

# ICC Insider

Volume 2 Issue 1

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## New Information Forthcoming from the ICC:

- Injury Compensation Handbook
- ICC Pocket Cards



*“Do not go where the path may lead, go instead where there is no path and leave a trail.”*

*Ralph Waldo Emerson*



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## DLA Efforts Help the Agency to Achieve \$1.1 Million in Compensation Cost Savings

The DLA Injury Compensation Center (ICC) helped to save the Agency \$1.1M in workers' compensation costs for the chargeback billing (CB) year that ended on June 30, 2004. Cost savings are attributed to aggressive case management efforts on all claims, as well as a renewed campaign to ensure injured employees receive prompt support and assistance following an injury. ICC Program Manager, Ms. Donna Williams, points out that “the cooperative efforts of upper management as well as the entire DLA workforce made this accomplishment possible.”

During the 2004 CB year, the ICC received 1,071 new injury claims. This is in addition to the 2,000-plus open active cases from previous years. Since January 2004, early intervention efforts by the ICC staff kept the average lost time for new injury cases to a minimal 3.5 days. Key to this success was the ICC initiation of early, and regular, communication with both the injured employee and the supervisor.

Also contributing to the \$1.1M savings were several job offers made by the ICC to claimants on the long-term compensation rolls. Says Ms. Williams, “Job offers could not have been extended without the invaluable support of our Agency’s Human Resources professionals and the willingness of our Agency Management Officials to offer the opportunities.”

The ICC remains committed to compensation cost reduction and looks toward future productive partnerships within the Agency to continue the savings trend.



**The cooperative efforts of the entire DLA workforce resulted in significant compensation cost savings to the Agency.**

## New Bill Seeks to Expand FECA ‘Covered Provider’ List

A new bill, *H.R. 5063*, seeks to expand the ‘Covered Providers’ list under the Federal Employees Compensation Act (FECA) to include services provided Physician Assistants (PA) and Nurse Practitioners (NP).

Under FECA, employees are entitled to the initial selection of a physician for treatment

of an injury. Lawmakers argue that the current exclusion of PAs and NPs limits the injured employee’s access to medical care and disrupts the claims process.

PAs and NPs are legally regulated in all 50 states and their services are covered in virtually all private insurance plans. More to come on this issue...



## DOL Nurse Intervention Program Provides Invaluable Assistance in Injury Claims Management

The U.S. Department of Labor (DOL) Nurse Intervention Program has proven to be an invaluable resource to Federal agencies as well as injured employees. The program was developed as the result of a recognized need for assistance with the medical management of compensation claims. Although they work for DOL, nurses are advocates for the injured employee. Though not involved in the traditional caregiver role specifically, these nurses play an integral part in the claims process.

Their primary goal is to ensure that the injured worker is receiving



proper medical care which will facilitate his/her return to gainful employment. Nurses also improve communications between the injured employee, physicians, the employing agency, and DOL.

In many cases, nurses will attend doctor visits with the injured employee to ensure that an adequate treatment plan is in place. They can also work with the DOL Claims Examiner (CE) to expedite the authorization of diagnostic testing, physical therapy, surgery, as well as other treatments and services when the need arises.

DOL routinely assigns nurses to claims involving lengthy disability and whenever there are specific medical issues that need clarification. CEs can contract nurse services for a total of 120 days per claim. Intervention usually ends within 30 days after an injured employee returns to work. Employing agencies may also request that DOL assign a nurse to a specific case.

Injured employees are notified via written correspondence from DOL when a nurse has been assigned. Shortly thereafter, the nurse initiates contact via telephone and arranges a mutually convenient personal meeting.

## FECA Defines Dependents For Augmented Disability Compensation Entitlement Purposes

The Federal Employees' Compensation Act (FECA) provides for augmented disability benefits to injured workers who have dependents. The following classes of people are considered dependents for compensation purposes:

- A **spouse** residing with the employee, or receiving regular support payments, court-ordered or otherwise.
- An **unmarried child** residing with

the employee and who is under the age of 18; or over the age of 18 and incapable of self-support due to mental or physical disability.

- A **student** between the ages of 18 and 23 years of age who has not completed four years of post-high school education and who is regularly pursuing a full-time course of study.



- A **parent** who is wholly dependent upon and supported by the employee.

It is important to note that the Employees' Compensation Appeals Board (ECAB) has held that **grandchildren** are NOT considered dependents under FECA regardless of whether the injured employee has legal custody and/or provides financial support. Additionally, ECAB has held that **in-laws** are NOT included in the definition of parent.

## DOL Issues Important Information Regarding the Submission of Written Correspondence and Medical Bills

The U.S. Department of Labor (DOL) has requested that injured employees and medical providers be advised NOT to attach copies of CA-1 or CA-2 claim forms to any written correspondence or medical bills sent to DOL's central mailroom in London, Kentucky after a claim number has been assigned.



When these forms are received, mailroom staff will always forward them, plus any attachments, to the appropriate DOL District Office for review on the assumption that the information represents a new claim.

No action will be taken to scan and post the information into the case file. This has the potential to cause multiple problems.

Such problems have included the creation of duplicate claims, delayed medical bill payment, and a general adverse affect on the claims adjudication process.

The assigned claim number should be included on all written correspondence submitted to DOL to ensure expeditious handling.

# Lump Sum Benefit Payments Are Not An Absolute Right Under FECA

The Federal Employees' Compensation Act (FECA) provides benefits to employees injured in performance of their official duties. The purpose of FECA legislation is to ensure a continuing source of income for disabled workers.



