

SUPERVISOR'S CHECKLIST FOR OWCP CLAIM PROCESSING

1.	<p><u>Injury Reported- Must Submit CA-1 or CA-2 AS SOON AS POSSIBLE to receive OWCP Claim Number(</u></p> <ul style="list-style-type: none"> ○ Electronically submit CA-1, Traumatic Injury or CA-2 Occupational Disease through the website: https://cacdiucs3.cpms.osd.mil/portal/portal.html ○ Click: ENTER CLAIM on lower right ○ For Recurrence Claims (spontaneous return to disability) submit CA-2A MANUALLY to ICPA ○ CLAIM NUMBER IS GENERATED 2-3 DAYS after the electronic claim is routed to OWCP
2.	<p><u>Notify Safety</u></p> <ul style="list-style-type: none"> ○ Submit local Safety Forms to your Safety Office ○ DO NOT PROVIDE SAFETY WITH CLAIM FORMS OR MEDICAL DOCUMENTS
3.	<p><u>Medical Documentation- MUST BE SIGNED BY A PHYSICIAN (MEDICAL DOCTOR)</u></p> <ul style="list-style-type: none"> ○ CA- 20, Attending Physician's Report (each time medical treatment is received) ○ CA-17, Duty Status Report (good practice for completion after each change in treatment) ○ INJURED EMPLOYEE MUST NOTIFY PHYSICIAN THAT AGENCY OFFERS LIGHT DUTY
4.	<p><u>Continuation of Pay (COP)- MUST BE SUPPORTED BY MEDICAL DOCUMENTATION</u></p> <ul style="list-style-type: none"> ○ 45 Calendar Days entitlement following date of Traumatic Injury ○ Time Card Code for COP- "LU" is for date of injury & "LT" is 45 days lost time after injury ○ Four digit code for time card is month and day of injury MM/YY ○ If claim is denied, change COP to Sick Leave (LS or Annual Leave (LA) or LWOP ○ Injury must be reported within 30 days in order to be entitled to COP
5.	<p><u>Medical Authorization- MUST be supported by medical documentation</u></p> <ul style="list-style-type: none"> ○ Physician requests authorization: Phone (850-558-1818) or fax (800-215-4901) or Website: http://owcp.dol.acs-inc.com ○ Medical Provider must have ACS Provider Number to receive authorization ○ Physician must state ICD- 9 Code (Diagnosis Code), CPT (Procedure Code), and OWCP Claim Number. ○ Requested treatment/ procedure must match accepted condition
6.	<p><u>Compensation after 45 days- Must be supported by Medical Documentation</u></p> <ul style="list-style-type: none"> ○ Must be in a LWOP (Leave without Pay) Status (Code KA) ○ Complete a CA- 7, Claim for Compensation, every two weeks ○ Submit an SF 1199A, Direct Deposit along with first CA-7 submitted ○ After 80 hours of LWOP, submit an SF 52 to HRO requesting PERSONAL LWOP ○ Pay rate is ¾ of salary with dependents and 2/3 salary without dependents (tax free)
7.	<p><u>Medical Bills</u></p> <ul style="list-style-type: none"> ○ Claimants can check status of their claim/bills through the Claimant Query System at: http://owcp.dol.acs-inc.com/portal/main.do ○ Medical Provider must have ACS provider Number to receive payment ○ Bills submitted manually must be submitted on HCFA- 1500 or UB- 92 form ○ Mailing Address for Bills: Department of Labor- Central Mailroom, P.O. Box 8300, London, KY 40742-8300 ○ ACS Customer service (850-558-1818)
8.	<p><u>Reimbursement</u></p> <ul style="list-style-type: none"> ○ OWCP- 915, Medical expense reimbursement, submit with required documentation ○ OWCP- 957, Travel reimbursement, submit with medical documentation ○ Send completed forms, along with medical documentation to: Department of Labor- Central Mailroom, P.O. Box 8300, London, KY 40742-8300
9.	<p><u>Agency Point of Contact</u></p> <ul style="list-style-type: none"> ○ Injury Compensation Program Administrator (ICPA) in your Human Resource Office: ○ SGT Brooke Goldsberry (304-561-6429) michelle.b.goldsberry.mil@mail.mil ○ Alternate POC TSGT Freda Harmon (304-561-6437) Freda.p.harmon.mil@#mail.mil