



# Bureau of Indian Education (BIE)

## EMPLOYEE WORKERS/INJURY COMPENSATION CHECKLIST

*The Federal Employees' Compensation Act (FECA), (5 USC 8101et.seq), is administered by the U.S. Department of Labor (DOL), Office of Workers' Compensation Programs (OWCP). Benefits include continuation of pay for traumatic injuries, compensation for wage loss, medical care and other assistance for job-related injury or death.*

**Filing a claim is a voluntary action and the burden of proof is on the employee to provide OWCP supporting documentation**

### REPORT OF INJURY OR OCCUPATIONAL DISEASE/ILLNESS

**Every job-related injury should be reported to your supervisor as soon as possible.**

- Report any work-related injury or illness to your supervisor immediately.
- Medical treatment, if needed: For **traumatic injury**, request supervisor to authorize medical treatment using Form CA-16: Authorization for Examination and/or Treatment.
- Initiate your Incident Report in the DOI, Safety Management Information System (SMIS). Incident Report must be **completed within 7 calendar days.**  
*Injured employees must initiate the process for all safety-related events, including claims for compensation, through SMIS. (485 DM 7 and 25 IAM 6)*
  - VPN (i.e. Globalconnect) connected? Are you on a direct BIA network?
  - Report any issues to Bison Support System (i.e. VPN issues submit IT ticket)
  - Go to: [smis.doi.net](https://smis.doi.net)

### REGISTRATION FOR A DOL, EMPLOYEES' COMPENSATION OPERATIONS AND MAINTENANCE PORTAL (ECOMP) ACCOUNT

**Can use personal computer, tablet, smartphone, or other electronic devices.**

- Register/log in to your ECOMP account. Site: <https://www.ecomp.dol.gov>
- File the claim CA-1 or CA-2. Review "How to file a claim" <https://www.dol.gov/agencies/owcp/FECA/howtofileclaim>

### FILING A CLAIM FORM CA-1 (TRAUMATIC INJURY CLAIM)

**Time limit: 3 years from the date of injury. Must be filed within 30 days to be eligible for Continuation of Pay (COP).**

- Medical documentation required to support time off/lost time from work due to the work injury. Obtain Form CA-17: Duty Status Report and Form CA-20: Attending Physician Report. Ensure your supervisor completes Form CA-17, Side A.
- Review publications CA-10: What a Federal Employee Should Do When Injured At Work, "FECA Program Helpful Information for Claimants" and "FECA Program Claim Process"
- Publications: "Helpful Information for Providers", "Caring for a Federal Worker with an Accepted Claim" and "Enroll as an OWCP Physician Provider" can be provided to any/all treating physicians.
- For additional information:
  - Claimant and Representative: <https://www.dol.gov/agencies/owcp/FECA/claimantandrep>

### FILING A CLAIM FORM CA-2 (OCCUPATIONAL DISEASE/ILLNESS CLAIM)

**Time limit: 3 years from the date first realized the disease/illness was caused or aggravated by your employment.**

- Medical documentation required to support time off/lost time from work due to the work injury. Obtain Form CA-17: Duty Status Report and Form CA-20: Attending Physician Report. Ensure your supervisor completes Form CA-17, Side A.
- Complete Form CA-35: Evidence Required in Support of a Claim for Occupational Disease applicable checklist.
- Review publications CA-10: What a Federal Employee Should Do When Injured At Work, "FECA Program Helpful Information for Claimants" and "FECA Program Claim Process"
- Publications: "Helpful Information for Providers", "Caring for a Federal Worker with an Accepted Claim" and "Enroll as an OWCP Physician Provider" can be provided to any/all treating physicians.
- For additional information:  
Claimant and Representative: <https://www.dol.gov/agencies/owcp/FECA/claimantandrep>  
**For additional information or assistance, contact your IA Workers' Compensation Coordinator (WCC) here:** <https://doimsp.sharepoint.com/sites/bia-ems/iasafety/Lists/Contact/WorkersComp.aspx>

# What A Federal Employee Should Do When Injured At Work



**Report to Supervisor** Every job-related injury should be reported to your supervisor as soon as possible. Injury in this case also means any illness or disease that is caused or aggravated by your employment as well as damage to medical braces, artificial limbs, and other prosthetic devices.

**Obtain Medical Care** Before you seek medical treatment for a traumatic injury, ask your supervisor to authorize medical treatment using Form CA-16. This form may be obtained by contacting your employing agency's workers' compensation personnel. Take this form with you when you seek medical treatment and provide it to the physician/hospital. You have the right to choose the physician you initially see for medical treatment. This may be a private physician or, if available, a local Federal medical officer/hospital. Emergency medical treatment may be obtained without prior authorization. Note that in occupational disease claims, Form CA-16 may not be issued without prior approval from the Office of Workers' Compensation Programs (OWCP).