For this reason, lump sum payments of benefits are not an absolute right. The law provides that lump sum payments may be granted under limited circumstances and only in cases involving permanent disability or death:

1. The monthly payment to the beneficiary is less than \$50.00 a

month; 2. The beneficiary is, or is about to become, a non-resident of the United States; or 3. The Secretary of Labor determines that it is in the best interest of the beneficiary.

The Director, Office of Workers' Compensation Programs, retains sole discretion in determining whether to grant lump sum payments of benefits and such determinations are made on a case-by-case basis. It is the claimant's burden to demonstrate that a lump sum payment would assure the same, or greater, financial security as that provided by continuous, periodic compensation payments.

The decision to grant or deny an application for a lump sum payment normally will not be overruled by the Employees' Compensation Appeals Board (ECAB), except in cases of error or abuse of discretion.

ECAB has held that using lump sum compensation payments for debt liquidation, investments, and personal business ventures are not in compliance with the intended purpose of such benefits under FECA. ECAB has also held that even though compensation payments may be inadequate in individual cases; generally, such periodic payments better provide the measure of security that FECA was designed to afford.

## Basic Rules Regarding the Authorization of Emergency Medical Care

When an employee sustains a work-related traumatic injury that requires medical examination and/or treatment, the employer shall authorize such services by issuing a Form CA-16, Authorization for Treatment. The CA-16 should **NOT** be issued for occupational illness or disease claims except when prior permission is obtained from the Office of Workers' Compensation Programs (OWCP).

Generally, issuance of the CA-16 is most appropriate when the need for emergency medical treatment exists. In such situations, the CA-16 should be issued to the employee within 4 hours of the claimed injury. The employer is not required to issue a CA-16 more than 1 week after the occurrence of the claimed injury. This is on the assumption that any need for



emergency treatment has likely passed.

When issuing the CA-16, the injured employee should be advised of his/her right to the initial choice of physician. Identification of the physician must be made on the CA-16. This individual may refer the employee for further examination, testing, or medical care at OWCP's expense. No additional CA-16 should be issued.

## The ICC Staff Have Been Asked...

**Q: What is the difference between Continuation of Pay (COP) and compensation?**

**A:** COP is a limited entitlement (45 calendar days) available to employees who sustain traumatic injuries. COP is an administrative cost paid by the Agency and is not considered compensation. While on COP, employees incapacitated



tated due to work-related disability continue to receive their regular Agency salary and are not charged leave for their absences.

Compensation is paid by the U.S. Department of Labor. Compensation is paid as a percentage of the injured employee's salary and is tax-free. While receiving compensation, employees are carried

in a leave without pay status by the employing Agency.

**Q: I'm moving. How do I notify the U.S. Department of Labor of my new address?**

**A:** Any change of address must be reported to the U.S. Department of Labor via a written, and signed, statement from the injured employee. No special form is required.



## CONTACTING THE ICC

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 Fort Belvoir, VA 22060-6221

ICC Business Hours: 6:00am—6:00pm (EST)  
 Toll-Free Phone: 1-866-737-9724  
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 Email: [ICC@dla.mil](mailto:ICC@dla.mil)  
 Website: <http://www.hr.dla.mil>

*There are 1440 minutes in every day...why not schedule 30 of them for physical activity:*

1. Walk during your lunch hour
2. Wash the car by hand
3. Dance to music
4. Clean your house
5. Play with your kids

Source: U.S. Department of Health & Human Services; [www.smallstep.gov](http://www.smallstep.gov)



The DLA Injury Compensation Center (ICC) was established to provide comprehensive claims processing assistance to the entire Agency and its serviced customers. Concurrent with its operational responsibilities, the ICC is also focusing on cost reduction by performing extensive chargeback review and case management. All Agency workers' compensation case files are maintained by the ICC, located at DLA Headquarters in Fort Belvoir, VA.

The ICC officially opened for business on November 4, 2002 and is currently staffed by a team of six (6) Specialists and three (3) Assistants under the direction of the DLA Injury Compensation Program Manager.



*"A wise man will make more opportunities than he finds." — Sir Francis Bacon*

## Information For Injured Employees and Medical Providers Regarding Medical Authorizations

The U.S. Department of Labor (DOL) consolidated its medical authorization and bill payment services in September 2003.

Medical providers seeking authorization for specific treatment services should contact DOL directly for approval. Injury Compensation Center staff members **cannot** make any authorizations.

Currently, medical authorizations can be obtained from DOL via telephone at (866) 335-8319; or via fax at (800) 215-4901. Starting in mid-November 2004, providers will be able to seek and obtain authorizations online at <http://owcp.dol.acs-inc.com>. Additionally, DOL will be modifying the (866) 335-8319 number to provide automated services only through the Interactive Voice Response (IVR) service.

IVR enhancements will enable callers to obtain case specific information including bill status, eligibility for services, and medical authorization status. These changes will enable a great deal of information to be shared through processes that will be available 24 hours a day, 7 days a week. DOL will also be establishing a new phone number to facilitate callers wishing to speak with a customer service representative.

DOL has advised that certain procedures such as office visits, Magnetic Resonance Imaging (MRI's), and other routine diagnostic testing do not require authorization.

For all other procedures, DOL requires that the following information be included on authorization requests:

Claimant name, Case number, Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code(s), the specific part(s) of the body to be treated, the requested date of service, appropriate supporting documentation, and the provider name, number or Tax Identification. In addition, physical therapy authorizations require a prescription from the attending physician and a treatment plan including the frequency and duration of services.

Receiving DOL authorization for services will ensure timely payment of associated medical bills. Retroactive authorization will be considered by DOL on a case-by-case basis for claims with circumstances precluding receipt of advanced approval.

**Injury Compensation Center staff members cannot make any authorizations**