), and the next doctor appointment date. The employee should provide this to their supervisor, the WCG, and upload it via ECOMP. The supervisor should forward any information they receive to the WCG within the 10-day period. The documentation must explain which medical restrictions cannot be met at the work site and why. This process should be repeated for each appointment with a physician, therapist, or specialist.

The supervisor and/or WCG may stop Code 67 in several circumstances. These include the following:

- Injury is controverted by the supervisor and/or the compensation claims technician (see page 23 under "controverting or challenging" a claim).
- The employee does not provide the supervisor and the WCG with medical evidence of a disabling traumatic injury within 10 calendar days of claiming the COP or the date disability began, whichever is later.
- The employee's physician has found the employee to be partially disabled and the employee refuses or fails to respond to a verbal or written offer of suitable work.
- The employee's scheduled period of employment ends (must be set before the date of injury).
- A preliminary written notice of termination or other action was issued before the injury occurred and the termination or other action became final during the 45 calendar days of COP.

Supervisors and/or Timekeepers must ensure that pay code 67 is not continued for more than 45 calendar days. The WCG will send a letter to the employee informing them of the end date of COP as soon as the CA-1 is received.

NOTE: If the employee's claim is denied, immediately following, the COP will be recouped with their own leave or LWOP and they will receive a bill from National Finance Center (NFC).

FORM CA-2- OCCUPATIONAL DISEASE OR ILLNESS

Electronic Form CA-2 is used to report the occurrence of an occupational disease or illness. The definition of an occupational injury/illness under FECA is a condition produced in the work environment over a period of longer than one workday or shift. Occupational Disease is caused by infections, repeated stress or strain, or prolonged exposure to work environments over multiple days (e.g., hearing loss, carpal tunnel syndrome, tendonitis). The employee has 3 years to file a claim.

Bills for exams, medical treatment, or medicine must be covered by employee's personal health insurance.

Example: If an employee comes to a supervisor and indicates that they think they have carpal tunnel syndrome, the supervisor will instruct them to register in the ECOMP system and complete and submit an electronic CA-2 form.

IMPORTANT: In addition to completing the CA-2, both the employee and supervisor must complete narrative statements as described in the instructions attached to the form. As explained in the instructions, the supervisor must also obtain various records and statements from others (previous medical reports of non-work-related injuries and a specific job description). The information and the detailed medical report should be submitted along with the CA-2, if available.

Timely submission also ensures that the injured worker receives the OWCP benefits available to them, such as medical care, compensation for loss of wages without substantial interruption, and the assignment of an OWCP nurse.

EMPLOYEE RESPONSIBILITY

- Create an account with ECOMP (refer to page 3)
- Access ECOMP with username and password and submit a CA-2. Videos/instructions for completing the CA-2 can be found hyperlinked [here](#).
- Complete Narrative Statement.
- Attach medical records/reports.

SUPERVISOR RESPONSIBILITY

- Supervisor will receive an e-mail notification that an employee has submitted a work-related claim.
- Supervisors will need to access ECOMP with username and password.
- Videos/ instructions for completing the Supervisor portion of the CA-2 can be found hyperlinked [here](#).
- Complete narrative statement.
- When you finish your portion, if prompted, enter: askworkerscomp@usda.gov.
- Click "Submit" to complete your part.

NOTE: The Supervisor should not hold the CA-2. Any additional evidence can be provided when available.

NOTE: If the Supervisor has reason to disagree with/challenge the claim statements/documents presented by the Employee, he/she should note accordingly on the CA-2 (in Field 35) and, if necessary, attach any additional page(s) of supporting documentation

FORMS NEEDED FOR OCCUPATIONAL DISEASE OR ILLNESS

IF	AND	THEN COMPLETE
Medical Expense	No Lost Time	Form CA-2 and
Medical Expense	Lost Time	Form CA-2 and Form CA-17* Form CA-7** Form CA-20***

* CA-17 – Given to employee each time they have a doctor’s appointment. Advise employee to return it to their official supervisor for review, comment and forwarding to HRFO, right after their appointment. Physician may have their own version of the form or Form CA-20 may be used. As long as it contains the same information including the date of the next appointment it is acceptable for WCG.

** CA-7 - Given to employee if they choose to take Leave Without Pay (LWOP) and have OWCP compensate them for loss of wages due to disability for a work-related injury. Also used for schedule awards and Leave Buy-Backs.

