

## Office of Workers' Compensation Programs Claim Initiation

Every year, thousands of letter carriers are incapacitated as the result of medical conditions related to their employment. Far too many of these claims get bogged down in the OWCP appeals procedure, while the claimant waits for wage-loss payments, medical/surgical authorizations or payments to be made to doctors, therapists or hospitals. Many bureaucratic delays are traceable back to mistakes made at the very beginning of the claim procedure.

Today's program is intended to provide guidance which will, hopefully, assist our members in avoiding these mistakes and to obtain the benefits they are entitled to under the Federal Employees Compensation Act (FECA).

What does the claimant have to establish in order to have his/her claim approved?

- The claim must have been filed within statutory time limits
- The claimant must be an employee of the United States. An employee of the United States Postal Service is considered an employee of the United States.
- Fact of injury. In establishing “fact of injury” there is a factual component, as well as a medical component which must be proven.
- The claimant must establish that he/she was in the performance of duty while exposed to the work factors which he/she claims were the cause of his/her medical condition. Simply being at work when injured is not, by itself, proof of “performance of duty”.
- Causal relationship. Causal relationship is a medical concept which can only be established through a rationalized medical opinion by a “physician” who meets the statutory definition of that term.

## What are the statutory time limits for the filing of a claim?

- Form CA-1 (Claim of Traumatic Injury): Defined as a medical condition which results from work factors that occur within one workday.

The CA-1 must be filed with three years of the date of injury.

The three year limit may be extended if there is proof that the Employer had knowledge of the injury within the 30 days immediately following the date of injury.

- Form CA-2 (Claim of Occupational Illness/Injury): Defined as a medical condition which results from work factors that occur over a period of time that exceeds one workday.

The CA-2 must be filed within the same three year statutory time limits as the Form CA-1. However, the three years can be calculated from the “date of last exposure” to the employment factors that caused the medical condition.

In cases of latent disability, the three year statutory time limits are calculated from the date that the claimant becomes aware (or reasonably should have been aware) of the relationship of the medical condition to factors of employment.

## How is fact of injury proven?

- The factual component of “fact of injury” must be proven by the claimant, as well as by any other persons who may have witnessed the injury. The claimant should provide a *detailed* written account of exactly how the accident/injury occurred.

The claimant’s statement must be written for the understanding of a Claims Examiner, who may not be familiar with postal jargon or local terminology.

In occupational illness/injury claims, it may be necessary to give a detailed description of the claimant’s daily work routine, with emphasis given to the repetitive work factors which caused the medical condition being claimed .

The claimant’s statement will be reviewed by the Employer, who might challenge the accuracy of any claims being made. It is therefore in the claimant’s interest not to exaggerate the level of exposure to the work factors involved in the claim.

- The medical component of “fact of injury” must be proven by the attending physician through the medical evidence submitted in support of the claim. At a minimum, this medical evidence should include:

One or more *diagnoses*. A medical condition must be identifiable by ICD-10 code. (Note: OWCP will begin using ICD-10 codes, rather than ICD-9 codes, on October 1, 2014). Conditions that are symptomatic (such as “pain”, “discomfort” or “swelling”) are not considered diagnoses by OWCP.

A statement from the physician which relates what he/she was told by the claimant, with respect to what caused the medical condition. If the claimant’s statement and the doctor’s statement are inconsistent on this specific subject, it will likely result in prolonged adjudication in the claimant’s favor until the inconsistencies are resolved.

## What standards must be met to establish that the medical condition was incidental to the “performance of duty”?

- The injury must have occurred at a time during which the claimant could reasonably be said to be engaged in work-related activities for the Employer.

This could include time on the Employer’s premises immediately before or after the work tour, if it was reasonable for him/her to have been present.

- The injury must have occurred in a place that the claimant would reasonably have been expected to be to fulfill his/her employment responsibilities.

This could include authorized lunch or break locations, or anywhere that the claimant had traveled to at the direction of his/her supervisor.

- The injury must have occurred while the claimant was engaged in employment-related activities which he/she would be expected to be engaged in.

This would *not* include any injuries caused by willful misconduct, the claimant’s intention to bring about the injury or death of himself or someone else, or by the claimant’s intoxication.

