

FEDERAL EMPLOYEES COMPENSATION ACT

The Federal Employees' Compensation Act (FECA) is a law, which provides compensation benefits to civilian employees of the United States for disability due to personal injury (including occupational disease) sustained while in the performance of duty. Damage to or destruction of medical braces, artificial limbs, and other prosthetic devices incidental to a personal injury is also compensable. The FECA also provides for the payment of benefits to dependents if job-related injury or disease causes the employee's death.

TRAUMATIC INJURY

A traumatic injury is defined as any condition caused by an incident identifiable by time and place of occurrence, or by a series of events within a single work shift (file a CA-1 form).

Example: lifting a heavy box – straining back

OCCUPATIONAL DISEASE

An occupational disease is defined as a condition caused by repeated stress and strain or exposure in the work environment beyond a single work shift (file a CA-2 form)

Example: repetitive use of an arm/hand – carpal tunnel syndrome

CONTINUATION OF PAY (COP)

Continuation of pay is forty-five calendar days of the employee's regular pay without charge to sick or annual leave for disability due to a traumatic injury (no COP for occupational disease). COP is payable from first day or shift of disability following the date of injury. COP is only payable when disability begins or time is lost for medical care within 45 days of the date of injury.

FIVE BASIC ELEMENTS OF ENTITLEMENT

1. Timely filed
 - injuries on or after 9/7/74 = 3 years
 - prior to 9/7/74 = 1 year
 - traumatic injury time begins from date of injury
 - occupational disease time runs from the date employee first diagnosed with condition or date of last exposure
2. Federal employee
 - any civil employee in any branch of government
 - volunteers performing personal service similar to Federal employee
 - excludes independent contractors or employees' of independent contractors

3. Fact of injury

- occurrence of accident and whether such accident caused personal injury
- a medical condition has been diagnosed in connection with the injury (medical evidence is required)

4. Performance of duty

- industrial premises including parking facilities owned or controlled by the employing agency
- performing assigned duties
- engaged in duties which are reasonable incidents of employment including (a) personal acts for employee's comfort health, convenience, and relaxation; (b) eating meals, lunches and snacks on the premises; and (c) employee's presence on the premises for a reasonable time before or after the specific working hours
- travel to and from work for employees with a fixed place of employment and fixed hours is not covered
- TDY = 24 hours protection
- recreation organized and directed by the employing agency and employee was being paid for participation or the activity was required and prescribed as part of the employee's training or assigned duties

5. Causal relationship

- direct causation = when the injury or factory of employment result in the condition claimed, i.e. a fractured arm sustained in a fall would be considered a direct result of the fall
- aggravation = when a pre-existing condition is worsened by an injury arising in the course of employment
- acceleration = when an employment related injury or illness hasten the development of an underlying condition
- precipitation = when a latent condition which would not have become manifest but for the employment is said to have been precipitated by factors of the employment
- burden of proof is on the employee: medical evidence must include the history of injury and/or factors of employment, physical findings, test results, diagnosis and the physician's rationalized opinion on the relationship of diagnosis to the injury/factors of employment

RECURRENCE

A recurrence is when an employee is disabled again as a result of the original injury or occupational disease without intervening cause (CA-2a form should be filed). Claim of recurrence must be supported by medical evidence.

COMPENSATION \$\$\$\$\$

- CA-7 form should be completed by employee and returned to employing agency's personnel or compensation office
- Compensation rates: employee + dependents = 75% of gross salary (includes night differential, Sunday premium and excludes overtime), employee only = 66.6% of gross salary (includes and excludes the same as 75%)
- All claims for compensation **must** be accompanied and supported by medical evidence

SCHEDULE AWARDS

Schedule awards are payable when there are permanent impairment to certain body parts. Pay is calculated the same as above. Each body part is allotted a set number of weeks of compensation. A permanent and stationary (P&S) medical report must accompany and support any request for schedule awards. Upon receipt of P&S report and CA-7, case file is reviewed by OWCP medical consultant for calculation.

Some Facts About FEC District 13

How BIG are we?

The San Francisco Office is the largest of the FEC District Offices. We traditionally handle about one sixth of all the Federal injury cases nationwide. We have approximately 150 employees, of which about 105 work in our 10 geographic Claims Sections. The rest of the employees work in rehabilitation, nurse intervention, medical scheduling, the mailroom, bill pay and audit, and in our contact area and on the phones.

How much work do we do?

These are the production statistics for the San Francisco District in FY 99.