*** CA-20 – Employee should have this form completed if they are filing Form CA-7, Claim for Compensation, each time they have a physician’s visit. OWCP may withhold compensation until a detailed doctor’s report is received.

These forms are not intended to replace any of the other forms the Agency may require to be filed in conjunction with OSHA, IPSA, or other Agency requirements regarding plant hazards.

FORM CA-7- CLAIM FOR COMPENSATION

Form CA-7 is used to claim compensation for lost wages due to an accepted work-related condition. If employee stops work due to an accepted work-related injury, the employee may choose to have compensation paid to them by OWCP.

NOTE: Employees filing an initial Form CA-7 via e-comp will complete their portion of the form and notify the FSIS WCG at: askworkerscomp@usda.gov. Do not send the initial CA-7 to your supervisor. Any subsequent Form CA-7's should be forwarded to the supervisor.

Claims may be submitted for the following: (NOTE: A separate form will be used for each of the items below)

- Leave Without Pay (LWOP).
- Leave Buy Back.
- Loss of Night Differential.
- Scheduled Award Form CA-7: used to claim compensation for loss of wages, leave buy-backs, and scheduled awards. Seek guidance from the WCG for this process.
- The employee must not be claiming any wages from USDA such as sick or annual leave. In other words, the employee MUST be using Code 71 - LWOP on the T&A for the dates on the CA-7.
- WCG asks that the employee submit a CA-07 inclusive of one pay period at a time. Compensation will not be paid on an accepted claim until the end date on the form has passed.
- OWCP may put an injured worker on the periodic rolls and advise them the CA-7 is no longer necessary. However, medical documentation is still required to be sent after each appointment to the supervisor, the WCG and OWCP.
- If the claim has not been accepted, there will be a delay in payment of compensation by OWCP that could be substantial, especially if there is missing information.
- The employee is NOT required to use their own sick or annual leave before claiming non-pay status and filing Form CA-7.
- If non-pay status will exceed 30 days, a member of the WCG staff will prepare and process an SF-52 showing that LWOP is a result of an OWCP injury.
- A copy of the T&A for the dates shown on the CA-7 will be requested for verification of LWOP status.
- OWCP will NOT pay compensation for loss of wages unless there is medical evidence of disability in the file for the dates claimed and that USDA is unable to offer any alternative employment.
- Form CA-7 should be submitted immediately to the WCG. OWCP requires the Form CA-7 be in the hands of the claim's examiner within seven (7) days of the employee signature date.
- WCG will send an employee a letter explaining their pay options along with Form CA-7 approximately 14 days before the 45 calendar COP period ends. Medical documentation is crucial to prevent lapses in communication/possible income sources.
- OWCP will pay compensation at the rate of 66 2/3% (no dependents or spouse) or 75% (spouse living with them or dependents).
- Compensation does include Base Pay, Night Differential, Sunday Premium and Holiday Premium, NOT Over Time Pay.

EMPLOYEE RESPONSIBILITY

- Access ECOMP with username and password.
- Submit a CA-7. Videos/instructions for completing the CA-7 can be found hyperlinked [here](#).
- Submit every pay period (bi-weekly). *Note: Although you are submitting bi-weekly, DOL pays on a different schedule in accordance with their regulations.
- Employee may not claim compensation for future dates.

SUPERVISOR RESPONSIBILITY

- The supervisor will receive an e-mail notification that an employee has submitted a form CA-7, compensation claim. Note, the supervisor should not receive or fill out the initial CA-07, they will only receive subsequent CA-7's. The initial CA-7 should be sent directly to the WGC via the employee at askworkerscomp@usda.gov.
- Access ECOMP with username and password.
- Complete your portion of the CA-7.
- Video instructions for completing the CA-7 can be found hyperlinked [here](#).
- When you finish your portion, if prompted, enter: askworkerscomp@usda.gov.
- Click "Submit" to complete your part.

UPLOADING DOCUMENTS INTO ECOMP CASE FILE

Once the employee's claim has been submitted to OWCP and a claim number has been established, the employee can submit additional documentation or respond to OWCP inquiries by uploading into their OWCP case file directly on the ECOMP website hyperlinked [here](#). Please note, for the employee to upload a document in ECOMP, they must save the document on their computer so it can be retrieved electronically. In addition, ECOMP only uploads ten documents at a time. If you have more than ten documents, you will have to perform multiple upload requests. Instructional guidance can be found hyperlinked [here](#).

