

Supervisor's Initial Response For a "Traumatic" On-The-Job Injury

- Seek Medical Treatment for the injured technician if necessary! *For emergencies, accompany the injured technician to the emergency room and ensure that they receive immediate care!*
- Provide the technician with the following forms for the physician to complete:
 - CA-16 (Authorization for Examination and/or Treatment) within the first 48 hours after the injury.
 - CA-17 (Duty Status Report)
 - CA-20 (Attending Physician's Report)
- Report the Injury to the designated Safety Official
- Complete a CA-1, Notice of Traumatic Injury, through EDI
 - <http://www.cpms.osd.mil/icuc/EDI.aspx>
- All completed forms must be received at the Human Resources Office no later than *ten days* from the date of injury. This includes a signed copy of the CA-1, CA-16, CA-20, CA-17 if applicable
- Call the Injury Compensation Program Administrator (ICPA) if you have any questions.

Injury Compensation Program Administrator:
TSgt Chanika Hudson
Chanika.hudson@us.army.mil
Office: 614-336-7440
Fax: 614-336-7052

SUPERVISOR'S OWCP CHECKLIST

Name: _____

DOI: _____

Claim #: _____

1. Seek Medical Attention for Injured Employee -

- Ensure that Medical provider accepts Worker's Compensation
- Issue a CA-16, Authorization for examination (only issue within 48hrs of injury)
- Retain a completed copy of CA-16 signed by the physician to send to the ICPA

2. Medical Documentation – *Must be signed by a doctor*

- CA-20, Attending Physician's Report (each time medial treatment received)
- CA-17, Duty Status Report (must submit after each treatment)
- A copy of all CA forms and medical documentation must be received by the ICPA within 10 days**

3. Notify Safety -

- Air and Army National Guard – Call designated safety official and report incident;
- ICPA will send completed OSHA 301 Injury and Illness Incident Report when it is generated.

4. Injury Reported – *Every claim must be submitted through EDI*

- Electronically submit CA-1, Traumatic Injury or CA-2, Occupational Disease
- Website: <http://www.cpmc.osd.mil/icuc/EDI.aspx> Then click, Supervisor's Link
- For Recurrence Claims (spontaneous return) submit CA-2a manually to ICPA

5. Continuation of Pay (COP) – *Must be supported by medical documentation*

- 45 calendar day entitlement**
- Time card code for COP: LU for date of injury and LT 45 days after injury
- Four digit code for time card is month and day of injury
- If claim is denied, change COP to LS, LA or LWOP
- Notify ICPA when COP is used

6. Compensation after 45 days – *IF NEEDED - Must be supported by medical documentation*

- Must be in LWOP (Leave Without Pay) status
- Employee will need to fill out "employee portion of the CA-7"
- Employee needs to complete SF-1199A, Direct Deposit Sign-up to receive payments
- After 80hrs of LWOP, submit SF-52 to HRO requesting LWOP status

7. Medical Authorization – *Must be supported by medical justification*

- Physician requests authorization: phone (850) 558-1818, fax (800) 215-4901, <http://owcp.dol.acs-inc.com>
- Medical Provider must have **ACS Provider Number** to receive authorization
- Physician must state ICD-9, diagnosis code and CPT, procedure code

8. Medical Bills – *Provider must submit all bills through ACS*

- Website: <http://owcp.dol.acs-inc.com> (Provider search is available on this site)
- Medical Provider must have **ACS Provider Number** to receive payment
- Bills submitted manually must be submitted on HCFA-1500 or UB-92
- ACS Customer Service: (850) 558-1818
- If employee has problems with medical bill payment; contact ICPA

9. Reimbursement – *IF NEEDED*

- OWCP-915, Medical and OWCP-957, Travel – Submit with required documentation to ICPA

10. Agency Point of Contact – ICPA:

- Phone: 614-336-7440
- Fax: 614-336-7052