- We received 26,671 new cases.
- We received 3433 claims for wage loss.
- We have approximately 8,913 periodic roll cases.
- We completed 165 informal conferences.
- We processed 1,020 reconsiderations.
- We processed 369,239 medical bills.
- We processed 1,414 recurrences.

These numbers do not include the many actions we take on a daily basis, which include authorizing medical treatment, arranging second opinions, referring cases for nurse intervention, collecting overpayments and answering telephone calls.

How fast do we do it?

Measured from the date of receipt in this office in FY 99 we adjudicated:

- 97% of traumatic injury cases within 45 days and 99.9% within 180 days;
- 94% of basic occupational disease cases within 90 days and 99.5% within 180;
- 82% of extended occupational cases within 180 days and 96.5% within 365 days; and

We process 97% of our medical bills within 28 days.

What Can Agencies Do to Help Expedite the Claims Process?

Key Actions. It is a very large workload, and OWCP can definitely use your help.

- **Ensure Correct Completion of Forms.** Make sure that all forms are filled out correctly and completely. Valuable time is lost when CEs must obtain information or correct actions taken based upon erroneous information. On Form [CA-1, Notice of Traumatic Injury](#), and [Form CA-2, Notice of Occupational Disease](#), do not forget to fill in the grade level and step (Block 6). Be sure to review the "Supervisor's Report" portion on the reverse side. We must have the OWCP Agency Code (4 digits + 2 letters or 6 digits), as well as the correct agency name and address of the reporting office. Forms CA-1 and CA-2 are legal documents, and OWCP cannot accept photocopies. Agencies must submit the original of these forms to us (the agency may keep a photocopy in its claim file). If the original form is lost, the agency will be asked to submit the copy from its files. The injured worker will need to re-sign the copy in a different colored ink, because OWCP cannot accept photocopied signatures.

- **Submit Notices of Injury and Claims for Compensation Promptly.** The sooner we get Forms CA-1 and 2 and Form CA-7, *Claim for Compensation*, the sooner we will be able to authorize and pay for medical treatment, begin back-to-work initiatives, and obtain the information we need to make prompt decisions. Click on [Timely Notice of Work Injury](#) to learn more about OWCP's nationwide initiative to improve agencies' timeliness in submitting these key claim forms.
- **Train Agency Supervisors About the Claims Process.** Make sure that your agency's supervisors are knowledgeable about how to complete key claim forms correctly and the requirements for submitting them timely.
- **Connect to [AQS](#).** Use it to manage your cases and to help your injured workers obtain information about their cases.
- **Assist With Rehabilitation Efforts.** If you are not able to provide light duty to a partially-disabled employee, advise us immediately so we can start rehabilitation services.

How to Submit Mail to OWCP.

The San Francisco FEC District Office receives thousands of pieces of mail each day. The sooner this volume of mail can get processed and into the hands of the CE or entered into our Automated Bill Payment System, the sooner action can be taken. In order to provide service to you, we need your help in submitting mail, whether as an initial submission, claim, bill, or evidence. Correspondence and bills should be sent to U.S. Department of Labor, DFEC Central Mailroom - 13, P.O. Box 8300, London KY 40742-8300. **Claim Forms**, such as CA-1, 2, 2a, 7, and 16 should be still be sent to San Francisco, PO Box 193769 (Zip 94119-3769). The P.O. Boxes for individual geographic sections are no longer used and *you no longer need the claimant's five digit zip code in front of the case number.*

New cases are now imaged (case file numbers beginning with 2000000) and paper files are not maintained for imaged cases. Imaged cases require claim numbers on every page of multiple page documents and that copies be legible and clear. Green and red ink should be avoided as these do not scan well. Send only one copy of documents and do not write in margins or fax using colored paper.

The handout [Federal Employing Agencies: Tips to Expedite Processing Bills, Forms, & Correspondence \(PDF format\)](#) contains useful information about submitting documentation to OWCP.

In addition to reviewing the handout, note the following guidelines to expedite mail processing. *CA-1, Notice of Traumatic Injury*: Place Form CA-1 **on top**, and attach all evidence by staple (regular NOT heavy duty - use clip or rubber band if material is too thick). Batch Forms CA-1 with evidence together (clip or rubber band) when submitting more than one for injured workers whose cases are assigned to a single Claims Section.

CA-2, Notice of Occupational Disease: Place Form CA-2 **on top**. Attach all evidence by staple (regular NOT heavy duty - use clip/rubber band if material is thick). Batch Forms CA-2 together (keep separate from Forms CA-1/other forms) when submitting more than one for injured workers whose cases are assigned to a single Claims Section.