**File Written Notice** Claim forms must be filed using the Employees' Compensation Operations and Management Portal (ECOMP). Go to [www.ecomp.dol.gov](http://www.ecomp.dol.gov) and register for an account. For traumatic injuries, file Form CA-1 within 30 days following the injury, and for occupational disease claims, file Form CA-2. Once you complete your portion of the claim form, it will be forwarded to your supervisor who will complete the supervisor's portion before forwarding the form for review. You will receive claim status update emails as your claim form is processed. For help filing your claim, click the "HELP" icon found at the top right hand corner of the ECOMP website, and then click the "FECA Claimant-Injured Worker" link.

**Submit Claim for COP and/or Compensation For Wage Loss** If you are disabled due to a traumatic injury, you may elect to use the continuation of pay (COP) benefit for a period not to exceed 45 calendar days or use leave. To be eligible for COP, you must submit a CA-1 within 30 days of the injury. If disabled and claiming COP, you must submit medical evidence supporting your disability to your employing agency within 10 workdays. If you are disabled beyond the COP period, are not entitled to COP, or are disabled due to an occupational disease, you may file a claim for compensation using Form CA-7 at [www.ecomp.dol.gov](http://www.ecomp.dol.gov) or use leave. You will receive claim status update emails as your forms are processed. A claim for compensation for disability should be submitted as soon as possible after it is apparent that you are disabled and will enter a leave-without-pay status.

**Medical Billing** Medical providers must be enrolled with OWCP's medical billing contractor to obtain payment. All providers must submit bills on standard billing forms to the London, KY mailing address or online at [owcpmed.dol.gov](http://owcpmed.dol.gov). The standard billing forms accepted by OWCP are OWCP-1500/HCFA 1500 for Physicians, physical therapists, labs, etc. and UB-92 for hospitals. Claimants may submit bills for reimbursement on forms OWCP-915 and 957.

**Contacting OWCP** If you have any questions regarding your claim, you may contact OWCP at (202) 513-6860 or (866) 692-7487 (866-OWCP-IVR).

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## Post on Agency's Website

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# Duty Status Report

# U.S. Department of Labor

Office of Workers' Compensation Programs



This form is provided for the purpose of obtaining a duty status report for the employee named below. This request does not constitute authorization for payment of medical expense by the Department of Labor, nor does it invalidate any previous authorization issued in this case. This request for information is authorized by law (5 USC 8101 et seq.) and is required to obtain or retain a benefit. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and the OMB Cir. A-130. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

OMB No. 1240-0046  
Expires: 08/31/2026  
OWCP File Number  
(If known)

**SIDE A - Supervisor:** Complete this side and refer to physician

**SIDE B - Physician:** Complete this side

1. Employee's Name (Last, first, middle)

8. Does the History of Injury Given to You by the Employee Correspond to that Shown in Item 5?  Yes  No (If not, describe)

2. Date of Injury (Month, day, yr.) | 3. Social Security Number

4. Occupation

9. Description of Clinical Findings

5. Describe How the Injury Occurred and State Parts of the Body Affected

10. Diagnosis(es) Due to Injury | 11. Other Disabling Conditions

6. The Employee Works  
Hours Per Day | Days Per Week

12. Employee Advised to Resume Work?  
 Yes, Date Advised  No

7. Specify the Usual Work Requirements of the Employee. Check Whether Employee Performs These Tasks or is Exposed Continuously or Intermittently, and Give Number of Hours.

13. Employee Able to Perform Regular Work Described on Side A?  
 Yes, If so  Full-Time or  Part-Time \_\_\_\_ Hrs Per Day  
 No, If not, complete below:

Activity	Continuous		Intermittent	Continuous		Intermittent	
	#lbs.	#lbs.		#lbs.	#lbs.		
a. Lifting/Carrying: State Max Wt.			Hrs Per Day				Hrs Per Day
b. Sitting	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
c. Standing	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
d. Walking	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
e. Climbing	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
f. Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
g. Bending/Stooping	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
h. Twisting	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
i. Pulling/Pushing	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
j. Simple Grasping	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
k. Fine Manipulation (includes keyboarding)	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
l. Reaching above Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
m. Driving a Vehicle (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
n. Operating Machinery (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
o. Temp. Extremes	<input type="checkbox"/>	<input type="checkbox"/>	____ range in degrees F	<input type="checkbox"/>	<input type="checkbox"/>		____ range in degrees F
p. High Humidity	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
q. Chemicals, Solvents, etc. (Identify)	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
r. Fumes/Dust (identify)	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		Hrs Per Day
s. Noise (Give dBA)	<input type="checkbox"/>	<input type="checkbox"/>	dBA Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		dBA Hrs Per Day

t. Other (Describe)

14. Are Interpersonal Relations Affected Because of a Neuropsychiatric Condition? (e.g. Ability to Give or Take Supervision, Meet Deadlines, etc.)  
 Yes  No (Describe)

17. Specialty

15. Date of Examination | 16. Date of Next Appointment

If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodations and/or modifications, please contact OWCP. See form instructions for Requests for Accommodations or Auxiliary Aids and Services

18. Tax Identification Number  
19. Physician's Signature | 20. Date | CA-17 (Rev. 04/2020)

## INSTRUCTIONS FOR COMPLETING DUTY STATUS REPORT (CA-17)

**SUPERVISOR:** Complete Side A and refer the form to the physician to complete Side B. Fill in the address of the Employing Agency and send a copy of this report to the OWCP address noted below. Enter the OWCP file number in the top right corner.

