

Supervisor's OWCP Checklist

1.	<p>Report Injury – <i>Must submit CA-1 to get OWCP Claim Number</i></p> <ul style="list-style-type: none"> • Electronically submit CA-1, Traumatic Injury or CA-2, Occupational Disease • Website: http://www.epms.osd.mil/icuc/EDI.aspx (EDI - Supervisor Link) • For Recurrence Claims (spontaneous return) submit CA-2 manually to ICPA
2	<p>Notify Safety</p> <ul style="list-style-type: none"> • Air National Guard – Submit local safety forms to their Safety Office • Army National Guard – Input accident in RCAS SOH Website: https://ngazc2-0aa-02.ng.ds.army.mil/rcasweb. If unable to access RCAS, Submit DA Form 285-AB to State Safety Office electronically or via fax 602-267-2319 Website for form: https://azguard/safety/Accident%20Reporting/Forms/AllItems.aspx
3.	<p>Medical Documentation – <i>Must be signed by physician</i></p> <ul style="list-style-type: none"> • CA-16, Authorization for Examination and Treatment <u>Within 4 hours of injury</u> • CA-20, Attending Physician's Report (each time medical treatment received) • CA-17, Duty Status Report (Must submit after each treatment) • Injured employee must notify physician that Agency offers light duty
4.	<p>Continuation of Pay (COP) – <i>Must be supported by medical documentation</i></p> <ul style="list-style-type: none"> • <u>45 calendar days entitlement following date of traumatic injury</u> • Time card code for COP: "LU" for date of injury & "LT" 45 days after injury • Four digit code for time card is month & day of injury • If claim is denied, change COP to LS, LA, or LWOP
5.	<p>Medical Authorization – <i>Must be supported by medical justification</i></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 (diagnosis code) & CPT (procedure code), and OWCP Claim Number (Codes must match accepted condition)
6.	<p>Compensation after 45 days – <i>Must be supported by medical documentation</i></p> <ul style="list-style-type: none"> • Must be in Leave Without Pay (LWOP) Status • Time card code for LWOP: "KD" • CA-7, Claim for Compensation (Submit every two weeks) • SF1199A, Direct Deposit Sign-up • After 80 hours of LWOP, submit SF52 to HRO requesting LWOP status • Pay rate is three-fourths with dependents and two-thirds without dependents
7.	<p>Medical Bills –</p> <ul style="list-style-type: none"> • Web site: http://owcp.dol.acs-inc.com • Medical Provider must have <u>ACS Provider Number</u> to receive payment • Bills submitted manually must be submitted on HCFA-1500 or UB-92 • Mailing address: Dept of Labor, PO Box 8300, London, KY 40742-8300 • ACS Customer Service (850) 558-1818
8.	<p>Reimbursement –</p> <ul style="list-style-type: none"> • OWCP-915, Medical, submit with required documentation • OWCP-957, Travel, submit with required documentation • Send completed forms, with required documentation, to the Dept of Labor, PO Box 8300, London, KY 40742-8300
9.	<p>Agency Point of Contact – Injury Compensation Program Administrator (ICPA) Ashley Outland, ICPA – DSN 853-4818, CML (602) 629-4818, OTAG-AZ(HRO) OWCP, 5636 E. McDowell Rd, Phoenix, AZ 85008</p>