CA-7, Claim for Compensation: Enter the geographic case file number on the form (Section 1.c) and on all attachments, including Form CA-20. Batch Forms CA-7 **on top** and their attachments together (keep separate from other forms) when submitting more than one for injured workers whose cases are assigned to a single Claims Section. You can fax the CA-7 to **415-848-6875**. **This fax number is for CA-7's only**, please fax both sides of the form.

Medical Bills/Medical Reports: Post the case number on each page of each itemized bill and medical report. Separate the billing forms from the medical reports.

Other Mail: Correspondence on a specific case may be stapled (standard NOT heavy duty) together. Do not use cover sheets (they are discarded). If your agency requires a cover sheet, fold it back so that the priority form (e.g, CA-1, CA-7) is the top document. If an agency is submitting multiple types of forms, each type of form should be grouped separately.

EMPLOYING AGENCY TIMELINESS

In 1999, a Federal Employee Safety and Injury Initiative was announced establishing improved timeliness of injury reporting as a major goal for Federal agencies. Over the next several years, agencies will be expected to improve timeliness of reporting of injuries and illness by five per cent each year. Each year, the Secretary of Labor reports the timeliness of CA-1s, CA-2s , CA-7s submissions to the President.

The impact of filing claims timely is significant. Adjudication of the claims can be done more quickly, medical care decisions are more immediate and the time between lost wages and compensation payments can be decreased. It's simple. The sooner OWCP is aware that an injury has occurred, the faster service can begin.

Timeliness is measured from date the injured worker signs the claim form to the date it is received by OWCP. CA-1's and CA-2s should reach OWCP within 14 days. CA-7's should reach OWCP within 7 days.

Timeliness San Francisco District

Over 50% - Good Job

Under 30% - Needs
Improvement

CA-1 Timeliness (within 14 days)	FY99	FY00	FY01	FY02 thru 2/28/02
Agriculture	23.36%	22.40%	29.30%	28.62%
Air Force	26.15%	25.42%	40.76%	36.52%
Army	21.65%	23.10%	30.53%	24.44%
Defense	23.50%	27.15%	27.67%	21.76%
Interior	25.53%	28.40%	37.92%	39.88%
Justice	32.23%	32.62%	42.22%	39.43%
Navy	23.94%	31.02%	46.87%	44.82%
Treasury	40.00%	47.35%	57.73%	62.57%
USPS	71.20%	73.52%	72.79%	75.22%
VA	23.67%	32.26%	37.74%	45.80%
Other				
CA-2 Timeliness (within 14 days)	FY99	FY00	FY01	FY02 thru 2/28/02
Agriculture	19.83%	9.52%	24.43%	15.38%
Air Force	15.46%	17.12%	21.12%	54.84%
Army	14.13%	18.67%	22.15%	17.95%
Defense	16.13%	17.33%	16.10%	6.06%
Interior	27.17%	19.67%	38.38%	25.00%
Justice	19.35%	28.42%	35.09%	29.47%
Navy	26.39%	22.34%	37.66%	28.66%
Treasury	44.74%	51.97%	63.10%	57.63%
USPS	56.01%	58.74%	56.81%	55.48%
VA	33.67%	39.41%	42.51%	58.71%
Other				
CA-7 Timeliness (within 7 days)	FY99	FY00	FY01	FY02 thru 2/28/02
Agriculture	18.40%	17.83%	37.21%	39.08%
Air Force	18.56%	22.98%	33.69%	36.56%
Army	20.55%	15.00%	35.11%	41.13%
Defense	14.29%	19.43%	36.57%	46.15%
Interior	20.68%	22.35%	45.19%	53.89%
Justice	15.39%	21.77%	38.49%	34.81%
Navy	19.57%	20.12%	54.37%	60.27%
Treasury	25.31%	30.00%	53.45%	50.61%
USPS	22.80%	37.13%	47.42%	48.35%
VA	20.98%	22.20%	36.18%	44.87%
Other				

Last Updated on 03/14/2002

NOW THAT YOUR CLAIM HAS BEEN ACCEPTED

This fact sheet will answer some questions that are likely to arise. It provides information about the payment of your medical bills and compensation, and about your responsibilities in returning to work. This sheet supplements the information found in Pamphlet CA-14, which was sent to you when you first filed your claim. Feel free to access the Division of Federal Employees' Compensation web site at <http://www.dol.gov/esa/regs/compliance/owcp/fecacont.htm>.