FORM CA-2A- RECURRENCE

NOTE: This form cannot be filed/completed in ECOMP. It must be sent via askworkerscomp@usda.gov. Form CA-2A can be found hyperlinked [here](#).

The definition of recurrence is: An employee who sustained an occupational injury or disease suffers disability for work due to the original injury, and such disability occurs after the employee returned to work following the injury, and the disability is the result of:

1. a spontaneous return of the symptoms of the previous injury or disease without intervening cause, or
2. the need for medical treatment, other than a usual office call, for residuals of the previous condition.

NOTE: If a new incident or injury occurs which precipitates the disability, even if the injury is to the same part of the body previously injured or is new exposure to the same cause(s) of a previously suffered occupational disease, this constitutes a new injury and Form CA-1, or CA-2 should be filed accordingly.

After reading the definition for a recurrence, if the employee feels they meet the definition, they should file Form CA-2A along with a medical report that includes:

- Dates of examination and treatment
- History given to physician by the employee
- Detailed description of findings, including any test results
- Diagnosis and clinical course of condition
- Physician's opinion with supporting explanation as to the causal relationship between the current disability/condition and the original injury.

The employee should be very specific when filling this out.

It is advisable that the employee contact the OWCP District Office where their claim was filed for further direction.

The Supervisor may NOT issue a CA-16 authorizing treatment for a recurrence.

FORM CA-17 Duty Status Report

Form CA-17 is used to provide the Agency and OWCP with interim medical statements on the injured employee's ability to perform their duties or return to some type of work. The form should be given to the employee for each physician's visit.

EMPLOYEE RESPONSIBILITY

Advise employee to bring Form CA-17 (or a reasonable alternative such as Form CA-20 or clinical report) to you immediately to their supervisor each doctor's visit.

SUPERVISOR RESPONSIBILITY

- Supervisor should review Side B of the completed form and attach a statement indicating which medical restrictions cannot be met by the duty station the employee is assigned to.
- The CA-17 and the supervisor statement should be emailed to the WCG within 2 days along with a copy of the general physical requirements. You may need to make revisions because each plant may have its own characteristics. Be realistic but open to any/all adaptations that may be possible without changing USDA's mission/goals.

WCG RESPONSIBILITY

- WCG will review the documents and contact the District Office and/or Supervisor to determine if there are any alternate duties. The District Office and/or Supervisor should look within the commuting area for possible reassignment while employee is recovering from his/her injury.
- USDA has the right to send Form CA-17 directly to the physician for information.
- WCG will generally attach a copy of the general job description to this form when sending to OWCP. If there are any characteristics unusual to your operation, they should be specified on a separate sheet.
- Send a copy of the Work Hardening Program Sheet/Alternative Duty Program memo along with the Form CA-17. This promotes an early return to work.

COMPLETION OF CA-17 BY AGENCY OFFICIAL/ SUPERVISOR

Supervisor must complete side A in black ink. If your writing is faint or not legible, please ask for assistance. These forms are scanned by OWCP. Keep a copy for your records because you may need it in the future.

Side A –

Numbers 1-4 – General Information	Self-explanatory.
Number 5 – Describe How Injury Occurred	Be specific. This is what the physician will use to make a determination.
Number 6 – The Employee Works	Use separate sheet, if necessary, especially if you are including overtime. If overtime is infrequent describe in detail how much.
Number 7 (a-t) – Usual Work Requirements	Be specific. If the employee rotates inspection stations, may stand or sit, adjust the height of the workstation, number of stairs and how often used, etc. Use a separate sheet if necessary.

It is also helpful to indicate the frequency of breaks and whether they are 10 minutes or 15 minutes. Is there an extra break if overtime is worked?

Are there any unusual work requirements specific to your duty station? If so, describe. Is the injured worker required to perform pre-op inspection duties? Is so, how often?

NOTE: Remember this information is important in determining an employee’s ability to return to work.

MEDICAL AND OTHER BILLS FORMS- HCFA-1500, UB92

Employees may advise their medical providers to bill on the form appropriate to their facility (HCFA-1500, hyperlinked [here](#) or UB-92). Until a claim number is established bills may be sent to WCG.

Balance due statements instead of the approved forms cause delays.

You may print a copy of the HCFA-1500 or UB-92 from the OWCP Forms web site. However, most medical providers have a computerized billing system and have automated these forms.

Once a claim number is assigned the employee should notify all medical providers of the claim number and billing address for OWCP.

