

Injury Compensation [printable version]

Lesson Content

Click the "X" in the upper right corner to close this page.

Source

FECA, 5 United States Code (USC) 8101 et seq., provides compensation benefits to Federal civilian employees for work-related injuries or illnesses and to their surviving dependents if a work-related injury or illness results in the employee's death. It is the exclusive remedy for Federal employees for work-related injuries or death.

Administration

The U.S. Department of Labor (DOL), Office of Workers' Compensation Programs (OWCP) is the Agency charged with enforcing the provisions of FECA. As such, FECA benefits are paid to the recipients by OWCP and billed to DLA. OWCP resolves any dispute arising between the employee and the employer with respect to entitlements under FECA.

Regulations

The rules applicable to the filing, processing, and payment of FECA claims are set forth under the U.S. Code of Federal Regulations (CFR), Title 20, Part 10.

Categories of benefits

There are four categories of benefits provided for by the law that you will generally be concerned with:

- COP
- Compensation
- Medical expenses
- Death benefits

Injury Compensation [printable version]

Lesson Content



An employee in travel status is covered 24 hours a day for all activities that are reasonably incidental to the employment being performed in such status.

Employees generally are not covered by FECA for injuries sustained before they reach, or after they have left Government premises. Exceptions to this rule include the following:

- The agency furnishes the employee with transportation to and from work.
- The employee is required to travel during a curfew or an emergency.
- The employee is required to use his or her automobile during the workday.

Note: An employee who believes a particular injury is an exception to the general rule should file a claim with OWCP.

As a supervisor, you are the Agency's representative when dealing with the employees in your organization. This means that you are responsible for keeping your employees informed of their rights and entitlements and for ensuring that these rights and entitlements are fully protected.



Department of Labor, OWCP, provides two documents designed to help you meet your responsibilities in this area: Form CA-10, What a Federal Employee Should Do When Injured at Work, and Pamphlet CA-11, When Injured at Work: Information Guide for Federal Employees. These documents can be found at the following Web sites.

Injury Compensation [printable version]

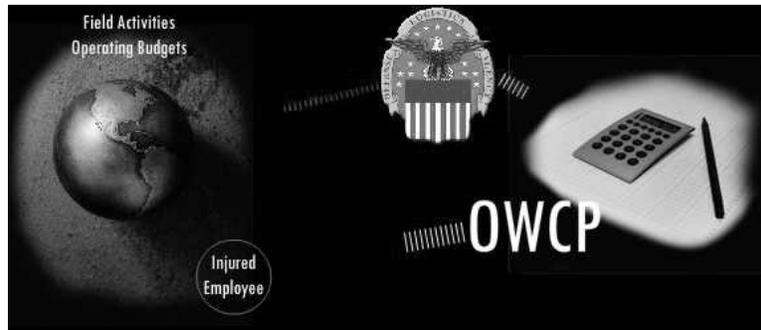
Lesson Content

Form CA-10

<http://www.dol.gov/esa/regs/compliance/owcp/ca-10.pdf>

Pamphlet CA-11

<http://www.dol.gov/esa/regs/compliance/owcp/ca-11.htm>



Chargeback

Although OWCP pays compensation benefits directly to the injured employee, the money comes from DLA's operating budget. DOL sends a quarterly bill listing compensation costs incurred by DLA and Field Activities (FA). The operating budgets of the appropriate FAs operating budgets are then reduced by the amount of compensation charged back to them. Therefore, it is clearly in DLA's interest to use appropriate means of reducing those nonproductive costs which are diverting resources from the mission.

Determining the type

The type of injury or illness an employee sustains dictates which form is submitted to the Department of Labor to request FECA compensation.



A traumatic injury is defined as a wound or other condition of the body caused by external force, including stress or strain. The injury must be identifiable as to time and place of occurrence and member or function of the body affected.

Injury Compensation [printable version]

Lesson Content

The injury must be caused by a specific event, incident, or series of events or incidents within a single day or work shift.

Traumatic injuries include damage to or destruction of prosthetic devices or appliances, including eyeglasses and hearing aids, if they were damaged incidental to a personal injury requiring medical services. For a traumatic injury, the employee will need DOL Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation.