**PHYSICIAN:** Complete Side B, sign and return to the employing agency within 2 days to prevent interruption of the employee's income. Fill in your name and address.

### Medical Facility Name and Address

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### Send Original Report to: Employing Agency Address

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### Send a Copy of this Report to:

**Office of Workers' Compensation Programs  
Division of Federal Employees', Longshore and Harbor Workers' Compensation  
Federal Employees' Compensation Act  
(OWCP/DFELHWC-FECA)  
PO Box 8311  
London, KY 40742-8311**

### Certification

By signing block 19 on the front of this form, the physician certifies as follows:

I certify that all the statements in response to the questions asked on this form ca-17 are true, complete and correct to the best of my knowledge. Further, i understand that any knowingly false or misleading statement, or misrepresentation or concealment of material fact, may subject me to criminal prosecution.

I further understand that this request does not constitute authorization for payment of medical expenses by the department of labor, nor does it invalidate any previous authorization issued in this case.

### Notice

#### Requests for Accommodations or Auxiliary Aids and Services

If you have a disability, federal law gives you the right to receive help from the OWCP in the form of communication assistance, accommodation(s) and/or modification(s) to aid you in the claims process. For example, we will provide you with copies of documents in alternate formats, communication services such as sign language interpretation, or other kinds of adjustments or changes to accommodate your disability. Please contact our office or your OWCP claims examiner to ask about this assistance.

### **Privacy Act Statement**

In accordance with the Privacy Act of 1974, as amended (5 U.S.C.552a), you are here by notified that: (1) The Federal Employees' Compensation Act, as amended and extended (5 U.S.C. 8101, et seq.) (FECA) is administered by the Office of Workers' Compensation Programs of the U. S. Department of Labor, which receives and maintains personal information on claimants and their immediate families. (2) Information which the Office has will be used to determine eligibility for and the amount of benefits payable under the FECA, and may be verified through computer matches or other appropriate means. (3) Information may be given to the Federal agency which employed the claimant at the time of injury in order to verify statements made, answer questions concerning the status of the claim, verify billing, and to consider issues relating to retention, rehire, or other relevant matters. (4) Information may also be given to other Federal agencies, other government entities, and to private-sector agencies and/or employers as part of rehabilitative and other return-to-work programs and services. (5) Information may be disclosed to physicians and other healthcare providers for use in providing treatment or medical/vocational rehabilitation, making evaluations for the Office, and for other purposes related to the medical management of the claim. (6) Information may be given to Federal, state and local agencies for law enforcement purposes, to obtain information relevant to a decision under the FECA, to determine whether benefits are being paid properly, including whether prohibited dual payments are being made, and, where appropriate, to pursue salary/administrative offset and debt collection actions required or permitted by the FECA and/or the Debt Collection Act. (7) Disclosure of the claimant's social security number (SSN) or tax identifying number (TIN) on this form is mandatory. The SSN and/or TIN, and other information maintained by the Office, may be used for identification, to support debt collection efforts carried on by the Federal government, and for other purposes required or authorized by law. (8) Failure to disclose all requested information may delay the processing of the claim or the payment of benefits, or may result in an unfavorable decision or reduced level of benefits.

### **Public Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain a benefit under 5 U.S.C 8101, et seq. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Workers' Compensation Programs, Room S-3229, 200 Constitution Avenue, NW, Washington, DC 20210, and reference the OMB Control Number 1240-0046. Note: Please do not send the completed form to this office.



