

SUPERVISOR'S OWCP CHECKLIST

Name: _____ Date of Injury: _____ Claim Number: _____

1. Injury Reported

- Employee reports incident by completing OSHA form at <https://www.ecomp.dol.gov/>
- Employee may then access CA-1 (traumatic injury) or CA-2 (occupational disease) claim form
- Supervisor receives email notice of OSHA form and/or CA-1 or CA-2 form to complete

2. Notify Safety

- Upon receipt of OSHA 301 email notification, review and forward form to Safety Designee

3. Medical Documentation – *Upload into Web Enabled Electronic Document Submission System (WEEDS), must be signed by physician*

- CA-16, Authorization for examination (must issue within 48 hours of injury)
- CA-20, Attending Physician's Report (must submit one after each medical treatment received)
- CA-17, Duty Status Report (must one after each medical treatment)
- Injured employee must notify physician that Agency offers light duty

4. Continuation of Pay (COP) – *Must be supported by medical documentation (45 calendar day entitlement following date of traumatic injury)*

- Use time card code LU for date of injury and LT for up to 45 days after injury
- Use month and day of injury for four digit code for time card
- Change COP to LS, LA, or LWOP if claim is denied
- Notify Injury Compensation Program Administrator (ICPA) when COP is used

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

- Physician must request authorization
 - Phone: (844) 493-1966
 - Fax: (800) 215-4901
 - Web: <http://owcp.dol.acs-inc.com>
- Medical Provider must have ACS Provider Number to receive authorization
- Physician must state ICD-9, diagnosis code and current procedural terminology (CPT), and procedure code

6. Compensation after 45 days – *If needed, must be supported by medical documentation. Pay rate is three-fourths (3/4) with dependents or two-thirds (2/3) without dependents*

- Must be in LWOP (leave without pay) status
- CA-7 (Claim for Compensation) must be submitted every two weeks
- SF-1199A (Direct deposit sign-up)
- Submit SF-52 to HRO requesting LWOP status after 80 hours of LWOP

7. Medical Bills

- May be submitted via the website at <http://owcp.dol.acs-inc.com> or via mail at
 - US Department of Labor – OWCP
PO Box 8300
London, KY 40742-8300
- Bills submitted manually must be submitted on HCFA-1500 or UB-92
- Medical provider must have ACS Provider Number to receive payment

8. Reimbursement – *If needed*

- Submit OWCP-915 (medical) and OWCP-957 (travel) with required documentation to ICPA