

OWCP GENERAL INFORMATION

1. Types of Claims

a. **Traumatic Injury** - is defined as a wound or other condition caused by external forces including physical stress and strain. The injury should be identifiable as to time and place of occurrence and member or function of the body affected. It must be caused by a specific event or incident or series of events or incidents within a single work shift.

(1) The CA-1 (Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay) is the first form filed in connection with a traumatic injury. If there is a need for medical care, the CA-16 (Request for Examination and/or Treatment) is given to the employee for completion by the physician. The CA-17 (Duty Status Report) is completed if there is reason to believe that the technician can perform some type of work in spite of the injury. Subsequent forms should be provided to the doctor as required.

(2) If the claim is accepted the injured employee is entitled to have medical expenses and compensation for lost wages paid. Damage or destruction of prosthetic devices or appliances, including eyeglasses and hearing aids, incidental to a personal injury requiring medical services, are also covered.

b. **Occupational Disease** - is defined as being produced by systemic infections, continued or repeated stress or strain, exposure to toxins, poisonous fumes, noise, etc., in the work environment over a prolonged period of time. In order to qualify as a disease, the injury must be caused by exposure or activities on at least two days.

(1) The first form used in connection with Occupational Disease Claim is the CA-2 (Federal Employee's Notice of Occupational Disease and Claim for Compensation). Generally a checklist of documents to be submitted with the CA-2 should be given the claimant.

(2) A CA-7 should be submitted if the employee is filing for compensation due to lost time from work, or for a scheduled award. A scheduled award is monetary compensation for loss of function of part of the body.

(3) A CA-16 **should not** be issued unless specifically requested by the Office of Worker's Compensation (OWCP).

c. **Recurring** - (either Traumatic or Occupational Disease) is defined as a spontaneous return or increase of disability without intervening cause, or a return or increase of disability due to a consequential injury. A recurrence is distinguished from a new injury by the criterion that in a recurrence no event other than the previous injury accounts for the disability. Follow up medical care which causes time loss is not considered a recurrence, but part of the original injury. Unless the claimant has been permanently released from further treatment, time loss is attributable to the original injury and claimed as such.

(1) The form used for recurrence is the CA-2a (Notice of Employee's Recurrence of Disability and Claim for Pay/Compensation).

d. **Death** - The forms used to file a claim when an employee dies because of an injury incurred while in performance of duty are CA-5 and CA-5b.

2. Issuing a CA-16

a. A CA-16 is issued for a traumatic injury **only**.

b. The CA-16 authorizes examination and/or treatment to an employee who suffers a traumatic injury while working. Supervisors must use discretion when issuing a CA-16. It is the equivalent to issuing a blank check to the medical provider. It authorizes medical care to the injured employee for up to sixty (60) days from the date of authorization by the supervisor and/or up to \$1,500 in medical expenses.

c. Only 1 CA-16 is issued per injury. It will cover authorization of treatment to any doctors or facilities to which the initial treating physician refers the employee.

d. An employee can not authorize their own treatment. He/she must have authorization from their supervisor.

e. The supervisor should promptly complete the front of the CA-16 within 4 hours of the request except under unusual circumstances such as an emergency.

f. In an emergency, the supervisor may authorize medical treatment by telephone and forward the CA-16 to the medical facility within 48 hours. Retroactive issuance of the CA-16 is not permitted under any other circumstances.

g. If the supervisor doubts whether the employee's condition is related to their employment, the supervisor should indicate that on the form.

h. If the employee has reported an injury several days after the fact, or did not request medical treatment within 24 hours of the injury, the supervisor may still authorize medical care, but must use discretion under these circumstances. Employees should not be penalized for short delays in reporting injuries. The supervisor may refuse to issue a CA-16 if more than a week has passed since the injury on the basis that the need for immediate treatment would normally have become apparent in that time period.

I. Under certain circumstances medical expenses may not be paid or may be subject to suspension unless the CA-16 is completed by the treating physician and the form with the original signatures is filed with the Office of Worker's Compensation through the agency OWCP program manager.

J. Although the employee may select which physician or facility to go to for treatment, they must be treated by a physician as defined in the Federal Employees Compensation Act (FECA). The definition of a physician is shown on the attached instruction of the CA-16.

3. Initiating Claims

a. An agency must not attempt to prevent an employee from filing a claim under any circumstances, regardless of any opinion it may hold with respect to the merits of the claim. To do so may subject the individual who attempts to prevent the filing of a claim to fines or imprisonment or both. The agency may submit objective evidence to dispute the claim such as witness statements, pictures, accident investigations, or time sheets. All allegations must be supported by specific factual evidence. In most cases the claim should be forwarded to the Human Resources Office (HRO) the same day the injury is reported to the supervisor.

4. Conditions of Coverage

a. A claim for compensation must be filed within 3 years of the injury or death. Even if the claim is not filed within 3 years, however, compensation may still be allowed if written notice of injury was given in 30 days or the immediate superior had actual knowledge of the injury or death with 30 days after the occurrence. This knowledge may consist of written records or verbal notification, an entry into an employee's medical record, etc.

b. The burden of proof to establish the claim is on the injured employee.

5. Choice of Physician

An agency may examine the employee at its own facility in accordance with OPM regulations, but the employee's choice of physician for treatment must be honored, and treatment by the employee's physician must not be delayed.

6. Continuation of Pay (COP)

a. COP is defined as continuation of an employee's regular pay by the employing agency with no charge to sick or annual leave. **It is only given in Traumatic Injury cases.** In order to be eligible for COP, the employee must file a written notice of the claim on a CA-1 within thirty (30) days of the date of the injury. NOTE: Full-time, part-time, and temporary employees are treated alike in instance of COP, except a temporary employee's COP may not be paid after the termination date that was established prior to the injury. (If they are unable to work after their termination date they may file for compensation on a CA-7).

b. Computation of COP

(1) The first day of COP begins with the first day or shift of disability or medical treatment following the date of injury provided that the absence began within 45 days after the injury. The actual date of injury is charged to administrative leave.

(2) A maximum of 45 **calendar** days COP may be paid but they need not be successive days. In many cases, an employee will return to work without using all 45 days of entitlement of COP. Should such an employee suffer a recurrence of disability, he/she may use COP if no more than 45 days have elapsed since the date of first return to work, including part-time work and light duty, following the first work stoppage. If the recurrence begins later than 45 days after the first return to work, the agency should not pay COP even though some days of entitlement remain unused. A period which begins before the 45 day deadline and continues beyond it may be charged to COP as long as the period of time is uninterrupted.

(3) Calendar days include holidays and weekends (or days off) if the medical evidence supports the absence on those days. Time loss must be certified by a physician as being a result of a job related injury. In rare cases, an employee may have claims on two separate injuries. COP is calculated for each injury and not added to each other.

c. Maintaining Time and Attendance records

(1) Only days are counted for COP. (e.g. if one hour is used to see a physician and seven hours are worked, it is still counted as one day of COP.) The **remarks** section of the time sheet should show the actual hour(s) the employee was absent from work due to the injury.

(2) Even though COP may be charged to weekends or holidays, a maximum of 80 hours should be listed in the total column.

d. Light Duty Assignments

(1). An employee may be charged COP when assigned to light duty because of a job related injury if the job is:

(a) Assigned to employee by a personnel action.

(b) A bonafide position with a job description.

(c) Classified at lower pay level than the pay level of the job the employee held when injured.

(d) If the employee is assigned to a lower grade or rate of basic pay by a personnel action.

(e) If the schedule of work is changed which causes a loss of salary when authorized as a part of the employee's work week.