MEDICAL PAYMENTS

Your file number must appear on all bills. Bills and travel vouchers must be received within the calendar year following the year in which medical service was rendered or the claim was accepted, whichever occurs later. Your acceptance letter describes the medical condition(s) OWCP accepts as work-related and only treatment for those conditions should be billed to the Office. The billing forms described below can be obtained on line at <http://www.dol.gov/library/forms/> You are not responsible for charges over the maximum allowed in the OWCP fee schedule. If a health benefits carrier has paid medical bills for your accepted condition, the carrier may submit complete, itemized billings to OWCP for consideration.

-Physicians and Other Medical Providers (Except for Hospitals and Pharmacies). Bills for your accepted condition must be submitted on the standard American Medical Association (AMA) billing form HCFA-1500, also known as OWCP-1500. The provider 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). The provider must sign the form (a signature stamp may also be used).

-Hospitals. These bills must be submitted on Form UB-92. These bills must be fully itemized, and the admission and discharge medical summaries should also be sent.

-Pharmacies. These bills should be submitted electronically by your pharmacy. If this is not available, bills must be submitted on the Universal Claim Form or equivalent. The pharmacy should include the following items: the case file number, the nine-digit tax ID number, the NDC number, the prescription number, the quantity of medication prescribed, the name of the prescribing physician, and the date of purchase. Your physician's clinical notes or reports should show that the medicines prescribed were needed to treat your work-related injury. Pharmacies can obtain decisions on coverage of medications by accessing the following web site: <http://www.dol-esa.gov/pharmacy/> or by phoning (866) 692-7487. The pharmacy will need to give your case file number, the NDC code of the medication, and the date the prescription was filled.

-Chiropractors. We will only pay for chiropractic treatment consisting of manual manipulation of the spine to correct an accepted work-related spinal subluxation demonstrated by x-ray, or if a medical doctor has prescribed physical therapy to be administered by a chiropractor.

-Reimbursements. If you have paid authorized medical expenses out-of-pocket, you may request reimbursement using Form CA-915, or another form prescribed by your OWCP district office. In all cases, the medical provider's tax identification number (EIN) and proof of payment must be provided. Reimbursements are limited to the fee schedule amount.

-Reimbursement for Medical-Related Travel. Travel expenses should be claimed on Standard Form 1012, Travel Voucher, available at <http://forms.psc.gov/forms/SF/sf.html>.

COMPENSATION PAYMENTS

-Claims for Compensation. Any claim for lost wages must be submitted through your employing agency on Form CA-7. Your employing agency will complete its portion of this form and forward it to the Office. In cases of intermittent wage loss, Form CA-7a is also needed.

-Claims for Leave Buy-Back. Reinstatement of leave is subject to the approval of your employing agency. Prior to using your personal leave to cover injury-related absences from work, you are urged to review the instructions for Form CA-7b. To claim a leave buy-back, you must file Form CA-7b through your employing agency, along with Form CA-7 and Form CA-7a.

-Schedule Award. A schedule award may be claimed using Form CA-7 only after maximum medical improvement has been reached. A schedule award of compensation is based upon permanent loss of use of a scheduled member or function of the body due to the work-related injury.

-Penalty. Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation, or who knowingly accepts compensation to which he or she is not entitled, is subject to felony criminal prosecution and may, under appropriate U.S. criminal code provisions, be punished by a fine of not more than \$10,000 or imprisonment for not more than five years, or both.

RETURNING TO WORK

You are expected to return to work (including light duty or part-time work, if available) as soon as you are able. Once you return to work, or obtain new employment, notify this office immediately. Full compensation is payable only while you are unable to perform the duties of your regular job because of your accepted employment-related condition. If you receive a compensation check which includes payment for a period you have worked, return it to us immediately to prevent an overpayment of compensation.

-Nurse Intervention and Vocational Rehabilitation. OWCP may assign a registered nurse or a vocational rehabilitation counselor to contact you to facilitate your recovery and return to work. OWCP may suspend or reduce your benefits if you fail to cooperate with the nurse or the vocational rehabilitation counselor.

-Job Offers. You are legally obligated to accept work which is within your medical restrictions. OWCP may terminate your benefits if you refuse without good cause to accept such work.

CONTACTING THE OFFICE

The 24-hour toll-free Interactive Voice Response line (866) 692-7487 answers case-specific concerns, such as medical authorizations and compensation payments. If you write us, please put your file number on each page.