## What is causal relationship?

A claim may be found to be compensable if there is medical evidence that factors of employment:

- Directly caused an injury/medical condition.
- Aggravated a pre-existing injury or medical condition (either temporarily or permanently).
- Accelerated the deterioration of a pre-existing injury or medical condition.
- Precipitated a new medical condition from a previous compensable condition.

“Causal relationship” is a medical concept which must be established through a rationalized medical narrative. The narrative should identify the diagnosed medical conditions which are being claimed, and exhibit an understanding, on the physician’s part, of the injury or conditions of employment responsible for the diagnosed condition(s).

The physician should identify whether the diagnosed condition was directly caused by, aggravated by, accelerated by, or precipitated by, factors of employment. Where there are multiple diagnoses, it is possible for one to be caused by factors of employment, while another is aggravated by factors of employment, etc.

The physician must offer a medical opinion on causal relationship which is definitive and not speculative. A physician can not expect the Claims Examiner to be convinced of a relationship between the medical condition and factors of employment if the physician does not appear to be convinced himself/herself.

The physician must go beyond stating an opinion. The opinion must be rationalized. This means that the doctor must explain how he arrived at the opinion by identifying how the work-related events resulted in the diagnosed condition.

## How do I know what is a recurrence and what is a new traumatic injury or occupational illness/injury?

- Claims for recurrence of injury are file on Form CA-2a
- A claim for recurrence can only be filed if there is an previously accepted claim for the condition involved.
- By definition, a recurrence must be one of the following:
  - 1) The spontaneous return of symptoms of a previous compensable condition *without* intervening cause.
  - 2) The withdrawal or reduction in work hours of limited duty work by the Employer.
  - 3) A change in a previously accepted limited duty assignment that modifies the work assigned to include duties outside of the claimant's medical limitations.
  - 4) A consequential injury, defined as a new condition which develops because of a previous compensable condition.
- When a claimant returns to work with a pre-existing compensable condition, and the same body part is reinjured the treating physician should answer this questions:

*Was the worsening or reappearance of the pervious injury caused at all by the work that the patient was currently engaged in?*
- If the answer to this question is “yes”, then this is *not* a recurrence, it is a new medical condition (claimed on either Form CA-1 or CA-2, depending on the circumstances), regardless of what the supervisor/manager may tell the employee.



Once OWCP accepts the claim, will all claims for wage loss (on Form CA-7) be accepted?

- Acceptance of a claim that establishes a medical condition has evolved from employment factors does not necessarily convey acceptance of “disability” for purposes of wage-loss benefits. There is a separate “burden of proof” that must be met to qualify for wage-loss, in addition to medical, benefits.
- The physician must establish that the diagnosed condition(s) disabled the claimant for work as a result of a claimed condition or conditions.
- Medical evidence for purposes of wage-loss should include a prognosis (how long the disability is expected to last), identification of work restrictions (if any), and establishment of causal relationship between the accepted conditions and the inability to work.

## How are medical bills associated with the accepted claim paid?

- The Office of Workers' Compensation Programs (OWCP) has contracted out bill payment and medical authorization services to ACS (Affiliated Computer Services), a private company located in Florida.
- Medical bills may be mailed to OWCP at P.O. Box 8300, London, KY 40742-8300.
- The OWCP claim number must appear on the bill.
- The bill must be submitted within one year of the date of service, or the date on which the claim is approved, whichever is later.
- The diagnosis code that appears on the bill must be consistent with the diagnosis code of the accepted condition. The claimant should advise his physician, therapist or other medical provider of the diagnosis code(s) of his/her accepted condition(s). This information appears in the letter that OWCP issues to the claimant once his/her claim has been approved.
- If the claimant has paid bills out of his/her own pocket, he/she can claim reimbursement by executing OWCP Form 915. The form must be accompanied by copies of the paid bills, marked "paid", or with some other evidence that the claimed expenses were actually incurred.
- The claimant can seek reimbursement for his/her own travel expenses for medical appointments, therapy sessions, etc., using OWCP Form 957.