U. S. Department of Labor DFEC Central
Mailroom
P. O. Box 8300
London, KY 40742-8300

FORM OWCP-915- MEDICAL REIMBURSEMENT

Form OWCP-915, hyperlinked [here](#), is used to seek reimbursement for out-of-pocket medical expenses pertaining to the treatment of an accepted condition. The form can be used to seek reimbursement for expenses regarding medical treatment, prescription medication and medical supplies. It is used by individuals seeking reimbursement for medical expenses related to a work-related injury or illness.

Pharmacies also ask many employees to pay up front even though most of them have the capability to bill OWCP electronically. If an employee pays for a pharmacy bill out-of-pocket, they should also use Form OWCP-915. The instruction explains what required documentation is needed for reimbursement.

FORM OWCP-957-MEDICAL TRAVEL REFUND REQUEST

The OWCP-957 form, hyperlinked [here](#), is used to request reimbursement for out-of-pocket expenses incurred when traveling to medical providers for covered medical testing or treatment. It is used for medically related travel covered by the Federal Employees' Compensation Act, the Black Lung Benefits Act, and the Energy Employees Occupational Illness Compensation Program Act of 2000.

REQUIREMENTS FOR CLAIMS TO BE CONSIDERED FOR ACCEPTANCE

1. **TIME** – What is the time limit for filing?
 - A. **STATUTE OF LIMITATIONS**
 - a. Continuation of Pay – 30 days for filing Form CA-1 from the date of injury
 - b. Compensation - 3 years
2. **CIVIL EMPLOYEE** – What is a civil employee?

Any employee except for non-appropriated fund employees
3. **FACT OF INJURY** – How is ‘Fact of Injury’ established?
 - A. Occurrence of Event – Did it really happen?
 - B. Existence of Medical Condition – Was a physician seen and a diagnosis made?
4. **PERFORMANCE OF DUTY** – How is ‘Performance of Duty’ established?
 - A. Agency Premises:
 - a. Outside working hours
 - b. Representational functions
 - c. Parking facilities
 - d. Agency housing
 - B. Off-Premises Injuries:
 - a. To and from work
 - b. Lunch hour
 - c. Travel status –all activities incident to the travel
 - d. Vehicular accidents
 - C. Other Factors:
 - a. Recreation
 - b. Horseplay
 - c. Assault/Workplace Violence
 - d. Assisting in an emergency
5. **CAUSAL RELATIONSHIP** – Opinions of the supervisor are not considered.
 - A. Kinds –This is a medical issue decided by OWCP
 - a. Direct causation
 - b. Aggravation of pre-existing condition
 - c. Acceleration
 - d. Precipitation
 - B. Medical Evidence
 - C. Consequential and Intervening Injuries

STATUTORY EXCLUSIONS

- A. Willful Misconduct
- B. Intoxication
- C. Intent to Bring About Injury or Death to Oneself or Another

CONTROVERTING OR CHALLENGING THE CLAIM

The supervisor or other agency official may controvert an employee's claim to COP, Code 67 (See page 11 for explanation). Controverting may mean that the Agency is simply objecting to payment of COP for the claimed injury or that the validity of the claim is in question and USDA-FSIS has substantial FACTUAL information and supporting documents.

COP, when controverted, may be stopped ONLY if one of the following conditions apply:

1. The injury is an occupational disease or illness.
2. The injury occurred off the employing agency's premises and the employee was not engaged in official "off-premises" duties.
3. The employee caused the injury by his or her willful misconduct, or the employee intended to bring about his or her injury or death or that of another person, or the employee's intoxication was the proximate cause of the injury.
4. The injury was not reported on a form approved by OWCP (usually Form CA-1) within 30 days of the injury.
5. The employee first reported the injury after employment was terminated.
6. The employee is enrolled in the Civil Air Patrol, Peace Corps, Job Corps, Youth Conservation Corps, work study program, or other group covered by special legislation.
7. The employee is neither a citizen nor a resident of the United States, Canada or the territory under the administration of the Panama Canal Commission (i.e., a foreign national employed outside these areas).
8. The employee comes within the exclusion of 5 U.S.C. §8101 (1) (B) or (E) (which refer to persons serving without pay or nominal pay, and to persons appointed to the staff of a former President).