## INSTRUCTIONS TO PHYSICIAN FOR COMPLETING FORM CA-20, ATTENDING PHYSICIAN'S REPORT

- Box 1 Enter the patient's full name
- Box 2 If not prepopulated, enter the OWCP File Number provided to you by the patient. If unknown, leave blank.
- Box 3 Enter the first known date this patient sought treatment for the work injury.
- Box 4 Enter the date of this examination (i.e. the examination upon which your findings on the form are based).
- Box 5 Provide an explanation as to how the patient's injury or disease occurred. Be as specific as possible.
- Box 6 Detail the patient's objective findings on physical examination as related to the work injury noted in Box 5. Include results of any diagnostic testing performed. Also, please reference any pre-existing injury or condition to the body part(s) affected by the work injury.
- Box 7 Provide specific diagnoses of each medical condition connected to the work injury. Please note that "pain" is not a compensable diagnosis under the FECA.
- Box 8 Provide corresponding ICD codes for each medical condition noted in Box 7.
- Box 9 Address whether the work injury noted in Box 5 is causally connected in any way to the diagnoses in Box 7. Your answer must be fully explained to be accepted by OWCP. **Note that there is no apportionment under the FECA and any contribution from work factors is compensable.** Types of causal relationship under the FECA include:
- Direct Causation. This type of relationship occurs when the injury or factors of employment, through a natural and unbroken sequence, result in the condition claimed.
- Aggravation. This type of relationship occurs if a pre-existing condition is worsened, either temporarily or permanently, by the injury or factors of employment. If you believe the work injury aggravated a pre-existing condition, please indicate whether such aggravation is temporary or permanent and if temporary, when the aggravation ceased or is expected to cease.
- Acceleration. An employment-related injury or illness may hasten the development of an underlying condition, and acceleration is said to occur when the ordinary course of the disease does not account for the speed with which a condition develops.
- Precipitation. A latent condition which would not have become manifest but for the employment is said to have been precipitated by the injury/factors of the employment.
- You may also include any consequential conditions that resulted from the initial work injury or disease. Under the FECA, a subsequent injury, whether an aggravation of the original injury or a new and distinct injury, is compensable if it is the direct and natural result of a compensable primary injury.
- Box 10 Indicate the patient's current disability status:
- Totally disabled: The claimant is unable to perform any and all work. Provide the date disability commenced and the date of anticipated return to regular or modified work.
- Partially disabled, The claimant is incapable of performing the job held when injured, but is capable of some work. Provide the date disability commenced and the date of anticipated return to regular duty work.
- Not disabled: The claimant is capable of performing the job held when injured. Indicate any previous dates of disability.
- Box 11 If you stated the patient was partially disabled in Box 10, please indicate the extent of physical limitations and the type of work that could reasonably be performed with these limitations. A link is provided to Form OWCP-5c, Work Capacity Evaluation, for orthopedic conditions if you would prefer to provide work capacity information separately. The OWCP website at <https://www.dol.gov/agencies/owcp/FECA/regs/compliance/forms> also has work capacity evaluation forms for psychiatric (OWCP-5a) and cardiac (OWCP-5b) conditions if needed.
- Box 12 If you have any additional remarks regarding this patient's work injury, please provide here. If not, leave blank.

Box 13 Please sign and date the form. If you are not a physician, a physician must co-sign and date the form as well. Under the FECA, medical evidence must be submitted by a qualified physician. Nurse practitioners and physician assistants are not considered qualified physicians under the FECA unless the medical report is countersigned by a physician. A "physician" includes clinical psychologists acting within the scope of their practice. Also, under the FECA, a "physician" includes chiropractors only if there is a diagnosed spinal subluxation and it is demonstrated by x-ray.

Box 14-17 Please provide the name, address and tax identification number of the physician signing the form. If the physician is Board-certified in a particular specialty, please indicate such and provide the specific specialty in Box 17.

Please send the completed form and bill to:

**Office of Workers' Compensation Programs  
Division of Federal Employees', Longshore and Harbor Workers' Compensation  
Federal Employees' Compensation Act (OWCP/DFELHWC-FECA)  
PO Box 8311  
London, KY 40742-8311**

NOTE - To expedite the processing of this patient's claim, you can concurrently upload this form directly into their case file using the Employees' Compensation Operations and Management Portal (ECOMP). You can access ECOMP from any internet browser at:

<https://www.ecomp.dol.gov/>

When you access the website, choose the "Upload Document" option. You will be asked to provide the patient's case number, last name, date of birth and date of injury to upload a document. ECOMP will then provide you with a Tracking Number so that you can verify when OWCP has received the CA-20. For more detailed information about this document submission feature, visit the ECOMP website and click "Help."

Important Notes:

A medical report is required by OWCP before payment of compensation for loss of wages or permanent disability can be made to the employee.

This information is required to obtain or retain a benefit (5 U.S.C. 8101, et seq.).

OWCP requires that medical bills, other than hospital bills, be submitted on the American Medical Association health insurance claim form, HCFA 1500/OWCP-1500.

Notice:

**Requests for Accommodations or Auxiliary Aids and Services**

If you have a disability, federal law gives you the right to receive help from the OWCP in the form of communication assistance, accommodation(s) and/or modification(s) to aid you in the claims process. For example, we will provide you with copies of documents in alternate formats, communication services such as sign language interpretation, or other kinds of adjustments or changes to accommodate your disability. Please contact the OWCP claims examiner to ask about this assistance.

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# Federal Employees' Compensation Act (FECA) Program

## Helpful Information for Claimants



**The Division of Federal Employees', Longshore and Harbor Workers' Compensation (DFELHWC)**, adjudicates new FECA claims for benefits and manages ongoing cases; pays medical expenses and compensation benefits to injured workers and survivors; and helps injured employees return to work when they are medically able to do so.

The Office of Workers' Compensation Programs (OWCP) realizes that understanding and navigating a federal program is a challenge for our claimants, their families, and medical providers. We provide an abundance of information and resources on our website and recommend the four actions below to ensure the most expedient handling of claims.

### 1. Register with the Employees' Compensation Operations and Management Portal (ECOMP):

Electronic communications are faster than paper communications, so to speed case actions and communication, we encourage claimants to register in ECOMP. Claimants can view their case and compensation claim status, the documents contained within their case file, medical billing updates (including reimbursements), medical authorization requests with status, and other information relevant to their case.