Occupational Disease

An occupational disease is defined as a condition produced in the work environment over a period longer than one workday or shift. The condition may result from systemic infection; repeated stress or strain; or exposure to toxins, poisons, fumes, or other continuing conditions of the work environment. For an occupational disease, the employee will need DOL Form CA-2, Notice of Occupational Disease and Claim for Compensation.

Recurrences

A recurrence is defined as a spontaneous return or increase of disability due to a previous injury or occupational disease without intervening cause, or as a return or increase of disability due to a consequential injury. A recurrence differs from a new injury. With a recurrence, no event other than the previous injury accounts for the disability.

A recurrence differs from a new injury.

Causally related to the original injury _____
_____ **lose time from work and incur a wage loss**
renewed need for treatment _____

The employee has the burden of establishing—by the weight of reliable, probative, and substantial evidence—that the recurrence of disability is causally related to the original injury, and causes the employee to lose time

Injury Compensation [printable version]

Lesson Content

from work and incur a wage loss, or to experience a renewed need for treatment after previously being released from care. The employee must include a detailed, factual statement when applying for compensation for a recurrence. For a recurrence, the employee will need DOL Form CA-2a, Notice of Recurrence.

A supervisor's responsibilities

As a supervisor, you should instruct your employees to immediately report all injuries. You should also tell your employees that you maintain an adequate supply of the necessary forms for their use. But what is your first concern when an employee is injured? Such situations can make filling out paperwork seem insignificant at the time. **The first priority, of course, is to ensure that the injured employee receives the proper medical attention.** You may have to obtain emergency medical assistance or refer the employee to the occupational health clinic if the employee has sustained an injury.

Definition of "physician"



Definition of
"physician"

The term "physician" includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, osteopathic practitioners, and chiropractors within the scope of their practice as defined by state law. The term "qualified physician" does not include those whose licenses to practice medicine have been suspended or revoked by a state licensing or regulatory authority or who have been excluded from payment under FECA.

Note: Under FECA, the services of chiropractors may be reimbursed only for performing the following treatment:

- - Manual manipulation of the spine to correct a subluxation—an incomplete dislocation, off-centering, misalignment, fixation, or abnormal spacing of the vertebrae anatomically. The subluxation must be

Injury Compensation [printable version]

Lesson Content

demonstrable on any X-ray film to individuals trained in the reading of X-rays.

- - Physical Therapy (PT) when the employee is under the care of a qualified physician.
- - Traumatic injuries include damage to or destruction of prosthetic devices or appliances, including eyeglasses and hearing aids, if they were damaged incidental to a personal injury requiring medical services. For a traumatic injury, the employee will need DOL Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation.

Selection of a physician and/or facility

An injured employee is entitled to the initial selection of physician or facility for treatment of an injury; however, the provider must meet the definition of "physician" under FECA. An agency may examine the employee at its own facility in accordance with Office of Personnel Management (OPM) regulations, but the employee's choice of physician must be honored, and treatment by the employee's physician must not be delayed.



may not interfere with the employee's right to choose a physician

Agency personnel may not interfere with the employee's right to choose a physician, nor may they require an employee who claims an injury to go to a physician who is employed by or under contract to the Agency before going to the physician of the employee's choice. Except for referral by the attending physician, any change in the treating physician after the initial choice must be requested and authorized by OWCP. Otherwise, OWCP will not be liable for the expenses of treatment. The employee should request any such change in writing with an explanation of the reasons for the request.

Lesson Content

Continuation of Pay (COP)

Eligibility

FECA provides that an employee's regular pay may be continued for up to 45 calendar days when the employee is totally disabled following a job-related traumatic injury. The intent of this provision is to eliminate interruption in the employee's income while a claim is being processed at OWCP. COP is workers' compensation administrative leave paid by the Agency. COP is therefore subject to income tax, retirement, and other normal deductions.



Note: The employee's timekeeper will use the LU code to identify the day the employee is injured. After the injury, the timekeeper will use the LT code to identify that the employee is off work due to the job-related injury.

Disagreements with claims for COP

A term often used in questions of an employee's eligibility for COP is "controversion"—a dispute, challenge, or denial of the employee's eligibility for COP. The term "controversion" is also used to apply to the validity of the claim. An employer who has reason to disagree with any aspect of the claimant's claim shall submit a statement to OWCP that specifically describes the factual allegation or argument with which it disagrees and provide evidence or argument to support its position.