COP must be continued if the claim is controverted/challenged for any other reason. A few examples may be:

- The employee was not performing his assigned duties when injury occurred.
- The condition claimed is not the result of a work-related injury.
- The employee was not wearing his/her required Personal Protection Equipment (PPE)

If the supervisor controverts the claim, the supervisor or other agency official must provide along with the report of injury (Form CA-1, Box 36), a detailed written objection. If additional pages are needed, they should have the Name, Social Security Number and Date of Injury along with 'Attachment to Form CA-*, Section *, at the top of the page. Examples of factual information would include disciplinary actions taken as a result of the misconduct of the employee, witness statements, pictures, accident investigation reports, or time sheet.

THE EFFECT OF NON-PAY STATUS ON BENEFITS WHILE RECEIVING COMPENSATION FROM OFFICE OF WORKERS COMPENSATION

TYPE OF BENEFIT	EFFECT OF LWOP OR NON-PAY STATUS ON BENEFITS
Accrual of annual and sick leave	No leave is earned in any pay period during the leave year that the total hours in non-pay status equals 80 or a multiple of 80 hours.
Retirement coverage	Coverage continues at no cost to the employee for non-pay time.
Federal Employees Health Benefits (FEHB)	FEHB premiums are deducted from the compensation payments when your compensation is expected to last more than 14 days. Premiums not deducted from salary or compensation is the responsibility of the employee, and the employee must respond to the FEHB options memo regarding payment of the FEHB premiums. FEHB enrollment may terminate after 365 days in non-pay status unless OWCP requests the FEHB enrollment be transferred to OWCP.
Federal Employees Group Life Insurance (FEGLI)	FEGLI premiums are deducted from your workers compensation payments based on information provided by your supervisor on the CA-7 form. FEGLI coverage continues until it terminates because of separation or completion of 12 months in a non-pay status, after which time, you will receive further information from Human Resources about continuing or converting your life insurance.
Thrift Savings Plan	TSP contributions and TSP loan repayments are not deducted from workers compensation payments. Employees should refer to the TSP Bulletin - Effect of Non-Pay Status on TSP Participation
Flexible Spending Account (FSAFEDS)	FSAFEDS is not deducted from workers compensation payments. Employees should refer to the FSA Quick Reference Guide on Leave Without Pay, at.
Federal Dental and Vision Insurance (FEDVIP)	FEDVIP premiums are not deducted from workers compensation payments. When a deduction is missed, the employee may be directly billed by BENEFEDS. Unpaid direct bills may result in termination of coverage. Contact BENEFEDS at 1-877-888-FEDS (1-877-888-3337) for premium payment questions.
Long Term Care Insurance	Federal Long Term Care premiums are not deducted from workers compensation payments. If you pay for FLTC Insurance through payroll deductions, you must pay your premiums directly while in non-pay status or your coverage will be cancelled. Call the Customer Service Center at LTC Partners at 1-800-LTC-FEDS (1-800-582-3337) (TTY 1-800-843-3557) to make alternative payment arrangements.

THIRD PARTY SETTLEMENTS

USDA – FSIS Field Employees are exposed to hazardous working conditions on a daily basis. However, there are many instances when an employee injury is CAUSED by a person or object. This may place a legal liability on a party other than the United States Government to pay the damages. The Government has a subrogation interest (the right to recover any payments it made if the claimant collects money from another source).

“Third-Party” claims include claims against individuals and products. For example, if an employee is struck and injured by a car while in travel status, a suit against the driver could be brought. If a piece of office furniture is defective and causes an injury a suit against the manufacturer can be brought.

Supervisors or Agency Officials are encouraged to include any information regarding possible “third-party” claims on Form CA-1 or CA-2 if they have knowledge. Separate attachments that should be included would be the report investigating the incident filed by the safety committee, agency official, or the supervisor. In the case of a motor vehicle accident, the police report and USDA – FSIS Travel Authorization would be needed.

While a claim is pending against the “third-party”, OWCP continues to provide the full range of medical and compensation benefits authorized by the Federal Employee’s Compensation Act.

Employees that fail to report a suit/settlement against a “third-party” and collect OWCP benefits also may be subject to loss of compensation rights. No court, insurer, attorney, or other person shall pay or distribute to the beneficiary the proceeds of such settlement without first satisfying or assuring satisfaction of the United States. The employee or their representative must contact OWCP with the information and to receive guidance.