- Register for an ECOMP account at <https://ecomp.dol.gov/>.
  - » Scroll down to "Need an account? Register."
  - » Click on "**Register.**" (Link is located below "SIGN IN").
  - » Fill in the information under "Account Basics" and continue through the registration process.
- For help registering for an ECOMP account, click on the "**Help**" option found in the top right corner of the ECOMP homepage.
  - » Click on "**FECA Claimant.**"
  - » Click on "**Account Registration.**"
  - » To protect claimant personal information, "**Identity Verification**" is required to access information about FECA claim(s). After registering for an account, claimants should follow step-by-step instructions to verify their identity in ECOMP at <https://ecomp.dol.gov/>.
    - » Click "Help."
    - » Click "FECA Claimant." Click "More Topics."
    - » Click "Identity Verification."



## 2. Communicate with the medical provider(s)

To help their medical provider better serve their needs, claimants should communicate with their providers to share information about their case.



- Share a copy of the OWCP case acceptance letter with their medical team to:
  - » Inform the medical provider that the injury /condition is related to a federal workers' compensation claim and to ensure the provider has the case file number, as the case file number is required on all provider requests for reimbursement.
  - » Inform the medical provider of the accepted conditions, including ICD10 codes allowed for the work-related injury or condition. If additional conditions are determined to be related to the work injury or condition beyond those in the acceptance letter, the physician should provide details in the medical reports and request an expansion of the claim.
- Inform the medical provider(s) that an authorization request may be necessary for certain medical services, such as for any surgery. If required, the medical provider must obtain approval in advance of the planned procedure or treatment.
- Mention to their medical provider that reimbursements for medical services are subject to a timely filing deadline within the calendar year **following** the year in which the medical service was rendered, or the claim was accepted, whichever occurs later.
- Advise medical providers that they can obtain more information about enrollment, authorizations and billing at <https://owcpmed.dol.gov/portal/provider> or by calling the OWCP Bill Processing contractor at **1-844-493-1966**.
- Ensure prescriptions for work-related injuries are filled through the FECA Pharmacy Benefits Management (PBM) program.
  - » Claimants may find more information at <https://feca-pharmacy.dol.gov/home>.
  - » Pharmacies can obtain information about Prescription Benefits and Processing by calling **1-833-FECA-PBM (1-833-332-2726)**.
- **If a case was accepted but has been inactive (no medical treatment/billing and compensation payments to the claimant) for over 6 months, claimants should contact their claims examiner (CE) to check the status of the claim.**
- Contact information related to the FECA program is available on our website: <https://www.dol.gov/agencies/owcp/FECA/contacts/fecacont>



### 4. Claimants may also be entitled to reimbursement for out-of-pocket travel expenses

5. Claimants should request authorization from their CE if they intend to request for reimbursement for flights, hotel, or travel exceeding 100 miles per day.
6. Claimants should submit any travel reimbursement request **after** medical documentation has been submitted to support the travel reimbursement request.

- Claimants may upload documents to support reimbursement claims via the ECOMP portal. <https://ecomp.dol.gov/>
- Claimants should ensure reimbursement claims are received within the calendar year following the year in which the medical service was rendered, or the claim was accepted, whichever occurs later.



## OFFICE OF WORKERS' COMPENSATION PROGRAMS

Federal Employees', Longshore and Harbor Workers' Compensation | Federal Employees' Compensation Act (FECA) Program  
UNITED STATES DEPARTMENT OF LABOR

# FECA Program Claim Process



**File Claim in ECOMP**

Once you **file a claim in ECOMP**, it will route to: 1) your supervisor; then 2) your agency workers' comp personnel; then to 3) OWCP who creates a claim number.

**Receive Claim Status**

Many injuries are minor and straightforward and do not result in missed time at work. The claims system auto-assigns many cases as "Administrative Authorization of Limited Benefits". While in this status, you may still receive medical treatment through OWCP, for your work injury up to an amount not to exceed \$1500.

**Provide Additional Evidence**



If the above status is not assigned (you are notified of this), your claim is 'under development' and additional evidence is required to accept your claim. You should use ECOMP to submit a report from a qualified medical doctor containing 1) a description of your work injury, 2) a medical diagnosis, 3) an explanation of how your medical condition was caused by the claimed work event(s); and 4) any other evidence requested by your OWCP Claims Examiner. You will be given 60 days from receipt of this request via letter to submit this information, but the sooner you provide it the sooner your case can be accepted and medical and/or wage loss benefits can start.

The CE will issue a written decision accepting or denying your claim.

**Receive Claim Decision**



Depending on how quickly you submit evidence, claim decisions may take 75 days for traumatic injuries (occurred in one work shift), 90 days for mildly complex injuries (occurred over more than one work shift), or 180 days for very complex injuries (occurred over more than one work shift).

You have 30 days to request a hearing (may take 5-8 months until resolution). You have 1 year to request a reconsideration (may take 90 days until resolution). You have 180 days to request an ECAB review (may take 1 year until resolution).

**Denied**

**Accepted**



If accepted, you may now bill OWCP for treatment of the accepted condition (you will receive info on this). If you lose, or expect to lose, pay because of your injury, you can file a Claim for Wage Loss Compensation on ECOMP, and OWCP will assist your return to work efforts.