Controversion:

a dispute, challenge, or denial of the employee's eligibility for COP

Injury Compensation [printable version]

Lesson Content

The employer may include supporting documents such as witness statements, medical reports, records, or any other relevant information. The employer must also notify the employee when a claim is being controverted.

Note: The employer may not use a disagreement with an aspect of the claimant's report to delay forwarding the claim to OWCP or to compel or induce the claimant to change or withdraw the claim.

Denial of COP



COP can be controverted (disputed) for any reason; however, an agency may refuse to pay COP only in the following eight circumstances:

- The disability is a result of an occupational disease or illness.
- The employee comes within the exclusion of 5 U.S.C. 8101 (1) (B) or (E) (which refer to persons serving without nominal pay, and to persons appointed to the staff of a former president).
- The employee is neither a citizen nor a resident of the United States, Canada, or the territory under the administration of the Panama Canal Commission (i.e., a foreign national employed outside these areas).
- The injury occurred off the employing Agency's premises, and the employee was not engaged in official "off-premises" duties.
- The employee caused the injury by his or her willful misconduct, or the employee intended to bring about his or her injury or death or that of another person, or the employee's intoxication was the proximate cause of the injury.
- The injury was not reported on a form approved by OWCP (usually Form CA-1) within 30 days of the injury.

Injury Compensation [printable version]

Lesson Content

- The employee first reported the injury after employment was terminated.
- The employee is enrolled in the Civil Air Patrol, Peace Corps, Job Corps, Youth Conservation Corps, work study program, or other group covered by special legislation.

Compensation for Lost Wages

Eligibility

OWCP Form CA-7, "Claim for Compensation," is used.



An employee who suffers employment-related disability may be eligible for one or more types of wage loss compensation. A claim for compensation must be filed

within three years of the date of injury. If a claim is not filed within three years, however, compensation may still be allowed if written notice of injury was given within 30 days or if the employing agency had actual knowledge of the injury within 30 days after it occurred. OWCP Form CA-7, "Claim for Compensation," is used to claim compensation for loss of pay resulting from the injury.

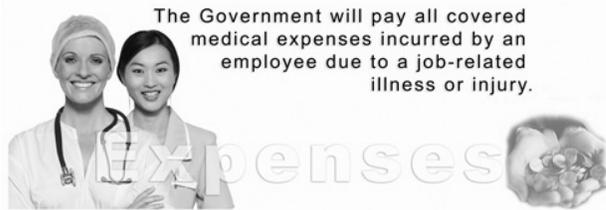
Medical Expenses

Entitlements

The Government will pay all covered medical expenses incurred by an employee due to a job-related illness or injury. There is no monetary limit to the amount that will be paid; however, there are some controls.

Injury Compensation [printable version]

Lesson Content



For example, an injured employee is not at liberty to change physicians without approval from OWCP, and any surgery other than emergency surgery is subject to

OWCP's prior approval. The Injury Compensation Office (DHRC-I) is the best source of advice and assistance with respect to the technical details of entitlements.

Transportation to Obtain Medical Treatment

An employee is entitled to reimbursement of reasonable and necessary expenses, including transportation needed to obtain authorized medical services, appliances, or supplies. To determine what is a reasonable distance to travel, OWCP will consider the availability of services, the employee's condition, and the means of transportation. Generally, 25 miles from the place of injury, the work site, or the employee's home is considered a reasonable distance to travel.

Payment of a Physician

A physician may seek payment for treatment of a patient's work-related illness or injury by completing and submitting to OWCP HCFA-1500, Health Insurance Claim Form.

Employee Reimbursement for Authorized Treatment

An employee may seek reimbursement for medical expenses by completing and submitting the following forms:

Forms OWCP-915 & 957



- OWCP-915, Claim for Medical Reimbursement, along with supporting documentation, as explained on the form.
- OWCP-957, Medical Travel Refund Request, for reimbursement of travel expenses related to medical treatment.

Injury Compensation [printable version]

Lesson Content

Returning Recovering Employees to Work

Reassignment

An injured employee may be disabled from performing the duties of his or her position, but may be able to perform the duties of another position that poses no medical problems. This position may be within or outside the immediate organization, and it is in management's and the Agency's interest to reassign the employee to a position he or she is physically able to perform.