## How can I obtain authorizations for medical services such as surgery, physical therapy or diagnostic testing?

- Only a physician can request authorizations for medical services, not the claimant himself/herself.
- If a claim has been denied, or is “under development”, authorization requests will not be approved.
- The authorized services being requested must be consistent with the accepted condition(s).
- The physician making the request must identify himself/herself by ACS Provide Number. A physician who does not have an ACS Provider Number can call 1-800-558-1818 and request to be assigned a number.
- The requesting physician may make the authorization by internet at <https://owcp.dol.acs-inc.com>, or by fax, using the form included with this handout. The ACS fax number is 1-800-215-4901.
- Approved authorization requests have specific authorization periods during which the authorized service/procedure must be performed. If a procedure can not be completed within the authorized period, the provider must contact ACS and ask for an extension/revision of the authorization period, or make a new authorization request.

**General Medical and Surgical  
Authorization Request**  
Please fax with supporting medical documentation  
Fax # 1-800-215-4901

All Prior Authorization requests must either be faxed on this template or be submitted through the Web Bill Processing Portal (owcp.dol.acs-inc.com). **All fields are required and must be complete. Incomplete requests and requests that are not properly coded with CPT or HCPCS cannot be processed and will be returned.**

Date Requested \_\_\_\_\_ Requested by \_\_\_\_\_ Phone \_\_\_\_\_

Case file # \_\_\_\_\_ Claimant's Name \_\_\_\_\_  
 Claimant Date of Birth \_\_\_\_\_  
 Provider Name \_\_\_\_\_  
 ACS Provider Number \_\_\_\_\_ Provider Tax ID \_\_\_\_\_  
 Are you in the process of enrolling?  Yes  No

**Procedure Code Information:** \* Up to Five Procedure (CPT/HCPCS/RCC) codes may be entered

*Note: For Units/Days Requested in the table below, please enter the number of visits anticipated for each procedure code. (For additional procedures, please complete an additional request)*

	Date of Service		Procedure CPT/HCPC/RCC		Unit/Days Requested
	From Date	To Date	Code	Modifier	Units or Days
1:					
2:					
3:					
4:					
5:					

**Treatment Plan Information:**

- Specific body part to be treated \_\_\_\_\_
- Right\_\_\_\_, Left\_\_\_\_, Bilateral\_\_\_\_, N/A\_\_\_\_
- ICD-9 Diagnosis Code(s) \_\_\_\_\_
- For Home health requests, frequency\_\_\_\_\_ duration\_\_\_\_\_
- Is this a second surgery on the same body part? \_\_\_\_\_
- Comments: \_\_\_\_\_

Please put Case File # on every page faxed. **Fax #800-215-4901**

**Physical Therapy/Occupational Therapy  
Authorization Request**

**Please fax with supporting medical documentation. Fax # 1-800-215-4901**

All Prior Authorization requests must either be faxed on this template or be submitted through the Web Bill Processing Portal (owcp.dol.acs-inc.com). All fields are required and must be complete. Incomplete requests and requests that are not properly coded with CPT or HCPCS cannot be processed and will be returned.

Date Requested \_\_\_\_\_ Requested by \_\_\_\_\_ Phone \_\_\_\_\_

Case file # \_\_\_\_\_ Claimant's Name \_\_\_\_\_

Claimant Date of Birth \_\_\_\_\_ Date of injury \_\_\_\_\_

Provider Name \_\_\_\_\_

ACS Provider Number \_\_\_\_\_ Provider Tax ID \_\_\_\_\_

Are you in the process of enrolling?  Yes  No

**Procedure Code Information:** Enter up to Ten Procedure (CPT/HCPCS) codes. For additional procedures, please complete an additional request.

	Date(s) of Service		Procedure CPT/HCPCS		# of Units per code	Frequency	Duration	Total # of Units Requested
	From	To	Code	Modifier				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

**Treatment Plan Information :**

Body part to be treated	Side of body	ICD-9 code

\* Is the requested therapy related to post-operative treatment ?  yes  no

**Treatment Frequency Calculation**

\* To calculate Total Units/Days Requested, use the following formula for each procedure code requested:

# of Units Requested per procedure code x Frequency Requested x Duration Requested

Comments: \_\_\_\_\_

Please remember to send prescription from attending physician and treatment plan with requests for physical or occupational therapy. Please put Case File # on every page faxed. **Fax #800-215-4901**