If denied and you wish to appeal, you have three options: 1) Hearing (Oral Hearing or Review of Written Record) where you can submit additional evidence, and a hearing representative makes a decision; 2) Reconsideration where you submit additional evidence and ask OWCP to reconsider the initial decision; 3) Employees' Compensation Appeals Board (ECAB) Review if you have no new evidence to provide.



# Federal Employees' Compensation Act (FECA) Program Helpful Information for Providers



**For our medical provider community**, the Office of Workers' Compensation Programs (OWCP) provides a self-service portal for electronic management of provider accounts and claims, saving providers time and money. Our provider homepage focuses on OWCP billing and authorization processes as well as other news and information important to the medical provider community, and can be found at: <https://owcpmed.dol.gov/portal/provider>.

The following features, references, and resources are available for our medical providers via the portal.

## 1. Enrollment with OWCP is Required to Receive Reimbursement for Services

- Not required *prior to the claimant being seen* for their work-related injury
- For assistance, providers may call the bill processing call center and OWCP's contractor will work with the provider to ensure the enrollment process is complete and active: **1-844-493-1966** (FECA)
- Multiple ways to enroll quickly and easily:
  - » **Online:** <https://owcpmed.dol.gov/portal/Provider/Enrollments>
  - » **Paper:** **Form 1168** – provider enrollment application ([https://owcpmed.dol.gov/portal/sites/default/files/provider\\_forms/OWCP-1168.pdf](https://owcpmed.dol.gov/portal/sites/default/files/provider_forms/OWCP-1168.pdf))
    - **Mail:** Provider Enrollment Unit PO Box 8312 London, KY 40742-8312
    - **Fax:** 888-444-5335

## 2. Streamlined Processes for Managing Claims

- Online claimant eligibility verification for accepted condition(s), medical treatment and procedures. Learn more at: [https://owcpmed.dol.gov/portal/tutorials/Claimant\\_Eligibility.pdf](https://owcpmed.dol.gov/portal/tutorials/Claimant_Eligibility.pdf).
- Online submission and status of prior authorization requests.
- 92% of prior authorization requests are processed within 3 days. Learn more at: [https://owcpmed.dol.gov/portal/tutorials/DFEC\\_Authorization\\_Online.pdf](https://owcpmed.dol.gov/portal/tutorials/DFEC_Authorization_Online.pdf).
- Once registered, electronic payment is seamless. OWCP processes and submits for payment 96% of bills within 15 days and 98% of bills within 28 days.
- Electronic submission of bills - OWCP offers a variety of electronic bill submission methods:
  - » **Web Interactive:** <https://owcpmed.dol.gov/portal/provider/billing> - submit directly from the web portal. Learn more at [https://owcpmed.dol.gov/portal/tutorials/Billing\\_Tutorial\\_DDE.pdf](https://owcpmed.dol.gov/portal/tutorials/Billing_Tutorial_DDE.pdf).
  - » **Web batch submission** via electronic Data Interchange (EDI). Learn more at [https://owcpmed.dol.gov/portal/webinars/Bill\\_Submission\\_via\\_Web\\_Batch.pdf](https://owcpmed.dol.gov/portal/webinars/Bill_Submission_via_Web_Batch.pdf).





- › **FTP Secured Batch** – submit bills/attachments at a file size of more than 50MB. Learn more: <https://owcpmed.dol.gov/portal/provider/bill-submissions>
- › **EDI Companion Guides**: <https://owcpmed.dol.gov/portal/provider/training>
- › **EDI helpdesk**: <https://owcpmed.dol.gov/portal/contactus>

- Online payment status
- Online access to remittance vouchers. Learn more at [https://owcpmed.dol.gov/portal/tutorials/Remittance\\_Voucher\\_Guide.pdf](https://owcpmed.dol.gov/portal/tutorials/Remittance_Voucher_Guide.pdf)
- Online **Explanation of Benefits (EOB) Reference Guide** – describes common EOB denial reasons (located on the provider homepage) with guidance on actions that can be taken by providers for many of the denials.

Full menu of options for electronic claims processing:

<b>Bills</b>	▼
Bill Inquiry	
View Payment	
Bill Adjustment/Void	
Online Bills Entry	
Resubmit Denied/Voided Bill	
Retrieve Saved Bills	
Manage Templates	
Create Bills from Saved Templates	
<b>Claimant</b>	▼
Eligibility Inquiry	
<b>Authorization</b>	▼
On-line Authorization Submission	
<b>Provider</b>	▼
Maintain Provider Information	
<b>HIPAA</b>	▼
Submit HIPAA Batch Transactions	
Retrieve HIPAA Batch Responses	
SFTP User Details	
<b>Admin</b>	▼
Maintain Users	
<b>My Interactions</b>	▼
Correspondences	

### 3. Other Helpful Online Features

**Provider training and tutorials** – a library of quick reference guides, e-learning modules, and tutorials for our medical provider community. <https://owcpmed.dol.gov/portal/provider/training>

**Provider Resource page** – houses many of the common forms and templates utilized for OWCP enrollment, adjustment requests, fee schedule appeal, to name a few. This page also provides links to OWCP program specific forms and references. <https://owcpmed.dol.gov/portal/resources/forms-and-references/general>

**Provider Search** – claimants may use the doctor of their choosing, including their primary care physician. However, if a claimant is having difficulty finding a treating provider, this feature is available to assist them in locating a medical provider in their area. <https://owcpmed.dol.gov/portal/provider/search>  
We offer a “How to Search” reference guide for easy navigation at [https://owcpmed.dol.gov/portal/quick\\_references/Provider%20Search%20Steps.pdf](https://owcpmed.dol.gov/portal/quick_references/Provider%20Search%20Steps.pdf).