Restructuring

Situations exist where a job can be redesigned or restructured to eliminate duties that an employee, due to a job-related injury or illness, is unable to perform. The arguments against such efforts are typically not compelling. The costs of providing specially designed tools or work aids, or designing the work around specific physical limitations are generally less than the costs of hiring and training a new employee while paying workers' compensation to the injured employee.

Introduction

Although an employee may not be fully recovered, it is often possible for the recovering employee to return to work in a limited capacity. In this section, we will describe some of the methods you can use.

Light Duty

Most organizations have projects of varying duration that place minimal physical demands on employees.

Injury Compensation [printable version]

Lesson Content

Such situations lend themselves to the temporary assignment of individuals whose injuries or illnesses are temporarily and/or partially disabling.



A person with a leg injury may not be able to stand and walk continuously, but may be able to work at a desk with the injured leg elevated.

There may also be ongoing work of a permanent nature which is inherently less demanding than the norm for the office. Such work can be assigned to an employee whose disability is partial, but of a more permanent nature. A back injury may result in permanent restrictions on lifting but may permit other kinds of work.

Benefits of Accommodation

Offering or assigning work to individuals who have suffered a partial disability due to job-related injuries can pay off in several ways. The following are just a few examples:

- The Agency avoids paying COP or compensation benefits.
- The Agency retains an experienced employee with valuable skills.
- Work can be therapeutic to an injured employee.



Returning Recovered Employees to Work

Introduction

The most effective strategies for reducing compensation costs involve preventing employees from ever reaching the

Injury Compensation [printable version]

Lesson Content

workers' compensation rolls. However, sometimes circumstances warrant compensation. When this is the case, the earlier we are able to pursue returning an employee to productive service, the less resistance we encounter, and the more effective those efforts are. This section focuses on those long-term compensation cases where conditions have changed to the point that compensation may no longer be the most appropriate avenue.

Accommodations

All of the strategies of accommodation discussed in the previous section, in terms of keeping recently injured people off the compensation rolls, also apply to getting recovered people off those rolls. Light/limited duty, job restructuring, and assignment to a position other than the one held at the time of injury, are all ways to accommodate the disability of a compensation recipient.

The Supervisor's Responsibilities



Your role in most long-term cases is to work closely with the DHRC-I Injury Compensation Program Administrator and to make efforts to accommodate medical limitations which were initially caused by job-related injuries.

Whether you are dealing with a new injury or an old one, attempting to provide suitable employment or helping an employee file a claim, you are responsible for protecting the public's interest while you ensure that employee entitlements are protected. Carrying out those responsibilities may cause you or others some inconvenience or even irritation. This does not, however, lessen your responsibility.

Injury Compensation [printable version]

Lesson Content

Death Benefits

Reporting a Death



When a job-related injury or illness causes the death of an employee, death benefits are payable to the employee's eligible dependents. The employer shall immediately report a death due to a work-related traumatic injury or occupational disease to DHRC-I by telephone, or facsimile (fax). No later than 10 working days after notification of the death, the employer shall submit DOL Form CA-6, Official Superior's Report of Employee's Death.

Claiming death benefits

Any survivor may file a claim for death benefits by using DOL Form CA-5, Claim for Compensation by Widow, Widower, and/or Children, or CA-5b, Claim for compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren, which may be obtained from the employer or from DHRC-I. The survivor may also submit the completed Form CA-5 or CA-5b directly to OWCP. The submission should include a copy of the death certificate certified by the issuing authority. The submission should also include a certified marriage certificate, if a spouse is making the claim and a copy of any divorce or annulment decree if the decedent or spouse was formerly married. The submission should include certified copies of birth certificates of any children for whom a claim is made.

Claim Forms

Claim Forms



As a supervisor, you should have immediate access to an adequate supply of the basic forms needed to file workers' compensation claims, and you should be able to provide an employee with the appropriate form for initiating a claim under his or her specific circumstances. The following are the most important DOL forms

Injury Compensation [printable version]

Lesson Content

for you to be familiar with.

You can access these forms at the DOL forms library:

<http://www.dol.gov/library/forms>.

Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

Page 1 of Form CA-1

This is the form you will use the most. It is the one that an injured employee needs to fill out to report a traumatic injury. The form should be completed and turned in to you within 2 days after the injury.

Failure to complete this form within 30 days will result in the employee losing entitlement to COP. Title 20 CFR Part 10.110 dictates that the form should be filed with OWCP within 10 days after receipt of notice from the employee.