PENALTIES

- A. 20 CFR §10.15 addresses the waiver of compensation rights as follows:
No employer or other person may require an employee or other claimant to enter into any agreement, either before or after an injury or death, to waive his or her right to claim compensation under the Federal Employees Compensation Act-FECA. No waiver of compensation rights shall be valid.
- B. 20 CFR §10.15 addresses the criminal penalties in connection with a claim under FECA as follows:
- (a) A number of statutory provisions make it a crime to file a false or fraudulent claim or statement with the government in connection with a claim under the FECA, or to wrongfully impede a FECA claim. FECA Transmittals | U.S. Department of Labor (dol.gov).
 - (b) In addition, administrative proceedings may be initiated under the Program Fraud Civil Remedies Act of 1986 to impose civil penalties and assessments against persons who make, submit, or present, or cause to be made, submitted or presented, false, fictitious or fraudulent claims or written statements to OWCP in connection with a claim under the FECA. FECA Transmittals | U.S. Department of Labor (dol.gov).
- C. 20 CFR §10.17 addresses the effect to a beneficiary who defrauds the government in connection with a claim for benefits. FECA Transmittals | U.S. Department of Labor (dol.gov).
- (a) Penalties for falsification of reports are as follows:
 - 1. EMPLOYEES who knowingly file fraudulent claims may be punished by a fine and/or imprisonment.
 - 2. EMPLOYEES who aid another employee in filing a fraudulent claim may be punished by a fine and/or imprisonment.
 - 3. OFFICERS or EMPLOYERS of the United States Government responsible for making reports such as an “OFFICIAL SUPERIOR: who fails, neglects, or refuses to make a report of injury or files a false report shall be fined and/or imprisoned.

NURSE PRACTITIONERS AND PHYSICIAN'S ASSISTANTS

If an employee receives medical documentation or brings that to a supervisor from a CDP or PA, be advised that USDA will not accept the medical documentation unless the physician supervising and reviewing the work has signed off with his opinion and agreement. The medical provider should be advised of this requirement so that benefits are not withheld. MD opinions and signatures are required under FECA.

CHIROPRACTORS

20 CFR §10.311 indicates special rules for the services of chiropractors. Services of chiropractors that may be reimbursed are limited by the FECA to treatment to correct a spinal subluxation.

A chiropractor may interpret his or her x-rays to the same extent as any other physician. To be given any weight, the medical report must state that x-rays support the finding of spinal subluxation. The bottom line is that OWCP cannot reimburse employees for services provided by a chiropractor unless the chiropractor (1) has taken an x-ray of the spine and (2), certifies that the x-ray shows that a “subluxation” exists. Numerous cases have been appealed to the DOL Employees’ Compensation Appeals Board on this issue and the Board has consistently held that employees are not entitled to reimbursement for chiropractic services unless both specific limitations are met.

Because of these limitations, employees contemplating reimbursable chiropractic treatment under the FECA should also understand that OWCP has defined “subluxation” to mean “an incomplete dislocation, off-centering, misalignment, fixation or abnormal spacing to the vertebrae anatomically which must be demonstrated on any x-ray film to individuals trained in the reading of x-rays.”

In instances where there is conflict between a chiropractor and another physician (e.g., an M.D. with respect to the presence or absence of a subluxation), OWCP will refer the employee’s case and the x-rays to a Board-certified medical radiologist for resolution.

This does not suggest that employees avoid chiropractors – rather, employees should clearly understand that the FECA contains specific limitations on the reimbursable services provided by chiropractors and be guided accordingly.

RETURN TO WORK

FSIS DIRECTIVE 4810.1 rev. 5 October 6, 2023

Through the efforts of many individuals, our Agency has implemented a return-to-work program with success.

If you as the supervisor or other agency official receive medical documentation indicating the employee has limitations or that the employee can perform their full duties but at less than full-time you should contact the WCG for your area to coordinate the writing of the agreement.

Employees working under this program receive their regular rate of pay for the hours they work. For the non-duty hours, up to 8 hours, the employee will continue to be covered under the OWCP program (may be COP, LWOP, Sick Leave, Annual Leave).

Failure to participate in available programs may be grounds for reduction or termination of OWCP benefits to the employee.

Supervisors or District Office Personnel: Give Form CA-17, copy of job description with the physical requirements and the Work Hardening Narrative (page 60) to the employee to take to their physician. Advise employee you would like a response right after their appointment. FECA regulations prohibit USDA from contacting physicians by telephone.

ALTERNATIVE DUTY PROGRAM (ADP)

NOTE: Supervisors must work with the WCG to develop these letters. Do not create your own ADP letter.