**OWCP Fee Schedule**, including the formula and instructions for calculating specific reimbursements based on geographic location. <https://www.dol.gov/agencies/owcp/regs/feeschedule/fee>

### 4. Customer Service Call Center: 1-844-493-1966 (FECA)

The Interactive Voice Response System (IVRS) is an automated service that provides the same details as found on the self-service portal. It is available 7 days a week, 24 hours a day. Learn more at [https://owcpmed.dol.gov/portal/quick\\_references/Interactive\\_Voice\\_Response\\_System\\_IVRS.pdf](https://owcpmed.dol.gov/portal/quick_references/Interactive_Voice_Response_System_IVRS.pdf).



Call center agents are available Monday – Friday, 8:00 a.m. – 8:00 p.m. (ET) to assist you with questions regarding bills, authorizations, and enrollment.



# Caring for a Federal Injured Worker with an Accepted Claim

## A DESK AID FOR MEDICAL PROVIDERS

Thank you for working with the Office of Workers' Compensation Programs (OWCP) to serve injured or ill workers! This provider desk aid will help you understand the Federal Employees' Compensation Act (FECA) program while caring for our injured or ill workers.

### Medical Appointments



Unlike other workers' compensation programs, our injured workers can see the physician of their choosing for medical care. The FECA regulation does not require a referral process for initiating care. However, if the injured or ill worker wants to change this physician once established, they must contact their OWCP claims examiner for guidance.

Often, the original treating physician (as selected by the injured or ill worker) will refer the injured worker to a specialist for further medical care of the work-related condition. These referrals do not require pre-approval from OWCP.

### Obtaining the Workers' Compensation Case Number

To communicate with OWCP about the injured worker, you will need the case number. You can ask the injured worker for a copy of the acceptance letter. This is a formal letter issued to the injured work documenting the condition and/or injury upon case acceptance. This letter includes:

- Injured worker's name
- OWCP case file number
- Date of injury
- Diagnostic codes related to the injury.



**If the injured worker does not know their OWCP case file number, contact the Workers' Compensation Medical Bill Processing (WCMBP) call center for assistance:**

**1-844-493-1966 | Monday - Friday 8:00 a.m. - 8:00 p.m. Eastern Time**

The call center agent will confirm your provider information, then verify the following claimant information:

- SSN
- Name: first and last
- Date of birth (DOB)
- Date of injury (DOI)
- Address

### Documentation We Need from You

FECA regulations stipulate that written medical documentation is required to support the payment of medical expenses. For ease and convenience, OWCP utilizes a fillable form: CA-20 (<https://www.dol.gov/sites/dolgov/files/owcp/regs/compliance/ca-20.pdf>.) Attending Physician's Report. However, in the absence of this form, FECA will consider medical documentation and records resulting from in-person or telephonic encounters.

Attending physicians' reports should follow the standard of practice for medical documentation and provide specific information for a work-related injury claim as specified in the FECA regulation:

- Dates of examination and treatment
- History given by the injured worker
- Physical findings
- Results of diagnostic tests
- Diagnosis
- Course of treatment
- A description of any other conditions found but not due to the claimed injury
- The treatment given or recommended for the claimed injury
- The physician's opinion, with medical reasons, as to causal relationship between the diagnosed condition(s) and the factors or conditions of the injured workers' employment
- The extent of disability affecting the employee's ability to work due to the injury
- The prognosis for recovery; and
- All other material findings.



If you believe the current accepted condition(s) need to be revised or additional complications related to the current accepted condition(s) need to be added, please explain in writing, the relationship between any additional condition and the work injury or the current accepted condition(s) noted above.

## Submitting Documents to OWCP

ECOMP, the Employees' Compensation Operations & Management Portal, is the automated system that allows providers to upload case-related documents directly into an active case file. Visit <https://www.ecomp.dol.gov/> and select "UPLOAD DOCUMENTS". The following information is required to submit to an active case file:

- Claimant Case Number
- Claimant Last Name
- DOB; format - mm/dd/yyyy
- DOI; format - mm/dd/yyyy



**DO NOT submit reimbursement requests/bills for services through ECOMP**

## Obtaining Authorization for Medical Treatment and Services

**Eligibility Inquiry:** An Eligibility Inquiry on the WCMBP portal allows providers to verify whether the injured worker is eligible for services; and whether a prior authorization is required for the service.