The form should include:

- witness statements
- election of COP or personal leave
- a description of the injury, and
- signature.

Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation continued

Highlighted areas of Form CA-1

As the supervisor, you should check sections 1 through 16. Of particular interest in the employee's section are items 9, 13, 15, and 16, and you should check the following:

Injury Compensation [printable version]

Lesson Content

- The site of the accident should be a place that the employee would normally be in the course of performing his or her work or an approved exception, e.g., TDY.
- The events leading to the injury should be consistent with the employee's official duties.
- The employee must elect either COP or sick and/or annual leave for time lost due to the injury, and then sign the form.
- Witness statements should focus on what the witness observed, whether it was the mishap itself or behavior before or after the event. In some cases it may be appropriate for you to talk to witnesses before completing your portion of the CA-1 form.
- When you have checked sections 1 through 16, you should complete the supervisor's section. The instruction sheet attached to the CA-1 form is fairly complete and should give you all the help you need to complete the form. Should you have any questions or when the form is complete, you should forward it to DLA Human Resources Services.

Form CA-2, Federal Employee's Notice of Occupational Disease and Claim for Compensation

The image shows two overlapping forms. The top form is Form CA-2, titled 'Notice of Occupational Disease and Claim for Compensation'. It includes fields for 'Employee Name', 'Employing Agency', 'Date of Onset', and 'Employee's Position'. The bottom form is Form CA-16, titled 'Authorization for Examination and/or Treatment'. It includes fields for 'Employee's Name (Last, First, Middle)', 'Date of Birth (MM, DD, or Y)', and 'Department or Agency of Service'. Both forms are from the U.S. Department of Labor, Employee Benefits Administration, Office of Workers' Compensation Programs.

This form is used for reporting an occupational disease. In addition, the employee should be given two copies of the appropriate checklist—Forms CA-35A through CA-35H, Evidence Required in Support of a Claim for Occupational Disease—for the disease claimed. These specific

checklists have been devised for various conditions in order to facilitate submission of evidence.

Form CA-16, Authorization for Examination and/or Treatment

Injury Compensation [printable version]

Lesson Content

This form is used when an employee sustains a work-related traumatic injury that requires medical examination, medical treatment, or both. By issuing this form, the employer shall authorize such examination and/or treatment. The employer shall issue Form CA-16 within 4 hours of the claimed injury.

Form CA-16 must contain the full name and address of the qualified physician or qualified medical facility authorized to provide service. The physician designated on Form CA-16 may refer the employee for further examination, testing, or medical care. OWCP will pay the physician or facility on the authority of Form CA-16. The employer should not issue a second Form CA-16.

Item 6 of Form CA-16 is critical for the proper handling of a particular case. If there is any doubt whether the injury was sustained in the performance of duty, or is otherwise related to the employment, this fact must be noted in item 6. Form CA-16 should not be issued for Occupational Disease Claims.

Form CA-17, Duty Status Report

The form is titled "Duty Status Report" and is from the "U.S. Department of Labor, Employment Standards Administration, Office of Workers' Compensation Programs". It includes a header with "Form No. 101-20-08" and "OSHA Form 101-20-08". The form contains several sections: "1. Date of Injury", "2. Description of Injury", "3. Decision on Injury Status", "4. Decision on Compensation", and "5. Other Injuring Conditions". It also includes a table for "Duty Status" with columns for "Activity", "Date Per Week", and "Yes/No/Other". The table lists various activities such as "A. Working", "B. Traveling", "C. Sleeping", "D. Eating", "E. Resting", "F. Receiving medical attention", "G. Receiving first aid", "H. Receiving counseling", "I. Receiving physical therapy", "J. Receiving occupational therapy", "K. Receiving psychological counseling", "L. Receiving other services", "M. Receiving other services", "N. Receiving other services", "O. Receiving other services", "P. Receiving other services", "Q. Receiving other services", "R. Receiving other services", "S. Receiving other services", "T. Receiving other services", "U. Receiving other services", "V. Receiving other services", "W. Receiving other services", "X. Receiving other services", "Y. Receiving other services", "Z. Receiving other services".

Agency personnel should use this form to obtain interim medical reports concerning the employee's fitness for duty. You should complete the agency's portion of the form by describing the physical requirements of the employee's job and noting the availability of any light duty.

Injury Compensation [printable version]

Lesson Content