Assigning Work

Employees who file a claim with OWCP for an injury or illness/occupational disease and are restricted from full duty resulting in lost time, will be returned to work as soon as medically possible. When a medical release from a physician includes “light or alternate duty” restrictions, employees may be assigned work as part of the Agency’s ADP. This program includes assigning work:

1. Within an employee’s accepted medical restrictions.
2. Within the employee’s current duty station or commuting area.
3. At one or more duty points.
4. Using a combination of inspection and administrative tasks for which the employee is trained or can be trained using on the job training.

Responsibilities:

1. Employees

- a. Generally during the first treatment, give the physician the Agency’s letter referencing return-to-work programs and in cases of traumatic injury, a copy of acceptable medical documentation is provided to document the employee’s medical restrictions resulting from the injury.
- b. The employee will submit written medical release certificates to return to duty with any physical restrictions noted to the supervisor immediately or within 48 hours.
- c. Upon receipt of the ADP memo, the employee will report to the alternative duty assignment as directed and perform assigned tasks.
- d. Failure to follow these procedures may compromise benefits or result in disciplinary action.

2. Supervisors

- a. Contact the WCG immediately upon receipt of a medical release with performance or duty restrictions as noted on medical documentation. Provide a copy of this documentation to the WCG and keep a copy in your electronic files (separate from personnel files and PII protected).
- b. Work with WCG to develop alternative job duties within the restrictions provided on the documentation. On receipt of the ADP letter and Alternative Duty Assignment Worksheet from the WCG, identify which tasks could be assigned at any and all work locations in the commuting area of the employee’s duty station. This includes inspectional or administrative tasks in support of the Agency’s mission that is within the direct or delegated jurisdiction of the supervisor. Communication between the supervisor and Program office is required when assigning alternative duties to employees. Within Office of Field Operations, communication is with the District Office.
- c. Return the completed checklist to the WCG via email by the date indicated in the memo.
- d. Where the employee is released to alternative duties, issue the assignment letter received from the WCG to the employee describing alternative duty tasks that will be temporarily assigned during the recovery period.

3. Workers Compensation Group

- a. Upon notification by a supervisor that an employee has been released with medical restrictions, forward the ADP letter and Alternative Duty Assignment Worksheet to the supervisor by email.
- b. On receipt of the completed checklist from the supervisor, tasks are identified for medical suitability and the alternative duty assignment memo is provided to the supervisor to issue to the employee. Appropriate supervisory levels receive copies of the assignment letter.

- c. Assignments under this program will be for up to 90 days in duration. Extensions may be granted for an additional 30 days when appropriate and where updated medical documentation substantiates an extension. Only under very limited circumstances will additional extensions be granted beyond a total of 120 days in an alternative duty assignment. Approval authority for extensions resides with the WCG after consultation with the appropriate Program Manager of the affected employee.

WORK HARDENING PROGRAM (WHP)

A. Benefits. Employees recovering from on-the-job injuries or illnesses are often released to return to their assignments with the ability to perform all the elements of their positions, but for a limited number of hours daily. The WHP allows employees to return to work with such medically imposed restrictions on a progressively increased work schedule over a period of time as stated in an agreement and signed by the employee. WHP agreements are based on medical documentation and established by the WCG staff in consultation with the appropriate program office, affected employee, and the employee's supervisor.

B. Duration. The duration of this program is generally 2 weeks to 3 months in length, although under unusual circumstances there may be exceptions. The minimum assignment may be as short as 2 hours per day; however, 4 hours is the preferred length of time. For in-plant employees, the exact starting time during the shift is at the discretion of the Program Official. An example of a work hardening schedule is:

1. Four hours per day for 2 weeks.
2. Six hours per day for 2 weeks.
3. Eight hours per day for 2 weeks.
4. Full duty (with overtime for inspection personnel, if required)

C. Procedure. Work schedule adjustments to the injured employee's agreement may be made as necessary when supported by appropriate medical documentation. Adjustments require concurrence by the Program Official. WCG prepares and distributes revised agreement incorporating the adjustments.

D. Agreement Outlining Provisions of Return to Duty. Once an injured employee has been approved to participate in the WHP, the employee receives a written agreement from WCG outlining the terms and conditions of the WHP.