- Users must register with OWCP Connect to obtain access to the WCMBP portal and provider accounts. You can verify your registration status by contacting the WCMBP call center, where an agent is available to assist you. **1-844-493-1966**. If you have not registered yet, start here: <https://owcpconnect.dol.gov/owcplogin/>

**Level 1 procedures do not require prior authorization.** These procedures are considered routine treatment for the accepted condition(s):

- Office visits, specialist evaluations
- X-rays, non-invasive diagnostics
- Therapies for a new traumatic injury (typically considered to be less than 120 days)



**Level 2 and 3 procedures require prior authorization.** Authorization requests can be submitted via the WCMBP online provider portal at <https://owcpmed.dol.gov> or by faxing a completed authorization request and supporting documentation to **1-800-215-4901**.

- Download the Medical Authorization forms: <https://owcpmed.dol.gov/portal/resources/forms-and-references/dfec>.

## Obtaining Reimbursement for Services Rendered for Treatment of an Injured Worker

### Enroll with OWCP

Enrollment with OWCP is required for providers to receive reimbursement for services. Your 9-digit OWCP provider ID must appear on the bill.

- New Enrollment: <https://owcpconnect.dol.gov/owcplogin/>, select “Account Registration”.
- Not sure you are enrolled? Contact the WCMBP call center **1-844-493-1966** for assistance.



### Bill OWCP for Services (Except for Hospitals and Pharmacies)

Bills for services rendered to OWCP injured workers must be submitted on the standard American Medical Association (AMA) billing form HCFA-1500, or the OWCP-1500 (<https://owcpmed.dol.gov/portal/sites/default/files/inline-files/OWCP-1500.pdf>). Providers must itemize services for each date separately; use AMA (not state) CPT codes to describe the services performed; and provide their tax identification number (EIN) and OWCP provider number. The provider must sign the form (a signature stamp may also be used).

- For fastest processing, electronic submission is available via the WCMBP provider portal at: <https://owcpmed.dol.gov/portal/provider/provider-login>
- Paper submission via mail:  
**U.S. Department of Labor, OWCP/DFELHWC**  
**P.O. Box 8300 London, KY 40742-8300**
- Bills must be received within the calendar year following the year in which the medical service was rendered, or the claim was accepted, whichever occurs later.

Pharmacy services are administered by Optum under the FECA Pharmacy Benefits Management Program. Please visit <https://fecapharmacy.dol.gov/home> for more information.

## Form CA-16 Authorization for Examination and/or Treatment

This form is used by the employing agency to refer an employee who sustains a work-related traumatic injury to a local physician or hospital of the employee’s choice. The CA-16 form allows for authorization of medical treatment for 60 days from the date of injury, unless OWCP terminates the authorization sooner.

## Short Form Closure Case

A short form closure (SFC) case is a traumatic injury claim that is created and administratively accepted upon receipt, without formal adjudication. When these cases are received, they appear to be minor injuries that result in minimal or no time lost from work. Associated medical expenses are paid up to \$1,500 for up to 180 days from the date of injury. These cases may be reopened for formal review and adjudication by the claims examiner if medical treatment is needed beyond the 180th day, medical bills paid will exceed \$1,500, a wage loss claim is filed, or surgery is requested.



For additional information regarding the FECA, visit our medical provider information web page: <https://www.dol.gov/agencies/owcp/FECA/medicalprovider>.

You can find information about WCMBP online provider portal at: <https://owcpmed.dol.gov/>.



OFFICE OF WORKERS' COMPENSATION PROGRAMS  
UNITED STATES DEPARTMENT OF LABOR





## Division of Energy Employees Occupational Illness Compensation (DEEOIC)



# Enroll as an OWCP Physician Provider

## Help OWCP serve current and former workers who suffered work-related illnesses.

- The Division of Energy Employees Occupational Illness Compensation (DEEOIC) understands **the importance of developing and maintaining solid relationships with healthcare providers**, as well as the barriers that former nuclear weapons workers face in accessing healthcare services for covered conditions. We're committed to supporting healthcare providers in providing quality care and services. As an enrolled provider, you can access eligibility, claim status, and authorizations information online.
- Claimants may use the doctor of their choosing, including their primary care physician. Once you enroll and begin submitting bills, you can choose to have potential future **patients find you through our provider search** feature on the web portal.
- Once registered, electronic **payment is seamless**. We process more than half of all bills within 15 days, 80% of bills in 28 days.
- **OWCP pays better than Medicare**, typically 47% higher. The fee schedule is published online at: **[www.dol.gov/agencies/owcp/regs/feeschedule/fee](http://www.dol.gov/agencies/owcp/regs/feeschedule/fee)**.
- You can **submit bills electronically** via Electronic Data Interchange (EDI) and online through the web portal. A paper option is also available.
- Easy to enroll at: **<https://owcpmed.dol.gov/>**. Just fill out an enrollment form to show you are licensed to provide care in the state you work in and other basic information.
- The **web portal** (**<https://owcpmed.dol.gov/>**) provides access to training and tutorials.
- Medical bill call center support is available at (866) 272-2682. Additional support is also available to triage complex billing issues through DEEOIC Resource Center staff (**<http://www.dol.gov/EnergyProgramResourceCenters>**).
- Most **accepted claims provide permanent medical benefits** for claimants to treat approved conditions. Treatments for the conditions are covered without extensive reassessments from the physician.