1. The Agency provides an agreement to the injured employee outlining terms for a gradual return to a normal work schedule. The agreement includes the specifics of the WHP, the dates of return to duty, and the progressive hours of work.
 2. Employees working under this program will receive their regular rate of pay for the hours they work. For the non-duty hours, the employee will continue to be covered under OWCP benefits and receive compensation, based on their dependent status.
 3. The injured employee is given 7 calendar days to accept or decline the offer. The employee's decision must be in writing. A declination of a work hardening agreement may be cause for OWCP to terminate compensation benefits (except for medical benefits), if reasons for the declination are unacceptable to OWCP. Failure to respond is considered a declination.
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FORMS AND DESCRIPTIONS

FORMS	DESCRIPTION
CA-16	Request for Examination and/or Treatment (Not Available Online)
CA-17	Duty Status Report
CA-20	Attending Physician's Report
CA-2a	Notice of Recurrence
OWCP-915	Claimant Medical Reimbursement Form (provided by health care provider)
OWCP-957	Travel Voucher (employee submits directly to DOL)
HCFA-1500	Health Insurance Claim Form (for physicians, therapists, etc.) (provided by health care provider)
UB-92	Uniform Health Insurance Claim Form (for hospital use) (provided by health care provider)
CA-5	Claim for Compensation by Widow, Widower and/or Children
CA-6	Official Supervisor's Report of Employee Death

Please note that every commonly used hard copy CA-form has subsequent information attached to it. These forms are available at the DOL website [here](#). By following the general directions on the forms and the tutorials hyperlinked in this GUIDE, you should have a good start on conquering the OWCP program. Always remember that this is a partnership. We must all do our part in order to make the process work. Working together can eliminate misunderstandings which cause problems and delays for all of us.

RESOURCES

DIRECTIVE:

FSIS 4810.1 rev 5 (Nov 2023), hyperlinked **here**: On-the-Job Injury and Illness Compensation and Prevention Program

POINTS OF CONTACT:

- Workers' Compensation Group: AskWorkersComp@usda.gov
- DOL Claims Examiners: 202-513-6860

FSIS WORKERS' COMPENSATION OFFICE ADDRESS:

*Human Resources Business Systems Division Work/Life Services Branch
Workers Compensation
FSIS USDA
250 Marquette Ave. Suite 410
Minneapolis, MN 55401-2239*

BILLING ADDRESS FOR OWCP:

U. S. Department of Labor DFEC Central
Mailroom
P. O. Box 8300
London, KY 40742-8300

WEBSITES:

- U.S Department of Labor, Division of Federal Employee Compensation hyperlinked **here**.
- Office of Workers' Compensation Programs Code of Federal Regulations Entries (CFR) Title 20 hyperlinked **here**.

QUESTIONS BILLS/ REIMBURSEMENTS:

Questions about bills, reimbursements and authorization for medical procedures and physical therapy were consolidated to a central system, OWCP Medical Bill Processing Portal. This service includes toll-free phone lines, (844) 493-1966, and their website hyperlinked **here** can be accessed by the injured worker or the medical provider to check on the status of a bill or reimbursement. The claim number, date of birth and dates of service will be needed when calling or accessing on-line.

NEED TO UPLOAD A DOCUMENT?

Stakeholders and interested parties can use ECOMP to upload documents to active FECA cases. You can upload letters, medical reports and other supporting documentation and respond to OWCP inquires. Instructional guidance is hyperlinked **here**. You will need the official FECA Case Number and other identifying information to use this feature.

OWCP-915, OWCP-957

Do NOT upload Medical or Travel reimbursement forms (OWCP-915, OWCP-957). Doing so will unnecessarily delay the processing of your reimbursement claim. Medical or Travel reimbursement forms must be mailed to: OWCP/DFELHWC-FECA, P.O. Box 8300, London, KY 40742-8300.

OWCP RULES AND REGULATIONS: Information hyperlinked **here**.

NOTE: The WCG may be able to assist you with questions about the claim, however, OWCP has the final determination in all matters pertaining to your work-related injury.

FINDING A MEDICAL PROVIDER:

To find a medical provider, click on the hyperlink [here](#) and follow the instructions below:

- Click agree
- Enter DFEC as the Program name in the dropdown.
- If you do not have a name, enter City, Zip and indicate within how many miles of that you are looking for a doctor.
- Enter Specialty: i.e. physical therapy.
- Click search. ***You may have to extend your radius if there are no doctors nearby.***
- If you do have a name, enter the provider's name and click search.

NOTE: Always call to verify your doctor still covers Workers' Compensation. All medical providers must be registered with ACS to receive payment for services. Providers may register through the website at <http://owcp.dol.acs-inc.com>